2024 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

Washington State Department of
CHILDREN, YOUTH & FAMILIES

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General Information

The federal Administration on Children, Youth and Families (ACYF), Program Instructions ACFY-CB-PI-22-01, requires all state agencies responsible for administering or supervising the administration of child welfare programs under Title IV-B subparts 1 and 2, and Title IV-E of the Social Security Act to submit an Annual Progress and Services Report (APSR). This is the fourth APSR related to the 2020 – 2024 Child and Family Services Plan (CFSP).

Washington State's Department of Children, Youth and Families (DCYF) is a cabinet-level agency focused on the well-being of children. The agency vision is to ensure that "Washington state's children and youth grow up safe and healthy—thriving physically, emotionally and academically, nurtured by family and community." DCYF is the lead agency for state-funded services, including child welfare programs, that support children, youth, and families to build resilience and health, and to improve educational outcomes. DCYF's focus is to support children, youth, and families at their most vulnerable points, giving them the tools, they need to succeed with a focus on prevention and early intervention.

Mission
Protect children and strengthen families so they flourish.

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

Values
Inclusion
Respect
Integrity
Compassion
Transparency

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

Strategic Priorities
In 2021, DCYF released the Strategic and Racial Equity Plan. This plan incorporates the agency strategic plan and racial equity plan and includes the top six agency priorities in three categories of practice that will guide the work of the agency over the next five years.

Equity
- Eliminate racial disproportionalities and advance racial equity.

Intention
- Safely reduce the number/rate of children in out-of-home care.
- Create successful transitions to adulthood for youth and young adults in agency care.
- Create a high-quality integrated B-8 (birth – 8 years) system.

Capacity
- Improve quality and intention of agency practice.
- Improve quality and availability of agency provider resources.

These strategic priorities will help the agency to meet its outcome goals for children, youth and families in Washington State, with a specific focus on the populations for which DCYF is responsible.

Point of Contact
The point of contact for the CFSP and APSR is:

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Collaboration
DCYF has a successful structure and culture that supports collaborating, coordinating, and partnering with a wide variety of internal and external stakeholders, tribes, courts, youth, parents, caregivers and community partners. The Department engages stakeholders in a continuous improvement cycle by encouraging and facilitating ongoing, year-round stakeholder engagement to successfully implement the strategies and activities identified in the 5-year Child and Family Services Plan (CFSP), including initiatives such as implementation of the Program Improvement Plan (PIP), Family First Prevention Services Act (FFPSA), Family Practice Model (FPM), Permanency from Day One (PFD1) grant, Indian Child Welfare Act (ICWA) policy revisions and legislative mandates and changes. Through this engagement, collaboration, and consultation, DCYF is able to assess the needs of children, youth, and families; use the input to amend strategies; and monitor progress towards achieving outcomes and measures.

Agency Advisory Groups
Currently, DCYF has approximately 50 advisory groups that provide a vital connection and voice to the various communities that the agency serves. Just a few of these advisory groups include:

- Early Learning Advisory Council (ELAC) – a diverse group of parents, childcare providers, health and safety experts, legislators, tribes, K-12 and higher education and others who are vested in creating a statewide early learning system that helps all children realize their full potential.
- Parent Advisory Group (PAG) – a group made up of parents and family caregivers of children to represent the unique experiences and perspectives of their families and acts as a sounding board for decisions, ideas and questions that shape the future of DCYF.
- State Interagency Coordinating Council (SICC) – a council to assist DCYF in implementing a collaborative and comprehensive statewide system of early intervention services for infants and toddlers who have disabilities and their families.
- Foster Parent 1624 Consultation Teams – regionally based teams that bring together caregivers and DCYF to discuss issues of concern to foster parents.
- Field Advisory Board (FAB) – team of field representatives from various positions (caseworkers, supervisors, etc.) that meet to discuss regional and statewide strengths, barriers and opportunities for improvement. The group provides field feedback and guidance on program and practice changes, initiatives and policy revisions.
- Passion to Action (P2A) – a statewide youth led advisory board to DCYF. This includes youth, ages 14-24, who are or have been in foster care in Washington State. P2A provides DCYF with input, feedback and recommendations regarding policies, practices and publications. In addition, members are often involved in trainings and presentations to share their experiences of being in the foster care system.

DCYF Oversight Board

The legislatively mandated Oversight Board exists for the purpose of monitoring and ensuring that DCYF achieves its stated outcomes and complies with administrative acts, relevant statutes, rules, and policies pertaining to early earning, juvenile rehabilitation, juvenile justice, and children and family services. The independent, 21-member board includes membership from DCYF, foster parents, legislators, physicians, representation from youth, tribal, and parent stakeholder groups, in addition to community subject matter experts in early learning, juvenile justice and child welfare.

In 2022, the Oversight Board recognized DCYF's efforts to prevent child abuse and neglect, reduce the number of children and youth entering out-of-home care, reduce the length of stay for youth in out-of-home care, and increase family reunifications. The Oversight Board noted no areas of concern but did identify several areas needing practice and operations improvement, including licensing more foster homes than there are children in foster care, increasing stability of placements for children in out-of-home care and reducing the number of children re-entering out-of-home care. The Oversight Board focuses on contributing factors influencing agency performance such as externally imposed limitations introduced by the COVID-19

pandemic and internal shifts in the operations, priorities, and staffing of an agency evolving into its fourth full year of operating an entire continuum of care of services for children, youth and families. See the full 2022 Department of Children, Youth, and Families Oversight Board Legislative Report here.

Court Improvement and Collaboration

DCYF works very closely with the Child Welfare Court Improvement Program (CIP). Over the last year, efforts have been primarily focused in the following areas and initiatives:

- The Family Well-Being Community Collaborative (FWCC). This was formally known as the Innovative Dependency Court Collaborative (IDCC). This collaborative consists of DCYF and AOC (co-facilitators) along with representation from the judiciary, tribes, parent allies, youth, caregivers, Office of Public Defense (OPD), child representation, Attorney General's Office (AGO), CASA/GAL, Juvenile Court Administrators, Family and Juvenile Court Improvement Programs (FJCIP), Casey Family Programs, and Partners for Our Children. The FWCC continues to focus on supporting effective implementation of the Keeping Families Together Act (HB 1227) and the Strengthening Parent-Child Visitation Law (E2SHB1194), with particular attention paid to ensuring courts understand and apply the new laws. There are four multidisciplinary workgroups that were created to help support this work. Learn more about the work of FWCC here.

- DCYF has partnered with AOC and additional judicial and community representatives and stakeholders (AGO, CASA, OPD, the Mockingbird Society, Parents for Parents (P4P), FJCIP Coordinators, the Alliance for Professional Development, Training and Caregiver Excellence (the Alliance), tribes, etc.) in implementation of Program Improvement Plan (PIP) strategies. The primary focus was the development and implementation of Safety Summits, half-day multidisciplinary training events that focus on helping dependency court systems develop a shared understanding of how safety is assessed. Learn more about the Safety Summit work and the Safety Summit Project Summary here.

- AOC and additional judicial and community representatives and stakeholders (as mentioned above) are part of the External Advisory Committee for the PFD1 grant that meets quarterly to discuss implementation of the grant initiatives. In addition to the statewide advisory committee, there are local office/regionally based committees in grant intervention offices to discuss implementation and barriers to permanency.

- Washington State assembled a team of court and child welfare system leaders and stakeholders to create strategies in response to the Ensuring Justice in Child Welfare virtual summit. In 2021, the team identified three priority strategies. Currently, there is one workgroup working on the third strategy which is related to providing meaningful representation prior to shelter care hearings; researching how and when counsel is being appointed and how discovery is occurring in each county; and developing best

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practices and possible court rule to implement practice standards statewide. Learn more about all the identified strategies and work of the Washington State Team here.

State and Local Tribal Advisory Committees

The DCYF Office of Tribal Relations has two primary roles: support the delivery of DCYF high quality, culturally sensitive services and ensure tribes can access DCYF services in a timely manner. The Office of Tribal Relations coordinates, monitors, and assesses DCYF's relationship with tribes and Recognized American Indian Organizations (RAIOs), working to enhance and improve government-to-government relationships.

See additional information on how DCYF collaborates with tribes in the Consultation and Coordination Between State and Tribes section.

Racial Equity and Social Justice

The Office of Racial Equity and Social Justice (ORESJ) was established within DCYF in July 2020. Some of the primary opportunities ORESJ provides include the following:

- Trainings – ORESJ hosts several trainings on racial equity and social justice practices and provides recommendations for external facilitators and consultants.
- Racial Affinity Group Spaces – ORESJ offers monthly healing-centered spaces for staff to connect, reflect and collaborate in racial affinity group gatherings to address institutional and systemic racism.
- DCYF Inclusive Racial Equity Change Team (DIRECT) – DIRECT is a team of DCYF representatives from each division and program that impacts children, families and professionals. DIRECT is a leadership team that assists in designing, coordinating and organizing DCYF's Racial Equity Plan and systems change efforts.
- Representatives from ORESJ participate in the Race Equity Collaboration through Casey Family Programs.

In March 2022, Executive Order 22-04 implementing the Washington State Pro-Equity Anti-Racism (PEAR) Plan and Playbook was issued by Governor Jay Inslee. The Executive Order requires each Washington State agency to identify a PEAR team to identify strategies and develop a strategic plan by fall of 2022. ORESJ is leading this effort for DCYF. The DCYF PEAR team was established in Spring of 2022 and held orientation sessions and meetings from May through August 2022. The intent of this team is to hold DCYF accountable for accomplishing goals to eliminate racial and ethnic disparities in child, youth, and family outcomes. This included over 40 PEAR team members representing diverse community partners and DCYF staff. PEAR work was put on hold at the beginning of September 2022 due to transitions within ORESJ and limited capacity to coordinate the meetings. The Washington State Office of Equity has also had limited capacity to support state agencies in recent months. ORESJ is currently working with DCYF Leadership to resume PEAR work within the next few months.

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Continuous Quality Improvement and Feedback Loops

DCYF is creating capacity to co-design with staff, tribes, partners and lived experts. DCYF's goal is to continue to strengthen and enhance this process. DCYF is using the Family Practice Model (FPM) framework as the organizing structure to prioritize and integrate current practice and pending changes including child welfare transformation projects such as the Permanency from Day 1 grant (PFD1), FFPSA, ICWA, service expansion, legislative requirements, and court decisions.

DCYF continues to look for opportunities to enhance and improve collaborative efforts. Throughout the APSR, there are examples of stakeholder involvement and feedback in the assessment of current performance, the update on plan for enacting the state's vision, in working with youth and young adults through the John H. Chafee program, and in collaboration with tribal partners.

Assessment of Current Performance in Improving Outcomes

DCYF uses continuous quality improvement to identify, describe and analyze strengths and problems as part of performance review process. The information gathered is used to determine what interventions may support improvement. Those interventions are implemented and monitored to determine if they are supporting outcome improvement and if the agency needs to make additional modifications.

Collecting Relevant Data and Information to Review

This report provides data from a variety of sources. Depending on availability, data may be reported by an abbreviated or full calendar year, state fiscal year, or federal fiscal year. Different reporting periods are used based on the most recently available data that is sufficiently mature. Additionally, more emphasis will be put on consistent use of one reporting period, whenever possible, for future reports. Use of one reporting period does not allow for the most recent information to be included in the report. DCYF uses the most recent data available for this report. This may reflect the use of different reporting periods but allows DCYF to give the current data. Data sources, extract dates, and operational definitions are included throughout the document. The following is a list of data used in this report.

Child and Family Services Review (CFSR) Data Profiles

These data profiles are generated from the state's AFCARS data files that are submitted semi-annually to the U.S. Department of Health and Human Services. The semi-annual submissions are considered the official data for determining conformity with the CFSR Federal Data Indicators on safety and permanency.

Indicators are referenced throughout this section. Each indicator shows national performance, observed performance, and Risk-Standardized Performance (RSP).

- National Performance is used as a reference point to determine if a state performed statistically higher, no different, or worse than the nation after considering some factors over which the states have little control.
- Observed performance describes how a state performed on a given indicator without adjustment.
- Risk-Standardized Performance (RSP) is used to assess state performance compared to national performance. RSP accounts for some factors that influence performance on the indicators over which states have little control (i.e., ages of children in out-of-home care). This allows for a fairer comparison of each state's performance relative to the national performance.

infoFamLink Data Reports

This is the reporting system for the DCYF child welfare workforce, which is integrated into the SACWIS system, FamLink. InfoFamLink contains administrative data reports regarding safety, permanency, and well-being. All DCYF staff, including caseworkers, supervisors, regional leadership, and program managers, have access to run reports.

Priority Performance Measures provide data on outcomes for children closer to "real time" to affect those outcomes and prioritize focus on specific performance measures. With that focus in mind, DCYF developed the following Priority Performance Measures, Dashboard, and Data Reports:

- Priority Performance Measures: Recurrence of maltreatment, maltreatment in care, CPS intake or placement after case closure for CPS, FVS, CFWS, and FRS, permanency within 12 months of placement entry, permanency within 12 months for children in care 12 – 23 months, placement stability, median length of stay, re-entry into care for 12 months or less length of stay, and re-entry into care for any length of stay.
  - These measures are updated regularly to account for potential data lag; thus, the reflected data may differ slightly from the CFSR data profiles provided by the Children's Bureau.
- Child Welfare Management Dashboard—created to facilitate continuous monitoring of some key performance metrics that DCYF focuses on for child welfare all in one place.
- Administrative Data Reports – numerous data reports are available including the practice areas of safety, permanency, well-being, licensing and caregivers, and administrative reports.

Washington State Center for Court Research (WSCCR) Data

- Dependent Children in Washington State: Case Timeliness and Outcomes Annual Report - published by AOC and WSCCR, this report reflects all the juvenile dependency and termination cases filed in Washington's courts from 2017 - 2022. The AOC's Superior Court Management and Information System (SCOMIS) records are matched with

information from DCYFs FamLink system. The complete and most recent annual report can be viewed <u>online here</u>.

- Dependency Dashboard – data available to stakeholders and the public that is updated monthly and quarterly that reflect dependency case timeliness. The dashboard can be viewed <u>online here.</u>

Central Case Review Team (CCRT)

The CCRT generates qualitative data from reviewing in-home and out-of-home cases. The CCRT uses the federal On-Site Review Instrument (OSRI). CCRT reviews cases for DCYF's Program Improvement Plan (PIP).

In January 2023, a CCRT sampling error was confirmed regarding the foster care population of cases being reviewed. The case review samples being generated were based on the child welfare foster care population from September 2020. No new entries into foster care were included in the case sampling population and subsequent case review process. As a result, the foster care samples generated, and cases reviewed were not an accurate representation of the child welfare population being served by the agency. The case review ratings were accurate based on review criteria and the case circumstances at the time of the review. As a result of the sampling error, CCRT PIP case review submissions from September 2021 through January 2023 were invalidated. PIP case reviews were suspended in February and March 2023 while the sampling error was remedied, and verification of an accurate child welfare sample occurred. PIP case reviews resumed in April 2023. The sampling error did not impact the in-home sampling of cases.

Analysis of the cases reviewed by the CCRT shows that not refreshing the sampling database since September 2020 impacted foster care samples starting partway through quarter 5 of the PIP reviews. The sampling error resulted in foster care samples that were not similar/comparable to the baseline period; a measurement criterion required to confirm goal achievement. Samples increasingly consisted of children in foster care for longer periods of time and fewer children with a permanency goal of reunification. The chart below was provided to the DCYF QA/CQI Administrator by the Children's Bureau.

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Washington State PIP Measurement Case Reviews
Foster Care Sample - Time in Care by Review Quarter

■ <12 mos ■ 12 - 23 mos ■ 24-35 mos ■ 36-47 mos ■ 4 years+
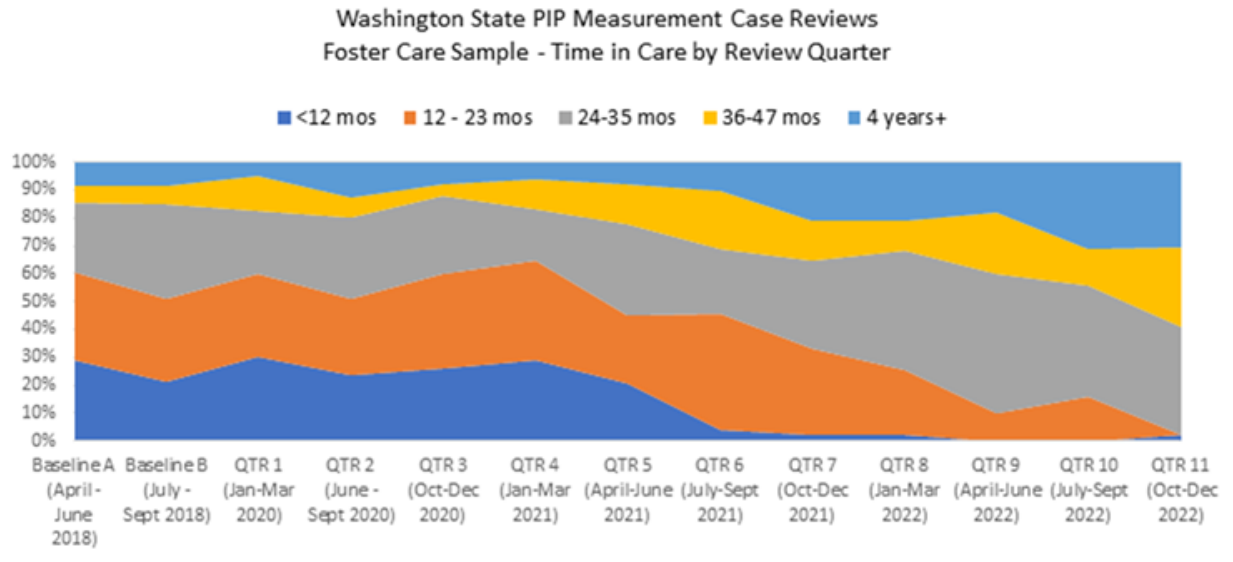
As a result of the sampling error, the data reported in items 1-18 below was severely impacted. During CY2022 the CCRT did not review any foster care cases where the child entered foster care during the period under review. The shortest length of time that a child was in foster care during all case reviews for CY2022 was 15 months.

For the case review data contained in this report, CY2022 references those case reviews that were completed for PIP monitoring from January – December 2022. A total of 261 applicable cases were included in this data set. Of those, 191 (73%) were foster care cases, 44 (17%) were in-home cases, and 26 (10%) were CPS-FAR cases.

- 54 cases were reviewed in Region 1 (21% of total sample), representing the Spokane North, Spokane Central, Spokane Valley, Spokane Office of Indian Child Welfare, Spokane Adoptions and Wenatchee offices.
- 9 cases were reviewed in Region 2 (3% of total case sample), representing the Ellensburg office.
- 14 cases were reviewed in Region 3 (5% of total case sample), representing the Mt. Vernon and Oak Harbor offices.
- 104 cases were reviewed in Region 4 (40% of total case sample), representing the Office of Indian Child Welfare, King West, King East, West Seattle, Martin Luther King Jr., King Southwest and King Southeast offices.
- 54 cases were reviewed in Region 5 (21% of total case sample), representing the Bremerton and Tacoma offices.
- 26 cases were reviewed in Region 6 (10% of total case sample), representing the Aberdeen, Long Beach and South Bend offices.

Through the case review process, 1,346 interviews occurred during CY2022 with the following key case participants to gather feedback on strengths and areas needing improvement on specific case practice:

- Children/Youth – 212 interviews
- Mothers – 196 interviews
- Fathers – 121 interviews
- Resource Families – 188 interviews
- Caseworkers – 372 interviews
- Supervisors – 187 interviews
- Other Participants – 70 interviews (child's tribe, grandparents, CASA/GAL, parental attorney, service provider)

Tracking of Implementation Projects

Centralized monitoring of pilot and improvement projects is in its infancy and will be developed over the coming years as part of the expansion of CWFO headquarters team. Currently, there are regional projects occurring that are not coordinated at a statewide level. DCYF recognizes that the large volume of change through legislation and initiatives impacts staff's ability to be responsive and increases change fatigue. The DCYF Project Portfolio dashboard provides the status of cross divisional and large-scale improvement projects on DCYF's intranet page.

Staff Recruitment and Retention

Recruitment and retention of staff are of issue across the State and have impacted practice. To understand root causes of staffing issues and ultimately improve staff recruitment and retention, a workgroup was launched in 2022. Analysis of why staff are leaving indicate caseload size, compensation and benefit issues and lack of, or inadequate supports, ongoing placement crisis and staff and building safety all are factors in staff's decision to leave state service.

Recruitment efforts are hampered by lack of incentives and adequate compensation for staff.

DCYF has appointed a Child Welfare Workforce Support Lead to develop a comprehensive strategy to address recruitment and retention. Some strategies are the following:

- Licensure support for staff who have completed their MSW.
- Caseload reduction to address higher demands on staff. A workload study is in process to determine workload size.
- Recruitment - HR is developing recruitment videos along with their present recruitment efforts.
- Comprehensive and consistent on boarding of staff across the state is being developed.
- Ongoing support to address staff mental health after critical incidents is being developed in addition to DCYF's present support of staff.

- Satellite phones have been delivered to offices for staff to use in rural areas with no cell service.

Implemented strategies are being monitored in a variety of ways, including through the DCYF Project Portfolio Dashboard, available to staff through the DCYF intranet, and the internal Child Welfare SharePoint site.

Safety Outcomes 1 and 2

Safety Outcomes include: (1) children are first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their own homes whenever possible and appropriate.

	CFSR Round 3	CY2022 Performance	Status	PIP Target
Safety Outcome 1: Children are first and foremost protected from abuse and neglect	86%	82%	⬇	
Item 1: Timeliness of initiating investigations of reports of child maltreatment	86%	82%	⬇	91%
Safety Outcome 2: Children are safely maintained in their home whenever possible and appropriate	64%	61%	⬇	
Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of- homecare	68%	54%	⬇	77%
Item 3: Risk assessment and safety management	65%	61%	⬇	69%
⬆ Improved performance compared to CFSR Round 3 ⬇ Decreased performance compared to CFSR Round 3				
Data Source: Washington 2018 CFSR Final Report and CFSR Portal, Onsite Review Instrument Report CY2022				

Safety Outcome 1: Children are First and Foremost, Protected from Abuse and Neglect.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment
This item determines whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency polices or state statutes.

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 1: Timeliness of Initiating Investigations of Reports of Maltreatment							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	85% (131 of 154)	86% (31 of 36)	78% (7 of 9)	86% (25 of 29)	83% (30 of 36)	92% (12 of 13)	83% (26 of 31)
CY2019	91%	94%	90%	89%	*	100%	87%

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	(135 of 149)	(15 of 16)	(37 of 41)	(34 of 38)		(15 of 15)	(34 of 39)
CY2020	83% (84 of 101)	95% (18 of 19)	25% (1 of 4)	83% (5 of 6)	79% (38 of 48)	93% (14 of 15)	89% (8 of 9)
CY2021	84% (129 of 154)	91% (32 of 35)	100% (5 of 5)	100% (8 of 8)	77% (51 of 66)	83% (25/30)	80% (8 of 10)
CY2022	82% (110 of 134)	79% (22 of 28)	86% (6 of 7)	86% (6 of 7)	86% (51 of 59)	73% (16 of 22)	82% (9 of 11)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022).
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/2023)

The PIP target for this item is 91%. DCYF has not met the PIP goal.

Washington State remained consistent on this measure from CY2021 to CY2022. Two of the six regions saw improvement while the other four regions saw declines in performance on this measure.

Statewide, in CY2022, the CCRT found:

- The reasons for delays in initiation of investigations or assessments and/or face-to-face contact was due to circumstances beyond the control of the agency in 37.5% (9 of 24) of the cases.

Circumstances beyond the agency's control can include an inability to locate the alleged victim or victims despite multiple attempts at various locations where the child is believed to be located, concerted efforts were made to locate a child and the agency used an appropriate extension per policy after attempts were exhausted within the assigned time frames.

Specific to Region 1, in two cases the child was residing with the father at the time of the report and an extension was entered until the child returned to the mother in one case, and at the mother's home in the other case. Two other additional areas needing improvement were from the same case due to the case being reviewed twice during the calendar year.

InfoFamLink Administrative Data

Intake Rates - CY2022

Data Source: Intakes by Category and Decision Type, infoFamLink, CY2022 broken out by month
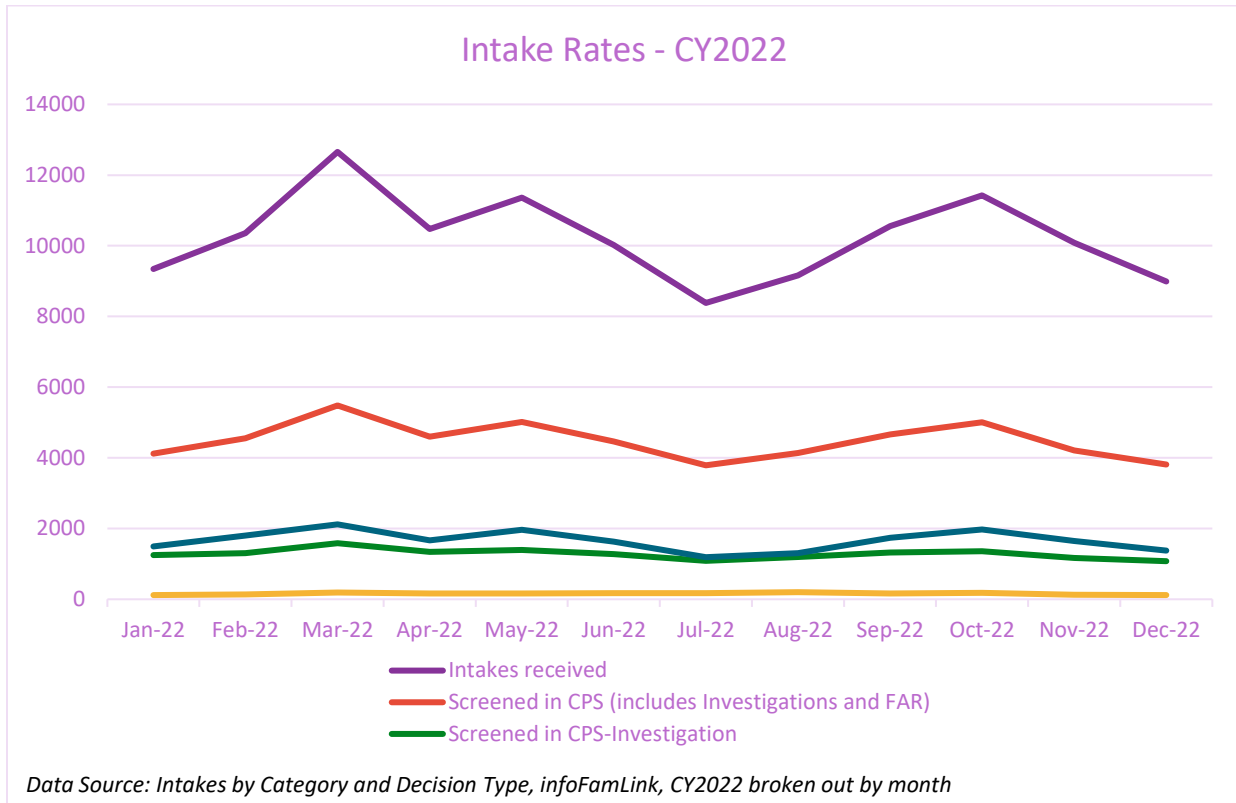
In CY2022, 122,818 intakes were received, an increase of almost 7% from CY2021. Total intakes are 95% of 2019, the most recent pre-pandemic year.

CPS Intakes, CY2019-CY2022				
	2019	**2020**	**2021**	**2022**
Total Intakes	128,695	105,079	115,245	122,818
Total Screened in for CPS Response	46,623 (36%)	37,920 (36%)	42,300 (37%)	43,017 (35%)
Total screened in for CPS INV	16,426 (13%)	13,933 (13%)	15,604 (14%)	15,369 (13%)
Total screened in for CPS FAR	21,452 (17%)	16,473 (16%)	18,427 (16%)	19,917 (16%)
Total screened in for LD INV-Risk Only	2,493 (2%)	1,724 (2%)	1,859 (2%)	1,909 (2%)
Data Source: Intakes by Category and Decision Type, infoFamLink, CY2019-CY2022, by year				

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Average CPS Caseload

Data Source: Workload FTE Summary Report, infoFamLink, CY2022 broken out by month
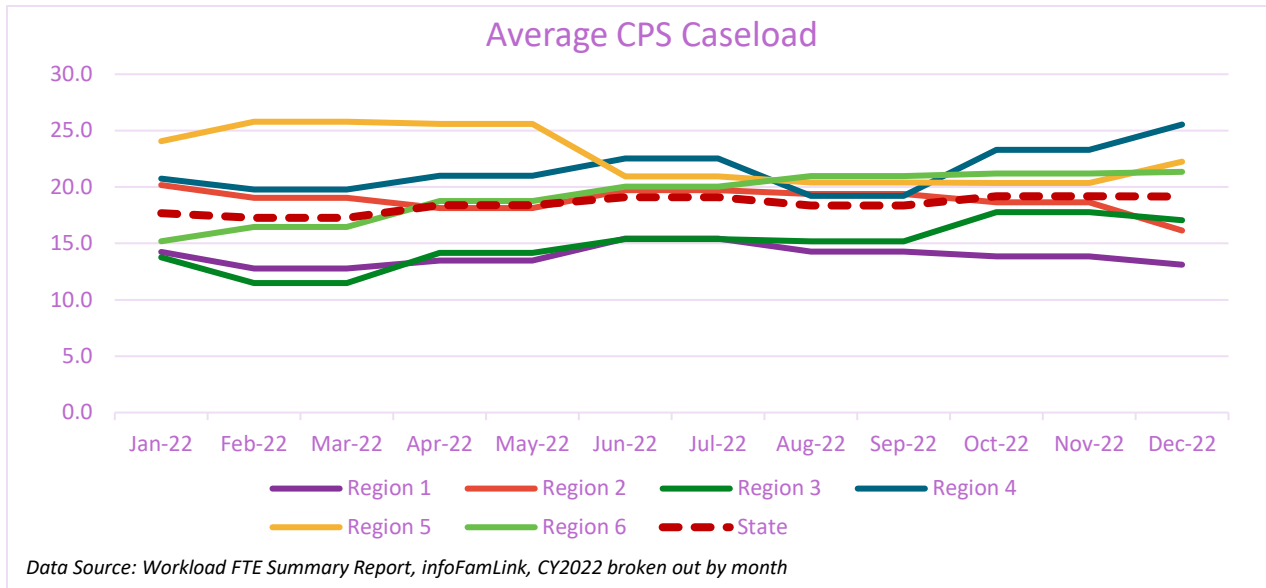
The average CPS caseloads across the state have remained stable over the past year. This appears to coincide with the waning impacts of the COVID-19 pandemic and increased access children and youth have
to individuals who may report suspected maltreatment.

IFF Timeliness
The table below illustrates timeliness of initial face-to-face contact, by type and region.

Timeliness of IFFs by Case Type and Region							
	R1	R2	R3	R4	R5	R6	State
CPS-FAR	**4526**	**2863**	**4145**	**5172**	**4044**	**5743**	**26493**
IFF Within Timeframe	4377 (96.7%)	2597 (90.7%)	3953 (94.4%)	4718 (91.2%)	3721 (92.0%)	5284 (92.0%)	24650 (93.0%)
Attempted IFF Within Timeframe	95 (2.1%)	204 (7.1%)	148 (3.6%)	304 (5.9%)	209 (5.2%)	301 (5.2%)	1261 (4.8%)
Late IFF/No or Attempted IFF	54 (1.2%)	62 (2.2%)	44 (1.1%)	150 (2.9%)	114 (2.8%)	158 (2.8%)	582 (2.2%)
CPS-Investigation	**3753**	**3696**	**3158**	**3939**	**3550**	**3921**	**22017**
IFF Within Timeframe	3610 (96.2%)	3193 (86.4%)	2996 (94.9%)	3443 (87.4%)	3147 88.6%)	3507 (89.4%)	19896 (90.4%)
Attempted IFF Within Timeframe	102 (2.7%)	389 (10.5%)	130 (4.1%)	361 (9.2%)	309 (8.7%)	295 (7.5%)	1586 (7.2%)

Late IFF/No or Attempted IFF	41 (1.1%)	114 (3.1%)	32 (1.0%)	135 (3.4%)	94 (2.6%)	119 (3.0%)	535 (2.4%)
CPS-Risk Only	**1110**	**1367**	**1186**	**1584**	**1595**	**1728**	**8570**
IFF Within Timeframe	1036 (93.3%)	1132 (82.8%)	1077 (90.8%)	1316 (83.1%)	1340 (84.0%)	1462 (84.6%)	7363 (85.9%)
Attempted IFF Within Timeframe	45 (4.1%)	146 (10.7%)	86 (7.3%)	184 (11.6%)	183 (11.5%)	193 (11.2%)	837 (9.8%)
Late IFF/No or Attempted IFF	29 (2.6%)	89 (6.5%)	23 (1.9%)	84 (5.3%)	72 (4.5%)	73 (4.2%)	370 (4.3%)

Data Source: Initial face-to-face timeliness report, infoFamLink, SFY 2022

The rate of timely IFFs for Investigations is lower than those for FAR due to the shorter response timeframes. This does not, however, explain the difference between the rate of incomplete timely IFFs with Investigations of 9.6% and the lower rate of incomplete timely IFFs with Risk Only intakes of 14.1%. The Licensing Division/Child Protective Services (LD/CPS), formerly known as DLR, is meeting this measure.

Risk-Only Intakes continue to be an ongoing focus of DCYF Intake Reviews and consensus discussions. Recognizing there are discrepancies in practice across the state and acknowledging the potential for inequity and disproportionality with current screening and response procedures, DCYF is actively assessing screening and response to Risk-Only Intakes. Statewide Intake/CPS leads participated in an initial discussion in February 2023. While decisions are yet to be made, the work surrounding this screening pathway will continue to determine the training or process change required to strengthen consistency and equity in screening, as well as programmatic needs, and response to high-risk situations.

If an alleged victim is not able to be located within the initial assigned timelines, DCYF Policy 2310.Child Protective Services (CPS) Initial Face-to-Face (IFF) Responses allows for use of an extension of the IFF timeframe to allow for additional attempts to locate and/or an exception to the IFF if specified circumstances are met. The chart below illustrates the percentage of intakes that had an extension by region and statewide in SFY2021 and SFY2022. On December 5, 2022, the use of extensions was discontinued for child welfare. The Licensing Division kept 4 extensions specific to their work. See Update on Plan for Enacting State's Vision: Goal 3 for more information.

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Extension Rates

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
SFY2021	12.7%	11.6%	12.3%	18.9%	20.8%	20.0%	16.2%
SFY2022	10.2%	8.5%	9.4%	11.0%	14.3%	12.3%	11.1%

Data Source: Initial face-to-face timeliness report, infoFamLink; pulled 3/14/2023

Statewide, in SFY2022:

- For 24-hour response intakes, 12.8% (1,690 of 13,174) received had a documented extension.
- For 72-hour response intakes, 8.3% (735 of 8.851) received had a documented extension.
- The use of extensions for all response times decreased from 16.2% in SFY2021 to 11.1% in SFY2022.
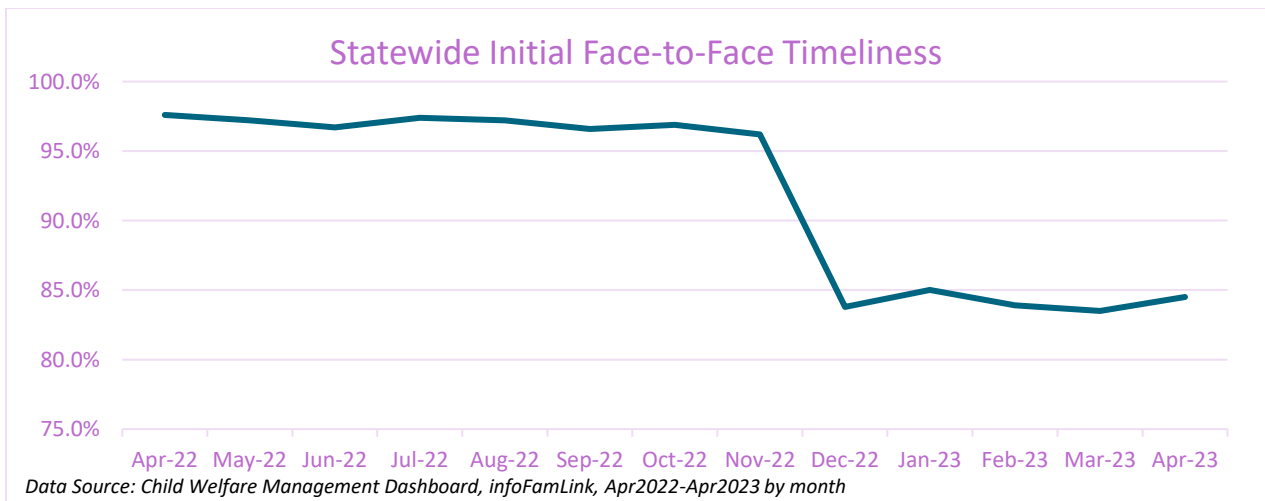
Statewide Initial Face-to-Face Timeliness

Data Source: Child Welfare Management Dashboard, infoFamLink, Apr2022-Apr2023 by month

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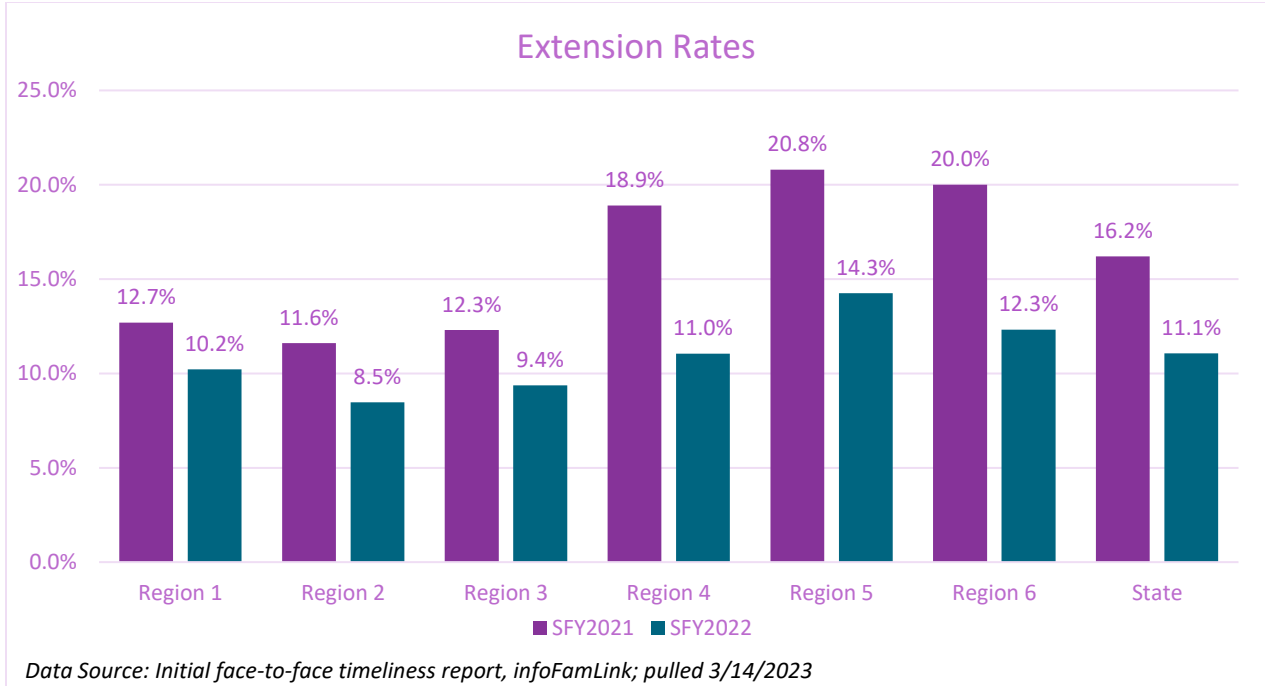Performance Improvement & Federal Reporting Manager

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From January to May of 2023, the data appears to show that timeliness of IFFs have significantly reduced; however, this is erroneous. Prior to the elimination of extensions, the timeliness data included children who were seen within the timeframes and cases where an extension was entered. DCYF now reports data showing only the children who were seen within the timeframe. This data is more consistent with the CCRT review data.

Strengths, Concerns and Practice Improvements Related to Safety Outcome 1

Strengths

- Although there was a slight decrease in performance statewide, Region 4 has improved their practice by 9% and Region 6 has improved their practice by 2% in the first three quarters of CY2022. The improvement in Region 6 is despite having a turnover rate of 24.6%.
- Supervisors and QA/CQI staff report that seeing the data without extensions is helpful in supporting appropriate and timely attempts to see alleged victims. DCYF expects continued improvements in this area.
- LD/CPS has met this measure for their program.

Concerns

This reporting period, a great deal of effort has gone towards providing guidance to staff around efforts to complete timely IFFs. Although DCYF has not improved in this area, performance has remained stable given increased workload, staff turnover, and practice changes. Statewide, the turnover rate for caseworkers in the first nine months of 2022 was 25.5% according to figures provided by DCYF human resources. In comparing January 2020 intakes (11,059) to January 2023 intakes (11,881) there has been an increase of 7.4% pre-pandemic to present. When comparing CY 2019 to CY 2022, there is a 5% decrease in the total number of intakes. Despite extensive efforts in this area, the system has been unable to catch up to the workload increase but has been able to remain stable.

Barriers include:

- Quantity of work for afterhours staff, leading to an inability of afterhours to make multiple attempts to see children within the IFF timeframe.
- Making timely and quality decisions screening decisions at intake. This leads to changes in screening decisions at the intake supervisor and office level. Changes in screening decisions reduce the timeframe for the CPS workers to initiate IFF attempts or results in the timeframe already being missed prior to the CPS worker receiving the intake.
- Lack of initial IFF attempts on the first day when the IFF timeframe is within 72 hours. Lack of initial IFF attempts in the first few hours when an the IFF timeframe is within 24 hours.

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- Lack of timely documentation of IFFs.
- Required attempts were not made per policy.
- Required attempts were not made per policy, after an extension was entered (prior to discontinuing extensions).
- A lower sense of urgency towards Risk Only intakes.

The barriers listed above are related to decreased experienced staff due to turnover, increased number of intakes and changes in policy that are not fully integrated and consistently integrated into practice.

Practice Improvements
The following efforts are being completed:

Region 1
- Area Administrators are meeting with CPS supervisors regularly to look at missing IFF to determine why and provide oversight.
- IFFs are a focus during Regional Safety Bootcamp and covered in Regional New Employee Training.

Region 2
- Area Administrators are meeting with CPS supervisors weekly around missing IFFs and following up with QA/CQI.
- QA/CQI staff are sending missing IFF reports every second Friday. The reports include the data and guidance as to quality IFFs.

Region 3
- CPS Supervisors are requiring staff to communicate what their attempts to see the alleged victim have been. This has been helpful in generating afterhours requests to complete the IFF timely.
- IFFs are focused on in Regional Safety Bootcamp.

Region 4
- Quality reviews were conducted throughout the year for all field offices.
- CQI/QA staff monitored IFFs weekly and provided feedback to caseworkers and supervisors monthly with unit specific questions and policy review support.
- Consultations between QPS and QA/CQI staff occurred through the year.

Region 5
- The region maintains a data portal that CPS supervisors check daily to monitor IFFs and track timely documentation.
- Regional leadership is following up on late IFFs daily with Area Administrators.
- The Tacoma office has noticed that often if an IFF hasn't been completed timely it originates from other offices so more focus is going towards those offices.

- A missing IFF FamLink report is generated every Saturday morning to compare to afterhours IFF referrals completed. This helps to ensure that afterhours requests to complete timely IFFs are completed.

Region 6

- All Area Administrators receive a list of missed IFFs each Monday and they must report out by Wednesday to QA/CQI for analysis.
- Safety Bootcamp is being offered and will focus on timely completion of IFFs.
- QA/CQI identified that FAR is only making IFF attempts on the first day about 30% of the time and that intakes screened in for a 24-hour response did not have attempts made until well into the day.
  - QA/CQI is following up weekly IFF assignment with supervisors to address late and missing IFFs. A QA presentation each month is provided to supervisors and their program members. In addition, QA is sending targeted emails to workers and supervisors when an IFF is missing over 10 days. During the next year, QA will be going to field offices to speak with CPS units about IFFs, documentation and making earlier attempts.
- The region completed a targeted review and found that on 72-hour response timeframes IFF attempts on the first day are only happening around 30% of the time and that for 24-hour response timeframes attempts were not being made until well into the day. Data will be presented to regional leadership around lack of attempts on the 1st day so leadership can reinforce conversations with the offices about making earlier attempts. This is going to be the region's top priority.

Stakeholder Involvement and Feedback Loops

Each region has Intake/CPS leads who are experts in frontend child welfare, including the completion of IFFs. This group meets monthly with the statewide CPS program manager. Timely completion of IFFs has been an area of focus throughout the year. Information about feedback and performance improvement efforts made as a result of internal stakeholder involvement are incorporated into the Practice Improvement section above.

COVID-19 Impacts

Ongoing workforce issues continued during the COVID-19 state of emergency. According to data provided by human resources, the statewide turnover rate of caseworkers for the first three quarters of 2022 was 25.5%.

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Safety Outcome 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate.

Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care

This item determines whether, during a period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	74% (70 of 94)	77% (20 of 26)	75% (3 of 4)	84% (16 of 19)	63% (12 of 19)	75% (6 of 8)	69% (13 of 18)
CY2019	85% (62 of 73)	80% (4 of 5)	90% (19 of 21)	85% (17 of 20)	*	83% (5 of 6)	81% (17 of 21)
CY2020	68% (44 of 65)	75% (9 of 12)	50% (1 of 2)	67% (2 of 3)	59% (17 of 29)	69% (9 of 13)	100% (6 of 6)
CY2021	73% (54 of 74)	88% (14 of 16)	0% (0 of 4)	80% (4 of 5)	78% (21 of 27)	65% (13 of 20)	100% (2 of 2)
CY2022	54% (21 of 39)	56% (5 of 9)	0% (0 of 4)	N/A	69% (11 of 16)	50% (3 of 6)	50% (2 of 4)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/2023)							

The PIP goal for this item is 77%. DCYF met the PIP goal in Measurement Period (MP) 4 of PIP reporting (01/01/2021 – 06/30/2021).

Washington State's overall performance declined by 19% on this measure from CY2021 to CY2022.

Statewide, in CY2022, the CCRT found:

- The agency made concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry or reentry into foster care in 44% (17 of 39) of the cases.
- The agency did not make concerted efforts on 10% (4 of 39) of the cases where children were removed from the home because the action was necessary to ensure the child's safety and could not be mitigated by prevention services.
- The agency did not make concerned efforts to provide appropriate safety-related services on 46% (18 of 39) cases where children remained in the home.
- Item 2 data broken down by case type:

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- Foster care – 56% (14/25)
- CPS FAR – 58% (7/12)
- In-Home – 0% (0/2)

Several regions throughout the state are deploying additional supports to improve practice and supports in this area:

Region 1 – The region is developing a plan to identify the purpose and role of prevention services throughout the life of a case and when safety related services vs. parenting enhancement services are appropriate. QA/CQI in the region work with staff to correlate the appropriate service to relevant goals.

Service provider capacity for relevant services to families continues to be an issue. Some ways to address this issue that DCYF are establishing a new unit to develop additional providers. Outreach to interested providers has also been used to establish more services. The feedback received from providers is the process to contract is too cumbersome due to the paperwork. EBP services are available but are not always the services that can serve the family best if SUD or mental health are significant issues in the family. DCYF must rely on other state agencies for development of SUD and mental health services. DCYF will continue to work on expanding the service array.

Region 2 – The region identified service availability in rural communities as a barrier. Prevention services such as childcare are not available in the rural counties, which makes it difficult to support family needs, if addressed, that would mitigate removal. The region is working with the Alliance for Excellence to create e-learning for new workers to learn about service providers and to identify services for families. The region identified a need for specific training for workers to services and identifying goals and outcome measures for families with regional staff providing the training.

Region 3 –The region developed a collaborative training with the AAG and regional DCYF training leads regarding what it means to provide reasonable and active efforts. The regional trainers are focused on providing increased frequency of training for each office on safety plans to increase staff knowledge and confidence in utilizing safety plans and services to prevent removal/re-entry. The biggest barrier in this region is a lack of service providers for an in-home evidence-based or professional service.

Region 4 – The region has provided various trainings throughout the reporting period. Some of the trainings include:
Case Planning and Safety Planning versus Protective Action Plans along with continued training on the Child Safety Framework. Intake reviews on all intakes for children under the age of 1 continues with links to community-based services, case staffing and support in making

community-based referrals emphasized on those intakes. There continues to be ongoing training with AAGs to cover the following: testimony preparation, documentation/persuasive writing, petition writing and reasonable efforts, court report and discovery, ICW/OICW/reason to know, service letters/referrals and active efforts and documentation of efforts. Foundation of Practice Training for all Region 4 staff for HB 1227 is also occurring.

In August 2022, a regional Program Lead/Consultant was hired to oversee EBP/CIHS in order to support field staff in connecting families to services. The position oversees Professional Services, Parents with Disabilities, SUD, FCAP and Fatherhood Engagement. Partnerships in Region 4 with community agencies such as Family Connection Program and Parents for Parents are also occurring to support practice.

Region 5 – The region is supporting supervisors by enhancing supervision practice to support caseworkers utilizing the SDM risk assessment tool timely to identify the level of risk and priority of offering services and case plans. Additionally, regional staff attend unit meetings to support continued practice improvement around safety, conducting targeted reviews around safety and risk assessments.

Region 6 – Caseworkers who carry service cases in Family Voluntary Services are currently experiencing high caseload numbers. FVS cases require more hands-on support and follow up with prevention services to ensure that the need for removal is mitigated. With the high caseload size this has become challenging for the region. The region continues to address hiring and retention of staff in these roles.

The CCRT identified a trend of services not being offered in Family Assessment Response (FAR) cases across the state. The barriers identified by CCRT through key case participant interviews include pressure to close a case based on the length of time a case has been open, balanced with delayed availability of timely service availability. This places them in an impossible position to meet the expectations for timely case closure.
In addition to this barrier, other trends identified during statewide case reviews include the following:
- When a child is placed in out-of-home care, there is a lack of ongoing assessment of risk and safety for the children who remain in the home.
- When services are offered to prevent removal on in-home cases, there is a lack of monthly contact with the caseworker and family, which can impact the effectiveness of building a case plan and monitoring the risk and safety concerns.
- There is a lack of assessment of prevention service needs for the secondary caregiver where the child spends time and often or sometimes resides.
For more information on prevention services, refer to Service Array, items 29 and 30.

Addressing barriers:

- DCYF developed and implemented a four-module training to help enhance practice and decrease the number of children coming into care. One of the modules identifies court expectations around prevention services and how to identify the role prevention services play in eliminating the need for removal (both case and safety plans). DCYF partnered with the Alliance to create a court simulation of a shelter care hearing that will roll out July through September 2023 to help staff apply and practice testimony around safety planning, services, and efforts to prevent entry into care.
- In partnership with the Administrative Office of the Courts (AOC), DCYF is collaborating on 6 presentations across the state for a Cross-System Kickoff for the Keeping Families Together Act. In these presentations the entire judicial community (attorneys, commissioners, judges, CASA, DCYF) comes together to discuss key elements in this legislation with an emphasis on exploring how and where prevention services come into play to eliminate the need for removal.
  - Several regions across the state are also partnering with their local courts, AOC and DCYF for additional comprehensive trainings on this topic.
- In response to successful outcomes with the original Program Improvement Plan (PIP) strategy initiative 4.2 to develop and implement Safety Summits with local courts and system partners, additional Safety Summits will be rolled out across the state in 2024 with an emphasis on understanding the role of prevention services in eliminating child removals or re-entries into care.
- Discussions are occurring with contracts and current providers to build capacity for safety plan participants.
- FAR was developed to address issues that impact child safety in the home. One area of need was service availability. A Service Array unit has been developed to address service gaps. For more information on this unit, see Service Array.
- Caseworker visits impact family assessments. More information about strategies in addressing the low CPS-FAR and In-Home completion rates of casework visits with children can be found in the Update on Plan for Enacting the State's Vision in Goal 4: Engagement with Families, Caregivers, and Case Partners.

CFSR DATA PROFILES

Entry Rates and Entries into Out-of-Home Care

Although the total number of entries into out-of-home care and entry rates per 1,000 have steadily declined over several years, racial disproportionality in entries into care remains apparent.

Washington state legislature introduced a new bill, HB 1227, that takes effect on July 1, 2023. HB 1227 raises the statutory requirement for removal of a non-Indian child to imminent physical harm and asks the court to weigh this with the harm of removal. HB 1227 will reduce removal rates by ensuring services are actively offered to families prior to the decision to remove a child.

Since November 2021, DCYF has been collaborating with court stakeholders and 29 different agencies around ten different topics, including a workgroup focused on enhancing the safety framework and service array continuum. This work continues in partnership with AOC and the Family Well-Being Community Collaborative to address the changes required as a result of this legislation.

Percent of Total Population Vs. Percent of Total Entries into Out-of-Home Care, by Race
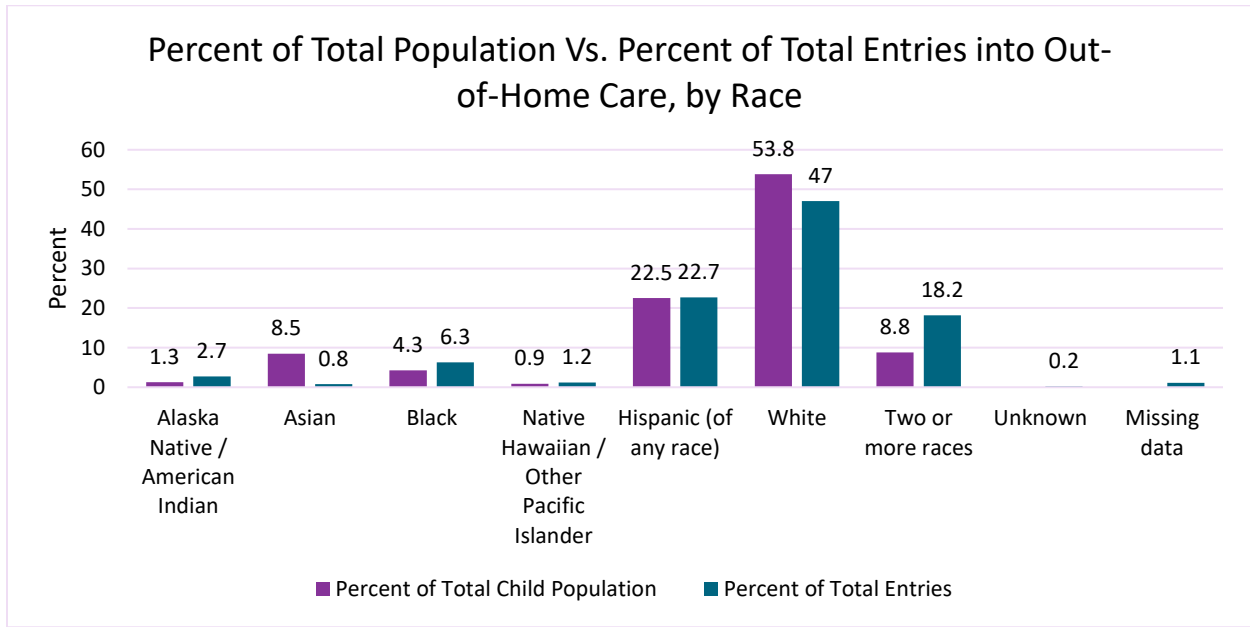
Data Source: Child and Family Services Review (CFSR 4) Data Profile Context Data, October 2022, reflecting percent of total child population in 2021 and percent of total entries for timeframe 20B21A

Re-Entry to Foster Care

This indicator measures whether the agency's programs and practice are effective in supporting reunification and other permanency goals so that children do not return to foster care. Re-entry to foster care has a national performance of 5.6% or less of children experiencing re-entry within 12 months of discharge from foster care. National Performance is how the nation performed on a given data indicator.

CFSR Round 3 Federal Data Indicator: Re-Entry to Foster Care									
	National Performance	Data Period Used	16A-18B*	16B-19A*	17A-19B*	17B-20A*	18A-20B*	18B-21A*	20B-22A
Re-entry to Foster Care	5.6%	Washington Risk Standardized Performance (RSP)	7.0%	6.4%	8.1%	7.1%	5.7%	6.3%	4.6%
		RSP Interval	5.7%-8.4%	5.3%-7.8%	6.0%-8.7%	5.9%-8.5%	4.6%-7.0%	5.2%-7.6%	3.9%-5.4%

		Washington Observed Performance	5.6%	5.1%	5.9%	5.7%	4.4%	4.9%	4.3%

Data Source: Child and Family Services Review (CFSR 4) Data Profile, Submissions as of 6-28-22 (AFCARS) and (NCANDS), October 2022

*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY, or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

The Data Profile from October 2022 shows Washington's re-entry rate at 4.6%, which is statistically better than the national performance standard. Review of the supplemental context data indicates that children ages 0-3 months and 1-5 years of age had a higher proportion of re-entries into care. In addition, there are racial disparities in the percent of total children who exit out-of-home care compared to the percent of total children who re-enter out-of-home care (see chart below).

Data Source: Child and Family Services Review (CFSR 4) Data Profile Supplemental Context Data, October 2022, timeframe 20B21A

ADMINISTRATIVE INFOFAMLINK DATA

FTDM Data

Through DCYF's PIP, a report was developed in infoFamLink to track FTDM meetings and outcomes. In CY2022, 34.0% (3956 of 11652) of FTDMs were for imminent risk of placement

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and 18.9% (2197 of 11652) were for emergency placement or Voluntary Placement Agreements (VPA). Of the FTDMs for Imminent Risk of Placement, a child remained or returned to a parent as an outcome 67.9% of the time. For FTDMs for emergency placement or VPA, 21.6% of meetings resulted in a child remaining or returning to a parent as an outcome. The meeting outcome of a child remaining or returning to a parent was 39.7% for all FTDM meeting types in CY2022. For more specific information about how shared planning meetings have been used to prevent or eliminate the need for removal see the Update on Plan for Enacting the State's Vision: Goal 3.

Intakes Opened for Services

The 2022 data below shows 91% of DCYF intakes are reports of abuse/neglect. Out of those, only 36% are screened in for response. Out of those that screen in, 19% are offered services, and only 3% of the intakes resulted in a child placement.

Child Welfare Overview FY 2022

Percent of Total

100% — **Total Requests for Intervention**
TOTAL = 121,215

91% — **CPS Reports of Abuse/Neglect**
TOTAL = 110,015 (11,200 Non-CPS Requests*)

36% — **CPS Reports Screened-In for Response**
TOTAL = 43,828** (66,187 Screened Out)
60,989 Children Required Face-to-Face Response

18% — **CPS-Investigations**
TOTAL = 22,204

16% — **CPS-FAR**
TOTAL = 19,763

19% — **Open for Services**
TOTAL = 22,577***

3% — **Children Placed**
TOTAL = 3,702

4,591	Exits from Placement
2,992	Reunifications
903	Adoptions
246	Guardianships
450	Other Exits

* Includes CFWS, FRS, licensing rule infractions, and other non-CPS intakes
** Includes 1,861 LD-CPS investigations on providers
*** Service counts indicate services provided in addition to the CPS response

Published: February 2023
Source: FamLink data, children age 0-17
Office of Innovation, Alignment, and Accountability
www.dcyf.wa.gov/practice/oiaa/reports

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Compared to data from 2017, the total requests for intervention have slightly increased and the number of children placed has decreased by nearly 50%. While requests for interventions are increasing, and the need for services is remaining consistent, DCYF was still able to decrease child removals.

CHILD WELFARE OVERVIEW 5-YEAR COMPARISON		
	2017	2022

Total requests for intervention	112,832	121,215
CPS Reports of abuse/neglect	99,941 (13,341 non-CPS requests)	110,015 (11,200 non-CPS requests)
CPS Reports Screened-in for response	39,851 57,534 Required IFF response	43,828 60,989 Required IFF response
CPS Investigations	22,553	22,204
CPS-FAR	17,298	19,763
Open for services	21,593	22,577
Children placed	6,541	3,702
Exits from placement	6,150	4,591
Reunifications	3,767	2,992
Adoptions	1,341	903
Guardianships	458	246
Other exits	584	450

Data Source: Taken from Child welfare overview visuals created by OIAA

Item 3: Risk and Safety Assessment and Management

This item determines whether, during a period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 3: Risk and Safety Assessment and Management							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	65% (168 of 257)	60% (39 of 65)	60% (6 of 10)	74% (28 of 38)	63% (41 of 65)	70% (19 of 27)	67% (35 of 52)
CY2019	68% (193 of 282)	90% (27 of 30)	65% (40 of 62)	69% (47 of 68)	*	59% (19 of 32)	67% (60 of 90)

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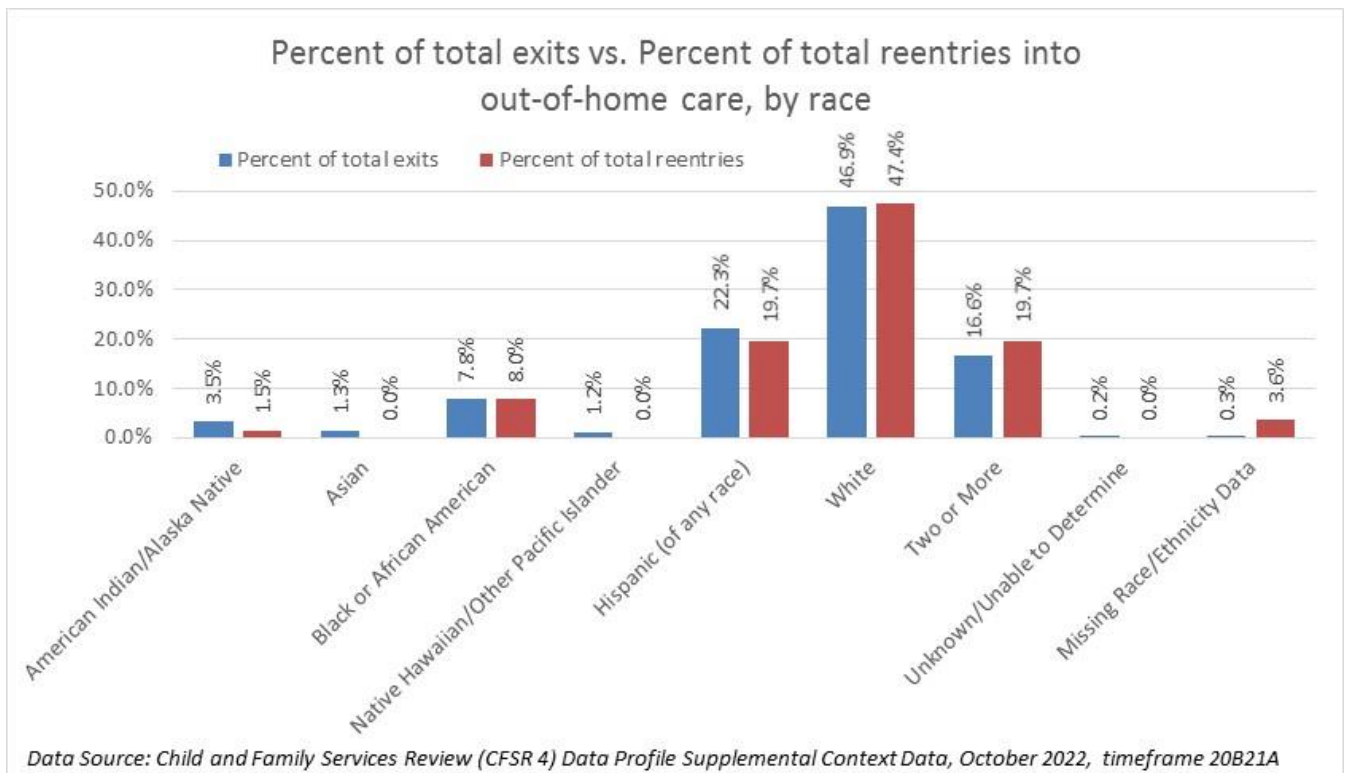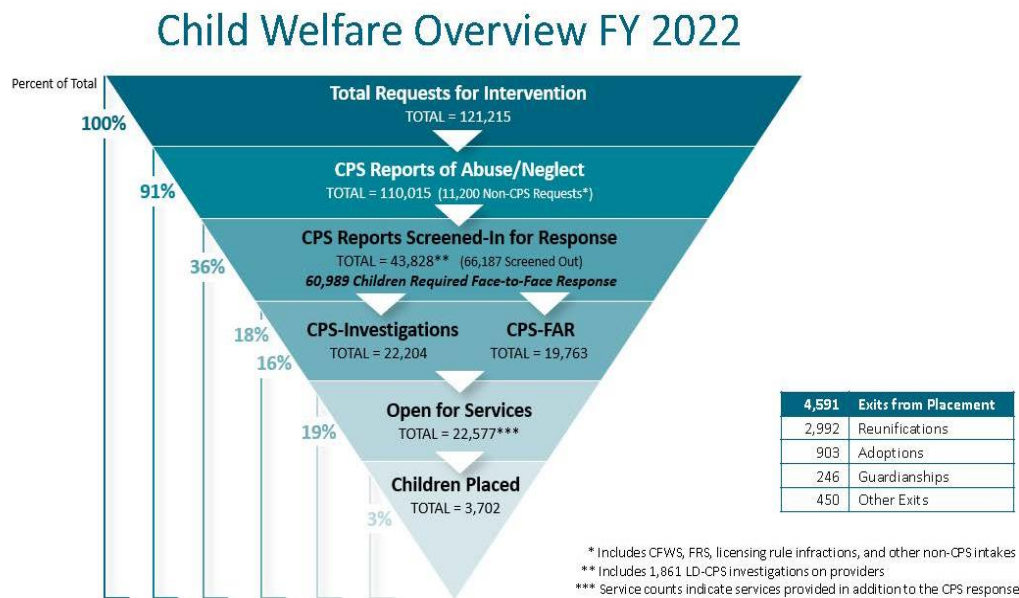
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CY2020	61% (122 of 201)	78% (38 of 49)	0% (0 of 4)	60% (6 of 10)	51% (42 of 83)	61% (25 of 41)	79% (11 of 14)
CY2021	63% (168 of 268)	77% (48 of 62)	17% (1 of 6)	63% (10 of 16)	59% (65 of 110)	52% (28 of 54)	80% (16 of 20)
CY2022	61% (159 of 261)	72% (39 of 54)	44% (4 of 9)	64% (9 of 14)	56% (58 of 104)	56% (30 of 54)	73% (19 of 26)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022). *Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/2023)*							

The PIP goal for this item is 69%. DCYF has not met the PIP goal.

Statewide, in CY2022, the CCRT found:
- The agency conducted an initial assessment that accurately assessed all risk and safety concerns in 56% (23 of 41) of the cases.
- The agency conducted ongoing assessments that accurately assessed all risk and safety concerns in 62% (161 of 261) of the cases.
- When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed in 38% (8 of 21) of the cases.
- There were no concerns for the child's safety in foster care during visitation with the parent(s)/caretaker(s) or other family members that were not adequately or appropriately addressed by the agency in 99% (148 of 150) of the cases.
- There were no concerns for the child's safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency in 100% (191 of 191) of the cases.
- Item 3 data broken down by case type:
  - Foster care – 69% (139/201)
  - CPS FAR – 44% (20/45)
  - In-Home – 32% (9/28)

Several regions throughout the state are deploying additional supports to address this decline.

Statewide every region is consistently utilizing teaming around safety in the form of internal staffing and consultations. In 2021, per PIP Strategy 3.5, pre-filing consultations were developed. These case consultations occur prior to filing dependency petitions and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services for keeping children safely with their parents. They continue to be used in addition to other internal safety consultations, and DCYF is

rolling out an updated version of the pre-filing consultations, now known as Safe Child Consultations. Safe Child Consultations are internal case discussions that consider critical elements of child safety. Consultations provide guidance to caseworkers around child safety and next steps in case decisions. Consultations will help to improve practice and focus on the importance of keeping children in their homes whenever possible. This is currently being piloted in 15 offices in the state and will be rolled out statewide on July 1, 2023.

Additionally, each region is offering an additional focused safety training called Safety Bootcamp. Safety Bootcamp focuses on how to complete an investigation of child abuse/neglect, assess safety and identify sentinel injuries and partner with law enforcement and hospitals around concerns of abuse/neglect.

The Safety Summit Project completed its Baseline Safety Hearing Quality Report in June 2022 after successfully implementing a safety summit in seven different counties across the state. Data related to the top findings from the Safety summit are also available.

At the shelter care hearing:
- Identification of a specific safety threat increased 32%
- Efforts to prevent removal increased 35%
- Number of documents submitted prior to shelter care hearing that included an analysis of safety increased 35%
- References to protective capacities increased 31%
- References to Conditions for Return Home increased 34%
- References to vulnerability increased 39%
- 100% of the post-summit shelter care documentation included an analysis of safety and addressed specific safety threats.
- 21% increase in discussion of safety-related justification for supervised visitation.
- 15% increase in discussion of safety planning

At the review hearing:
- Identification of parental protective capacities increased 46%
- Justification for Supervised Family Time increased 51%

Regional activities include:

Region 1 – This year the region is completing safety framework training at the office and unit level to meet the individual needs of their workforce. Additionally, the region has undergone a comprehensive case review discussion for item 2 and 3 to identify specific barriers and improve practice.

Region 2 – In the past year the region has completed 330 safety consults. Additionally, they are focusing on new employee case reviews and discussing practice improvement points around safety for all new employees.

Region 5 –This region is hiring a retention and recruitment program manager to prioritize staff support.

Region 6 – The region has developed a regional onboard plan for new staff in addition to required statewide training around quality of assessments.

CFSR DATA PROFILES

Maltreatment in Foster Care

This indicator measures whether the agency ensures that children do not experience abuse or neglect while in the State's foster care system and holds the State accountable for keeping children safe from harm while under the responsibility of the State, no matter who perpetrates the maltreatment while the child is in foster care. Maltreatment in foster care has a national performance of 9.07 or less victimizations per 100,000 days in care. National Performance is how the nation performed on a given date indicator. National performance is used as a reference point to determine if a state performed statistically higher, or no different than the nation after considering some of the factors over which the states have little control.

Observed performance describes how a state performed on a given indicator, without any adjustments.

Risk-Standardized Performance (RSP) is used to assess state performance compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control (i.e., ages of children in out-of-home care). This allows for a fairer comparison of each state's performance relative to the national performance.

CFSR Round 3 Federal Data Indicator: Maltreatment in Care (Victimization/100,000 Days in Care)						
		Data Period Used	FFY17-18	FFY18-19	FFY19-20	FFY20-21
Maltreatment in Care (Victimization/100,000 Days in Care)	9.07	Washington Risk Standardized Performance (RSP)	9.34	10.53	11.09	11.09
		RSP Interval	8.29-10.53	9.42-11.77	9.94-12.37	9.87-12.46
		Washington Observed Performance	6.96	7.89	8.33	8.19
Data Source: Child and Family Services Review (CFSR 4) Data Profile, Submissions as of 6-28-2022 (AFCARS) and (NCANDS), October 2022						

This Data Profile from October 2022 shows Washington's maltreatment in care rate at 11.09 or less victimizations per 100,000 days in care, which is statistically worse than the national performance standard. Washington State's RSP rates have been increasing over the last several years. The observed performance of 8.19% is within the national performance standard.

Based on context data (FFY20), maltreatment in care rates is highest for children 4-11 months old and 1-5 years old. In addition, although maltreatment in care rates dropped for most races, they increased for children of two or more races.

In November 2022 the statewide QA/CQI team conducted a targeted review of all founded maltreatment in care reports from April 1, 2021 through March 31, 2022. Of the 252 cases reviewed 101 were on a trial return home where DCYF retained placement and care authority (41%), 69 were relative or suitable other placements with 8 of these being licensed (27%), 64 were in non-fictive licensed foster care (25%), 9 were in group care, 8 were in temporary situations such as on the run, in JRA or in the hospital, and 1 was in an adoptive home.

 Of the 252 cases reviewed, 193 of them had an incident date the same as the intake date (76.6%). A qualitative review of these reports revealed that 46 of the 193 intakes were incorrectly identified as maltreatment in care (18.3% of the population; 23.8% of those with matching dates). RDA was able to run an analysis if these 46 cases were not included in the maltreatment in care reporting, the statewide maltreatment rate would drop from 8.5% to 7.0%. This information was provided to the statewide intake Area Administrators and child welfare leadership for further discussion and direction. In order to determine the subject of an investigation, an ad hoc data pull would need to be completed by DSHS.

Recurrence of Maltreatment
This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a substantiated or indicated report of maltreatment. Recurrence of maltreatment has a national performance of 9.7% or less of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period being victims of another substantiated or indicated maltreatment report within 12 months.

CFSR Round 3 Federal Data Indicator: Recurrence of Maltreatment						
		Data Period Used	FFY17-18	FFY18-19	FFY19-20	FFY20-21
Recurrence of Maltreatment	9.7%	Washington Risk Standardized Performance (RSP)	10.4%	12.2%	10.5%	11.0%
		RSP Interval	9.4%-11.4%	11.2%-13.4%	9.5%-11.6%	9.9%-12.3%
		Washington Observed Performance	8.1%	9.6%	8.2%	8.4%
Data Source: Child and Family Services Review (CFSR 4) Data Profile, Submissions as of 6-28-22 (AFCARS) and (NCANDS), October 2022						

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This Data Profile from October shows Washington's recurrence of maltreatment rate at 11.0% which is worse than the national performance standard. The observed performance of 8.4% is within the national performance standard.

Based on context data, recurrence of maltreatment rates decreased for children 1-10 years old and 17-year-olds from FY19-20 to FY20-21, though rate for children under one year old and 11-16 years old increased, with the biggest increase for children under one year old (from 5.9% in FY19-20 to 11.0% in FY20-21). Black children had the largest decrease in percent of children experiencing recurrence of maltreatment, falling from 8.1% in FY 19-20 to 5.8% in FY20-21. Recurrence of maltreatment for Native Hawaiian/Other Pacific Islander children increased between FY19-20 and FY20-21 from 0.0% to 7.3%, due in most part to the small number of children applicable for this measure.

Strengths, Concerns and Practice Improvements Related to Safety Outcome 2
Strengths

- A teaming approach to safety (Safe Child Consultations, case consultation, and other safety related staffings) continues to be used across the state. The teaming approach to safety prioritizes the use of standardized tools to help guide decisions at key points in a case around safety and recognizes the importance of discussing a case from differing viewpoints.
- The Safety Summit Project released post-Summit findings that showed significant improvement. In partnership with AOC and FJCIP, additional Safety Summits will roll out in 2024 across the state.
- The Commission on Children in Foster Care, co-chaired by Justice Madsen and DCYF Secretary Ross Hunter sponsors the Family Well-Being Community Collaborative, which currently has a large variety of safety-related interdisciplinary workgroups all designed for practice improvement with a goal of collaborating to keep families safely together and supported in their communities and to radically reduce inequities within the child welfare court system. Family Well-Being Community Collaborative (FWCC) – Family and Youth Justice Programs (wacita.org)

Concerns

- Identification of appropriate preventative services and timely delivery of service and development of case plans to address high-risk cases and prevent or eliminate the need for removal.
- Lack of relevant providers across the state, including culturally relevant providers.
- Lack of ability to monitor a case plan or safety plan to mitigate the threat to safety due to workload and staff vacancies.

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Practice Improvements

- The safety framework guides are currently under additional review, including by external stakeholder and parents with lived experience, to provide feedback and address racial disparities identified within the language of the framework.
- The safety framework was reinforced through safe child consultations that were conducted prior to removal of children.
- The prefiling consultations have been updated to Safe Child Consultations to more accurately reflect the expectation of practice. They will go live statewide in July of 2023. Safe Child Consultations use a teaming approach, and the safety framework tools to inform and guide child safety decisions.
- The Safety Summit work continues and will expand statewide in 2024. The safety language crosswalk to develop shared meaning and understanding of terms across all court partners is under review for revisions due to legislative changes, which will impact children being able to remain their homes safely and provide consistency in practice.
- FTDM facilitators are reinforcing the assessment and articulation of safety threats by asking about the safety framework components during FTDM meetings. For more specific information around this refer to the update on the Plan for Enacting the State Vision – Goal 3 section.
- The Alliance developed a program for coaching support for supervisors, including a supervising for safety training series that is mandatory for all case carrying supervisors. This training continues as assessment of safety evolves in the field.
- Partnership with FWCC around ongoing interdisciplinary workgroups continue in order to improve outcomes for families.
- Partnership with FJCIP and AOC around Safety Summit work continues so that understanding of the safety framework is consistent across legal stakeholders.
- Family Practice Model and removal decisions practice profiles are being developed to incorporate the agency values and give guidance to caseworkers about how to engage with families around removal decisions.
- DCYF partnered with the Alliance to create a court simulation of a shelter care hearing to be used as a training resource to ensure staff are well trained and prepared for an initial removal hearing and all the statutory requirements.
- In response to new legislation, DCYF partnered with AOC and FJCIP to roll out a series of presentations and workshops around articulation of safety during shelter care hearings.
- DCYF has developed dedicated Foundations of Practice learning events weekly to provide staff opportunity to learn further the application of the safety framework and effective engagement with families. FAQs as well as modules for deeper content learning are part of the events.

- OIAA has undertaken an assessment re-design project to look at the assessment tools currently being used in WA State child welfare. The safety assessment subgroup completed their initial workgroup and is working on making recommendations around safety frameworks.
- Chapin Hall provided a literature review on safety frameworks and made recommendations.

Stakeholder Involvement and Feedback Loops

Between November 2021-June 2022, DCYF led 10 workgroups to prepare for legislative HB 1227 implementation raising the standard for removal, requiring the court to inquire about preventative services to prevent or eliminate the need for removal and ensuring children are placed in kinship care unless imminent physical harm is identified. Six workgroups included external stakeholders and 4 were internal, including only DCYF and AGO staff. Recommendations from these groups shaped the strategic plan around removal decisions.

	CFSR Round 3	CY2022 Performance	Status	PIP Target
Permanency Outcome 1: Children have permanency and stability in their living situations	17%	4%	⬇	
Item 4: Stability of out-of-home care placement	68%	82%	⬆	74%
Item 5: Establishment of an appropriate permanency goal for the child in a timely manner	60%	25%	⬇	66%
Item 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangements	23%	7%	⬇	28%
Permanency Outcome 2: The continuity of family relationships and connections are preserved	68%	65%	⬇	
Item 7: Placement with siblings	85%	78%	⬇	N/A
Item 8: Visiting with parents and siblings in out-of-home care	64%	54%	⬇	N/A
Item 9: Preserving connections	82%	71%	⬇	N/A
Item 10: Relative placements	81%	77%	⬇	N/A
Item 11: Maintaining relationships between the child in out-of-home care and their parents	67%	76%	⬆	N/A

Improved performance compared to CFSR Round 3   Decreased performance compared to CFSR Round 3

Data Source: Washington 2018 CFSR Final Report and CFSR Portal, Onsite Review Instrument Report CY2022

The workgroups included:

- Diligent Efforts
- In-Home Dependencies and Voluntary Services
- Enhance Safety Framework and Pre-Dependency Consultation
- Placement with a Relative or Suitable Other
- Cultural Shift Approach
- Service Array Plan
- Streamline Initial Licensing Process Workgroup (internal only)
- Initial Licensing IT Changes Workgroup (internal only)
- Service to Parents Workgroup (internal only)
- Unlicensed Relative Home Process Review Workgroup (internal only)

Permanency Outcomes 1 and 2

Permanency Outcomes include: (1) children have permanency and stability in their living situations; and (2) the continuity of family relationships is preserved for children.

Permanency Outcome 1: Children have Permanency and Stability in Their Living Situations

Item 4: Stability of Foster Care Placement

This item determines whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interest of the child and consistent with achieving the child's permanency goal(s).

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 4: Stability of Out-of-Home Care Placement							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	65% (120 of 184)	65% (31 of 48)	67% (4 of 6)	67% (16 of 24)	67% (31 of 46)	73% (16 of 22)	58% (22 of 38)
CY2019	74% (151 of 204)	68% (15 of 22)	70% (30 of 43)	76% (37 of 49)	*	63% (15 of 24)	82% (54 of 66)
CY2020	75% (109 of 145)	78% (29 of 37)	50% (1 of 2)	60% (3 of 5)	74% (43 of 58)	79% (45 of 57)	70% (7 of 10)

CY2021	72% (138 of 193)	74% (34 of 46)	75% (3 of 4)	88% (7 of 8)	74% (57 of 77)	59% (26 of 44)	79% (11 of 14)
CY2022	82% (157 of 191)	85% (35 of 41)	67% (4 of 6)	57% (4 of 7)	93% (70 of 75)	68% (30 of 44)	78% (14 of 18)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022).
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/2023)

The PIP goal for this item is 74%. DCYF has met the PIP goal. DCYF met the PIP goal in Measurement Period (MP) 1 of PIP reporting (01/01/2020 – 09/30/2020).

Washington State's overall performance increased by 10% on this measure from CY2021 to CY2022. Three of the six regions saw improvement, one remained the same, and two regions saw decline in performance on this measure:

Statewide, in CY2022, the CCRT found:
- Of the 191 cases reviewed for Item 4, children and youth were placed in the following placements at the time of review:
  - Non-relative foster family home – 46% (88 of 191)
  - Relative foster family home – 49% (93 of 191)
  - Group home – 3% (5 of 191)
  - Pre-adoptive home – 0% (0 of 191)
  - Other – 1% (2 of 191)
  - Institution – 2% (3 of 191)
- Of the 191 cases reviewed for Item 4, the age breakdown of the children and youth at the time of the review was:
  - <6 years old – 38% (73 of 191)
  - 6-12 years old – 39% (74 of 191)
  - 13-15 years old – 9% (17 of 191)
  - >15 years old – 14% (27 or 191)
- Placement changes for the child were planned by the agency to achieve the child's case goals or to meet the needs of the child in 17% (5 of 30) of the cases.
- The child's most current or recent placement setting is stable in 94% (180 of 191) of the cases.

CFSR Data Profiles

Entry Rates and Entries into Out-of-Home Care

The number of children and youth under 18 in out-of-home care has declined year over year since 2017.
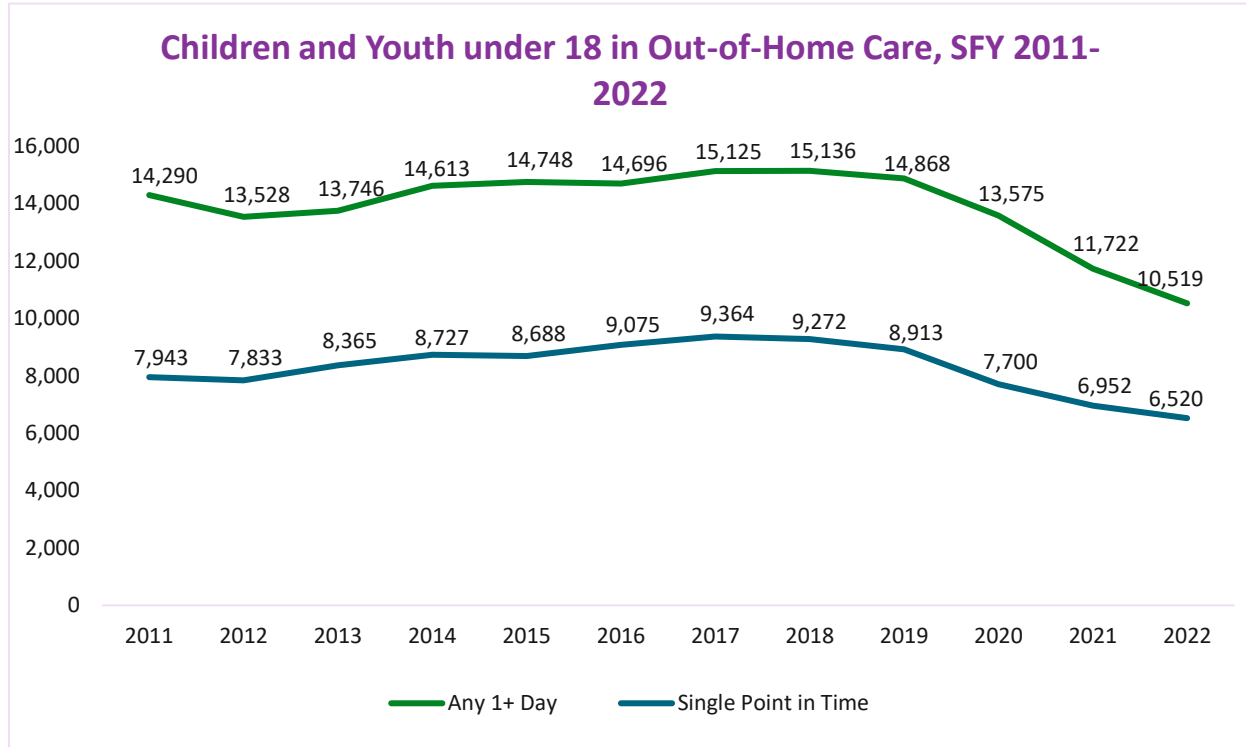
Children and Youth under 18 in Out-of-Home Care, SFY 2011-2022

Year	Any 1+ Day	Single Point in Time
2011	14,290	7,943
2012	13,528	7,833
2013	13,746	8,365
2014	14,613	8,727
2015	14,748	8,688
2016	14,696	9,075
2017	15,125	9,364
2018	15,136	9,272
2019	14,868	8,913
2020	13,575	7,700
2021	11,722	6,952
2022	10,519	6,520

Sources: DCYF. (October 2022). Relative versus non-relative [July 2010-June 2022].

Notes: Any 1+ Days includes all children and youth in DCYF's Placement Care Authority who experiences an out-of-home placement for one or more days during the SFY. Single Point in Time includes only children and youth who were in out-of-home care on the last day of the SFY.

Placement Stability

This indicator measures whether the agency ensures that children who the agency removes from their homes experience stability while they are in foster care. Placement stability has a national performance of 4.48 or less placement moves per 1,000 days in care.

CFSR Round 3 Federal Data Indicator: Placement Stability (Moves/1,000 Days in Care)									
	National Performance	Data Period Used	18A-18B*	18B-19A*	19A-19B*	19B-20A*	20A-20B*	20B-21A*	21B-22A
Placement Stability	4.48	Washington Risk Standardized	6.71	6.93	7.53	7.38	6.24	5.80	5.66

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(Moves/1,000 Days in Care)		Performance (RSP)							
		RSP Interval	6.51-6.91	6.73-7.13	7.32-7.74	7.17-7.6	6.03-6.46	5.58-6.02	5.44-5.89
		Washington Observed Performance	6.04	6.26	6.88	6.77	5.57	5.07	5.07

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 6-28-22 (AFCARS) and (NCANDS), October 2022

*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY, or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

The October 2022 Data Profile shows Washington's RSP placement stability rate at 5.66, which is statistically worse than the national performance standard; however, the RSP and observed performance have shown improvement over the last three reporting periods. A review of the supplemental context data found that children aged 17 years have the highest rate of moves at 10.46 and the next highest age group of children were those aged 11-16 years at a rate of 8.46. Generally, children and youth within these age groups make up the population of children and youth who experience placement exceptions (i.e., night-to-night, hotels).

In CY2022, there were 5,167 placement exception entries for 298 children:[1]
- 115 (2%) were for hotel stays, placement refused.
- 646 (13%) were for night-to-night stays.
- 3,470 (67%) were for hotel stays.
- 8 (0.2%) were for office stays.
- 919 (18%) were for leased facility stays.

Region 6 had 2,728 of the placement exception entries (53% of total). Region 4 had 1,743 of the placement exception entries (34% of total).

Administrative InfoFamLink Data
FTDM Data
Through DCYF's PIP, a report was developed in infoFamLink to track FTDM meetings and outcomes. In CY2022, 31.3% (3,647 of 11,655) of FTDMs were for change of placement. Of these FTDMs, the following outcomes were noted:
- Change to same level placement – 32.1%

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[1] Data source: AIRS Placement Exception Summary, infoFamLink, CY2022, pulled 06/07/2023

- Maintain child in present placement – 33.5%
- Change to less restrictive placement – 20.4%
- Change to more restrictive placement – 11.1%
- Unable to reach consensus – 2.8%

Foster Homes and Kinship Placement

As of December 31, 2022, 54% of all children and youth in out-of-home care in Washington State were placed with kin or relatives. This percentage continues to increase each year as Washington places a strong emphasis on placement with kin or relatives. Specific kinship placement numbers are listed under relative placement.

- At the end of CY2022, there were 4,338 licensed foster homes, a decrease in the number of foster homes since the end of CY2021. The number of children in kinship care is increasing and the total number of children in care is decreasing, however, the need remains for more foster home placements for children and youth who are BIPOC as well as to meet some children and youths' unique behavioral and mental health needs.

Strategies to Improve Placement Stability

To help improve placement stability and placement matching, DCYF has shifted its recruitment and retention efforts to attract a diverse pool of caregivers who can meet the unique needs of children placed in out-of-home care. The recruitment effort aims to achieve the following outcomes:

- Increase the number of caregivers who are racially, ethnically and culturally diverse.
- Increase the number of caregivers who can accommodate sibling groups.
- Increase the number of caregivers for medically fragile children.
- Increase the number of caregivers for children with extensive emotional, behavioral and physical needs.

For more information on recruitment and retention, see Foster and Adoptive Parent Licensing, Recruitment, and Retention.

The Impact of D.S. Lawsuit & Settlement Agreement on Placement Stability

In 2021, the Department of Children, Youth, and Families (DCYF) was sued by Disability Rights Washington (DRW) and a Class of children and youth under the age of 18 who have been removed from their parents or caregivers. The Settlement Agreement, negotiated under the lawsuit, is known as the D.S. Settlement. The purpose of the D.S. Settlement is to better provide for dependent children with behavioral health and developmental disabilities to be promptly reunified with their families and adequately supported while in out-of-home care. Under the Settlement Agreement, DCYF has committed to eight System Improvements, guided by seven overarching goals to transform child safety and well-being practices, improving placement stability. The goals and related System Improvements are described below. Additional detail

regarding the lawsuit, settlement agreement and exit criteria can be found at D.S. Lawsuit Settlement.

The Settlement Agreement aspires to transform child safety and well-being practices to do the following:
- Respect and promote the dignity and integrity of each family, while supporting the potential for every family to experience healing and recovery.
- Develop and foster interdependence among extended family members and between families in their broader community to provide for children's stability, lasting and loving relationships, and connections to their own extended families, communities, and cultures.
- Provide for necessary supports and services for children to thrive in the least restrictive and most integrated settings, with a focus on strengthening families and communities to accommodate the individual needs of children with disabilities, without relying on settings that deny children opportunities to form connections and friendships with their peers.
- Provide children with supports to recover from trauma they have experienced and protect them from further trauma.
- Recognize that children's own perspectives of their needs, strengths, potential, and experiences are valid, elicit and amplify those perspectives, and respond with individualized safety and well-being strategies centered on each child's unique experiences and goals.
- Combat the institutional and systemic racism and ableism that result in disproportionate separation of families of color and families with disabilities, and meaningfully recognize and respond to the intersecting risks and harms associated with factors including disability, race, poverty, and gender identity; and
- Continuously improve through ensuring the collaboration, inclusion, and leadership of those most affected—the children, young people, and families whose perspectives are informed by their own lived experiences.

Item 5: Permanency Goal for Child
This item determines whether appropriate permanency goals were established for the child in a timely manner.

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 5: Permanency Goal for Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6

CY2018	57% (104 of 184)	54% (26 of 48)	67% (4 of 6)	63% (15 of 24)	43% (20 of 46)	73% (16 of 22)	61% (23 of 38)
CY2019	69% (140 of 204)	59% (13 of 22)	77% (33 of 43)	69% (34 or 49)	*	46% (11 of 24)	74% (49 of 66)
CY2020	66% (95 of 143)	78% (28 of 36)	100% (2 of 2)	100% (5 of 5)	46% (26 of 57)	79% (44 of 56)	80% (8 of 10)
CY2021	43% (82 of 191)	59% (27 of 46)	50% (2 of 4)	50% (4 of 8)	30% (23 of 77)	45% (19 of 42)	50% (7 of 14)
CY2022	25% (48 of 191)	22% (9 of 41)	17% (1 of 6)	43% (3 of 7)	24% (18 of 75)	27% (12 of 44)	28% (5 of 18)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/2023)							

The PIP goal for this item is 66%. DCYF met the PIP goal in Measurement Period (MP) 2 of PIP reporting (07/01/2020 – 12/31/2020).

- Due to the sampling error mentioned above, the outcomes for this item were significantly impacted. The sampling error impacted item 5 in terms of the achievement of timely and appropriate permanency goals given the population of cases and children identified within the sample. The sampling error resulted in the case review process only capturing children which had been in foster care over 20 months. While this assisted Washington State in identifying specific cases within this length of stay and the barriers in terms of the establishment of timely and appropriate permanency goals, it did not provide an opportunity to review cases or children who had recently entered foster care or who had been in foster care for less than the 20-month timeframe. As a result, Washington States performance dropped in relation to the achievement of item 5 for the associated reporting periods impacted by the sampling error.

Statewide, in CY2022, the CCRT found:
- Of the 191 cases reviewed for Item 5, the following permanency goals were identified at the time of review:
  - Reunification and adoption – 37% (70 of 191)
  - Adoption – 18% (34 of 191)
  - Reunification – 12% (22 of 191)
  - Reunification and guardianship – 13% (25 of 191)

- o Guardianship – 8% (15 of 191)
- o Other Planned Permanent Living Arrangement (OPPLA) – 3% (6 of 191)
- o Adoption and guardianship – 7% (13 of 191)
- o Reunification and OPPLA – 2% (3 of 191)
- o Guardianship and OPPLA – 2% (3 of 191)
- o Adoption and OPPLA – 0% (0 of 191)
- Permanency goals in effect during the period under review were established in a timely manner in 66% (126 of 191) of the cases.
- Permanency goals in effect during the period under review were appropriate to the child's needs for permanency and to the circumstances to the case in 39% (75 of 191) of the cases.
- The agency either filed or joined a termination of parental rights petition in a timely manner or an exception applied in 30% (55 of 181) of the cases.

InfoFamLink Administrative Data

Children and youth who have been in out-of-home care for 15 of the last 22 months meet the Adoption and Safe Families Act (ASFA) threshold for filing a termination of parental rights petition or documentation of a compelling reason not to file. DCYF Policy <u>43061. Termination of Parental Rights (TPR) – Compelling Reasons</u> requires a TPR referral to be submitted to the Attorney General's Office (AGO) when a child has been in out-of-home care 12 of the last 19 months or sooner, unless compelling reasons/good cause exists. This allows time for the AGO to review the information and draft and file the TPR petition with the court to meet the ASFA 15-month timeframe. As of March 2023, 3,601 children and youth are within the timeline qualifying them for ASFA, and of those, 72.3% (2,603) are compliant with ASFA:

- Region 1 – 72.1% (446 of 619)
- Region 2 – 59.6% (292 of 490)
- Region 3 – 87.3% (316 of 362)
- Region 4 – 73.4% (459 of 625)
- Region 5 – 79.8% (550 of 689)
- Region 6 – 66.2% (540 of 816)

Of those that are compliant, reasons for compliance include the child/youth is currently on a Trial Return Home (TRH), a TPR referral has been submitted, and/or compelling reasons have been documented. Of the 2,603 children with cases considered compliant with ASFA as of March 2023, 13% were on a trial return home, 46% had compelling reasons documented, and 28% had filed a TPR referral with the AGO and/or a TPR petition has been filed with the Court.[2]

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[2] Data Source: ASFA Compliance Detail Report, infoFamLink, date in time data pull as of 03/21/2023

Court continuances are an issue with establishing permanency goals in a timely manner. These continuances can be due to legal party availability. Communication through third parties, such as a parent through an attorney, adds complexity to an already difficult communication which can increase delays in permanency.

Statewide, caseworkers are provided inconsistent instructions on whether to identify a secondary plan on the initial court report. Ongoing trainings are being held to support caseworkers' understanding and practice related to concurrent planning, including having identified permanent and concurrent plans. QPS offers court report writing training, which covers identifying and recommending appropriate permanency goals for the child.

QA provides CFSR workshops and, when covering permanency outcome items, will discuss the Federal Timelines for Permanency and encourage staff to provide examples of how this can be accomplished. QA also covers the Comprehensive Family Evaluation (CFE), recommending appropriate permanency and goals and Federal timelines during new supervisor onboarding.

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

This item determines whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

ITEM 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	28% (52 of 184)	33% (16 of 48)	50% (3 of 6)	38% (9 of 24)	13% (6 of 46)	23% (5 of 22)	34% (13 of 38)
CY2019	35% (73 of 204)	18% (4 or 22)	51% (22 of 43)	31% (15 of 49)	*	29% (7 of 24)	36% (24 of 66)
CY2020	30% (44 of 145)	38% (14 of 37)	50% (1 of 2)	60% (3 of 5)	17% (10 of 58)	36% (12 of 23)	40% (4 of 10)
CY2021	18% (34 of 193)	20% (9 of 46)	25% (1 of 4)	0% (0 of 8)	12% (9 of 77)	30% (13 of 44)	14% (2 of 14)
CY2022	7% (13 of 191)	5% (2 of 41)	17% (1 of 6)	0% (0 of 7)	5% (4 of 75)	5% (2 of 44)	22% (4 of 18)

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*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022).
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/2023)

The PIP goal for this item is 28%. DCYF met the PIP goal in Measurement Period (MP) 1 of PIP reporting (01/01/2020 – 09/30/2020).

- Due to the sampling error mentioned above, the outcomes for this item were significantly impacted. Similar to the issues identified for item 5 in relation to the sampling error, item 6 and the timely achievement of permanency goals was also impacted for the associated reporting periods. The specific population reviewed, as a result of the sampling error, was children who had been in foster care with lengths of stay over 2 years. This routinely resulted in cases being rated as an area needing improvement as concerted efforts were not being made on most of these cases to achieve timely permanence. As previously stated, this was a result of the length of stay for the population of children identified in the case sampling tool; however, there was also a lack of concerted efforts identified for the agency and/court during this timeframe. The error within the sampling tool did allow Washington State to identify issues with this subset of the foster care population in Washington State. The case review results were accurate to the cases reviewed and identified a lack of concerted efforts to achieve timely permanence for children in foster care over the 20-month timeframe.

Statewide, in CY2022, the CCRT found:
- Of the 191 cases reviewed for Item 6, the following length in time in out-of-home care was identified at the time of review:
  - Less than 12 months – 1% (2 of 191)
  - 12 – 23 months – 13% (24 of 191)
  - 24 - 47 months – 62% (119 of 191)
  - 48+ months - 24% (46 of 191)
- The agency and court made concerted efforts to achieve reunification in a timely matter in 3% (3 of 120) of the cases.
- The agency and court made concerted efforts to achieve guardianship in a timely matter in 7% (4 of 56) of the cases.
- The agency and court made concerted efforts to achieve adoption in a timely manner in 2% (2 of 117) of the cases.
- The agency and court made concerted efforts to place a child with a goal of Other Planned Permanent Living Arrangements in a living arrangement that can be considered permanent until discharge from foster care in 70% (7 of 10) of the cases.

Permanency in 12 months for Children Entering Out-of-Home Care

This indicator measures whether the agency reunifies or places children in safe and permanent homes as soon as possible after removal. Permanency in 12 months for children entering care has a national performance of 35.2% or more children will achieve permanency within 12 months of entering foster care. National Performance is how the nation performed on a given date indicator.

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (Entries)									
	National Performance	Data Period Used	16A-18B*	16B-19A*	17A-19B*	17B-20A*	18A-20B*	18B-21A*	20A-22A
Permanency in 12 Months (Entries)	35.2%	Washington Risk Standardized Performance (RSP)	34.7%	35.9%	35.3%	35.7%	37.7%	39.5%	42.0%
		RSP Interval	33.4-36.0%	34.6-37.3%	34.0-36.6%	34.3-37.0%	36.3-39.1%	38.1-41.0%	40.3-43.7%
		Washington Observed Performance	34.3%	35.4%	34.9%	35.2%	36.9%	38.9%	39.5%
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 6-28-22 (AFCARS) and (NCANDS), October 2022 **Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY, or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period October 1, 2012 – March 31, 2013).*									

This Data Profile from August 2022 shows Washington's permanency in 12 months rate at 42.0%, which is statistically better than the national performance standard; the measure has been moving in the right direction over the last three reporting periods.

Permanency in 12 Months for Children in Out-of-Home Care 12 to 23 Months

This indicator measures whether the agency reunifies or places children in safe and permanent homes in a timely manner if permanency was not achieved during the first 12 to 23 months of foster care. Permanency in 12 months for children in care 12 to 23 months has a national

performance of 43.8%, indicating that 43.8% or more of children will achieve permanency within 12 months of the first day of the reporting period.

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (12 – 23 Months)									
	National Performance	Data Period Used	18A-18B*	18B-19A*	19A-19B*	19B-20A*	20A-20B*	20B-21A*	21B-22A*
Permanency in 12 Months (12-23 Months)	43.8%	Washington Risk Standardized Performance (RSP)	35.0%	36.7%	37.5%	38.1%	36.7%	34.7%	35.8%
		RSP Interval	33.5-36.6%	35.1-38.3%	36.0-39.1%	36.5-39.7%	35.1-38.4%	33.0-36.4%	34-37.7%
		Washington Observed Performance	37.8%	39.6%	40.3%	41.0%	39.6%	37.3%	37.3%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 6-28-22 (AFCARS) and (NCANDS), October 2022 FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

This Data Profile from October 2022 shows Washington's permanency in 12 months for children and youth in out-of-home care 12 – 23 months rate at 35.8%, which is statistically worse than the national performance standard. This rate has declined over the last two reporting periods. These timeframes coincide with COVID-19 pandemic impacts on the Washington State court system and service providers. Additionally, if the trial-return-home (TRH) is not started by month 17, permanency cannot be finalized by the end of month 23, as the federal standard does not make exceptions for TRH after a child has been in out-of-home care for 12 months. The TRH period is at least six months per Washington State statute. This contributes to the rating being below the national performance standard.

Permanency in 12 Months for Children in Out-of-Home Care for 24 Months or Longer
This indicator measures whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time. Permanency in 12 months for children in care for 24 months or longer has a national performance of 37.3% or more children will achieve permanency within 12 months of the first day of the reporting period.

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (12 – 23 Months)									
	National Performance	Data Period Used	18A-18B*	18B-19A*	19A-19B*	19B-20A*	20A-20B*	20B-21A*	21B-22A*
Permanency in 12 Months (12-23 Months)	37.3%	Washington Risk Standardized Performance (RSP)	30.0%	30.5%	32.4%	33.9%	33.7%	31.7%	36.7%
		RSP Interval	28.8-31.1%	29.3-31.6%	31.2-33.5%	32.8-35.0%	32.6-34.9%	30.5-32.9%	35.3-37.1%
		Washington Observed Performance	39.2%	39.9%	42.8%	45.0%	44.6%	41.6%	41.6%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 6-28-22 (AFCARS) and (NCANDS), October 2022
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY, or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

This Data Profile from October 2022 shows Washington's permanency in 12 months for children and youth in out-of-home care 24+ months rate at 36.7%, which is statistically no different than the national performance standard. This rate was increasing until the last two reporting periods. These timeframes coincide with COVID-19 pandemic impacts on the Washington State court system.

InfoFamLink Administrative Data
Length of Stay
Length of stay in out-of-home placement is related to achievement of timely permanency. DCYF strives to return children and youth home as soon as safely possible and, when this is not possible, to place them in an alternative permanent home. The agency monitors the median length of stay for children or youth in out-of-home care.

There has been a small decrease in the median length of stay during CY2022.

Median Length of Stay (in Days) in Out-of-Home Care, SFY 2010-2020

Source: DCYF. (October 2022). Child welfare priority performance measures [July 2009-June 2020]. infoFamlink.
Notes: Median number of days children are placed in out-of-home care on the last day of the state fiscal year. Episodes of less than seven days are not included, but days spent in any Trial Return Home period are included up to a maximum of 30 days. "Median" is the middle number in a list of numbers in value order (for example, lowest to highest). There is an equal probability of falling above or below the median.

Median Length of Stay (in Days) in Out-of-Home Care by Race/Ethnicity, SFY 2010-2020

Source: DCYF. (October 2022). Child welfare priority performance measures [July 2009-June 2020]. infoFamlink.
Notes: Median number of days children are placed in out-of-home care on the last day of the state fiscal year. Episodes of less than seven days are not included, but days spent in any Trial Return Home period are included up to a maximum of 30 days. "Median" is the middle number in a list of numbers in value order (for example, lowest to highest). There is an equal probability of falling above or below the median.

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As of December 2022, the statewide median length of stay is 531 days. This is also consistent with the Data Profile information that Washington State struggles systemically with achieving timely permanency.

Exits From Out-Of-Home Care

As of December 2022, there were 6,127 children and youth in out-of-home care. This is an approximate 7.8% reduction of children and youth in out-of-home care since December 2021. DCYF's Strategic and Racial Equity Plan contains the priority of safely reducing the number of children and youth in out-of-home care by half. The number of children and youth in out-of-home care has not been this low in Washington State since the 1980s.

The figure below illustrates the completed permanent plans for any length of stay from 2018 – 2022.
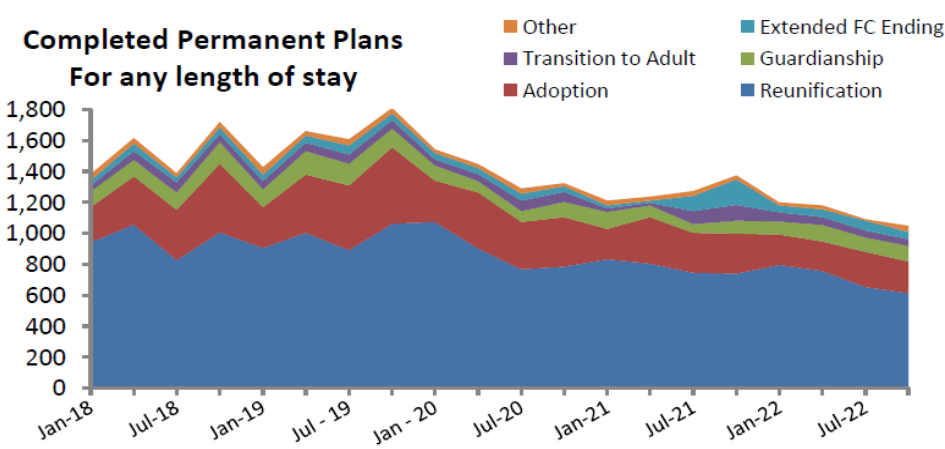
Data Source: Child Welfare Monthly Informational Report, infoFamLink

Reunification

Most children and youth who enter out-of-home care are reunified with their parents/guardians. DCYF saw an increase in the percentage of reunifications in SFY 2021 (see figure below).[3]

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[3] Data Source: Statewide Data Indicators Workbook, Context Data, October 2022

Percent of Children Reunified Annually by Race
2017-2021

Data Source: Statewide Data Indicators Workbook, Context Data, October 2022
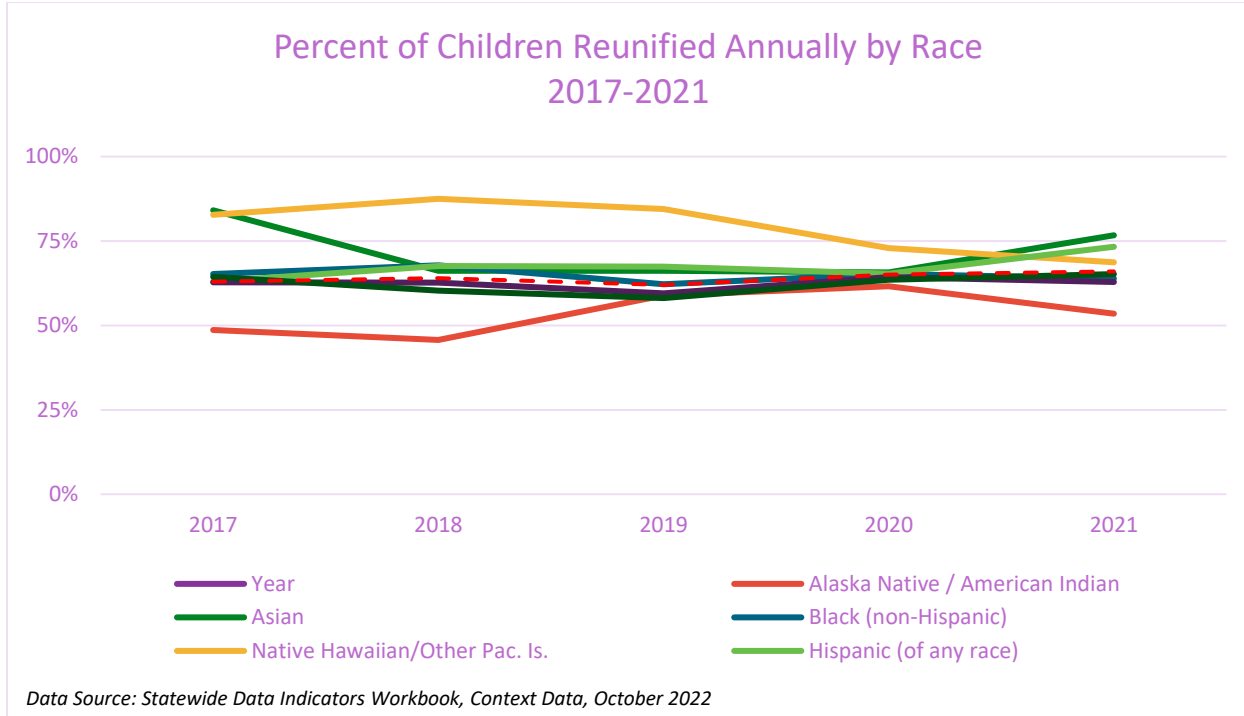
Over the last two years Alaska Native/American Indian (AN/AI) have the lowest rates of reunification. Some contributing factors may be inequitable COVID-19 health outcomes experienced by the AN/AI community. According to Washington State Department of Health, the AN/AI community was the second most impacted by COVID when measured by morbidity and mortality rates. Additionally, many reservations closed to the public as a safety precaution during COVID. Higher health disparities coupled with decreased access to supports and culturally relevant services may have contributed to the decrease in reunification rates for AN/AI families.

Guardianship

Based on Washington Court data, 223 guardianships were established in juvenile court in CY2022.[4]

	Children in Out of home Care*	Children in Out of Home Care w/ Guardianship as Primary	Children in Out of Home Care with Guardianship as Alternate	Children in Out of Home Care w/ Guardianship as Primary Plan in CFE*	Children in Out of Home Care with Guardianship as Alternate Plan in CFE*

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[4] Interactive Dependency Reports, Permanency Outcomes, Washington State Center for Court Research (WSCCR), CY2021

		Plan in Legal Section*	Plan in Legal Section*		
Region 1	1277	84	120	113	249
Region 2	824	93	172	84	219
Region 3	703	79	1	100	107
Region 4	1118	104	100	119	149
Region 5	1106	138	174	180	182
Region 6	1642	143	184	148	281
Statewide	6670	641	751	744	1187
This reflects a point in time count as of data pull date of 3/23/23. *Data Source: Permanency Monitoring Summary, infoFamLink, as of 3/23/23*					

	3rd Party Custody/Superior Court Guardianship in CY 2020	Total T13 Guardianships in CY2020	Total Guardianships in CY 2020 (any type)
Region 1	8	31	39
Region 2	15	22	37
Region 3	9	44	53
Region 4	10	29	39
Region 5	26	60	86
Region 6	15	27	42
Statewide	83	213	296
Data Source: Out of Home Exits and Entries, infoFamLink, CY2022			

The Washington State Court data differs from DCYF's FamLink data as they are separate data sources. Washington State Court data does not capture cases in which tribes have jurisdiction or IV-E tribes are seeking RGAP subsidy for a Title 13 case.

While the number of children in out-of-home care increased by less than one percent, DCYF saw a significant increase in children with a primary or alternative plan for guardianship. When comparing CY21 data to current data, there is a 12% increase in DCYF-recommended guardianships as a primary or concurrent plan. Furthermore, when comparing CY2021 data with existing data, there was an 8% increase in children who have a court-ordered plans for guardianship. These types of placements typically occur when the court or other involved parties may not agree to the plans of guardianship, but nevertheless the court orders guardianship. The reasons this occurs vary across the state because each county conducts its court business differently.

Overall, there was a 9% increase in the finalization of guardianships between CY21 to CY22. Washington State has two paths to complete guardianship: Title 11 Guardianship of a Minor and Title 13 Guardianship. Washington State adopted a new Minor Guardianship law on

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January 1, 2021. Although the new Title 11 guardianship is considered a type of permanency plan for DCYF, it is not as frequently used. There was a 13% decrease in guardianships completed in Superior Court outside of juvenile court. This decrease could be attributed to the newness of the guardianship laws and processes. The more traditional Title 13 guardianship completed through juvenile court saw an increase of 13% between 2021 and 2022.

During this reporting period, there was both an increase in guardianship as a primary and concurrent plan and the finalization of guardianship when exiting care. This increase represents the initial results of DCYF implementing a kin-first agency initiative and recent kin-first legislation. Recent legislation has elevated the urgency of placement with a kinship caregiver, which is supported by the agency-wide kin-first philosophy. If children need to be removed from their homes, DCYF seeks to place them with either a relative or a suitable person. Other legislation requires DCYF to discuss guardianship as a permanent plan with both parents and caregivers before discussions of adoption and the filing of a TPR. This has elevated guardianship in the conversation for DCYF workers and caregivers, which likely contributes to the increase in guardianships.

In July 2023, Washington State will implement a state-funded guardianship subsidy program in order to expand guardianship subsidy eligibility. While finances should not be the only reason for a plan of guardianship, the financial stability of the home is a significant consideration for families. Those who do not meet the eligibility criteria for the Title IV-E Relative Guardianship Assistance Program (R-GAP) will be eligible to receive the state-funded guardianship subsidy if they meet other existing eligibility criteria (i.e., foster care licensed and caring for the child six months post-licensure). DCYF anticipates this will increase guardianships in the coming years.

Termination of Parental Rights (TPR) and Adoption

The number of TPR petitions filed statewide has declined over the last several years. Some of this can be attributed to the COVID-19 pandemic due to restrictions by some courts on the ability to file TPR petitions as some services could not be offered to families during that time. In addition, some courts were not allowing default orders during the pandemic.

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TPR PETITIONS BY MONTH - STATE

Year	Total	(L) Dec	(K) Nov	(J) Oct	(I) Sept	(H) Aug	(G) July	(F) June	(E) May	(D) April	(C) March	(B) Feb	(A) Jan
2017	2050	136	157	162	164	170	140	204	201	178	254	152	132
2018	1901	137	150	134	126	170	115	170	192	148	205	173	181
2019	1477	137	91	140	95	136	124	141	110	137	125	107	134
2020	1298	104	114	110	93	90	86	85	103	131	116	130	136
2021	1027	73	65	70	81	70	79	104	108	101	111	89	107
2022	957	79	53	73	78	88	65	76	102	101	92	77	74

Data Source: Washington State Center for Court Research (WSCCR), Interactive Dependency Reports, TPR Adoption, CY2017-CY2022

In CY2022, 1,840 children and youth were legally free.[5] Of those children and youth, the following is the regional and age group breakdowns:

Legally Free Youth, CY2022, by Age Group and Region							
Age Group	Statewide	R1	R2	R3	R4	R5	R6
0-5 years	749 (41%)	182	71	93	136	110	157
6-11 years	512 (28%)	111	41	56	133	52	119
12-17 years	494 (27%)	124	36	55	103	72	104
18+ years	85 (5%)	19	7	9	17	13	20
TOTAL	1840	436 (24%)	155 (8%)	213 (12%)	389 (21%)	247 (13%)	400 (22%)
Data Source: Legally Free report, infoFamLink, CY2022							

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[5] Numbers include youth who turned 18 during the point in time pull.

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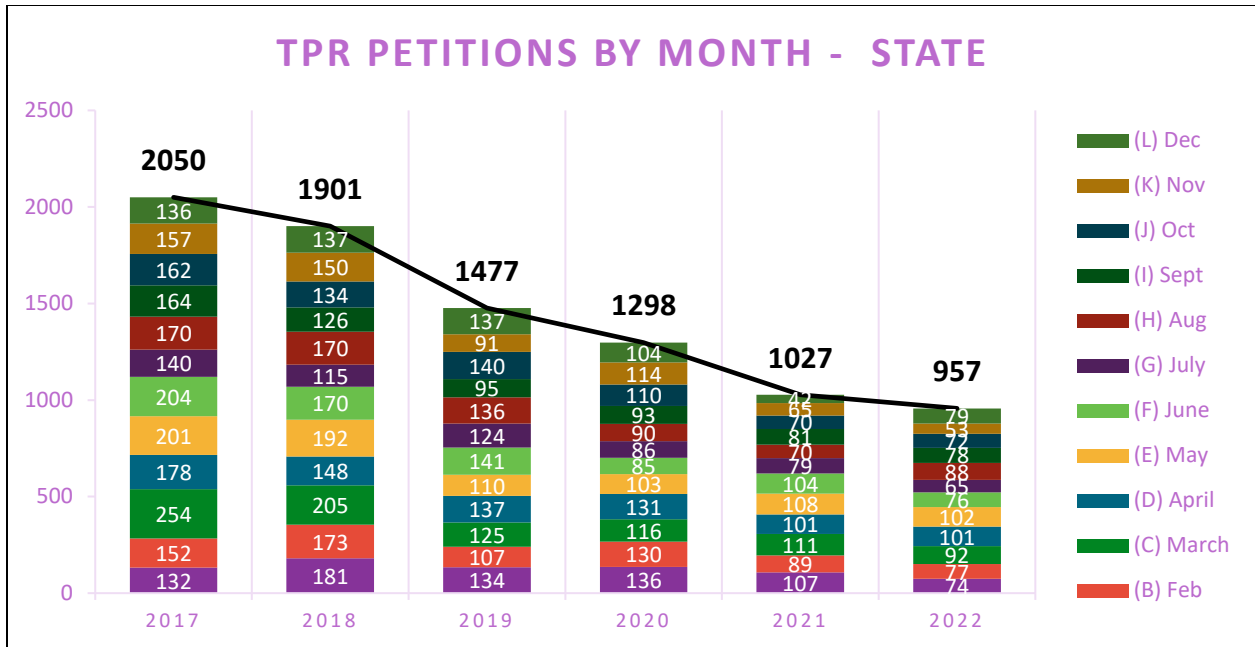Performance Improvement & Federal Reporting Manager

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Of children and youth under the age of 18 that were legally free in CY2022, 63% (1107 of 1755) were legally free for more than 6 months.

- 0-5 years – 19% (332 of 1755)
- 6-11 years – 20% (354 of 1755)
- 12-17 years – 24% (421 of 1755)

Of children and youth under the age of 18 that were legally free in CY2022, 35% (616 of 1755) were legally free for more than 12 months.

- 0-5 years – 5% (89 of 1755)
- 6-11 years – 12% (204 of 1755)
- 12-17 years – 18% (323 of 1755)

Of the children who were legally free in CY2022, 969 are now adopted (as of March 23, 2023). Of those children and youth that were adopted, the following is the regional and age group breakdown:

Legally Free Youth in CY2022 that are Now Adopted, by Age Group and Region							
Age Group	Statewide	R1	R2	R3	R4	R5	R6
0-5 years	493 (51%)	133	48	62	82	78	90
6-11 years	293 (30%)	63	28	39	85	23	55
12-17 years	152 (16%)	31	17	15	37	21	31
18+	31 (3%)	7	4	6	4	3	7
TOTAL	969	234 (24%)	97 (10%)	122 (13%)	208 (21%)	125 (13%)	183 (19%)
Data Source: Legally Free report, infoFamLink, CY2022							

The rate of adoption drops in the adolescent years. Youth have agency, and this may be a factor in this number.

Based on conversations with adoption supervisors and area administrators, reasons for differences in ratios of legally free youth across regions include:

- Differences in how adoption staff are structured within each region and office
  - Adoption staff may carry on-going CFWS cases
  - Adoption staff may have split position to include guardianship cases
  - Adoption staff may assist with CPS investigations
  - Adoption staff decrease to cover increase in other program areas
- Staffing instability/high turnover across the state
- New caseworkers with no prior child welfare experience starting in adoptions
- Differences between court systems

- Residual effects of court delays due to COVID-19 limitations
- High number of legally free youth who are receiving Behavioral Rehabilitation Services
- Adoption staff leaving their positions when it was determined they would not receive the 10% assignment pay

Legal Permanency Achieved by Race

Addressing racial disproportionality continues to be at the forefront for systemic change. As previously outlined in the chart titled, "Completed Permanent Plans for Any Length of Stay", the data indicates reunification occurs at a much higher rate than other legal permanent outcomes. [6] A review of racial differences within this population provides data to determine if youth of color experience a longer overall length of stay and/or a longer length of stay from termination of parental rights to a legal permanent outcome.

	2018	2019	2020	2021	2022
AI/AN	43 (3%)	24 (2%)	26 (3%)	15 (2%)	14 (2%)
AI/AN-Multi	138 (9%)	144 (11%)	95 (10%)	91 (9%)	85 (10%)
Asian/PI	27 (2%)	22 (2%)	25 (3%)	26 (3%)	11 (1%)
Black	142 (9%)	87 (7%)	55 (6%)	66 (7%)	73 (9%)
Black-Multi	134 (8%)	112 (9%)	83 (9%)	118 (12%)	73 (9%)
Hispanic	197 (12%)	185 (14%)	161 (17%)	142 (14%)	112 (14%)
Multi-Other	33 (2%)	22 (2%)	19 (2%)	23 (2%)	18 (2%)
White	900 (56%)	693 (54%)	468 (50%)	517 (52%)	441 (53%)
Total	1614	1289	932	998	827

The table above demonstrates the continued decrease in legally free youth in out-of-home care, mirroring trends in youth experiencing out-of-home care. While the count across race and ethnicity decreases, the percentage remains steady. More analysis on the racial classification is provided below.

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[6] The definition for a "legal permanent outcome" within this section includes only those youth who exited care due to a legal plan being established in court. This includes adoption, guardianship, or historically, third-party custody. This information does not consider cases where a youth has aged out of care, entered EFC, or remains a dependent.

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Racial Classification of Legally Free Youth

Data suggests that, over the course of five years, the percentage of youth made legally free by race/ethnicity remains relatively consistent. During the five-year period, White legally free youth average over 53% of the total legally free population with the remaining 47% consisting of all other racial demographics. Based on these numbers, Washington has seen a 2% decrease in the number of legally free youth of any race other than White.

Data Source: Legally Free report, infoFamLink, CY2018-CY2022
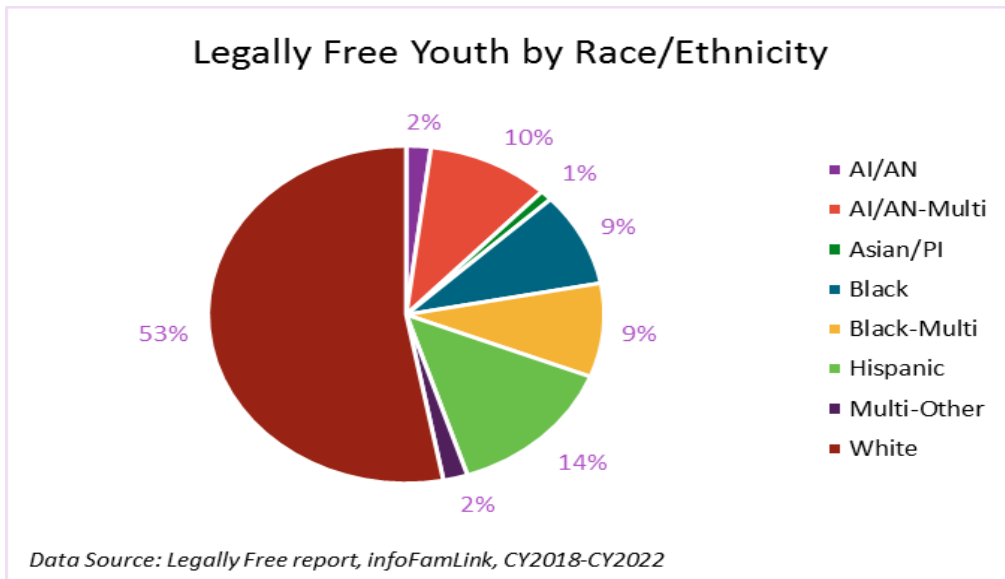
Length of Stay

The graph below illustrates the overall length of stay for youth who became legally free with a discharge due to a legal permanent outcome. The data shows that legally free Black youth consistently experience longer overall lengths of stay with a five-year median of 1,254 days in care versus White legally free youth with a median of 1,123. This equates to a 20.3% difference between these two races and a 2% decrease in the LOS for Black youths since the last comparison. When the total of races other than White are factored in, the average lengths of stay for all youth of color is 1,029 days.

Total Length of Stay

Data Source: Legally Free report, infoFamLink, CY2018-CY2022
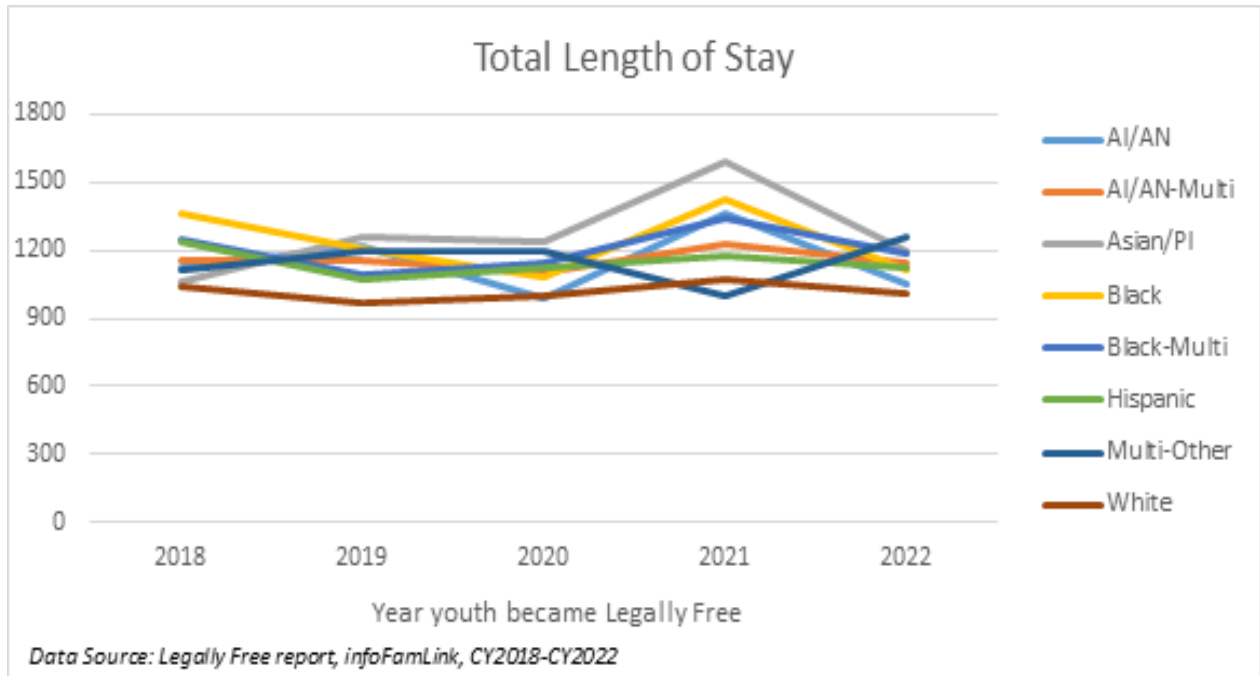
Median Total Length of Stay

The graph below illustrates the median number of days between the time a youth becomes legally free and when they are discharged due to a legal permanent outcome. As indicated previously, the overall number of youths becoming legally free has decreased. The data indicates the median number of days between termination of parental rights and a legal permanent outcome has significantly decreased since 2018. Over this five-year span, Black legally free youth experienced a 51% decrease in the median length of stay for these data points. This data indicates movement in the right direction for this population in comparison to their White counterparts who experienced a decrease of 64%. However, when considering the median number of days for the population of children of color (247 days) in comparison to White children (224 days), children of color experience a 9% higher amount of time within these data points. All the data indicates DCYF must continue to identify barriers related to the length of stay for legally free children of color.

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Length of Stay from TPR to Discharge

Data Source: Legally Free report, infoFamLink, CY2018-CY2022
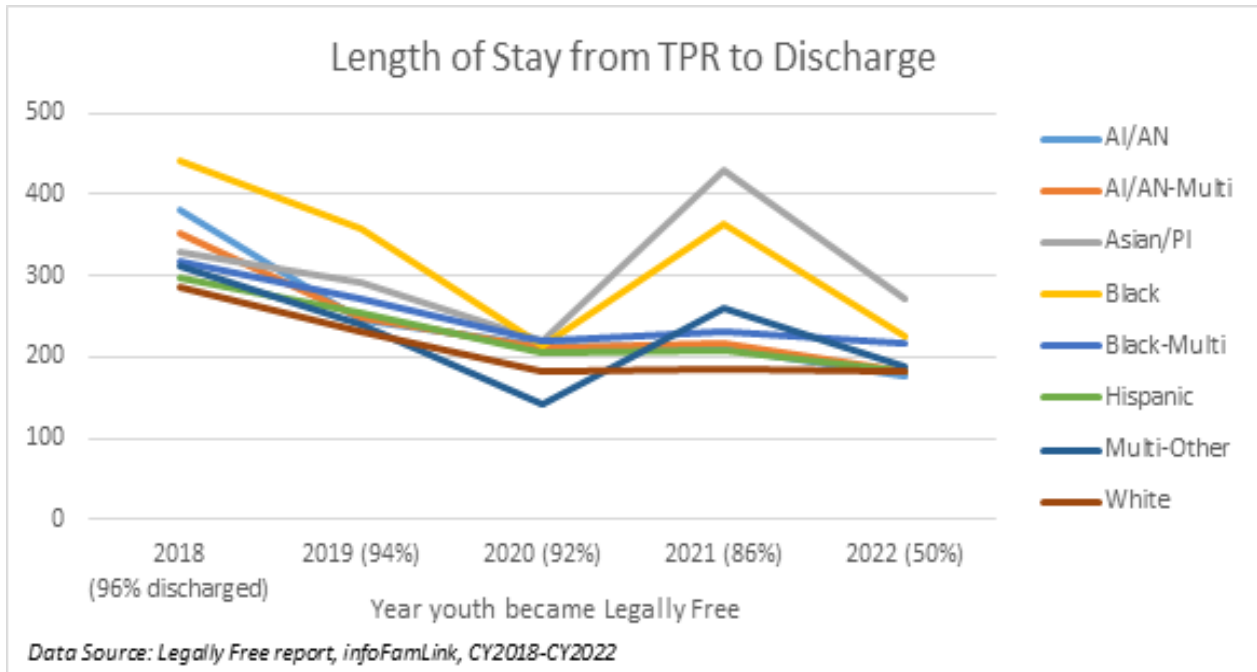
Strengths, Concerns and Practice Improvements Related to Permanency Outcome 1

Strengths
- There are many ongoing trainings by QA/CQI to improve practice, increase productivity and provide consistency across the state, which include identifying the appropriate plan and concurrent planning.
- The family practice model continues to be rolled out statewide, which will assist in family engagement in case planning.

Concerns
- Court continuances are the most significant problem with establishing permanency goals in a timely manner. These continuances are due to the availability of legal parties, such as defense attorneys and GALs. There is an ongoing issue of the defense counsel making it challenging for DCYF to work with parents by advising the parents not to speak with caseworkers or sign releases or consents, which often causes delays in permanency.

Practice Improvements
- QA provides CFSR workshops, and when covering permanency outcome items, will discuss the Federal Timelines for Permanency and encourage staff to provide examples of how this can be accomplished. QA also covers review of CFEs, workers recommending

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appropriate permanency goals, and Federal timelines during new supervisor onboarding.

The following reports are provided to offices in order to accurately track progress:
- QA provides several permanency reports each month.
- QA provides quarterly length of stay data.
- QA provides monthly data showcasing overdue SPMs.

In Region 3, the QA team presents the quarterly LOS data to the management team (RA, DRA, Office/Section AAs). Each month, QA sends out a Monthly Data Tracking email to all field operations. Permanency reports, LOS data, overdue SPM data is included with this email. The information contained in the email is reviewed with new supervisors by QA AA during supervisor onboarding. The supervisors are encouraged to share program-specific data with their workers; however, the email is also provided at the worker-level and is reviewed (in less detail) during the SW onboarding process with QA.

The permanency unit AA utilizes the permanency reports to review with her supervisory team during her 1:1 supervision. The supervisors in turn review the data and share with their units, along with expectations. For example, they review the overdue SPM report to identify which cases need to have meetings. The sups take this info and send worker specific e-mails with expectations to schedule a meeting within a specific timeframe. They review LOS data to identify trends in certain offices or with specific workers to see if they can offer office or person-specific training, coaching, or support. They also look at the length of time a youth has been legally free to try and ensure timely permanency within 6 months of becoming legally free. They review data to ensure early on in a case that any youth placed in licensed care has had a relative search completed and followed up on. If not, they ensure this is completed as quickly as possible to ensure they are exploring family as placement and not delay permanency. In addition, they review ICW information on a monthly basis to ensure youth who are eligible for enrollment are being followed up on and that all active efforts are being followed. QPS utilizes the reports that QA provides to determine where to target coaching and training needs. The safety administrator supervises QPS and the FTDM Facilitators. The FTDM facilitators play a large role in SPM facilitation.

Stakeholder Involvement and Feedback
The CFWS Program Managers have led meetings from around the state. This group includes administrators, regional permanency leads, the Alliance training staff, headquarters staff, quality practice specialists, and regional QA/CQI staff. Discussions are related to upcoming implementation of legislatively mandated requirements, permanency, family time, and shared planning meetings.

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COVID-19 Impacts
- The lingering impacts of the pandemic are still causing issues within the court system. Courts are still trying to catch up from the backlog of continued cases and trials. This, in addition to the new court hearings that are being scheduled each day, causes delayed permanency for families.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children

Item 7: Placement with Siblings

This item determines whether concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 7: Placement with Siblings							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	80% (98 of 122)	89% (32 of 36)	80% (4 of 5)	82% (9 of 11)	79% (23 of 29)	88% (15 of 17)	63% (15 of 24)
CY2019	80% (103 of 129)	93% (13 of 14)	79% (22 of 28)	76% (22 of 29)	*	74% (14 of 19)	82% (32 of 39)
CY2020	76% (75 of 99)	71% (20 of 28)	100% (2 of 2)	75% (3 of 4)	76% (29 of 38)	83% (15 of 18)	67% (6 of 9)
CY2021	75% (96/128)	57% (17 of 30)	100% (2 of 2)	71% (5 of 7)	79% (42 of 53)	81% (21 of 26)	90% (9 of 10)
CY2022	78% (100 of 129)	64% (18 of 28)	100% (6 of 6)	83% (5 of 6)	90% (43 of 48)	72% (21 of 29)	58% (7 of 12)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022).
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)

Washington State's overall performance on this measure increased 3% from CY2021 to CY2022. Three of the six regions saw improvement, one remained the same (at 100%) and two regions saw a decline in performance.

Statewide, in CY2022, the CCRT found:
- The child was placed with all siblings who also were in foster care in 37% (48 of 129) of the cases.
- There was a valid reason for the child's separation from siblings in placement in 64% (52 of 81) of the cases.

Administrative InfoFamLink Data

The Sibling Visit report in infoFamLink helps identify the number of children in DCYF custody and out-of-home care that are not placed with one or more of their siblings. As of March 2023, there were 1,514 DCYF cases with sibling groups in out-of-home care or on trial return home. There are 3,833 children in placement care authority of DCYF who have at least one sibling in care. Of those, 3,184 are currently in out-of-home placement (the remaining are on trial return home, had a prior discharge or are on the run). Of those children, 2,596 (82%) are placed with at least some or all their siblings.

The use of relative and suitable other placement greatly impacts the ability to place siblings together. Relatives and suitable others tend to not want siblings separated and will assist DCYF in keeping them together, whereas licensed foster care options may not have enough beds or are only licensed for a certain number of children and cannot take sibling sets.

Licensed foster homes are increasingly difficult to place with due to limited availability. There are also cases where siblings should not be placed together due to victimization or other potentially unsafe reason. Some offices report the process for requesting an exception to placing siblings together is unclear.

Item 8: Visiting with Parents and Siblings in Foster Care

This item determines whether concerted efforts were made to ensure that visitation between a child in foster care and their mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

ITEM 8: Visiting with Parents and Siblings in Foster Care							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	60% (88 of 146)	59% (24 of 41)	60% (3 of 5)	59% (10 of 17)	63% (22 of 35)	61% (11 of 18)	60% (18 of 30)
CY2019	63% (111 of 177)	71% (10 of 14)	76% (29 of 38)	51% (24 of 47)	*	62% (13 of 21)	61% (35 of 57)
CY2020	57% (63 of 110)	65% (17 of 26)	100% (2 of 2)	60% (3 of 5)	43% (19 of 44)	67% (16 of 24)	67% (6 of 9)
CY2021	58% (85 of 147)	65% (24 of 37)	75% (3 of 4)	33% (2 of 6)	58% (34 of 59)	57% (17 of 30)	45% (5 of 11)
CY2022	54% (74 of 138)	57% (16 of 28)	60% (3 of 5)	25% (1 of 4)	58% (31 of 53)	53% (19 of 36)	33% (4 of 12)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)							

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Washington State's overall performance on this measure declined 4% from CY2021 to CY2022. Of the six regions, one remained the same and five regions saw decline in performance on this measure. While the primary focus of analysis has been focused on parent/child supervision levels and ensuring a visitation referral is made and a visit occurs within 72-hours of initial placement, this 4% decline could be the result of the sampling error. Additional possibilities for the decline could include sibling groups where one or more siblings are no longer in care and their legal guardian(s) are not responsive to attempts to maintain these visits.

Statewide, in CY2022, the CCRT found:

Visits between the child and mother:

- Concerted efforts were made to ensure that the frequency of visitation between the child and mother was sufficient to maintain and promote a relationship in 89% (81 of 91) of the cases. This is up 7% from last year's 81%.
- Concerted efforts were made to ensure the quality of visitation between the child and mother was sufficient to maintain and promote a relationship in 74% (64 of 87) of the cases. This is up 6% from last year's 68% and putting DCYF close to where it was prior to COVID-19.
- The frequency and quality of visitation between the child and mother was sufficient to maintain and promote a relationship in 70% (64 of 91) of the cases. This is a 9% increase from last year putting DCYF back to where it was prior to COVID-19.

Visits between the child and father:

- Concerted efforts were made to ensure that the frequency of visitation between the child and father was sufficient to maintain and promote a relationship in 84% (49 of 58) of the cases. This remains consistent from the previous year. However, more cases were reviewed this year.
- Concerted efforts were made to ensure the quality of visitation between the child and father was sufficient to maintain and promote a relationship in 80% (45 of 56) of the cases. This is up 3% from last year's 77%. Additionally, more cases were reviewed, showing improvement in this area.
- The frequency and quality of visitation between the child and father was sufficient to maintain and promote a relationship in 78% (45 of 58) of the cases. This is up 14% from last year's 64%. Additionally, more cases were reviewed, showing improvement in this area.

Visits between the child and siblings:

- Concerted efforts were made to ensure that the frequency of visitation between the child and siblings was sufficient to maintain and promote a relationship in 62% (51 of 82) of the cases. This is up 2% from last year's 60%.

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- Concerted efforts were made to ensure the quality of visitation between the child and siblings was sufficient to maintain and promote a relationship in 91% (61 of 67) of the cases.
- The frequency and quality of visitation between the child and siblings was sufficient to maintain and promote a relationship in 62% (51 of 82) of the cases.

Administrative InfoFamLink Data

On July 25, 2021, HB 1194 went into effect. This statute requires DCYF to conduct an initial visit within 72 hours of removal of a child from their parent's home. This bill also addresses the supervision levels of visitation. The biggest difficulties in achieving these visits continue to be:

- Unresponsive parents
- Referral withdrawn (various reasons, child returned home, Caseworker, caregiver or relative provided visit)
- Cancellations or no shows
- Parent contact info incorrect
- Parent refused
- Child refused
- Incarcerated parent (setting up prison or jail accounts, visit approval can take longer than 72 hours)

As of March 2023, of the visitation plans in FamLink, the most recent level of supervision is the following: [7]

- 57.9% supervised
- 25.2% monitored
- 7.2% unsupervised

For comparison to last year:

	March 2023	January 2022
Supervised	58%	58%
Monitored	25%	27%
Unsupervised	7%	6%
Not Specified	10%	9%

Parental placement preference for their child can be a substantial distance away. It is more difficult to preserve connections when there is a significant distance. DCYF will continue to offer video calls and phone calls to help maintain connections.

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[7] Data Source: Visitation Plan Parent Child Visits, infoFamLink, point in time count, pulled 1/23/2023

For the 15th year DCYF has contracted with Sibling Strong summer camp, previously known as Camp to Belong, for siblings separated due to foster, relative, or adoptive care. Sibling Strong Summer Camps are week-long camp experiences for siblings separated from each other by placement in foster care, relative care, or adoption through foster care. The summer camp experience is a safe space for siblings to reconnect and nurture their relationships in a healing-centered space. Since 2009, approximately 1,150 siblings have been reunited at camp.

Sprout Data

Data regarding Family Time is maintained in Sprout, and there continue to be data pull issues. The data is not able to be transferred regularly, and there continue to be difficulties in validating the data that is received. DCYF has made progress towards having providers access their data throughout the month to ensure visit completion and accurate billing. A dashboard is being developed, so once data can be regularly produced and validated, there will be a quick turnaround in data presentation.

Item 9: Preserving Connections

This item determines whether concerted efforts were made to maintain the child's connections to their neighborhood, community, faith, extended family, tribe, school, and friends.

ITEM 9: Preserving Connections							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	77% (139 of 181)	65% (31 of 48)	80% (4 of 5)	92% (22 of 24)	84% (38 of 45)	77% (17 of 22)	73% (27 of 37)
CY2019	85% (172 of 203)	82% (18 of 22)	90% (38 of 42)	78% (38 of 49)	*	83% (20 of 24)	88% (58 of 66)
CY2020	76% (110 of 145)	73% (27 of 37)	50% (1 of 2)	80% (4 of 5)	76% (44 of 58)	82% (27 of 33)	70% (7 of 10)
CY2021	77% (148 of 192)	72% (33 of 46)	75% (3 of 4)	88% (7 of 8)	82% (63 of 77)	65% (28 of 43)	100% (14 of 14)
CY2022	71% (135 of 191)	49% (20 of 41)	83% (5 of 6)	86% (6 of 7)	77% (58 of 75)	77% (34 of 44)	67% (12 of 18)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022).
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)

Washington State's overall performance declined 6% on this measure from CY2021 to CY2022. Two of the six regions saw improvement and four regions saw a decline in performance.

Statewide, in CY2022, the CCRT found:

- Concerted efforts were made to maintain the child's important connections in 72% (137 of 191) of the cases.
- Sufficient inquiry was conducted to determine whether a child may be a member of, or eligible for membership, of a federally recognized Indian tribe in 92% (176 of 191) of the cases.
- The tribe was provided timely notification of its right to intervene in any state court proceedings in 89% (17 of 19) of the cases.
- A child who is a member of, or eligible for membership in, a federally recognized Indian tribe was placed in foster care in accordance with Indian Child Welfare Act placement preferences or concerted efforts to make such placement were made in 89% (16 of 18) of the cases.

Item 10: Relative Placement

This item determines whether concerted efforts were made to place the child with a relative when appropriate.

ITEM 10: Relative Placement							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	74% (135 of 183)	73% (35 of 48)	100% (6 of 6)	83% (20 of 24)	76% (34 of 45)	73% (16 of 22)	63% (24 of 38)
CY2019	79% (161 of 203)	73% (16 of 22)	88% (38 of 43)	78% (38 of 49)	*	83% (20 of 24)	75% (49 of 65)
CY2020	75% (108 of 144)	68% (25 of 37)	50% (1 of 2)	100% (5 of 5)	72% (42 of 58)	84% (27 of 32)	80% (8 of 10)
CY2021	75% (144 of 193)	72% (33 of 46)	100% (4 of 4)	63% (5 of 8)	79% (61 of 77)	66% (29 of 44)	86% (12 of 14)
CY2022	77% (146 of 190)	73% (30 of 41)	83% (5 of 6)	57% (4 of 7)	81% (61 of 75)	77% (33 of 43)	72% (13 of 18)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)							

Washington State's overall performance remained consistent on this measure with a 2% increase in concerted efforts to place the child with relative when appropriate from CY2021 to CY2022. Three of the six regions saw improvement and three regions saw decline in performance on this measure.

Statewide, in CY2022, the CCRT found:

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- The child's current, or most recent, placement was with a relative in 48% (92 of 190) of the cases.
- The child's current, or most recent, placement with a relative was stable or appropriate to the child's needs in 99% (91 of 92) of the cases.

As of December 31, 2022, 54% of all children and youth in out-of-home care in Washington State were placed with kin or relatives. This percentage continues to increase slightly each year as Washington places a strong emphasis on placement with kin (see Permanency Outcome 1, #4).

- Region 1 – 53.4% placed with kin or relatives
- Region 2 – 60.3% placed with kin or relatives
- Region 3 – 53.9% placed with kin or relatives
- Region 4 – 59.9% placed with kin or relatives
- Region 5 – 53.8% placed with kin or relatives
- Region 6 – 49.9% placed with kin or relatives

Relative Search

Relative Search Unit					
	CY2018	CY2019	CY2020	CY2021	CY2022
Relative Search Referrals	5,361	5,061	4,477	3,682	4,052
Relative Searches Complete	2,302	3,527	4,198	3,658	3,217
Letters Sent to Potential Relatives	93,309	145,318	137,374	121,791	141,157
Relatives Interested in Placement	3,405	5,934	4,511	4,113	3,677
Relatives Interested in Providing Family Support	2,545	4,278	4,229	3,375	3,140
Telephone Calls/Emails Received from Relatives	8,653	14,093	15,744	11,232	10,659
Data Source: Administrative Services Division, Provider Supports: Relative Search and Native American Inquiry					

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DCYF holds foundational beliefs that children live with people with whom they can maintain their personal and cultural identity; that the agency should support families to rely on their own resources and strengths; and that relatives are responsible and integral members of the child and family support team.

DCYF uses an integrated approach when placing with a relative. It is a collaborative effort that includes a multitude of different DCYF programs and the courts. Relative placement begins with identifying, locating, and informing relatives of their kin's placement in foster care. DCYF uses a collaborative model of shared planning meetings (FTDM and Permanency Planning Meeting (PPM)) to engage family, youth, family supports, tribes, and key participants early and often throughout the life of a case. Throughout the life of a case DCYF caseworkers search for relative placements until permanency is achieved for the child. The courts hold DCYF accountable for placing children with their families. Even with all the improvements and steps towards placing with relatives, there are still barriers.

The Relative Search Unit is tasked with searching for relatives for children to live with. Within thirty days of out-of-home placement, a relative search will be conducted, and relative letters will be sent to all relatives within three degrees of the child. The relative is directed to contact the search specialist first. The specialist can assist the family in determining their relationship and desire to become part of the team and a resource. When a relative responds and is interested, their name and contact information is documented and provided to the caseworker and supervisor for follow up. If the relative is interested in placement of the child, the assigned caseworker will complete a background check to determine appropriateness and suitability for placement consideration.

Leadership ensures kin-first policies and protocols exist that emphasize placements with relatives, flexible licensing policies, parent training, and general financial support. There has been a concerted effort to develop trainings to assist staff with family finding methods. Training includes tools for having critical conversations (i.e., questions to ask young people about who they would like to support them or be placement, social media, asking relatives if they know other potential adults for placement).

Parents sometimes prefer not to have a child placed with a relative, and this carries weight in courts. There are times when DCYF, parents, and the courts have different opinions on placement that do not prioritize placement in relative care. This causes a barrier to relative placement.

The background check process no longer appears to be a significant barrier to relative placements. Since the revision of the DCYF Secretary's List and the development of the suitability assessment process, denials are uncommon. For emergent placements and other child welfare purposes that encompass relative placements, DCYF processed a total of 14,916

background checks and 87 did not pass, which is less than one percent. The main barrier the agency faces when processing background checks is the lack of a robust system to complete them more efficiently.

Native American Inquiry Request (NAIR)

Caseworkers are required to inquire about Native American ancestry or Indian heritage for both parents during the first contact for each screened in intake. If either parent (or other persons who could reasonably be expected to have information when the parent was unavailable) reports "yes" to Native American ancestry or Indian heritage, caseworkers must send a referral to NAIR within 10 working days. The NAIR Unit sends inquiry letters to each identified federally recognized tribe to confirm the child's status with the tribe and the level of involvement the tribe elects to have in the case.

Additionally, each letter that is sent from the RSU asks about additional relatives and if there is any Native American ancestry or Indian heritage within the family. This provides an opportunity for DCYF to receive information from extended family members who are not involved in the case but may have a deeper knowledge of the family's history.

Relative Search Inquiries with Native American ancestry or Indian heritage					
	CY2018	CY2019	CY2020	CY2021	CY2022
Case determined to have Native American ancestry or Indian heritage based on relative response	64	95	184	105	157
Data Source: Administrative Services Division, Provider Supports: Relative Search and Native American Inquiry					

Inquiry Referrals submitted to NAIR					
	CY2018	CY2019	CY2020	CY2021	CY2022
Referrals received from field operations	7,854	4,911	4,941	5,517	4,884
Unable to process because referral	878	1,148	1,014	789	893

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received when case is closing or closed					
Inquiries completed	3,560	3,176	2,822	5,065	3,538
Data Source: Administrative Services Division, Provider Supports: Relative Search and Native American Inquiry					

The table below indicates the number of inquiries completed by NAIR and the number of children determined to be a member or eligible for membership based on Tribal response.

Native American Inquiries Completed by NAIR					
	CY2018	CY2019	CY2020	CY2021	CY2022
Total letters sent to Tribes (1st, 2nd, and 3rd letters)	22,574	21,447	19,110	29,070	18,894
Children determined to be members based on Tribal response	543	283	168	290	143
Children determined to be eligible for membership based on Tribal response	864	353	101	362	166
Data Source: Administrative Services Division, Provider Supports: Relative Search and Native American Inquiry					

Item 11: Relationship of Child in Care with Parents

This item determines whether concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and their mother and father or the primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

ITEM 11: Relationship of Child in Care with Parents							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	63%	62%	50%	59%	69%	59%	67%

	(85 of 134)	(23 of 37)	(2 of 4)	(10 of 17)	(22 of 32)	(10 of 17)	(18 of 27)
CY2019	64% (103 of 160)	63% (5 of 8)	66% (23 of 35)	64% (29 of 45)	*	63% (12 of 19)	64% (34 of 53)
CY2020	65% (60 of 93)	74% (14 of 19)	50% (1 of 2)	40% (2 of 5)	57% (21 of 37)	77% (17 of 22)	63% (5 of 8)
CY2021	75% (86 of 115)	81% (22 of 27)	75% (3 of 4)	80% (4 of 5)	72% (31 of 43)	71% (20 of 28)	75% (6 of 8)
CY2022	76% (84 of 110)	91% (21 of 23)	20% (1 of 5)	100% (1 of 1)	88% (36 of 41)	58% (18 of 31)	78% (7 of 9)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022).
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)

Washington State's overall performance remained consistent on this measure with a 1% increase from CY2021 to CY2022. Four of the six regions saw improvement and two regions saw decline in performance.

Statewide, in CY2022, the CCRT found:
- Concerted efforts were made to promote, support and otherwise maintain a positive, nurturing relationship between the child in foster care and their mother in 77% (70 of 91) of the cases.
- Concerted efforts were made to promote, support and otherwise maintain a positive, nurturing relationship between the child in foster care and their father in 72% (42 of 58) of the cases.

DCYF has made concerted efforts to promote, support, and maintain positive relationships between children and youth in foster care and their primary caregivers through partnership with the Family Connections Program. In 2020, DCYF contracted with Amara's Family Connection Program (FCP) as an engagement resource for parents, children, and caregivers; with the thought children and youth placed in out-of-home care thrive when they see their parents and caregivers working together as a team. The Family Connections Program brings parents (whose children are placed in out-of-home care) and those caring for the children (relative caregivers, suitable others and licensed caregivers) together to have a facilitated, collaborative, child-focused connections conversations. These conversations are led by FCP Certified Peer Mentors. Connections Conversations are designed to be low-key and positive, with a focus on supporting participants as they navigate the relationships and develop a plan to partner together to meet the needs of the children.

When children are placed with people known to the family, the relationship between the child and parents is easier to maintain because there is buy-in and support from the placement. This is not always true when children are placed in foster care, due to the foster parents wanting to

maintain confidentiality of their identity, home or family. DCYF encourages foster parents to have contact with parents. This could be a phone call, video call, or a notebook sent back and forth between placement and the parents during visits to talk about items such as meals, school, behaviors, etc. This contact can build meaningful positive relationships.

Strengths, Concerns and Practice Improvements Related to Permanency Outcome 2
Strengths
- DCYF is providing Family Practice Model education statewide which encourages many items discussed above. DCYF encourages positive relationships between placements and parents when safe to do so.

Concerns
- DCYF anticipates that with the implementation of HB 1227 and HB 1747, the amount of court ordered relative/suitable other placements will rise, potentially causing a bottleneck at the background check process.
- Foster placements have the right to maintain confidentiality, which makes it hard to promote positive interactions with parents.
- Lack of placement options makes placing siblings together difficult and can result in siblings being placed a significant distance apart.
- In some instances, DCYF is unable to locate any relatives willing to be a placement option.
- If paternity is not established, the relative search unit cannot do a search for paternal relatives. This eliminates a large pool of potential relative placements.
- Parents sometimes prefer that their children not be placed with a relative, and this carries weight in courts and is often granted. This causes a barrier to relative placement.

Practice Improvements
- The Family Practice Model is rolling out statewide.
- QA/QPS are coaching caseworkers on how to encourage and promote positive relationships between caregivers and parents.
- DCYF recognizes placement with relatives and suitable others encourages more frequent and meaningful visitation with parents. DCYF continues to seek more visit provider options to support visitation with parents.
- There is an ICW policies and procedures project currently underway. The purpose of the project is to revise the Indian Child Welfare (ICW) Policies and Procedures Manual and applicable DCYF ICW forms and ICW trainings to reflect the changes necessary to comply with Washington State Supreme Court decisions, In re Dependency of Z.J.G. and M.E.J.G. and In re Dependency of G.J.A. More information on this project can be found in Consultation and Coordination Between States and Tribes.

Stakeholder Involvement and Feedback Loops
- Engagement of service providers in efforts to increase the service provider network.

COVID-19 Impacts
- Potentially related to COVID-19, vacancies and turnover rates are still high, causing time constraints to meet the demand of the workload.

Well-Being Outcomes 1, 2 and 3

Well-being Outcomes include: (1) families have enhanced capacity to provide for their children's needs; (2) children receive appropriate services to meet their educational needs; and (3) children receive adequate services to meet their physical and mental health needs.

	CFSR Round 3	CY2022 Performance	Status	PIP Target
Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs	47%	34%	⬇	
Item 12: Needs and services of child, parents, and foster parents	50%	38%	⬇	56%
Item 13: Child and family involvement in case planning	62%	39%	⬇	67%
Item14: Caseworker visits with child	80%	68%	⬇	84%
Item 15: Caseworker visits with parents	53%	34%	⬇	58%
Well-being Outcome 2: Children receive appropriate services to meet their educational needs	94%	95%	⬆	
Item 16: Educational needs of the child	94%	95%	⬆	N/A
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	54%	71%	⬆	
Item 17: Physical health of the child	59%	81%	⬆	N/A
Item 18: Mental/behavioral health of the child	60%	62%	⬆	N/A
⬆ Improved performance compared to CFSR Round 3 ⬇ Decreased performance compared to CFSR Round 3				
Data Source: Washington 2018 CFSR Final Report and CFSR Portal, Onsite Review Instrument Report CY2020				

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Well-being Outcome 1: Families Have Enhanced Capacity to Provide for Their Children's Needs

Item 12: Needs and Services of Child, Parents and Foster Parents

This item determines whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

ITEM 12: Needs and Services of Child, Parents and Foster Parents							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	52% (132 of 256)	54% (35 of 65)	50% (5 of 10)	47% (18 of 38)	49% (32 of 65)	35% (9 of 26)	63% (33 of 52)
CY2019	51% (144 of 282)	67% (20 of 30)	53% (33 of 62)	49% (33 of 68)	*	41% (13 of 32)	50% (45 of 90)
CY2020	42% (83 of 200)	59% (29 of 49)	25% (1 of 4)	50% (5 of 10)	24% (20 of 82)	46% (19 of 41)	64% (9 of 14)
CY2021	45% (120 of 268)	55% (34 of 62)	17% (1 of 6)	44% (7 of 16)	43% (47 of 110)	35% (19 of 54)	60% (12 of 20)
CY2022	38% (98 of 261)	48% (26 of 54)	22% (2 of 9)	43% (6 of 14)	33% (34 of 104)	30% (16 of 54)	54% (14 of 26)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/2023)

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 12: Needs and Services of Child, Parents and Foster Parents, Sub-Items, State Level Data			
	Item 12-A (Needs Assessment and Services to Children)	Item 12-B (Needs Assessment and Services to Parents)	Item 12-C (Needs Assessment and Services to Foster Parents)
CY2018 CFSR	79% (102 of 129)	58% (69 of 118)	70% (64 of 92)
CY2018 Non-CFSR	85% (105 of 123)	53% (60 of 113)	85% (67 of 79)
CY2019	83% (233 of 282)	55% (146 of 267)	79% (157 of 200)
CY2020	70% (140 of 200)	41% (72 of 174)	80% (109 of 136)
CY2021	66% (177 of 268)	49% (102 of 208)	69% (126 of 183)
CY2022	66% (172 of 261)	34% (69 of 201)	76% (138 of 182)

Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)

The PIP goal for this item is 56%. DCYF has not met the PIP goal.

Washington State's overall performance decreased 7% from CY2021 to CY2022. One of the six regions saw improvement and five regions saw decline in performance.

Statewide, in CY2022, the CCRT found:
- Needs assessment and services to children
  - The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the child's needs in 72% (187 of 261) of the cases.
  - Appropriate services were provided to meet the child's needs in 56% (112 of 201) of the cases.
- Needs assessment and services to parents:
  - The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs in 50% (90 of 180) of the cases.
  - Appropriate services were provided to meet the mother's needs in 41% (72 of 174) of the cases.
  - Concerted efforts were made both to assess and address the needs of mothers in 40% (72 of 180) of the cases.
  - The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs in 45% (52 of 116) of the cases.
  - Appropriate services were provided to meet the father's needs in 36% (39 of 108) of the cases.
  - Concerted efforts were made both to assess and address the needs of father in 34% (39 of 116) of the cases.
- Needs assessment and services to foster parents:
  - The agency adequately assessed the needs of the foster or pre-adoptive parents related to caring for children in their care on an ongoing basis in 82% (149 of 182) of the cases.
  - The agency provided appropriate services to foster and pre-adoptive parents related to caring for children in their care in 67% (87 of 130) of the cases.
- Item 12 data broken down by case type:
  - Item 12A (needs assessment and services to children):
    - Foster care – 69% (139/201)
    - CPS FAR – 43% (12/28)
    - In-Home – 64% (29/45)

- Item 12B (need assessment and services to parents):
  - Foster care – 32% (44/137)
  - CPS FAR – 36% (10/28)
  - In-Home – 40% (18/45)

DCYF has increased efforts to engage fathers statewide through partnership with the WA Fatherhood Council. DCYF program managers and regional staff collaborated with the WA Fatherhood Council in response to requests from fathers to learn more about the child welfare process. In April 2023 DCYF program managers and regional staff presented at the Dad Allies Provider Learning Series on the dependency process, which included discussing fathers' relatives for placement options, what to expect at shared planning meetings, and how to use the DCYF webpages specific to fathers. This presentation was met with positive reviews from those in attendance and a request for an additional session. In response to the request for an additional session, DCYF program managers will present at Dad Allies Provider Learning Series in the fall of 2023 regarding the safety assessment process within the CPS timeline and the role fathers play.

The Engagement program manager used the WA Fatherhood Council listserv to ask fathers what they would like to see on the DCYF Engaging Fathers website (previously known as Fathers Matter) and what fathers would like to see in a newsletter. The feedback was abundant, and the program manager, with the statewide Regional Fatherhood Leads, renovated the website, which will be launched in June 2023, along with the Engaging Fathers monthly newsletter.

As a part of the relaunching of the Engaging Fathers campaign, DCYF also had a call for nominations for fathers who were actively engaged in the dependency process with their child(ren). The call for nominations yielded 45 nominees. The father chosen for the award will receive an all-expense paid trip to Great Wolf Lodge in Grand Mound, WA, and public recognition through an inaugural virtual event on June 14, 2023.

An issue impacting the provision of services is the lack of service providers statewide. Some providers have long wait lists, often several months long. HB 1227 raises the standard by which a court may enter an order directing a child be removed from the home to prevent "imminent physical harm." DCYF anticipates increased need for services to enhance parenting skills and ensure child safety. HB 1227 will be implemented on July 1, 2023. As a result, work is being done to improve and recruit more providers to offer services that will meet the needs of families in a timely manner.

In some instances, parents do not engage in long-term services due to length of program. If they do not complete the service, re-engagement with a new provider is requested. Eventually, there are no providers left because they have cycled through the limited ones available.

Regional QA managers provide workshops on the CFSR Items, which includes items 12-15. The workshops are interactive and provide child welfare staff with guidance on improving outcomes for families through engagement, timely referrals, and accurate documentation. Region 3 QA performs qualitative reviews in many areas (H&S, IFF, TRH, SA&P, Safe Sleep). These targeted reviews inform the effectiveness of the workshops and identify gaps for future workshops. Staff appreciate the interactive nature of the workshop. AAs typically make these mandatory to attend. QPS provide hands-on coaching to field staff regarding strategies for meeting these items and provide direction for how to capture this in documentation, which mirrors the QA workshop. Regional QA designed an interactive spreadsheet that is updated regularly to show service description, provider service area, provider availability, and provider contact information.

Item 13: Child and Family Involvement in Case Planning

This item determines whether concerted efforts were made, or are being made, to involve parents and children (if developmentally appropriate) in the case planning process and on an ongoing basis.

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 13: Child and Family Involvement in Case Planning							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	61% (153 of 250)	59% (38 of 64)	70% (7 of 10)	68% (25 of 37)	56% (35 of 62)	67% (18 of 27)	60% (30 of 50)
CY2019	53% (146 of 276)	64% (18 of 28)	59% (34 of 58)	47% (32 of 68)	*	50% (16 of 32)	51% (46 of 90)
CY2020	46% (86 of 189)	63% (29 of 46)	0% (0 of 4)	40% (4 of 10)	28% (21 of 76)	55% (22 of 40)	77% (10 of 13)
CY2021	48% (115 of 238)	56% (30 of 54)	17% (1 of 6)	50% (8 of 16)	47% (45 of 96)	44% (21 of 48)	56% (10 of 18)
CY2022	39% (99 of 251)	44% (22 of 50)	11% (1 of 9)	31% (4 of 13)	41% (41 of 99)	31% (17 of 55)	56% (14 of 25)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews. *Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)*							

The PIP goal for this item is 67%. DCYF has not met the PIP goal.

Washington State's overall performance decreased 9% from CY2021 to CY2022. One of the six regions remained the same and five regions saw a decline in performance.

Statewide, in CY2022, the CCRT found:
- The agency made concerted efforts to actively involve the child in the case planning process in 56% (81 of 145) of the cases.
- The agency made concerted efforts to actively involve the mother in the case planning process in 42% (81 of 191) of the cases.
- The agency made concerted efforts to actively involve the father in the case planning process in 41% (47 of 115) of the cases.
- Item 13 data broken down by case type:
  - Foster care – 41% (75/183)
  - CPS FAR – 29% (8/28)
  - In-Home – 45% (23/51)

Caseworkers speak to children alone during health and safety visits and have conversations with caregivers to assess the needs of the children and ask the children and caregivers what they would like to see happen in the case. The conversations are included by the caseworkers when completing the case plan and making recommendations to the court. Permanency planning meetings are also held for each case. Discussing case plan is a part of those meetings with input from meeting attendees.

Parents may be engaged in the case plan but become frustrated while they wait for requested services. Some of the delays in service delivery to parents can stretch into months depending on the service requested. Caseworkers also must determine how to proceed while ensuring child safety when services are not available. Foundations of Practice workshops are providing some guidance to staff when lack of service issues occur in a case.

Many regional QA and QPS work directly with the field on case planning. QPS has a workshop specifically designed toward case planning. Better case planning tools for use in the field would increase ability to involve families in the case planning process and have parental engagement reflected in case planning documentation.

Item 14: Caseworker Visits with Child
This item determines that the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

ITEM 14: Caseworker Visits with Child
On Site Review Instrument (OSRI)

	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	80% (205 of 257)	71% (46 of 65)	80% (8 of 10)	89% (34 of 38)	80% (52 of 65)	81% (22 of 27)	83% (43 of 52)
CY2019	74% (201 of 282)	83% (25 of 30)	74% (46 of 62)	79% (54 of 68)	*	72% (23 of 32)	69% (62 of 90)
CY2020	69% (138 of 201)	82% (40 of 49)	50% (2 of 4)	60% (6 of 10)	58% (48 of 83)	73% (30 of 41)	86% (12 of 14)
CY2021	66% (176 of 268)	76% (47 of 62)	67% (4 of 6)	63% (10 of 16)	59% (65 of 110)	61% (33 of 54)	85% (17 of 20)
CY2022	68% (178 of 261)	80% (43 of 54)	44% (4 of 9)	50% (7 of 14)	69% (72 of 104)	56% (30 of 54)	85% (22 of 26)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)

The PIP goal for this item is 84%. DCYF has not met the PIP goal.

Washington State's overall performance increased 2% from CY2021 to CY2022. Two of the six regions saw improvement, one region remained the same and three regions saw a decline in performance.

Statewide, in CY2022, the CCRT found:
- The caseworker never had visits with the child(ren) in 1% (3 of 261) of the cases.
- The typical pattern of visits between the caseworker and the child(ren) was sufficient in 83% (217 of 261) of the cases.
- The quality of the visits between the caseworker and the child(ren) was sufficient in 76% (197 of 258) of the cases.
- Item 14 data broken down by case type:
  - Foster care – 75% (151/201)
  - CPS FAR – 39% (11/28)
  - In-Home – 56% (25/45)

As previous strategies have not succeeded in providing sustained change of practice, it is important that DCYF prioritize and develop a plan that focuses on In-Home/FAR workers and supervisors sustaining practice changes in case planning. A workgroup is being scheduled to look at how to most effectively assess workers' strengths and areas of concern around case planning and respond to their needs through coaching, training and tracking. The level of

attention towards early case planning, along with MI and increasing needed services will lead to continued high-quality work with families to prevent removal and reduce re-entry. More information about strategies in addressing the low CPS-FAR and In-Home completion rates of casework visits with children can be found in the Update on Plan for Enacting the State's Vision in Goal 4: Engagement with Families, Caregivers, and Case Partners.

As mentioned above, there is a direct correlation between Items 12A, 13 and 14.

ITEM Comparison (Items 12A, 13 and 14)						
On Site Review Instrument (OSRI)						
	Item 12A		Item 13		Item 14	
CY2021	66% Strength	34% ANI	48% Strength	52% ANI	66% Strength	34% ANI
CY2022	66% Strength	34% ANI	39% Strength	61% ANI	68% Strength	32% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)						

58% of cases were rated as a strength in all three items while 42% of cases were rated as an area needing improvement in all three items.

There is also a strong correlation between Item 14 and Item 3. If staff are unable to have frequent, quality conversations with children, staff are unable to conduct ongoing, comprehensive assessments of safety.

ITEM Comparison (Items 3 and 14)				
On Site Review Instrument (OSRI)				
	Item 3		Item 14	
CY2021	63% Strength	37% ANI	66% Strength	34% ANI
CY2022	61% Strength	39% ANI	68% Strength	32% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)				

65% of cases were rated as a strength in both items, while 35% of cases were rated as an area needing improvement in both items.

Administrative InfoFamLink Data

Administratively, DCYF is strong in contacts with children and youth in out-of-home care. For CY2022, 96% of children and youth had contacts, with slight variances amongst the regions: [8]

- Region 1 – 98%
- Region 2 – 96%
- Region 3 – 98%

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[8] Data Source: Monthly Health and Safety Visits with Child, infoFamLink, previous calendar year, pulled 3/24/23

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- Region 4 – 94%
- Region 5 – 96%
- Region 6 – 96%

There is also an In-Home FVS Health and Safety Visit report available in infoFamLink. This report identifies if monthly visits occurred with children and youth with an FVS in-home services assignment, if two visits were documented for children under the age of 6 per DCYF policy 4420.Health and Safety visits with Children and Youth and Monthly Visits with Parents or Guardians and Caregivers, and if a visit was documented within 7 days of a return home. As of December 2022, statewide, DCYF met all requirements as outlined above 74.5% of the time. There were 7.9% of visits completed that were not compliant and 1.9% that were attempted only.[9]

Based on information gathered from the statewide regional leads, caseworkers struggle with keeping up with the workload, which includes monthly Health & Safety (HS) visits with the child, caregiver(s), and each parent, court reports, referrals, court hearings, and meetings. This results in the inability to do quality visits due to the time constraints on the work week. This is exacerbated when children are school-age and caregivers and parents' work. Some children who have been in care for a longer time are frustrated and express they are tired of being visited every month with the same questions being asked, so they refuse to engage.

Licensed, non-kin caregivers often have multiple children placed with them (not siblings), resulting in more than one caseworker visiting the home. These resource families must be available and complete the monthly in-person caregiver contact for each child in their care. Caregivers become frustrated and want the visits to be short, which compromises the quality of the visit with the child, yet policy requires most of the in-person visits occur in the placement home. Distance and availability of parents, caregivers and children and the caseworker's schedule impact this item.

Regional QA performs annual qualitative reviews of FVS and CFWS health and safety visits and provides direct feedback to the field about the quality of the documented visits. Regional QA visits each office to review results with staff. QA speaks with new supervisors during the onboarding process about spot-checking the quality of case notes for workers before or during clinical supervision and providing feedback around what is documented well and areas that need more focus. Regional QA has provided data presentations to all offices that include qualitative review criteria and office-specific results. This is an interactive presentation where field staff share what they know with regional QA and receive feedback from regional QA. QPS

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[9] Data Source: In-Home FVS/FRS Health and Safety Summary Report, infoFamLink, data month December 2022, pulled 3/24/23

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provide coaching and accompany staff in the field or connect them with a social service specialist 4 for mentoring related to health and safety visits. QPS also review notes and provide feedback as to the quality of the documentation. Regional QA provides monthly quantitative data that shows compliance with the frequency of the visits. This data is emailed monthly to area administrators and is available to staff. A deep dive into missed visits is collected, documentation errors are fixed, and trends for missed visits are identified.

Item 15: Caseworker Visits with Parents

This item determines that the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

ITEM 15: Caseworker Visits with Parents							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	51% (117 of 228)	53% (32 of 60)	78% (7 of 9)	53% (17 of 32)	46% (26 of 56)	48% (12 of 25)	50% (23 of 46)
CY2019	48% (126 of 265)	59% (13 of 22)	50% (29 of 58)	49% (33 of 68)	*	35% (11 of 31)	47% (40 of 86)
CY2020	40% (68 of 170)	55% (22 of 40)	0% (0 of 4)	40% (4 of 10)	22% (15 of 67)	47% (17 of 36)	77% (10 of 13)
CY2021	40% (83 of 207)	57% (25 of 44)	17% (1 of 6)	53% (8 of 15)	36% (30 of 83)	27% (12 of 44)	47% (7 of 15)
CY2022	34% (75 of 220)	42% (19 of 45)	22% (2 of 9)	30% (3 of 10)	34% (30 of 88)	23% (11 of 47)	48% (10 of 21)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)

The PIP goal for this item is 58%. DCYF has not met the PIP goal.

- Washington State's overall performance decreased 6% from CY2020 to CY2021. Two of the six regions saw improvement and four regions saw a decline in performance.

Statewide, in CY2022, the CCRT found:

- Visits with mother:
  - The caseworker never had visits with the mother in 5% (11 of 220) of the cases.
  - The typical pattern of visits between the caseworker and the mother was sufficient in 51% (99 of 195) of the cases.

- - The quality of the visits between the caseworker and the mother was sufficient in 63% (115 of 184) of the cases.
  - Both the frequency and quality of caseworker visitation with the mother were sufficient in 51% (99 of 195) of the cases.
- Visits with father:
  - The caseworker never had visits with the father in 4% (9 of 220) of the cases.
  - The typical pattern of visits between the caseworker and the father was sufficient in 47% (56 of 119) of the cases.
  - The quality of the visits between the caseworker and the father was sufficient in 60% (66 of 110) of the cases.
  - Both the frequency and quality of caseworker visitation with the father were sufficient in 47% (56 of 119) of the cases.
- Item 15 data broken down by case type:
  - Foster care – 32% (47/148)
  - CPS FAR – 31% (9/29)
  - In-Home – 45% (23/51)

As mentioned above, there is a direct correlation between Items 12B, 13 and 15. The sampling error mentioned previously also had a direct impact on these items. The error identified within the sampling tool impacted the number of applicable items and cases for the purposes of rating parents in relation to the associated well-being items. The case review process identified in many of the cases reviewed within the associated measurement periods that parents became "not applicable" to the well-being items. This was due to different case circumstances, but ultimately the parents could not be located, were not interested in parenting, or became not applicable due to the overall case circumstances as a result of the target child's length of stay. Conversely, Washington also observed case efforts not being made to engage parents in cases where the children had been in foster care for over 20 months, and this resulted in areas needing improvement for the associated well-being items. The sampling error required Washington to only review cases with little to no parent engagement, and the entirety of the foster care population in Washington was not reviewed. The lack of review, for the total foster care population, resulted in reduced performance for case review items 12B, 13, and 15.

ITEM Comparison (Items 12B, 13 and 15)						
On Site Review Instrument (OSRI)						
	Item 12B		Item 13		Item 15	
CY2021	49% Strength	51% ANI	48% Strength	52% ANI	40% Strength	60% ANI
CY2022	34% Strength	66% ANI	39% Strength	61% ANI	34% Strength	66% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)						

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36% of cases were rated as a strength in all three items while 64% of cases were rated as an area needing improvement in all three items.

There is also a strong correlation between Items 3, 6 and 15. If caseworkers do not have frequent, quality conversations with mothers and fathers, caseworkers are unable to conduct ongoing, comprehensive assessments of safety and that inform conditions for return home or other permanency options which impacts achievement of timely permanency.

ITEM Comparison (Items 3, 6 and 15)						
On Site Review Instrument (OSRI)						
	Item 3		Item 6		Item 15	
CY2021	63% Strength	37% ANI	18% Strength	82% ANI	40% Strength	60% ANI
CY2022	61% Strength	39% ANI	7% Strength	93% ANI	34% Strength	66% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)						

37% of the cases were rated as a strength in all three items while 73% of cases were rated as an area needing improvement in all three items. Some of the most significant barriers to meeting with parents in person is the location of the parents. Some parents are out of state, out of country, out of area, whereabouts unknown, avoiding DCYF or refusing to meet with DCYF, or have attorneys who advise parents not to meet with DCYF.

Time constraints of the work week and high caseloads make it increasingly difficult to meet with parents, children and caregivers, as discussed in Item 14. When parents engage with DCYF, the duration of the meeting is typically short. Caseworkers must pick and choose what information to cover, and this may not align with what the parent wants or needs to talk about. Caseworkers maintain a balance of listening to the parent and what they want to talk about and addressing DCYF needs.

To improve the quality of visits with parents, allowing video conferencing or FaceTime visits to supplement in-person visits could be beneficial. Rapport with the caseworker can still be built. Courts and FTDM/SPMs are still largely virtual, and these are forums where DCYF has seen more parent involvement and engagement in case planning.

Regional QA speak with new supervisor's during the onboarding process about quality parent engagement and reviews the discussion points with them, as well as how to use data reports. Regional QA provide supervisors with documentation coding and narrative tips. Regional QA have provided presentations to all offices about the CFSR items, and item 15 is covered in depth in an interactive manner. Field staff are compelled to share with QA what they know and receive feedback from QA. Regional QA provide worker-level distribution emails of the current

month to show which parents on a worker's caseload have not yet been seen in-person so workers can receive reminders and track their own performance. Supervisors are copied on these emails. Some regional QAs provide weekly and monthly data to the field regarding visits with parents which includes information on parents who have had a contact or attempted contact and what type of contact occurred (i.e., phone, text, email). Embedded in weekly emails from regional QA are documentation tips for appropriate FamLink coding of contacts. Regional QA have started to develop a qualitative review tool for parent visits. This is in the beginning stages and will not be implemented until 2024. QPS provide coaching and accompany staff in the field or connect them with a social service specialist 4 (SSS4) for mentoring as it relates to in person visits with parents. QPS also review notes, provide feedback on the quality of documentation, and offer tips for how to capture what is necessary.

Strengths, Concerns and Practice Improvements Related to Well-Being Outcome 1

Strengths
- QA/QPS are providing reports, data and feedback to allow caseworkers and supervisors to see who still needs to be seen for the month.
- SSS4 are now available to provide guidance and onsite support for caseworkers.

Concerns
- High vacancies and turnover rates are causing high caseloads, which in turn are causing time constraints to meet the demand of the workload.
- DCYF would like to explore how FaceTime, etc., can supplement in-person visits to increase engagement.

Practice Improvements
- Stakeholder involvement and feedback loop
- New technologies and ways of communication are being used to achieve parent engagement. There is a request that this is integrated as part of how parent engagement is measured.

COVID-19 Impacts
- High vacancies and turnover rates are causing high caseloads, which in turn are causing time constraints to meet the demand of the workload.

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Well-being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs

Item 16: Educational Needs of Children

This item determines whether the agency made concerted efforts to assess children's educational needs at the initial contact with the child or on an ongoing basis, and the identified needs were appropriately addressed in case planning and case management activities.

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 16: Educational Needs of Children							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	93% (147 of 158)	98% (42 of 43)	83% (5 of 6)	95% (19 of 20)	95% (37 of 39)	91% (20 of 22)	86% (24 of 28)
CY2019	90% (149 of 166)	100% (20 of 20)	94% (30 of 32)	89% (33 of 37)	*	95% (21 of 22)	82% (45 of 55)
CY2020	95% (116 of 122)	100% (31 of 31)	100% (2 of 2)	100% (5 of 5)	90% (46 of 51)	96% (24 of 25)	100% (8 of 8)
CY2021	93% (142 of 153)	94% (32 of 34)	100% (4 of 4)	100% (5 of 5)	89% (57 of 64)	97% (34 of 35)	91% (10 of 11)
CY2022	95% (164 of 172)	97% (33 of 34)	100% (6 of 6)	100% (9 of 9)	94% (67 of 71)	92% (36 of 39)	100% (13 of 13)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2021/2022). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)							

Washington State's overall performance increased by 2% from CY2021 to CY2022. Three of the six regions saw improvement; two regions remained the same (at 100%); and one region saw a decline in performance.

Statewide, in CY2022, the CCRT found:
- The agency made concerted efforts to accurately assess the children's educational needs in 96% (165 of 172) of the cases.
- The agency made concerted efforts to address the children's educational needs through appropriate services in 93% (85 of 91) of the cases.

Item 16 data broken down by case type:
- Foster care – 95% (167/175)

- CPS FAR – 100% (2/2)
- In-Home – 100% (3/3)

In 2019, the data sharing agreement between DCYF and the Office of Superintendent of Public Instruction (OSPI) was amended to allow DCYF to use information gained from the interface agreement to build reports that support improved tracking of educational progress and making and following up on referrals for educational services. Work began in January 2020 to build reports and the database infrastructure. However due to the COVID-19 pandemic, resources were shifted to safely move the agency workforce to being remote and the project was postponed. As of May 2023, DCYF has not made progress in this arena. Although DCYF receives data from OSPI, there is currently no mechanism in place allowing the DCYF staff to run vital reports related to education. DCYF continues to rely on partners at OSPI to provide these reports, which is time-consuming and difficult.

Child Health and Education Tracking (CHET) Educational Domain[10]
Every child that enters and remains in out-of-home care for 30 days or more receives a CHET screen. The CHET screen identifies each child's long-term needs at initial out-of-home placement by evaluating their well-being and includes the domain of education. The education domain includes gathering and summarizing academic records for school aged children and youth, Pre-K through grade 12. Educational information obtained is documented in the CHET screening report and is used to understand the child's current education status, as well as to determine if any additional services are needed. Ongoing needs are identified for further follow-up, and the CHET screener makes referrals for services as needed. The statewide CHET completion rate for the education domain in CY2022 was 98%.

Graduation Rate for Children and Youth in Foster Care
For the class of 2022, 332 out of 623 students in foster care graduated, raising the graduation rate to 53.3%, up from 48.2% in 2021. Of that cohort, 19.3% students remained enrolled after the fourth year to pursue obtaining their high school degree, and 27.4% students dropped out. This is in comparison to the non-foster care population in Washington State, which was 84,617 students in the class of 2022, with a graduation rate of 82.5%, 7.6% remaining enrolled to continue, and 9.9% of that cohort of students dropping out.[11]

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

[11] Data Source: Washington State Office of Superintendent of Public Instruction, Report Card https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300

Currently, one of the strongest supports for students in foster care is the Graduation Success program through Treehouse. This program offers long term, individualized support for high school students in foster care, with a focus on removing barriers to graduation. During the 2021 legislative session, the program was granted additional funding for full state expansion. From July 1, 2022, to December 31, 2022, 773 youth were served across 97 districts and more than 240 schools. During the 2022 legislative session, additional funding was granted to expand Graduation Success to eighth graders. Treehouse now accepts referrals from every corner of the state and will begin serving students in 8th grade next school year.

Recognizing that youth need culturally relevant support, centered in their specific communities, Treehouse established teams to serve special populations within Graduation Success. They provide support to youth in juvenile rehabilitation institutions through their Dual-System Involved Youth team, providing targeted support to youth in foster care who reside in the Echo Glen Children's Center and Green Hill School facilities. They also provide support to the larger Graduation Success program regarding the educational rights of youth experiencing dual systems and help build staff capacity to serve dual system-involved youth outside of these facilities.

Last program year, Treehouse established the Tribal Engagement Team, which works collaboratively with partner tribal communities to support youth in care on their educational journey.

Treehouse Educational Advocacy Program[12]
The Treehouse Educational Advocacy Program is a public-private partnership and collaboration with OSPI, DCYF and Treehouse. This statewide initiative supports school-aged children and youth who have an open State, Federal or Tribal dependency or shelter care case, as well as their caregivers, school staff and caseworkers by providing short-term interventions intended to have long-term impacts, ultimately resulting in youth graduating from high school. Educational Advocates are co-located in DCYF offices across the state, and two Educational Advocates specialize in serving highly mobile youth in short-term and placement exceptions. The Educational Advocacy program works with schools, caseworkers, caregivers, parents, and community providers to resolve difficult educational issues and remove barriers to school success.

From July 1, 2021 – December 31, 2022:
- Treehouse received 590 new referrals for youth to the Educational Advocacy Program.
  - Of those referrals, 68% were from the DCYF caseworker, 12% from the CHET screener, 5% from tribes/other, and 2% from school personnel.

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[12] Data Source: Treehouse Educational Advocacy Program Mid-Year Report 2020-21

- o Based on the number of youths already being served and the new referrals received, 596 youth were served through the Educational Advocacy Program.
  - o Direct Advocacy and Consultation services were provided to youth statewide resulting in:
    - 1,693 direct advocacy interventions
    - 1,604 consultation interventions
- Education Advocates provided 980 Information and Referral (I&R) interventions.
  - o 746 youth specific I&R contacts were delivered to 267 unique youth and 234 general knowledge I&R interactions were provided.
  - o Education Advocates provided 45 trainings, workshops and presentations statewide for 863 attendees including caseworkers, caregivers, CASA/GAL, Education Liaisons, community providers, and school personnel. Topics included basic educational advocacy, general education supports multi-tiered systems of supports/response to Intervention, special education, IEP vs 504s, and information on Treehouse programs. While some of the trainings were geographically specific, Treehouse continues to embrace and expand virtual trainings statewide.

During the 2021 legislative session, additional funding was provided to hire four additional Education Advocates for one year, beginning July 2022. These advocates have been essential to the state's efforts to meet the educational needs of highly mobile youth and address the capacity needs that have historically led to delayed educational support. For the first time in a decade, the Educational Advocacy program operated without a waitlist for services. Fortunately, during the 2022 legislative session, this funding was sustained, enabling Treehouse to continue with 17 Educational Advocates across the state. In addition, as DCYF develops the new contract for 2023-25, the agency will use SSBG grant funding to align with the budget bill, which will provide an additional $252,000 to fund Treehouse Education Advocacy services.

Strengths, Concerns and Practice Improvements Related to Well-Being Outcome 2
Strengths
- DCYF worked with Treehouse to change the referral process for Education Advocacy services. Through FamLink, caseworkers now access a link to Treehouse's referral site. The referral includes additional information to better triage cases, ensuring immediate/exceptional needs are prioritized. This decreases the time between when a caseworker makes a referral and when the student actively receives services.
- With the addition of four Education Advocate positions, including two focusing on highly mobile youth, there has been no waitlist for Education Advocacy. The additional staff combined with the updated referral process has helped decrease the average number of

days from when the referral was submitted to closing by almost 50% (from 25 days in mid-year 2022 to 14 days at mid-year 2023).

Concerns

- **Child welfare staff's lack of knowledge around state/federal law and agency policy on education.** There is a need to enhance the understanding of child welfare staff regarding the legal frameworks and policies that govern education for students in foster care. This includes educational rights, obligations, and best practices to ensure effective support for these students. Stakeholders emphasize the lack of knowledge around:
  o Educational rights for students in foster care
  o Tools in FamLink to review educational data on individual students
  o School Notification Forms
  o Best interest determinations prior to changing school placement
  o Regional support for educational issues

- **Lack of dedicated staff in each region to support educational needs.** Currently, each region relies on a single Education Lead who manages a significant number of programs, typically ranging from five to 20. This limited staffing capacity poses challenges in effectively addressing the diverse and complex educational needs of the entire region. Without designated staff focused solely on educational support, it becomes difficult to provide the necessary attention and resources to ensure the educational success of students in foster care.

- **Priority on safety with little focus/capacity to address well-being measures**. Stakeholders express concerns about the disproportionate focus on safety in the child welfare system, with limited attention and resources allocated to addressing the educational needs of students in foster care.

- **DCYF's current limitations in reviewing and analyzing data pertaining to students in foster care.** Stakeholders have expressed the need for basic data, such as obtaining the number of seniors among students in foster care. Unfortunately, current data system does not have the capability to provide such information. Efficient data analysis plays a crucial role in identifying trends, patterns, and disparities within the educational landscape.

- **Lack of prioritization of education-related data projects.** An illustrative example is the ETV program's engagement with an external contractor to develop an ETV portal, aimed at streamlining and expediting the application and management process for youth accessing ETV funds. Despite the contract being signed in June 2022, with DCYF responsible for hosting the site, the contractors have faced obstacles due to IT-related delays within DCYF

- **Lack of mandatory training for staff related to education.** Currently, there is no mandatory training requirement for staff specifically focused on education. This results in inconsistent knowledge and understanding among staff across the state.

Practice Improvements

- **Education Team** - DCYF has taken significant steps towards enhancing its educational support by establishing a dedicated Education Team at agency headquarters. This team comprises key positions, including an Education Program Administrator, Education Program Manager, Education Program Specialist, ETV Program Manager, and ETV/Career Connect Program Manager. The primary objective of this team is to foster alignment and coordination of support across regions, focusing on K-12 and post-secondary endeavors as well as to strengthen collaboration with key stakeholders, including OSPI, school districts and community partners such as Treehouse. By aligning efforts, sharing resources, and leveraging partnerships, DCYF aims to empower and equip students with the necessary tools and support for academic success.

- **Focus on Training** - Despite offering education-related trainings in various formats and at different times to ensure accessibility for caseworkers, there is a significant lack of participation. To address this issue, time on agendas at all-staff meetings across the state is requested. By integrating education-related training into these mandatory meetings, DCYF aims to maximize caseworkers' exposure to vital information while minimizing scheduling conflicts.

  DCYF is also working with OSPI and Treehouse to schedule regional in-person trainings for both caseworkers and school district staff. This joint effort underscores the commitment to consistent and comprehensive training. By including school district partners in these sessions, both caseworkers and district staff will receive the same training and have a shared understanding of educational rights and needs. This collaborative approach will support collaboration and relationships and help to foster a unified language and approach when addressing the educational challenges faced by students in foster care.

- **School Notification Form** - The School Notification Form ensures that schools are promptly informed about a student's foster placement or change in placement and serves as a reminder to caseworkers about the requirement to conduct a Best Interest Determination before making any school placement changes for children in foster care. To enhance the effectiveness and utilization of this form, the K-12 Education Team, in collaboration with Regional Education Leads, has undertaken an effort to update and streamline its content.

- **Best Interest Determinations** - Despite the requirement under federal and state law for a Best Interest Determination prior to changing the school placement of a child in foster care, this is not consistently occurring. DCYF is actively collaborating with OSPI to

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develop a comprehensive strategy that ensures consistency in conducting these meetings across the state. OSPI created a "Best Interest Determination" toolkit to support school district foster care liaisons in following the requirement to lead and document those meetings. DCYF is sharing this toolkit with Regional Education Leads, enabling them to effectively align their practices with school districts.

Stakeholder Involvement and Feedback Loops
Education Resource Wednesdays – This initiative is a result of collaborative efforts involving DCYF, OSPI, Treehouse and the Alliance CARES organization. Education Resource Wednesdays occur the third Wednesday of every other month in the evening and aim to provide support to caregivers by addressing education-related issues. The selection of topics for these sessions is based on feedback gathered from a caregiver survey, ensuring that the content is relevant and responsive to their needs. Guest experts are identified, and each presentation lasts approximately 45 minutes, followed by an additional 30 minutes dedicated to questions and answers, encouraging active participation and engagement from attendees.

- November 16, 2022: Supporting the Academic Success of Your Student
- January 18, 2023: Addressing Challenging Student Behavior
- March 15, 2023: Post-Secondary Resources for Education & Career Planning
- May 17, 2023: Understanding, Accessing, and Supporting Special Education Services

Workgroups – The Education Team actively engages in collaborative work through participation in work groups consisting of various stakeholders, including multiple state agencies, nonprofits, community-based organizations, and other relevant groups.

- The Alliance Core Curriculum Development Team
- DCYF Mandatory Reporter Workgroup
- OSPI Re-envisioning Truancy
- OSPI School Safety
- Administrative Office of the Courts Family Well-being Community Collaborative
- Project Education Impact (PEI)
- Passport Leadership Team

Conferences and Trainings – To establish a feedback loop with stakeholders, the Education Team engages through conference presentations and providing trainings to diverse groups. Since October 2022 the team has provided training at:
- Washington Association of Child Advocates Annual Conference
- Washington Judicial Community of Practice
- Children's Justice Conference
- Multi-System Rounds Meeting

- Education Resource Wednesdays for Caregivers
- Region 6 Leadership Meeting
- State Intake Leads Meeting
- Regional Education Leads Meeting

Recurring collaborative meetings and check-ins - The Education Team values working collaboratively not only with other state agencies and community partners but also regional staff. Some standing meetings include:

- Weekly check-ins with OSPI's Foster Care Education program
- Regional Education Lead Meetings
- Education Office Hours – every other week for any child welfare staff
- American Bar Association (ABA) National Community of Practice
- Juvenile Rehabilitation/Child Welfare/Treehouse Check-ins
- DCYF Education/Alliance/OSPI Check-ins
- Education Advocacy Meetings – Treehouse/OSPI/DCYF Regional Ed Leads
- Regional Passport Meetings
- Regional School District/Education Lead Meetings
- Quarterly check-ins with DDA/OSPI to discuss overlap of students served

COVID-19 Impacts

- According to Treehouse, younger students (Pre-K to grade 3) continue to experience higher than expected discipline referrals. This could be correlated with the impact of COVID-19 and missing those early socialization/classroom experiences.
- Despite the resumption of in-person schooling, school districts continue to rely on strategies implemented during the pandemic to accommodate students with disabilities. As a result, many of students with IEPs are offered online or remote schooling rather than in-person instruction, despite the benefits of being physically present in school. DCYF is working to educate caseworkers and caregivers on the rights students possess under federal law.
- The pandemic has had a significant impact on school staffing capacity with staff shortages disproportionately hitting high-poverty districts. In addition, transportation continues to be a challenge also impacted by staff shortages.

Well-being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs
Item 17: Physical Health of the Child
This item determines whether the agency addressed the physical and dental health needs of the children.

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 17: Physical Health of the Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	64% (141 of 222)	65% (37 of 57)	78% (7 of 9)	57% (17 of 30)	53% (28 of 53)	73% (19 of 26)	70% (33 of 47)
CY2019	64% (150 of 234)	80% (20 of 25)	57% (29 of 51)	62% (33 of 53)	*	65% (17 of 26)	65% (51 of 79)
CY2020	81% (130 of 161)	97% (38 of 39)	50% (1 of 2)	86% (6 of 7)	73% (49 of 67)	81% (29 of 36)	70% (7 of 10)
CY2021	77% (170 of 221)	85% (46 of 54)	60% (3 of 5)	90% (9 of 10)	67% (60 of 90)	80% (37 of 46)	94% (15 of 16)
CY2022	81% (168 of 207)	91% (41 of 45)	57% (4 of 7)	67% (6 of 9)	80% (65 of 81)	80% (36 of 45)	80% (16 of 20)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews. Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)							

Washington State's overall performance increased 4% from CY2021 to CY2022. Two of the six regions saw improvement, one region remained the same, and three regions saw a decline in performance.

Statewide, in CY2022, the CCRT found:
- The agency accurately assessed the children's physical health needs in 93% (192 of 207) of the cases.
- The agency ensured all appropriate services were provided to the children to address all identified physical health needs in 89% (170 of 191) of the cases.
- The agency accurately assessed the children's dental health needs in 88% (164 of 186) of the cases.
- The agency ensured all appropriate services were provided to the children to address all identified dental health needs in 86% (151 of 175) of the cases.
- The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care in 90% (37 of 41) of the cases.
- Item 17 data broken down by case type:
  - Foster care – 82% (164/201)
  - CPS FAR – 71% (5/7)

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- o In-Home – 80% (8/10)

Child Health and Education Tracking (CHET) Physical Health Domain

The physical health domain includes an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) exam within the first 30 days of out-of-home placement. Records from the exam are obtained and documented in the completed CHET report. The statewide completion rate for the physical health domain in CY2022 was 95% in the first 30 days of placement. Children who were not able to see a provider within 30 days were kept open in the CHET process until they could be seen. By day 60, 99% of children in out-of-home care received an EPSDT in CY2022. Reasons for late EPSDT exams include late FamLink placement entry (resulting in late screener notification), providers billing scheduled EPSDT exams to other exam categories, timely appointments not available, youth on the run, and lack of cooperation from caregivers. When children and youth do not receive an EPSDT exam during the CHET process, the need for the exam is included in the "Items Needing Follow-Up" section of the CHET report. These items can then be tracked by the caseworker and the caregiver. Children and youth can be referred to Apple Heath Core Connections (AHCC) for care coordination efforts, as appropriate.

The physical health domain also includes addressing children's dental health. Dental appointments are scheduled, records are obtained, and dental exam results are documented in the CHET report. Further dental health recommendations are documented in the "Items Needing Follow-Up" section of the CHET report.

Item 18: Mental/Behavioral Health of the Child

This item determines whether the agency addressed the mental/behavioral health needs of the children.

ITEM 18: Mental/Behavioral Health of the Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	67% (99 of 148)	73% (27 of 37)	86% (6 of 7)	78% (14 of 18)	73% (27 of 37)	26% (5 of 19)	67% (20 of 30)
CY2019	67% (97 of 145)	75% (12 of 16)	69% (18 of 26)	58% (19 of 33)	*	74% (14 of 19)	67% (34 of 51)
CY2020	74% (73 of 98)	91% (20 of 22)	100% (3 of 3)	80% (4 of 5)	63% (26 of 41)	71% (15 of 21)	83% (5 of 6)
CY2021	61% (67 of 109)	56% (14 of 25)	0% (0 of 1)	100% (2 of 2)	63% (30 of 48)	60% (15 of 25)	75% (6 of 8)
CY2022	62% (66 of 107)	70% (19 of 27)	75% (3 of 4)	29% (2 of 7)	61% (23 of 38)	55% (11 of 20)	73% (8 of 11)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews. Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)							

Washington State's overall performance increased 1% from CY2021 to CY2022. Two of the six regions saw improvement and four regions saw a decline in performance.

Statewide, in CY2022, the CCRT found:
- The agency accurately assessed the children's mental/behavioral health needs in 73% (78 of 107) of the cases.
- The agency ensured that all appropriate services were provided to the children to address all identified mental/behavioral health needs in 61% (65 of 106) of the cases.
- The agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target child in foster care in 97% (33 of 34) of the cases.
- Item 18 data broken down by case type:
  - Foster care – 67% (55/82)
  - CPS FAR – 54% (7/13)
  - In-Home – 50% (9/18)

There is also a strong correlation between Item 12A and Item 18.

ITEM Comparison (Items 12A and 18)				
On Site Review Instrument (OSRI)				
	Item 12A		Item 18	
CY2021	66% Strength	34% ANI	62% Strength	38% ANI
CY2022	66% Strength	34% ANI	62% Strength	38% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 3/10/23)				

Child Health and Education Tracking (CHET) Emotional and Behavioral Health Domain
The emotional and behavioral health domain includes standardized screenings for emotional and behavioral health using validated screening tools. The screening tools used screen for internalizing behaviors, externalizing behaviors, attentional behaviors, trauma concerns, overall child/infant mental health, substance use concerns, and CSEC (Commercially Sexually Exploited Child) concerns. Results from the screening tools are used to develop an appropriate case plan and assist in placement decisions for the child. The caseworker is notified when the results from the screening tools score within a possible concerns range, which indicates a need for further mental health assessment. This need is documented in the "Items Needing Follow-up" section of the CHET report. The statewide completion rate for the emotional and behavioral health domain by day 30 of placement in CY2022 was 98%.

Ongoing Mental Health
Ongoing Mental Health (OMH) screening is a follow up to the emotional/behavioral health screening that occurs during the Child Health and Education Tracking (CHET) process, and a

quick check for any unmet physical health needs. A cohort of children/youth ages 3 through 17 who have been in out-of-home care for more than six months are eligible for OMH Screening. An OMH screener calls the caregiver and re-administers the standardized screening tools used during the CHET process. They also ask questions about how the child/youth is doing, to include physical/dental health. Starting at age 11, youth are invited to voluntarily participate in the screening process, as well.

OMH screens usually occur after a child/youth is in out-of-home care over 6 months. However, they can be screened at any point in time at the request of the caseworker or other department staff. The OMH program completes a screening, or a point in time indication of needs; it is not a formal mental health assessment. The OMH screening may indicate that further assessment is appropriate, and this follow-up need will be noted in the OMH report. The OMH report is sent to the caregiver, caseworker, and caseworker's supervisor for further follow-up and referrals to services.

At this time, there is no formalized mechanism established to collect and report data regarding OMH. However, a hand count reflects that 507 OMH eligible children/youth placed in CY2021 received an OMH screening. Of those children/youth, 257 (50.6%) scored with possible concerns indicating a need for further mental health assessment. This is the most current data from OMH. OMH does not complete re-screenings until the child has been in care at least 6 months. They are currently screening at the 9-month post placement range which means they are working on August 2022 OPD dates.

Coordination of Care for Physical and Behavioral Health Concerns
Apple Health Core Connections (AHCC) is part of Coordinated Care of Washington's (CCW) contract with the Health Care Authority (HCA) to provide a single, statewide, managed care plan for all eligible children and youth in foster care, adoption support, and extended foster care. AHCC reviews all newly enrolled children and youth to determine their level of need for care management and/or care coordination services.

DSHS Aging and Long-Term Support Administration (ALTSA): Fostering Well-Being (FWB) has wrap-around care coordination responsibilities for dependent children (ages 0 – 18) in the Apple Health fee-for-service program. FWB also provides consultation to caseworkers and caregivers, clinical expertise for licensing and contracts monitoring of Behavior Rehabilitation Services (BRS) group homes and Medically Fragile group homes, quality assurance review of CHET screening reports for identification of medically fragile children, referral of CHET screening reports to AHCC for children enrolled in the plan, and coordination of services not covered by AHCC.

CHET screeners send expedited referrals to FWB while the CHET process is being completed. When caregivers receive the CHET report, they also receive information to call Coordinated

Care to review the results and get assistance with health care coordination. If Coordinated Care does not hear from the caregiver by 45 days of enrollment, they make outreach calls to the caregiver to welcome them and review the CHET report with them.

DCYF partners with HCA and the ALTSA through the FWB Program to ensure children eligible for fee-for-service receive appropriate physical and behavioral health services and treatment through the CHET process. Expedited referrals receive immediate attention from the FWB Program Specialists and clinical staff. FWB triages every child/youth and outreaches to all DCYF caseworkers and caregivers. FWB provides care coordination for children in out-of-home placement that need transportation, dental and orthodontia services through the HCA that are not covered by managed care.

Apple Health Core Connections (Managed Care Plan), Children and Youth Served			
Foster Care Members – All Subgroups - # of Unique Members			
	CY2020	CY2021	CY2022
Health Care Coordination Services	1,853	2,257	1,868
Care Management	1,079	1,197	734
Health Care Coordination Tasks Completed by Member Services	15,004	23,835	13,471
Number of Unique Members who Received Mental Health Services	10,128	9,957	10,044
Received TELEHEALTH MH Services	4,680	5,092	4,606
SON – Second Opinion Network			
Received SON Reviews	308	215	237
WISe – Wraparound with Intensive Services			
Received WISe Services	1,378	1,350	1,249
In BRS Receiving WISe Services	627	680	826
Data Source: Health Care Authority, Coordinated Care of Washington (CCW)			

Other Narrative Explanation points
- COVID-19 and historically high workforce shortages impacted the ways children, youth, and young adults accessed care. Similar to 2021, AHCC members continue to access a hybrid model of mental health services offered in-person and virtually/telephonically.
- CCW saw a 25% increase in members receiving BRS and WISe services from 680 in 2021 to 826 in 2022. This is a result of the focus on youth with complex behavioral health needs and an effort to decrease the need for hospitalization, out of state treatment, and readmission.

- CCW experienced an increase in members receiving mental health services in 2022. CCW Care Management saw members engaged in care management services for longer periods of time due to intensity of needs.
- CCW experienced workforce shortages across the plan. Due to workforce shortages, there is a slight decrease in the youth receiving mental health services. Additionally, national and local workforce shortages for behavioral health clinicians also impacted Coordinated Care, increasing the length of time to fill vacant positions. This is not unique to Coordinated Care, as identified by the WA Council for Behavioral Health. The vacancy rate for behavioral health professionals with advanced degrees was an astounding 29% in 2022, with a turnover rate of 32%—trending up from 2021, according to a survey by the Washington Council for Behavioral Health.

Fostering Well-being (FWB), Children and Youth Served			
	CY2020	CY2021	CY 2022
Received Care Coordination Services for Physical, Behavioral, and Co-Occurring Concerns	740	577	435
Medicaid Fee for Service Medically Fragile Ongoing Care Coordination Case Load	15	15	13
Comprehensive Health Overviews Completed *Includes Tribal Custody	139	131	120
Medicaid Coverage/Benefit Questions Answered	200	171	228
Medicaid Fee for Service Prior Authorization Denial Issues Resolved	7	21	26
Medically Complex/Medically Fragile Clinical Determinations Made	2,955	2,892	2,516
Contacts Made	13,701	11,076	10,739
Data Source: Fostering Well-Being (FWB)			

Fostering Well-being (FWB), Regional Medical Consultants, Children and Youth Served			
	CY2020	CY2021	CY 2022
"At Risk Statements" – Possible Child Physical and Behavioral Risk Prior to Adoption	107	58	69
Chart Note Reviews – Medication and Treatment Plans*	182	78	36

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General Consultations Provided to Caseworkers and Caregivers	263	211	207
Non-Specific Child Consultation (Newly tracked in 2022)	-----	523	597
Completed at the request of the caseworker. *Data Source: Fostering Well-Being (FWB)*			

Oversight of Prescription Medications

In 2020, Coordinated Care implemented a process to proactively screen pharmacy data that could potentially trigger the need for a Second Opinion Network (SON) review. Since this process was implemented, it has decreased unnecessary referrals to the SON. There were only 237 SON reviews in 2022, showing a continued decrease in unnecessary referrals and efficiency in the process of filling requests. CCW experienced 10.23% increase of necessary SON reviews from 215 in 2021 to 237 in 2022.

Wraparound with Intensive Services (WISe) Utilization

WISe is an approach to help Medicaid-eligible children, youth, and their families with intensive mental health care. Services are available in home and community settings and offer a system of care based on the individualized needs of the child or youth. WISe is available to Medicaid-eligible children and youth 20 years of age or younger with complex emotional, behavioral, and social issues who meet medical necessity criteria for WISe services. In CY2020, a total of 8,052 children and youth received WISe across Washington State, and there were 627 children and youth in BRS that received WISe concurrently. In CY2022, an estimated total of 5,964 unduplicated children and youth received WISe across Washington State. In CY2022, there were 826 children and youth in BRS that received WISe concurrently. If BRS is being provided without WISe, a WISe screen is required every 6 months to reassess for eligibility. If the youth is getting BRS and WISe concurrently, the normal schedule of a full screen every 90 days applies.

Number of Youth Served in WISe, by SFY

Cumulative = 17,993
(thru SFY 2021)

SFY	Number
2015	940
2016	1,886
2017	2,974
2018	4,026
2019	4,945
2020	5,945
2021	6,153
2022	5,964
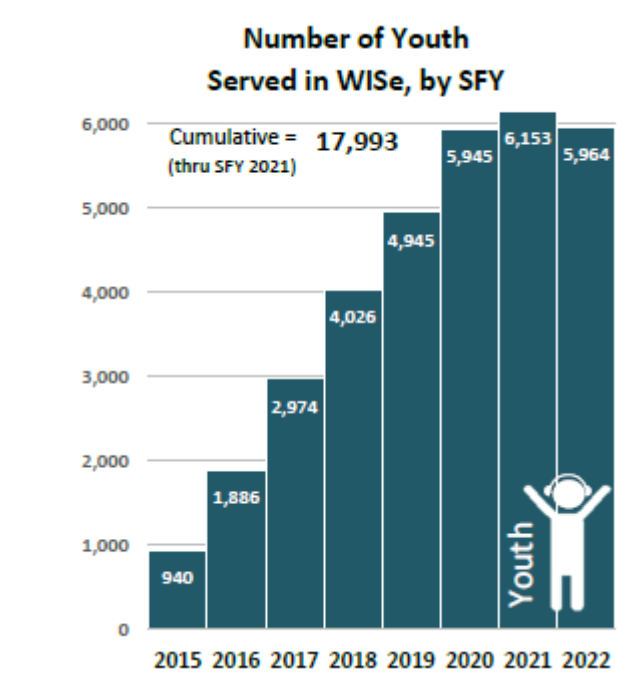
Source: DSHS, Research and Data Analysis Division, WISe dashboard, Quarter 1 2023, https://www.hca.wa.gov/assets/program/wise-dashboard-cy2023-q1.pdf

Washington State Family Youth System Partner Round Tables (FYSPRT)

FYSPRT provide a forum for families, youth, state agencies and communities to strengthen sustainable resources that provide community-based approaches to address the behavioral health needs of children, youth and families. FYSPRT also inform and provide oversight for high-level policymaking, program planning, and decision-making regarding provision of behavioral health services in Washington State. FYSPRT provide additional support for the implementation of and access to WISe. DCYF partners with HCA by participating in local and statewide recurring FYSPRT meetings to learn about new resources for the DCYF-involved population, and to advocate for foster youth and their families' needs.

Regional FYSPRT hold at least 10 regional FYSPRT meetings per year. Statewide FYSPRT meetings are held every other month. FYSPRT also offers Webinars on topics to promote development of youth and family leaders.

Strengths, Concerns and Practice Improvements Related to Well-Being Outcome 3

Strengths

- DCYF partners with HCA and AHCC to provide oversight of prescription medications for children and youth in out-of-home care. Based on CCW data, oversight of prescription medications is a strength for DCYF.
- CCW liaisons are connecting with staff to answer questions and assist in resolving access to care issues.
- An AHCC email inbox is available to refer children and youth for care coordination.
- DCYF is utilizing the BRS and WISe program concurrently to increase service intensity for children and youth who have high-level and complex needs.
- BRS/WISe screens are being completed 90 days prior to admit/discharge or 30 days after to ensure that there is always a current screen
- The number of unique individuals who received mental health services through AHCC almost doubled last calendar year. This has continued to remain constant at this higher level and has impacted the continued increase in the data for item 18, addressing the mental/behavioral health needs of children.
- Telehealth emerged to meet needs during COVID-19 as access to in-person services were suspended or severely restricted and continues to be available as appropriate, per Medicaid rules.

Concerns

- Follow-up for the second (six-month) preventative dental exam is consistently an area needing improvement statewide.
  - Caregivers have expressed reluctance to schedule the second dental exam at the time of the child's initial dental visit because of the potential that the child may not be placed with them six months in the future.
  - Dental services are not managed through the MCO in Washington, they are processed as fee-for-service. FWB supports DCYF is care coordination for all dental needs.
- There are multiple cross system groups looking at ways to improve access and availability of mental health services for children, youth and families involved with the child welfare system. The biggest barrier across all behavioral health service types is a lack of providers.
- WISe capacity and accessibility vary county by county. Certain counties have interest lists (wait lists). There is difficulty engaging WISe services if the child is in an unstable placement.
- There is difficulty in developing services and a lack of provider choice in smaller, rural communities.

- High-level (residential treatment) mental health and substance use disorder (SUD) services are only available through Medicaid and private insurance. This is separate from contracted services available through BRS.

Practice Improvements
- Follow-up for the second (six-month) preventative dental exam is consistently an area needing improvement statewide.
  - In 2022, DCYF collaborated with FWB and HCA to create a process and guidance for staff and caregivers when care coordination is necessary to meet dental needs of children and youth in out-of-home care.
    - This includes support for daily dental care needs and for a secondary Medicaid review for more complex care needs.
- In order to reduce barriers to accessing physical and behavioral health services for all children, youth and families involved with child welfare, a Memorandum of Understanding (MOU) was established with each of the five Managed Care Organizations in Washington. The MOUs identify pathways to communication with individual/family consent, processes for escalation when there are barriers, and points of contact within DCYF and the MCOs in order to support collaboration.
  - Created a guide to support staff as they help connect families with their Managed Care Organization when there are barriers to accessing services or there are needs for new services.
  - Communicated via Field Operations to the staff about the agreements with the MCO's, the guide for supporting families to connect with the MCO's, and a link to the location of the guide online.
- DCYF SUD programs has had a strong focus on preventive services for parents.
- DCYF has adopted a harm reduction approach related to:
  - Distributing naloxone to families, youth, and staff, and conducting targeted case staffings,
  - Piloting projects related to supporting parents who are pregnant and using substances with services,
  - Launching staff education training and resources related to SUD and naloxone, and
  - Developing resources for families that staff can distribute.

In 2022, there was a work group established to review Parenting Assessments to determine what is needed to safely return children to their home. This group meets every other month.

In 2022, the Psychological Services Advisory Team continued to meet every other month to collaborate on the trends and barriers in the regions.

Stakeholder Involvement and Feedback
- CLIP-HCA-DCYF Process Improvement
- DCYF-CCW Care Coordination bi-weekly check in
- DCYF-HCA-CCW-DDA Multi-System Weekly case staffing meeting
- Performance Based Contracts – Psychological and Professional Services providers
- WISe Data Meeting with HCA and RDA
- SUD collaborative contacts with providers and community stakeholders

COVID-19 Impacts

The COVID-19 pandemic has presented many challenges to children and families, direct service providers, and child-serving systems. These include significant rates of depression and anxiety among children and youth, increasing financial burden and mental/emotional toll on families, and higher risk of abuse and neglect. In-person behavioral health services decreased dramatically due to the risk of transmission, and behavioral health services were mainly delivered via telehealth, including telephone sessions and virtual platforms. Telehealth was not as effective for individuals in some populations, including WISe youth and families, and younger children. The use of telehealth expanded across the behavioral health service array to include crisis services. Mobile crisis outreach teams also began using telehealth as a platform to address crises, and requesting in-person crisis intervention became increasingly difficult. Although the sense of connection and effectiveness of the services were complicated with the transition to telehealth platforms, access improved as the factors of transportation and finances were removed with the implementation of telehealth as a main source of delivery. Children and youth were able to access services from their home environments. The massive shift towards telehealth as a primary form of service delivery shows promise for the future of accessing needed behavioral health services.

Statewide Information System

Item 19: Statewide Information System

This item determines whether the statewide information system is functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

The Department of Children, Youth, and Families (DCYF) currently uses FamLink, a system that was implemented in Washington from another states' transfer system developed under the Statewide Automated Child Welfare Information System (SACWIS) guidelines.

FamLink is a mission critical system used by approximately 2,700 DCYF staff (including intake, CPS and child welfare caseworkers, foster care licensors, and fiduciaries) in addition to 400

external users (including tribal partners, Office of the Family and Children's Ombuds, independent living providers, and others), and supports approximately 233,000 clients (children and families within the state of Washington).

Prior to the formation of DCYF, Washington had been pursuing replacement of the aging system due to ongoing challenges in operational maintenance and new development within the system. Changes to the application, modifications, and enhancements are resource intensive. In addition, the ongoing modifications and increase in data have caused the system to become slow and unstable for a 24/7 operation.

DCYF continues to lag on meeting business needs for end users in support of the children and families of Washington that DCYF serves, nor is the agency able to fully implement new state and federal legislation and reporting requirements (e.g., HB 1227, Family First Prevention Services Act, and Adoption and Foster Care Analysis and Reporting System (AFCARS) 2.1 implementation). However, DCYF is currently in the CCWIS feasibility phase in preparation for an implementation of modernization of the child welfare system. The agency estimates a procurement process to occur in 2024.

Child welfare requires an IT application that supports end users in direct services with children and families, supports legal and policy requirements, and allows for the collection of data to track and report outcomes, make data driven decisions, and report on federal requirements for national outcomes and as required for funding.

Demographic Characteristics
Demographic characteristics are collected in FamLink within the person management page. Not only are these demographics required for federal reporting (e.g., AFCARS, NYTD), they are key components in defining logic for all other reporting that looks at child's age, gender, and disproportionality.

Adoption and Foster Care Analysis Reporting System (AFCARS)
Washington is aware its submission using AFCARS 1.0 is noncompliant with the new 2.1 AFCARS rules. Washington is currently working on establishing resources to update the submission for 2.1 focused on shared elements from 1.0 and 2.1. Washington is committed to an updated and compliant AFCARS 2.1 submission. Due to the DCYF agency formation, domain migration and the CCWIS modernization efforts, AFCARS updates have not occurred.

DCYF just completed its 2023A AFCARS submission. Prior submissions continue to reflect that WA had no elements with error rates above 10%, which meets the "exceeds standards" threshold. Washington runs regular data checks and quality reports using the AFCARS data elements throughout the year. AFCARS data elements specific to systemic factor item 19 from

the most recent AFCARS submission demonstrate Washington's ongoing commitment to accurate data collection.

AFCARS SUBMISSION TIMELINESS ERRORS					
Data Element	2021A Errors	2021B Errors	2022A Errors	2022B Errors	2023A Errors
FC-22 Removal Transaction Date	58 Errors (.49% failing)	81 Errors (0.72% failing)	69 Errors (.63% failing)	68 Errors (0.67% failing)	69 Errors (.63% failing)
FC-57 Foster Care Discharge Transaction Date	99 Errors (4.11% failing)	105 Errors (4.48% failing)	109 Errors (4.39% failing)	105 Errors (4.48% failing)	109 Errors (4.39% failing)
Data Source: DCYF AFCARS Submissions Reports					

Washington remains committed to an updated and compliant AFCARS 2.1 submission. DCYF continues to assess the ability to move towards limited to full AFCARS 2.1 compliance. DCYF is looking for advances pre-CCWIS implementation including updating to the 2.1 submission, mapping existing elements, and minor changes to FamLink in support of AFCARS. Washington continues to be very mindful of balancing duplicative efforts in building something in FamLink then redoing in CCWIS.

Another ongoing issue identified during the analysis and requirements work to implement the new AFCARS data set is that the identified data collection and mapping will continue to only support two options for mapping on gender, male and female, which does not align with Washington's three options for gender (male, female, and gender X) implemented on Washington State birth certificates in January 2018. This is not unique to Washington and was raised as an issue by Washington and other states during the AFCARS comment period. Unfortunately, the proposed rules were not modified through the comments to accommodate this gender option for states that have more than two gender options on legal documentation. Washington has added the option of gender X to its new caregiver application portal (WA CAP) and has a pending request to make the change in FamLink for data synchronization. Washington State will continue conversations with federal partners in AFCARS to determine how this gender will be mapped to AFCARS. Without an addition of a third value of "other" in AFCARS to map to, Washington will be unable to submit a compliant file if a single child is documented as gender X in the system due to the 100% threshold for the child file.

Status and Permanency Goal

Accurate documentation of a child's status and permanency goal are important factors in identifying the population of children in out-of-home care for case and permanency planning. Documenting a child's status in the care and custody of the state is necessary for IV-E eligibility, for legal actions and timelines, ensuring health and safety requirements are met, and ensuring

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inclusion in the correct reporting populations. FamLink meets all requirements for documenting a child's status and permanency goal, both of which populate the case plan and court report.

Another area of focus for AFCARS data is completing quality assurance reviews, which look at the documentation of the permanency plan, and ensuring a permanent plan is documented within the first 60 days of a child's placement in out-of-home care. While all past submissions fall within the allowable error rate, DCYF has consistently strived to reduce this number through focusing on missing records and goals. DCYF continues to use the Permanency Monitoring report in infoFamLink to identify primary and alternative plans and determine any potential missing records and/or documentation. A continued challenge is the reliance on manual data entry across the state to the legal section in FamLink. Information on permanent plans, particularly around concurrent planning, may be found in other areas of documentation (i.e., case notes, court reports, shared planning meeting module, etc.). As DCYF transitions to AFCARS 2.1 submissions, the quality assurance review efforts will continue.

In 2007, state law passed requiring the Administrative Office of the Courts (AOC), in consultation with DCYF and AGO, to compile an annual report providing information about dependent children whose cases did not meet statutory guidelines for achieving permanency. This continued partnership creates a shared ownership for improved outcomes for children involved in the child welfare and court systems. A court interface is one of the new interfaces required under the 2016 CCWIS rules and will be built as part of the CCWIS modernization. DCYF is currently engaged with AOC in establishing key data elements (bi-directional) as well as interface requirements and standards. The early partnership aligns the work for both agencies for prioritization, common understanding, and agreement to scope.

Documentation of Placement Entry, Changes and Closing
DCYF received an overall rating of Area Needing Improvement for Statewide Information System, as the state cannot readily identify the location of every child due to delays entering placement information for children in foster care into FamLink. Although Washington is within the acceptable AFCARS threshold for timeliness, DCYF policy requires entry of placement within three calendar days, and there is lag in data entry for placement entries and closures. DCYF implemented the Placement Entry Tool (PET) form in 2016 and the Child Location Application in 2018 to improve timeliness of placement entry. The Child Location Application is available through FamLink, and mobile application allows for easy access to placement entry.

Average Lag in Placement Entry, By Days			
Calendar Year	Average Lag in FamLink Services Entry	Average Lag Child Location Application	Average Lag in Placement Entry
CY2018	16	1	14
CY2019	15	1	12

CY2020	16	<1	8
CY2021	17	<1	8
CY2022	18	4	16
Data Source: Lag Placement Entry Detail, infoFamLink, CY2022, as of 04/04/2023 *There was a change in 2022 for the child location application allowing a worker to enter placement through this app at any time. Previously it had to be within 3 days of placement.*			

Entry of Placement Events					
	CY2018	CY2019	CY2020	CY2021	CY2022
Total Placement Events Entered	16,156	17,255	10,622	12,594	13,591
Entered Via Child Location Application	5,094 (31.5%)	9,312 (54%)	5,898 (55.5%)	7,076 (56.2%)	8,858 (65.2%)
Entered directly via PET Tool	11,062 (68.5%)	7,943 (46%)	4,724 (44.5%)	5,518 (43.8%)	4,733 (34.8%)
Entries Made Within 3 days	8,750 (54%)	11,206 (65%)	7,121 (67%)	8,728 (69%)	8,381 (62%)
Data Source: Lag Placement Entry Detail, infoFamLink, CY2022, as of 04/04/2023					

Placement Entry Data for CY 2022			
	Placement Moves	Removals	Total
Total Placement Events Entered	9,662 (71.1%)	3,929 (28.9%)	13,591
Entered through Child Location Application	5,795 (65.4%)	3,063 (34.6%)	8,858
Entered directly via PET Tool	3,867 (81.7%)	866 (18.3%)	4,733
Data Source: Lag Placement Entry Detail, infoFamLink, CY2022, as of 04/04/2023			

Data indicates that the use of the Child Location Application continues to increase. The percentage of placements entered within the three-day policy time frame has decreased in 2022. There was a change in 2022 for the child location application allowing a worker to enter placement through this app at any time; previously, entry had to be within 3 days of placement. As of CY2022, 51.4% of placement events were entered using the Child Location Application

within three days of placement. Of the total placement events entered, 62% (8,381 of 12,594) were made within the three-day policy time frame.

DCYF cannot state a specific reason for the decline (7%) in placements entered within 3 days. One possibility is that the removal of a time limit for entry decreased the sense of urgency for documentation. One of the continued barriers of timely entry is related to the need for providers to be created in the DCYF system with a Provider ID before a placement can be entered. If a provider has not been created and given a provider number, they will not show up in the Child Location Application for the placement to be entered, this is a system barrier. In July of 2022, FamLink was updated to allow limited placement entry without a provider ID. This is limited to Trial Return Home (TRH) and youth on the run which do not require a provider ID. The ability to document any out of home placement without a provider ID has been identified as a requirement in CCWIS modernization.

DCYF also continues to have challenges with vacancies and turnover of staff. This impacts the overall caseworker familiarity with FamLink and the mobile application. The DCYF technology training team continues to provide on-line, classroom, and one-on-one trainings for staff with an emphasis on using the tools for tasks related to child safety, including timely documentation of a child's whereabouts.

DCYF continues to use the InfoFamLink Data Lag in Closing Episodes report to provide clarity on the status of documentation and to support staff in reducing the time lag of closing episodes. Late data entry may lead to overpayments, cause late payments to providers, and means that FamLink has less accurate information regarding the current placement setting for children in out-of-home care. Improvements continue in reducing the lag in closing of placement episodes timely and this will continue to remain an area of focus. This is being accomplished through training and an emphasis on ensuring data is accurate in the FamLink system. The Data Lag of Closing Episodes chart below illustrates the percentage of data lag in closing episodes by number of days.

Data Lag of Closing Episodes

Year	0 → 5 days	6 → 10 days	11 → 15 days	16 → 20 days	21 → 30 days	31+ days
CY2022	53%	13%	7%	5%	6%	18%
CY2021	54%	13%	6%	4%	5%	19%
CY2020	53%	14%	7%	4%	5%	18%
CY2019	49%	14%	8%	5%	6%	19%
CY2018	48%	15%	7%	5%	7%	21%
CY2017	43%	16%	7%	6%	8%	23%

Legend: ■ 0 ---> 5 days ■ 6 ---> 10 days ■ 11 ---> 15 days ■ 16 ---> 20 days ■ 21 --- > 30 days ■ 31+ days
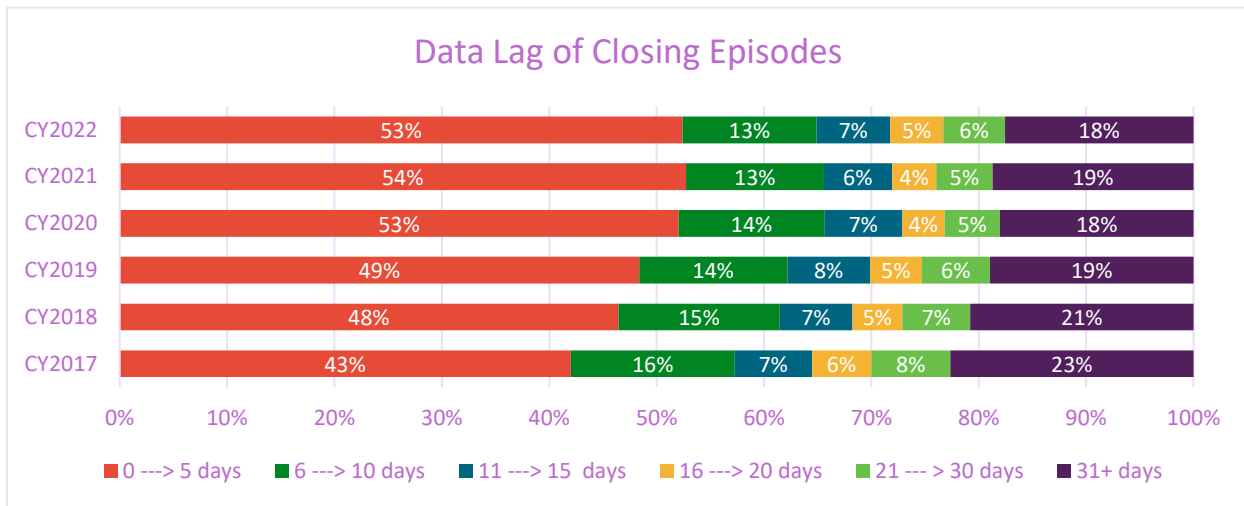
Data Source: Data Lag in Closing Episodes, infoFamLink, pulled 04/04/2023

As illustrated in the figures above, DCYF has made improvements in ensuring placement episodes are closed timely, with a higher percentage occurring in CY2020 within the first five days after the end of the placement episode and maintained through CY2022.

Washington Caregiver Application Portal (WA CAP)
Funding was received for a foster parent/caregiver application portal to address Washington's cumbersome licensing process and shortage of providers for children in out-of-home care within the state. Based on the circumstances of DCYF's aging transitional CCWIS, it was determined that Washington could not develop that level of new functionality within the system and pursued a Commercial Off-the-Shelf (COTS) solution that could exchange information with FamLink.

Implementing a foster care recruitment and licensing solution will improve the efficiency of the workforce in a critical high needs area, and it is DCYF's first new development under CCWIS rules, utilizing a COTS waiver. This solution will ultimately replace the foster care licensing functionality currently in FamLink, in addition to adding features currently missing from FamLink. Based on the analysis, using a COTS type solution is the best option for Washington at this juncture to support work in this area, improving efficiency and effectiveness in the recruitment, licensing, and licensing renewals for foster care. The agency also believe that this is the most economical solution for the state to meet business needs.

After completion of the RFP procurement, Washington awarded Binti as the successful bidder and initiated a contract for the licensing and service for their foster care licensing portal. Work began during the FFY21 and will continue into late FFY23 for full implementation to include all DCYF licensing division staff and all private child placing agencies (CPA's) that certify homes

prior to licensure by the state. Many of these CPA's meet the CCWIS definition of a child welfare contributing agency (CWCA). As of Spring 2023, the WA CAP application is in production with limited usage. Initial feedback from internal and external users is positive including preliminary indications show a reduction of more than 30% in time from application to license (180 days down to 120 days). Reference checks for applicants shows more than 80% are returned within 30 days. DCYF expects to include both these data points when assessing the effectiveness of the application.

Data Quality

DCYF has created a Data Quality Plan in compliance with <u>CCWIS Regulation 1355.52</u>. These regulations require the title IV-E agency's CCWIS to support the efficient, effective, and economical administration of the programs including:

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

Washington's Data Quality plan builds on existing data quality efforts spanning from federal reporting data (e.g., AFCARS) to targeted case reviews (e.g., Intake, ICW, case review, etc.) and identifies planned data quality initiatives. The first data quality review occurred in 2022. Many of the areas of focus relied on business process and training. Technology elements identified include enhancements to the mobile application related to timely placement entry and to FamLink for documentation of Placement and Care Authority (PCA). DCYF will continue to review and assess further enhancements to technology to support data quality and integrity. It is important to note, DCYF is in the process of replacing FamLink and most technology changes will occur within the new system.

Technical Assistance

The Child Welfare focused Tech Training Team consists of 10 collaborative individuals:

- Six field technical trainers across the state who provide learning opportunities using multiple modalities (one-on-one training, group training, online training, and micro-learnings) on a variety of child welfare applications including, but not limited to: FamLink, mobile applications, iPhone Usage, virtual connectivity, database usage, and all Microsoft products.

- Two Curriculum Specialists who develop, test, and pilot technical training material in multiple modalities including online and mobile resources, and eLearning modules for all enterprise applications used by DCYF.
- The Training Technician provides support for all modalities of training including video production and manage the LMS system used statewide.
- The Technology Training Manager, who develops the strategic direction of the training team, works closely with the Alliance in support of direct training efforts provided through core trainings, and manages overall training content and delivery services. This position leads coordination and implementation of the long-term technical training roadmap, strategies, and cross-organizational technical training development.

Centralized technology service/help desk and field IT staff are located within all regions to provide direct systems support to staff at the local office level.

Strengths, Barriers and Practice Improvements Related to Statewide Information System
Strengths
- DCYF is in the process of replacing FamLink, reducing changes and enhancements to support data quality.
- The system collects and supports data used by InfoFamLink for operational reports on child welfare outcomes and practices.
- FamLink provides statewide access to information regarding children and families involved in the DCYF system.

Barriers/Areas Needing Improvement
As discussed throughout this section, the current FamLink application does not adequately meet the needs of the department or its clients. The system complexity causes several problems that make it hard for department staff and partners to serve Washington families, including:
- Timely system modifications resulting from federal rule changes are impossible.
- There is no way to streamline system functionality to support day-to-day case management work.
- It is difficult to incorporate new technology to support evolving child welfare practices.
- Interoperability with other state systems is time consuming and expensive.
- The existing system has poor data quality to measure outcomes and support effective decision-making.

DCYF staff continue to correct system malfunctions, modify the system as necessary for changing state and federal legislative mandates and changing business practices, as well as maintain application software and hardware dependencies. These efforts require a significant time investment to avoid unexpected impacts to other data sets in the system. This lack of

flexibility can cause a significant amount of work for child welfare workers to meet the needs of the children and families. The FamLink database lacks enforced referential integrity, scalability, and is overtaxed with data redundancy and inconsistencies, requiring regular data clean-up efforts and data fixes to ensure the information in the system is accurate.

The Office of the Administration for Children & Families (ACF) implemented new Comprehensive Child Welfare Information System (CCWIS) regulations in 2016 to allow states greater flexibility in developing case management information systems focused on data quality and allow for the use of modern technology that will enable data sharing between multiple systems. DCYF is active in its CCWIS feasibility work with a contracted vendor. The estimated timeline has DCYF in procurement for a replacement system in 2024. The agency expects an incremental approach to FamLink replacement. At present, DCYF continues to make only minor changes in FamLink based on business prioritization.

DCYF continues to face challenges in hiring experienced IT staff to resource the needs of the work within the IT Division to support applications critical for program staff. DCYF IT has struggled with a near 35% vacancy rate. The agency continues to use contracted development resources to supplement when applicable.

Practice Improvements (Current and Anticipated and /or Planned Improvements)
DCYF, in partnership with an external vendor, is working through CCWIS feasibility and preparing to procure a vendor in 2024 for CCWIS modernization. Efforts include system modernization to support practice including enhancing existing practice as well as supporting agency initiatives related to practice improvement. Business engagement is active for capturing system features including standard case management needs as well as new initiatives related to program improvement.

The CCWIS procurement efforts are running parallel to business program improvement efforts such as the Family Practice Model, implementation of Motivational Interviewing, development of service array, kinship placement, and supports and foster care continuum work. Such business lead efforts are driving new CCWIS requirements in support of field staff and the families they serve.

Stakeholder Involvement and Feedback Loops
- Foster parent coordination team
- CCWIS- Business journey mapping/use cases/requirements

COVID-19 Impacts
Washington State continues to expand its remote and mobile capabilities for direct service caseworkers focusing on mobile tools such as laptops and phones, maintaining 24/7 remote access (VPN) and expansion of applications available to support business needs. DCYF has

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moved into the Washington State Exchange allowing for access to enhanced support and the use of additional Microsoft suite of tools. This includes the use of Teams as another communication tool available for staff to maintain collaboration through remote work locations.

DCYF IT staff continue to use mobile technology and remote access to continuously support IT functions and field staff, limiting the number of staff that provided direct service of equipment. The new processes established during the pandemic continue to be refined and, through 24 months of evaluation, demonstrate a service delivery with faster response times, expanded self-help tools for application usage as well as an expansion of knowledge base to the existing service desk staff. DCYF will continue to provide IT support in this fashion based on improved service delivery.

Case Review System
Item 20: Written Case Plan
This item determines whether the case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions.

In CFSR Round 3, DCYF was rated an overall rating of Area Needing Improvement for Written Case Plan as Washington did not ensure every child in foster care has a case plan that included the required provisions, and the state is unable to determine how many case plans are completed timely and with the family's involvement.

The CCRT found that, of the cases reviewed during CY2022, 56% (81 of 145) of out-of-home cases involved children and youth in case planning. Mothers were identified as being involved in case planning in 42% (81 of 191) of the out-of-home cases and fathers were identified as being involved in case planning in 41% (47 of 115) of the out-of-home cases.

Through the interviews held via the CCRT case review process, it can be concluded that documentation is not the primary issue for performance on this item. Children, youth, and parents are met with during monthly face-to-face visits and are also involved in shared planning meetings; however, conversations do not always include information related to case planning and identification of needs, barriers, and service progression. Child welfare staff agree that documentation has not been fully capturing how staff are engaging children, youth, and parents in case planning, as caseworkers are struggling with finding the time needed to adequately document engagement efforts. Workload issues due to high turnover and vacancy rates are impacting quality engagement with parents and children.

In addition to CCRT case reviews, DCYF is conducting office-based targeted qualitative reviews through the PIP on items related to assessment of safety, engagement in case planning, and court report documentation. This information is being used to identify practice strengths and areas needing improvement at an office, regional, and statewide level to develop and monitor improvement strategies.

Item 21: Periodic Reviews

This item determines whether the case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months.

In CFSR Round 3, DCYF received an overall rating of Area Needing Improvement for Periodic Reviews as there were barriers identified to timely review hearings and court continuances.

AOC and Washington State Center for Court Research (WSCCR) track all the juvenile dependency and termination cases that were filed in Washington courts. Court records from the AOC's Superior Court Management and Information System (SCOMIS) are matched with information from DCYF's FamLink system.

Dependency Filing Rates

Dependency filings have steadily decreased over the last several years.

Data Source: Washington State Center for Court Research Dependency Interactive Data; DPP Filing – OROD Month – Monthly Updates; CY2017-CY2022
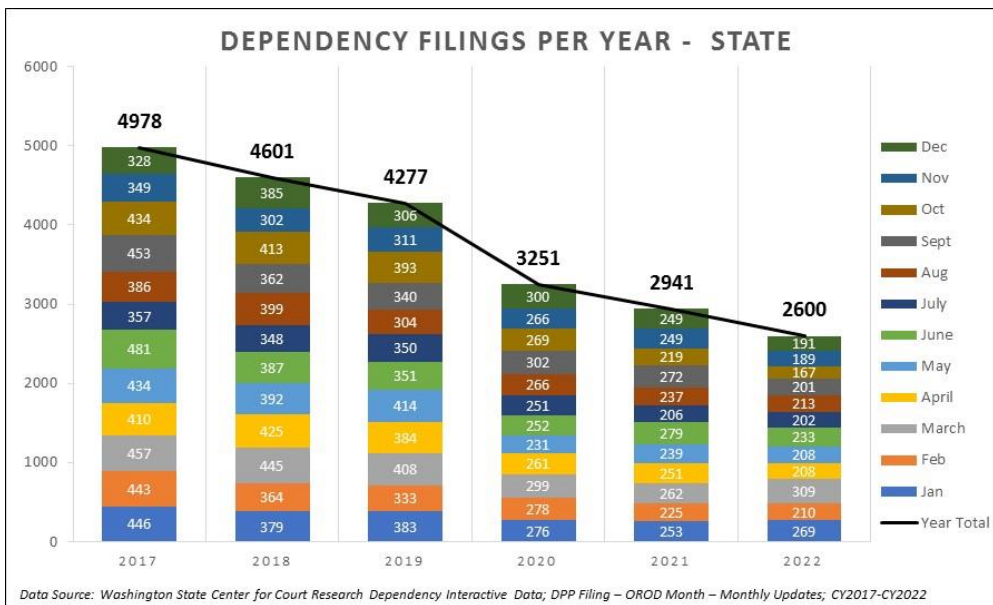
There have been intentional efforts, such as implementation of Safe Child Consultations statewide, to use assessment tools in decision-making to ensure filings occur only on families who need that level of intervention in the child welfare system.

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Disparities can be seen by looking at specific measures by race/ethnicity, such as dependency filings and the percent of cases filed in CY2022 with a prior dependency filing. DCYF recognizes that systemic bias plays a role in racial disproportionality. A report by OIAA highlights racial bias in child welfare safety assessments. The Assessment Redesign Project is underway, with the child welfare safety assessment included in this project.
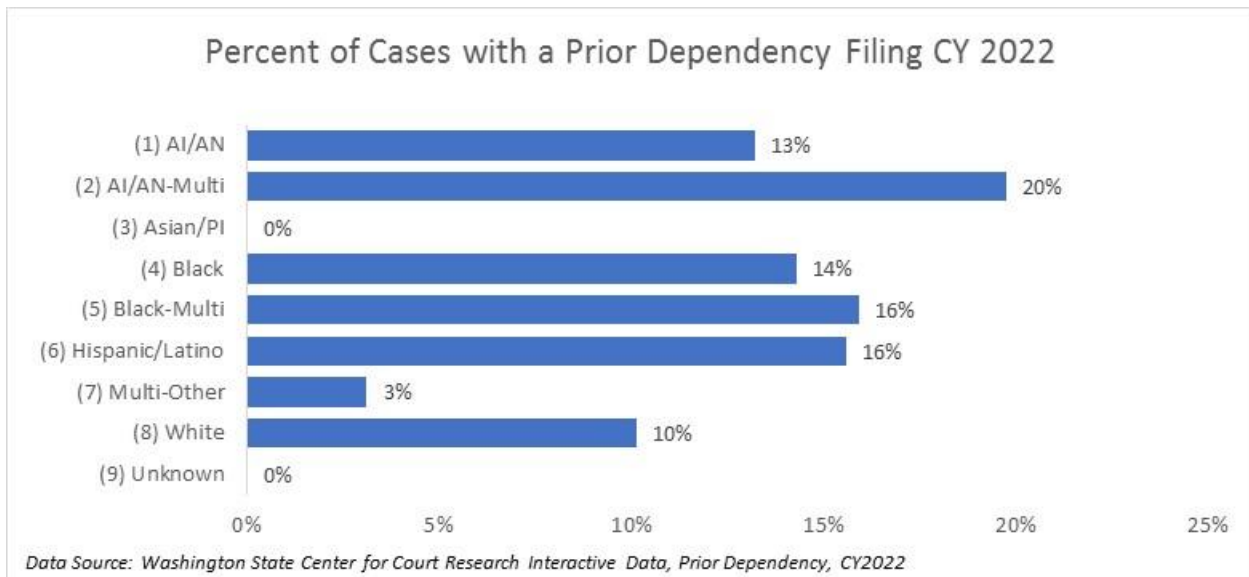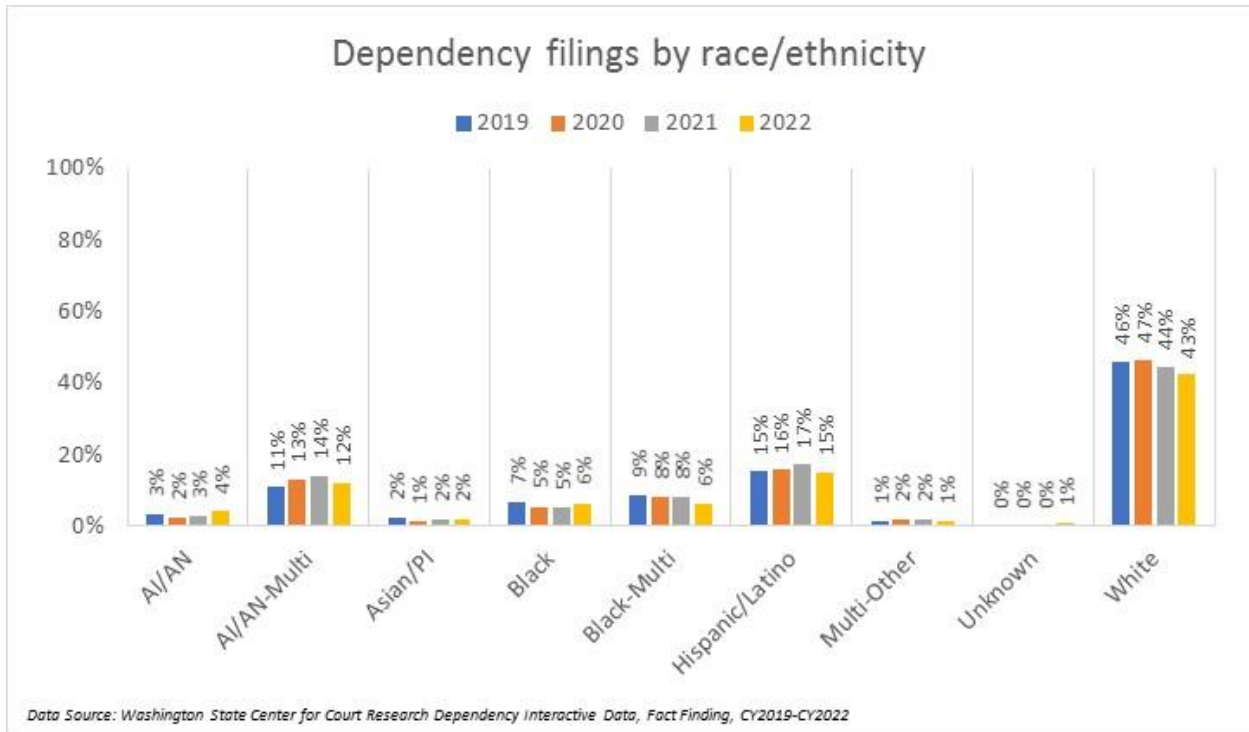
Dependency filings by race/ethnicity

■ 2019 ■ 2020 ■ 2021 ■ 2022

Race/Ethnicity	2019	2020	2021	2022
AI/AN	3%	2%	3%	4%
AI/AN-Multi	11%	13%	14%	12%
Asian/PI	2%	1%	2%	2%
Black	7%	5%	5%	6%
Black-Multi	9%	8%	8%	6%
Hispanic/Latino	15%	16%	17%	15%
Multi-Other	1%	2%	2%	1%
Unknown	0%	0%	0%	1%
White	46%	47%	44%	43%

Data Source: Washington State Center for Court Research Dependency Interactive Data, Fact Finding, CY2019-CY2022

Percent of Cases with a Prior Dependency Filing CY 2022

Race/Ethnicity	Percent
(1) AI/AN	13%
(2) AI/AN-Multi	20%
(3) Asian/PI	0%
(4) Black	14%
(5) Black-Multi	16%
(6) Hispanic/Latino	16%
(7) Multi-Other	3%
(8) White	10%
(9) Unknown	0%

Data Source: Washington State Center for Court Research Interactive Data, Prior Dependency, CY2022

Administrative Office of the Courts (AOC)/Washington State Center for Court Research (WSCCR) Data

Fact-finding is one of the first major judicial events in the dependency process, and significant delays in fact-finding may prolong court involvement and increase the amount of time a child spends in foster care.[13]

The figure below illustrates the percentage of cases with fact-finding within 75 days of the filing of the dependency petition.

Fact-Finding Hearing Within 75 Days of Petition

Data Source: Washington State Center for Court Research Dependency Interactive Data, Fact Finding, CY2019-CY2022
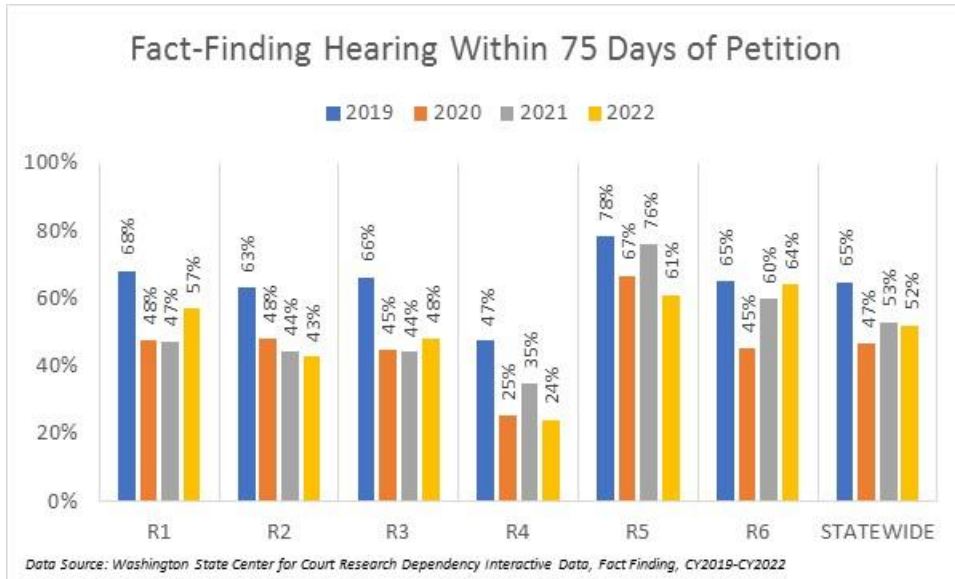
The purpose of a review hearing is to assess the progress of the parties and determine whether court supervision should continue.[14]

The figures below illustrate the percentage of first dependency review hearings within six months and the percentage of all dependency review hearings within six months.

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[13] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

[14] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

First Dependency Review Hearing within 6 Months

Legend: 2019 · 2020 · 2021 · 2022

	2019	2020	2021	2022
R1	90%	78%	78%	78%
R2	78%	69%	61%	63%
R3	83%	58%	63%	56%
R4	63%	34%	48%	38%
R5	88%	83%	87%	82%
R6	77%	59%	70%	66%
STATEWIDE	80%	65%	70%	66%

Data Source: Washington State Center for Court Research Dependency Interactive Data, First Review Hearing, CY2019-CY2022

All Dependency Review Hearings within 6 Months

Legend: 2019 · 2020 · 2021 · 2022

	2019	2020	2021	2022
R1	95%	90%	88%	87%
R2	94%	85%	88%	85%
R3	92%	80%	85%	84%
R4	90%	72%	76%	84%
R5	97%	91%	94%	95%
R6	90%	79%	87%	84%
STATEWIDE	93%	83%	86%	87%

Data Source: Washington State Center for Court Research Dependency Interactive Data, All Review Hearings, CY2019-CY2022

Hearing timeliness in Region 5 seems to have been least impacted over the last few years by the COVID-19 pandemic. This region has a dedicated court unit. This unit handles the case from the initial filing to when dependency is established. This may be a contributing factor to these cases moving through to dependency in a timelier manner. In addition, there is a strong Court partnership with both counties (Pierce and Kitsap) in Region 5 having Family and Juvenile Court Improvement Program (FJCIP) coordinators.

Item 22: Permanency Hearings

This item determines whether the case review system is functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

The purpose of a permanency planning hearing is to inquire into the welfare of the child and progress of the case, and to reach decisions regarding permanent placement.[15]

The figures below illustrate the percent of cases with first permanency planning hearing within 12 months of placement and all dependency permanency planning hearings within 12 months.
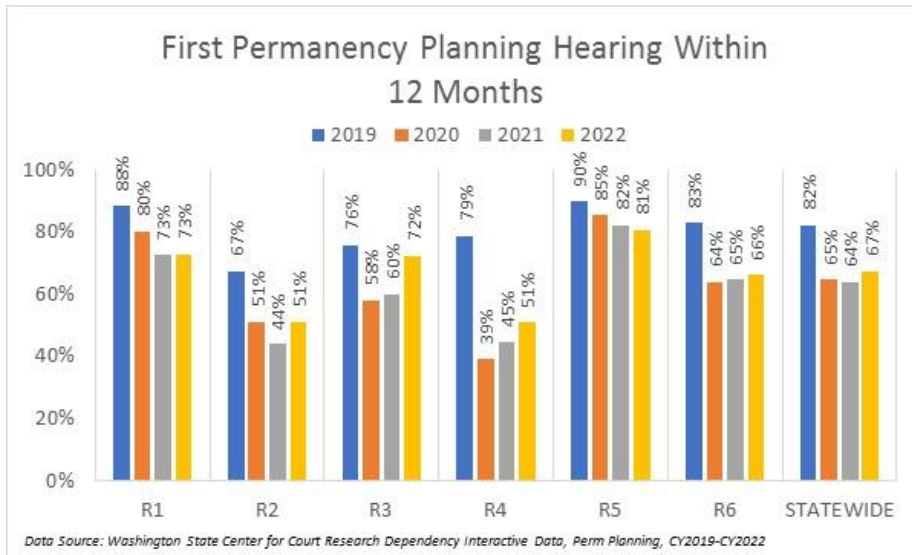
First Permanency Planning Hearing Within 12 Months

Data Source: Washington State Center for Court Research Dependency Interactive Data, Perm Planning, CY2019-CY2022

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[15] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

All Permanency Planning Hearings Within 12 Months of Previous Hearing

Data Source: Washington State Center for Court Research Dependency Interactive Data, Perm Planning, CY2019-CY2022
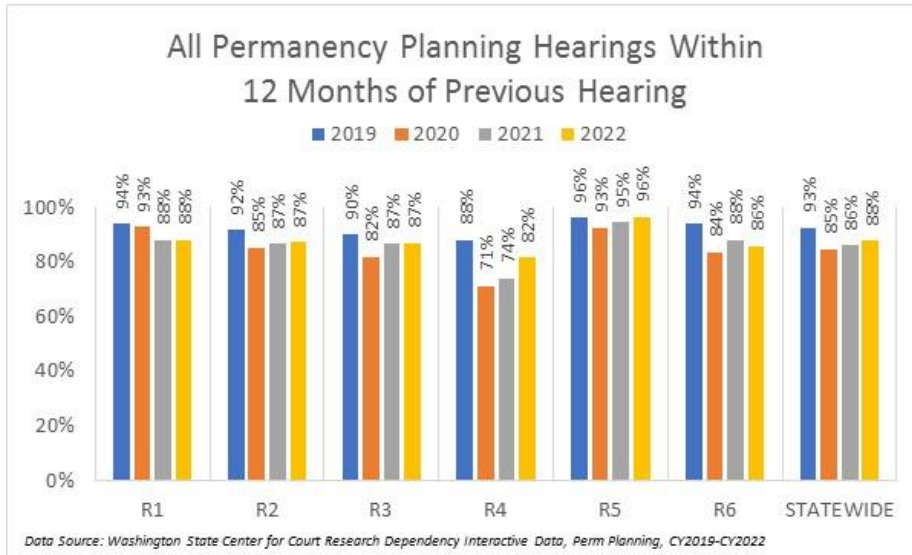
Overall, timeliness of review hearings and permanency hearings declined during the COVID-19 pandemic (CY2020); however, small increases in timely hearings occurred during CY 2021 and 2022. Many Washington courts have adjusted to virtual and hybrid hearings and embraced electronic document signatures and filings. Dependency courts are undergoing a cultural shift while they adjust to hybrid hearings and consider which practice changes to maintain as pandemic restrictions are removed.[16]

Item 23: Termination of Parental Rights (TPR)

This item determines whether the case review system is functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions.

In CFSR Round 3, DCYF was rated an Area Needing Improvement for Termination of Parental Rights (TPR) as the filing of termination of parental rights proceedings or documentation of a compelling reason not to file was not occurring as required statewide.

The Adoptions and Safe Families Act (United States Public Law 105-89, section 103) requires states to begin the process of terminating parental rights for certain cases, including those in which children have been in foster care for 15 of the most recent 22 months. Exceptions to this rule are cases where the child is being cared for by a relative, there is a compelling reason why

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[16] Dependent Children in Washington State: Case Timeliness and Outcomes, 2021 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2021DTR.pdf

termination would not be in the best interest of the child, or the State has failed to offer the necessary services to the family.[17]

The figure below illustrates the number of TPR petitions filed within 15 months of the child's federal termination date for CY2022, broken down by region.

Data Source: Washington State Center for Court Research Dependency Interactive Data, TPR Adoptions
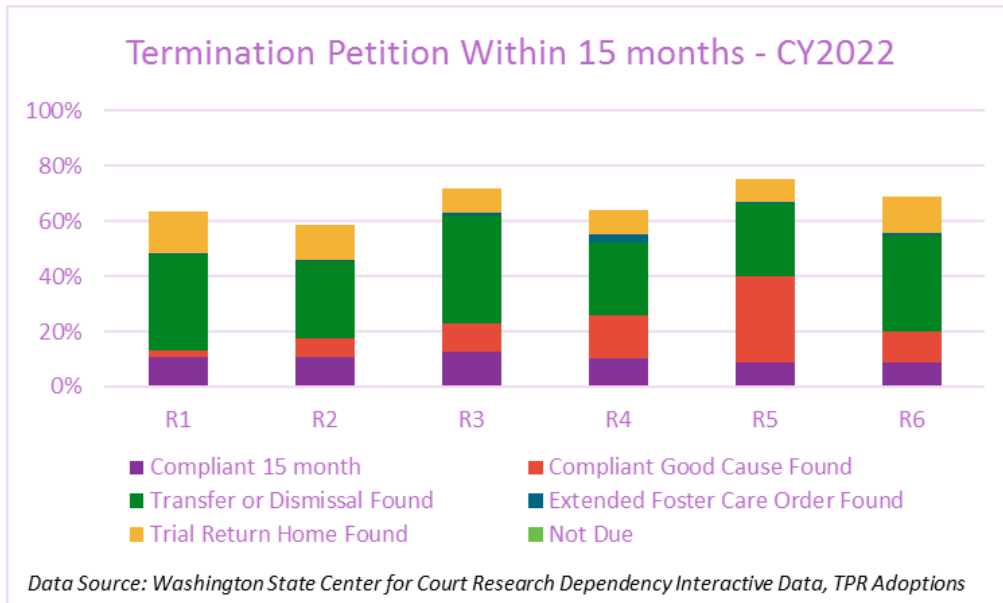
In CY2022, 34% of cases had adoption completion within 6 months of the termination date. This is a decrease over CY2021; however, above the rates for CY2019 and 2020.

Adoption Within 6 Months of Termination				
	CY2019	CY2020	CY2021	CY2022
Region 1	25%	22%	39%	46%
Region 2	45%	61%	44%	40%
Region 3	36%	35%	45%	40%
Region 4	6%	19%	35%	16%
Region 5	36%	47%	62%	33%
Region 6	28%	29%	48%	35%
Statewide	29%	31%	45%	34%
Data Source: Washington State Center for Court Research Dependency Interactive Data; Adoption 6mnths, CY2019-CY2022				

[17] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

Data is being tracked on the timeliness of completion of TPR referrals, rejection of referrals, and acceptance of referrals by the Attorney General's Office (AGO). This data is provided to DCYF monthly to cross-reference with FamLink data. In a review of the data from March 2023, it was noted that 25% of referrals were being rejected by the AGO, this is a 10% decrease compared to the previous year. In further analysis this appeared to be largely due to the lack of ICWA information and reasonable efforts being provided to parents. DCYF also saw an increase in the number of reunifications and guardianships being completed.

Court Continuances

Court continuances have been reported as a barrier contributing to timely permanency. The chart below lists the total number of continuances per year by continuance activity on dependency cases. Cases may be duplicated across years and continuance categories.

Court Continuance Orders - Statewide					
Reason Listed		2019	2020	2021	2022
Order of Continuance	Continuances	12666	13694	13139	14995
	Count of Cases	6478	6448	5591	5568
Order of Continuance of Trial Date	Continuances	2089	1951	956	208
	Count of Cases	860	619	422	157
Order of Continuance - Stipulated	Continuances	913	717	390	201
	Count of Cases	781	588	325	182
Order of Continuance - Setting	Continuances	3	4	2	
	Count of Cases	3	4	2	
Order of Continuance – Plaintiff Attorney Request	Continuances	38	3	8	35
	Count of Cases	29	3	8	27
Order of Continuance – Defense Attorney Request	Continuances		2		6
	Count of Cases		2		6
Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding, Cont Cnts – Monthly Updates; CY2019-CY2022					

As the table above shows, the order of continuances is not decreasing in relation to the number of impacted cases.

In CY2022, of the 14,995 continuances (across all reasons listed) impacting 5,568 cases, the following is the regional breakdown:[18]

- Region 1 – 2,600 continuances impacting 1,126 cases
- Region 2 – 1,340 continuances impacting 639 cases
- Region 3 – 1,081 continuances impacting 326 cases
- Region 4 – 4,273 continuances impacting 1,302 cases
- Region 5 – 2,971 continuances impacting 985 cases
- Region 6 – 2,730 continuances impacting 1,190 cases

King County (Region 4) accounts for 28% of all continuances in the state. King County also has the lowest compliance with timely court hearings as noted in the Item 21 and Item 22 charts.

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

The annual dependency timeliness report is legislatively mandated to include information regarding whether resource families received timely notification of dependency hearings as required by RCW 13.34.096 and 13.34.145, and whether caregivers submitted reports to the court. The table below is based on a query of the SCOMIS data.

Court Name	Adequate and timely notice was given to the Child's Caregiver		Court Received a Caregiver Report	
	Yes	No	Oral Report	Written Report
Adams				4
Asotin				
Benton	725	1	1	19
Chelan	472	1	48	
Clallam	369	1	97	29
Clark				27
Columbia				
Cowlitz	514			61
Douglas	13	2	2	
Ferry	3			1
Franklin	275			
Garfield				
Grant				

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[18] Cases may be duplicated across continuance type. Data Source: Washington State Center for Court Research Dependency Interactive Data; Cont Cnts – Monthly Updates; CY2021

Court Name	Adequate and timely notice was given to the Child's Caregiver		Court Received a Caregiver Report	
	Yes	No	Oral Report	Written Report
Grays Harbor	480	1	30	48
Island	86		12	16
Jefferson	84	1	1	11
King	3068	72		433
Kitsap	528		119	34
Kittitas				1
Klickitat	75			
Lewis	306			
Lincoln				
Mason	224		7	6
Okanogan				
Pacific				10
Pend Oreille				
Pierce	2133	10	723	282
San Juan	9			5
Skagit	344			53
Skamania	36			10
Snohomish	806	1	13	129
Spokane	2065	1		44
Stevens	50	1		10
Thurston	914	2	70	38
Wahkiakum				
Walla Walla	141	6	1	3
Whatcom	11			
Whitman				24
Yakima				19
Grand Total	13731	100	1124	1317

Data Source: Washington State Center for Court Research Dependency Interactive Data, Case Processing and Status, Caretaker report, CY2022

While reporting has improved, there is a noticeable gap between the number of dependency hearings where notice to the caregiver should have been given and the documentation of whether adequate notice was given.

Strengths, Barriers and Practice Improvements Related to Case Review System

Many of the strengths, barriers, and practice improvements mirror what was stated in the Permanency Outcome 1 and Well-being Outcome 1 sections. This is particularly true with CFSR

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Item 20. As mentioned throughout the assessment of performance, DCYF is making concentrated efforts to improve engagement, intentionality, and quality of contacts with children, youth, parents and caregivers. This includes efforts to engage those parties in the case planning development and process.

Strengths

- Regional and statewide quality assurance and quality practice staff provide an extensive amount of technical assistance and staff support. This technical support includes, but is not limited to:
  - o Training (for new and experienced staff)
  - o Coaching
  - o Use of data to identify and support practice improvements
- All regions have Permanency Outcome Facilitators (POFs) or Social and Health Program Consultants (SHPC) to help support timely shared planning meetings. This is through their own staffing or through the PFD1 grant (Regions 1, 4 and 6). These positions help track permanency timelines and facilitate shared planning meetings that include court partners (i.e., parent and youth attorneys, CASA, GAL, etc.). Through the PFD1 grant, there have been extensive efforts to include court partners in the local implementation process. Although all regions are building capacity to have staff to support the shared planning meeting process, there are still not enough individuals to facilitate every meeting.
- FJCIP operates in 10 counties in Washington State: Spokane, Chelan, Snohomish, Island, King, Pierce, Kitsap, Thurston, Jefferson and Clallam. Through this program, funding is provided to superior courts to implement enhancements to their family and juvenile court operations. Generally, compliance percentages for dependency measures are higher than the statewide average in FJCIP courts.

Barriers/Areas Needing Improvement

- Caseworkers continue to struggle with concurrent planning.
- Due to the high turnover rates and vacancies, caseworkers struggle with workload impacts which, in turn, impacts quality engagement as well as the ability to attend trainings due to time constraints.
- Caseworkers are reporting that the nature of cases coming in are increasingly complex which can cause emotional strain on the workforce.
- Courts do not always adhere to federal permanency timelines and allow for continuances, this includes shelter care, fact finding hearings, and reviews. It is reported across the state that some cases remain in shelter care status for over eight months. This delays fact-finding and impacts timely permanency.

- Some courts do not recognize the 12-month permanency timeline and instead refer to the 15-month timeline when it comes to a change of permanent plan.
- The courts and other systems have still not fully recovered from the impacts of the COVID-19 pandemic. Many courts still hold virtual hearings.

Practice Improvements
- DCYF will continue implementation and monitoring of DCYF's Program Improvement Plan (PIP) strategies. There are multiple strategies and associated activities related to improving engagement with children, youth, and families and increasing permanency timeliness through collaboration with court partners.
- Many counties have Tables of Ten. This is a gathering of individuals from the child welfare legal community to look at court improvement efforts through reviewing data, looking at work processes, and determining where interventions may occur. Although most of these gatherings were paused during the pandemic, there have been some opportunities to connect via a virtual platform. In those counties that do not have an official Table of Ten, there are still efforts to engage and have discussions with court partners.
- Many regions have QPS/CQI staff conducting case reviews, consultations, and triages to assist the caseworker with permanent/alternate planning.
- Onboarding of new workers is occurring for all new hires in their respective regions, with training surrounding permanency.

All DCYF's improvement efforts included an emphasis on supervisory consultation, articulation, and documentation of critical thinking and decision making. There was also an emphasis on the use of qualitative and quantitative data to identify areas of strength, areas needing improvement, and to inform practice improvement strategies. These strategies are being measured by CCRT case reviews; use of administrative data available through the FamLink system; use of data available through partner agencies; and through discussions with internal staff and external stakeholders and partners.

Stakeholder Involvement and Feedback
DCYF partners extensively with courts and judicial partners as mentioned in the Collaboration section. Regular meetings are held through these initiatives to ensure there is a cross-system understanding and engagement in the full child welfare spectrum of service delivery.

At a local level, as mentioned above, many counties have Tables of Ten to engage court partners in court improvement efforts. In FJCIP counties, FJCIP coordinators assist in convening dependency stakeholders to review data and identify trends impacting performance.

Quality Assurance System

Item 25: Quality Assurance System

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

System Functioning – Operating Where Services Are Provided

The HQ QA/CQI section consists of the central case review team (one supervisor and seven staff), four QA/CQI managers (one performance improvement and federal reporting supervisor, two data analysts, and one targeted reviewer), a critical incident review team (one supervisor and three staff), two FFPSA quality assurance managers, and the Statewide QA/CQI Administrator. The QA/CQI Administrator reports to the Senior Administrator for Support, Integration and Quality Improvement.

The statewide QA/CQI Administrator works closely with the Child Welfare Data and Policy Administrator. This position provides data and answers policy and data-related questions for the Child Welfare Field Operations Assistant Secretary. During the last year, field operations has added a QA/CQI and Research Manager, Policy and Implementation Manager, and Data Integrity Manager that all report to the Data and Policy Administrator within field operations. This team works closely with the regional field operations QA/CQI teams. These additions strengthen the QA/CQI structure across the agency with the QA/CQI Administrators in Partnership, Prevention and Services, Field Operations, and OIAA working closely together to improve outcomes for children.

Washington's QA and CQI processes are operating across the state in each of the regions. The regional teams report directly to regional field operations leadership. Each regional QA/CQI team, like the HQ QA/CQI teams, gather and analyze data from a variety of internal and external stakeholders. Regional QA/CQI teams meet monthly to discuss the results of qualitative and quantitative reviews within each region, share information regarding regional projects, and discuss successes and areas needing improvement.

The regional and HQ teams, in partnership with QA/CQI from the Licensing Division (LD) and a member of OIAA, meet quarterly to discuss a specific portion of the On-Site Review Instrument (OSRI). During the meetings, there is a discussion of the federal expectations for this element, along with the rating criteria, definitions, and FAQs. The team is provided with case review rating rationale statements from all cases reviewed during a specified timeframe. Themes and trends are identified by reviewing the rationale statements. Data regarding that section is provided by region and program for analysis. There is a discussion regarding what is working well that can be replicated in other areas of the state, and where adjustments can be made to improve outcomes for children, youth and families.

The same HQ and regional QA/CQI teams also meet quarterly with OIAA to discuss data reports, what future reports would be beneficial, what enhancements to current reports would improve functionality and prioritization of report requests. The regional QA/CQI team members each participate in their respective regional leadership team meetings where they can share the data and information learned from their partners across the state.

DCYFs Central Case Review Team (CCRT) is fully operational across the state and is currently active in all regions. The CCRT utilizes the Online Monitoring System (OMS) when reviewing cases according to OSRI standards. To ensure there is oversight of the case review process, the following procedure occurs:

- The lead reviewer and/or CCRT supervisor monitors OMS for cases that are in "data entry complete".
- The lead reviewer and/or CCRT supervisor assigns QA duties to other reviewers as they complete the reviews on their assigned cases.
- First level QA is completed and resolved prior to the commencement of a second level QA.
- If there are difficult cases, an internal staffing may be held about the case ratings during the first and second level QA.
- If, through these staffings, the team is unable to reach a consensus about the ratings, the CCRT supervisor notifies the Children's Bureau about the need for technical assistance regarding that particular case.
- The Children's Bureau conducts secondary oversight on randomly selected cases each month.

The critical incident review team functions at a statewide level. The team conducts a review of any fatality or near-fatality which occurs on an open case or if DCYF has provided the family with a service during the previous 12 months and the critical incident is suspicious for CA/N. During CY2022, the team conducted 44 critical incident reviews. This was an increase from 27 critical incident reviews in CY2021. Twenty of the 44 critical incidents reviewed in CY2022 were related to fentanyl ingestion, with 16 of the incidents involving children 3 years of age or younger. The critical incidents are reviewed by a committee with relevant expertise from diverse disciplines within DCYF and from community partnerships. The committee may make recommendations for system and child welfare practice improvements. The recommendations come from a comprehensive review and discussion of many aspects of the case. The recommendations typically do not have a causal relation to the critical incident. On a quarterly basis the recommendations from the review committee are discussed by field operations, QA/CQI, the DCYF Legal Officer, and program staff to decide if the recommendations will be implemented.

DCYF has joined the National Partnership for Child Safety. The partnership includes over 35 jurisdictions across the nation who gather specific data elements from the critical incident reviews. This partnership allows for a greater number of incidents to be analyzed than any jurisdiction can accomplish independently. DCYF will make its first contribution of data to the partnership in June 2023. The critical incident review team will continue to implement elements of safety culture in order to encourage a learning environment when critical incidents occur.

The QA/CQI team has two FFPSA quality assurance workers. These reviewers are conducting office level readiness assessments to provide baseline data based on elements within the DCYF approved FFPSA plan. The assessments make both practice level and systemic level recommendations for the office to implement for a successful launch of FFPSA.

System Functioning – Standards to Evaluate the Quality of Services
Beyond the analysis meetings described above, the results of the CCRT reviews are shared with the worker, supervisor, Area Administrator, Deputy Regional Administrator, Regional Administrator, and the regional QA/CQI team. The item rating rationale statements are analyzed for trends and the regional QA/CQI team meets with the office to discuss the results and develop a plan with the office to make social work practice improvements moving forward.

In January 2023, a CCRT sampling error was confirmed regarding the foster care population of cases being reviewed. It was discovered that the case review samples being generated were based on the child welfare foster care population from September 2020. No new entries into foster care were included in the case sampling population and subsequent case review process. The foster care samples which were generated and reviewed were not an accurate representation of the child welfare population being served by the agency. It is important to note that the case review ratings were accurate based on review criteria and the circumstances of the case at the time of the review. As a result of the sampling error, CCRT PIP case review submissions from September 2021 through January 2023 were invalidated. PIP case reviews were suspended in February and March 2023 while the sampling error was remedied, and verification of an accurate child welfare sample occurred. PIP case reviews resumed in April 2023.

The critical incident review team has implemented the use of systems mapping for some of the critical incident reviews. The systems map identifies an improvement opportunity and traces that improvement opportunity from the family level to the office level, state level, external factors, and legislative or governmental factors to identify where system level improvements can be made to impact practice.

The FFPSA office-level baseline reports are presented to and discussed with the office Area Administrator and the FFPSA Program Consultant associated with that region. The discussion centers around what incremental changes can be implemented to help the office move towards

a successful launch of FFPSA. Implementation of the recommendations is determined at the office level based on the capacity of the office to implement the recommended changes.

Quarterly meetings occur with headquarters program managers that are responsible for their specific practice areas. The meeting agenda has two main elements: data time and learning time. The data time portion of the meeting is a discussion regarding a specific data element. The data element is presented to the team based on program type, region, age, race, or any other manner which relates to that specific data element. Item rating rationale statements are often presented based on the data element being reviewed. A discussion with the case review team, critical incident review team, and FFPSA reviewers occurs regarding what each of the teams is seeing in practice associated with this data element. The HQ program managers use this information to make improvements to their specified program area. The learning time portion of the meeting is an opportunity for the program managers to share information with each other about how they approach their work, implement change, and engage stakeholders.

Similar quarterly meetings occur with the field operations Quality Practice Specialists (QPS). QPS staff are regionally based staff within field operations who coach and guide caseworkers, supervisors, and office Area Administrators. The quarterly meetings with QPS have a similar agenda structure that includes data time and learning time. The data element discussed with QPS often follows the same data element analyzed within the QA/CQI team, HQ Program Team, and Regional QA/CQI team. This gives an overall, well-rounded view of a specific element of practice that can be used to influence change.

System Functioning – Identifies Strengths and Needs of Service Delivery System
Through the QA/CQI process, Washington regularly identifies strengths and needs of the service delivery system including the analysis of data, reviewing feedback surveys, participation in stakeholder workgroup meetings, and other process improvement activities such as stakeholder feedback and contract monitoring. The following are examples of how DCYF identifies strengths and improvement areas in delivery of services:
- Case Review
- CFSR Data Profile
- Fatality Reviews
- FFPSA Office Level Reviews
- Systems Mapping
- Ad Hoc Reviews: These have included a review of recurrence of maltreatment, Plan of Safe Care, PFD1 case reviews, and home study denials.

The results of the review processes and implemented strategies are provided to various levels of leadership within DCYF.

System Functioning – Provides Relevant Reports

As part of the CQI process, DCYF provides relevant reports to both internal and external stakeholders. The following are examples of relevant reports shared to ensure the functioning of the state's system. Reports provided include:

- Local office case review reports
- Statewide case review results
- Monthly informational report
- Washington Center for Court Research (Dashboard)
- Fatality review reports
- FFPSA office baseline reports

Through the PIP process, a report was developed in collaboration with the AGO. The AGO provides information back to DCYF regarding TPR referrals, if referrals are accepted or rejected, the timeframe to screen the referral, and the timeframe to file a petition with the court. This report is distributed to the regional QA/CQI teams who analyze which cases had a rejected referral and determine trends and themes regarding why a referral was rejected, determine where staff knowledge can be improved to reduce rejection rates, and what conversations need to occur with AGO partners to improve timely permanency.

Agency-Wide QA/CQI Framework

In June 2021, DCYF leadership approved the recommendation to establish a small, centralized QA/CQI support team. As mentioned in last year's APSR, this team does not have supervisory authority over existing QA/CQI teams within programs and service lines. The team was instead placed in DCYF's Office of Innovation, Alignment & Accountability (OIAA) as an enterprise resource. Fiscal and HR approved the creation of two new positions: 1 FTE QA/CQI Support Specialist focused on providing training and technical assistance (TA) to QA/CQI practitioners embedded in program service lines and a 1 FTE QA/CQI Manager to lead the development and implementation of an agency QA/CQI framework. The QA/CQI Support Specialist position was filled in March 2022 and the QA/CQI Manager was filled in July 2022.

Since July 2022, the QA/CQI support team has accomplished the following:

- Facilitate monthly QA/CQI Community of Practice to provide an opportunity for practitioners across the agency to meet and learn from each other.
- Develop an agency QA/CQI intranet page to store information about the various QA/CQI teams, projects, and TA resources.
- Establish a statewide QA/CQI leads team in DCYF's Juvenile Rehabilitation (JR) division to strengthen their QA/CQI practices, based on the statewide child welfare QA/CQI
- Provide project-specific consultation to child welfare and JR QA/CQI staff.

- Develop an agency-wide QA/CQI framework to standardize and coordinate QA/CQI functions across the agency, provide structural guardrails to ensure proper checks and balances, and highlight and expand the use of effective practices within child welfare, and across DCYF program divisions. The framework is expected to be finalized and approved by DCYF leadership by June 2023, with implementation beginning July 2023.

Strengths, Barriers and Practice Improvements Related to Quality Assurance System
Strengths

- Use of the OSRI allows DCYF to identify strengths and areas needing improvement through an evaluation of social work practice. Assessment of the seven practice outcomes allows the QA/CQI teams to identify where practice improvement efforts are most required. Utilizing the OSRI has solidified the use of social work practice expectation language across the state. Consistent use of the tool and language allows:
  - QA/CQI staff to better communicate findings at the leadership level, front line level, and with external stakeholders.
  - More visibility and understanding of the available data, as well as an understanding of DCYF performance and systemic barriers.
  - The increased use of reports with detail at the case level allows DCYF to better identify practice improvement strategies.
- Quarterly fatality review recommendation meetings occur with the DCYF Secretary to discuss, review recommendations, and better implement systemic change which improves practice.
- DCYF has joined the National Partnership for Child Safety, a collaborative effort by Casey Family Programs and the University of Kentucky to share data for analysis following a child fatality or near-fatality.
- The implementation of Safety Science and a Safety Culture when reviewing critical incidents has allowed the process to become a learning environment rather than a punitive process.
- Coordination of HQ Program Manager meetings, statewide QPS meetings, and statewide QA/CQI meetings occurs to discuss themes and trends identified by the CCRT, FFPSA reviews, and fatality reviews.
- Participation and coordination with the Alliance for Child Welfare to improve the training and coaching based on themes and trends identified by the CCRT, FFPSA reviews, and fatality reviews.
- Increased resources for a QA/CQI infrastructure across child welfare programs, OIAA, and Partnership, Prevention, and Services.

- The implementation of Systems Mapping that helps identify systemic barriers across various levels of government bureaucracy, has been beneficial.

Barriers
- DCYF remains a relatively recently established agency therefore, adjustments to agency alignment continue to be made to integrate across divisions (Child Welfare Field Operations, JR, Licensing, Early Learning) and improve outcomes for children. This impacts lateral communication across the agency. Similarly, work continues to improve communication up and down the agency.
- As with many child welfare agencies across the nation, DCYF has struggled with maintaining a stable workforce. During the last year the Federal Reporting and Quality Improvement manager position was vacant for approximately 7 months. Similarly, the Senior Administrator for Support and Integration position was vacant for approximately 9 months.
- Due to the CCRT sampling errors which were detailed above, the QA/CQI team has been making strategy and improvement decisions based on inaccurate child welfare population sampling. Upcoming reviews will provide a more accurate representation of the current functioning of the child welfare practice.

Practice Improvements
As part of DCYF's CQI process, ongoing evaluation of implemented program improvement strategies to improve practice and service delivery for children and families is conducted to determine if the strategies are effective.

- CCRT conducts case reviews of the DCYF Child Welfare PIP offices to measure improvements on outcomes related to PIP strategies. However, due to the sampling error referenced above an accurate determination of the effectiveness of improvement strategies has been disrupted.
- PIP strategies include ongoing QA/CQI processes for monitoring at the local office, regional and statewide level including, but not limited to, review of administrative data, review of qualitative data and targeted case reviews.
- As part of the CQI process, local office training, coaching and supports will continue to be provided by regional QA/CQI staff, QPS, and the Alliance to assist in ongoing local office practice and program improvement strategies.
- The critical incident reviewers conduct systems mapping following a fatality review where findings or recommendations are made.
- Several program managers receive quarterly case review item rating rationale statements in regard to the programs they serve. They review the rating summaries on a quarterly basis to identify themes and trends across the state. The information is used

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to overcome identified barriers and identify what practice improvements are necessary to improve outcomes.

- In June 2023 Aiden's Act reviews which are mandated to occur through RCW 26.44.290, will transition from the workplace investigations section to the QA/CQI section.
- The QA/CQI team would like to build an internal, integrated approach to practice improvement and strategy development. The integrated approach would use all aspects of the review process across case review, fatality review, FFPSA reviews, Aiden's Act reviews, Ombuds adverse findings, and Constituent Relations data.

Stakeholder Involvement and Feedback Loops

Distribution and discussion of quality improvement information, including case review results and quantitative data about practice trends and outcomes, occurs with statewide and regional stakeholders. Monthly meetings occur with AOC, the Alliance, resource families, tribes, youth, and parents. DCYF uses field staff input, administrative data, CCRT and fatality review results, and external evaluations to inform the selection of improvement goals and strategies. External stakeholders are included during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource families, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, and local community leaders. The Department seeks to engage a broad array of partners in program and process improvement.

COVID-19 Impacts

From the beginning of the pandemic to present, nearly all quality assurance work has been completed remotely. The case review team, critical incident review team, FFPSA reviews, and targeted reviews occur through a desk file review. There have been occasions when a critical incident review occurs in person at the request of the office due to the sensitive nature of that incident.

Staff and Provider Training

Item 26: Initial Staff Training

DCYF is meeting the requirement to provide initial staff training that includes the basic skills and knowledge required for the Social Service Specialist positions.

Regional Core Training

The initial staff training is known as Regional Core Training (RCT) and is provided through a contract with the University of Washington's (UW) Alliance for Professional Development and Caregiver Excellence (the Alliance). RCT is Washington State's foundational training designed to prepare newly hired child welfare and licensing division caseworkers with the basic knowledge, skills, and understanding of child welfare. Cohorts are offered bi-monthly across the state. RCT

classroom sessions are facilitated virtually via zoom. During CY2022, a total of 384 DCYF trainees were registered to participate in RCT, and 289 completed the course. There were several trainees that dropped from the course. The Learning Center does not capture the specific reasons for dropped enrollments; however, some of the common reasons are:

- Participant left the agency.
- Participant enrolled in the incorrect cohort.
- Supervisor enrolled the participant in error.

Training policy guides new workers to complete RCT within an 8-week time frame. Occasionally, a participant will be marked "in-progress" in the Washington State Learning Center if they cannot complete the course in the designated time frame. Alliance Development and Facilitation Specialists assigned to the cohort work with the supervisor and participant to make up missed sessions and complete the course as soon as possible.

In late fall 2021 and early spring 2022, with support from the Center for States, the Alliance facilitated several DCYF and community focus group sessions to engage a variety of partners in the revisioning of workforce core training. In July 2022, the Alliance collated feedback from the focus groups and began the formation and facilitation of four core block work groups (Foundation, Engagement, Assessment, Case Planning and Service Delivery), which included members from DCYF, Partners for Our Children (P4C), Office of Tribal Relations, parents with lived experience, child placing agencies, and CWTAP to assist in the re-envisioning of the new core course. In partnership with DCYF, the new core will pilot in July 2023 with full implementation by fall 2023.

To better support skill development and transfer of learning, in May 2022 the Alliance received approval from DCYF to extend the 320 hours of RCT instruction to include four 2-hour skill-acquisition sessions that focus on specific topics; case organization and prioritization, engagement, documentation, family time, and conditions for return home. The goal for the sessions is to deliver in-person field or office support while participants are still in RCT. The focus of these sessions is to support social service specialists (SSS 2 and 3's) as they begin to have a phased-in case load. A survey created by P4C was sent out via email to elicit feedback on the effectiveness of the skill acquisition sessions. While the response numbers were limited, the feedback was the sessions were helpful and appreciated by DCYF staff (see attachments).

Licensing Division (LD) Staff Training Customization

Historically, Licensing Division (LD) foster care staff have been trained by the Alliance for onboarding through RCT. In Fall 2022, the LD WDT reviewed the analysis of RCT that was completed in 2020 and developed a customized plan for onboarding within LD. The LD WDT will continue to evaluate the customized approach and build an onboarding curriculum for all LD programs.

Initial Staff Training for ICWA

Over the last year, the Alliance's internal Indigenous Child Youth and Family (ICYF) Wellness group has prioritized engagement with Indigenous communities and building allies with, and within, child, youth and family serving organizations in Washington State. The Alliance has met with the Office of Tribal Relations, a Tribal Guidance group for curriculum development, and has collaborated with ICW partners at the University of Washington, School of Social Work.

Members of the Alliance Inclusive Practice team participate in the Tribal Policy Advisory Committee. This has provided invaluable insight into the specialized needs of tribes and allowed for collaboration as to how DCYF moves forward in addressing Tribal sovereignty and self-determination within training.

The two-day Washington State ICW training is mandatory for all DCYF Social Service Specialists within the first year of employment. A total of 10 training sessions were provided. This training occurred virtually statewide, which has enhanced the learning and development of the child welfare workforce.

Home Study Training Track Sessions

The LD WDT implemented a three-day Home Study Track in February and June 2022 for 19 new workers. This training was developed to prepare and educate newly hired staff to meet the performance standards for the Home Study process and understand the interconnectivity of program partners. The training in June was in-person for the first time since 2020.

The objectives of the learning sessions were for LD staff and CPA licensors to:
- Gain an understanding of DCYF mission, vision, and values.
- Gain an understanding of their role as it relates to RCW 74.15.040, Policy and Procedure 5100, and WAC 110-148, Licensing Requirements for Child Foster Homes.
- Develop a foundational understanding of LD workflow, systems, and logistics as they relate to LD Home Study Performance Goals and Processes.
- Realize the importance of critical thinking, examining evidence, bias awareness, shared decision-making, and assessing caregiver competence through a racial equity and cultural humility lens.
- Understand how to mitigate risk using a strength-based approach to support accurate identification of a family's needs risk factors, strengths, resources, and goals.
- Gain knowledge of Tribal Sovereignty, disproportionality in systems, and how bias may influence decisions when working with Native American families in the home study process.
- Understand LGBTQIA+ and how to respectfully support individuals who self-identify with this group through the Home Study process.
- Understand conceptual changes toward cultural, relational, and legal permanency.

- Engage with staff, caregivers, information technology trainers, and legal experts involved with DCYF LD home study assessments.
- Develop partnership and integration between DCYF LD, Division of Child Welfare, Regional Licensing, SAM, Interstate Compact on the Placement of Children (ICPC), and foster parent recruitment and retention programs.

Quantitative and qualitative feedback from the Home Study Training participants was positive overall. Participants indicated the training was informative and engaging. Specifically, participants thought the guest panels, LGBTQIA+, ICPC, and Suitability Assessment Unit (SAU) presentations were supportive and informative. Although the training was rated positive overall, participants indicated a need for more time allocated to case-specific situations and questions. Participants who attended the winter virtual training reported they would have preferred to have the training in person.

Training Evaluation

P4C at the University of Washington School of Social Work is the evaluation partner for the Alliance.

The RCT workgroup gathers input, reviews data, and makes recommendations to optimize the achievement of the goals of the training. Methods used to evaluate RCT include:

- Trainee surveys throughout the course for self-assessment of skills and feedback on course delivery.
- Observations and feedback on the delivery of the RCT webinar.
- Regular feedback sessions with coaches and curriculum developers regarding delivery and content, pacing and sequencing of learning.

During the last year trainees were administered surveys at two points during the course. 124 learners completed the midpoint survey (week 3) and 98 completed the post-survey (week 8).

Participant ratings show improvement in learning objectives associated with the PIP and include the following areas:

- Interviewing children to assess safety and risk.
- Interviewing adults and engagement.
- Using the Child Safety Framework and SDM Risk Assessment to identify and articulate threats to child safety.
- Making and documenting timely efforts to locate children.
- Knowledge of community-based and contracted resources for a variety of family needs.
- Using the case planning guide for in-home cases.
- Using CHET and OMH reports to inform case planning.

Learners shared suggestions to improve RCT. When asked about suggestions for improvement, a quarter of learners recommended more applied learnings in training (simulations, case examples, FamLink). Learners also mentioned the difficulty of managing caseloads while attending RCT. A few learners suggested in-person training, more coaching, and individualized support, CFWS instruction, and court simulation placed later in the course. Over one-third of learners indicated course materials, links, and schedule need to be better organized and with clearer instruction. Learners requested more time for court simulation prep and more opportunities to shadow seasoned staff in the field.

Supervisor Core Training

Supervisor Core Training (SCT) is administered through the Alliance and is designed to prepare newly hired supervisors and Social Service Specialist 4s with the basic knowledge, skills, and understanding to enhance and grow their careers in child welfare. SCT focuses on helping supervisors understand the importance of reflective supervision by developing Learner Centered Coaching skills they can use with staff. In CY2022, the Alliance provided three statewide cohorts and had 22 participants complete SCT.

SCT consists of three sections which run consecutively. Upon completion of section 2, the new supervisor will receive coaching and professional development support as needed. The goal for completion of all three sections is within 12 months from the date of hire.

The three sections of SCT are broken down as follows:
- Section 1: The new hire begins with eLearnings that focus on FamLink, Administrative Incident Reporting System (AIRS), Aiden's Act, personnel files, and everyday leadership. If time allows before starting section 2, this is a great opportunity for the new hire to develop skills in leadership-focused training outside of SCT by attending the in-service training in their program area or connecting with a coach for 1:1 support.
- Section 2: Webinar or classroom training are the focus of this section and include team-based activities and simulations.
- Section 3: The supervisor will conduct a coaching session during an already scheduled supervisory review and receive coaching and 1:1 support.

SCT helps DCYF supervisors gain valuable skills such as coaching with their staff and understanding specific performance measures. SCT is focused on measurable outcomes that are broken down into knowledge, skill, and value learning objectives and covers topics including:

- Becoming a Supervisor
- Workload and Caseload Management
- Navigating FamLink for Effective Supervision
- Supervising with Data
- Elements of Administrative Supervision
- Talent Management
- Elements of Clinical Supervision
- Self-Care
- Secondary Trauma
- Partnership with peer support
- Supporting individual wellness of supervisees
- Learner-Centered Coaching
- Trauma-informed/reflective supervision
- Debriefing with Good Judgment
- Supervisor case review
- Peer based learning Burnout Prevention and Conflict Management
- Building and Facilitating Effective Teams
- Role of the Supervisor in Critical Incidents and AIRS
- Professional Ethics
- ICW Government to Government
- Increasing Safety Decisions
- Quality Matters Engagement

The Alliance strives to be responsive to the needs of the supervisors. P4C evaluation of SCT in 2022 included the Alliance training team, DCYF partners, and the learners to assess the integration of Learner Centered Coaching, Supervising for Safety, and simulation into the curriculum. The P4C evaluation team conducted phone interviews with supervisors who completed Learner Centered Coaching (LCC) or who had been trained in coaching as part of SCT, 80% were SCT participants. Results from the phone interviews suggest learners strongly identified with values present in LCC and valued the potential benefits of LCC. However, many learners were not able to implement LCC to full fidelity. Challenges such as lack of receptivity from staff and time were barriers to application.

Area Administrator (AA) Core Training

Area Administrators (AAs) need to achieve competency in understanding child welfare practice as well as the higher levels of systems management. This training provides AAs with an introduction to baseline competencies for middle managers in public child welfare, and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems and managing outward are the four main themes integrated throughout the training. In CY2022, the Alliance provided one AA cohort with 20 registered learners and 17 completions; 3 are in-progress.

Onboarding New Staff for Licensing Division

The LD WDT collaborated with supervisors and staff within LD to customize training plans specific to the employee needs. Over this time period, LD WDT supported over sixty new staff from all LD programs. Supports included, but were not limited to, an outline of state and LD required trainings, RCT for LD, e-Learning through the Learning Center, webinars, and Alliance courses.

Item 27: Ongoing Staff Training

DCYF contracts with the Alliance to offer continued learning to caseworkers and supervisors. Following the completion of RCT or SCT, DCYF caseworkers must successfully complete specific training within the first and second years of employment. Additionally, existing caseworkers and supervisors must complete program specific training within one year of transferring to a new position. DCYF's training policy identifies which training is required based on an employee's program and position. DCYF supervisors are responsible for managing an employee's required training. Additionally, the Alliance is now offering continuing education credits for some courses that enhance social service specialists' knowledge and skills.

The Alliance offers training through multiple modalities including a traditional classroom setting, webinar, and eLearning. In CY2022, DCYF workforce completed 2,567 in-service training and 3,495 eLearning. Supervisors have access to staff training records and are required to review their staff's training annually during their Performance and Development Plan (PDP) to ensure that mandatory training requirements are met. Development of new continued learning training is assessed for priority based on new or updated policy, legislative mandates, or lawsuits. Alliance courses are reviewed annually to ensure that outdated training is archived. New courses are developed through a workgroup process involving Alliance Development and Facilitation Specialists and DCYF subject matter experts. Often, new training workgroups include external stakeholders, such as persons with lived experience, tribal members, partner agencies, and caregivers.

New workforce training released in CY 2022 included:
- Supporting Children's Mental Health in Child Welfare
- Facilitated Cohort Learning Sessions to Support Domestic Violence Practice
- Facilitated Cohort Learning Sessions to Support ICWA Practice
- Working with People who are Deaf and Hard of Hearing (Culture and Communication) eLearning
- Coaching for Motivational Interviewing Competency Assessment (MICA)
- Assessing Safety Beyond Removal: Family Time and Conditions for Return Home
- Realistic Job Previews

In addition to newly released courses, a significant amount of time was designated to updating continued learning courses to meet legislative mandates and reflect policy updates. Courses that were reviewed and updated were:
- Child Protective In-Service
- FVS In-Service
- CFWS In-Service

- Permanency for Every Child
- Family Time
- Intake
- Culture of Family: Supporting Kin to Support Kids
- Legal Day in RCT (HB 1227 and working with adults with developmental disabilities)
- Assessing Safety Beyond Removal: Family Time and Conditions for Return Home

Workforce Continued Learning Training and Coaching Evaluation

In this reporting period, 681 participant surveys were analyzed representing 26 courses and coaching evaluations. The average response rate was 36%. There are 25 course surveys that ask participants to self-assess their learning experience. Learners used a five-point scale ranging from 1=Strongly Disagree to 5=Strongly agree. The average learning experience ratings across these courses was 4.3 out of 5.0. The five courses rated strongest on learner experience ratings included Supervising for Safety, Learner Centered Coaching, CPS In-Service, CFWS In-Service, and Assessing Safety Beyond Removal: Family Time, with average ratings of 4.5 out of 5.0 or higher. When learners commented on what was most useful to their learning, the most common themes were strong facilitation and peer interaction (16) and application of practice skills and assessments (11).

Learner Centered Coaching (LCC) for Supervisors and Area Administrators

The Alliance supports DCYF Supervisors and AAs by providing an evidence-informed Learner Centered Coaching (LCC) Model. LCC aligns well with the agency priorities identified in the PIP by incorporating reflective supervision and targeted action planning with staff to promote critical thinking, increase competence and confidence in child welfare practice. Coaching is an important part to support PIP goals related to child safety, permanency, and well-being. In 2022, in addition to incorporating LCC into SCT, the course was offered two times as a stand-alone training with a total of 16 completions. This helped to ensure supervisors that were not required to take SCT would get the training.

Alliance coaches facilitated quarterly reflective supervisor and AA workshops. In 2022, the workshops were moved to a statewide format and scheduled each quarter. Upon completion of LCC, supervisors and Area Administrators are invited to attend the sessions. The focus of the session is for supervisors and AAs to work collaboratively with their peers to celebrate the successes and discuss any barriers they may be experiencing as they continue to implement coaching with their staff. In 2022 there were 7 quarterly sessions held with 11 participants attending.

Evaluation of LCC in partnership with P4C included participant surveys, process notes from quarterly reflective supervision sessions, observations, and feedback to supervisors regarding their use of coaching skills. Follow-up phone interviews of supervisors and surveys of social

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service specialists have been completed. An additional survey for Regions 1 and 2 went out in April 2022. In quarterly reflective supervision sessions, supervisors and AAs have most often commented on their use of early stages of coaching 1) Engage, 2) Assess, and 3) Reflection and Feedback. Supervisors discussed how coaching skills informed their approach to practice by increasing reflection, navigating conflict, emphasizing more psychological safety, positive regard, and grounding in strength-based motivational strategies with their teams. Challenges to coaching included time constraints, resistance among some staff, and barriers created by high workload demands and vacancies of case carrying staff.

A field survey was administered to all regions (n=98). Survey findings indicate 49% of case carrying staff noticed strengthened practice, 46% improved relationships with supervisors, and 35% improved case outcome for children and families due to coaching (staff could indicate multiple impacts). Most staff highlight their supervisors are accessible when questions or support needs are requested (79%), and workers are comfortable going to their supervisors with questions or to seek help (83%). Webinar survey participants (response rate ~34%) rated their acquisition of learning objectives at 4.5 out of 5.0. They also shared that they valued breakout sessions, videos, demonstrations, discussion of skills, self-reflection, sharing experiences, and examples in the course.

Alliance Coaching
Coaching sessions are an effective method in responding to and providing immediate support to the DCYF workforce. In CY2022, the Alliance provided 1,465 hours of coaching to 954 DCYF staff. Coaching sessions occurred virtually and in-person. In CY2022, the Alliance specifically provided 136.5 hours of coaching to DCYF supervisors.

The Alliance currently offers individual skill development opportunities such as:
- Coaching for Ad Hoc Needs
- Coaching for Assessment
- Coaching for Organization and Case Prioritization
- Coaching for Child Safety Throughout the Life of a Case
- Coaching for Indian Child Welfare: Working with Tribes and Tribal Families
- Coaching for Permanency
- Coaching for Area Administrators and Supervisors

Child Welfare Training and Advancement Program (CWTAP)
Three universities continue to work closely on the administration and oversight of CWTAP. All three programs offer generalist and specialized practicums to students. CWTAP continues to have a strong partnership with DCYF, the Alliance, and tribal and community partners. The shared knowledge provides students a well-rounded education and solid preparation for public child welfare work.

Evaluation of CWTAP

Among the 73 graduates in 2022, 78% responded to a survey assessing satisfaction, competencies, and preparation for work in public child welfare. The aspects of CWTAP that students like best include support received from peers, mentors, and program staff. Respondents cited the tuition assistance as a strong draw and benefit of CWTAP. Regarding child welfare competencies, respondents were most confident (4.32 out of 5.0) in their "ability to recognize and manage personal biases and understand how a lack of cultural knowledge can influence your judgments and contribute to biased decisions." They were least confident (3.96 out of 5.0) in their "ability to intervene with relatives and caregivers to help meet the needs of children and families, to provide child placements and permanency when family reunification is not possible," although this area was still rated high overall. Most prospective employee graduates felt well prepared by CWTAP and committed to public child welfare practice.

Safety and Monitoring (SAM) Staff Training

During this reporting cycle, the Licensing Division (LD) Safety and Monitoring (SAM) staff were supported in their work and roles by the LD WDT through 4 primary service deliverables:

- Supervisor Onboarding Supports
- Field Practice Training
- Virtual Onboarding Track
- WA CAP Training

In 2023, the LD WDT will be implementing the following deliverables to assist SAM staff in their role of keeping children safe in Licensing Foster Care settings:

- 6-Month Training Plan
- Safety and Monitoring Track Week

The LD WDT is supporting LD SAM staff through onboarding, practice and policy training, and informational technology support training to assist in their mission of keeping children in licensed foster care settings happy, healthy, and thriving.

Staff Safety Awareness

In November of 2022, in response to staff requests through the 2021 Staff Safety Survey, LD WDT partnered with the DCYF safety officer, DSHS safety officer, and Washington State Patrol (WSP) Master Public Information officer, and DCYF LD safety administrator to bring the DCYF LD Active Threat and Field Safety webinar training. LD WDT collaborated with the presenting partners to customize the training content to the work and field practice of LD staff. This two-and-a-half-hour training provided over 300 LD staff with situational awareness, options available during an active threat situation, and ways to keep safe while conducting field visits. This training was recorded, and an eLearning is available through the Washington State Learning Center (WSLC).

The qualitative and quantitative feedback from the DCYF LD Active Threat Training and Field Safety Training was very positive. LD staff indicated the training was informative and increased staff awareness of ways to keep safe. LD staff shared this training increases their awareness of their surroundings and ways to keep safe while conducting client visits. LD staff indicated they feel better prepared to respond to active threat situations because of this training. Staff also indicated they appreciated the community and agency partnership to develop this training.

Additional Updates

After the formal implementation of DCYF Administrative Policy 6.01- Racial Equity and Social Justice (RESJ) in April 2021, LD WDT staff developed an e-Learning module to address foundational education on RESJ concepts and a review of the policy. In October 2022 ELT made this module an annual mandatory staff training. This mandatory e-Learning course on DCYF's RESJ Administrative policy is a critical component in promoting an inclusive and equitable climate in LD.

One element of this policy is the requirement that each LD staff member completes a minimum of one RESJ-focused training annually as part of their annual employee performance evaluation. This requirement was announced to staff through the module's required policy sign-off and by division leadership.

Approaching training development with a RESJ Lens

LD WDT incorporates a RESJ lens in all training development. Specifically addressing disproportionality in either services or inaccessibility of services the agency provides. LD WDT assesses how implicit bias may show up in work practices, explore how that may impact children and families, and how the team might impact change. Often historical pieces need to be addressed, to acknowledge communities and groups of people who have been negatively impacted or harmed by the agencies or other related systems. This is a two-part approach. To acknowledge and explore the history of impacts related to a system or practice and to then explore and apply concrete ways to disrupt this pattern, alter field practice, or shift approach. The ongoing goal is to expand staff knowledge and awareness along with skills related to RESJ.

Workforce Development Trainings

During the current reporting period (July 2022 – June 2023), the WDT provided the following trainings to LD staff. Each of these trainings incorporated Racial Equity and Social Justice topics. They are as follows:
- Licensor and Home Study Track Training
- Child-Specific License
- Home Study Framework
- Washington Caregiver Application Portal (WA CAP)

New Home Study Framework Training
In Fall of 2022, the LD WDT delivered a training series on the new Home Study Framework to Home Study Assessment Specialists, SAM, KCE, and the KNU. There were five instructor-led sessions and two virtual sessions across the state. The training series focus was to ensure LD staff would:
- Gain an understanding of why the Home Study process is changing.
- Gain an understanding of when the new Home Study will be implemented and how implementation will intersect with the roll-out of the new Foster Care Portal.
- Develop an understanding of the data-driven indicators and metrics that support the new Home Study process.

The LD WDT partnered with WA CAP, field staff, and program leadership presenters to provide foundational knowledge regarding the new home study process, the importance of kinship care, and also functionality learning in the new portal system. The priorities in training covered (1) Permanency Purpose (2) Equitable Assessments (3) Strength-Based Focus and (4) Home Study Groundwork which was introductory to WA CAP basic functionality.

A customized new Home Study Framework and WA CAP training will be delivered starting May 2023 through August 2023 to LD Regional Licensing staff and all statewide Child Placing Agencies (CPAs). An additional Home Study virtual training has been added to the training selection to further advance the home study process learning.

e-Learning for Staff
In an ongoing effort to ensure that LD staff have adequate knowledge and skills for their positions and roles, the LD WDT has continued to create e-Learning modules which will become part of a series of e-Learning trainings for LD foster care staff. The goal is to create modules that will be used across the various foster care programs for onboarding new staff and to create consistency of practice amongst existing program staff.

Two modules in the series were completed in the Winter of 2022. The first e-Learning module, DCYF LD FC Skilled Documentation, was developed to provide staff with the following:
- Learn basic techniques for professional and objective documentation.
- Understand the importance of Plain Talk.
- Understand the importance of creating factual documentation.

The DCYF LD Interviewing and Observation was developed to provide staff with the following:
- Know the steps of an interview which lead to accurate and ethical outcomes.
- Identify different types of interview questions.
- Understand how to make objective observations.
- Understand the impact of personal and professional bias.

Additionally, the LD WDT uploaded a multi-License webinar offered in February 2023 into Articulate Storyline to create an e-Learning course. The module was uploaded to WSLC for new employees and LD staff unable to attend the live session. The DCYF LD CC-FC Multi-License module was developed to provide staff with the following:

- Gain an understanding of the multi-license background and history.
- Gain knowledge of the multi-license policy and procedures.
- Learn the responsibility of Child Care and Foster Care when implementing the multi-License process.
- Understand the multi-license team roles.

This eLearning module became available to view across foster care and childcare programs. Staff who missed the live webinar had access to the e-Learning course through the Washington State Learning System.

Evaluations

The LD WDT generates surveys for in-person, virtual, and webinar training. These surveys assist the LD WDT to gain a deeper understanding of LD staff and their needs so they can execute their duties effectively. It also helps the LD WDT measure training effectiveness by collecting honest and unbiased feedback from training participants.

Since July 2022, the LD WDT sent 25 different surveys to training participants. The LD WDT collected 428 total responses and observed a 99% completion rate average on all surveys. Each survey response was analyzed to identify performance gaps, trends, and training needs within the various LD programs. Surveys are an excellent tool that provides the LD WDT the opportunity to make data-driven decisions to fulfill LD's training goals and initiatives. Survey responses from LD staff have provided the LD WDT with both critical and constructive feedback. Ultimately, all the feedback helps the LD WDT enhance the quality of training, increase staff engagement, and meet the needs of LD programs.

Administrative Support Staff Framework

Based on feedback received from LD staff, the need to develop an administrative support framework was identified as a priority for LD WDT projects. Administrative professional staff need tools, resources, consistent practice, specific policy implementation, onboarding, and training to learn and thrive in their roles. The Administrative Support Staff Framework initiative began its early stages in the spring of 2022 and aims to complete the project in 2024.

The framework will be a comprehensive workforce development initiative aimed at making the Licensing Division an employer of choice and supporting Administrative Support employees in their roles, both as new hires and experienced staff.

This project aims to set up LD administrative support staff for success through:

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- Strengthening current knowledge and practice
- Developing a streamlined approach to onboarding new staff
- Supporting consistency in practice across all regions
- Increasing efficiencies within job duties
- Creating ongoing support for leadership and growth development

This project has four different phases. The phases include but are not limited to resources, plans, and guides that will contribute to the development of the framework.

- Phase One- Onboarding Structure
- Phase Two- Ongoing Training
- Phase Three- Growth and Development Training
- Phase Four- Shared Library and Resource System

A group of staff, composed of Administrative professional staff from all programs within LD, supervisors, members of the WA-CAP team, and Change Management will help evaluate current practices and make recommendations for improved work efficiencies. Monthly meetings with the focus group members will occur throughout the project to provide direction, support, and guidance.

The Administrative Support Staff Framework will ensure consistent onboarding and training guidance is available so that staff who train others have a roadmap to follow when the need arises. This framework will also outline training to support growth and professional development.

Critical Thinking & Implicit Bias Training

Between April and July of 2022, the LD WDT held Critical Thinking & Implicit Bias training sessions for division staff. Each of the 15 training sessions were delivered to approximately 420 LD staff to spread awareness of implicit bias to division colleagues, with a specific focus on how bias can influence decision-making. Each session had five hours of instruction, which totaled 75 hours of presentation time, not including prep sessions, post-session time, and readjustments along the way to meet program needs.

Based on survey results, and direct input from participants, the content and collegiate conversations that took place during the live sessions were invaluable and further enriched how participants connected to the information. This training content will be used to establish ongoing sessions for future onboarding and refresher learning.

Item 28: Foster and Adoptive Parent Training

Caregiver Core Training

Caregiver Core Training had 1,162 completions online in CY2022. There was a survey response rate of 11%. About half of respondents (55%) identified their role as general foster care, 31% identified as kinship caregivers, 5% as respite caregivers and 9% as other roles. When asked about preference for in-person instruction, 71% indicated preference for "all online", 25% responded "some in-person", 18% "online, but as a webinar with live instruction", and 2% indicated "all in-person". The average rating regarding the quality of the eLearning course was 4.2 out of 5.0.

Out of 14 topics, the three topics participants most often noted their knowledge "increased a lot" were:

- The rules and language of Child Welfare System (73%)
- Resources that are available to caregivers (71%)
- The experience of children within the system (70%)

In open ended comments learners also noted the value of learning about trauma and managing difficult child behaviors and situations such as the Period of Purple Crying for infants.

Among 53 coaching survey respondents the average rating was 4.8 out of 5.0. When asked what they found most helpful about the coaching session, learners noted: 1) resources, such as additional training opportunities, book recommendations, counseling services etc. 2) having ongoing support, 3) learning about behavior management, and 4) learning how to communicate with others including social workers.

Regarding suggestions for improving the course (eLearning and coaching session) participants noted:

- More interaction with peers, and incorporating lived experience of caregivers, parents, and youth.
- More information and support on what to expect and how to prepare for the coaching session.
- More information on specific topics including bullying, trauma, multi-cultural fostering, sexual expression among younger children, and deescalating situations.

First Aid-CPR

The Alliance offers First Aid-CPR training for caregivers. In March 2020, due to COVID-19, caregivers were not able to attend First Aid and CPR in-person courses, which are required for licensed caregivers under <u>WAC 110-148-1375: What training am I required to have before I become licensed?</u> DCYF Licensing Division requested flexibility under the Stafford Act to allow claiming of title IV-E reimbursement on behalf of an otherwise eligible child placed in a foster family home that is provisionally or conditionally approved or licensed. Under the Stafford Act,

DCYF LD must complete as many of the requirements for licensure considering local requirements related to physical or social distancing guidelines and shelter-in-place orders by state and local authorities. The remaining licensing requirements must be completed when it is safe to do so. The LD WDT collaborated with the Alliance to develop an online First Aid-CPR course. The course was launched in August 2020 with the in-person requirement delayed.

In March 2022, the mask mandate was lifted in Washington State, opening the ability to complete the in-person component of CPR. Since March 2020, there were over 5400 caregivers who needed the required training. LD WDT collaborated with the Alliance to create a plan with Keep the Beat (KTB) who stated they would serve the volume of participants by the deadline of July 2023. In October 2022, the Alliance reported KTB could not keep up with the scope of the work and proposed a second option with ProTraining, a certified online First Aid-CPR agency to supplement the training resources. LD agreed with the plan and provided a third option for caregivers to pay for and get reimbursed for First Aid-CPR training.

In January 2023, six months after the initial plan went into effect, numerous issues were identified: KTB struggled to locate facilities to hold the training and was not able to hire adequate staff. Caregivers who signed up for training did not show up and the number of completions was low, 1876 with Keep the Beat and 31 with ProTraining. Caregivers were also completing the training requirement through other sources, all causing the backlog numbers to drop outside of the training facilitated through the Alliance.

LD leadership was aware of the issues related to the Alliance struggling to meet the contract and other resources available to caregivers. With this information, a decision was made not to extend the contract for First Aid-CPR training through the Alliance that ends in June of 2023. Caregivers will attend training in their communities that comply with WAC 110-148-1375 and submit to the DCYF for reimbursement. This current plan will begin July 1, 2023, and will be monitored by LD for future adjustments.

Caregiver In-Service Training
The Alliance offered 53 in-service courses with a total completion of 6,142 participants in SFY2022. Additionally, the Alliance offered 47 eLearnings with participant completions of 8,953 participants.

In the 2022 reporting period, 445 participants were surveyed across 8 caregiver courses.

Course Name	Number of Responses & Response Rate	Avg. Learner Experience Rating
As They Grow: The Drug Impacted Child	12 / 11%	4.4

As They Grow: The Drug Impacted Infant and Toddler	31 / 12%	4.7
Connecting: Sexual Orientation and Gender Identity & Expression Training for Caregivers and Kinship Providers (SOGIE) eLearning *Completion rates lower than anticipated; response rate is estimated	92 /~100% *	4.1
Emotion Coaching	15 / 12%	4.8
Paper Trail: Documentation Training for Caregivers	11 / 17%	4.7
Partners Make Better Decisions	10 / 45%	4.7
Trust-Based Relational Intervention	258 / 44%	4.7
Why Children Lie: Development, Trauma, and Supporting the Truth	16 / 13%	4.4

Kinship Core Training (KCT)

To provide equity and make licensing more attainable for kinship caregivers, DCYF modified training requirements for kinship caregivers. DCYF collaborated with the Alliance to create a new KCT, a pre-service training designed for kinship caregivers pursuing foster care licensure. DCYF also combined Orientation into KCT to reduce redundancy. KCT meets the requirements of RCW 74.13.250 Preservice Training-Foster Parents. DCYF is also expanding their non-safety exemptions to include additional WAC's that kinship caregivers may be eligible to waive, depending on their circumstances. One of the exemptions is to include on-going training hours post licensure. Kinship caregivers mainly obtain foster care licensure to receive financial support to care for kin. Many kinship caregivers do not have the intention to care for additional children who are not related to them.

The new KCT began July 1, 2022. Kinship caregivers and advocates reported one reason kinship caregivers did not pursue foster care licensure was due to the number of requirements to obtain licensure, specifically training. The training available through the Alliance to prepare caregivers was geared towards general foster care, preparing caregivers for placement with children whom they had no established relationship. The materials were not relatable or applicable to kinship caregivers and their situations. In order to provide equity and make licensing more attainable for kinship caregivers, DCYF modified the training for kinship caregivers so that it is more inclusive, offers skills tailored toward kinship care, and reduces total training time.

With the revision, there are four sessions that can be taken in full or individually in any order.

- Session 1: Navigating the System
- Session 2: Growing up with Trauma, Grief, and Loss
- Session 3: Understanding and Managing Behavior
- Session 4; Nurturing Connections and Community

- Optional: Individual Learner-Centered Skill Development on Kinship 101: Information for Relatives and Suitable Others

KCT is only available to kinship caregivers who are seeking a Child-Specific license. If kinship caregivers choose to have a general foster care license, they are required to complete Caregiver Core Training. Kinship caregivers can choose two out of the four sessions of KCT and can voluntarily sign up for the one-on-one coaching session. They must complete the training within the first licensing cycle which is three years. KCT was launched to coincide with the Child-Specific license that launched on August 1, 2022. There have been over 598 attendees who have completed KCT.

Caregiver Training Request
LD WDT collaborated with the Alliance in developing new training for caregivers. All new and ongoing training completed is delivered virtually through webinars or e-Learnings. Caregiver trainings requested by LD WDT and completed:
- Prudent Parenting
- Relative/Kinship Caregiving: Navigating Change in the Family Dynamics
- Parenting Teen Group Care
- Coaching for Caregivers
- Parental Connections Podcast

Strengths, Barriers and Practice Improvements Related to Staff and Provider Training
Strengths
- The Alliance returned to some in-person training in CY2022, while continuing to balance the need for staff and caregiver comfortability for in-person gatherings and safety.
- The Alliance worked collaboratively through relationships with the regions to identify content gaps and potential new course topics.
- The Alliance contracted with Center for States, ICF to do a full review of RCT and SCT. Recommendations from that review were shared with DCYF and used for the new Core build.
- The Alliance worked closely with the DCYF liaison to ensure training requests were prioritized and based on legislative mandates, policy revision, or court decisions.
- Initial and ongoing training for the workforce and caregivers is reviewed regularly through use of qualitative and quantitative feedback data to improve curriculum and delivery of training.
- The Alliance integrated instructional designers into course development from initial acceptance of new training requests. This helps with identifying engaging and innovative training modalities.

- Training is provided in a variety of modalities for learners.
- DCYF, the Alliance and identified stakeholders worked collaboratively on re-envisioning RCT for the workforce.
- Surveys conducted with field staff regarding coaching they received from supervisors was indicative of enhanced skills being applied by supervisors.
- The practice memo format was updated to include an easy-to-read chart that includes "Action by" and "Action." This made the process steps clearer and easier to follow.
- Some staff expressed appreciation for the process maps during the "go-live" period; others have stated they aren't using these anymore because they now know the process. This was the intent.
- Change management activities allowed for a specific time to concentrate on managing expectations as well as hearing and validating feelings throughout the process.
- The intentional surveys allowed the content to continue to be driven by staff requests. Having targeted groups allowed for richer, more back-and-forth conversations to address the needs of each group.
- Monthly groups allowed constant check-ins to help nurture and prepare for the change. It also provided the ability to help staff get into the practice environment and help different types of learners have an opportunity to prepare.
- Initial and ongoing training for the workforce and caregivers is reviewed regularly through the use of qualitative and quantitative feedback data to improve the curriculum and delivery of training.
- In general, post-survey results of RCT participants indicate moderate to high confidence levels in caseworkers having the knowledge and skills for casework practice.
- Additional feedback is communicated by the LD WDT as training concerns or needs arise from the field.
- The LD WDT continues to assess and monitor additional ongoing and onboarding training needs.
- The LD WDT is actively involved in curriculum development and reviews to ensure learning objectives are met and current field practices are illustrated.

Barriers

- There continued to be challenges for returning to in-person training delivery during this reporting period. Many DCYF staff had alternative telework schedules, which made scheduling and attending in-person offerings difficult.
- Training attendance was low overall, possibly due to virtual fatigue.
- High turnover rate and vacant positions made it difficult for remaining staff to attend training.
- DCYF leadership expressed concern about the transfer of learning from virtual offerings.

- Newly hired staff did not have the historical in-person office and field support.
- Staff mentioned feeling that the number of practice changes is a lot to navigate.
- Staff stated they had a difficult time finding the most current versions of the practice memos; in response, multiple emails and newsletter reminders were sent with links directly to the SharePoint page where they are stored.
- More frequent connections with licensors would help prepare all staff.
- More change tools/practices/forms for supervisors to use with their teams could help.
- Although most training has a hybrid component, there continue to be challenges in virtual training implementation. Emulating the instructor-led model in a virtual environment will continue to be a barrier to delivering optimal training and meaningful group activities or discussions.
- There is an improvement in face-to-face social interaction and instructor-led delivery, which has improved some learners' growth or concept implementation. The challenges continue in differences in learning styles when hybrid models are used and how to meet all needs with this approach.
- An evaluation is needed to address enhanced learning for veteran staff when RCT, SCT, or other modules are updated for onboarding. When RCT is changed and improved, it is important to address any learning gaps created for veteran staff, supervisory, or management staff. An assurance that all field staff and levels are working from the same framework or latest research is vital.
- The need continues for a 360-degree approach to the evaluative process of learning. However, an all-encompassing evaluative approach is needed to fully realize the transfer and application of learning concepts or objectives. How this may be realized in the caregiver environment or staff field, or practices requires a strategic and meaningful framework. When placements are made, it would be beneficial to the caregivers to get a "refresher" training on behaviors or awareness needed to adequately serve or support a recent placement.
- After the evaluative process of Alliance RCT, SCT, and Area Administrator (AA) tracks on behalf of LD training and practice-based needs, it was determined that large portions of the curricula do not apply or address licensing division professional growth and training needs. In the Licensing Division, each program has received customized RCT learning plans to more adequately meet job-specific duties and be proper stewards of state time and expenses.
- The LD WDT serves all of LD and the customized or general training needs are robust. There continues to be prioritization of onboarding and ongoing training needs with program-specific needs addressed.

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Practice Improvements

- Marketing strategies focused on making interactions as simple as possible for Alliance audiences. In the past year, the Alliance has:
  - Completed a full relaunch of its website. The content is now organized by program, making it easier for caregivers and other learners to find what they are looking for. The information includes background about the Alliance, information about training paths, types of trainings, and links to external support resources.
  - Continued to use direct emailing via Constant Contact to alert caregivers and DCYF staff to available training each month.
- The learner's experience has been a driving factor in the improvement of the Alliance catalog of courses. In the past year, the Alliance has:
  - Continued spotlights to the main website page and to each audience page so learners can see the most recent developments and releases quickly and easily.
  - Continued to use direct emailing via Constant Contact to alert caregivers and DCYF staff to newly available webinars each month so they can continue training while sheltering at home. Individual notices of new trainings are sent to highlight their content and availability.
- The Alliance maintains the statewide contract for caregiver retention and support. The Alliance CaRES (Caregiver Retention, Education, and Support) Program offers resources, support, and community to caregivers. In the second year of the program, the CaRES team provided over 3,000 emails with resources to prospective caregivers who inquired about licensure and more than 6,000 individual supportive outreach contacts by Mentors to foster and kin caregivers. In addition, there were about 2,000 participants who attended CaRES groups and events throughout the state, and over 500 events offered by CaRES.
- All courses created through the LD WDT include a leadership component to solidify and support training messages, resource documents to support learning, the PowerPoint presentation for follow up reference, and an FAQ document that is generated by learners, answered by leadership and dispersed to all learners and a follow up survey evaluation.
- All curricula developed by the LD WDT is reviewed by subject matter experts in the field to ensure accuracy and applicability to the learning required. Additionally, all training deliveries have included a field presence in guest presenters to ensure a connection and representation of the field.
- All trainings or webinars are followed with an evaluative survey to glean from staff what they have learned, what continue to be their learning needs, and feedback for overall training efficacy.

- The LD WDT implemented a Retention and Succession Framework. The framework is designed to inform LD leadership about staff's experiences working in LD. Specifically, this framework is intended to gain an understanding about what staff enjoy about their jobs, what supports they need to do their jobs well, what LD can do to better to engage with them, and what will keep them happy and thriving as valued staff members of the DCYF LD. In addition to supporting and engaging its staff, LD is committed to providing staff opportunities for professional development to support them in their roles. LD is currently developing a model for equitable and consistent succession planning to better prepare for vacancies, develop leaders, provide LD staff with opportunities for growth and promote continuity of service delivery to the children, youth, and families served.
- All LD programs will have onboarding plans developed to address field needs specific to daily job duties, policy and procedure reviews and enhanced growth opportunities.

Stakeholder Engagement, Involvement and Feedback
- Training needs are determined through a combination of legislative mandates, new or updated policies, court decisions, learner requests, learner surveys, the Alliance, DCYF Field Operations, and Licensing Division and Child Welfare Programs input. Each spring, the Alliance and DCYF Leadership teams meet to determine the following year's allocations of existing training as well as training topics to develop for new curriculum for DCYF staff and caregiver providers.
- The Alliance works closely with each region meeting quarterly in Regional Advisory Groups and attend regional leadership meetings.
- The Alliance worked with stakeholders during the core re-visioning process. The Alliance facilitated several DCYF and community focus group sessions to engage a variety of partners in the revisioning of workforce core. In July 2022 the Alliance collated feedback from the focus groups and began the formation and facilitation of four Core block (Foundation, Engagement, Assessment, Case Planning and Service Delivery) work groups, which included members from DCYF, P4C, Office of Tribal Relations, parents with lived experience, Child Placing Agencies, and CWTAP. The work groups met bi-monthly and have assisted in the development of block goal statements, the process of identifying knowledge, skills and value learning objectives for each block, as well as possible modalities for delivery of training activities.
- The purpose of the LD Field Advisory Board (LD/FAB) is to inform upper management on issues occurring at the field level. The board is a communication mechanism from field staff to upper management to communicate needed changes/improvements for workers. LD/FAB allows for anonymity, while giving line staff a voice to influence change. LD/FAB is a sounding board providing feedback to LD management related to improving licensing practice, ensuring child safety, and making DCYF work more efficiently. The board is a chartered entity that ensures that the innovation and

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creativity of line staff is heard, and their hard work recognized. The LD/FAB members are asked to serve on the board for at least 24 months. At 24 months, a replacement for the exiting member is found within the same or similar job role and geographic location. Many FAB members send an e-mail out prior to upcoming FAB meetings and ask about adding agenda items. Duties of LD/ FAB Members are to ask for new agenda items, send out meeting notes or any other notes sent by the LD/FAB facilitator to LD field staff. Meeting notes are stored on a share point that is accessible to staff to ensure communication, decisions and ongoing work to improve practice is effectively communicated to staff. LD/FAB has worked several years and continue to develop solutions. The LD/FAB has been a valuable part to build culture, trust and an awareness of LD wide intersectionality and improvement.

COVID-19 Impacts

N/A this year

Service Array
Item 29: Array of Services
In Round 3 of the CFSR reviews completed in 2018, Washington was rated as an area needing improvement on this systemic factor. DCYF has demonstrated the availability of essential services statewide. However, improvements can be made regarding timeliness and access of these services to meet the needs of children, youth, and families across Washington State.

InfoFamLink Administrative Data

Combined In-Home Services by Program Multi-Year Comparison									
Combined In-Home Services	SFY2018			SFY2019			SFY2022		
Program Types	Total	Adult	Children	Total	Adult	Children	Total	Adult	Children
Family Preservation Services (FPS)	10,756	4,293	6,472	11,136	4,437	6,699	8,112	3,297	4,815
Crisis Family Intervention (CFI)	688	325	363	570	271	299	461	213	248
Functional Family Therapy (FFT)	2,669	1,115	1,554	2,404	1,005	1,399	1,484	658	826
Homebuilders	2,368	949	1,419	2,221	855	1,366	1,731	700	1,031
Incredible Years (IY)	1,658	729	929	1,807	815	992	1,100	510	590

Parent-Child Interaction Therapy (PCIT)	643	232	411	637	232	405	378	145	233
SafeCare	1,764	846	918	1,742	878	864	1,158	574	584
Positive Parenting Program (Triple P)	4,612	1,769	2,843	5,241	1,976	3,265	3,959	1,572	2,387
Promoting First Relationships (PFR)	1,431	707	724	1,537	746	791	1,544	770	774
Unduplicated Total	22,999	9,649	13,350	23,536	9,840	13,696	16,758	7,247	9,511

NOTE: Client list generated from FamLink Service Referral Participant table in conjunction with other FamLink tables to identify service referrals that are associated with a payment for a combined in-home service **in the SFY**. Adults are >=18 years old on the date of the first paid service in the SFY; Children are <18 years old on the date of the first paid service in the SFY.
CIHS client data is not complete for SFY 2020 and SFY 2021 because monthly retainer payments instead of case-level billing were used from March through December 2020 in response to the COVID-19 pandemic.
Data Source: RDA, FamLink, 2023

Family First Services Needs Assessment

DCYF completed a Family First Services Needs Assessment July 2022. The Assessment was designed to understand how to move forward with expanding prevention services that supported Performance Based Contracting. The Office of Innovation, Alignment and Accountability (OIAA) conducted the analysis of child welfare, early learning, juvenile rehabilitation, and Integrated Client Database (ICDB) data presented in reports of the Department of Social and Health Services (DSHS)/Research and Data Analysis (RDA) division. The Family First Services Needs Assessment report can be found here.

QA/CQI Baseline Assessments

Baseline assessments provide data regarding the availability and utilization of contracted and community-based services at an office level. The Everett office completed their assessment in 2022, with Lakewood's and Puyallup's assessments occurring early 2023. Three additional offices are slated to be completed before June 2023. Actionable themes that support FFPSA are:

- Explore opportunities to offer evidence-based services through a community-based providers that regularly are accessed by child welfare-involved families served by the office.
- Given the strong working relationships between the office and existing FPS providers, consider supporting existing FPS providers by assisting them in obtaining the credentials to provide evidence-based services to the families.
- Recruit additional IFPS/Homebuilders service providers to meet the demand and

diminish existing wait lists.

- Explore opportunities to combine IFPS/Homebuilders with other EBPs to match the unique parenting needs of the families.

These recommendations reflect commonalities across assessments, but it's too early to determine that a pattern exists beyond those offices.

Service Array

The Service Array Program Supervisor was hired December 2022 followed by the hiring of six Regional Program Specialists between February and April 2023. The service array team was developed to ensure that services are integrated, effective, efficient, and supportive of optimal family functioning. Central to that, the team's duties are the development, recruitment, and support of a comprehensive service continuum. Expanding prevention services available to youth and families throughout Washington State is central to Family First and DCYF's goal of safely reducing the number of children in out-of-home care. Identification and implementation of services within the creation of individualized case plans hinges on the availability of effective and appropriate services to meet families' individual needs.

Home Visiting

Funding streams for home visiting programs are being analyzed to determine how families can be served by home visiting EBPs in Washington's Prevention Plan to prevent out-of-home placement. Client data for those served by home visiting programs and child welfare data presently exist in two separate databases that do not provide seamless bridging to analyze the information. Center for States will provide technical assistance to identify solution focused opportunities to improve service availability for families identified in the two data bases.

Culturally Relevant Services

DCYF will be piloting culturally responsive prevention programs provided by Native American tribes and Recognized American Indian Organizations (RAIOs) to reduce entries-into-care among Native children. The Request for Applications (RFA) process will close on August 7, 2023, with contracts being awarded and signed by October 2023. Development of a request for proposals for culturally relevant prevention service provision to African American families is forthcoming. Fellows associated with the Harvard Performance Lab continue to support this work.

Family Resource Center (FRC)

Leveraging the additional time DCYF has, prior to claiming IV-E reimbursement, Washington's Prevention Plan will be revised through a co-design process. This process will incorporate stakeholder's perspective, including individuals with lived experience and community partners, on what improvements could be made. Envisioning a community pathway for services that can meet the needs of the family will be a part of this work. Conversations to engage the FRC

Network that serves families throughout their local communities through FRC have begun. They will be an important aspect of the work toward creating community pathways.

Family First Transition Act (FFTA) Grant
In the 2021-2023 Washington State Budget Session, DCYF requested federal authority for the Family First Transition Act (FFTA) federal funds to implement FFPSA requirements. Establishing an infrastructure that will properly support this ongoing work will be critical to success.

In the upcoming state fiscal year, a mini home visiting pilot will begin to test a solution to serve home visiting with pregnant and parenting youth and substance-using pregnant parents. This mini pilot strives to provide guidance on crucial considerations such as the referral process to best serve families involved, and not involved with child welfare, as well as address alignment of data reporting and payment structures to satisfy FFPSA requirements. Center for States will assist DCYF with technical assistance.

Provider Services Quality and Availability Accountability Group
The purpose of the Provider Services Quality and Availability Accountability Group is to oversee the four areas of focus for this work as identified in the DCYF Integrated Strategic and Racial Equity Plan:
- Agency wide implementation of outcomes oriented PBC initiative.
- Expansion of access to effective and needed services.
- Enhanced service matching at the individual and population levels.
- De-siloing of agency services, identify opportunities to integrate contracts and management.

This group is looking at data to understand the availability and utilization of contracted services by geographic location and client population.

Item 30: Individualizing Services
In Round 3 of the CFSR completed in 2018, Washington was rated as an area needing improvement on this systemic factor. During the statewide assessment, stakeholders described concerns with DCYF's ability to individualize services because staff are not aware of available services thus not ensuring that family assessments identify specific needs that inform tailored services. It was noted that shared planning meetings are not consistently used statewide to ensure that services are individualized.

There are several factors that make individualizing services difficult. One factor is the limited-service capacity of community, Medicaid-funded services and DCYF contracted services. When there is limited capacity, services are provided based on availability, rather than on the unique needs of the child, youth, or family.

Another factor is limited DCYF workforce knowledge and understanding of the available behavioral health assessments and services that can meet the unique needs of the child welfare involved population. Expanding caseworker knowledge about service array and access points may improve the fit and type of services received by the child, youth and/or family.

DCYF also struggles with timely access to interpreter services to meet the linguistic needs of the children, youth, and families, especially those in rural regions of the state or unique linguistic needs.

As mentioned in the safety, permanency, and well-being sections, DCYF is focusing on engagement and quality contacts with children, youth, parents, and caregivers. Having the right conversations with children, youth, and families allows caseworkers to engage them in case planning, conduct more thorough and accurate assessment of safety, and identify services that meet the unique needs of the family. In addition, a focus on shared planning meetings is anticipated to help improve the ability to match services with the family's identified needs and specific circumstances.

DCYF currently has a contract with Chapin Hall to; 1) develop a Family Practice Model through co-design with current staff on how caseworkers engage with clients in order to thoroughly assess their needs, select and coordinate culturally appropriate relevant services with clients and 2) modify the current assessment system and develop new assessment tools to support DCYF in accurately identifying safety threats to children as well as identifying family strengths/protective factors and needs.

Effective service provision requires engagement of family members, where they have a guiding voice in the development of service plans with their family. One of the primary avenues in which caseworkers and family members can engage in case planning and service selection is through assessment tools. With the support of Chapin Hall, DCYF is currently developing a suite of assessment tools with support for their validity and reliability. The tools are designed to provide the caseworker and family members with accurate information of the strengths and needs of the individuals in the family home. In addition to providing accurate information, the assessment tools are being designed to maximize family voice in both the assessment and the service selection process. By allowing family members to select the services they participate with to the greatest extent possible, it is believed that family engagement in services will increase. The tools used will have support for their validity, reliability, and will be re-administered to family members during their involvement with DCYF. The impact of the services on individual and family well-being can be monitored during the time of the intervention. The information gathered through the re-assessment process will inform the family members and caseworker if the implemented intervention is having the desired outcome

as well as inform DCYF system of care which interventions are effective with certain families resulting in a better match of services for families.

The key requirements of the assessment system and estimated development and implementation timelines are outlined below:

- Assessment system tools to be fully integrated with the Family Practice Model, fully supporting the key activities of engagement, assessment, and service coordination.
- Assessment tools will have support for their reliability and validity.
- The developed tools will be integrated and cover most of the assessment needs for child welfare caseworkers and clients.
- Support accurate measurement of current and future needs.
- Address specific needs of BIPOC families.
- Involve parents in the assessment of their strengths and needs.
- Development and implementation will involve individuals and communities with lived expertise.
- Be cost-effective.
- Help youth receive beneficial services.

Tools to be developed or updated in partnership with Chapin Hall that support the service array include:

- Update the Safety Assessment and Safety Framework supporting the FPM, service expansion, engagement, MI, and documentation regarding removal decisions.
- Standardized Behavioral Health Assessments – These tools support work with caregivers and youth (both when in-home and when in out-of-home care).
- Consensus based Strength and Needs Assessment – This tool will incorporate information from the other assessment tools as well as provide the caseworker an opportunity to summarize all the gathered information. This will provide a clear path for caregivers to have voice in expressing their own strengths and needs. The caregiver and child section of the assessment will be used to support matching and monitoring of support/service plans for both in-home and out-of-home cases.

DCYF made changes to the Family Preservation Services (FPS) fee table and billing sheet to allow for more flexibility to tailor the service to individual family needs by replacing a cap on case related activities and telephone contact to an average. This was initiated from contracted provider feedback on barriers to building FPS capacity.

The Combined In-Home Services has fully implemented a step payment methodology for the EBP's under this contracted services suite. There are four steps providers can bill DCYF as soon as they reach the first session of a step, regardless of how many steps they deliver. This allows

families to receive as much of the service as they need and stabilizes provider financial risk when working with families who present with various levels of need.

Strengths, Barriers and Practice Improvements Related to Service Array
Strengths
- DCYF developed an online service guidance tool for available EBPs to help caseworkers match identified needs to necessary services. This resource currently focuses on contracted EBPs. Due to intranet migration from DSHS to DCYF, this tool will no longer be available to staff by the end of the calendar year. To replace it, the Services Continuum has been working on a much broader contracted services directory that will allow staff to find services across the state over various contracted services and filter down to what they specifically need.
- Greater access to concrete goods utilizing on-line purchasing capability, including the ability to directly ship items to family homes.
- Statewide implementation of the Amazon e-voucher, which allows families to shop for the items they need using the DCYF Amazon Marketplace.
- Enhanced capacity to provide remote telehealth services utilizing available technology.
- DCYF received additional funding for a rate increase to CIHS providers, implemented July 2022.
- EBP training contracts resumed in late 2021 and are funded through the fiscal year with a plan to increase available training in the next fiscal year. An EBP training calendar was posted online for contractors to use for better informed hiring decisions to help DCYF build capacity.
- Combined In-Home Services expansion decision package was mostly funded by the legislature to support DCYF in building service capacity over the next two years through phased in increases of expected expenditures as capacity increases over time.
- A new Service Continuum section was established under DCYF Headquarters Partnership, Prevention, and Services Division, bringing organized infrastructure and resources to advance the service array.

Barriers
- Timely access to mental health and SUD services through Medicaid contracted service providers, particularly for children and youth who are in-home non-dependent, and parents who are not members of AHCC program.
- Staff knowledge about what DCYF services and resources are available to families.
- Staff clarity on when services should be offered.
- A need to improve consistency on what services are available throughout the state.

- Difficulty in developing service availability in rural parts of the state.
- Systemic understanding of the service capacity needs. DCYF is exploring methods to work with staff and community partners to document, analyze, and improve the process of:
  - Identifying service needs for families by using data from providers and from FamLink.
  - Authorizing services.
  - Obtaining services.
- Although Washington State is data rich, there are still difficulties in accessing child welfare specific data regarding services provided for children in-home and parents involved in the child welfare system. This population is captured in the general population served, but there is currently not a mechanism to break this data down specifically into the child welfare population. Data regarding children and youth in out-of-home care is much more readily available and tracked.
- IT limitations.
- DCYF staff and contracted provider turnover and vacant positions impact referral volume and service availability.

Practice Improvements
- Implementation of DCYF's PIP strategies began in July 2020. There is a strategy and associated activities related to service array. See Update on Plan for Enacting the State's Vision for the implementation status of these strategies.
- DCYF is in the process of implementing Performance Based Contracting (PBC) for all client service contracts. PBC standards include service standards, quality, and outcomes.
- There are 8 Child Welfare PBC contract groups. Four of those contract groups (Placement Services, Placement Support Services, Child Welfare Physical Health & Safety and Child Welfare Behavioral Health) are in Phase 1, which includes working to meet the service standard and quality metric. The four additional contract groups (Combined In-Home Services, BRS, Family Time, and Adoption) are in Phase 2, which includes working to meet the outcome metric identified.
Since July 2021, Harvard Government Performance Lab (GPL) is supporting DCYF to better meet the needs of BIPOC families through alternative response by strengthening contracted service array and referral process. Utilizing the expertise and support of the Harvard GPL, DCYF is piloting non-CPS intake response to pregnant persons struggling with SUD. In 2022, DCYF also began testing a specialized referral pathway to offer culturally responsive supports to Native American clients in Spokane County. Since last year, the pilot has expanded to King County, which is expected to extend reach to 60% of pilot eligible clients statewide.

- In July 2022, DCYF implemented a revision of the minimum qualifications to four of the EBPs that align more closely with the model developer standards. This change will have a direct impact on capacity building. Through engagement efforts with BIPOC communities, DCYF has heard that the current contract qualifications make it difficult to recruit BIPOC providers. It is believed that the changes will also help build a more diverse provider network that represents the communities they serve.
- DCYF procured a contract with a community-based service organization to be Network Administrators (NA) to improve timely, consistent provision of services. The contract will cover the entire state, through identified services (catchment) areas, to serve families in their communities. By contracting with CNA to serve children and families in their community, hire, train, build capacity (especially in remote areas), and monitor fidelity, DCYF can achieve the following outcomes:
  o Greatly increase service availability.
  o Networks are community-based service organizations.
  o Reduce barriers for small community-based agencies to be service providers.
  o Services meet the same standards of delivery statewide.
  Several stakeholder engagement meetings occurred in mid-2022 and a decision was made to only re-procure in Regions 1 and 2 where the NA model was already in place. Improvements were made to the model based on DCYF and stakeholder input.
- DCYF plans to re-engage stakeholders on a statewide rollout of Family Time and possible CIHS as well in the rest of the regions in preparation for the next procurement cycle in 2025.
- As part of the "Services Expansion Project" under the "Thriving Families Initiative", the DCYF Strategic Plan for Prevention informs the direction of the Service Array program. The Service Array Unit is designed to assist with increasing service delivery across the state and to centralize and standardize a system of provider availability and access. The Service Array Consultant and Program Manager positions were additional resources granted to DCYF. The Service Array unit works closely with the Prevention and Intervention Services Manager to expand service delivery. The initial focus for the team will be related to Combined In-Home Services (CIHS) and Evidence Based Programs (EBP). Expansion to efforts associated with professional services support is possible but dependent on internal planning needs and resource allocations determined by leadership through 2024.
  Initial intentions of the unit are:
  o Centralize and standardize CIHS/EBP service procurement and tracking by September 2023.
  o Initiate data tracking and analysis of current service availability and service gaps by July 2023.

o Develop Statewide Service Directory for potential use by field operations.
o To work A Cultural Service Landscape Analysis research project that was initiated in the fall of 2022. DCYF contracted with Kauffman and Associates (KAI) in April 2023 for this project. This analysis will be completed by April 30, 2024.
o Service Matching training for combined in home services and Evidenced Based Programs.

Stakeholder Involvement and Feedback

DCYF continued its effort to advance PBC, PIP, FFPSA implementation and rollout, and actively engaged with both DCYF internal and external stakeholders including, but not limited to:

- Coordinated Care of Washington (CCW) – Identified areas throughout the year that would increase rates of access to physical health care. CCW, DCYF, and HCA coordinate monthly to ensure operation of the AHCC managed care plan continues to address the needs of the foster care, alumni, and adoption support populations.
- Child Welfare Field Operations Staff – Provide feedback and input on communications to field operations regarding health care, BH and in-home services. Provide information to the DCYF HQ about challenges the child welfare staff are encountering about access to physical and mental health services (see items 17 and 18 for more information).
- Health Care Operations group comprised of HCA, DCYF, and Fostering Well-Being (FWB) members. The group meets monthly to assure internal issues regarding operation of the AHCC managed care plan and the services provided to the fee-for-service populations are addressed.
- HB 1227 Service Array Workgroup included internal and external stakeholders to develop a recommendation for agency-wide plans on the service array. This included a recurring feedback loop with the CIHS provider community.
- Engaged with tribal partners on service gaps and barriers, starting with the tribes in the Upper Peninsula of Region 6 where families often must travel far to access services. The Office of Tribal Relations will carry this work forward in partnership with child welfare to provide the same opportunity with all tribes in Washington State.
- In Spring of 2022, a CIHS telehealth workgroup was formed with representation of child welfare field operations, programs, and providers to develop recommendations for a long-term, wider application of telehealth service delivery. As a result, DCYF intends to pilot the recommendations under the Network Administrator in Regions 1 and 2 from July 2023-November 2023.
- Family Preservation Service providers were engaged in Fall of 2022 to discuss strategies to build capacity within this service line. Several barriers were identified to building capacity, but a few small barriers were overcome through minor changes to the fee

table. This included a cap on case related activities and phone calls to an average that allowed for the service to be more balanced to an individual family's needs.

COVID-19 Impacts
In 2022 and the first half of 2023, COVID-19 impacts continue to play a role in provider and service availability. Telehealth remains available to cases where someone presents with symptoms of a viral illness so that services can continue. As shown in the first data table of these items, the number of families who receive a CIHS each year has not recovered to pre-pandemic averages.

Agency Responsiveness to the Community
In Round 3 of the CFSR reviews completed in 2018, Washington was rated as in substantial conformity on this systemic factor.

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR
Washington has a strong culture and structure of collaborating, coordinating, and partnering with a wide variety of internal and external stakeholders, tribes, courts, youth, parents and parent representatives, and community partners at both at the regional and state level. Meaningful engagement occurs throughout the development, implementation, and monitoring of DCYF's CFSP; APSR; child welfare initiatives such as the PIP, PFD1 grant, FFPSA, Family Practice Model, and other agency strategic planning initiatives. Engagement also occurs through the continuous quality improvement cycle, which includes defining the problem, assessing the problem, planning strategies for improvement, implementing improvement strategies, and monitoring results.

DCYF collaborates and consults with diverse groups of stakeholders through advisory groups, oversight committees, provider meetings, improvement initiatives, and implementation of new legislative requirements. Regularly scheduled meetings are held with specific stakeholder groups, including but not limited to, courts, tribes, behavioral health representatives, youth and youth serving organizations, parent representatives, foster parents, kinship caregivers, contracted providers, and internal staff to assess the needs of children and families and monitor progress towards achieving identified outcomes and measures. Through this stakeholder feedback, DCYF can identify areas of strength, areas needing improvement, discuss best practices, and develop strategies for improvement.

Stakeholder meetings provide opportunities for the review of data, data analysis, discussion of performance strengths and areas needing improvement, and discussion of practice improvements that have been implemented or feedback on what additional practice improvements could occur. As workgroups and meetings occur throughout the year, there is an

opportunity to provide updates on what suggestions from the workgroups and committees have been implemented and the ability to discuss the outcomes of the suggested improvements.

Examples of engagement and collaboration include the following:
- Following SB 5029 – 2021-22, DCYF hosted the establishment of the Youth Development Workgroup (YDWG). The YDWG included representatives from community-based organizations providing youth development programs that provide expanded learning, mentoring, school-age childcare wrap-around supports, and integrated student support advisors, as well as representatives from DCYF, the Office of the Superintendent of Public Instruction (OPSI), and people with lived experience in state systems. The YDWG 2022 report can be found here.
- DCYF staff and a BIPOC-owned consulting company partnered in codesign sessions with lived experts, child welfare staff, Juvenile Rehabilitation staff, community providers, and other stakeholders in the Independent Living Skills Redesign and Transition Planning Proviso from the 2021 legislative session. During the co-design sessions, lived experts developed and prioritized recommendations. More on this redesign project and the recommendations can be found here.

DCYF publishes a variety of legislative, federal, program, and OIAA reports on the department's internet site.[19]

Item 32: Coordination of CFSP Services with Other Federal Programs

DCYF engages in ongoing coordination of services with other federal or federally assisted programs serving the same population. The Title IV-E program is coordinated with other programs available to children in the state of Washington funded under titles IV-A (TANF), IV-B (Child Welfare Services), XVI (Supplemental Security Income), XIX (Medicaid), and II (SSA) of the Social Security Act in accordance with all appropriate provisions under federal law. Examples of this coordination include, but are not limited, to:
- Coordination with the DSHS Economic Services Administration (ESA) of concurrent benefits for Title IV-E eligibility and TANF child-only eligibility for children placed in kinship caregivers.
- Supporting tribes in their delivery of child welfare services through IV-E agreements.
- Coordination with the Office of Homeless Youth Prevention Programs (OHYPP) at the Department of Commerce.

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[19] Department of Children, Youth and Families Internet site, OIAA, Reports, https://dcyf.wa.gov/practice/oiaa/reports

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- Memorandum of Understanding with DCYF, ESA and statewide Housing Authorities.
- DCYF obtains information from federal and state databases through data-sharing agreements. Examples of database access includes:
    - ACES (determines eligibility, issues of benefits, management support, and data sharing)
    - SEMS (DSHS Division of Child Support)
    - UTAB (Unemployment Tax and Benefit system)
    - Department of Health Vital Statistics
    - eJAS (Basic Food and Employment System)
    - VIPS (vehicle registration database)
    - Federal Bureau of Prisons Inmate Locator

Examples of coordination with other federal programs include the following:

- DCYF Parent Locators and other staff use federal and state databases to continuously and actively search for parents whose whereabouts are unknown. Use of these resources allows staff to locate parents and engage them in child welfare services.
- DCYF Partnership, Prevention, and Services and Juvenile Rehabilitation are partnering with Career Connect Washington (funded by the Workforce Education Investment Act). This program provides students with an opportunity to develop career awareness, exploration, preparedness, and launch. This will help DCYF support youth in achieving their highest potential.

DCYF will continue to engage internal and external stakeholders in the development, implementation, and monitoring of the CFSP, APSR, PIP, PFD1 initiative, FFPSA, strategic planning and other performance improvement and legislatively mandated initiatives.

Foster and Adoptive Parent Licensing, Recruitment, and Retention
Item 33: Standards Applied Equally

DCYF Licensing Division (LD) ensures state standards are applied equally to all foster family home and childcare institutions using standardized materials and processes, consensus building within the LD, and CQI activities.

Only fully licensed foster homes and childcare institutions are claimed for federal funding reimbursement. Placements in approved, unlicensed kinship caregiver homes are important to maintain family connections; however, IV-E and IV-B funding is not claimed for these homes unless the kinship caregiver completes the licensing process. Unlicensed kinship placements are required to have a home inspection, complete the home study process, pass a background check that includes FBI fingerprints and, if applicable, an out-of-state child abuse and neglect check.

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Due to the COVID-19 pandemic, Washington State was under a state of emergency, suspending fingerprint requirements. During that period, LD tracked all COVID-19 related waivers consisting of the fingerprint background check requirement and in-person CPR. Effective July 1, 2022, Washington State returned to pre-COVID-19 procedures after Governor Inslee announced the rescission of Proclamation 20-31.12.

Policy 45274. Placements with Unlicensed Relatives or Suitable Persons requires the assigned caseworker to make a home study referral to LD within 30 days of placement. The referral includes an application completed by the caregiver and proof that background checks were submitted. This practice changed to accommodate the implementation of the WA Caregiver Application Portal (WA CAP), as a paper application is no longer be needed. A report was developed in FamLink that identifies all children placed in unlicensed homes that do not have a completed home study or a home study in process. As of May 12, 2023, 3,358 (55%) out of 6,073 children with an open out-of-home placement are in a kinship home. Of those, 159 kinship caregivers have had at least one child in their care for over 30 days and need further support in beginning a home study. This is down from 536 this time last year, a 70% decrease.

DCYF continues its efforts to license more kinship caregivers in Washington State by developing a kin-first culture. In August 2022, LD implemented Child Specific Licenses, which allow kinship caregivers to obtain a foster care license specific to the child(ren) in their care. In implementing the Child Specific License, LD included additional non-safety exemptions when assessing kinship caregivers for licensure. Kinship Core Training (KCT), designed to meet the unique needs of kinship caregivers, was created by the Alliance and is on the list of non-safety exemptions, so it does not have to be completed prior to licensure, but to be completed within the first licensing cycle. The LD created a Kinship Caregiver Engagement Unit (KCEU) in October 2020 to engage kinship families with the home study process, which includes active engagement, information and support towards licensure and placement home study. LD implemented the Kinship Notification Unit (KNU) to further remove barriers delaying initiation of the home study process for kinship caregivers. This is a statewide implementation that allows placement notification to be received by the LD when children are placed in out-of-home care for more than 10 days or if a prospective kinship caregiver is requesting placement of a child that is currently in a non-kinship licensed foster home or another temporary placement. This unit removes the reliance on the caseworkers to get a completed paper home study application from the caregiver to initiate the home study process.

In October 2021, Amara, UW POC, and DCYF collaborated to develop KinPLUS; a program to support primary parents, kinship caregivers, and children and youth in kinship placements. Amara proposed a hybrid licensing-case management model like the DCYF Kinship Caregiver Engagement Unit with an enhancement in Amara support and resources. In year two of the program, the focus has been ensuring all processes and procedures for program

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implementation are set for launch. The targeted pilot population are kinship caregivers residing in Region 4 and Region 3 will be the comparison population. WA CAP training was completed for Amara staff in Autumn of 2022. Implementation occurred in January 2023. Key components of the program include supportive licensing services, placement support services, resource navigation, and a collaborative parenting workshop. The Amara-DCYF-UW collaborative KinPLUS program will include outcome evaluation as the program is implemented and outcome data becomes available. The evaluation team will be gathering qualitative data from kinship caregivers regarding the licensure process and will conduct an additional focus group with the kinship caregivers.

DCYF partnered with Bloom Works, a research organization, to use co-design methods to understand, define, and make recommendations for kin-first culture in Washington State. Research began in September 2022 and the final report, Washington State DCYF Kin-First Culture Research and Recommendations, was completed in April 2023. Bloom Works worked with participants along the way to share findings and hear additional feedback. The final report of these efforts and a High-Level Summary Presentation will be public on the DCYF Thriving Families Campaign website. The report provides insight into what works well, challenges within the current system, and a "Playbook" of recommendations to help improve Kinship Care within Washington State. DCYF has already started to prioritize and focus on the recommendations.

Another improvement positively impacting kinship caregivers as well as general licensed foster homes, is the January 2023 launch of the WA CAP. The portal has two tracks specific to kinship caregivers so that the process is efficient and free of barriers, one track for unlicensed kinship caregivers and another track for licensed kinship caregivers; as well as a track for general foster families. The portal is designed with different tracks to meet the unique needs of the applicant/caregiver. While all standards are the same for licensed care (whether kin or non-kin), the kinship tracks acknowledge the familial relationships and allows for non-safety exemptions.

In 2021 House Bill 1227: Keeping Families Together Act was passed by the Washington State Legislature and will be implemented in July 2023. One element of HB 1227 makes some kinship caregivers eligible for "initial" licenses, allowing them to begin receiving foster care reimbursement payments shortly after placement using state funds only. A cross-divisional workgroup convened in February and March to design an agreed-upon implementation strategy for Initial Licenses. DCYF is set to implement court-ordered Initial Licenses on July 1, 2023. The court must order the Initial License at the Shelter Care hearing. Child Welfare will assess the kinship caregiver for the Initial License by initiating background clearances for all members of the household age sixteen years and older and completing a home inspection and placement agreement with the kinship caregiver. LD will continue to work with the kinship caregivers to complete the full licensure process. Kinship caregivers will be made aware that there is a 90-day expiration once the Initial License has been issued. If a full license cannot be

completed before the expiration date, foster care reimbursement to the kinship caregiver will be closed. The LD worker will continue working with the family to complete full licensure, and foster care reimbursement will be reinstated upon completing a full license.

At the end of CY2022, 37% of kinship caregivers with current placements were licensed. Because of Washington State's commitment to developing a kin-first culture, the agency has seen a steady increase in licensed kin over the past three years (25% in CY2020 and 32% in CY2021). Despite all efforts described above to reduce barriers for kinship caregivers to become licensed, licensing more than 40% of kinship foster family homes continues to be a challenge. This disparity in resources especially impacts BIPOC families and families who are economically disadvantaged. DCYF is excited by the proposal to allow states to create kin-specific licensing process and standards, to continue to increase the number of licensed kinship caregivers.

Foster Family Home Licensing
Washington State general licensing standards for families submitting an initial application requires:

- A fingerprint-based background check through the FBI and the Washington State Patrol (WSP), to include a child abuse and neglect history check of every state the adult individual has lived in the five years preceding the background check application.
- A WSP criminal background check is required for any household members, ages 16 through 17.
- An approved home study/family home inspection.
- CPR and First Aid training.
- Bloodborne Pathogen training.
- Completion of Caregiver Core Training (CCT).

At the end of CY2022, there were 4,338 licensed foster homes, a decrease in the number of foster homes since the end of CY2021 (4,653) (Data source: DCYF infoFamLink; Data as of December 31 of identified calendar year).

As the total number of general foster homes has been decreasing, so has the total number of newly licensed homes.

Number of First Time DCYF and Private Agency Licensed Foster Homes	
Calendar Year	# of First Time, New Licenses Issued
CY2020	1,039
CY2021	939
CY2022	655
Data Source: Count of DCYF Licensed Providers by Location and Type and Licensing Timeliness Report, CW Licensing Metrics (data warehouse), infoFamLink	

The average days from application to licensure continues to decrease. LD has been working to decrease the number of applications pending over 120 days. Decreasing time to licensure is particularly important considering the implementation of the initial license in July 2023 in which kinship caregivers who have an initial license must be fully licensed within 90 days to continue receiving payment.

Average Days Application to Licensure (State & Private Agency Homes)	
2020	156.7
2021	136.8
2022	129.1

% Licenses Completed < 121 Days			
	2020	2021	2022
State Homes	41%	57%	70%
CPA	40%	48%	52%
Total	41%	55%	65%
Data Source: InfoFamLink License_Delay_Detail_Report			

Renewal of Foster Family Home License

In 2021, all maintenance duties for state licensed foster homes were transferred from the Assessment section to the Safety and Monitoring (SAM) section of the LD. The goal of restructuring was to provide more assistance and support to state licensed foster homes by reducing caseloads to 90 homes per worker. As of April 2023, the average caseload for SAM workers was 101; a decrease from 120 in 2022.

Licensed caregivers are required to be relicensed every three years. At time of renewal, the licensed caregivers must submit a new application and background checks for all household members aged 16 and above. The relicensing process includes a home inspection, renewal assessment, updated background checks, and verification of completion of required in-service training. The licensor collaborates with the family to develop an individualized training plan for the next licensing period to ensure the caregiver's training needs are met. The WA CAP is anticipated to make the renewal process more efficient for foster parents and LD staff by tracking and managing background checks, expiration dates, training, and the renewal assessment online.

Child Care Institutions
Application and assessment materials maintained by the LD are consistent statewide through the utilization of a standardized application packet and facility checklists that identify all licensing requirements based on rules, regulations, and federal law and guidelines. The LD developed standardized checklists for each type of group care facility, depending upon the specific license being issued. All individuals employed at a childcare institution must pass a background check before they begin work at the facility, including those not directly working with children or youth. This includes a fingerprint-based background check through the FBI and the WSP, and a child abuse and neglect history check of every state the adult individual has lived in the five years preceding their background check application.

Regional licensing restructured, specializing between Child Placing Agencies (CPAs) and group care facilities. There are three supervisors overseeing 14 regional licensors who regulate group care facilities across the state. There are three supervisors overseeing 14 regional licensors who regulate CPA homes. Supervisors review all checklists and application materials prior to licensure approval or denial, which ensures standards are being applied equally across the region.

Regional Licensing historically completed Health and Safety Visits twice a year on Behavior Rehabilitation Services (BRS) and medically fragile contracted facilities, with one being unannounced. Regional Licensing has also participated in the comprehensive review with BRS, Contracts, and other program staff on BRS and medically fragile contracted facilities every three years. By limiting these reviews to only BRS and medically fragile facilities, most licensed facilities have gone without regular monitoring visits. To address this discrepancy, the Health and Safety policy changed to include all DCYF-licensed group care facilities. Health and Safety Monitoring Reviews are designed to promote the safety and well-being of children placed in group care facilities and serve as a technical assistance tool for LD to assist group care agencies with meeting the WAC requirements. The new process went into effect March 2023.

Renewal of Child Care Institutions
Group care facilities also have a three-year licensing period. At time of renewal, the facility must submit a completed application with all required supplemental materials, including updated background checks for all staff. The application and materials are reviewed by the regional licensor to verify compliance with licensing requirements. In addition, a regional licensor visits the facility to review a random sample of personnel and client files. To ensure consistency of adherence to all licensing requirements, agency and file reviews are conducted with checklists created by LD based on WAC requirements. In addition to the file reviews, the licensor visits all licensed group care facilities to conduct a full inspection of the physical facility and various required logs and records. Compliance agreements are developed for any deficiencies, and these agreements are monitored by the licensor and required to be

completed prior to the approval of the renewed license. The licensing supervisor reviews 100% of renewal applications for accuracy and compliance with all requirements by the applicant, thereby ensuring compliance with licensing standards.

Quality Assurance and Continuous Quality Improvement
In 2022, the LD Quality Assurance and Continuous Quality Improvement (QA/CQI) team developed a framework to reorganize quality assurance and improvement work. This framework allows LD to have a more comprehensive look at the work being done in the division, rather than the sole focus being home studies. Program areas that are covered include: group care, child placing agencies, kinship caregiver engagement, foster home licensing, kinship home studies, safety and monitoring, LD-CPS, and the foster family recruitment and retention. While LD does not have the capacity to cover every program area every year, this data driven process will identify areas of focus, so that those areas needing the most attention will be prioritized.

This framework is iterative, with the understanding that this will be adjusted to improve over time, and that the framework aligns with the OIAA's development and implementation of the agency wide QA/CQI framework. The framework prioritizes QA/CQI activities to address racial equity and social justice issues within the organization. The DCYF Strategic Priorities and Government Alliance on Race & Equity Tools & Resources are central to the LD QA/CQI framework to identify root causes and factors that maintain inequities, examine data to determine what it tells us, where the gaps are, including how impacted BIPOC communities were engaged, and how the department can improve partnerships with these communities. DCYF will consider the identity and intersectionality of impacted communities and strive to be proactive and responsive while informing and responding to audits, legislation, and budget. DCYF stresses the importance of active and meaningful inclusion and participation of all stakeholders and tribes in the CQI process, while integrating relevant information from various sources such as existing advisory groups and reports. This approach will elevate voices of those who are served by and interact with the systems within the department.

In 2022, the LD QA/CQI team began creating its first "information report" compiled of quantitative metrics from infoFamLink reports (disaggregated by race when possible) and to elevate community voice and incorporate stakeholder input, included a summary of pertinent qualitative data from the following sources:
- 2022 Constituent Relations Annual Report
- WA State Office of the Family and Children's Ombuds
- 2021 DCYF Caregiver Survey Report
- DCYF OIAA Reports
- Alliance CaRES
- Advisory groups

- o <u>Passion to Action</u>
- o <u>Kinship Care Oversight Committee (KCOC)</u>
- o LD Field Advisory Board
- o LD Supervisors
- o LD Racial Equity and Social Justice Advisory Group
- o DCYF Inclusive Racial Equity Change Team

This "information report" has been finalized and was reviewed in a collaborative meeting with LD leadership to determine area(s) of focus for the coming year. Three areas of focus were chosen, with the understanding that the small QA/CQI team may not have the capacity to do all three targeted reviews. In order of priority, these are (1) non-safety exemptions/waivers to ensure they are being applied equitably and consistently, (2) withdrawn/partially complete home studies to examine whether this practice is delaying permanency for children, (3) non-CPS intakes (licensing complaints) to identify inconsistencies and commonly violated WACs. Findings from the targeted reviews will be summarized in a report and shared with leadership in the fall. Based on the findings next steps will be identified.

If it is decided that a quality improvement project is needed, the LD QA/CQI team will assist in the design and evaluation of the project plan, and the field will implement. Depending on the project and the outcome, other areas of the LD will be included as needed, such as: change management, IT, workforce development, policy, and/or communications.

Item 34: Requirements for Criminal Background Checks

Washington State's comprehensive background checks for adoptive and foster care exceeds the federal Adam Walsh Protection and Safety Act requirements to check national crime information databases and state child abuse registries. This background check includes adverse and negative action information from licensed Washington programs, Washington courts dispositions that may not be reflected in the in-state or national background check result and is required for all household individuals aged 16 and older and not just the prospective adoptive or foster parents. New household members aged 16 and older must complete a background check, and all individuals aged 16 and older are required to renew their background check at the time of relicense.

DCYF's crimes list goes beyond the federally disqualifying crimes, but an individual with these additional crimes undergoes an individualized assessment of their character, suitability, and competence to determine if these crimes or negative actions relate directly to child safety, permanence, or well-being. DCYF does not have its own background check system and relies on other governmental agencies to facilitate the criminal history portion of the background check process. This lack of automation and reporting capability results in duplicative background

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checks and associated costs, and increased turnaround times. DCYF does make the final background check decision. The background check decision is thoroughly documented with the date of completion so DCYF Licensing Division and other assigned DCYF staff are aware that the background check requirement has been met and when an individual may have unsupervised access to a child in a licensed facility or under the department's care.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

DCYF continues to operate a full functioning foster, kinship, and adoptive recruitment program per the guidelines of RCW 74.13.325 noting that within available resources, the department shall increase the number of adoptive and foster families available to accept children through an intensive recruitment and retention program.

At the end of CY2022, DCYF had 6,138 children and youth placed in out of home care, 55% of whom were placed in kinship care.[20] With this focus on placement prioritization with kin comes an ever-changing landscape for foster care recruitment and retention. It has become increasingly clear where the placement gaps are such as homes for teenagers and children and youth with complex emotional, behavioral, and physical needs. All the while, the importance of retention and sustaining the existing pool of caregivers becomes even more vital. In CY2023, DCYF will engage in an intensive workplan with the Capacity Building Center for States to address targeted recruitment in a kin-first culture and targeted retention of licensed foster and kinship caregivers.

DCYF collaborates with Child Placing Agencies (CPAs), tribes, and the Alliance to aid in recruitment efforts. DCYF uses three recruitment strategies to meet the need for adoptive and foster home placements: general, targeted, and child specific.

Recruitment Efforts

DCYF's internal recruitment program includes six Targeted Recruitment Specialists (TRS) who develop and implement recruitment campaigns targeting quality, diverse caregivers able to meet the needs of children placed in out-of-home care. The TRS create and implement specific strategies unique to the region they cover.

During recruitment connections, events, and activities, TRS are specifically looking to identify caregivers who are:
- Supportive of siblings staying together.
- Racially and culturally diverse.
- Open and affirming of LGBTQIA+ youth.

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[20] Date Source: InfoFamlink, Relative versus Non-Relative Report as of January 1, 2023

- Aware that foster care is temporary.
- Supportive of parents and their path towards reunification.
- Open to care for medically fragile/medically complex children.
- Open to caring for children with extensive emotional, behavioral, and physical needs.

In CY2023, DCYF will further develop recruitment strategies and implement a collective focus on the following areas:

- Increase the pool of caregivers for children with extensive emotional, developmental, behavioral, and physical needs.
- Increase caregivers with the skills, ability, and desire to parent youth 12 and older.

Race/Ethnicity of Licensed Caregivers compared to Race/Ethnicity of Children Placed in Out-of-Home Care CY 2021 to CY 2022								
Children to Licensed Caregiver Ratio	American Indian/Alaska Native		Asian, Native Hawaiian, or other Pacific Islander		Black/African American		Hispanic	
	2021	2022	2021	2022	2021	2022	2021	2022
Region 1	4.5 to 1	3.5 to 1	1.3 to 1	.2 to 1	4.3 to 1	4.3 to 1	2.1 to 1	1.3 to 1
Region 2	9.1 to 1	5.6 to 1	1 to 1	.1 to 1	7.7 to 1	2.7 to 1	2.3 to 1	2.3 to 1
Region 3	5.1 to 1	3.3 to 1	.4 to 1	.1 to 1	4.8 to 1	1.9 to 1	1.8 to 1	1 to 1
Region 4	2.6 to 1	3.3 to 1	.6 to 1	.3 to 1	1.8 to 1	1.7 to 1	1.1 to 1	2 to 1
Region 5	5.9 to 1	3.5 to 1	1.2 to 1	.4 to 1	2.0 to 1	1 to 1	1.4 to 1	1.5 to 1
Region 6	3.7 to 1	2.1 to 1	1.2 to 1	.2 to 1	2.3 to 1	1.2 to 1	1.8 to 1	1.9 to 1
Statewide	4.6 to 1	3.2 to 1	.9 to 1	.3 to 1	2.4 to 1	1.5 to 1	1.8 to 1	2 to 1

Data Source: InfoFamlink Caregiver Recruitment and Retention Report, Statewide December 31, 2021 and 2022

This will include enhancing the Be the Way Home campaign and creating a subsection for teen recruitment. The goal is to include youth voice and lived experience in creating teen recruitment messaging to reduce stigmas associated with caring for teenagers, remind others

of how enriching teenagers are in family life, and push to find caregivers interested in parenting this age group. Once materials are created, this will be launched statewide to include social media distribution.

At the beginning of 2022, DCYF maintained 4,348 licensed foster homes. The number has remained relatively consistent for the past several years but is showing a downward trend. Many factors contribute to the decline including provider file clean-up, COVID-19, and natural attrition rates of caregivers. Over the past year, there has been a 3% gain on the number of licensed foster homes with at least one caregiver of color, and a 14% reduction on the number of children and youth of color experiencing foster care. Of the total number of licensed foster homes, 30% include at least one caregiver who identifies as a person of color, and 39% of children and youth in out-of-home care are children of color.

 Diversifying the pool of caregivers impacts all DCYF. However, each region has unique demographics that can show a particular area of need. This is most clearly seen when comparing the race/ethnicity of children in out-of-home care to that of licensed caregivers. The goal is to diversify the caregiver pool so that it reflects that of the children, youth, and families served. Compared to last year, DCYF made significant progress when looking at the ratios of children and youth of color in out-of-home care and licensed foster parents. There were positive gains in almost every category for each region when comparing 2021 and 2022 data.

TRS have implemented several recruitment strategies to engage the community, bring awareness, and attract diverse, quality caregivers. This is done through:
- Community connection, awareness building, networking, reverse tabling, and general recruitment activities in target locations.
- Initiating early relationships/one-on-one connection building with community leaders, organizations, and cultural centers.
- Targeted recruitment vendor/event (PRIDE, Juneteenth, Indian Heritage Month).
- Targeted recruitment material distribution (printed flyers, banners, paid advertisement, targeted social media).
- Micro-recruitment with targeted audiences to include in-person/virtual presentations.
- Prospective foster parent engagement (response to inquiries, foster parent information sessions).

DCYF is aware that many families become licensed and do not actually become a placement resource. This occurs for various reasons, but most often is due to the licensed foster family having a very specific age range and type of child they wish to care for, frequently a child with no, or a very low, legal risk of reunifying.

DCYF continues to implement the Be the Way Home campaign—to help educate prospective foster parents on the importance of reunification and placement with kinship caregivers.

Concepts from the campaign introduce that caregivers are instrumental in supporting children and parents to reunify and they are a bridge to keep children and youth connected to family and aid in making that happen. DCYF hopes to attract caregivers who understand the need for fostering, short or long term, and who are open to being a resource for children and youth and their families in need.

Not all caregivers in the current pool of licensed foster parents are actively fostering. DCYF made improvements to an existing report to further examine the demographics of licensed foster homes by including an Active versus Inactive category. An Inactive home is defined as a licensed foster home who is on a voluntary or involuntary no-referral or a home that has not taken a placement within the prior 6 months.

Using this definition, DCYF finds that on average 34% of licensed foster homes (State, CPA, Tribal) are considered inactive and are not a placement resource for children and youth experiencing foster care.[21] In examining the existing pool of resources and working to engage these families, many of them are not interested in caring for older youth, sibling groups, or short-term placements.

As mentioned previously in the Permanency Outcome 1 and Permanency Outcome 2 sections, DCYF continues to struggle in finding available placement resources for children and youth who experience complex physical, mental, and emotional needs. Through recruitment efforts, DCYF hopes to find individuals with the desire, skills, and ability to care for children and youth with greater support needs. DCYF also knows that recruiting for a therapeutic foster home is not easily done for first time foster parents, and that recruiting from the existing pool of caregivers who have experience fostering is a more likely approach.

In CY2022, DCYF experienced another increase in the use of placement exceptions. While the number of children and youth who experience placement exceptions is small (approximately 298) compared to the total number of children and youth in out-of-home care, it has a significant impact. These children and youth present with complex needs that are not easily met and require significant resources to support them. Placement exception stays are not best practice and put a strain on the child, youth, and agency staff.

DCYF continues to work toward reducing the utilization of placement exceptions. Significant effort has been put into addressing the systemic issues that impact resources available. This includes partnering with CPAs who hold contracts to provide BRS and expand services and reach. Through data sources, demographics specific to age, race/ethnicity, original removal date, permanent plan, DDA (Developmental Disabilities Administration) eligibility, BRS Services,

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[21] Data Source: InfoFamlink Count of CA Providers by Activity and Type as of January 1, 2023.

Missing from Care history, legal status, and last health and safety visit are available. Using this information, DCYF plans to tailor recruitment efforts and strategies specific to this population.

Race Equity and Social Justice (RESJ) and Stakeholder Feedback
DCYF strives to have the pool of available caregivers to align with that of the children and families served by the child welfare system. The TRS continue to strategize on multiple efforts to recruit homes that reflect the racial, ethnic, and cultural backgrounds of the children and youth who experience foster care. By doing so, there is a higher likelihood a child will be placed with those who match their race/ethnic/cultural identity, are in proximity to culture in their daily lives, and can maintain cultural norms and activities.

Due to historical, institutional racism, many factors impact why Black, Indigenous, and people of color (BIPOC) are hesitant to engage with the child welfare system. DCYF has implemented a RESJ framework that will support continued efforts to address inequities. DCYF's Caregiver Recruitment and Retention team will advocate for equitable system change, work to build trust throughout diverse communities and implement a RESJ lens to all aspects of the work.

DCYF successfully launched three co-design groups in 2022, Black/African American families, LGBTQIA+, and Intensive Behavioral, Emotional, Physical Needs. In 2023 DCYF will continue recruitment efforts to form and launch a Hispanic/Latinx and American Indian/Alaska Native co-design group.

Retention and Support
DCYF is committed to taking a balanced approach to recruitment and retention that recognizes the importance and vitality of existing caregivers while supporting new and emerging caregivers.

The Alliance launched the Caregiver Retention, Education and Support (CaRES) program in March of 2021 as DCYF's new retention and support contractor. The CaRES-DCYF partnership marks the first instance of DCYF and its retention contractor intentionally developing a program in response to the unique needs of both foster and kinship families.

Feedback about CaRES is provided through an annual caregiver survey. Of the 1,342 caregivers who participated, 83% felt that the support they received from CaRES was helpful. Moving into 2023, CaRES is eager to expand their kinship-specific supports in response to DCYF's focus on developing a kin-first culture.

In 2022, DCYF implemented a survey for caregivers who are closing their license. The survey is distributed to caregivers through a license closure letter that invites the caregiver to participate in an online survey. The survey lists multiple reasons for foster home closure and the caregiver is invited to indicate all applicable reasons for closing their license. Additionally, the caregiver can request a one-on-one closure interview with the caregiver retention and support program

manager. DCYF has not received enough responses (17 to date) to make data-based assertions about closure reasons.

DCYF is working to capture all the sources of information and provide a comprehensive overview of trends, themes, areas of strength, and areas of improvement. This information will continue to be used to guide field practices and aid in advocating for much needed resources for caregivers. DCYF must concentrate efforts on sustaining the existing pool of caregivers, as they are an invaluable asset.

Prospective Foster Parents Inquiry Data
DCYF continues to contract with Northwest Resource Associates (NWRA) to operate the Statewide Recruitment Information Center (SRIC). The SRIC allows prospective foster, kinship, and adoptive families to submit an inquiry online or call the state's toll-free recruitment line. An individual record is then created by the information provided, which is recorded in the case management system. DCYF can gain significant information based on these prospective foster parent (PFP) responses to include location, interest level, motivation, and source of inquiry. These records are a valuable source of information and help DCYF understand recruitment efforts, success, and areas of need.

DCYF continues to track prospective foster parent inquiries that are "true" inquiries. In the past, families had been included in this category if they were entered into the SRIC system, even if they were not potential caregivers. For example, if they were already providing care, or were farther along in the licensing process than to be considered "potential". Now, the term "PFP" in reporting refers only to new inquiries, as opposed to all records created in the month. Due to this change, the 2021 and 2022 data reflect lower totals than in previous yearly reports, when "PFP" referred to records created instead of new inquiries.

Intake by Source CY2022	
DCYF Website	2,723
Adopt US Kids/Northwest Adoption Exchange Website	328
SRIC Hotline	177
Total	3,228

DCYF Regions 5 and 6 continue to see high numbers of prospective foster parent inquiries throughout the year making up 43% of the total number received. Region 2 has the smallest numbers which is a direct result of their small population size compared to the other regions.

Inquiries Regional Breakdown CY2022						
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide

512	334	428	573	636	745	3,228

Of those interested in learning more, 30% indicated a primary interest in Adoption from Foster Care, which decreased by 6% from 2021. 56% indicated an interest in General Foster Care (short or long term), up 6% from the previous year. Feedback received during a recent consultation indicated that the terms provided in the questionnaire are not in plain talk. The questionnaire will likely go through additional iterations to be more user friendly.

Interest Type CY2022	
Adoption from Foster Care	977
Extended Foster Care (Youth 18 to 21)	24
General Foster Care (Short- or Long-Term Placement)	1,821
Kinship	152
Short term foster care (Respite Care)	254
Total	3,228

In April 2022 the questionnaire was updated, and two questions were asked in the place of one, "What encouraged you to apply?" and "Please tell us more about why you are interested in foster care and/or adoption?". The "other" category was removed (which accounted for 49% of the responses for 2021) and "None of these apply" was added in hopes that individuals would accurately reflect where they heard about filling out the inquiry form. Unfortunately, this did not resolve the issue. Considering the "Other" option being available from January to April, and the "none of these apply" option, it was still selected almost 50% of the time. Responses for the motivation narrative were reviewed, and a summary of prospective foster parents reported that they inquired because of:

- **Internal motivation** – the individual or couple always had a heart for foster care, want to give back, and want to make a difference.
- **Connection to fostering** - the prospective caregivers know someone who currently or previously fostered, or they are preparing to care for specific children in the future.
- **Current work with children** - many prospective caregivers reported being social workers, teachers, police officers, nurses, group home staff, or counselors.

This continues to be valuable information and aids in understanding an individual's motivation for fostering. However, it does not tell the story on how the individual found DCYF's website or hotline to learn more.

DCYF continues to see a relatively diverse group of individuals inquiring about foster care and adoption at the inquiry stage. Although individuals still chose "Prefer Not to Disclose", it has

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decreased and only 2% of individuals are marking this option. Compared to 2021 figures, there have been some slight changes. 7% of PFP's are of Black/African American descent, 9% of PFP's are of American Indian/Alaska Native descent, and 7% are of Hispanic descent.

Race/Ethnicity of Prospective Foster Parent Inquiries									
	CY	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Total	Race/Ethnicity Percentage
American Indian/Alaska Native	2021	35	33	47	56	47	63	281	7.16%
	2022	66	33	42	56	57	90	344	8.77%
Multiracial American Indian/Alaska Native	2021	2	2	0	7	4	5	20	0.51%
	2022	1	2	0	2	3	1	9	0.23%
Asian, Native Hawaiian, or other Pacific Islander	2021	6	7	35	61	34	20	163	4.16%
	2022	9	3	21	43	19	18	113	2.88%
Black/African American	2021	15	12	27	112	96	46	308	7.85%
	2022	7	5	20	69	78	28	207	5.28%
Multiracial Black	2021	14	2	21	32	32	21	122	3.11%
	2022	5	2	9	21	14	10	61	1.56%
Hispanic/Latinx	2021	33	66	45	80	42	51	317	8.08%
	2022	42	70	30	52	42	40	276	7.04%
Multiracial other	2021	24	15	28	54	64	42	227	5.79%
	2022	20	14	25	37	59	48	203	5.18%
White	2021	429	238	347	426	392	562	2394	61.04%
	2022	330	185	261	259	308	460	1803	45.97%
Prefer Not to Disclose	2021	8	16	8	19	18	21	90	2.29%
	2022	14	4	5	13	18	16	70	1.78%
Statewide Total	2021	566	391	558	847	729	831	3922	100.00%
	2022	494	318	413	552	598	711	3086	100.00%

Note: Total numbers is this ethnicity table do not match the total number of PFPs as respondents are able to select more than one ethnicity per PFP. Additionally, the number of those with "Unknown" race/ethnicity are not included in the table.

Engagement with the PFP's at the initial inquiry through the licensure stage is extremely important. DCYF partners with CaRES to engage families and has developed a secondary engagement strategy with PFP's that launched in February 2022. DCYF continue efforts to create a targeted response system with proactive engagement, ensuring that PFP's have the

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support, encouragement, and information they need to take the next steps in becoming a licensed foster parent.

Licensing Pathway: Inquiries, Applications, Licenses

As of November 2022, DCYF's LD launched an online provider portal called the Washington Caregiver Application Portal (WA CAP). Throughout CY2023, DCYF's recruitment and retention team will work with LD's data team to extract data from the new system and be able to show the data story from point of entry into the application portal, through the licensing process and its completion.

DCYF continues to strengthen communication to prospective foster parents by improving the online presence and ensuring the process is simple and easy to understand. In early 2023, DCYF launched a new look to the external website that provides easier navigation for prospective foster parents: DCYF Become a Foster Parent.

DCYF experienced a 6% increase in licensing applications received by State, CPA, or Tribal agencies compared to 2021. Although applications are down from 2019 numbers, there appears to be a bounce back from 2021 figures. DCYF hopes to see increased targeted applications received with continued recruitment efforts, a statewide retention and support contract, online provider portal, and improvements to the state's economic and health condition as it relates to the COVID-19 pandemic.

Licensing Applications Submitted, Statewide													
	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
2019 Statewide	285	157	214	207	217	194	227	208	166	206	165	175	2,394
2020 Statewide	170	174	182	175	165	163	159	163	151	168	134	138	1,942
2021 Statewide	158	145	177	157	136	148	129	142	156	118	112	100	1,690
2022 Statewide	127	133	178	141	138	133	160	167	188	164	124	139	1,792
Data Source: InfoFamlink, Foster Home Applications by Month, CY2019, CY2020, CY 2021, CY2022													

When looking at the number of total prospective foster parent inquiries received, total applications submitted, and total licenses issued there is a 71% drop from inquiry to license completed when compared to totals received during the same time period. In 2019 there were almost 8,000 prospective foster parent inquiries received, while only 14% resulted in a completed license. In 2022, just over 3,220 prospective foster parent inquiries were received; however, 29% resulted in a license. DCYF is receiving less volume; however, has remained

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relatively consistent in the number of applications received and licenses completed. DCYF hopes to measure the success of converting inquiries to applications, applications to licenses, and licenses with active placements by recruiting and supporting families interested in serving target population of children and youth.

Licensing Pathway: Inquiries, Applications, Licenses

Legend: Inquiries, Applications, Licenses, Linear (Inquiries), Linear (Applications), Linear (Licenses)
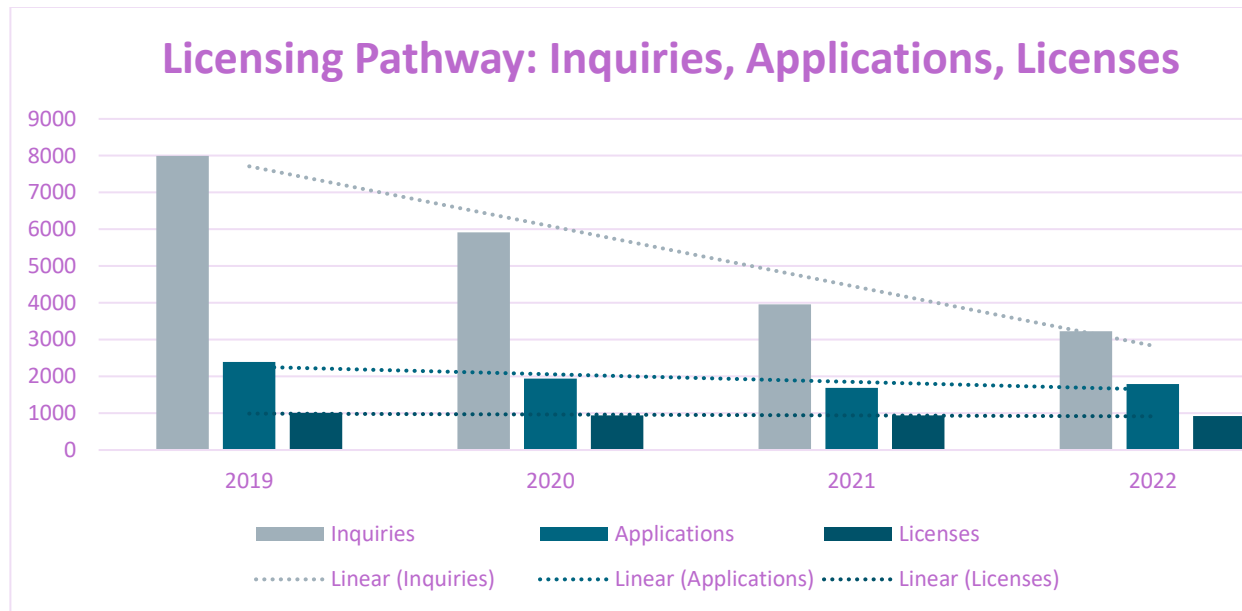
Data Source:
SRIC Inquiry Report January to December
InfoFamlink Licensed Foster Home Applications by Month January to December 2019, 2020, 2021, 2022
*InfoFamlink Licensed Foster Home Report January to December *New License Only**

Kinship Placement and Focus

The culture within DCYF continues to shift over the past decade to embrace the elements of reunification across all systems. There is greater understanding that keeping children and youth connected to their parents, siblings, relatives, and extended family is imperative for their health and well-being. Family connections are critical to children's healthy development, sense of belonging, and preserve children's cultural identity and relationship to their community.

When reviewing the kinship placement data by region, it shows some variations. Region 4 continues to have the highest rate of kinship placement at 60%, with Region 2 as a very close second. Region 6 has shown improvement from last year, increasing kinship placements by 7.1%.

Kinship Placement	
Region 1	53.3%
Region 2	59.7%
Region 3	53.4%
Region 4	59.8%
Region 5	53.7%
Region 6	49.8%
Statewide	54.5%
Data Source: InfoFamlink Relative versus Non-Relative	

When reviewing kinship placement data by the race and ethnicity of the child and youth in care there are regional and statewide trends. Across every region, American Indian/Alaska Native children and youth tend to be less likely to be in kinship care than any other race and ethnic categories. This is an important indicator as DCYF works to place with more kinship caregivers. DCYF must continue to examine why kinship caregivers are not found or are not passing the initial screening for placement. DCYF, like many government agencies nationwide, includes a history of systemic racism that has disproportionality impacted Black, Indigenous, People of Color. Across BIPOC communities we see the impacts of this in almost every domain. Specific to American Indian/Alaska Native families, DCYF continues to fully support ICWA and has a robust Office of Tribal Affairs to help guide the agency and ensure partnership is key and policies are followed.

DCYF has implemented several practice changes to reduce barriers to kinship families in the approval/home study assessment process. In addition, DCYF plans to increase family finding efforts and initial kinship support over the next year. Feedback from our tribal partners include ongoing areas of growth in: relationship building and person connection with case carrying social workers, barriers to the home study/licensing process, and distrust from the tribal community working with DCYF as a government agency.

DCYF hopes that continued efforts to improve outcomes, reduce barriers, and bring awareness to disproportionality will improve these areas moving forward.

The following visualization reflects the Statewide totals of children and youth placed in kinship care versus non-kinship care, broken down by race and ethnicity. This information can also be identified per region to make informed decision regarding targeted recruitment efforts.

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Statewide
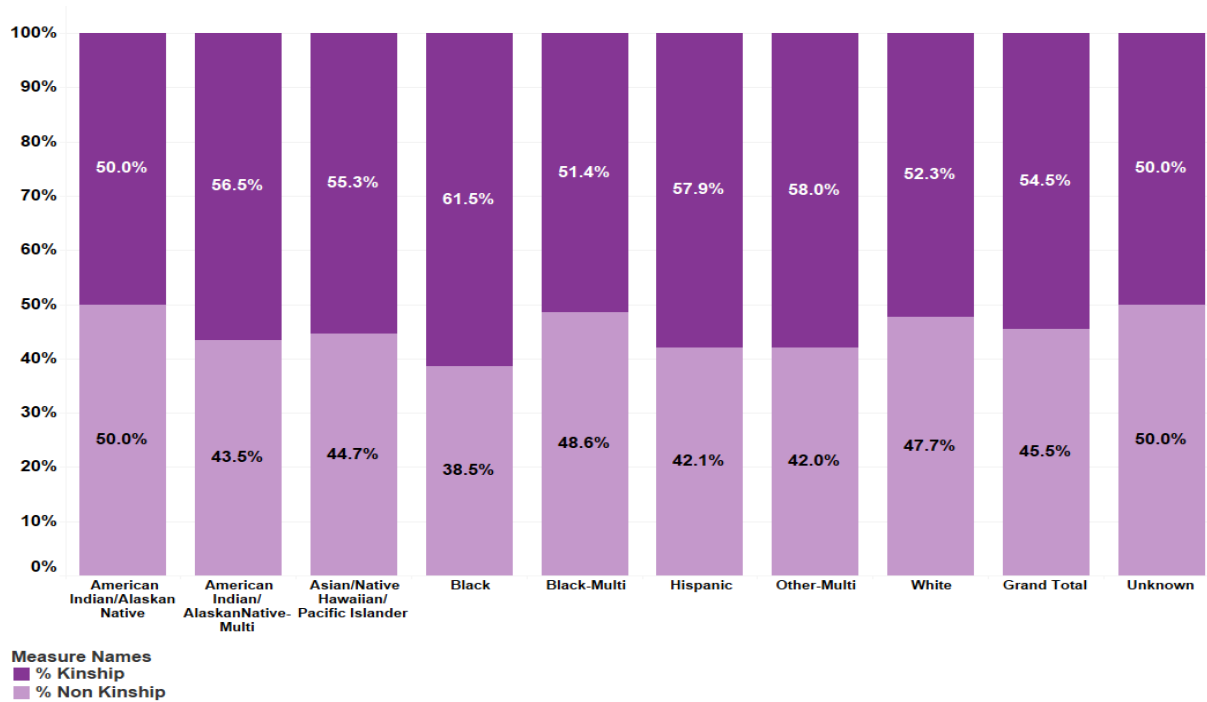
Data Source: infoFamLink, Relative Vs Non-Relative, December 31, 2022, Total Children means Total Count of Children, ages 0-17, placed in Out of Home Care with DCYF Custody, counts between 0-9 may not be distributed and are shown as ""*

Child Specific Recruitment

DCYF has a need for diverse, quality caregivers with the desire to be a permanent resource for children and youth in need. DCYF uses several child-specific recruitment methods, overseen by the Adoptions Program, to identify existing and prospective adoptive families to include:

- Local and national adoption exchanges.
- Local events such as KidsFests.
- Monthly Adoption Consortium meetings.
- Wendy's Wonderful Kids (WWK) child specific recruitment (internal DCYF staff).

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- Communication regarding adoptive resources between LD, placement desks, and adoptions.
- Case management to identify relatives or suitable others.

Child-specific recruitment focuses on an individual child and their need for permanency. For children and youth who do not achieve permanency for a variety of reasons, these forms of recruitment seek to identify caregivers to best match for a child's unique needs. The referral process for participation in the various recruitment strategies is dependent on the child or youth's legal status. Children and youth who are legally free may participate, while court approval or parental permission is required for children and youth whose parental rights remain intact.

Data from CY2022 found that 57% of children and youth who had been legally-free for one year or longer were between the ages of 12-18 years old. For this reason, child-specific recruitment efforts are concentrated on that age group. Northwest Adoption Exchange (NWAE) provides youth-focused empowerment programs to include In-Depth Profiles (IDP) and Reverse Matching Events (RME). IDPs engage youth in a creative process of presenting themselves to potential families in a way that best meets the youth's personality and likes. The youth use their creativity to decide on what type of format best meets their needs. Some youth will participate in videos which may include the providing a tutorial or by simply putting together a playlist of music they enjoy.

Through a partnership with a local Rotary Club, a KidsFest event was held in October 2022 in King County. Approximately 25 prospective adoptive families were in attendance. Ten youth were in attendance and resulted in two of the youth matched with families. Activities for youth included a pizza party, basketball, Legos, cupcake decorating, board games, and corn hole. Youth had a supportive adult transport them and stay to support them during the event. The event was a fun day for everyone who attended and provided the opportunity for families to support one another.

Washington State DCYF became the provider for the Dave Thomas Foundation for Adoption – Wendy's Wonderful Kids (DTFA-WWK) recruitment. As of April 30, 2023, WWK staff are providing child-focused recruitment to 74 youth. There have been 6 matches, and 1 finalized plan since the program moved to internal DCYF staff. The supervisor and recruiters are trained to follow model fidelity. The supervisor works closely with other recruitment programs for the benefit of youth and families working toward permanency.

Item 36: State Use of Cross-Jurisdictional Resources for Permanency Placements
Interstate Compact on the Placement of Children (ICPC) Referrals to Washington for
Placement

Interstate Compact on the Placement of Children (ICPC) is the legal binding agreement in all states, the District of Columbia and the Virgin Islands that provides protection to children placed through an approved ICPC across state lines.

A challenge with ICPC is states vary in home study requirements, such as requiring licensing for all relatives or not accepting an adoption home study request prior to termination of parental rights. Planning and encouraging families to respond timely and engage in the home study process quickly is a part of the assigned caseworker's ongoing engagement work with the family.

Permanent plans through ICPC can include return to parent, adoption, guardianship or other court approved permanent options based on the sending state that holds jurisdiction. Achieving permanency for an ICPC case occurs after a period of stable supervision. Article V of the ICPC requires the concurrence of the receiving state's ICPC office. [22]

Article III of the ICPC law requires states to have a home study and placement approval from another state prior to placement.[23] The Safe and Timely Interstate Placement of Foster Care Act of 2006[24] requires states to complete home studies within 60 days. If the home study is not completed in 60 days, the receiving state generally provides a preliminary report to the sending state indicating the reason for delay. This 60-day home study timeline for most states can be difficult to achieve. A completed home study, under ICPC regulations, is due as soon as possible and no later than 180 days, to accommodate licensure or state's adoption home study requirements.

For this report, data was pulled on April 3, 2023. As shown in the table below, during CY2022, 58% of home studies completed from another state were completed or a preliminary report provided within 60 days, which is up from CY2021. This increase from last year may be in part due to the DCYF HQ ICPC unit regularly requesting status checks to other states on outstanding home studies and working to alleviate barriers.

Timely ICPC Home Study Decisions Provided by Washington to Sending State in 60 Days or Less								
CY	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	HQ	Total

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[22] Interstate Compact on Placement of Children. WA RCW 26.34.010 (1971 ex.s c 168 § 1)

[23] Interstate Compact on Placement of Children. WA RCW 26.34.010 (1971 ex.s c 168 § 1)

[24] Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239.

CY2020	34% (33)	27% (19)	35% (35)	29% (31)	31% (42)	20% (43)	100% (1)	28% (204)
CY2021	54% (63)	61% (43)	62% (59)	61% (79)	55% (82)	57% (124)	100% (5)	55% (425)
CY2022	56 % (62)	66 % (47)	60% (40)	64 % (64)	53% (67)	55% (105)	50% (3)	58% (388)
Data Source: PQR 1438, infoFamLink, CY2020, 2021 & 2022								

HQ ICPC continues to collect data on how many placement requests were with relative caregivers. As shown in the two tables below, during CY2022, 77% of the incoming referrals and 81% of the outgoing referrals were with relative families. The high number of referrals sent with relative families shows DCYF's priority to place children with relatives to maintain family and cultural connections. DCYF also prioritizes placement with suitable other placements as part of the Kin-First culture. ICPC does not have a mechanism to track kinship families that DCYF identifies as suitable other providers, due to the need for licensing of these providers when placed across state lines.

ICPC Referrals to Washington State for Placement				
Calendar Year	Total ICPC Referrals Received	ICPC Request with Relatives	Potential Adoptive Placement Identified	WA ICPC Adoptions
CY2020	723	585 (81%)	115	92
CY2021	778	646 (83%)	128	65
CY2022	673	519 (77%)	154	57
Data Source: PQR 1438, infoFamLink, CY2020, 2021 & 2022				

DCYF Referrals Out of State for Placement					
Calendar Year	Total ICPC Referrals Sent	Timely decisions 60 days or less	Potential Adoptive Placement Identified	Children Achieving Adoption	ICPC Relative Requests
CY2020	686	126 (18%)	116	114	564 (82%)
CY2021	651	220 (34%)	124	74	508 (78%)
CY2022	641	194 (30%)	116	57	520 (81%)
Data Source: PQR 1438, infoFamLink, CY2020, 2021 & 2022					

In CY2022, DCYF received 673 referrals with 154 adoptive placements identified from other states, for 145 children. During CY2022, 57 children achieved permanency through adoption from other states. Adoption is not the only way that children placed through ICPC achieve permanency; guardianship, return to parent, and other court-approved plans identified by the jurisdictional state are also ways in which children achieved permanency. In CY2022, DCYF sent 641 referrals with 116 adoptive placements identified to other states for 96 children.

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DCYF Referrals Out of State for Adoptive Placements			
	CY2020	CY2021	CY2022
Total WA Out-of-State ICPC Referrals	723	651	641
Identified as Relative Homes	585	508	520
ICPC Permanent Adoptive Placements	116	74	116
WA Children Placed in ICPC Permanent Adoptive Placement	77	78	70
WA Children Achieved Permanency through Adoption in ICPC Placements	114	53	57
Data Source: PQR 1438, infoFamLink, CY2020, 2021 & 2022			

As of April 3, 2023, there are 27 outstanding 2022 home studies for referrals to Washington State, 25 of those from the last Quarter of CY2022. There are 106 outstanding 2022 home study referrals sent to other states. In analyzing the data, some of the delays occur when a youth is currently placed on an approved home study, and another home study has been requested, generally an adoptive home study. In some of those cases, pending home studies are paused when youth are having behavioral struggles or families are working with service providers to determine if placement disruptions can be avoided; those delays aren't evident until a deeper dive into barriers occurs.

DCYF Count of ICPC Placement Referrals by Race and Ethnicity			
	CY2020	CY2021	CY2022
Asian/Pacific Islander	14	15	13
Black	78	58	43
Black Multiracial	70	57	50
Hispanic	75	65	87
American Indian/Alaska Native	22	27	33
American Indian/Alaska Native Multiracial	66	80	86
Other Multiracial	13	28	12
White/Caucasian	347	321	316
Unknown	1	0	1
Data Source: PQR 1438, infoFamLink, CY2020, 2021 & 2022			

Strengths, Barriers and Practice Improvements Related to Foster and Adoptive Parent Licensing, Recruitment and Retention

Strengths

- DCYF is embracing a "Kin-First culture", more children are being placed with kinship caregivers and there has been an increase in the number of kinship caregivers getting licensed.

- Successful launch of the Washington Caregiver Application Portal (WA CAP) streamlining the application process for licensed foster parents, kinship caregivers, and potential foster parents.
- The average time from receipt of application to licensure has improved.
- LD is integrating racial equity and social justice into all practice improvement and quality assurance/continuous quality improvement work.
- At 81%, most cross-jurisdictional placements out of state are with relatives supporting DCYF's Kin-First culture.
- Identification of overdue ICPC home studies continues to be a strategy for program improvement.
- This calendar year timeliness for incoming preliminary reports or home studies completed increased by 3%. When analyzing this data from 2016-2022, this percentage is the highest percentage the agency has seen, reiterating that the strategies and practice changes for improvement are working.
- Increasing timely permanency has remained a focus for ICPC this past year. The ICPC program manager completed a data analysis of outgoing ICPC requests and placements in January, June, and December. Communication continues with Interstate partners to understand their state policies regarding accepting adoption requests prior to termination of parental rights and determining if exceptions can be made to help achieve timely permanency.
- Washington and Oregon have an ICPC border agreement, which allows for expedited placement of a youth across state lines while the full home study continues. This has been beneficial for both states in placing children quickly with kinship providers while a full home study is completed.
- In CY2022, 42% of the total incoming requests were foster requests. Foster licensing takes longer to complete than a relative home study request. LD's change in home study requirements and non-safety waivers for relatives who are becoming licensed may increase timeliness of these studies.
- To assist in increasing timely permanency, the ICPC Program Manager completed a data analysis of outgoing ICPC requests and placements. If a youth was in a permanent home without an adoption home study and that was the permanent plan, reminder emails were sent to caseworkers and supervisors.
- DCYF sought legislation to establish "child specific" licenses for kinship caregivers. The legislation passed and will be fully implemented in 2023. LD has finalized the expanded list of items in the Washington Administrative Code (WAC) that do not pertain to safety so that "non-safety waivers" can be used to license relatives who otherwise might not be able to become licensed.

- LD has continued to examine business processes, tasks, and staff capacity within the various sections of LD across the state. Due to this, LD has been able to shift some tasks to different staff to streamline processes.
- LD has implemented a comprehensive recruitment and retention program based on data, research, and best practices approaches. There are promising practices with community based targeted recruitment.
- LD implemented an online provider portal in the Fall of 2022 which will resolve many of the issues prospective foster parents experience as they try to engage in the process.
- The implementation of In-Depth Profiles and Reverse Matching Events (RME) through a contract with Northwest Resources Associates has provided youth with a voice in their own recruitment. Additionally, RME's have allowed families to complete quick videos with rapid-fire question and answer sessions that allows families to present themselves as people rather than only through a written home study.

Barriers

- While the implementation of initial licenses for kinship caregivers this year will support kinship caregivers, the process to track issue date, expiration date, payments, etc. will be manually done by DCYF staff, making it tedious and leaving room for error.
- Some work is duplicative and data collection is complicated while working out of two systems.
- Staff in LD are navigating a tremendous amount of change, including learning a new data system, adjusting to a new home study framework, change in division leadership, many changes in practice that are communicated through practice memos, returning to "pre-COVID 19" practices, and restructuring within the division.
- Limits in the FamLink system make documenting background check information on group care staff challenging. A recent state audit found that internal controls were not adequate to ensure group care facility employees had cleared background checks before having unsupervised access to children. DCYF is confident that all staff who work with children and youth have cleared background checks and did not concur with this finding; however, effective April 1, 2023, the Department implemented a new process for processing and documenting background checks for group care facilities to strengthen internal controls, documentation, and clarification on the "effective date" in FamLink.
- The ICPC requirement to complete home studies within 60-days is difficult to achieve. Most states cannot complete home studies for children placed in their state within 60 days.
- ICPC data captures finalized adoptions, not other permanent plans. Over the next year ICPC will strategize with OIAA to determine if a report that includes all permanent plans achieved can be captured.

- DCYF received a grant extension for the National Electronic Interstate Compact Enterprise (NEICE) project. The grant extension was approved until September 2023. IT is working to prioritize outstanding projects, NEICE is one of the projects that needs prioritization. Utilizing the Secure Document Portal (SDP) that is provided for the ICPC unit while waiting to onboard to NEICE does have some challenges and can be time consuming.

Practice Improvements

- DCYF conducted a pilot study to develop intentional policy for multi licensing. This effort originated from the Foster Parent 1624 Consultation Team which includes foster parent representatives and DCYF staff. Multi licensing simplifies the process for families to operate as both foster care and childcare providers and provides seamless and continuous care and community support for children.

- The Playbook from the Kinship Co-Design which includes recommendations that DCYF is currently being reviewed and prioritized.

- The Safety and Monitoring (SAM) Workload Study and Implementation included an evaluation of the SAM workload, determining appropriate caseload distribution, and identifying factors that created barriers to the work in SAM which allowed the agency to identify and address system improvement opportunities.

- LD staff can submit suggestions to an "innovations" inbox using a short form titled, "Licensing Division Practice Change Request". This allows staff who are doing the day-to-day work to share ideas for practice improvement.

- An e-learning for ICPC was created to give an overview of ICPC "Interstate Placements: Fundamentals and your Role". This training is required for new CFWS staff within the first year of hire or transfer to a CFWS position. In CY2022, 53 staff completed this eLearning. Training has not been completed by all CFWS staff.

- Understanding the ICPC process is important to accessing relative placements and achieving timely permanency. Reminders to staff regarding completion of this training will continue. ICPC program also does additional specific ICPC training for Licensing Division, adoption and field staff, and agencies as requested.

- In 2022, HQ ICPC received data quarterly, which assisted in identifying overdue home studies. The HQ ICPC Program Manager continues to strategize with LD regarding the reason for home study delays, identification of barriers, and to create a plan to increase the completion of timely placement decisions.

- The existing ICPC was adopted in 1960, its governing process and structure is outdated and needs revision to ensure timely and appropriate placement of youth. The new ICPC now being called the revised ICPC, has been in discussion for many years. To move forward with this Compact, 35 states must pass and enact new legislation supporting

the revised ICPC. This Compact would have mechanisms to modify rules as needed and is adaptable when federal laws change. The current ICPC has little enforcement action when it is not followed, when there are delays in home studies and barriers to placement, the revised ICPC would have some enforcement built into the rules.

Stakeholder Involvement and Feedback

- Elevating community voice is central to the QA/CQI framework.
- In response to the change request form mentioned above, the "Licensing Division Practice Change Request Review and Approval" form is used by Program Supervisors and Administrators to review and prioritize requests. Once a request is approved and assigned to a project manager or lead, the form provides guidance to develop an exploratory impact group to ensure that impacted stakeholders and partners are included throughout the project.
- HQ ICPC collaborates with internal and external partners related to timely interstate home studies as well as planned placements, minimizing disruptions, and permanency planning.
- HQ ICPC meets with other state ICPC offices during monthly all state meetings.
- HQ ICPC and LD discuss timeliness of ICPC home studies. LD and ICPC have been in communication regarding the changes and updates on the kinship license and the new home study changes and how these changes fit within ICPC parameters. Although still early, it appears that some of the changes are impacting timeliness of home studies in a positive way.

COVID-19 Impacts

- The COVID-19 state of emergency in Washington State, suspending fingerprint requirements and CPR requirements ended July 1, 2022. Effective July 1, 2022, DCYF returned to pre-COVID-19 procedures. All COVID related waivers for fingerprints were resolved as of July 1, 2022. Federal rules and regulations allowed for any outstanding COVID-related waivers to be addressed at the time of renewal. As of July 1, 2022, new licenses were not issued without the appropriate 1st Aid/CPR training. All licenses renewing after July 1, 2022, are required to complete 1st Aid/CPR training.

Update on Plan for Enacting the State's Vision

Family First Prevention Services Act (FFPSA)

Washington State's Family First Prevention Plan was approved by the Children's Bureau in October 2020. The approved plan can be found here.

Technology Redesign

In late 2021, the planning timeline for Family First shifted from full implementation to ensuring DCYF's current Statewide Automated Child Welfare System (SACWIS), FamLink, could meet the federal requirements for claiming IV-E funds for prevention services. FamLink requires significant changes to support implementation and is facing stability issues. Discussions resumed late in 2022 to determine whether a minimum viable product utilizing FamLink was possible. Those talks continue into 2023.

To address future IT system needs, DCYF contracted with Gartner in September 2022 to begin development of a Comprehensive Child Welfare Information System (CCWIS).

House Bill 1227 known as the Keeping Families Together Act takes effect July 1, 2023. It focuses on maintaining children safely in-home, increasing the use of relative caregivers, and ongoing, accurate assessments. HB 1227 strengthens Family First implementation and recognizes that children and families are best served when children are cared for by their loved ones and in their communities.

These legislative efforts require alignment to define harm of removal and create a framework for removal standards and placement decisions. To support workforce adoption of these initiatives, the Family First team hosts prevention 'road shows,' participates in Thriving Families Campaign, staff office hours and contributes to workgroups geared towards integrated implementation.

Family Practice Model

The Family Practice Model provides opportunity for Family First to integrate necessary elements to inform safety assessment tools, practice profiles, and how approved prevention services support families. The application of Motivational Interviewing (MI) is seen as an essential contextual practice element across all domains of the model.

Performance Based Contracting (PBC)

DCYF completed a Family First Services Needs Assessment in July 2022. The Assessment was designed to understand how to move forward with expanding prevention services that supported Performance Based Contracting. The Office of Innovation Alignment and Accountability (OIAA) conducted the analysis of child welfare, early learning, JR, and Integrated

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Client Database (ICDB) data presented in reports by the Department of Social and Health Services (DSHS)/Research and Data Analysis (RDA) division.

QA/CQI Baseline Assessments

To assist in Family First implementation, baseline assessments began March 2022 to identify office readiness to meet practice-related requirements for Title IV-E claiming and provide data regarding the availability and utilization of contracted and community-based services. The Everett office completed their assessment in 2022 with Lakewood's and Puyallup's assessments occurring early 2023. Three additional offices are slated before June 2023.

Actionable themes that support emerging FFPSA claiming:
- Develop incremental steps to increase caseworkers' use of written case plans.
- Ensure new and updated safety assessments are completed prior to the closure of each case.
- Consider supporting existing Family Preservation Services (FPS) providers to obtain the credentials to provide evidence-based services (e.g. - Motivational Interviewing) to families.

These recommendations reflect commonalities across assessments, but it's too early to determine that a pattern exists beyond those offices.

Service Array

A new headquarters-based service array team was developed to ensure that services are integrated, effective, efficient, and supportive of optimal family functioning. Central to the team's duties are the development, recruitment, and support of a comprehensive in-home service continuum. Expanding prevention services available to youth and families throughout Washington State is central to Family First and DCYF's goal of safely reducing the number of children in out-of-home care. Identification and implementation of services within the creation of individualized case plans hinges on the availability of effective and appropriate services to meet families' individual needs.

Home Visiting

Funding streams for home visiting programs are being analyzed to determine how prevention plan candidates can be served by home visiting EBPs in Washington's Prevention Plan. Many approved candidate groups would not be able to access the home visiting programs identified in the plan. Nearly all the funding for home visiting programs is directed toward families who are not involved with child welfare. Client data for those served by home visiting programs and child welfare data exist in two separate databases that do not provide seamless bridging to access information to the state SACWIS system. Center for States will provide technical

assistance to identify candidacy groups and solution focused opportunities through peer jurisdictional guidance to understand and ultimately deploy data bridging.

Culturally Responsive Services

DCYF is piloting culturally responsive prevention programs provided by proximate providers, Tribal Nations, Recognized American Indian Organizations (RAIOs), and native serving organizations to reduce entries-into-care among Native and African American children. This expansion of culturally responsive services is building off the work and feedback DCYF has received over the past few years including an evidentiary review of Tribal Child Welfare Prevention Programs, racial disparity indices report, and a diagnostic finding with technical assistance provided by the Harvard Government Performance Lab. A request for applications (RFA) was posted in May 2023 and another procurement aimed at culturally responsive prevention services for African American Families will be posted in the summer of 2023.

Motivational Interviewing

Implementation of Family First pivoted to staff professional skill development through Motivational Interviewing (MI) and efforts to increase a prevention-oriented practice and mindset. The initial phase focused on training staff from the nine Family First early implementer offices, regional and headquarters leadership, as well as the DCYF Secretary and leadership table.

Implementation of MI scaled up in early 2023 to include all interested caseload carrying staff across all programs and offices with leadership requesting training for their office staff. Coaching and coding staff to fidelity is an essential element of MI implementation. DCYF has chosen the Motivational Interviewing Competency Assessment (MICA) as the fidelity tool for coding staff to fidelity. Garnering engagement with coaching and coding has been an implementation challenge. Strategies to enhance awareness that coaching and coding as a component of Motivational Interviewing training have commenced. During the first phase of implementation, in person coaching and coding was the preferred method of training. Staff capacity was of great concern when scaling up implementation of MI. A combination of virtual and live coaching/coding practice opportunities has now been approved through leadership and stakeholder channels. Communication strategies to boost the workforce's awareness and desire of the training are ongoing.

Resources to support staff's attainment and sustainment of MI skills are in development. Following a contract modification with the Institute for Individual and Organizational Change (IFIOC), 30 days of their resource library, MI Plus+, has been included as a resource for staff to use after completing training. The modification of IFIOC's contract also allowed for expansion of trainings to include in-person training options. Virtual trainings were the only format offered during the initial year of implementation. A Family First intranet page with MI resources specific

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to child welfare is in development and will be available to staff soon. Booster sessions are available to staff on a regular basis. In SFY2024, DCYF will be collaborating with the agency's training partner, The Alliance for Child Welfare Excellence (The Alliance), to acquire a MI curriculum that the Alliance can use as they prepare to take over training DCYF's workforce upon the conclusion of IFIOC's contract.

Kinship Navigator Program

Through a partnership between the University of Washington (UW), the DSHS Aging and Long-Term Support Administration (ALTSA), and DCYF, a pilot study was conducted on Washington State's Kinship Navigator Program. An enhanced kinship navigator model was developed and implemented within 7 counties, which was compared to the kinship navigator services as usual in 12 other counties using a quasi-experimental design. The data was collected July 2019 to October 2022 with the underlined evaluation report published in January 2023. This evaluation has been submitted to the Title IV-E Prevention Services Clearinghouse for review.

State Family First Plan Amendment

Leveraging the additional time DCYF has prior to claiming IV-E reimbursement, Washington's Prevention Plan will be amended, and this process will incorporate stakeholder's perspective, including individuals with lived experience and community partners, on what improvements could be made. Additional EBPs will be added to the prevention plan and more details regarding a community pathway that can serve approved candidacy groups will be a part of this work. Conversations to engage the Family Resource Center Network that serves families throughout their local communities through Family Resource Centers have begun. They will be an important aspect of the work toward creating a community pathway.

Technical Assistance

Technical support and consultation have been sought through the Capacity Building Center for States, Harvard Government Performance Lab, and Chapin Hall. Areas of focus are providing Washington with peer-to-peer opportunities around funding structures and general FFPSA implementation examples; motivational interviewing implementation; support launching a home-visiting mini pilot; exploring support and implementation of community pathway opportunities; expansion of culturally responsive services, and assistance around communication strategies within DCYF, with external partners, and with lived experts.

In SFY2024, DCYF will continue work to prepare offices for launching Family First activities that enable IV-E claiming. Alignment with other agency efforts will continue to ensure thoughtful integration of Family First that will enable consistent, sustainable practice.

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Family First Transition Act (FFTA) Grant

In the 2021-2023 Washington State Budget Session, DCYF requested federal authority for the Family First Transition Act (FFTA) federal funds to implement FFPSA requirements. Establishing an infrastructure that will properly support this ongoing work will be critical to success. Instability with the IT system, workforce challenges and the global pandemic created expenditure delays. Significant resources are needed to implement FFPSA requirements, both initial onetime costs such as investment in IT tools, and ongoing costs for staffing, training, service array expansion and supports exist.

The implementation team structure remains intact with six program consultants to support implementation within the six regions, two CQI/QA analysts to develop ongoing assessment, evaluation, and feedback loops, as well as a research position within DCYF's Office of Innovation, Alignment, and Accountability (OIAA) for ongoing evaluation. The research position has been vacant since fall 2022 with the goal of hiring a new researcher before the end of SFY2023.

Onboarding and training of two new Family First program consultants occurred over the past year due to turnover. A project manager was hired to assist in the development of the FFPSA charter and project plan.

Project planning regarding motivational interviewing implementation and the broader Family First implementation occurs with the assistance of a project management expert. The agency continues to rely on change management methodologies as MI is scaled up.

Contracting with IFIOC to provide motivational interviewing training to the workforce and developing resources to support the workforce being trained to fidelity is an area where FFTA funds are used on an ongoing basis. The production of MI training videos with content specific to child welfare is crucial to the workforce's uptake of MI and requires the assistance of a videographer. Modification of the MICA is under consideration to make it more child welfare specific.

In the upcoming state fiscal year, a mini home visiting pilot will begin to test out a solution to serve home visiting with pregnant and parenting youth and substance-using pregnant parents. This mini pilot strives to provide guidance on crucial considerations such as the referral process to best serve families involved and not involved with child welfare and alignment of data reporting and payment structures to satisfy FFPSA requirements. Center for States will assist DCYF to identify and support technical assistance.

The research efforts of three Harvard Fellows contribute to the preparation of Family First implementation. This work includes expanding culturally relevant services for Native American and African American communities as well as a home visiting analysis. FFTA funds will support

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the work of one Harvard Fellow through SFY2024 to continue efforts on expanding the connection of services to pregnant substance using parents who have been screened out of DCYF's intake line. The Fellow's work will be invaluable as DCYF constructs a community pathway.

Casey Family Programs continues to support implementation efforts through monthly peer jurisdiction meetings, focused meeting facilitation and points-in-time consultation.

In the upcoming SFY2024, DCYF will use FFTA to continue building an infrastructure that will support and enhance Family First implementation. For the upcoming SFY2024, funds have been budgeted to be spent on:

- Service Array Expansion
- Service Array Pilot projects
- EBP Capacity Building
- Tribal Provider Capacity Building
- Program & Implementation Staff
- Development & license costs for new tools for risk and safety
- Staff Training
- Change Management
- Stakeholder Engagement
- Communication
- Evaluation and CQI/QA
- Technology Support
- Continued Implementation and Evaluation of Motivational Interviewing
- Provider Training

Family First implementation is an agency-wide effort with thoughtful consideration as to how elements need to be integrated. DCYF's goal is to safely reduce the number of children in out-of-home care by half. To accomplish such a feat, opportunities presented through Family First will need to be optimally leveraged both internally and externally. FFTA transition grant funds represent a resource allowing DCYF to engage stakeholders meaningfully; develop creative, strategic planning around launching Family First; and proactively address barriers to prevent impediment to successful implementation.

Goal 1: Child Welfare Family Practice Model

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

	Begin Date	Projected Completion
Hire a dedicated full-time position to lead the process of reviewing the current practice model and assessing for potential change.	COMPLETE	
Identify an external entity, such as Casey Family Programs or Capacity Building Center for States, to provide consultation and assist in the assessment of the current practice model and potential for change.	COMPLETE – Partnering with Chapin Hall	
Establish framework for assessing current system and research practice models and practice model elements for implementation.	COMPLETE	
Convene and prep HOST team	COMPLETE	
Co-design sessions with regional field operations staff – open invitation	COMPLETE	
Qualitative analysis of data collected from co-design sessions	COMPLETE	
Story collection efforts with youth with history of dependency and their parents	COMPLETE	
Convene design team including CORE team, SUPPORT team, and ANCILLARY team	COMPLETE	
Establish FPM framework and Theory of Change	COMPLETE	
Co-design agency value definitions: inclusion, respect, integrity, compassion, and transparency as demonstrated by system interaction with families and how system interacts with staff	COMPLETE	
Interpret feedback and content gathered via feedback loops to identify draft principles: *Family Driven, Culturally Humble, Teaming/Shared Decisions, Trauma Responsive, Community Partnership, Positive Regard*	COMPLETE	
Use FPM framework to integrate child welfare practice change initiatives, governance, and early stages CCWIS planning	03/01/2022	Ongoing
Process documentation (spotlighting decision points), journey mapping for staff and clients	06/01/2022	Ongoing
Child Welfare Ecosystem map showing linkage between service areas and case activities	06/01/2022	01/01/2023
Prioritize practice profile areas and begin development via co-design	01/01/2023	08/01/2023
Ramp up co-design for all case activity practice profile development and roll out after testing	09/01/2022	Ongoing

Progress to Date:

Washington recognizes the importance of an Integrated Family Practice Model (FPM) that is grounded in the agency values: inclusion, respect, compassion, integrity, and transparency. The FPM advances the agency's pledge to improve quality and intention of practice as outlined in the 2021-2026 DCYF Strategic Priorities. Quality and intention of practice commits to operations that prepare, resource and support workers to demonstrate values-based case management practice.

The FPM structures the agency's direction to develop into a system that supports agency workforce to advance practice, improve conditions for staff, and promote consistency in

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engaging with families. Together these outcomes will be seen in improved interactions with families that promote partnership and support as well as retention of staff.

Methodology:

From the onset of development, the FPM has used participatory design methods with staff across the state through a series of co-design and drop-in sessions. This commitment continues and has been built into the strategy and infrastructure to create a vision for Child Welfare practice and articulate the structural needs that staff require to perform their work at the standards set in the FPM. The commitment to use ongoing participatory design methodology includes various forms of feedback loops that are hosted locally for staff to share perspective and experiences.

Phase 1: Family Practice Model Framework
The FPM framework provides a high-level vision of child welfare that promotes values-based case management. The framework itself clearly shows the equal commitment to defining case management standards (engage, assess, and coordinate services) and develop workforce (support, prepare and resource), noting that you cannot have one without the other. The FPM framework is responsive to the relationship between a high standard of practice and supporting an environment that supports staff development.

FAMILY PRACTICE MODEL FRAMEWORK
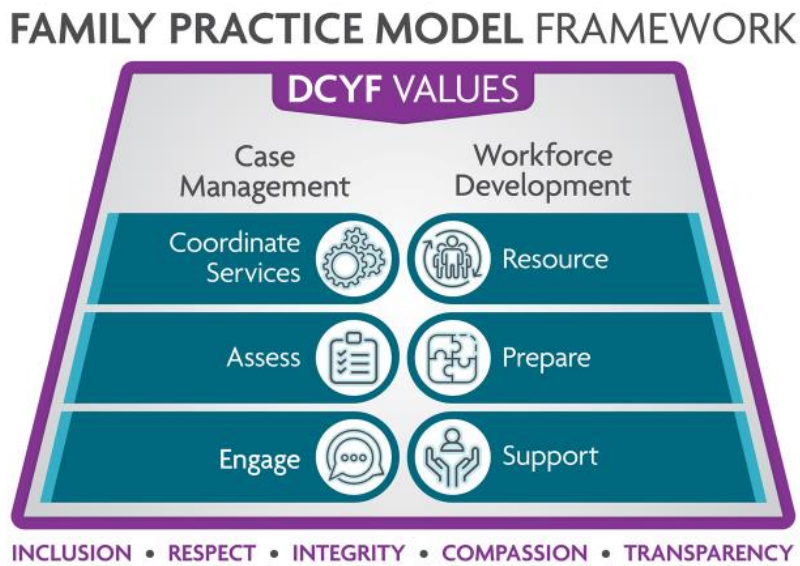
Phase 2: Family Practice Profiles
The current phase of development is to clarify practice standards through Family Practice Profiles (FPP) organized by services areas that cover all case activities from intake to transitions out of the system. The goal of an FPP is to operationalize agency values by describing the

behaviors that embody those values when workers interact with families. The FPPs provide streamlined access to all information related to steps within a service area to support workers. The other elements of an FPP are examples of best and developmental practice and a guide for practice coaches. Using FPPs with staff builds skills and aligns with supervisor training in Motivational Interviewing and Learner Centered Coaching. Lastly, the result of building out a system of FPPs is a web-based and interactive ecosystem map that will provide easy access to staff in child welfare.

Phase 3: Integrated Family Practice Model
The Integrated Family Practice Model (IFPM) is the next advancement in developing a system that embraces change to best practice with families. The IFPM equally considers policy, procedure, FPPs, workforce development and quality assurance as elements that provide foundational guidance for workers in Child Welfare. The IFPM bundles the FPP guidance about how workers interact with families, with policy and procedure outlining what workers must do, workforce development, and quality assurance. Infrastructure to support an integrated implementation strategy is being assembled to ensure integrity to the process. Once this is in place, any changes to practice in Child Welfare will go through development, integration, and implementation to ensure easy access and guidance for workers. This infrastructure is responsive to usability issues based on regular and ongoing feedback loops with staff.

Goal 2: Timely Permanency
Improve timeliness to permanency through completion of a thorough and ongoing assessment, case planning, and strengthening engagement and teaming of parents, children, and youth, foster and kinship caregivers, court partners, and service providers.

Improve timely referrals for and completion of home studies.		
	Begin Date	Projected Completion
LD will reduce the requirements of the home study packet to be completed by the kinship care provider.		COMPLETE
HQ program manager will develop and provide guidance to Adoption AAs and Adoption Support Consultants regarding the requirements for home study updates to avoid time spent processing requests that are not required. Use administrative data to track home study update requests and identify strategies for practice improvement.		COMPLETE
A short-term workgroup will be convened to establish a consistent, statewide home study referral process within child welfare to support the timely submission of home study applications. The workgroup will be comprised of HQ program managers, Child Welfare staff and LD staff.		COMPLETE

When LD has been unable to successfully engage a kinship family in the home study process, the home study worker will complete a declaration to the court regarding the diligent efforts made.	COMPLETE	
A workgroup comprised of LD policy, quality, and data staff, administrators and supervisors will develop a consistent process for early identification of families where there may be barriers to approving a home study. This team, working with HQ child welfare program staff, AAs, and supervisors, will develop a process for resolving home study barriers.	COMPLETE	
Implement SB 5151, Child Specific Licenses	COMPLETE	
Implement HB 1227, Initial Licenses for Kinship Caregivers	2021	July 2023
Implement Online Application Portal, WA CAP by Binti	COMPLETE	

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. There are extensive changes occurring in the Licensing Division that are related to the home study process, placement, and licensing of kin/suitable others. This includes the following:

- DCYF has developed an online Foster Parent Application Portal that will be called the Washington Caregiver Application Portal by Binti (WA CAP). The portal will be completed in late 2022. See Statewide Information System for more information.
- In October 2020, LD piloted a Kinship Caregiver Engagement Unit (KCEU) in Regions 1 and 2 and it expanded to Region 6 in January 2022. See Item 33: Standards Applied Equally for more information.
- HB 1227 (Keeping Families Together Act) was passed during the last legislative session and is to be implemented by July 2023. This legislation has many components. The components that specifically relate to placement include the following:
  - Placement with a relative or suitable other
    - Looking at ways to improve relative/suitable other searches.
    - Searches for alleged fathers.
    - Finding Fathers Program collaboration.
    - Expanding relative searches.
  - Streamline process for timely home assessments and licensing
    - Create a cross-agency workgroup to identify future vision and map out changes.
    - Identify resources need.
    - Look at payment options for relative caregivers.
  - Stakeholder workgroups met to develop each component of the legislation. Included in the conversations are the development of recommendations for any potential policy and practice changes, IT changes (minimal viable product in FamLink and WA CAP; and long-term CCWIS), training needs and any additional recommendations that may require decision packages be developed for the 2023-2025 legislative session.

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- SB5151 – DCYF may issue a child-specific license to a relative or a suitable person who opts to become licensed for placement of a specific child and that child's siblings or relatives in DCYF's care, custody and control. DCYF has worked with tribes, internal and external stakeholders during the development of the proposed rules. This change was implemented in July 2022.

Increase recruitment of foster homes and expand support resources to caregivers with the goal of improving timely permanency for children and youth in out-of-home care.		
	Begin Date	Projected Completion
Implement DCYF's new approach to recruitment and retention program, which includes both internal and external services.	COMPLETE	
Initiate hiring process for DCYF community-based Targeted Recruitment Specialist.	COMPLETE	
Execute Retention and Support Services contract to external community partners to provide support to kinship and licensed caregivers across the state.	COMPLETE	
RRC Teams meet regionally, once per quarter, to discuss recruitment and retention work region wide, teams include internal and external partners. Active recruitment by the TRS and Child Placing Agencies, along with efforts of the RRC, will work to: • Increase racially, ethnically, and culturally diverse caregivers to meet the needs of children placed in out-of-home care. • Increase caregivers who are and/or are affirming and supportive of LGBTQ+. • Increase licensed homes for sibling groups of three or more children. • Increase caregivers who can meet the needs of medically fragile children. • Develop existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs. • Focus recruitment efforts on reducing the use of exceptional cost placements.	10/16/2020	06/30/2024
Stakeholder feedback will be gathered identifying recruitment strategies for: • Caregivers of color. Team members would include foster parents of color, community partners, CPAs, Alliance training staff, and CQI/Data staff.	November 2021– Co-Design groups launched	Ongoing

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• Native American families. Team members would include tribes, Native American foster parents, community partners, CPAS, Alliance training staff, and CQI/Data staff. • BRS providers. Team members would include current BRS providers, BRS level foster parents, medically fragile foster homes, CPAs, Alliance training staff, and CQI/Data staff. • Annual caregiver foster groups will be held statewide in order to assess and gage services needs and delivery.		
Retention of caregivers will continue to be received through data, feedback from DCYF advisory groups and the annual Foster Parent Speak survey, which includes kinship and licensed caregivers.	Currently Occurring	Ongoing

Progress Update:

DCYF's Caregiver Recruitment and Retention Program moved forward with many projects and initiatives that were stalled by the pandemic. As impacts from COVID-19 recede, DCYF is seeing great success in in-person relationship and connection building.

The CaRES Retention and Support Program is in full effect and thriving. The program serves caregivers statewide and uses a peer-mentoring and facilitated support group model that is both emotionally supporting caregivers while educating them with real-life, relevant information at the same time. Learn more about the work CaRES is doing to support kinship and licensed foster families here: https://alliancecares.org/

DCYF continues to struggle with recruiting and retaining caregivers, specifically those with the skills, ability, and desire to parent children and youth with complex needs (extensive emotional, behavioral, and physical). In calendar year 2023, DCYF will engage in an intensive workplan with the Capacity Building Center for States to address targeted recruitment in a kin-first culture and targeted retention of caregivers, both licensed foster and kinship.

Goals of the workplan include the following:

- Increased knowledge of best practice in diligent recruitment.
- Increased engagement with internal and external stakeholders to support new practice.
- Increased capacity to conduct problem exploration of caregiver retention.
- Increased understanding of the connection between the underlying problem of caregiver retention, both drivers and retention strategies.
  - With the premise that the current placement crisis is a retention crisis, as tenured families are the ones who have the experience to take care of children and youth with higher needs—so retaining those families is vital.
- Refining an implementation plan to support effective implementation of diligent recruitment effort.

- Strengthen data collection, analysis and reporting abilities through consultation, coaching, training, and facilitation.

Improve timeliness and monitoring of critical pieces of work that impact timely permanency.		
	Begin Date	Projected Completion
Support facilitation of Permanency Summits to be held in six FJCIP counties in 2019. Information from the 2018 CFSR review will be included in the data to be shared during the summit.	COMPLETE	
DCYF will participate on the Innovative Dependency Court Collaborative (IDCC) which will include ongoing communication that supports a shared understanding and alignment of work across the child welfare system including: Use data to identify issues and engage counties with low percentage of children and youth achieving permanency to work with local partners on solutions. Identify counties with high percentage of children achieving timely permanency and review their processes. DCYF will participate on the Family Well-Being Community Collaborative (FWCC).	09/01/2019	Ongoing
In alignment with the Washington State Court Improvement Program Strategic Plan, DCYF will partner with CIP and AGO to track and identify: Critical dates associated with termination referrals. Timely and accurate recording of compelling reasons in court orders. Best methods for tracking court continuances.	09/01/2019	06/30/2023

Progress Update:

Beginning November 2022, program managers, child welfare leadership and QA/CQI staff are provided with TPR data related to the average days from referral to screening, average days from screening to filing, and the count of TPR referrals rejected by the courts on a monthly basis. This information is disaggregated by county. The AOC is the source of this information.

Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.		
	Begin Date	Projected Completion
The Alliance, in consultation with HQ program managers, will revise current permanency planning training curriculum for caseworkers and supervisors to ensure it comprehensively covers practice related to key permanency outcomes including, but not limited to:	COMPLETE	

Identification of safety threats, strengths, needs, and protective factors. Conditions for return home. Child/youth safety, well-being and permanency needs. Permanency goal and concurrent planning goal(s). Case planning and action steps.	
The Alliance, in partnership with HQ program managers, will train permanency planning facilitators, FTDM facilitators, and others responsible for facilitating Permanency Planning Meetings to reinforce consistent, structured facilitation of permanency planning meetings. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	COMPLETE
Permanency planning facilitator, or other regional designee, will coordinate meetings and invite participants, including parents, children, caregivers, and other members of the child's team to develop case plans with specific action plans to support timely progress.	COMPLETE
In alignment with the PFD1 grant, an Enhanced Permanency Planning Meeting strategy will be implemented in 9 identified treatment offices (Centralia, Kelso, OICW, MLK, King East, Spokane Central, Spokane North, Spokane Valley, and Wenatchee) for early targeted intervention. A permanency planning meeting will occur within 30 days from the Fact Finding hearing, at 3 months and at 90-day intervals until permanency is achieved.	COMPLETE
Designated HQ or regional staff will observe one meeting per facilitator every six months for quality and model consistency and provide feedback to the facilitator.	COMPLETE
The assigned caseworker will complete an updated Safety Assessment prior to the permanency planning meeting to inform discussion of safety threats and conditions for return home during the meeting.	COMPLETE
If it is determined that an active safety threat no longer exists or can be mitigated in the home and the next court hearing is more than 60 days away, an affidavit recommending reunification will be submitted to the court within two weeks of the staffing, rather than waiting for the next hearing, unless court authorization already exists.	COMPLETE
Caseworkers will staff cases at 9 and 12 months with the AA and supervisor if the child has been in out-of-home care for 9 months and reunification is the primary or concurrent plan but not imminent (within 60 days). If a change in the	COMPLETE

permanent plan is needed, caseworkers will schedule a permanency planning meeting and submit an updated court report to the court requesting a change in the permanent plan.	
If a child has been in out-of-home care for 15 months, the staff will coordinate an interim case planning staffing to address barriers to permanency. This case staffing will be held in between the permanency planning meeting(s) at 90-day intervals from the permanency planning meeting date(s) until permanency is established.	COMPLETE

Progress Update:

The PFD1 intervention, Enhanced Permanency Planning Meeting (PPMs), was implemented in January 2021 and is now in 22 offices in Regions 1, 4 and 6, with the addition of PIP-measured offices in Region 6 (Aberdeen, Long Beach, and South Bend) in August 2021. Fifteen of the 22 offices are PIP-measured offices. The current offices with grant facilitators are:

- Region 1
  - Spokane North
  - Spokane Central
  - Spokane Valley
  - Spokane ICW
  - Wenatchee
  - Newport (same AA as Spokane North office)
  - Colfax (same AA as Spokane Central office)
  - Clarkston
- Region 4
  - King East
  - King West
  - King Southeast
  - King Southwest
  - Martin Luther King Jr.
  - West Seattle (same AA as the King OICW office)
  - Office of Indian Child Welfare (OICW) (same AA as the West Seattle office)
- Region 6
  - Centralia (same AA as the Shelton office)
  - Shelton (same AA as the Centralia office)
  - Tumwater
  - Kelso
  - Aberdeen

- Long Beach (same AA as the Aberdeen and South Bend offices)
- South Bend (same AA as the Aberdeen and Long Beach offices)

The grant offices include approximately 72% of the PIP measured case review population and approximately 44% of the total number of children and youth currently in out-of-home care.

As of March 2023, there were a total of 624 Treatment cases and 708 Control cases in the permanency planning intervention. Of these, 147 Treatment cases have achieved permanency. Another 42 Treatment cases are currently on a trial return home. This information is not available for Control cases yet.

The PFD1 Grant facilitators assigned to families currently have an average workload per facilitator of 50 families, with one facilitator assigned to 61 families. Facilitators for the PFD1 grant complete all invites for meetings and all other meeting documentation, which is different than statewide practice where workers schedule and invite all meeting participants.

To share best practice and increase statewide fidelity for all facilitators, the PFD1 CQI Program Manager initiated a statewide Community of Practice meeting for facilitators in all 6 Regions. These are now led by the Engagement Program Manager. These meetings occur quarterly and are an opportunity for statewide facilitators to build relationships across the state, problem solve and share best practice. The hope is that this meeting can continue beyond the grant to support statewide alignment and best practice in meeting facilitation.

The Permanency Planning Meetings infoFamLink report provides data specific to overdue shared planning meetings. The Engagement Program Manager facilitates monthly statewide FTDM/SPM Leads meetings to discuss this report, as well as to discuss practice strengths, practice improvements, trends, and challenges. Statewide Leads report they are aware of overdue meetings and are triaging the meetings as best they can. Based on feedback from FTDM and SPM Leads, this is in part due to staffing issues, such as statewide vacancies in facilitator positions. as there are many vacancies for the facilitator positions statewide, as reported by the FTDM/SPM regional leads. One region no longer has shared planning meeting facilitators, and FTDM facilitators are conducting the meetings. If the FTDM facilitators are not able to facilitate the shared planning meeting due to emergent FTDMs the facilitation, then lies with the supervisor or caseworker.

In addition, preplacement FTDMs are reviewed monthly during the FTDM/SPM Leads meeting where inconsistency and inaccuracy in documentation are noted. The Engagement Program Manager and FTDM/SPM Leads continue to address this concern with meeting facilitators and use the reviewed FTDM as a coaching tool. The PFD1 Grant team created a "cheat sheet" that was shared with Shared Planning Meeting Leads to improve meeting documentation and increase the validity of the Permanency Planning Meetings infoFamLink report. Currently there

are no overdue meetings for Treatment cases, compared to non-grant meetings for families statewide where every Region has overdue meetings.

PFD1 Intervention Evaluation/Quality Assurance (QA)

The Kempe Center is contracted to provide a process and outcome evaluation. Part of that evaluation includes fidelity surveys provided to all case participants who attend meetings. Survey response has been minimal, so parent focus groups were implemented in March 2023.

In addition, almost every grant office established a county-wide workgroup that provides feedback on the permanency planning intervention and strategize solutions to county-specific barriers. Overall, workgroups report positive feedback on the intervention. In general, workgroups consist of DCYF staff, parents with lived experience, legal stakeholders (GAL, parent attorneys, AAGs, youth attorneys), local foster parents, and service professionals (Casey Family, Treehouse, etc.).

The CQI Program Manager continues to track qualitative trends that the facilitators are seeing in Treatment cases. These trends highlight systemic as well as practice issues related to safety, permanency, court/legal, placement, services, and documentation. The following challenges are consistently seen that impact engagement and authentic family teaming are compliance determining case decisions rather that specific behaviors and/or conditions related to safety, safety assessment not completed in key points of the case, and lack of consistent engagement of fathers and relatives. In addition, there continues to be misunderstanding in how to manage risk versus addressing safety with families and in case planning.

Factors that have impacted permanency outcomes for Treatment cases are:

- DCYF Caseworker turnover
- Delays in establishing dependency primarily due to delays in establishing dependencies as to all parents
- Delays in filing of termination petitions, court delays in scheduling and in holding default testimony

DCYF is currently engaged in the D.S. Lawsuit Settlement which includes requirements pertaining to SPMs and FTDMs. DCYF's policies and practices for improvements will be revised in response to D.S. Engagement Findings and Recommendations from individuals with lived experience and other stakeholder feedback.

A decision package was submitted to revise the supervision structure of the meeting facilitators and to incorporate PFD1 as a statewide model, but later retracted due to the need to incorporate input from individuals with lived experience and other stakeholder feedback.

PFD1 Sustainability/Next Steps

DCYF is in its fifth year of the five-year grant, although a No-Cost Extension is anticipated to be approved which will allow the facilitators to continue the work until March 31, 2024, and the evaluation to be completed by September 2024. Two sustainability proposals have been presented to DCYF Leadership. The PFD1 CQI Program Manager, Grant Administrator and one of the PFD1 facilitators completed an analysis of what would be needed as a "first step" to increased effective meetings for families that support field staff. The components are based on the implementation of the PFD1 PPM intervention model, which has been in effect for 27 months. The proposal was presented as a start to increase efficiency of the SPM model utilizing the current allocated FTEs in the Regions for facilitation. Developing a statewide shared planning meeting model that incorporates all the different meeting types into one meeting could be extremely beneficial in improving child welfare practices.

There have been conversations with OIAA on the identification and development of ongoing fidelity indicators using DCYF administrative data for long term monitoring that compliments and is supported by The Kempe Center evaluation on the grant intervention which is anticipated to be completed in late 2024.

AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.		
	Begin Date	Projected Completion
Establish a short-term workgroup with statewide child welfare and statewide AGO representation to assess termination referrals and termination filing and to establish a consistent statewide process that includes the following: • A single referral form for statewide use • Standardized referral packet requirements • Review process by AGO • Who to include in communication when the referral is submitted, denied, or filed • Timeframes for submission and resubmission when required elements are missing • Prioritization of referrals • Consistent communication chain with designated parties when termination referrals are not legally sufficient to file • Development of training and guidance to support implementation		COMPLETE
The workgroup will establish a consistent data report for use at the local, regional, and statewide level that incorporates process and timeliness tracking. DCYF and the AGO will be able to utilize the report to identify at the office and regional level where and why TPR referrals are not occurring.		COMPLETE

The workgroup will establish a semi-annual process to evaluate statewide implementation and progress.	COMPLETE
Incorporate review of data related to the filing of and hearings for termination petitions into the quarterly data review conducted at IDCC in order to evaluate progress toward timely filing and identify other barriers for systemic improvements.	COMPLETE
DCYF staff and AGO staff in collaboration with AOC and other system partners will develop a training session for the AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion.	COMPLETE
Using data related to timeliness of TPR filing and identifying FJCIP Courts where there is the highest delay in filing of TPR within or past 15 months, FJCIP Coordinators, in partnership with DCYF, AOC, and AGO, will hold stakeholder meetings within those court to review data, evaluate processes and determine what efficiencies can be implemented to improve timeliness to TPR filing.	COMPLETE
Delays in TPR filing will be monitored at a local level to determine if change in processes are effective.	COMPLETE

Progress Update:

The Adoption and Safe Families Act (ASFA) compliance data is regularly available in infoFamLink and reviewed through regional dashboards. It been reviewed and discussed in monthly PIP AA cohort meetings and PIP data analysis reviews. DCYF compliance is at the 12-month mark post-out of home placement to provide opportunity for the AGO to determine legal sufficiency, draft, and file the petition by the 15th month. Timely filing of TPR is one aspect tied to timely achievement of permanency (CFSR Item 6) and is discussed in PIP data analysis meetings. Overall achievement of timely permanency is an area of improvement that DCYF continues to work on and involves multiple systemic barriers that are discussed with court partners at a local and statewide level. The chart below is from the ASFA compliance report in infoFamLink and represents the compliance data and how it is broken out by TPR petition, TPR referral and compelling reasons.

The Adoptions and Safe Families Act (United States Public Law 105-89, section 103) requires states to begin the process of terminating parental rights for certain cases, including those in which children have been in foster care for 15 of the most recent 22 months. Exceptions to this rule are cases where the child is being cared for by a relative, there is a compelling reason why termination would not be in the best interest of the child, or the State has failed to offer the necessary services to the family.[25]

The chart below illustrates the number of TPR petitions filed, by calendar year.

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[25] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

TPR PETITIONS BY MONTH - STATE

Data Source: Washington State Center for Court Research Dependency Interactive Data, TPR Adoptions, Term Petitions

The chart below illustrates the number of TPR petitions filed within 15 months of the child's federal termination date for CY2022, broken down by region.

Termination Petition Within 15 months - CY2022

Data Source: Washington State Center for Court Research Dependency Interactive Data, TPR Adoptions

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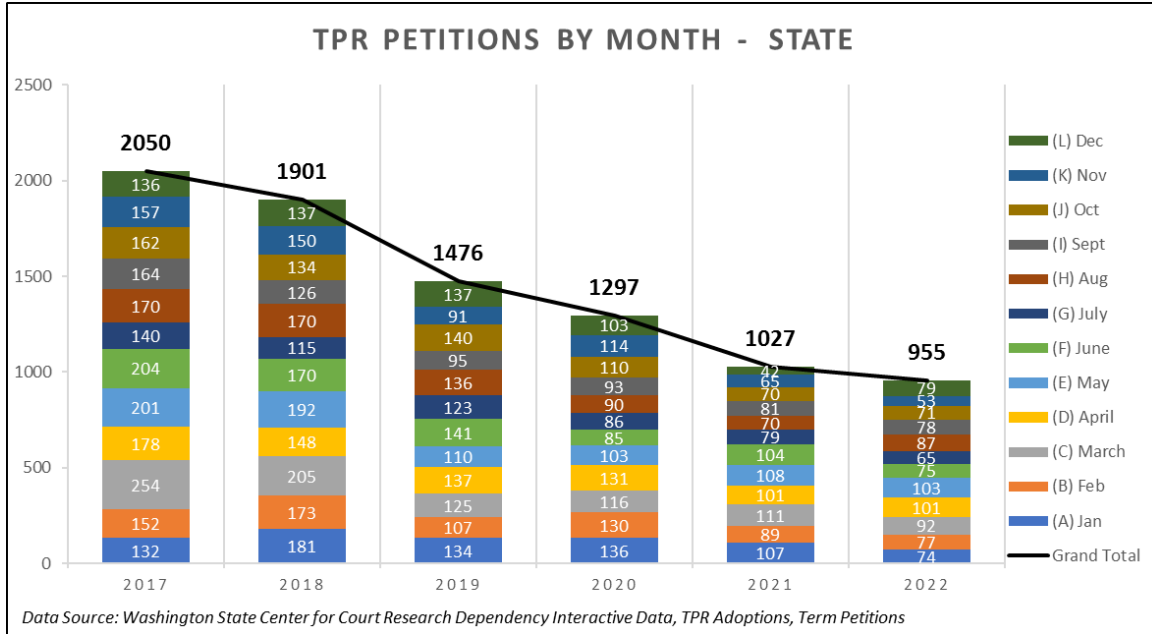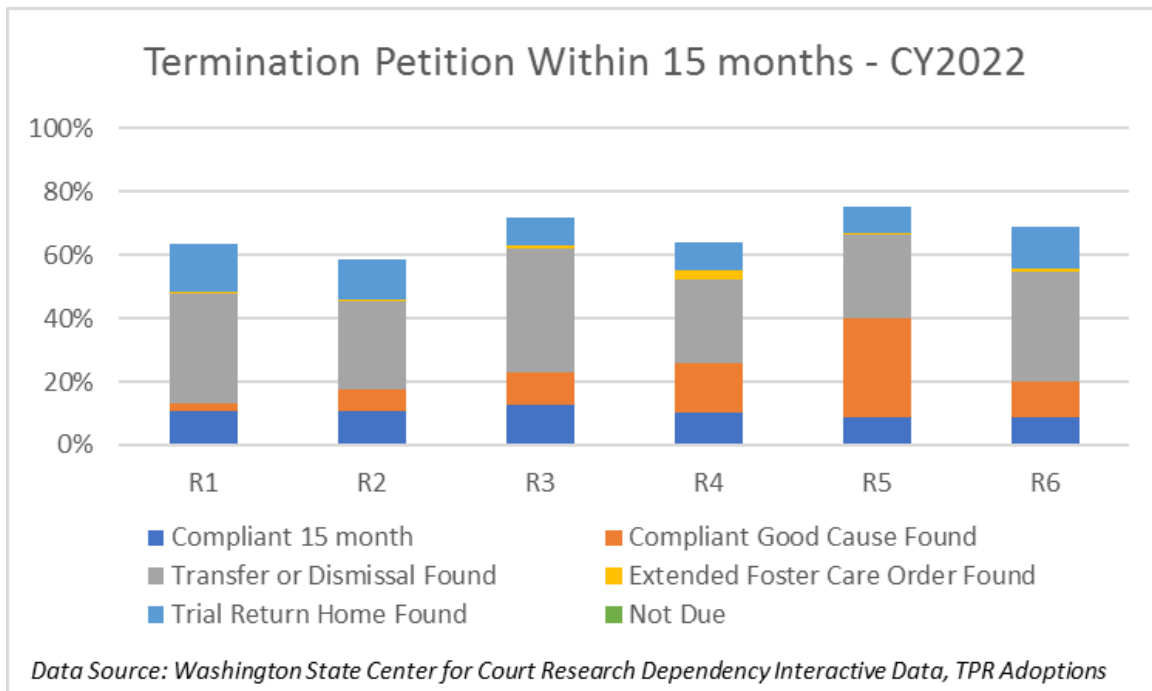
In CY2022, 34% of cases had adoption completion within 6 months of the termination date. This is a decrease over last year but a slight increase over previous years.

Adoption within 6 months of termination					
	CY2018	CY2019	CY2020	CY2021	CY2022
Region 1	27%	25%	22%	39%	46%
Region 2	42%	45%	61%	44%	40%
Region 3	27%	36%	35%	45%	40%
Region 4	10%	6%	19%	35%	16%
Region 5	33%	36%	47%	62%	33%
Region 6	20%	28%	29%	48%	35%
Statewide	26%	29%	31%	45%	34%
Data Source: Washington State Center for Court Research Dependency Interactive Data, TPR Adoptions, Adoption 6 months					

In June 2021, a new TPR referral process was completed and rolled out statewide. Data is continued to be tracked on the timeliness of referrals being completed, rejection of referrals and acceptance of referrals by the Attorney General's Office (AG0). This data is provided to DCYF monthly to cross-reference with FamLink data. In review of the latest data, it was noted that approximately 25% of referrals were being rejected by the AGO in SFY2022. DCYF has seen a large increase in the number of guardianships being completed, as well as reluctance by attorneys and courts to proceed with termination due to the lack of services available to the parents. The AGO is also hesitant to accept referrals, siting that they are needing to ensure that conversations of permanency options including guardianships occurred and were documented prior to accepting a termination referral. This is causing some delay and frustrations for DCYF staff. However overall, there has been a decrease in the filings for termination and in the number of referrals rejected by the AGO.

Ongoing sustainability and/or next steps – The referral process continues to be in place. The AGO and DCYF will regroup to look at the referral to see if any changes need to be made based on recent legislative and/or court decisions. DCYF will continue to receive a data report monthly from the AGO, which is sent out to regional QA/CQI leads to review with leadership within their regions. That data has helped regions have conversations with the AGO when there are identified delays in processing times. This report has allowed an opportunity to delve further into why referrals and being rejected and have a follow-up mechanism in place for referrals to be re-submitted when appropriate. Conversations will need to occur to resolve the discrepancies between the AGO and DCYF to find a solution on guardianship conversations and the acceptance of TPR referrals. These processes will continue. With recent legislative changes,

DCYF anticipates that as less children and youth a placed in out-of-home care, TPR filings will decrease, and guardianships will increase.

Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.		
	Begin Date	Projected Completion
In collaboration with P4P provider, provide increased knowledge and understanding for regional leadership, AAs, supervisors and caseworkers through field communication, guidance, presentations at local offices, and RCT training about P4P and partnering with parent allies to increase engagement with parents. This will occur in jurisdictions where P4P is currently operating and in jurisdictions, if/when expansion of the program occurs. Information will include: • Roles and responsibilities in relation to partnership between caseworkers and parent allies. • Barriers to engagement. • Best practice of engagement. • P4P evaluation and outcomes. • P4P service model. • How caseworkers can access and utilize the service. • How the P4P program works to reduce stigma for parents and caseworkers.		COMPLETE
In collaboration with P4P staff, identify key P4P and engagement related data points to identify practice strengths and improvements needed to support use of P4P including: Number of referrals/connections that occur from caseworkers to the program. Participation by caseworkers in presenting at Dependency 101 classes. • Number of staffings and/or meetings that P4P is presenting at and in which offices/regions. • Number of parents engaged in the program. • Parent engagement and parental participation in case planning.		COMPLETE
Based on the data collected, focus groups will be conducted with caseworkers and parent allies in the P4P jurisdictions where DCYF referrals to the program is low to gather information about barriers to use of P4P within those jurisdictions. Data will also be used and incorporated into coaching activities as described in the Workforce Development goal area.		COMPLETE
Based on information gathered and data review, DCYF HQ and regional leads, P4P leaders/representatives, and key stakeholders such as parent attorneys, CASA/GAL, and parents meet bi-annually to discuss trends, areas of strength, barriers and identified areas of improvements. The team will develop a plan to address identified concerns including targeted outreach to jurisdictions where DCYF referrals to P4P are low and parental engagement outcomes are low to increase awareness, knowledge and usage of the program, and discussions regarding expansion into additional jurisdictions and additional supports needed.		COMPLETE

Progress Update:

Children's Home Society of Washington's (CHSW) <u>Parents for Parents</u> (P4P) program continues to experience the impact of the COVID-19 pandemic regarding staffing and engagement with parents. As courts across the state slowly return to in person hearings P4P parent allies are attending Shelter Care and subsequent hearings and continue to be the common resource used to support parents throughout the dependency process. In jurisdictions where courts are continuing to operate hybrid hearings, P4P has strived to adapt and overcome barriers to accessing parents. DCYF continues to partner with P4P to develop communication strategies to enhance the partnership between DCYF and P4P. 82% (32 of 39) of the counties in Washington state are connected with their local P4P programs and have invited P4P staff to presentations and meetings, which has increased the collaboration between DCYF and P4P to support parents involved in the DCYF dependency process. There are currently 3 vacant sites which cover the remaining 7 counties and recruitment efforts are underway to get those sites established. Based on feedback from DCYF program leads, P4P parent allies often attend many FTDMs and shared planning meetings. In at least one region DCYF reported P4P attendance at Shelter Care Hearings, FTDMs, and Permanency Planning meetings has increased parent participation, including a notable increase in father participation.

There have been concentrated efforts to ensure DCYF staff have the knowledge, awareness, understanding and contact information for their local P4P program. Some of the concentrated efforts that have occurred include the following:

- Permanency from Day One Facilitators often invite P4P to FTDMs and Permanency Planning Meetings.
- Region 1 – Facilitators continue to discuss P4P in FTDMs where the plan is placement and there is court involvement. Facilitators have been asked to include in the action plan; Caseworkers will provide the contact information to the parents for the P4P program. In addition, in counties where courts are in person P4P parent allies are attending hearings. In one county, court will resume in June 2023 and there is a plan for P4P parent allies to attend Shelter Care Hearings.
- Region 2 - Facilitators are encouraged to discuss P4P at FTDMs and SPMs with parents.
- Region 3 – Staff in Snohomish County are aware of P4P and P4P tries to attend meetings, when invited. Pre-COVID-19 P4P was present at Shelter Care Hearings.
- Region 4 - P4P Coordinator presented to all 6 offices at all-staff meetings. All offices in Region 4 have brochures for caseworkers to provide to parents. R4 also provides a parent packet, which includes P4P information. Caseworkers are encouraged to invite P4P representatives to shared planning meetings and P4P is being discussed in some offices during FTDMs. The FTDM Supervisor intends to invite the P4P Coordinator to a facilitator unit meeting.

- Region 5 - P4P parent allies attend most of the shared planning meetings, including FTDMs, depending on availability. Since January 2023 P4P parent allies have been attending Shelter Care hearings, as well as inviting parents to participate in the Dependency 101 class. There has been an increase in parent participation, particularly with fathers.
- Region 6 –The P4P parent allies attend most, if not all, of the shared planning meetings when invited. There is discussion to strengthen collaboration between P4P and DCYF in some areas. In addition, P4P engages in community outreach to parents.

Based on these outreach efforts, in most regions/counties where P4P is available, DCYF has been able to connect with the P4P coordinators to invite them to meetings, build partnerships, and present at regional all staff meetings. There were communication barriers due to staffing changes in DCYF and P4P, however, the Engagement Program Manager and P4P worked together to revise the shared DCYF/P4P contact list in May 2023. This list was sent to all FTDM/SPM regional leads to share in their regions. In addition, only some of the regions had access to P4P digital brochures. The Engagement Program Manager and Parents for Parents collaborated to ensure DCYF received the most up to date P4P brochures for all regions where P4P is currently available. Currently, Dependency 101 classes are occurring in all 32 operational counties. If there is an identified parent in a non-operational county, they are permitted to attend a neighboring class virtually. Despite P4P being rehoused in some areas, in locations where there are vacancies, neighboring P4P programs have been offering support with virtual classes and mentoring. P4P has Dependency 201 classes in programs located in each region. In this reporting period, the Washington State Legislature awarded an increase of $1 million to biennial funding to assist in the goal to stabilize P4P programs across Washington.

Ongoing sustainability and/or next steps – The P4P program will continue to be discussed in FTDMS and Shared Planning Meeting (SPMs) as an available resource for parents. Parents will be provided a digital or physical brochure informing them how they can access the service. DCYF staff will continue to be encouraged to invite P4P to shared planning meetings. The Engagement Program Manager and P4P leadership will meet quarterly to discuss engagement and ways to strengthen collaboration. In addition, the Engagement Program Manager will invite P4P to the FTDM/SPM Leads meeting quarterly, to ensure the leads are provided with the information needed for their regions regarding P4P updates. This information will also be shared statewide with meeting facilitators.

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Increase placement stability and permanency for legally free children and youth through strategies that incorporate youth involvement in case planning and recruitment.		
	Begin Date	Projected Completion
Caseworkers will develop, revisit and update an individualized recruitment plan with legally free children and youth not in a permanent home.	ON HOLD	
Caseworkers who work directly with legally free children and youth will be trained on youth engagement, having difficult conversations, and utilizing youth input for case decisions.	ON HOLD	
DCYF will contract with Northwest Resource Associates (NWRA) for Reverse Matching Recruitment (RMR).	COMPLETE	
NWRA will have monthly contact with LD, tribes and private agencies to identify placement resources for youth.	01/01/2021	09/30/2023
Youth will be contacted to participate in recruitment events and assist with placement resources.	01/01/2021	09/30/2023

Progress Update:

This strategy is in alignment with the Permanency from Day 1 (PFD1) grant. The PFD1 Grant strategy, Enhanced Youth Recruitment (EYR), focuses on empowering youth voice in case planning and is implemented statewide in all offices. The intervention's specific population are all legally free youth not in permanent placements. Staff struggle greatly with locating resources for this population. The EYR intervention, Reverse Matching Events (RME), places youth choice at the forefront of placement and case planning decisions. There are two primary supports that are critical to supporting the intervention:

- Identifying potential placement resources; and
- Creating a method to track youth engagement in permanency exploration and recruitment.

This strategy was also a part of the Adoption Call to Action. Although the Adoption Call to Action is no longer occurring, DCYF remains committed to the strategies outlined in this report as part of a continuing effort to increase timeliness to permanency for legally free youth.

PFD1 Grant funding for this intervention ends September 29, 2023. It is anticipated that this intervention will be a part of the Adoption Recruitment Contract overseen by the DCYF Adoption Program Manager.

Reverse Matching Events (RMEs)

In 2022, four RMEs were held virtually due to continued COVID-19 restrictions. As COVID-19 restrictions continue to be lifted, these events will pivot to in-person events soon. Despite the limitations that come with facilitating an event remotely, these events were well received by the youth and caseworkers. Please see the table below for information regarding participation.

Event Dates and Regions Served	Number of Youth	Number of Families Presented
February 25, 2022 (Reg 1 & 2)	7	15
May 13, 2022 (Reg 4 & 6)	7	13
August 26, 2022 (Reg 3 & 4)	4	8
October 11, 2023 (Reg 4, 5 & 6)	3	8

Youth and caseworkers participate in a pre-meet to discuss the purpose and process of the event. The presence of a support person for the youth on the day of the event is highly encouraged. A dinner of the youth's choice is delivered prior to event. The inclusion of a meal while participating continues to be well-received by youth.

NWRA meets with staff involved in each RME to help prepare caseworkers and youth for the event. On the day of the event, youth are placed in rotating break-out rooms. The rooms are facilitated by NWRA staff and allow for engagement through ice breaker questions and games such as Pictionary®. The youth are presented with general information regarding participating families. As a group, the youth vote on which family videos they wish to view. The youth are empowered to consider what they liked about each of the families and questions they would like to ask the families. Typically, youth view 8-10 family videos during the event.

NWRA staff implemented 1:1 reverse matching opportunity for youth who had previously participated in a group reverse matching event or who did not feel comfortable with the virtual group events. In this version of RME the NWRA staff meet directly with youth and a supportive adult if they wish to review family profiles either virtually or in-person. From July through August 2022, NWRA staff facilitated 5 individualized RMEs ranging from four to 6 families viewed. DCYF staff may also review family videos with youth on their caseload.

After the event, NWRA staff contact the youth's caseworker with the list of families the youth expressed interest in. Feedback from some youth was that after participating in the event, they never heard back from workers about the families they chose. Workers were contacted and reported that they did not have time to follow-up with families. As a result of this, a "meet and greet" pilot approach was launched to better assist caseworkers in some cases with the initial contact between a youth and the youth's chosen family. The goal is to empower the youth to have choice in the next steps to permanency without the impact of potential caseworker bias or time restraints regarding fit. Since the implementation of the pilot, 4 youth have participated in this new approach. Two (2) of the "meet and greet" meetings were facilitated by PFD1 staff while the other 2 were facilitated by the caseworker. Although there is no immediate data from

the pilot it appears as though this approach of immediate connection has been well-received by youth and families.

All the family videos are available to youth after the event. Continued access to videos provides a springboard from which a caseworker can engage with youth and elicit questions and feedback. A facilitator with the PFD1 grant connects with caseworkers at 1 week and then 30 days after each event to collect feedback, provide support and to ensure that youth-identified families have been contacted.

Through this PFD1 grant intervention, changes to the NWAE website are in process to provide a "toolkit" for caseworkers on recruitment resources as well as resources to assist with permanency conversions with youth. NWAE also launched a section within the website tailored for youth regarding the importance of their voice in their permanency plans. This is another strategy to empower and include youth in decisions that impact their lives.

The EYR Implementation Committee meets quarterly and discusses strengths, challenges and lessons learned from each event to make modifications, as needed, for planning of additional events. Attendance at these meetings by external stakeholders has significantly decreased. As the grant is currently winding down, the likelihood of additional quarterly meetings including external stakeholders is unlikely, but internal meetings to include NWAE staff may continue depending on necessity. The portion of EYR related to Reverse Teen Matching (RTM) will be added to the adoption recruitment contract already established with NWRA. This service will be assessed based on Performance Based Contracting and will transition to the adoption recruitment contract starting October 1, 2023. Based on the implementation of PBC, the implementation team will no longer be necessary as stakeholders will have the opportunity to provide feedback throughout the year.

Timely outreach and response to families by the caseworker continues as an identified barrier. Caseworkers indicate workload issues as a reason for the lack of follow-through. Subsequently, the PFD1 grant facilitator strategizes with workers to support follow-through with families. PFD1 staff were able to provide support to caseworkers and started facilitation of the initial contacts through Zoom calls between the youth and the families as needed. As a result of youth feedback, significant changes continue to occur to include the implementation of 1:1 RMEs and the inclusion of identification of LGBTQIA+ affirming families by posting a Pride flag to the family's profile. Despite numerous barriers, 2 youth were placed due to the RME events.

NWAE continues to follow-up with the families within a few days of the RME. NWAE entered into an agreement with the University of Texas to assist with family evaluations during the fall semester 2022. These students reached out to families to evaluate family experience with RME. Surveys were sent to families in October 2022. This feedback will be used to improve families'

experiences within this process and strengthen those that are reportedly working well for families.

Lessons Learned are discussed and addressed with the EYR team and Grant Administrator after each event. These include:

- Difference between group events and 1:1 events
- Family recruitment
- Continued positive feedback from youth (doubled sample size from last year)
- Events need to be youth drive in order to shape and grow the events.
- Increasing worker follow-up with families and communication with youth after events

As a result of this feedback the following changes were implement or strengthened:

- Group events and 1:1 events: youth are now asked if they would prefer a one-on-one event instead of attending the group event.
- Family recruitment:
  o Based on feedback from youth, families are now asked if they are LGBTQIA+ affirming and this is identified in the family video as well as the posting of the Pride flag to the family's profile.
  o The Grant Administrator worked with Licensing Division to establish a method to identify newly licensed families interested in placement of older youth as data is unavailable to obtain administratively. This task is now carried out by the Adoption Program Manager. Sustainability of this method has not been determined.
  o Families continue to report lack of communication from workers. NWAE contacts families after every event for feedback, to answer questions and provide follow-up.
- Increasing worker follow-up and communication with youth:
  o Families reported that they were not contacted by caseworkers after events. The Grant Administrator initiated a follow-up contact with a grant facilitator to workers 30 days after events to ensure families were contacted. The grant facilitator provides a template email for caseworkers to use to send to families.
  o For those workers who do not follow up, this information is shared with supervisor(s).

Lessons learned: NWAE contacts youth for feedback after events, shares feedback with the Grant Administrator and EYR internal team, and changes are made based on feedback if able. Examples include identifying families that are LGBTQIA+ affirming, initiating one-on-one events, and continuing to provide pizza to youth in group events.

RME Supports

There are two identified necessary supports for successful recruitment of placement resources for youth. The first is placement identification. Currently Washington State is not able to administratively identify those families who become licensed for adoption of youth. The EYR intervention has become the catalyst for a process to identify adoptive placements for legally free youth. Based on this intervention, NWRA staff conducted targeted outreach to 183 of these families within Washington State between January 2022 and January 2023. This contact resulted in a 61% increase in the number of ready-to-adopt families completing profiles for caseworkers to view on the WA Access (previously known as Washington Adoption Resource Exchange (WARE)). There was a slight decrease in the number of ready-to-adopt families registering on WA Access between 2021 (154%) and 2022 (112%). The likely reason for this decrease is correlated to the pause from the Licensing Division (LD) on general applicants from November 1, 2022, through February 28, 2023. Despite the decrease, the overall families registering has increased significantly since the initiation of this support.

The second support is the development of a youth-led recruitment plan that includes youth in case planning specific to recruitment activities and placement. An EYR sub-committee produced two forms and a companion resource book to assist field staff in having conversations about permanency with youth. The resource book was originally referred to as a "guidebook", but this wording was changed. Through feedback from youth, the forms are titled "Youth Engagement Permanency Plan" or YEPP.

The first YEPP form is a caseworker-driven form and is considered a living form as the intent is to consistently update the information. This form assists in providing a general overview of the youth's placement and social history, recruitment methods that have already been completed and those that need to occur, family characteristics, and caseworker identified barriers to permanency.

The second YEPP form is youth driven and is to be completed by the youth. The form uses simple questions for the youth to consider such as, "What do you want in a family? What do you not want in a family?". The youth identify what family characteristics they are interested in, what supports they believe they need from their team, what they believe may be a barrier to establishing permanency, and important people in their lives. The goal is to establish a better understanding of the youth's thought process regarding permanency as well as determining what they want for themselves.

The companion resource book was compiled to assist caseworkers in having difficult conversations with youth such as those around permanency. The resource book provides embedded links to helpful documents and websites which provide further information should the caseworker want additional learning opportunities.

Initial drafts of the YEPP forms and resource book were prepared and sent out to the EYR Implementation Committee for feedback. Additionally, the formulation of the forms was discussed in greater detail during the quarterly EYR committee held in the spring. Leads from HQ and the field were given the opportunity to review and provide feedback. As a result of the feedback, the youth-driven form was re-written in plain talk.

The implementation of the YEPP resource book and forms was not approved to move forward. However, the section within YEPP guidebooks specific to youth voice in recruitment is in the process of being added to a separate resource book involving recruitment strategies. The YEPP guidebook has also been provided to new adoption staff at the most recent Adoption Specialized Track Week (March 2023) and was well received.

Goal 3: Comprehensive Assessment and Response

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

Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.		
	Begin Date	Projected Completion
Establish a short-term workgroup comprised of statewide program managers and designated regional staff to: • Review policy and practice requirements related to the Safety Framework and SDM, Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA), Comprehensive Family Evaluation (CFE), and required case planning activities, to identify opportunities for streamlining and practice efficiency. • Make recommendations to align timeframes to support practice. • Revise and disseminate policy and procedures to reflect changes in timeframes.	COMPLETE	
Workgroup established will revise, develop and redistribute tools and guides to increase and support ongoing integration of caseworker, supervisor, and AA knowledge of the Safety Framework and skill in applying information from the safety and risk assessment tools across all program types. Establish and implement expectations for use.	COMPLETE	

In collaboration with DCYF, the Alliance will implement training on the application of the Safety Framework and risk assessment to supervisors, AAs, and Alliance coaches. Training will first be completed with all current supervisors and AAs and then will be made available on a quarterly basis for new AAs and supervisors.	COMPLETE
QA/CQI and/or designated regional staff will train AAs and supervisors in the use of administrative data reports to monitor compliance with the timely completion of safety assessments, SDM, and other safety-related data points.	COMPLETE
AAs and supervisors, with support from regional QA/CQI staff and other designated regional staff, will complete semi-annual, office-based targeted case reviews focused on the implementation of the Safety Framework across all case types. Results will be used to identify areas for practice focus and improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.	COMPLETE
Supervisors and AAs will participate in monthly safety consultation teams, staffing cases from different programs facilitated by designated regional staff or Alliance coaches to support integration of learning and practice consistency.	COMPLETE
Supervisors will facilitate monthly safety consultation teams, staffing a minimum of one case with their units, focusing on consistent application of the Safety Framework to guide decision making (all programs), and supporting integration of learning and practice consistency.	COMPLETE
Supervisors will provide coaching and guidance to caseworkers specific to the application of safety assessment, and planning and provision of services using skills and resources identified and developed in the Workforce Development goal area.	COMPLETE
The Alliance in consultation with HQ program managers, QA/CQI staff, and identified field staff will develop and provide a multi-modality training and skill development system addressing implementation of the Safety Framework throughout the life of a case for out-of-home cases.	COMPLETE

Progress Update:

Strategy 3.2 focuses on application of safety-related assessments throughout the life of a case. There has been an increased emphasis on accurate, ongoing assessments of safety throughout the life of the case. This has been supported through multiple strategies in the PIP such as Strategy 3.4 (FTDMs), Strategy 3.5 (safe child consultations), Strategy 4.1 (PPMs) and Strategy

4.2 (multidisciplinary safety summits). Leadership, caseworkers, and facilitators have all reported that there is an increased focus on critical conversations around the use of safety-related tools in decision-making as well as growth in skills and competency around articulation of safety threats and conditions for return home. In addition, legislation has put an increased emphasis on the use of tools and articulation of safety and supports, enhancing implementation of this strategy:

- HB1194, which strengthens parent-child visitation during child welfare proceedings, was passed during the last legislative session and was implemented as of July 2021. This legislation requires that Family Time become unsupervised at hearings unless DCYF provides a report to the court that includes evidence establishing that removing supervision or monitoring would create a risk to the child's safety and the court determines that supervision must continue. This level of determination will be completed in the safety assessment.
- HB 1227, Keeping Families Together Act, was passed during the last legislative session and is to be implemented on July 1, 2023. This legislation has many components, including changing the standard for removal of a child to when it is necessary to prevent imminent physical harm. DCYF must identify and articulate the imminent physical harm and evidence of a causal relationship between the conditions in the home and imminent physical harm to the child. Additionally, DCYF will need to provide information about the harm of removing the child from the home, and strategies to mitigate that harm, to support courts' consideration of whether the risk of imminent physical harm outweighs the harm associated with removal. From January – June 2022, stakeholder workgroups occurred to work on each component of the legislation. DCYF, guided by workgroup recommendations, is updating policies, forms, IT systems, processes, and training to prepare staff for successful implementation.

In addition, concurrent and in partnership with the Family Practice Model development work, OIAA is leading a project on redesigning the assessment system to focus on assessment tools that are consensus-based, actuarial and standardized. This project work is complex and requires extensive input from staff, those with lived experience, stakeholders and external partners and is anticipated to take several years to fully redesign, in alignment with implementation of the Family Practice Model.

From January – June 2022, stakeholder workgroups occurred to work on each component of the legislation. Included in the conversations are recommendations for any potential policy and practice changes, IT changes (minimal viable product in FamLink and long-term CCWIS), training needs and any additional recommendations that may require decision packages be developed

for the 2023-2025 legislative session. Final recommendations were developed in July 2022 related to safety practice and include the following:

- DCYF should include this workgroup's input for simplifying and improving the safety framework, including notes regarding the safety threats guide, safety threshold questions, and safety plan analysis, in the collaborative effort with Chapin Hall to redesign DCYF's assessment system to implement DCYF values in practice.
  - o Enhancing the safety framework is well underway. The safety framework guides are currently in the review process to provide clarity as to purpose and criteria and external review from citizen review panels, which includes lived experts. It will also undergo review by the DCYF Office of Racial Equity and Social Justice. Chapin Hall has completed a literature and best practice review on safety frameworks for DCYF. They evaluated six different safety frameworks, including DCYF's current safety framework. To support DCYF in developing an evaluation process and identifying a safety assessment tool grounded in racial equity to improve safety decision-making throughout the life of a case, Chapin Hall recommends a multi-method approach which includes the following:
    - Literature review
    - Focus groups
    - Ensure Tribal partners and Native communities are engaged in designing focus groups and included in safety decision-making processes at all stages
    - Center towards race equity –At every decision point, consider the impact to racial disproportionality and how decisions strengthen Washington's focus on racial equity.
    - Consider reviewing the following: "Advancing Equity through Research and Evaluation, a guide for child welfare leaders and decision makers"
    - Internal stakeholder interviews
    - Business process mapping
    - Peer consultation
  - o Work in all the domains mentioned above has begun and will continue to be prioritized throughout the agency wide strategic initiatives.
- DCYF should provide training and court simulation to support caseworkers' understanding and articulation of imminent physical harm, harm of removal, the types of evidence caseworkers will need to testify about, and the new allegations that will need to be included in dependency petitions.
  - o DCYF has also developed a four-part internal modular training, including a court simulation of a shelter care hearing which was developed with the Alliance for Excellence to better prepare staff for meeting the 79 statutory changes going into

effect July 1, 2023. The training began in May 2023 and will conclude in June 2023 with two make up sessions to occur after June 2023. The court simulation will begin in July 2023 and conclude in September 2023. An ongoing plan to ensure implementation fidelity is being developed internally to promote best practice enhancements after initial implementation.

- DCYF should identify how the information will be documented in FamLink and in the dependency petition as well as develop and implement a quality assurance plan to ensure consistency of practice over time.
  - DCYF initiated a petition pilot project updating the petition template to include all relevant information required because of HB 1227 within 15 counties. DCYF will roll out a statewide update to the petition changes by July 1, 2023.
- DCYF should require that, and provide staff to support, Safe Child Consultations occur a minimum of once per year per caseworker to support collaborative decision-making, consideration of bias, and caseworker skill development.
  - The pre-dependency consultations have been evaluated and changes have been made to better reflect a strength-based approach to assessing safety and will now be referred to as Safe Child Consultations which will go live statewide July 1, 2023.
- DCYF and other child welfare system partners should implement the recommendations in DCYF's <u>Examination of the Racial Disparities Present in the Child Welfare Assessment of Safety</u> research brief:
  - DCYF has begun a thorough review of current tools associated with assessment of safety and has begun a larger body of work around a full assessment re-design.
  - DCYF has hired a substance use disorder statewide Program Manager who has begun work partnering with internal and external partners around how to provide information, guidance, and support around assessment of substance use in relation to child safety and supports and resources for families.
- Increase the role and capacity of parent allies to support parents – DCYF has contracted with Amara to develop a model of parent advocacy involvement in investigations and/or FAR cases. There is a pilot in two jurisdictions in the state.
  - The safety framework guides are currently in the review process which includes participation from citizen review panels, lived experts and will also undergo review by DCYF racial justice and social equity team.
- Recommendations also include improving the assessment system and the development of values-driven practice profiles through the Family Practice Model (FPM).
  - The FPM completed 3 co-design sessions across the state regarding removal standards in January-March 2023 and is currently in the process of developing practice profiles to give DCYF staff guidance as to how to incorporate agency values into practice and giving concrete support around best and developmental practice.

Ongoing sustainability and/or next steps – Concentration on the use, application and articulation of current safety tools will continue to be supported and reinforced.

The assessment re-design project focuses on four assessment tools (Intake Assessment, Safety Assessment, Standardized Behavioral Health measures and a Strengths and Needs assessment. The Safety and Strengths and Needs workgroups ran concurrently from January-March of 2023.

- The internal safety workgroup created a scoring rubric and reviewed several different safety frameworks used across the country. At the end of the 10 sessions, the group identified a specific safety framework that appears to align with the agency values and practice expectations. This work will now continue into the next phases of developing an action plan, pilot project and concrete next steps to put improvements into place.

See the State Plan for Court Practice Related to Safety Framework that also highlights specific projects that are targeted to improve the use, communication, and application of the safety framework with collaboration from external partners, stakeholders and lived experts.

Hold case consultations prior to filing of dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services to keeping children safety with their parents.		
	Begin Date	Projected Completion
A statewide team inclusive of Child Welfare Programs, QA/CQI, and designated regional staff will participate in a short-term workgroup to: Develop clear, consistent guidelines for identifying pre-dependency filing and complex cases that will be staffed. Identify consistent core team members. Develop a decision-making process that is based on the Safety Framework. Develop a tool for documentation and related guidance documents for core team members and staff presenting a case to be used to guide the staffing. Establish and implement a statewide QA process to be used to identify practice trends, coaching, training, and support needs.		COMPLETE
RAs will identify the specific individuals within the regions who will staff the cases.		COMPLETE
Identified teams will participate in training regarding the process provided by a team comprised of the HQ program manager, regional QA/CQI lead, and regional safety lead to support consistent implementation and documentation. Training will include implicit bias		COMPLETE

and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	

Progress Update:

Until the most recent activity, the activities in this strategy were implemented and approved as completed. Safe child consultations were an integrated part of practice in the state.

In October 2021, a memo was sent to staff temporarily pausing mandatory Safe Child Consultations. They were still encouraged but not mandated to hold the consultations. Prior to this, staff turnover had already been an enormous pressure during COVID-19. The memo stated that the pause was until January 2022 and that in January changes would likely be made to improve the consultations. One region completely discontinued Safe child Consultations, but most regions continued using them on a regular basis.

System pressure was still very high in January of 2022 and the pause was not concluded. From January – June 2022, stakeholder workgroups occurred to work on each component of the HB 1227 legislation. Included in the conversations were recommendations for any potential policy and practice changes, IT changes (minimal viable product in FamLink and long-term CCWIS), training needs and any additional recommendations that may require decision packages be developed for the 2023-2025 legislative session. Final recommendations were developed in July 2022 related to safety practice and included the recommendation of requiring and supporting Safe Child Consultations.

In April 2023, Pre-Filing Consultations were renamed Safe Child Consultations (SCC). The name change was to project a more positive connotation and reiterate the purpose of the consultations to ensure that the child is safe and determine if a dependency petition is necessary. SCC have been implemented in ten offices as a pilot. Feedback will be collected from these offices and small changes will be made as needed prior to the final statewide relaunch by July 2023. Currently, SCC are required in the pilot offices at key points during the complex case or when impending danger has been identified prior to the FTDM. An SCC guide was developed to support consistent and high-quality SCC.

Upon completion of the SCC, the assigned supervisor or caseworker will complete the Smartsheet survey and enter this information into a "Supervision Staffing" case note. This case note will include:

- a summary of the consultation,
- the decision-making process,
- recommendation and what information could change the recommendations.

To ensure the purpose of FTDM's to engage family and others who are involved with the family in critical decisions, DCYF has reinforced that SCC recommendations can change as new information during the FTDM is gained.

DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.		
	Begin Date	Projected Completion
Establish a short-term multi-disciplinary workgroup of IDCC subgroup members, FJCIP coordinators, field AGO, HQ program managers, DCYF field, Court Improvement Training Academy (CITA), the Alliance, and other identified stakeholders to: Develop a crosswalk of DCYF Safety Framework, safety principles and existing court safety-related training and guidance. Identify impacted/related procedures and forms. Identify supportive resources available (i.e., safety framework posters for courtrooms) Make revisions (as needed) to current judicial/multi-disciplinary Child Safety Framework training as determined through the crosswalk including guidance for judges on specific questions related to safety threats and conditions for return home to be addressed at every court hearing.		COMPLETE
With support from the Capacity Building Center for Courts, a multidisciplinary group including CIP, DCYF, AGO, the Court Improvement Training Academy (CITA), and the Office of Public Defense (OPD) will develop an evaluation action plan for a Hearing Quality Project related to the application of the Safety Framework in court hearings including, but not limited to: Baseline assessment of current court practice, specific to discussions of safety and family time. Implementation assessment of how judges/multidisciplinary court teams have made changes to practices based on prior safety guide trainings. Assessment of how current practice is related to specific CFSR outcomes of interest in a sub sample of sites. A structured evaluation process that includes professional services, parent surveys, court observation, court case file review, and administrative data.		COMPLETE
Implement training, post-training supports such as peer exchanges and coaching, and supportive resources (including handouts, tools, and posters) in FJCIP jurisdictions to include:		COMPLETE

Providing information on updates to safety training and schedule of available trainings at the annual dependency training for judicial officers and FJCIP Coordinators Providing training to judges, multi-disciplinary partners, AGOs, and DCYF staff in FJCIP jurisdictions that have not completed the training, that identify safety principles that will be discussed at every Court hearing. Providing supportive resources to those who have already been trained per any changes or adjustments to the training curriculum.	
Once the training is completed, incorporation of the concepts learned and practiced in the training will occur including: Judges asking questions related to safety threats and conditions for return home Attorneys asking questions within the Safety Framework Caseworkers submitting with their Court Report an updated safety assessment with the current active safety threat(s) clearly articulated. The Court Report will include conditions for return home, which clearly delineate what behavioral change, and supports are necessary to achieve reunification.	COMPLETE
AAs and supervisors, with support from HQ and regional QA/CQI staff, PFD1 grant staff, and other designated regional staff, will complete semi-annual, office-based targeted case reviews that will include review of Court Reports and Safety Assessments for documentation of current safety concerns, conditions of return home, and permanency planning. Review results will be presented to all staff and used to identify areas for practice focus and system improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.	COMPLETE
Information obtained from the Hearing Quality Project evaluation will be used to determine improvement in outcomes related to the application of the Safety Framework in the Courts and to develop a plan to follow-up with additional support for areas that are not showing improvement in outcomes or fidelity to the application of the Safety Framework.	COMPLETE
DCYF and AOC will evaluate the Court Report to determine opportunities and strategies for improving documentation and communication regarding safety-related decision making and conditions for return home.	COMPLETE

Progress Update:

From October – December 2021, multidisciplinary Safety Summits were provided in the following counties: King, Pierce, Kitsap, Chelan, and Mason. Adjustments were made as the training was being rolled out based on feedback received from participants. For example, after

the first training was conducted in King County, it was determined that having designated facilitators in the breakout rooms would be beneficial to support completion of the activities and provide technology support. This was incorporated in future trainings. In February 2022, a Safety Summit was provided in Spokane County. Spokane County previously had a Permanency Summit in 2020 that included the basic safety framework curriculum and incorporated more advanced components into their Safety Summit, including understanding the harm of removal and Hope Theory. In May 2022, a Safety Summit was provided in Grays Harbor County.

Overall, approximately 700 attendees from a variety of disciplines attended the seven summits. General feedback from the summits were positive based on surveys and evaluation data:

- "As a result of this training, I have a better understanding of how safety is assessed in the child dependency system" – an average of 79% of participants agreed or strongly agreed.
- "This training provided me with new skills/tools that I can use in my work" – an average of 82% of participants agreed or strongly agreed.
- "As a result of this training, I am more confident in my ability to effectively talk about safety" – an average of 71% of participants agreed or strongly agreed.
- "As a result of this training, I have a clearer understanding of the practices that DCYF uses to assess and develop safety plans for families" – an average of 66% of participants agreed or strongly agreed.
- "As a result of this training, I have increased understanding of the role my discipline (job role) plays in assessing safety" – an average of 71% of participants agreed or strongly agreed.
- "I am motivated to use the safety framework in my work" – an average of 93% of participants agreed or strongly agreed.

Participants were also able to identify how their individual practice will change based on the information they learned. Each discipline met at the end of the training to discuss what changes they can make as a discipline to support practice change and application of the training. This information was collated, and a county-specific strategic plan was developed. Local multidisciplinary groups will meet to monitor the strategic plans and if changes are occurring in jurisdictions. Most of the counties have a Family and Juvenile Court Improvement Program (FJCIP) Coordinator who will serve as the primary liaison for the project at the local level. For counties without an FJCIP Coordinator, a different liaison has been identified.

The Safety Summit Project completed its Baseline Safety Hearing Quality Report in June of 2022 after successfully implementing a safety summit in seven different counties across the state. It also published top findings from Safety Summit data.

At the shelter care hearing:

- Identification of a specific safety threat increased 32%
- Efforts to prevent removal increased 35%
- Number of documents submitted prior to shelter care hearing that included an analysis of safety increased 35%
  - References to protective capacities increased 31%
  - References to Conditions for Return Home increased 34%
  - References to vulnerability increased 39%
- 100% of the post-summit shelter care documentation included an analysis of safety and addressed specific safety threats.
- 21% increase in discussion of safety-related justification for supervised visitation.
- 15% increase in discussion of safety planning

At the review hearing:

- Identification of parental protective capacities increased 46%
- Justification for Supervised Family Time increased 51%

Ongoing sustainability and/or next steps regarding the Safety Summit Project – To continue to enhance and support the project, there are several multidisciplinary teams that continue to meet regularly. One is the Safety Summit State Team (State Steering Committee) that provides state-level oversight of the project. This group meets to discuss the next phases of the project and looking to develop more advanced trainings for those courts that have already had an initial safety summit. Target new courts to implement and roll out Safety Summit's as well as hold discussions about how to incorporate the Hope work into the project. Another team meeting is the CQI Design Team who can analyze longer term data (outside of the Hearing Evaluation) that can be used to monitor and evaluate practice changes that are occurring within jurisdictions.

The Family Well-Being Community Collaborative (FWBCC) is a part of the Commission on Children in Foster Care that is co-chaired by Washington State Justice Madsen and Washington State Secretary of Executive Services Ross Hunter. The mission of this collaborative is to keep families safely together and supported in their communities as well as radically reduce inequities within the child welfare court system. The FWBCC is specifically targeting multi-level processes focusing on an upstream (avoid entry into system by addressing the impacts of poverty and trauma on families) and downstream (ensuring that families who require the oversight of court receive effective, culturally relevant services in a system that is equitable, accountable, and hope-centered).

From November 2021 through June of 2022 there were twenty-three meetings across a multi-system collaboration to address the seventy-nine statutory changes resulting from HB 1227. From these meetings, statutory analysis crosswalks were developed to provide guidance and clarity around the changes, what it means, who it impacts, and to develop plans to address practice changes. Additionally, DCYF leads ten workgroups which included twenty-nine external agencies and 145 participants regarding the following:

- Diligent Efforts
- In-Home Dependencies and Voluntary Services
- Enhance Safety Framework and Pre-Dependency Consultation Workgroup
- Placement with a Relative or Suitable Other Workgroup
- Cultural Shift Approach
- Service Array Plan Workgroup
- Streamline Initial Licensing Process
- Initial Licensing IT Changes
- Services to Parents
- Unlicensed Relative Home Process Review Workgroup

Recommendations were made from each workgroup and provided to the appropriate internal programs for implementation.

FWBCC maintains five workgroups which DCYF is actively participating in around key domains in order to improve outcomes at court related to child safety. The workgroups are:

- Ex Parte Removal Workgroup
- Family Time and HB 1194
- Removal & Placement Decisions Workgroup
- Harm of Removal
- Meaningful Shelter Care Hearing

In April 2023, DCYF partnered with Office of Public Defense managing attorneys and Administrative Office of the Courts to present information regarding the harm of removal of a child at the Washington State Children's Justice Conference. The partnership of this co-presentation modeled how court parties can and are working together to take a closer look at what the harm of removal of a child is and how it can be mitigated if it is necessary for a child to come into care. See resources maintained regarding this topic.

DCYF has been partnering with the Administrative Office of the Courts and Family Justice Court Improvement Plan coordinators to roll out multi-agency presentations, workshops and listening sessions all targeted to improve court outcomes around safety at court and prepare for July 1, 2023, regarding new statutory requirements.

Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.

	Begin Date	Projected Completion
Increase caseworkers' and caregivers' knowledge and understanding of Child Health and Education Tracking (CHET) and Ongoing Mental Health (OMH) programs and referral pathways to CCW for identified care coordination needs so that more children are referred to services timely. This communication will be completed through: - Providing program information in the DCYF Digest. - Providing program information to the field through regional leadership. - Including CHET and OMH program information in the Caregiver Connection on-line newsletter.		COMPLETE
OMH staff will add additional questions related to preventative physical and dental health to the OMH screening process that occurs when a child has been in out-of-home care for 6 months. OMH staff will ask the caregiver and/or youth being screened about past and future scheduled Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and dental exams including dates (if known) of appointments reported. OMH staff will: - Provide notification to caseworkers of identified needs. - Provide written information to the caregiver of the child's identified needs. - Email the OMH report to CCW existing care coordination inbox when care coordination needs are identified during the OMH process. - Include reported information in the OMH case note that is uploaded into FamLink.		COMPLETE
HQ program staff will update data sharing agreement with HCA to obtain child specific fee for service dental claims data.		COMPLETE
HQ program staff will work with OIAA to operationalize existing data from CCW and HCA reports that identify children who are due and past due for EPSDT and dental exams and develop a report that can be utilized by HQ and DCYF field staff.		COMPLETE
The Alliance, in consultation with HQ program staff, will update information related to CHET and OMH in the existing RCT including: - Increase understanding that information in the screens/reports are actionable items that need to be followed up on - How to utilize recommendations in the CHET and OMH screens/reports		COMPLETE

• How to refer a child with identified care coordination needs to CCW	
Regional QA/CQI will pull data reports monthly and provide to AA's, supervisors, and caseworkers. Regional QA/CQI will provide technical assistance on use of the report including assisting caseworkers with identifying children and youth who are not up to date for physical and dental health care services. Based on information in the report, caseworkers will coordinate with caregivers to make the necessary appointments as indicated in the report. Percentage of children and youth showing late or missed appointments will show a decrease over time, as appointments are made timely.	COMPLETE

Progress Update:

DCYF has made concentrated efforts to ensure caseworkers and caregivers know how to access care coordination services for children and youth in out-of-home care. Messaging has gone out through multiple avenues regarding the care coordination process available through Apple Health Core Connections (AHCC).

Ongoing Mental Health (OMH) screens occur on children/youth who have been in out-of-home care for six months. OMH is a cohort of children, aged 3 – 17 years old and only a portion of that population receive an OMH screen for children/youth who are already receiving higher levels of service. Once the OMH screen is completed, the report is uploaded to FamLink and the OMH screener emails the caseworker if there were additional concerns identified or not. In October 2021, focus groups were held between the Children's Bureau and DCYF field operations staff regarding implementation of PIP strategies. Despite messaging that has occurred, there still is a gap in knowledge regarding OMH and the process. Based on feedback received from focus groups more discussions are occurring around different ways to ensure field operations staff know and understand the process and information available to them.

The data share agreement between DCYF and the Health Care Authority (HCA) was updated and was signed in April 2021. DCYF has received two reports to identify children and youth who missed EPSDTs (care gaps list) as well as children and youth who need dental visits. The lists are also pulling billing code information on the last service received. One of the initial gaps noted was that the reports did not contain dates of service. When that was discussed, it appears that data point was not originally indicated in the data agreement so there may need to be an additional modification done to data agreement to obtain that information. The two lists come from different entities (EPSDT care gaps from Coordinate Care of Washington and dental services from the Health Care Authority) so they are in slightly different formats. It is not believed that DCYF will be able to operationalize these into a single report in infoFamLink as originally intended based on the formats received from the agencies. However, there are alternative ways that are being explored to see if the lists can be used separately as filterable

Excel documents and how the information can be integrated with information available in FamLink for maximum usability. Given that there is still some question on the usability of the reports, they are being piloted by OMH staff and case review staff. OMH staff can use the reports in conversations with caregivers to see if appointments have indeed been completed and/or if there are gaps in physical health needs. Case review staff rely on Prism when reviewing cases to determine if physical needs have been met. There have been times noted that Prism does not contain the most updated information on a child's medical or dental appointment status and these new reports can help verify that information. Once this is piloted, determinations can occur around usability of the information and determine what modifications may need to be made to make this information more broadly beneficial to regional QA/CQI.

Ongoing sustainability and/or next steps – In an effort to maintain increased communication, the program manager will explore the option of attending regional and office all staff meetings to communicate the care coordination referral process. DCYF and HCA continue to explore data collection and tracking methods which can be used to better identify children in need of care services.

OMH staff continue to connect caseworkers and caregivers with Coordinated Care when unmet mental health or physical health needs are identified during the OMH process and care coordination would help to meet the need.

HQ program staff continue to support the field in utilizing the resource document on how to connect with a Managed Care Organization when children or youth are not dependent, and their families would benefit from Medicaid MCO care coordination.

Improve availability and access to services to address children, youth, and their family's behavioral health through data collection, analysis, and integration with systemic partners.		
	Begin Date	Projected Completion
Establish a short-term workgroup of HCA, CCW, DCYF HQ program staff, and identified program leads to establish a mechanism that ensures all MCOs are responsive through care coordination to specialized needs of children, youth, and adults involved in the child welfare system including, but not limited to: • Data collection to be provided to HQ program managers to assess trends, gaps and barriers for development of further strategies with partners including		COMPLETE

o Behavioral Health Service Network Adequacy Reports from HCA for all Managed Care Organizations (MCOs). o Behavioral health service penetration rates for each county. • Development of processes and procedures including o Streamlined communication method for caseworkers to make referrals to Care Coordination service. o Clear and streamlined process to report and track when barriers to accessing care are identified by DCYF caseworkers.	
DCYF will participate in the HCA SAMSHA grant activities to develop therapeutic foster homes for children and youth pending entry into or transitioning out of in-patient behavioral health treatment.	COMPLETE
Coordinate with HCA to review the annual behavioral health PIP plans submitted by managed care plans. All five managed care plans must pilot a behavioral health intervention that is evidence-based, research-based, or promising practice recognized by the Washington State Institute for Public Policy (WSIPP)	COMPLETE
HQ program managers will develop and implement a Service Array Assessment survey bi-annually to caseworkers and supervisors to identify available services and supports in each region and barriers to access.	COMPLETE
Provide and implement support and guidance to supervisors and caseworkers to increase utilization of continuum of care of behavioral health care to include: • Develop and disseminate resources and guidance on how to access the continuum of behavioral health care services for children, youth, and families involved in the Child Welfare system. • Guidance on how to access behavioral health (BH) care coordination when there are barriers and challenges to access of services. • Guidance on process to follow when there is a waitlist or service is not available.	COMPLETE
Supervisors will provide coaching and guidance to caseworkers specific to access to services and identifying and addressing barriers through identified process in using skills and resources identified and developed in the Workforce Development goal area.	COMPLETE

For DCYF contracted services, DCYF will expand regularly scheduled quarterly Combined In-Home meetings with regional program managers/leads and HQ program managers to include Professional Service, and Psychiatric and Psychological services to improve alignment and process of referral and services provision. The meetings will be utilized to: • Develop a unified approach to inform field staff of service capacity and availability in the regions. • Develop a communication plan on referral and availability of services (including e-mail communications, brown bag lunch series, regional provider meetings). • Data presentation and discussion of data. • Develop plans for addressing service gaps and needs.	COMPLETE
On a biannual basis, HQ Program Staff will meet with HCA and CCW to: • Discuss data obtained, identifying trends, behavioral health usage needs and provider capabilities; • Identify service needs by specific areas for provider development; • Expand utilization of telehealth service availability.	COMPLETE

Progress Update:

Submit integrated service Decision Package (DP)

Participation in 6 workgroup sessions from Jan 2022 – April 2022 occurred with extensive stakeholder attendance. Following the recommendations an informal landscape analysis was completed by consultation with OIAA, JR, Fiscal & Finance, Family Support Programs, RESJ, PBC staff, CIHS programs, Government Affairs, Provider stakeholders, and child welfare programs. In addition, existing data and reports were reviewed and ongoing consultation with OIAA occurred to understand the depth of need and how expansion of services could accommodate the additional need for families. A Decision Package was submitted and ultimately fully funded in the SFY24/25 Biennium at $9,693,000, which will include 3 additional FTEs to support the ongoing service growth.

Reduce barriers to Increase capacity in CIHS service Contracts

• Amendment to the CIHS contract to include rate increase went into effect July 2022
• Provider engagement took place throughout the process to understand the work that was necessary to deliver CIHS. This informed the rate modeling to fully fund the FTE's required to deliver the service under the contract. A DP was submitted and was fully funded to support the increase of rates. The increase was effective July 2022. Amended CIHS contract to reduce minimum qualifications went into effect July 2022.

- o Engagement with model developers to understand their perspective on the minimal qualifications to deliver each intervention effectively. DCYF conducted several stakeholder engagements with providers to discuss key elements. The overarching intent was to create more access for different types of professionals to deliver this service, eliminate credentialing barriers and support capacity building.
- Completed CIHS contract renewal
  - o Removed Homebuilders to be a custom contract delivered statewide by a single agency. Additional contract language was adjusted to align with updated policies including transportation and provide clarity in contact format.
- Increased EBP provider training to CIHS provider network
  - o DCYF was able to renew the training contract budget to create more training opportunities. The agency also created a training calendar, so providers were able to plan to hire to help with capacity building. DCYF will be quantifying how many additional providers were trained with the new minimum qualifications.
- Pilot Telehealth
  - o A workgroup was formed in late spring of 2022 to include field ops and providers to build recommendations for wider application of telehealth. Recommendations were finalized in Fall of 2022. A pilot will be conducted under the Network Administrator to start Summer/Fall of 2023. The pilot timeline had to align with the new Network Administrator contract due to amendments within CIHS.
- Renew with Praed foundation
  - o Renewed with Praed Foundation to include consultation in collaboration for CASNS-F with exploration of new assessment tool.
- Grays Harbor SafeCare Procurement
  - o The legislature delegated funding to provide state care within Grays Harbor. The Contract was awarded in March of 2023 and anticipate fulling spending by the end of June 2023.
- Re-Procure for SafeCare Consultation and Contract
  - o Our longstanding SafeCare trainer decided to not renew their contract. DCYF had to re-procure for this service. The successful bidder will be announced late April 2023 with a new contract starting July 2023.

Increase FPS and IFPS capacity and ability to support in-home child welfare practices by 10%

FPS

DCYF engaged with target provider stakeholders in the fall of 2022. Feedback was collected and a survey was sent to the entire provider community. The results were evaluated with the Regional Leads to formalize a plan. The feedback generated was as follows:

- There is a need for an FPS redesign,
- There is a need to amend the fee table to change language from a CAP to an average that allowed more flexibility for family needs to be met,
- There is a need to grow capacity with current providers first before considering onboarding of new providers.

With the recommendations, a plan was drafted and finalized to amend the fee table and was effective February 1, 2023. Efforts for an FPS redesign have been identified as a project to start summer of 2023. With the onboarding of the newly formed Service Array Team, they have been working to collect data from providers on who has capacity for growth and to identify service deserts. DCYF will utilize this data, along with the service penetration report, to target provider growth.

IFPS

- DCYF partnered with the IFPS provider in the fall of 2022 to use OIAA HB 1227 placement forecasting data along with IFPS provider FTE data to identify service expansion opportunities. The plan was broken out by county with FTE increase goals formulated on November 28, 2022. The budget authorization to begin this work was not authorized until February 1, 2023, and included a $1.9 million increase. The agency continues to have a quarterly assessment to monitor success or discuss barriers.
- Assess penetration rate (barriers with data access)
  - Requested from OIAA in October 2022 an ongoing service penetration rate report that will inform service growth and target child welfare field operations support ongoing. The first report was provided mockup data was received on March 31, 2023. This data was tallied to support the initial CIHS targeted expansion. Supplemental and updated reporting is contingent on OIAA staffing.

Add Culturally Responsive service contracts to the Service Array

Work with Harvard Government Performance Lab to implement 3-5 Positive Indian Parenting or other preventative practices contracts with tribes or recognized Indian Organization in WA and implement a culturally responsive service or community engagement and capacity building to the African American Community.

- In SFY2022, the Harvard Government Performance Lab (HGPL) performed diagnostic and stakeholder engagement to understand the eco system of prevention supports for Black and Native families.
- In SFY2023, HGPL will support DCYF with two procurements to pilot building an ecosystem of prevention supports, likely centering on parenting supports, in communities where the agency sees the highest rates of Black and Native placements.

DCYF conducts weekly meetings with program staff and HGPL along with collaboration with contracts and finance. The two procurements will be blending state, federal, and philanthropic funding. DCYF seeks to serve families across the prevention continuum and layer in a broader array of prevention supports beyond parenting classes, including engaging communities to identify these supports. Additionally, DCYF will be able to test new approaches to foster greater participation of proximate providers in the service array (e.g., piloting new supports during the contracting process; offering CQI / project management supports). The goal of these two pilots is to reduce disparate out-of-home placement of Black and Native children.

Contract with a vendor to explore DCYF's existing culturally & linguistically responsive structure and services.

- In late fall of 2022, funding was secured in coordination with Office of Tribal Relations to draft a Statement of Work (SOW) for culturally responsive and linguistic analysis. Regular meetings occurred to formulate and finalize the SOW by engaging OTR, RESJ, Contracts, Program staff and OIAA. Negotiations occurred with proposed vendor from January -April of 2023 with a final contract signed April 17, 2023.

Develop an Integrated Service Array Team to facilitate increased services capacity and utilization.

An additional resource request to support service array needs was made in May 2022. In July 2022, approval was received to hire a new Service Array team. This team is made up of one supervisor and six consultants. Recruitment for each regional consultant started in December of 2022 until April of 2023 and hiring has been completed for the unit.

Service Array Team to support increasing service penetration rate among front-end, in-home cases among Child Welfare Field Operations (CWFO).

The Service Array Consultants (SAC) team have been working to collect data around services available, service desert areas, service education, training opportunity for providers and a provider listing.

This data will be used to identify where and what services are needed to better support families. They are also assessing what tools would better support the field to provide the appropriate service.

Network Administrator contract implementation and initial roll out

The Network Administrator contract for the east side of the state was updated and posted at end of 2022. The contract process ran through the end of April of 2023. The new contact will to start July 1, 2023.

In July 2022, OIAA released the DCYF Family First Services Needs Assessment. Key findings, recommendations, and steps DCYF will be taking in response include the following:

Summary Table of Key Findings and Recommendations

	Key Findings	Recommendations	Key Steps
1	Families with young children in the child welfare system are in the greatest need for prevention services	Connect parents in the child welfare and juvenile justice systems who have young children to prevention services	✓ Institutionalize and scale DCYF's Child Welfare-Early Learning Navigators ✓ Expand FFPSA-approved evidence-based home visiting programs that serve young children ✓ Coordinate linkages to the ESIT services for child welfare-involved families with young children
2	Child welfare-involved families are likely to be economically disconnected	Work closely with child/family serving agencies to address the financial needs of families at the earliest stages of their involvement in the child welfare system	✓ Promote access and continued engagement in social safety net programs ✓ Identify family participation status in social safety programs ✓ Connect families with housing assistance
3	Parents involved in child welfare are more likely than their peers to have significant behavioral health and substance use treatment needs	Coordinate services with Health Care Authority to better identify and address behavioral health and SUD treatment needs of child welfare-involved families	✓ Create behavioral health liaison positions in regional offices ✓ Identify and support potential substance use treatment provider organizations/tribes to expand services for child welfare-involved caregivers ✓ Expand integrated services of parental SUD treatment and infant social-emotional development for child welfare-involved parents and their infants such as Pregnant and Parenting Women (PPW) program and the Family Based Recovery (FBR) Program

Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.		
	Begin Date	Projected Completion
A short-term workgroup comprised of HQ program staff, identified regional staff, and an after-hours AA will develop and implement clarifying guidance regarding extensions and documentation requirements, including but not limited to:	COMPLETE	

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• Reasonable efforts and documentation to reflect those efforts, to locate children prior to using unable to locate extension. • Required documentation for law enforcement/community protocols extension. • Additional victims identified on an existing intake. • Assessment that child safety may be compromised. • Determining that the child is not available for IFF.	
The workgroup established will revise policy related to initial face-to-face responses to address: • Caseworker consultation with their supervisor as soon as they believe an extension or exception will apply. • Expectation that supervisors will only approve extensions or exceptions if they meet the criteria per policy. • Guidance for attempts to locate, supervisor consultation and documentation once an extension has been approved.	COMPLETE
Regional QA/CQI staff will provide training and technical assistance to AAs and supervisors regarding the use of the administrative IFF data report to monitor compliance with IFF practice requirements.	COMPLETE
Supervisors and AAs will use the IFF data report weekly to identify children who need to be seen, status of extensions and consistency with policy. The supervisor or AA will provide direct feedback and guidance to assigned caseworkers if delays or concerns are noted.	COMPLETE
Regional QA/CQI staff will review a sample of all extensions across the region monthly to assess for quality and consistency with policy using a standard format. Immediate practice or safety concerns will be communicated to the AAs and supervisors. Regional performance will be rolled up and reported to the RA monthly.	COMPLETE
In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607, Guidelines for Reasonable Efforts to Locate Children and/or Parents, to reflect clear practice expectations regarding efforts to locate alleged victims of child abuse and neglect.	COMPLETE
HQ program manager, designated regional staff, and Alliance will review training curricula and update as needed for clarity and alignment with revised policy and practice related to extensions and exceptions. This includes, but is not limited to, RCT, SCT, CPS program training and CFWS program training and multi-modality skill development.	COMPLETE
A short-term workgroup comprised of HQ program staff, licensing division, identified regional staff, and after-hours staff to examine barriers to the timely assessment of alleged victims. This includes but is not limited to reviewing whether extensions are needed to accomplish this goal or whether they are hindering this goal.	COMPLETE

Progress Update:

To increase seeing alleged victims timelier and decrease late IFFs, a workgroup was formed in July 2022 to revisit barriers and look at solutions. Three workgroup sessions were held from July 2022 to August 2022. This workgroup was comprised of many of the same representatives from the original workgroup that assisted in making recommendations around the revisions that went into effect in July 2021. Additional representatives were added. This included representatives from all six regions, line staff, supervisors, area administrators, after hours, Licensing Division, quality practice experts, QA/CQI, headquarters staff and leadership. Barriers to completion were identified, data was looked at and the pros and cons of eliminating extensions were determined.

Initial face-to-face completion rates within timeframes varied by case type. FAR intakes were completed within timeframes at 92.2%, Investigation intakes at 89.7% and Risk Only Intakes at 84.9%. This is attributed to several factors:

- The timeframe of risk only intakes being mostly 24 hours. Risk only intake can be altered to 72 hours in limited circumstances.
- The need for prioritization of work due to caseload.

If an alleged victim(s) is not able to be located within the initial assigned timelines, policy allowed for the use of an extension of the IFF timeframe to allow for additional attempts to locate and/or an exception to the IFF if specified circumstances are met. The chart below illustrates the percentage of intakes that had an extension and/or exception by region and statewide.
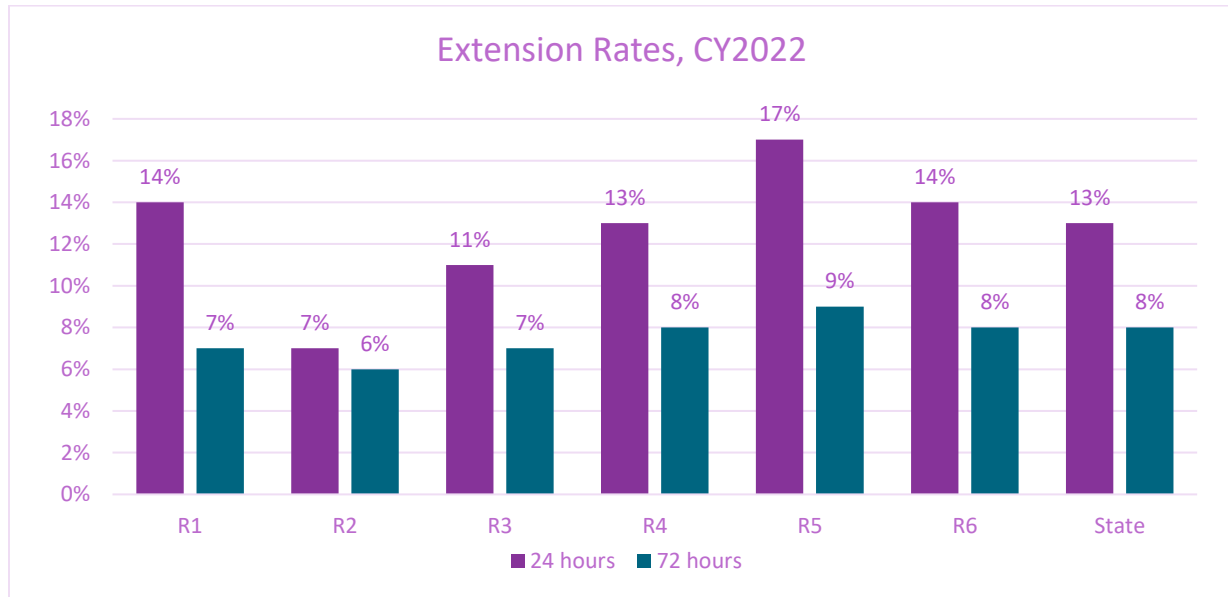
Extension Rates, CY2022

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Data Source: Initial face-to-face timeliness report, infoFamLink; CY2022

Statewide, in CY2022:

- For 24-hour response intakes, 12.8% (2,532 of 19,830) received had a documented extension.
- For 72-hour response intakes, 7.6% (2,692 of 35,383) received had a documented extension.
- The use of extensions for all response times decreased from 14.8% in CY 2021 to 9.5% in CY 2022, with the most substantial decrease in 24-hour response intakes.

The decrease in the use of extensions is a direct result of the efforts of DCYF to provide direction and prioritization of initial face-to-face contact with children and decreases in COVID-19 barriers around contact. Policy was updated twice within the last year to provide additional guidance to staff and adjust after feedback was received around barriers to contact outside of the agency's control. These circumstances were children being in another state temporarily and law enforcement delays. However, when extensions were used, there was an increase in the percentage that were within the agencies control.

The difference between the case review results and the FamLink data was explored with and without extensions being factored in. When the case review results and data from FamLink, without extensions factored in, the data looked nearly identical. When extensions were included, the data looked very different and was deceiving to staff and leadership. This led to staff and leadership believing that DCYF was doing better seeing alleged victims than it was. The group also explored the issue of once an extension was entered that caseworkers would then officially be compliant with policy. This decreased the urgency of seeing kids to near the time the extension was up.

Many other barriers were explored but ultimately the group identified that most extensions were detrimental in creating a culture of urgency towards seeing alleged victims timely. Extensions were also adding unneeded workload for supervisors and the data needed to align and reflect practice. In August of 2022, the group recommended that all child welfare IFF extension would be eliminated, and that the licensing division would eliminate most of their extensions. The LD-CPS has different barriers than child welfare CPS as the licensing division needs to ask permission of parents to interview children in licensed facilities. The group recommended the licensing division maintain the following extensions:

- Additional Identified Victim at Risk
- Additional Identified Victim Not at Risk

- Child in Custody of Parent Who is Not the Alleged Subject
- Referral Changed from Licensing to DLR/CPS

In September of 2022, leadership approved the eliminations of all extension in child welfare and most extensions in the licensing division. Data reports were changed to indicate if the child had been seen or not seen, with the ability to drill down further for more information.

Due to the policy moratorium, a memo was sent to all CPS staff, CPS supervisors and AA's informing them of the decision to eliminate child welfare extensions as of December 5, 2022. With the long-standing culture around extensions, staff had many questions, so a supportive FAQ document was sent out later in December to support staff understanding of the change. A memo was sent to LD CPS staff and area administrators effective January 3, 2023. Regional Quality Practice Experts, QA/CQI staff and the HQ CPS Program Manager have continued to provide guidance and answer questions regarding IFF and the elimination of extensions. The elimination of the ability to enter extensions occurred on June 15, 2023. As the field adjusts to this change, improvements in this area are expected. The graph below shows how the elimination of extensions changed the rate of IFF compliance.

Children seen within timeframe at intake

Source: infoFamLink, Initial-Face-Face Timeliness, Dates: 01/01/2022-04/30/2023

The following factors were frequently reported as contributing to the higher rate of delays that were within the agency's control if the initial face-to-face did not occur:

- Continued Staff Turnover including CPS workers, CPS supervisors, area administrators and QA/CQI staff.
- Lack of timely documentation.
- Continued added requirements on staff through legislative mandates.

Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.		
	Begin Date	Projected Completion
OIAA staff in collaboration with FTDM leads and the HQ program manager will develop an FTDM shared planning meetings report. Data will be provided monthly to AAs and supervisors for use in monitoring completion of FTDMS and identifying practice improvements.		COMPLETE
Statewide FTDM program manager and regional FTDM leads will review a minimum of one FTDM shared planning meeting report for pre-placement FTDM's at their statewide meeting focused on practice and quality of documentation. Information gained from these reviews will be used to inform support needs, including training and consultation for facilitators to ensure consistent practice and adherence to the FTDM model.		COMPLETE
HQ program managers, in collaboration with regional leads, will review the FTDM practice guide for alignment with safety and permanency practice expectations and update as needed. Develop practice guides and resources regarding FTDMs for caseworkers, parents, children, and other key participants.		COMPLETE
Supervisors will review FTDM documentation and outcomes for consistency of safety-related decision-making, prior to approving a dependency petition for filing.		COMPLETE
FTDM supervisors will observe a minimum of one pre-placement/72-hour FTDM per facilitator per quarter and provide direct feedback regarding meeting facilitation for safety and use of clear language that parents understand.		IN PROCESS
Designated regional staff will observe one pre-placement or 72-hour FTDM per office per quarter and provide feedback to the facilitator, caseworker and supervisor regarding application of the Safety Framework and engagement of the family in discussions of safety and safety-related case planning.		COMPLETE

Progress Update:

This strategy was added in the prior year's report for alignment with the DCYF PIP. The Family Team Decision Making (FTDM) report was developed and launched in infoFamLink on August 23, 2021. The purpose of the report is to provide information FTDM facilitators have hand counted for years, creating a time savings for the facilitators and making the information available to a wider audience. In SFY2022, there were over 11,500 children discussed in FTDM meetings. FTDMs were held for imminent risk of placement 33.9% of the time and 18.8% of the meetings were for emergency placement or Voluntary Placement Agreements (VPA). Of the FTDMs for imminent risk of placement, the most common outcome of the meeting was a child remaining or returning to a parent, reported in 23.0 % of the meeting outcomes. For FTDMs for emergency placement or VPA, that number dropped to 4.07% of meetings resulting in a child remaining or returning to a parent as an outcome. Of all of the FTDMs completed in SFY2022 (for any type), the meeting outcome documented was a child remaining or returning to a parent in 39.7% of the meetings. Additionally, one or more parents were present in 67.2% of the FTDMs; with mothers present 57.1% and fathers present 39.2% of the time. At least one relative was present 53.2% of the time. If parents could not or chose not to attend FTDMs, the meetings took place as scheduled per policy. While DCYF does make attempts to accommodate parents' schedules there are times in which an FTDM cannot be rescheduled due to the circumstances of the family. DCYF recognizes this is not ideal and continues to attempt to engage the parents and relatives and encourage attendance. Youth attendance cannot be tracked by the current FTDM report. DCYF will continue to refine this report to maximize the data to include youth attendance to drive best practices.

The DCYF headquarters Engagement Program Manager was hired in August 2022 and began overseeing all shared planning meetings and combined the FTDM and Shared Planning Meeting leads meetings. The group meets monthly, as a statewide team, to discuss updates to policy, areas of concern, and strengths. The FTDM leads review one pre-placement FTDM meeting report focusing on quality of practice, quality of documentation, and to identify support and training needs and practice consistency. The Engagement Program Manager takes notes on the FTDM reviewed and returns them to the FTDM lead to be used as a tool to improve practice and highlight strengths. Reviews are in consecutive regional order, apart from Region 6, as there has not been an FTDM lead identified in the past 7 months due to ongoing staffing issues. As a result, FTDMs from this region have not been reviewed. The newly hired Region 6 Regional Programs Administrator will start attending meetings and contributing FTDMS for review beginning in May 2023.

Due to changes in staffing, the leads group did not develop a prompting sheet, as identified in the previous APSR. Work on this task will began April 2023 at the FTDM/SPM leads meeting. The prompting sheet will be a reference tool for facilitators to ensure all pieces of information
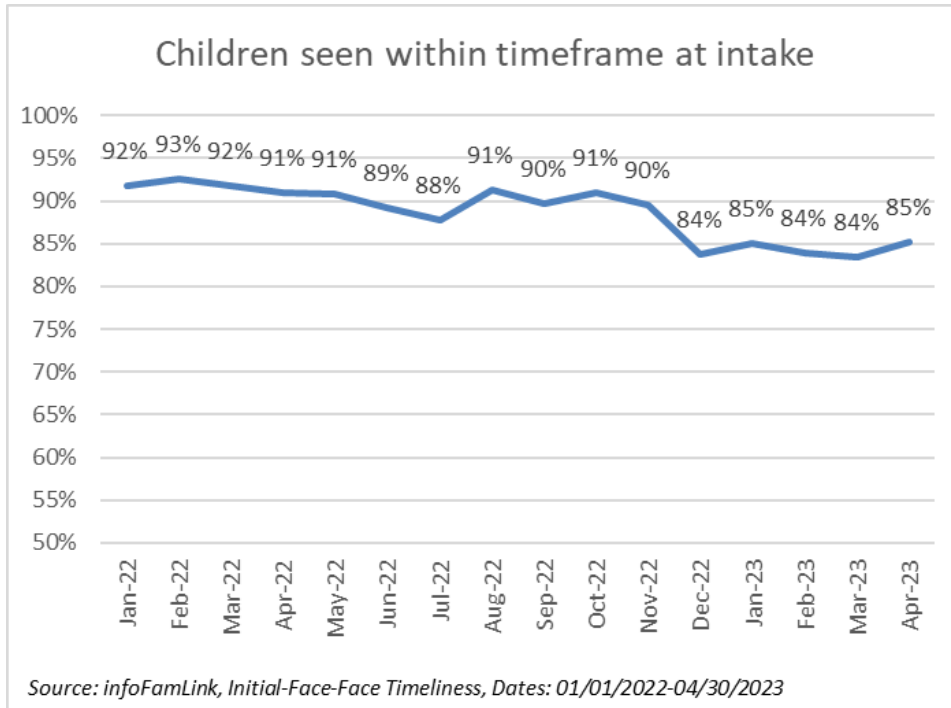
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are discussed during the meetings and documented consistently in the FTDM notes. Two items identified needing improvement are conditions for child to return home and separate meetings for same child (parents not able to attend the meeting together). Sometimes these are documented as one meeting or two. The leads group will develop guidelines for facilitators to help ensure consistency on this topic.

FTDM observations were an identified strategy in the previous APSR, however, they are not occurring consistently and, in some regions, not occurring at all. When observations are occurring, verbal feedback is provided to the facilitator. There is currently no method to track consistency and quality of observations, written or verbal. The Engagement Program Manager will be facilitating the SPM/FTDM leads in creating an agreed upon observation tool to be used by FTDM Supervisors and designated regional staff to observe FTDMs. This observation tool will be used to provide written feedback to facilitators. Completed observation tools will be shared with the FTDM Leads and discussed quarterly as a team. In addition, the Engagement Program Manager and the FTDM leads are creating a tracking tool to ensure observations are taking place consistently in each region.

DCYF developed a Community of Practice (COP) for facilitators to virtually gather, quarterly, to discuss practice strengths and challenges, ways facilitators can be consistent in meeting structures and documentation, and to be apprised of any updates to policy and procedures. Facilitators voluntarily participate in 3 preplanning meetings, prior to the COP, as time permits.

DCYF is currently engaged in the <u>D.S. Lawsuit Settlement</u> which includes requirements pertaining to SPMs and FTDMs. DCYF's policies and practices will be revised in response to input from individuals with lived experience and other stakeholder feedback.

Ongoing sustainability and/or next steps - DCYF will request youth attendance be added to the FTDM report to gain a clearer understanding how often youth are being included in decision making. DCYF will also develop a prompting tool, observation tool, and FTDM observation tracking sheet for practice improvement.

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

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

Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.		
	Begin Date	Projected Completion
Staff will be identified at the office level to track to ensure all identified staff have completed the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" (Capacity Building Center for States).		COMPLETE
DCYF RAs, DRAs, AAs and HQ program staff, designated regional staff, regional QA/CQI staff, and Alliance coaches will complete the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" and will review the corresponding resources.		COMPLETE
All supervisors will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."		COMPLETE
All caseworkers will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."		COMPLETE
Quality Matters resources will be disseminated to staff and supervisors as part of training and incorporated into supervision and coaching activities provided by supervisors, Alliance coaches and designated regional staff. Resources include: • Supporting Quality Contacts Through Supervisor-Worker Coaching • Defining Quality Contacts • Quality Contact Casework Activities Worksheet • Reference Guides for Videos These resources include information regarding building an agenda framework for caseworker contacts including assessment of safety, risk and permanency, placement needs and stability, maintaining family and social connections and relationships, progress on case plans and objectives, physical and mental health needs, development and behavioral needs, educational progress and needs, exploration of resources to support identified needs, and next steps.		COMPLETE
A team of HQ and field staff will revise monthly visit policy to reflect agency priority for engagement, aligning policy language with the framework.		COMPLETE
RAs will communicate policy and practice expectations around quality in-person contacts to staff in the regions through electronic messaging provided from HQ.		COMPLETE
AAs will review practice expectations at office staff meetings, including expectations of an in-depth discussion regarding the family safety concerns, conditions for return home, and case planning for permanency.		COMPLETE

Supervisors, designated regional staff, and Alliance coaches will provide ongoing coaching and support regarding engagement to caseworkers.	COMPLETE
The six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families will be integrated into RCT and SCT and will be completed within the first 90-days of employment.	COMPLETE

Progress Update:

Engagement with children, youth, parents, relatives, and caregivers continues to be a high priority and area of focus for DCYF. The Quality Matters series was implemented across the state in a sequence of training videos, which began the crucial conversation and focus on engagement and quality of contacts with children, youth, parents, relatives, and caregivers. The Alliance incorporated Quality Matters as part of the core training curriculum in 2021 and these materials were delivered to all new staff beginning July 2021. In addition, The Alliance is offering the following Quality Matters trainings in May 2023: Engagement for Quality Contact with Caregivers, Engagement for Quality Contact with Children and Youth, and Engagement for Quality Contacts with Parents.

It is important to note there has been a persistently high turnover in child welfare which undermines the statutory purpose of the agency, its core mission, values, and strategic priorities. DCYF Human Resources data shows 2,100 child welfare employees left the Division of Child Welfare and DCYF between July 2018 and September 2022 at an average of 494 exits per year. The annualized turnover rate between January and September 2022 was 24.5%. The agency's data shows turnover rates for child welfare Social Service Specialists are higher. A highly competitive labor market, and the cost-of-living present unique challenges for recruitment and retention of child welfare staff.[26]

Although leadership and staff recognize and support the need for frequent and quality contacts with children, youth, parents, and caregivers; staffing, workload, distance, and locating parents are frequently discussed as barriers to engagement. Parents may be located across various parts of the state, which makes travel time for monthly contacts extensive. According to the U.S. Department of Housing and Urban Development[27], Washington State continues to have the 4th highest population experiencing homelessness on any given day in the United States, trailing California, New York, Florida. Locating and engaging parents can be challenging when parents are homeless or have unstable living situations and fluctuating contact information. DCYF developed internal guidelines for reasonable efforts to locate parents and children.

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[26] 2023 Child Welfare Retention Report and Recommendations

[27] The 2022 Annual Homelessness Assessment Report to Congress

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DCYF Child Welfare Field Operations implemented Foundations of Practice Office Hour Drop-in sessions for HQ Program Managers to provide regional leadership the most up to date information related to policy, procedures, and practice changes. The drop-in hours focus on specific topics and information is provided on that topic followed by a question and answer. This is an opportunity for staff to learn about changes in policies, procedures, and practice and learn how DS Settlement, KW decision, and House Bill 1227 will impact family engagement with an emphasis on a kin-first culture.

DCYF collaborated with community partners, as described below, for additional ways to engage parents and provide the necessary supports for parents navigating the dependency process.

In 2020 DCYF contracted with Amara's Family Connection Program (FCP) as an engagement resource for parents, children, and caregivers; with the thought children and youth placed in out-of-home care thrive when they see their parents and caregivers working together as a team. See Item 11: Relationship of Child in Care with Parents for more information.

DCYF also partners with Amara's Building Family Partnerships, a mentorship and relationship building strategy designed to improve relationships and engagement between biological parents, foster parents, relatives, mentors, youth and children. Building Family Partnerships is in the process of launching Brave Conversations, to offer support to build relationships between parents whose children are placed in out-of-home care and those who are caring for the children (both licensed foster parents and relative/kinship caregivers). The meetings will be informal and focused on peer support, with others sharing their experiences and what works for them.

For the 15th year, DCYF has contracted with Sibling Strong summer camp, previously known as Camp to Belong, for siblings separated due to foster, relative, or adoptive care. See Item 8: Visiting with Parents and Siblings in Foster Care for more information.

DCYF recognizes engagement with fathers is lacking and is relaunching the Engaging Fathers Campaign, an intentional way to engage fathers and provide resources. See Item 12: Needs and Services of Child, Parents, and Foster Parents for more information.

Ongoing sustainability and next steps –Engagement continues to be a high priority for DCYF, and designated Engagement Regional Leads is the next step to ensure engagement continues to be prioritized. The Engagement Program Manager position is transitioning from HQ Partnership, Prevention, and Services Division to HQ Child Welfare Field Operations May 1, 2023, therefore further discussion around establishing Engagement Leads will be needed. If established, the leads will meet monthly with the Engagement Program Manager to review data around engagement and quality of contacts with children, youth, parents, relatives, and caregivers. The leads will provide feedback to their regions and problem solve areas of concern,

which could lead to additional trainings, coaching, and resources to support staff engagement with families.

Develop and implement a new parent-child visitation model and infrastructure with the goal of increasing early positive parent engagement in service planning and completion.		
	Begin Date	Projected Completion
Implement field test of the web-based data system for visit (Family Time) referrals to streamline the visit referral process and improve the quality of data related to visits. All referrals for visits will be required to be submitted through the system. In addition, documentation for visits will be entered into and maintained this system. Caseworkers will be able to extract visit reports and review visitation information and documentation.		COMPLETE
Refine the web-based data system as needed based upon field test results and implement statewide.		COMPLETE
Finalize development of the Family Time visit model including key elements of the model, establishing a measurement process, establishing a process for maintaining model fidelity, and developing the evaluation process		COMPLETE
Train staff and providers on the visitation model.		COMPLETE
Implement the Family Time visit model statewide.		COMPLETE
Define and implement a protocol for assessing safety and making decisions about level of supervision during visits to ensure that visitation moves from supervised to monitored to unsupervised where appropriate. Train staff and providers on application of safety assessment tool to visit supervision level and the protocol for supervision level.		COMPLETE
Development of Sprout 2.0.	2020	TENTATIVE July 2024
Create a dashboard for better management by caseworkers as to visitation.	2020	TENTATIVE October 2023

Create a dashboard for external partners and stakeholders (i.e., CASA, GALs, etc.) to have access to the cases they are assigned to.	2020	TENTATIVE October 2023
Develop a data structure that assesses the health of visitation	2021	Ongoing
Update the Family Time policy.	2020	TENTATIVE October 2023
Update Family Time contract in alignment with HB1194.	COMPLETE	
Update Family Time contract in alignment with HB1194.	COMPLETE	
Created a 72-hour visit contract	COMPLETE	
Updated the Family Time contract in collaboration with providers for consistency in service delivery	COMPLETE	
Increased rates and service requirements	COMPLETE	
Increased expectation for program management and accounting in the family time contract	April 2022	East Side July 2023 West Side October 2023
Re-procure network Administrator contract	May 2022	Complete
Update the current network Administrator contract with collaboration with provider community	August 2022	Complete
Service model redesign to align with OIAA and POC visitation model best practice.	October 2022	October 2023

Progress Update:

Sprout 2.0 development has been greatly delayed with a new anticipated date of summer 2024. Part of the reason for the delays is to ensure that what is developed in the future version of Sprout is compatible with the new CCWIS system work being done.

Implementation of HB1194 occurred in July 2021. DCYF contracted with one provider for each region to accept and provide the first visit within 72 hours. Having just one contracted provider expedited the referral process. Changes were made to Sprout and FamLink to separate the 72-hour visits from regular ongoing visits. This allowed those contractors to review those visits within Sprout very quickly. A new payment methodology was created to support contractors to accept referrals after business hours, weekends, and holidays. Being able to accept that case and start the visit planning, as soon as possible, supports the visit happening within 72 hours.

Training was provided to field operations staff to ensure they understood the new legislation requirements and procedures for making the referrals. Due to Sprout data limitations, DCYF still needs help to validate the 72-hour data.

Some of the prominent challenges in completing the first visit in 72 hours by contracted providers are:

- Unresponsive parents
- Referral withdrawn (reasons given were child returned home, caseworker or caregiver/relative provided the visit)
- Cancelled or no shows by parents
- Parent contact info incorrect
- Parent or child refused
- Parents are incarcerated (setting up jail or prison accounts and getting approved can take longer than 72 hours)

Network administrator contract has been re-procured for the eastside of WA State with an implementation date of July 1, 2023. The westside procurement was delayed as the funding request was not supported within the Governor's budget. A new Budget request will be re-explored during the 25-27 biennium budget. The Network Administrator funding was updated to include an administrative function rate and visitation billables. There is also an expectation of 100 percent acceptance which will help ensure families receive timely services form contracted visit providers.

Additional modification and improvements are in the process of being added to the Family Time contract based on the feedback with stakeholders during the network administrator engagement process, as well as changes to address different trends in Family Time visitation. This also includes anticipated changes with new legislation such as House Bill 1227.

When Sprout can finally be updated, data can be used to monitor and use for Performance Based outcomes. There are multiple smaller changes pending within Sprout with most of the changes expected to occur after the new CCWIS system implementation.

Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.		
	Begin Date	Projected Completion
Revise policy and practice regarding case planning for in-home/FAR cases to require the caseworker to coordinate a case planning meeting involving the parents/caregivers, children as developmentally appropriate, caseworker and other participants as identified by the family. Supervisor participates if there is a current safety threat.		COMPLETE
HQ program managers, regional leads, supervisors, and caseworkers will collaborate to develop a guide and template for completion of the case planning meeting to support practice consistency.		COMPLETE
HQ program manager and IT will establish a unique case note code to be used for documenting the in-home or FAR case planning meeting.		COMPLETE
The Alliance, in consultation with HQ program manager and regional leads, will review current training curriculum for guidance and expectations regarding case planning on in-home and FAR cases, and revise curriculum as needed to align with revised policy and practice.		COMPLETE
The Alliance, in consultation with HQ program staff and identified regional staff, will develop and implement a multi-modality training and skill development for case planning structure to in-home and FAR caseworkers and supervisors.		COMPLETE
HQ program manager and OIAA staff will develop an administrative data report for supervisors to track timely completion of case plan.		COMPLETE
Supervisors will provide coaching and guidance to caseworkers specific to the development of case plans and identification of safety-related services using skills and resources identified and developed in the Workforce Development goal area.		COMPLETE
Review of case plans on in-home and FAR cases to assess for provision of safety-related services will be incorporated into semi-annual targeted case reviews.		COMPLETE

Progress Update:

To support implementation and application of the revised policy expectations, an eLearning was developed in collaboration with the Alliance regarding the new case planning expectations with an emphasis on engagement and incorporation of using the SDMRA to help inform development of case planning goals with the family.

This work will continue to be enhanced through implementation of FFPSA and HB 1227. Rollout of Motivational Interviewing (MI) was completed in FFPSA early implementer offices in 2022. See Motivational Interviewing for more information. In preparation for implementation of HB 1227, stakeholder workgroups discussed voluntary services and in-home dependencies and

made recommendations for practice changes that may impact FVS and CFWS programs and staffing.

Ongoing sustainability and/or next steps - two rounds of strategic reviews were completed during the PIP implementation timeframe (one in 2021, one in 2022). There was improvement in case plans being on file and improvement in case plans being developed and discussed with the family. A few new areas needing improvement arose during the most recent review including engagement with service providers, the need for an FTDM/SPM to occur that did not and lack of follow-up regarding Native American/Indian ancestry once disclosed by the family. These comparative reviews are being shared with QA/CQI leads and HQ program staff to discuss next steps around needed improvements. In addition, issues with the case contact code not being used in FamLink continue to be seen. Although the qualitative targeted reviews showed an increase in case plans, the administrative data is not reflecting the same information.

As HB 1227 rolls out it is expected that more cases will filter through FVS and stay in FAR with safety plans. For these to have the highest chance of positive outcomes it is essential that the plan is developed with the family, that the family is bought into the goals, and has a copy of the plan. The court system will likely be more critical of these plans if they are not successful. It is also crucial that when DCYF begins Prevention Plans through FFPSA, workers understand how to case plan so that it's not as big of a lift to begin Prevention Plans and the workers have transferrable skills.

As previous strategies have not succeeded in providing sustained change of practice, it is important that DCYF prioritize and develop a plan that focuses on In-Home/FAR workers and supervisors sustaining practice changes in case planning. A workgroup is being scheduled to look at how to most effectively assess workers' strengths and areas of concern around case planning and respond to their needs through coaching, training and tracking. The level of attention towards early case planning, along with MI and increasing needed services will lead to continued high-quality work with families to prevent removal and reduce re-entry.

Currently, for offices willing to participate, FFPSA and QA/CQI managers have been conducting qualitative reviews of in-home cases to provide management with information regarding their potential readiness for claiming Title IV-E prevention funds. Ongoing assessments of risk and safety, case planning, and service provision are the primary focus areas. To assess case planning practices, the QA/CQI team reviews sections of FamLink for both formal and informal case planning efforts. This information will assist in the development of a strategy within the workgroup.

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Implement monthly and quarterly qualitative and quantitative data review feedback cycles for frequent and quality contacts with children and families to highlight performance and inform program and practice improvements.		
	Begin Date	Projected Completion
To facilitate the collection of quantitative data and simplify documentation, the HQ program manager will work with IT to reconfigure options for "parent contact" documentation codes within FamLink.		COMPLETE
In order to capture parent visits for both in-home and out-of-home care, HQ will provide a monthly report to regional QA staff showing which parents are not linked to a child in FamLink. Regional QA will provide technical support on properly linking parents with each child with whom they are associated.		COMPLETE
Identified HQ and regional program staff will monitor and support staff in conducting monthly quality contacts through analysis of qualitative and quantitative data. Quantitative data include administrative data reports in infoFamLink including Monthly Health and Safety Visits with Child and Monthly Caseworker Visits with Parents. Qualitative data will be gathered through case reviews.		COMPLETE
Regional program staff will provide direct feedback on strengths, areas needing improvement, and any program barriers to frequent and quality contacts with parents and children to caseworkers, supervisors, and AAs based on the qualitative results from ongoing case reviews and the QA/CQI feedback process.		COMPLETE
Regional QA/CQI staff will disseminate InfoFamLink data reports monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the reports to inform performance and areas for practice improvement and coaching: • Monthly Caseworker Visits with Parent • In-Home FVS Health and Safety Visits • FAR & Investigation Intake Detail		COMPLETE

Progress Update:

Strategy 2.2 focuses on quantitative and qualitative feedback cycles related to contacts with children, youth, and families. The focus on administrative data related to monthly health and safety visits with children and youth and visits between caseworkers and parents is not new for DCYF. These have been areas of data focus for some time. Both metrics were included on the Child Welfare Management Dashboard.

The quantitative data which appears on the dashboard includes some of the contact which has occurred virtually. During the time when statewide proclamations were in place, instructions were given to code the virtual visits as in-person, then explain in the narrative that the visit occurred virtually and why. When the statewide proclamation ended in September 2021, the

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statewide expectation was to return to in-person visits and to only code the visit as in-person if it occurred in-person and not virtually. This is different than the review by the case review team who looks at the statewide guidance alongside the federal practice expectation guidance and makes a determination of acceptability based on the specific circumstances of the case.

During the January 2022 QA/CQI statewide meeting there was a practice discussion regarding the case review outcomes associated with item 12B, this meeting is also attended by representatives from the Alliance and Administrative Office of the Courts (AOC). The discussion included information from the OSRI instructions, FAQs, and the case review team experience with rating Item 12B. There was a review of the statewide case review data, a review of the data by program, and a review of the data by region. The assessment then included a review of the narratives to the questions within item 12B which received a 'no' response. An analysis of the narratives revealed that most of the cases included a statement regarding a lack of contact or a lack of ongoing assessment. Regarding a 'comprehensive' assessment or completing a 'needs' assessment with the family; there was discussion that DCYF has not done a good job of establishing clear expectations. As mentioned, the Alliance was present for that conversation and the case review supervisor is participating in the restructure of the Alliance training where this information will be utilized to change practice. Another aspect which was discussed included that workers know which types of contact are considered compliant within the administrative data and the workers know that non-compliant contacts include virtual visit, phone call, text message, etc. This leads to workers making little effort, rather than the expected effort, because they do not receive "credit" for the work through the administrative data. This is a compliance view versus a practice view that needs to be addressed through training, coaching and providing clear expectations regarding engagement and documentation.

Ongoing sustainability and/or next steps – additional steps that have been taken to enhance positive outcomes for children and families is to assess engagement with parents by monitoring parent/caseworker visits occurring on in-home cases. The largest barrier to assess this engagement is that children are often not manually linked to their parent on a case in FamLink. Historically, this step was completed once a child is removed and the case has moved to CFWS. To improve the monitoring of engagement, a process was instituted where this step would occur earlier in practice (at intake) and then re-looked at through various points in the case. Progress has been made in this area and DCYF is in the process of developing a parent contact report for in-home cases (FVS, FAR).

CFWS reports continue to be provided to supervisors and AA's for CFWS HS visits with children. Family Practice model is rolling out statewide which touches on quality engagement with children/parents during HS visits. An increase in in-home dependencies is expected when HB

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1227 goes into effect in July 2023. Policy, training, and FamLink updates are in process to ensure staff are aware of how to assess engage and appropriately document child/parent visits.

Implement consistent statewide process, guidance and resources for engaging parents whose whereabouts are unknown or who are incarcerated.		
	Begin Date	Projected Completion
In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607 Guidelines for Reasonable Efforts to Locate Children and/or Parents to reflect clear practice expectations regarding efforts to locate parents and children requiring monthly contacts.	COMPLETE	
Designate an existing position within each region responsible for conducting missing parent searches in an effort to reduce the amount of time a caseworker spends trying to locate parents who are unknown or whose whereabouts are unknown.	COMPLETE	
Establish a short-term workgroup comprised of QA/CQI staff, HQ program managers, caseworkers, supervisors, and locator staff to develop a consistent process and clear roles for locating parents and children post initial contacts and provide guidance to locator staff, caseworkers, and supervisors of the process and roles.	COMPLETE	
HQ program managers will create and make available to caseworkers and supervisors' guidance for locating parents incarcerated in jail and prison; establishing and maintaining engagement; locating and contacting a parent's Department of Corrections (DOC) counselor and providing opportunities for incarcerated parents to participate in case planning. DOC will be engaged to provide consultation in the development of the processes and documents.	COMPLETE	

Progress Update:

There are staff identified in each region that conduct missing from care searches for children and youth as well as searches for parents when whereabouts are unknown. DCYF has a list of the MFC leads and locator staff on the DCYF intranet site, so caseworkers have access to know who to reach out to for assistance. Caseworkers continue to express the importance of these positions and how they have helped find parents whose whereabouts were previously unknown as some regions are utilizing the MFC staff to assist in locating parents. DCYF has worked on the measure of reducing first time runs and continue to have ongoing efforts to locate youth who are missing from care. As mentioned in Strategy 2.1, Policy 4420 was updated to reflect that, monthly efforts to locate and engage parents need to continue throughout the life of the case unless a parent's rights have been terminated and/or the parent is deceased.

Ongoing sustainability and/or next steps - DCYF regional leads, DOC program managers, and facility liaisons are meeting on a frequent basis to identify continuing challenges to incarcerated parent engagement. Initially, DCYF & DOC partners agreed to meet on a quarterly basis. However, after a couple of quarterly meetings, all agreed to meet more frequently, and will now meet monthly. Additionally, key members of the workgroup are meeting as needed to educate each other about nuances related to DCYF and DOC. Members of the DCYF/DOC Access to Incarcerated Parents workgroup are reaching out to other interested statewide stakeholders, such as the Administrative Office of the Courts and the Office of Public Defense. The workgroup is also researching other states to learn new methods of engaging incarcerated parents and bring those methods to the conversation. The workgroup is open to novel ideas and would consider pilot projects that might provide valuable methods that could be used statewide. As of 7/11/22, DCYF program managers and regional leads are collaborating to resolve incarcerated parent access as issues arise. System partners are more aware of each other, and networking to assess and solve barriers is improving. DCYF and DOC partners meet monthly.

DOC is working to implement new programs aimed at improving access to incarcerated parents. Soon, each incarcerated parent will have access to their own digital tablet, which will offer greater access to JPay services such as email and other means of communication. Additionally, DOC is asking the state legislature for funding of what they call "telepresence" resources. If granted by the legislature, funding will be used to ensure that incarcerated parents have a voice at court ordered hearings and shared planning meetings involving their children. DCYF is supporting the DOC request and is drafting a letter of support of such efforts.

DCYF is working with DOC to develop a pilot program at two DOC facilities with the goal of working through the details of best practices related to engaging incarcerated parents in all DCYF family planning meetings and DCYF related court hearings. The goal is to provide every opportunity for incarcerated parents to reunite with their children and family upon release from incarceration.

Goal 5: Competent and Supported Workforce
Improve safety, permanency, and well-being outcomes for children, youth, and families through development of a unified approach to skill-building to support supervisors, therefore staff feel more competent and supported.

Implement an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.		
	Begin Date	Projected Completion
All AAs and supervisors will engage in individualized skill development and training on evidence-informed coaching using a theory of change and model identified by the Alliance. New supervisors will receive this training as part of Supervisors' Core Training (SCT), and AAs and existing supervisors will receive this through stand-alone individualized skill development and training.	COMPLETE	
DCYF will conduct twice-yearly surveys of caseworkers and supervisors to track needs and trends in supervision and to provide data on items such as perceptions of skill development, support, and effectiveness to drive outcomes.	10/01/2020	Ongoing
AAs and supervisors will participate in a minimum of two coaching sessions following the training on evidence-informed coaching, with a focus on providing feedback that integrates a reflective supervision approach. The first session will take place within 1 month of the completion of training and the second session will take place within 6 months of training.	COMPLETE	
AAs and supervisors will participate in office or region-based group reflective sessions quarterly with Alliance coaches to identify and problem solve practice barriers in a peer environment.	10/01/2020	Ongoing
AAs will observe one supervisory session per supervisor every six months and provide feedback regarding adherence to the coaching model.	07/01/2021	Ongoing

Progress Update:

Much of this information relates to the Learner Centered Coaching (LCC) model found in Staff and Provider Training, Items 26, 27, and 28.

In 2022, Learner Centered Coaching (LCC) was integrated into Supervisor Core Training (SCT). In CY2022, the Alliance provided three statewide cohorts and had 22 participant completions. In addition to the SCT integration, the course was offered two times as a stand-alone training with a total of 16 completions. This helped to ensure supervisors that were not required to take SCT would get the training. The stand-alone LCC course consists of five 3-hour webinars that include specific skill development opportunities with feedback, as well as follow-up coaching activities to support the integration of coaching into supervisory practice.

Additionally, the Alliance coaches continued to facilitate quarterly reflective supervisor and AA workshops. In 2022, the workshops were moved to a statewide format, and scheduled each quarter. Upon completion of LCC, supervisors and area administrators are invited to attend the

sessions. The focus of the session is for supervisors and AAs to work collaboratively with their peers to celebrate the successes and discuss any barriers they may be experiencing as they continue to implement coaching with their staff. The groups also identify coaching skills they want to work on within the group. Workshop materials such as handouts and video demonstration of coaching skills have been developed by the Alliance to enhance and support the use of coaching skills. In 2022 there were 7 quarterly sessions held with 11 participants attending. The average group attendance was 1.8. The Alliance has been facilitating the workshops.

Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.		
	Begin Date	Projected Completion
Establish a short-term workgroup comprised of HQ program staff, one experienced supervisor and one developing supervisor from each region, designated regional staff, and the Alliance, to: • Revise policy and procedure regarding supervision to reflect a stronger emphasis on clinical supervision. • Develop program-specific guidelines for monthly formal supervision and coaching. • Make recommendations regarding changes to the FamLink supervisory tool and requirement for use. • Review and update guidance for use of the supervisory tool to include how the data available from the tool can inform clinical discussions.		COMPLETE
HQ program staff, designated regional staff, and the Alliance will develop and disseminate complementary program-specific and practice issue-specific guides that can be used to facilitate critical practice discussions with staff, incorporating implicit bias and the needs of marginalized populations.		COMPLETE

Progress Update:

To build, enhance and incorporate skills from Strategies 1.1. and 1.2, DCYF Policy 46100 was updated. The title was changed from Monthly Supervisor Case Reviews to Monthly Clinical Supervision Case Reviews.

Ongoing sustainability and/or next steps – The clinical supervision documentation targeted review results were shared with regional QA/CQI leads and with Child Welfare Leadership Team (CWLT) to have conversations around any targeted strategies and/or communication that needs to occur to address identified challenges and continued areas needing improvement. As mentioned in strategy 1.2, core LCC model principles are being incorporated as underlying principles in the FPM Framework. This will continue to promote consistency in practice

elements. Also, as FPM practice profiles are developed, they will include a supervisory component that is reflective and reinforces the LCC model concepts, which includes clinical supervision. QA provided new supervisor on boarding and discussions about Clinical supervision reviews. Documentation was one component of the training. Clinical supervision reviews have also been added to the FPM rollouts.

Improve supervisory proficiency in utilizing individual staff and unit outcome indicators as a tool for guiding clinical supervision and achieving improved agency outcomes.		
	Begin Date	Projected Completion
Field Operations leadership, in consultation with DCYF's Office of Innovation, Alignment, and Accountability (OIAA), will identify a limited set of key administrative data points that will be used by regional managers and supervisors in clinical supervision to monitor and drive outcomes across the state.		COMPLETE
The key data points referenced will be made available to supervisors and administrators via a management dashboard in infoFamLink that will show data at the office, region, and state levels. Administrators and supervisors will be trained in the interpretation and application of the data.		COMPLETE
On a monthly basis, RAs, DRAs, and other key regional staff will focus on a rotating subset of the key data points: • To identify good practice driving observed strong outcomes. • To identify practice in need of improvement. • To specify strategies for improving outcomes where needed. • To observe changes in performance over time.	10/01/2020	Ongoing
RAs and DRAs will incorporate data themes from discussions into regional supervisory coaching activities.	10/01/2020	Ongoing

Progress Update:

In February 2020, The Child Welfare Management Dashboard went live in infoFamLink. The dashboard provides key administrative data points at the state, regional, and office levels. For the metrics that are displayed as percentages, the standard for conformity is set at 95% or above, substantial conformity is set between 90-94%, and anything 89% or lower is considered needing improvement. The dashboard can be viewed by state, region, and office performance metrics. All the metrics, except for Median Length of Stay, can be drilled down to the raw data

contained in the report in order to do additional analyses. The dashboard shows performance over 13 months (including the current month) to see trends and improvements over the course of time. Understanding that there may be data lag in documentation, the dashboard data is refreshed daily to reflect the most current performance.

RAS, DRAs, AAs, Quality Assurance staff and supervisors are provided training and technical assistance on the dashboard metrics. The data is used to improve practice at the office, regional and state level. The data also allows to show trends overtime around specific data points. The dashboard can show what practice improvements, such as the use of promising practice initiatives, in improving practice and outcomes. The dashboard is integrated into agency culture and practice and is used in tandem with other reports to track compliance and improve practice.

Supervisors use data from the Child Welfare Management Dashboard, in addition to other data reports provided by their regional QA/CQI staff, to support clinical supervision and practice change. Data is used to support discussions with caseworkers, identify practice strengths and identify gaps and areas of growth where additional training/coaching is warranted.

Improve functionality and increase caseworker use of Child Location Application to ensure timely entry of placement so the current location of every child in out-of-home care is known.		
	Begin Date	Projected Completion
Regional QA/CQI staff will disseminate the Placement Lag Entry data report monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the report to inform performance and areas for practice improvement.	COMPLETE	
RAs will communicate policy and practice expectations around timely placement entry and use of the Child Location Application through electronic messaging provided from HQ Child Welfare Programs.	COMPLETE	
Policy and practice expectations for placement entry will be communicated to fiduciary staff to support timely completion of payment. Communication will be through electronic messaging provided by HQ Child Welfare Programs	COMPLETE	
Guidance and resources regarding the use of Child Location Application will be disseminated to staff. Communications will be tailored to a specific area of responsibility.	COMPLETE	
HQ program staff, regional QA/CQI and other identified regional staff will use the Placement Lag Entry report to determine which offices/units/workers are not consistently using the Child Location Application. Focus groups with those identified offices/units/workers and	COMPLETE	

fiscal staff will be conducted to determine barriers to using the Child Location Application.	
Establish a short-time workgroup of HQ program staff, fiduciary staff, IT, OIAA and identified region staff that will use administrative data and information obtained from focus groups to address barriers to full implementation: • Identify modifications needed, if any, to the Child Location Application to improve functionality of placement entry. • Update guidance and resources regarding the use of the Child Location Application to support full implementation. • Update policy to reflect changes in practice regarding child placement entry.	COMPLETE

Progress Update:

The child location application was changed to remove the 72-hour cutoff of being able to use it. As shown in the tables below, the caseworker's ability to enter placements through the mobile application did not result in a significant increase in timely placements. Continued high vacancies and turnover rates have caused an increase in caseloads for workers, in turn this is resulting in delays for placement entry while caseworkers focus and prioritize on case emergencies and court requirements. The annualized turnover rate between January and September 2022 for caseworkers was 25.5%.

HB 1227 implementation has specific requirements for placement with relatives and suitable others when children cannot remain safely at home with their caregiver. There is work to streamline the placement entry. A new workgroup is working on having the background unit complete placements when children are placed with relatives or suitable others to improve timely entry and use of placement application. This work is currently in progress and does not have an effective date yet. Caseworkers will continue to enter foster placements.

Ongoing trainings are available to staff in all regions regarding timely placement entry and using the child location application by regional CQI staff.

Timely Placement Documentation, by region

Data Source: infoFamLink, Lag Placement Entry Detail, Previous CY

Use of child location application and timely placement entry

Data Source: infoFamLink, Lag Placement Entry Detail, CY 2018-2022
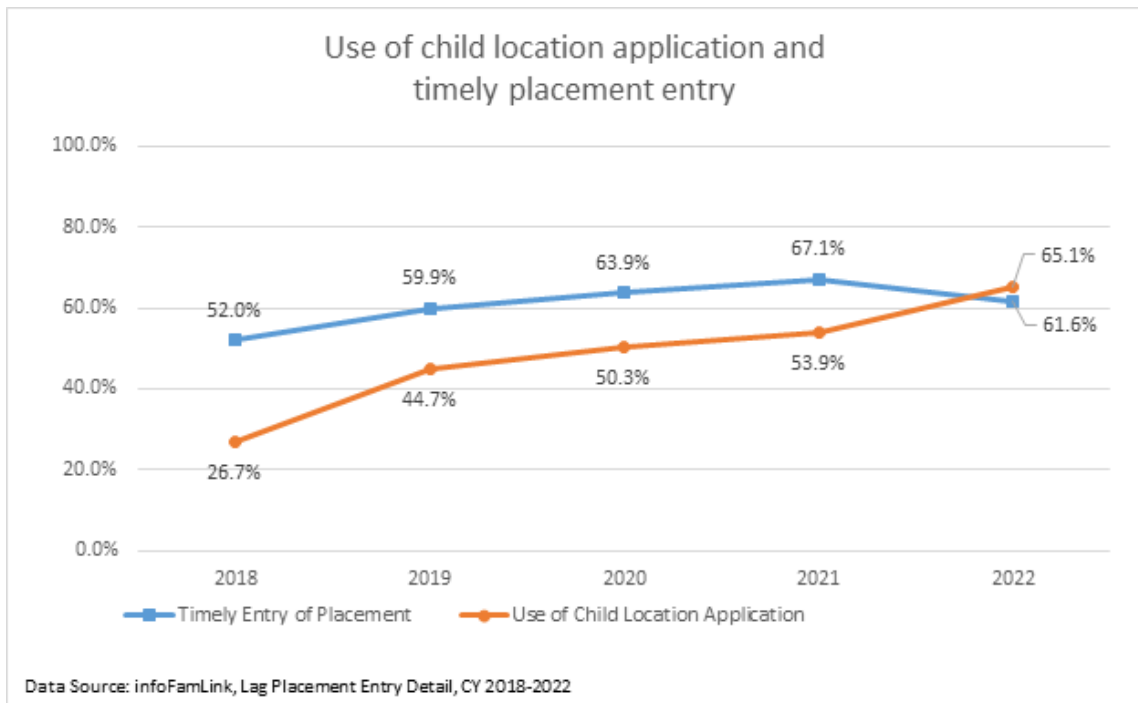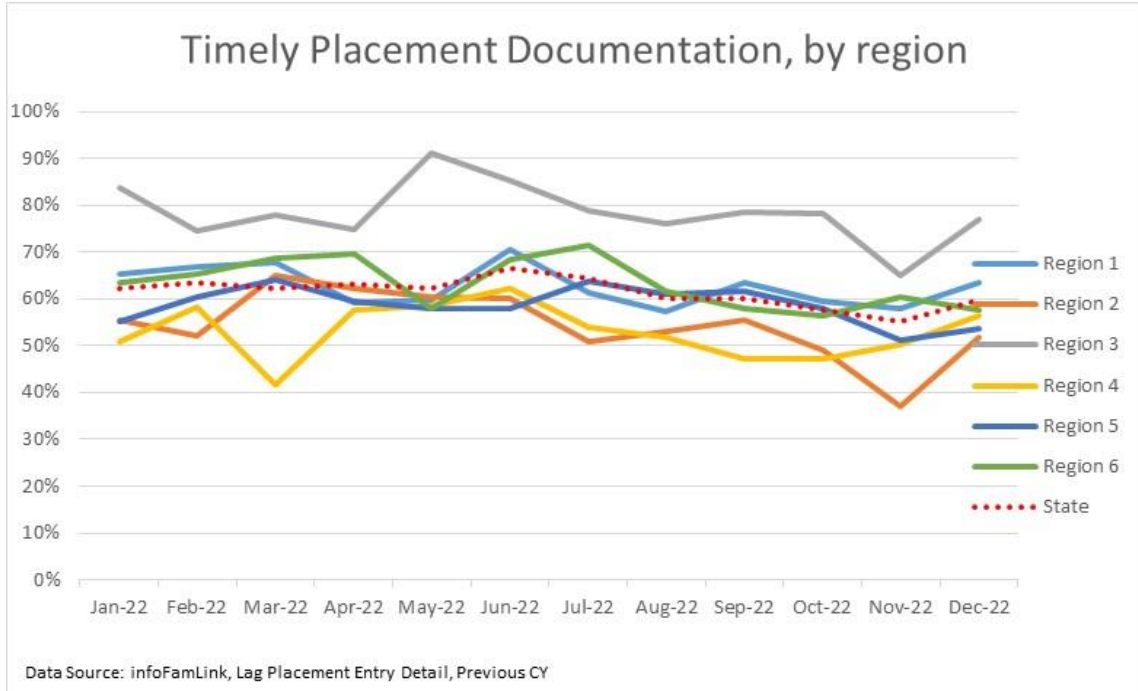
 Some of the barriers identified continue to be entering placements timely, included the following:

- Miscommunication regarding signed court orders with the accurate date of Placement and Care Authority (PCA).
- Need for Provider ID.
- My Cases App and/or FamLink not always functioning when working in areas outside of cell service.
- Competing priorities with other casework tasks that need to be completed.
- Significant Caseworker FTE vacancies lead to prioritizing task for current caseworkers.
- Difficulty keeping up with placement changes for children/youth who are in multiple placements over short periods of time.

Ongoing sustainability and/or next steps – the workgroup for having the background unit assist with entering placements for relatives and kinship care will continue. Timely placement data will continue to be monitored to see the impact of the FamLink changes and additional training to help evaluate any additional modifications, training, or technical assistance that may need to be provided and what individuals, offices and/or regions need additional supports. This will help identify any future strategies that need to be developed to continue improvement efforts. In addition, the HQ Field Operations Data and Policy Administrator continues to validate and determine any potential data integrity errors in the administrative data report. As errors are found, the Data and Policy Administrator works with identified divisions and/or individuals to address.

Program Support

Research, Evaluation, Management Information System, and Quality Assurance Systems

The DCYF Office of Innovation, Alignment and Accountability (OIAA) was established to build agency capacity to make evidence-informed decisions, continuously learn, improve, and successfully enact system reform. OIAA supports DCYF through research, evaluation, reporting, and other projects focused on influencing policy and practice changes within DCYF.

The OIAA Evaluation and Research Team supports the Department's research priorities, which are aligned with DCYF Strategic Priorities 2021-2026. Internal research is developed to advance this work, which is planned on an annual cycle. External research partnerships are assessed for alignment with the plan before support is provided.

OIAA annually develops and publishes their evaluation and research agenda, detailing how it is aligned with the DCYF Strategic Priorities and with focused agency work currently underway. Unlike academic institutions, the OIAA research and evaluation agenda must be responsive to policy timelines. This means most projects take less than a year to complete from start to finish. Because OIAA does not have the capacity to conduct all research that might benefit the agency,

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they annually produce a list of priority research questions for external partners to focus their proposed studies. These questions are also clearly aligned with the agency priorities and focused agency work to ensure that external resources committed to research and evaluation are also targeted.

Examples of OIAA research conducted to support the needs of child welfare, which have been released externally in 2022, include:

- Examination of Infants Indicated for Substance Exposure/Affected at Birth
- Child Welfare Early Learning Navigators – Evaluative Brief
- DCYF Family First Services Needs Assessment
- Research Brief: Child Outcomes in Kinship Care in Washington State

These reports, as well as others, can be located here.

Examples of OIAA research activities currently underway to inform DCYF internally include:

- Review and selection of assessment tools, integrated into a practice model.
- Validation studies of current assessment tools.
- Research on placement exceptions (e.g., hotel, office, etc.) and night-to-night foster care stays.
- Root cause analysis of safety plan failures.
- Research on adolescents experiencing homelessness after leaving state care.
- Reviews of research about the agency conducted by external researchers and connection to policy implications.
- Research support for Performance Based Contracting (PBC).
- Analysis of 2021 and 2022 child fatalities and near fatalities.

OIAA is responsible to support the implementation of the Family First Prevention Services Act (FFPSA) in the following ways:

- Construct the evaluation plans for the Evidence-Based Practices (EBPs) in the federally approved DCYF Prevention Plan.
- Conduct (or contract for) the required FFPSA evaluation once the services are funded with FFPSA dollars.
- Support the work of the Office of Tribal Relations, as they have worked with tribal partners since the beginning of FFPSA planning to ensure DCYF is leveraging the opportunity of FFPSA funding in expanding prevention opportunities in Washington's tribal communities.
- Produce a population-based service needs assessment that will help guide the service array- see DCYF Family First Services Needs Assessment (wa.gov).

In 2020, OIAA pursued and successfully secured a substantial 4-year philanthropic commitment to support the agency and community partners in building capacity to be ready to leverage FFPSA funds. This funding has prompted innovation in planning community-based partnerships around reducing racial disproportionalities, building tribal capacity to conduct evaluation of FFPSA-funded EBPs, and enhance CQI supports for EBPs in the DCYF FFPSA service array.

In addition to the above initiatives, OIAA is active in leading and supporting multiple prevention efforts in the agency to prevent children and families from entering the child welfare system, and in actively supporting assessment and intervention efforts when children are placed. These efforts include the following:

- In late 2019, DCYF was successful in securing a five-year Children's Bureau grant for prevention of child maltreatment under the Community Collaborations to Strengthen and Preserve Families (CCSPF) Cohort 2. In this project, DCYF is testing a community-based prevention effort in four communities across Washington, chosen at random from among the 23 communities with the highest rates of maltreatment. These communities are:
  - Bremerton
  - Ferry/Stevens
  - Port Angeles/Sequim
  - Spokane

  The OIAA Director serves as the Lead Evaluator of Washington's project and an analyst supports this effort. More information on Strengthening Families Locally can be found on the DCYF website.
- In 2020, led by OIAA, DCYF entered a partnership with the Harvard Government Performance Lab (HGPL) to place a HGPL fellow at DCYF to expand the agency's capacity. Current and former fellows have focused on connecting pregnant women referred to intake and otherwise screened out (due to unborn victim/no child present) with voluntary community resources and working with communities to identify barriers to improving service outcomes for Black and Native families.
- OIAA is leading an agency-wide examination of the child and family assessments used in child welfare and juvenile rehabilitation service lines. It is undertaking substantial initial analysis related to child welfare assessments, to examine their reliability, validity, usefulness, and potential to contribute to racial bias. To ensure maximal alignment with the family practice model redesign effort, OIAA has contributed a lead child welfare researcher on assessments to work alongside the Practice Model Administrator in the Partnership, Prevention and Services Division, so that these two efforts are developed and implemented in partnership. This work is occurring in partnership with Chapin Hall and is connected to the recently developed DCYF Assessment Oversight Group.

The OIAA Data Reporting Team focuses on developing and providing comprehensive, accessible reports to support practice improvements. Washington's transitional CCWIS system, FamLink, is the source for administrative data used in child welfare reports, which identify practice strengths, capture key required data elements to ensure practice requirements are being met and support ongoing practice improvement. These reports are made available through the child welfare reporting portal (infoFamLink), and staff at all levels of the agency have access to them. Summary and case level detail reports are refreshed nightly and are accessible to caseworkers and supervisors across the state who use the reports in their daily work, through e-mail subscriptions or direct access. These reports are also routinely used by staff at all levels of the agency, including field managers, regional and headquarters' program staff and quality assurance leads to support good practice related to child safety, permanency, and well-being, as well as leaders who use the summary reports to make decisions about practice, staffing and services. In addition to standard reports, item-specific data reports are available on request to support specific quality assurance, practice improvement and CQI activities at the state, region, and office levels in support of the CFSR PIP, CFSP, FFPSA, Permanency from Day One (PFD1) grant, HB 1227, Family Practice Model and recruitment efforts. The Data Reporting Team also provides data analysis to DCYF leadership with recommendations for systemic and programmatic changes to improve performance as measured by the Federal Data Indicators and CFSR metrics.

Reports developed or modified in calendar year 2022 by OIAA include:

REPORTS DEVELOPED OR MODIFIED, CY2022				
Report Name	Report Type	New or Modified	Reasons Work Completed	Implemented
Counts of CA Licensed Providers	CW Reporting Portal	Modified	New fields were identified to determine if a home was active, in order to better assess concerns around vacancies Secondary Assignment to foster homes was added	January 2022 May 2022

REPORTS DEVELOPED OR MODIFIED, CY2022

Report Name	Report Type	New or Modified	Reasons Work Completed	Implemented
CPS Household Members identified for Early Learning	CW Reporting Portal	Modified	Added fields to allow navigators to have more information to better meet the needs of families New fields added into the detailed data to include ICW Involvement, Tribe Name, and Substance Exposed Flag	February 2022 October 2022
RMTS	CW Reporting Portal	Modified	Changes were made to improve the worker list. Worker information was added. This is used for funding purposes and was being updated for a contract with the University of Massachusetts	April 2022
QRTP Placements	CW Reporting Portal	New	A report was created to identify which children were in QRTP placements, the timeframe, whether a waiver was required and if the waiver was uploaded.	April 2022
Legally Free Children	CW Reporting Portal	Modified	There was a concern regarding children being duplicated. This was corrected	April 2022

REPORTS DEVELOPED OR MODIFIED, CY2022				
Report Name	Report Type	New or Modified	Reasons Work Completed	Implemented
Permanency Monitoring	CW Reporting Portal	Modified	Per the regions' request to better meet the needs of the field, Extended Foster Care (EFC) and Trial Return Home (TRH) youth were included, added race, ethnicity, and permanency goals that are being recommended by the department through the Comprehensive Family Evaluation (CFE)	April 2022
Lag in Placement Entry	CW Reporting Portal	Modified	Columns were added to encourage a stronger focus on this report, easily determining compliance, bringing characters from the text to the report, and identifying the first service in the placement. New parameters were added to simplify using the report	April 2022
AIRS Placement Exception	CW Reporting Portal	Modified	Created a new view that allows access to detailed data, regarding the children, from the dashboard New Placement Exception was added – Leased Facility	May 2022 October 2022

REPORTS DEVELOPED OR MODIFIED, CY2022				
Report Name	Report Type	New or Modified	Reasons Work Completed	Implemented
Initial Face to Face	CW Reporting Portal	Modified	Added Intake type to the parameter and row selection, removed exceptions as a default parameter (can be manually added in), and a new summary view was created to identify which children had been seen vs. not seen	June 2022
In Home FVS/FRS Health and Safety	CW Reporting Portal	Modified	Added in FRS Child assignments to the population to support policy implementation for completing Health and safety visits with youth in FRS cases	June 2022
			Bug was fixed as children were being excluded by case type (all included) and summary was not grouping months correctly	August 2022
Monthly SW Visits with Parents	CW Reporting Portal	Modified	Included the in-home population for parent-sw visits and added in new information regarding the engagement type with the parent: visited, contacted, attempted, no contact	August 2022

REPORTS DEVELOPED OR MODIFIED, CY2022				
Report Name	Report Type	New or Modified	Reasons Work Completed	Implemented
CPS Victims by CAN	CW Reporting Portal	Modified	Added new fields into detailed data to support work for ICW and substance exposed youth. These include Substance Exposed flag, ICW Status, Date of Birth, was child removed within 30 days, was referent a mandated reporter	August 2022
Unlicensed Caregivers in Need of a Home Study	CW Reporting Portal	Modified	Updated the determination if a caregiver was assigned for a home study to include the Caregiver Engagement Team	October 2022
In Home CPS Health and Safety Report	CW Reporting Portal	New	A new report was developed to identify the children included in a CPS case, through an Investigative Assessment or FAR Family Assessment, to identify if the child is being seen monthly	November 2022
Intakes by Category	CW Reporting Portal	Modified	A bug was found, and corrected, regarding the worker identified for Provider Infractions	December 2022
Out of Home Exits and Entries	CW Reporting Portal	Modified	Added new detailed data, including count of primary workers and shared planning meetings, and last legal status	December 2022

REPORTS DEVELOPED OR MODIFIED, CY2022				
Report Name	Report Type	New or Modified	Reasons Work Completed	Implemented
Monthly Supervisor Review	CW Reporting Portal	Modified	Created a summary, allowing users to access multiple months at one time, in addition to being able to review the current month, to encourage compliance and improvement	December 2022
Caregiver Recruitment and Retention	CW Reporting Portal	Modified	Updates were made to the report to appropriately identify zip code location, include WSRDAC/M racial values, and created a filter to look at children 17 and under and EFC separately. A filter was added to focus on child race, when needed by the user.	December 2022
Data Source: Department of Children Youth and Families, OIAA, Data and Reporting Team; List of Developed Reports-CY2022; April 2023				

Technical Assistance

Washington State has received technical assistance (TA) from various sources during CY2022 including:

- Casey Family Programs
- Chapin Hall
- Capacity Building Center for States
- Children's Bureau
- Harvard Government Performance Lab

The focus of TA during CY2022 was in the implementation of Motivational Interviewing, strengthening the culturally relevant prevention service array for African American and Native American communities, building community pathways to prevention supports for substance using pregnant people and screened out families, exploration of Home Visiting services and developing broad community pathways in preparation for the FFPSA Plan amendment.

The DCYF Family First team developed a work plan with the Capacity Building Center for States to support implementation of specified Family First strategies, Combined In-Home Services (CIHS), understanding the use of concrete goods and services in other jurisdictions, communication planning and engaging those with lived experience.

The Chapin Hall team engaged with staff through strategic planning and participation in implementation meetings to ask questions, provide feedback and partner in the development reports and presentation materials. Their support in the development of community pathways will include Family Resource Centers (FRC), Home Visiting and how the application of Motivational Interviewing can be implemented in community agencies and potential technology solutions.

Casey Family Programs (CFP) provided meeting facilitation and content expertise in Motivational Interviewing for statewide implementation.

The Harvard Government Performance Lab (HGPL) focused on completing two service procurements for service array expansion. They continue to provide coaching and support to transition the substance-using by pregnant people work to DCYF. A pilot for connecting screened out families to prevention support just launched.

TA in CY2023 will include continued work on the work plans created or launched in 2022. CFP will expand its TA to support fiscal modeling consultation for future Family First claiming.

Quality Assurance
See Quality Assurance System section.

Update on Service Descriptions
The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart I)
Child Welfare Caseworker Services
The child welfare caseworker services below are supported in part by Title IV-B, subpart I funding:

- Child Protective Services Investigations and Child Protective Services Family Assessment Response (CPS FAR)
- Child and Family Welfare Services (CFWS)
- Family Voluntary Services (FVS)
- Family Reconciliation Services (FRS)
- Caseworker supervisor

Geographic area: These services are available statewide.

Contracted Services

The contracted services below are supported by Title IV-B, subpart I funding:

- Crisis Family Intervention (CFI)
    CFI is a brief, voluntary service directed to preserve, strengthen and reconcile families or caregivers in conflict. CFI is available to families and youth ages 12 – 18 years old involved with DCYF when there is conflict between youth and their caregiver or the caregiver requests support with an at-risk youth.
    Geographic area: This service is available statewide.

- Foster Care Support Goods and Services
    Concrete goods or services needed to support safe, stable placement or help maintain placement in foster care. Examples include bedding, furniture, car seats, safety locks, etc.
    Geographic area: This service is available statewide to all licensed and unlicensed caregivers who are providing care for children placed by DCYF.

- Evaluations and Treatment
    Evaluations and treatment are contracted services provided by DCYF when no other evaluation or treatment service is available. DCYF uses these services to assess and address mental health and behavioral health needs to support improved safety, stability and permanency.
    Geographic area: This service is available statewide.

Services for Children Adopted from Other Countries

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

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

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

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

DCYF child welfare program staff and community mental health providers participate in the National Adoption Competence Mental Health Training Initiative (NTI). This training provides information on the mental health needs of youth adopted internationally, domestically and from child welfare.

DCYF continues to expand work with community partners on the development and resources for all Washington families with adopted children. Information on resources is shared with school districts, professional organizations, medical clinics, and public and private agencies that provide medical, behavioral, economic or mental health services to families residing in Washington State.

DCYF staff meet regularly with the Adoption Success Committee. This committee consists of CCW, adoptive parents, adult adoptees, HCA, agencies that facilitate in-state and international adoptions and a private community residential establishment program. Informational publications, trainings and a media list have been developed to share information with adoptive parents on resources and supports available to all state adoptive families. This committee meets regularly to assess progress, review documents and plan for future goals.

Accurately identifying disrupted international adoptions and the originating agency that come to the attention of DCYF are difficult to identify. In CY2022, there was one disrupted international adoption in Washington State.

International Adoptions Disrupted in Washington State				
Year	Country	Agency	Reason for Disruption/Dissolution	Plan
2018	China	Unknown	Child was removed due to physical abuse.	Adoption
2018	Canada	Unknown	Child was removed due to neglect by adoptive parents.	Return Home
2018	Mexico	Unknown	Child was removed due to allegations of physical abuse.	Return Home
2019	China	Holt International	Child was removed due to allegations of physical abuse and neglect.	Return Home—child has been reunified and case closed
2020	Philippines	Unknown	Child was removed due to allegations of sexual abuse and neglect.	Return Home—case is in shelter care status.

International Adoptions Disrupted in Washington State				
Year	Country	Agency	Reason for Disruption/Dissolution	Plan
2021	Brazil	Unknown	Child was removed due to sexual allegations against the child.	Return Home- child remains in an out of home placement
2021	Russia	Unknown	Child was removed due to allegations of physical abuse.	Return Home-child has been reunified and case closed
2021	Zambia	Unknown	Child was removed due to allegations of physical abuse	Return Home-child has been reunified and case remains open
2021	Zambia	Unknown	Child was removed due to allegations of physical abuse	Return Home- child remains in an out of home placement
2021	Ethiopia	Unknown	Child was removed due to allegations of physical abuse and neglect	Return Home-child remains in an out of home placement
2022	Sierra Leone	Unknown	Child was removed due to sexually abusing siblings	Legally Free

Services for Children Under the Age of Five

DCYF is focusing on practice improvements to support the developmental, relational, and safety needs of infants, toddlers, and young children. Washington is experiencing a fentanyl crisis which has impacted children aged 0-5 in terms of both parental substance use, and ingestion or exposure to the drug itself. In late 2022, DCYF program managers began discussing ways to address the fentanyl crisis and have developed a proposal for DCYF leadership to fund an agency-wide fentanyl campaign providing education and resources to caseworkers (including distribution of Naloxone), materials for families, and materials specific to addressing the safety needs of children and youth, but especially young children, when parents are using fentanyl.

High turnover rates and vacancies have caused the quality of engagement with parents and children to decline as caseworker's caseloads have become even higher than usual and many caseworkers carry the load of the vacant positions. This has been an especially difficult recovery from the COVID-19 pandemic. Caseworkers report they are struggling to keep up and the quality of engagement and assessments of parents and children has declined. It is also reported that the types of cases coming in are increasingly difficult, with many more cases involving an increase in lethality of domestic violence, higher instances of near fatal or fatal use of fentanyl and increase in physical abuse toward partners and children. Caseworkers report these

increased difficult cases are taking an emotional toll, making the staff turnover rates to increase.

Reports of substance-exposed newborns require a response within 24 hours or 72 hours. Children under the age of five are, by definition, highly vulnerable, which is considered by Intake staff when determining the response time for a report. The main criteria that is different for this vulnerable population is that when the concerns meet any of the criteria listed below, it is assigned a CPS Investigation response as these criteria are FAR disqualifiers:

- Allegations of injury on a non-mobile infant, birth to 12 months regardless of the explanation about how the injury or bruise occurred.
- Physical abuse to a child underage of four.
- Abuse or neglect reported by a physician, or medical professional on a physician's behalf, regarding a child under age five.
- Child is under age 6 or has a significant developmental disability and is unsupervised/alone or cared for by parent(s)/caregiver who is incapacitated.

DCYF Child Health and Education (CHET) and Ongoing Mental Health Screeners (OMH) provide screening and assessment for children placed in out-of-home care. For children aged 0-5, the CHET report includes a comprehensive developmental screening, an initial trauma screen, and any recommendations for developmental or social-emotional service needs. The OMH screen typically occurs between 8-12 months following the initial placement. For children involved in a CPS Investigation, Assessment, or Family Voluntary Services case, it is much more difficult for caseworkers to ensure a comprehensive developmental assessment and/or connection to early childhood resources except for childcare. The Child Welfare Early Learning Navigator program addresses this need in some offices across the state but is still a pilot project and is not yet scaled to meet this need statewide.

DCYF caseworkers are required to assess safety, well-being, and distinct individual developmental needs on an ongoing basis while children are placed in out-of-home care. Ongoing assessments are made to match children to a permanent family with the skills and abilities to meet their short and long-term needs. Individualized plans are created to ensure referrals to appropriate services.

Courts across Washington are catching up from the impacts of the COVID-19 pandemic, resulting in a back log in court cases. This has prolonged the time children are in care without permanency and resulted in negative impacts on service provision for families. The backlog is still being addressed and some cases still have pending trials. This has negatively impacted length of stay for children under five.

Some areas of the state are specifically addressing services and length of stay for children under five in the following ways:

- Permanency Outcome Facilitators are staffing and addressing length of stay on all cases they support in across all regions.
- Region 1 Infant safety lead participates in a monthly group focused on birthing outcomes to best understand trends and practice.
- The Region 2 Infant Safety lead monitors intakes to identify high risk cases with infants under one year of age to provide caseworker support.
- Region 3 addresses length of stay for all children during their regional onboarding with new caseworkers and supervisors. Additionally, region QA/CQI staff provide quarterly reports addressing length of stay. These reports can be filtered by age allowing the region to provide additional support to specific age groups.
- Region 4 maintains a robust resource drive with access to community providers and child development tools. All field offices in Region 4 access their Child Welfare Early Learning Navigator for consultation, resources and support during and outside monthly Early Learning staffings.
- Region 5/Pierce and Kitsap County Superior Court supports an active Early Childhood Court program. Each Region 5 field office has cases in the Early Childhood Court.
- Region 6 is in the process of standing up Washington's sixth Early Childhood Court in Clallam County, this has provided an opportunity for community engagement and collaboration with early childhood system partners in this part of the region.

Child Welfare Workforce Development

There is ongoing education and training to support practice with children aged 0-5 in a variety of formats across the state. These include but are not limited to policy rollouts, QPS/CQI's case consultations, and triage. QPS/CQI's are also providing trainings on quality health and safety visits and how to address those with non-verbal children. Some beneficial trainings that are available to caseworkers are:

- Infant Safety
  - Plan of Safe Care
  - Period of PURPLE Crying
  - Assessing the Infant Environment (including safe sleep components)
- Infant and Early Childhood Mental Health 101: Curriculum co-developed with Parent-Child Relationship Programs at the University of Washington, a strong DCYF partner supporting practice with young children. The training content provides skill-building tools to strengthen caseworker assessment of risk and safety, and case planning with families with young children.

- o IECMH 101 – Attachment Theory
- o IECMH 101 – Baby Cues
- o IECMH 101 – Parenting Behavior and Attachment Strategies
- o Optional/Advanced IECMH Reflective Supervision for Supervisors
- Parent-Child Interaction (PCI) Feeding and Teaching Scales Assessment Certification: Certification available to caseworkers and other child welfare field staff to support assessment of relational, developmental, and safety components within the parent-child relationship for children aged 0-3. This clinical assessment tool is used across disciplines working with families and young children, in child welfare this tool supports appropriate EBP service-matching and can be used as a pre- and post-measure in collaboration with an EBP intervention. The following regions have staff certified to use this assessment tool:
  - o Region 2
  - o Region 3
  - o Region 4
  - o Region 6
- Foundations of Practice Office Hours: early childhood practice has been identified as a future topic for Foundations of Practice Office Hours, a weekly open zoom for caseworkers to strengthen important areas of child welfare practice.
- Child Development training: staff across the state have identified a need for comprehensive child development training. DCYF is exploring partnerships with subject-matter expert training organizations in the community to provide this training content statewide.

Child Welfare Early Learning Navigator Project

The Child Welfare Early Learning Navigator (CWELN) pilot project has sustained all six navigators and a project facilitator. The project team is actively pursuing sustainable funding opportunities, including applying for the federal Building Early Childhood-Child Welfare Partnerships to Support the Well-Being of Young Children, Families, and Caregivers grant. While one of the six navigators is funded via the regional budget, the remaining five navigator positions have been funded by the Preschool Development Grant Birth Through Five (PDG B-5). PDG B-5 funding will conclude 12/31/2023. CWELNs review intakes for the offices or counties they are assigned to in order to identify families with the highest early learning needs to facilitate referrals to community-based early childhood system resources. CWELNs assist caseworkers with assessing and identifying the most appropriate early learning, early intervention, high quality childcare, home visiting, and/or IECMH service; engaging families and assisting with enrollment; and follow-up with warm hand-offs between families and providers whenever possible.

- Region 2 has two CWELNs supporting the Yakima, Richland, and Walla Walla offices with hopes to support the entire region.
- Region 4 has two CWELNs supporting the King Southwest and King Southeast offices.
- Region 6 supports one CWELN covering Pacific, Mason, and Grays Harbor counties.
- The Office of Tribal Relations supports one Tribal CWELN connecting tribal families with early learning services.

Region 4 CWELNs facilitate monthly early learning staffing's in collaboration with early learning, early intervention, IECMH, and other community-based providers for each of the field offices in addition to the work the CWELNs do to support cases assigned in the two offices where they are stationed.

Common services the CWELNs connect families with include:

- High-quality subsidized childcare.
- Early Support for Infants and Toddlers (ESIT).
- ChildFind - Referrals are made for children aged three to five when developmental concerns are identified.
- Early Childhood Intervention and Prevention Services (ECLIPSE).
- Early Childhood Education Assistance Programs (ECEAP) and Head Start.
- Early Head Start and Early ECEAP is available for pregnant women and children birth to age 3.
- Home Visiting - Voluntary, family-focused services offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of the child.
- Maternity Support Services/Infant Case Management.
- Infant and Early Childhood Mental Health Programs.

CY2022 CWELN Project Accomplishments

- DCYF's Office of Innovation, Alignment, and Accountability (OIAA) PDG-funded Evaluation team has continued to provide data and evaluation support, as well as facilitating the first round of Family Interviews in 2022 to best understand the perspectives and experiences of families who've interacted with CWELNs.
- In Region 2 the CWELNS facilitate ongoing training for caseworkers on topics such as completing referrals for cases with children aged 0-5.
- The Region 2 CWELN supervisor has partnered with local Early learning providers to deliver a Mandatory Reporting presentation to home health nurses and other medical staff at Yakima Valley Farmworkers Clinic Community Health Services Program.

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- Early learning staffings for all King County offices within Region 4 bring together a robust group of local providers. About 10-12 King County agencies prioritize regular attendance. Supervisors across the region require new caseworkers to attend early learning staffings so they can understand the process and how to access this resource when they have cases with young children.
- One of the Region 4 CWELNs is putting together a county-wide resource list to identify agencies and programs available across the county including if there is a specific language or cultural focus to the agency mission.
- While CWELN work largely focuses on intakes and investigation or assessment cases, King County CWELNs have developed a strong partnership with a local agency, Amara and their Family Connections program which primarily supports relative and foster caregivers. This relationship has resulted in an increase in caseworkers carrying cases with out-of-home placement attending the early learning staffings for case consultation and connections to early learning resources. Additionally, one of the Region 2 CWELNs has prioritized offering support to cases in which young children have just been returned to the care of their parents.
- Region 6 supports strong community partnerships with the CWELN serving as co-chair for the Mason, Grays Harbor, and North Pacific County Early Learning Coalitions. Community partnerships go beyond the Early Learning Coalitions in these areas to include the CWELN participating on a Provider Appreciation Planning Team, supporting two Provider Appreciation Dinners, and working on a crisis respite childcare focus group. This area of the state has identified a need for crisis respite childcare and the work of this focus group it to identify safe respite services for families in crisis and to build provider capacity in the community.
- The Region 6 CWELN also supports child welfare field staff beyond monitoring intakes for the offices covered by attending the regional child welfare supervisor retreats and sitting on various triage and case consultation staffings across the region to provide the perspective of early learning.
- In addition to monitoring intakes and providing caseworkers with early learning recommendations, the CWELN supports tribal family connections to early learning system supports. The CWLEN also began facilitating early learning staffings in partnership with community providers for the Kelso office in Region 6.
- In addition to in-office early learning staffings to support caseworkers, the tribal CWELN also engaged regularly with birth-3 providers in the community by joining their monthly in-person meeting, presented to community providers about the CWELN project, and participated in the United Way of Cowlitz and Wahkiakum Counties Kindergarten Readiness workgroup.

- Two CWELNs became certified Assessors able to use the Parent-Child Interaction Feeding and Teaching Scales to support assessment for families with children aged 0-3 in the child welfare field offices they support.

CY2022 CWELN Project Family Interviews

Between Spring and Fall 2022 the CWELN project facilitator conducted interviews with adult family members who engaged with a CWELN following a screened-in child welfare intake. The overall goal of the Family Interviews is to host listening sessions with assessed, referred, and enrolled CW-EL families to measure families' level of understanding, feelings of autonomy, degree of choice, and reflections on family outcomes throughout the process of connection of their child into high-quality early learning and family support programs. This process will inform continuous quality improvement of the CWELN pilot project, as well as next steps for capturing feedback from families.

Evaluator's Summary of Findings

- Through their interactions with navigators and the services received through navigators, child-welfare involved families expressed overwhelmingly positive experiences with early learning systems.
- Evaluator's assessment: Removing barriers, creating simplicity – this is what accessibility looks like in practice
- Families felt that Child Welfare Early Learning Navigators went above and beyond; the experience with the navigator was distinct from other interactions with CPS.
- Insights from families revealed "the whole point of navigation" – families could do something that is often hard but was accessed with greater ease.

While the sample size was very small (N=6) during the first round of Family Interviews, emerging themes relate to CWELN engagement and overall positive experiences becoming connected to community resources. The CWELN Project Team is planning for future Family Interviews as well as determining the best way to highlight the initial results:

- Positive early learning experiences
- Navigators went above and beyond
- New/changed experience with CPS
- Negative past experiences
- No judgement

CY2022 CWELN Project Data

Early stages of this pilot focused on ECEAP and Headstart programs, as the pilot expanded, and especially near the end of CY2021 and moving into CY2022, childcare referrals demonstrated a considerable increase. Across the lifetime of this project, almost half of all referrals made have

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been to childcare. In CY2022, referrals to childcare outpace every other early childhood system partner with a total of 1698 referrals.

The following table shows the number of children served by county in CY2022. Counties highlighted indicate counties served through the CWELN project with 100 or more children assessed for or accessing early learning resources.

Children Served by County, CY2022			
Adams	>10	Mason	480
Benton	185	Okanogan	>10
Clallam	>10	Pacific	128
Clark	24	Pend Oreille	>10
Columbia	>10	Pierce	120
Cowlitz	258	Skagit	>10
Douglas	>10	Snohomish	42
Franklin	62	Spokane	11
Grant	>10	Thurston	61
Grays Harbor	700	Unknown	247
King	2255	Wahkiakum	>10
Kitsap	93	Walla Walla	31
Kittitas	22	Whatcom	>10
Klickitat	>10	Whitman	>10
Lewis	21	Yakima	1760
Total	~6500		

As CWELNs monitor intakes for the offices and counties they support, they are often triaging cases as they are unable to connect every eligible family with early learning services. The following table reflect children eligible for early learning services vs. those served by a CWELN.

Eligible vs. Served Children 2022			
Region	Eligible	Served	% Served
Region 1	4146	>10	>0.1%
Region 2	3043	1313	43.1%
Region 3	3418	0	0.0%
Region 4	4253	1258	29.6%
Region 5	3965	14	0.4%
Region 6	4752	841	17.7%
Pilot Regions	Pilot Eligible	Pilot Served	Pilot % Served
Total	12,048	3,412	28%

Caseworkers in areas of the state in which there are not CWELN pilot sites experience much more difficulty connecting families to early learning resources and services in their respective communities. Connections, collaborations, and referral processes between offices and community-based resources vary across the state. This makes it difficult for most caseworkers to effectively access services that are outside DCYF's service referral system, such as ESIT/early intervention services, ECLIPSE, IECMH programs, and home visiting providers who aren't associated with DCYF's EBP service array.

Early Childhood Courts

There are presently five Early Childhood Courts (ECC) in Washington, with a sixth in progress. These courts are active in the following counties:

- Pierce
- Spokane
- Kitsap
- Thurston
- Clark
- Clallam (in progress)

The Center for Children and Youth Justice (CCYJ) facilitates a cross-systems Early Childhood Court Statewide Advisory Board, DCYF staff sit as members and are active partners. CCYJ also provides support to superior court sites across the state as they initiate this work, including

coordination with the Administrative Office of the Courts and accessing technical assistance through Zero to Three to implement the Safe Babies Court Team framework. Each court enters an MOU with DCYF, and DCYF caseworkers carrying cases in baby court are provided additional training in racial equity, bias, Infant and Early Childhood Mental Health, and early childhood development. Cases on the Safe Baby Court dockets participate in weekly or bi-weekly staffing or hearings with a community teams, court staff, attorneys, and caseworkers. Because of this team approach, high level of engagement, and regular hearings with the court, it is anticipated families with children aged 0-3 participating in Safe Baby Court will experience reunification and ongoing stability at faster rates than cases being heard outside Safe Baby Courts.

Because this work is still relatively new in Washington, the work facilitated by CCYJ continues to focus on stakeholder engagement, strategic goals, and review of initial data to plan next steps to grow ECC programs across the state.

Infant/Early Childhood Mental Health

Infant/Early Childhood Mental Health (IECMH) and IECMH Consultation (IECMHC) are integral components of DCYF's scope of work in terms of services and resources for families with infants and toddlers across Washington. Participants across DCYF divisions actively engage in an IECMH workgroup to strengthen the agency's work in this area. IECMH interventions are relational and focus on the infant/toddler's relationships with primary caregivers. IECMH approaches can vary from being represented in elements of Home Visiting, EBPs, and assessment tools, to a behavioral health approach such as Child-Parent Psychotherapy for which Mental Health professionals seek out additional training and certification, and consultation for childcare providers.

IECMHC is provided to Early Achievers child care provider participants through Child Care Aware of Washington by the Holding Hope IECMHC Program. Cross-agency collaboration to identify ways to better integrate IECMHC as a preventative tool for childcare providers serving children involved with child welfare is currently underway.

The child welfare workforce has been offered IECMH training, which will continue into the next reporting period. The DCYF Early Learning Program Manager is offering Parent-Child Interaction Scales Assessment certification so caseworkers can use this clinical tool for a deeper relational assessment when assessing safety and risk or protective factors within the parent-child relationship.

Evidence-Based Services and Service Array Expansion

Child welfare caseworkers access a wide array of EBP services for families with children aged 0-5. Caseworkers identify appropriate services based on assessed need and provider availability. For example:

- Parent Child Interaction Therapy (PCIT) - Evidence-based treatment for young children with behavioral problems, provided in a coaching model in which therapists can observe interactions between parents and children and provide in-the-moment coaching on skills.
- Incredible Years - Parenting skills targeting behavior management and healthy child development. Services are provided either in a peer group setting or in-home. Length of service depends on child's age and can range from 8 to 21 weeks. Services families with children birth to 12 years old.
- Promoting First Relationships (PFR) - Promotes children's social-emotional development through responsive, nurturing caregiver-child relationships. Providers use practical, in-depth, effective strategies for promoting secure and healthy relationships between caregivers and young children, ages birth to 5 years old.
- Triple P (Positive Parenting Program) - Parenting intervention to increase the knowledge, skills and confidence of parents and reducing the prevalence of mental health, emotional, and behavioral problems in children.
- HOMEBUILDERS® - Provides intensive, in-home crisis intervention, counseling and life-skills education for families who have children at imminent risk of out-of-home placement.
- SafeCare® - Research-based parenting program for families with children ages birth to 5 years' old who are at-risk of have been reported for child abuse or neglect.

DCYF is working on validating data sets to identify where service gaps are present throughout the state. The Services Continuum intends to develop capacity in every county to have at minimum, access to crisis stabilization services, 0-5 EBPs, and 6-18 EBPs. Efforts are under way to analyze initial data sets to target known service gaps and build needed capacity. Access to training for Promoting First Relationships, Incredible Years, and SafeCare® has been increased to assist with capacity building and ensuring service availability. For more information about how many families with children 0-5 received a Combined In-Home service and the service array efforts, please see Service Array, items 29 and 30.

System Integration

DCYF has identified a need to strengthen system collaboration between and across child welfare and early childhood systems. A forthcoming analysis from OIAA focusing specifically on one sub-set of the 0-5 population (substance-exposed infants) will examine cross-system referral data and patterns from child welfare to Early Support for Infants and Toddlers (ESIT), Washington's statewide early intervention program. The purpose of this analysis is to monitor and promote ESIT referral rates for substance-exposed infants by better understanding of data collected through existing referral streams, how information is used and shared across systems,

where there are barriers to both referrals and data collection/sharing, and where there are opportunities for cross-system coordination.

This analysis has important implications for system integration for substance-exposed infants involved in child welfare intervention. It is estimated that between 8,000 and 10,000 infants born each year in Washington experience prenatal exposure to substances. Substance-exposed infants are at high risk of having developmental delays and automatically qualify for early intervention services in Washington.

While the above analysis focuses only on a sub-set of the 0-5 population, DCYF is making efforts to integrate the child welfare and early childhood systems more cohesively to ensure caseworkers have easy access to early childhood providers, resources, and services in their communities. Presently referral processes vary by provider type and location, this is a barrier for caseworkers to make referrals to early childhood system partners. During the upcoming reporting period, DCYF will explore a single referral access point for caseworkers when connecting families to early childhood services and resources, developmental screening, early learning programs, and other basic needs.

DCYF is partnering with Washington's Health Care Authority and Parent Child Relationship Programs at the University of Washington to identify and map child-parent psychotherapy providers across the state. This mental health intervention is an important relational intervention for families with infants and toddlers. It is identified as an approved service in Washington's Family First Prevention Plan, and it is covered by Medicaid. Because this service is not a component of DCYF's EBP service array, caseworkers are largely unaware of purpose, availability, and referral processes. Efforts to map providers and include the purpose, benefits, and referral process for this service in caseworker training will hopefully increase utilization of this intervention for families with open child welfare cases.

Efforts to Track and Prevent Child Maltreatment Deaths

Washington State's Critical Incident Case Review unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. If DCYF provided services to the deceased or severely injured child within 12 months of the critical incident, Washington State law requires the convening of a committee of community professionals to review the case history, case practice, and polices. The composition of the committees is specified in state law. The law requires the department to select committee members who are professional experts in fields relevant to the dynamics of the case under review. These fields, though not required, may include:

- Law enforcement
- Pediatrics

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- Child advocacy
- Parent education
- Mental health
- Child development
- Chemical dependency
- Domestic violence
- Indian child welfare
- Infant safe sleep
- Public Health

The purpose of these reviews is to evaluate DCYF's delivery of services to the family, as well as the system response to the identified needs of the family. This evaluation or review of DCYF's services, and community response to concerns about child abuse and neglect issues in a family, helps to identify areas for improvement through education, training, policy and legislative changes. Final fatality review reports are published online, and a compilation of reports is shared quarterly with the appropriate Washington State legislative committees. The review committees can propose recommendations to DCYF to address policy, practice, or systemic issues identified during the review process. DCYF makes a concerted effort to implement the review recommendations. DCYF quarterly convenes a team of administrators to review recommendations from recent reviews and decides if the recommendation will be implemented or modified and who is responsible for implementation of the recommendation. The decisions of this team are reported to DCYF executive leadership, including the secretary of the agency.

Children under age 3, due to their age and development, are the most vulnerable to serious injury or death from abuse. In CY2022, out of the 43 children who suffered near fatal injuries or died from abuse or neglect related injuries, 74% were 3 years old or younger. Fifty-three percent (53%) of the cases reviewed were open when the child died from abuse or neglect related injuries or suffered a non-accidental near fatal injury. In CY2021, 54% of the child fatalities and near fatalities occurred on open cases. In recent years, Sudden Infant Death Syndrome (SIDs)/Sudden Unexplained Infant Death (SUID) was the most common cause of death for infants and toddlers ages birth to 3 years and was the most common cause of death resulting from child maltreatment. Co-sleeping, bed sharing with a parent, or unsafe sleep environments were contributing factors in the SIDS/SUID child fatalities. This decreased in CY2022. In CY2022, DCYF conducted two (2) child fatality reviews regarding infants who died in an unsafe sleeping environment. In CY2021, DCYF conducted five (5) reviews of infants who died in an unsafe sleep environment. Blunt force trauma (inflicted injury) was another common cause of death among infants and toddlers. DCYF conducted six (6) reviews of children who

died from inflicted injuries (blunt force trauma). The number of reviewed cases of children three years and younger ingesting narcotics continues to increase. In 2021, DCYF conducted near fatality reviews on eight children in which children 3 years old and younger overdosed on narcotics. In CY2022 this doubled to 16 near fatality cases in which a child under the age of 3 years ingested an opioid or fentanyl. In addition, DCYF conducted reviews of two teens and of an 11-year-old who ingested a lethal amount of an opioid/fentanyl.

Child Fatalities and Near Fatalities or Suspicion of Child Abuse and/or Neglect by Age Group

Age Group	CY2020	CY2021	CY2022
16-17 Years	4%	3%	2%
13-15 Years	12%	3%	9%
10-12 Years		3%	2%
6-9 Years	8%		5%
4-5 Years		11%	7%
0-3 Years	76%	79%	74%

Legend: ■ 0-3 Years ■ 4-5 Years ■ 6-9 Years ■ 10-12 Years ■ 13-15 Years ■ 16-17 Years
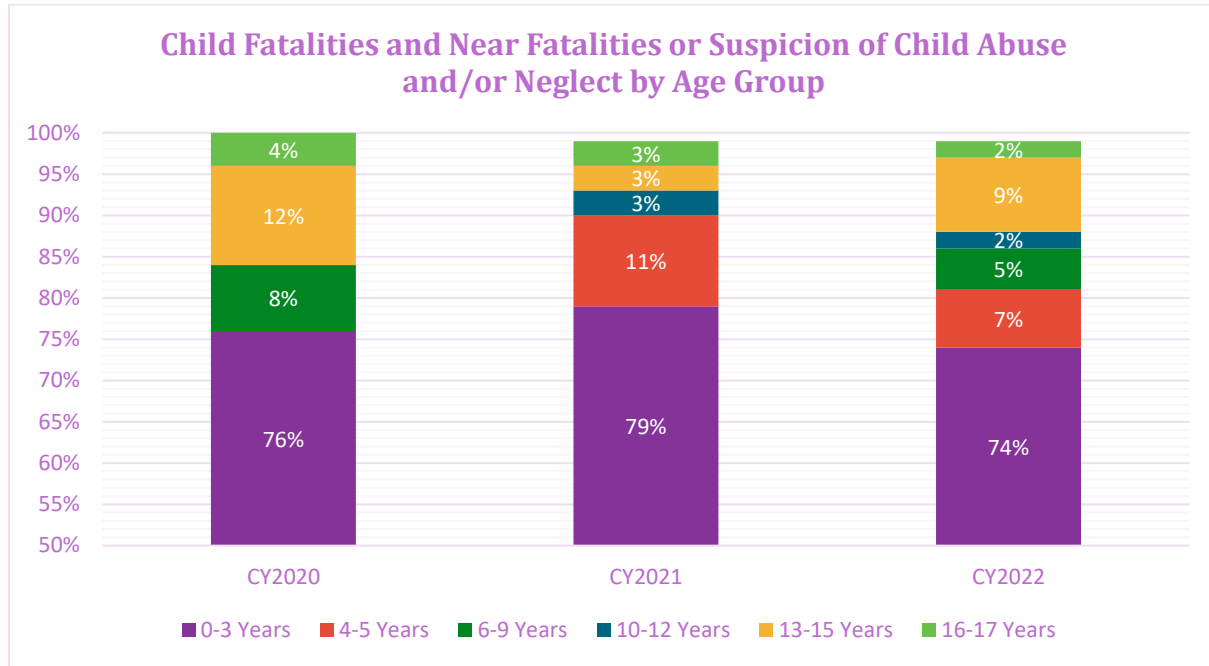
Data Source: DCYF Fatality/Near-Fatality Review Log, CY2020 & CY2021 & CY2022

The DCYF has begun working with the National Partnership for Child Safety (NPCS) through the University of Kentucky. The objective of this partnership is a quality improvement collaborative to improve child safety and reduce child maltreatment fatalities through the application of safety science and shared data. Due to the relatively small number of fatality and near fatality cases, DCYF staff are unable to draw conclusions from these reviews to make effective program and policy changes. In the partnership, data from Washington reviews will be combined with data from other participating jurisdictions to make findings from a larger data set. This information will determine if policy or practice changes are needed.

DCYF has begun a process known as Systems Mapping. Systems Mapping targets the root causes of significant findings or missed opportunities identified in reviews of child fatality cases. Systems Mapping will make the changes stemming from recommendations from reviews more targeted and strategic. The Systems Mapping process will include community partners who can

choose to act, such as implement public service campaigns, to address the factors leading to child maltreatment fatalities and near fatalities. The goal is to make changes to the child welfare program to decrease child fatalities and near fatalities.

The following activities are also geared towards reducing the number of critical incidents:

- The Critical Incident Review unit provides Lessons Learned training throughout offices in the state. This training is also provided to newly hired caseworkers at Regional Core Training. This training is tailored to staff in areas such as supervision, intake reporting, and licensing. Lessons Learned identifies common errors in practice in child fatality and near fatality cases. Particular attention is paid to risk and safety of infants and children under three years of age.

- The child fatality review process strives to reduce the number of child fatalities by identifying and suggesting possible remedies to issues in policy and practice. The review committees make recommendations from the issues and concerns raised in the reviews. There were several recommendations from CY2022 targeted at addressing the fentanyl/opioid cases. These recommendations can be targeted to an office or often have larger statewide implications. A recommendation made from a near fatality narcotic ingestion case stated DCYF provide lock boxes for all families in which substance abuse is a significant risk factor. Another recommendation stipulated DCYF should cover the costs for parents who cannot afford a substance abuse assessment. Several recommendations targeted additional trainings for staff dealing with parents and caregivers alleged to be abusing fentanyl/opioids. All these recommendations are being implemented in response to the needs of the caseworkers and families.

- Washington developed its data sharing agreement with the NPCS. DCYF has begun reporting data gathered from fatality and near fatality reviews into the Partnership's shared data portal (REDCap).

- DCYF is continuing our work with the NPCS to conduct analysis of fatality and near fatality cases. In a process called System Mapping, DCYF staff and community professionals will identify missed opportunities (gaps in policy or practice or systems issues) by charting the contributing factors to these missed opportunities identified in fatality or near fatality reviews. Identifying the contributing factors will allow for more targeted responses to gaps in practice, policy or systems issues.

- DCYF obtains data on child fatalities from a variety of sources. The following sources are used to gather information related to child maltreatment fatalities and reports this data to the National Child Abuse and Neglect Data System (NCANDS):
  - Washington State's SACWIS system (FamLink)
  - DCYF's Administrative Incident Reporting System (CAAIRS)

- CAAIRS is a standalone database of information regarding all critical incidents involving DCYF clients and staff, including information on child fatalities
  - o Coroner's Offices
  - o Medical Examiner's Offices
  - o Law Enforcement agencies
  - o Washington State Department of Health, which maintains vital statistics data, including child deaths

MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, subpart 2)

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

- Family Preservation Services
  - o Include services such as PCIT and FPS.
  - o 30% of Title IV-B subpart 2 funding.
- Family Reunification Services/Family Support
  - o Counseling, therapy, or treatment services using Evidence-Based Practices, Promising Practices, or recognized therapeutic techniques.
  - o 20% of Title IV-B subpart 2 funding.
- Adoption Promotion Support and Services
  - o Includes medical and dental coverage, non-recurring costs up to $1,500, and counseling services.
  - o 20% of Title IV-B subpart 2 funding.
- Family Support Services
  - o Contracted providers in communities throughout Washington State that provide parent education and support.
  - o 20% of Title IV-B subpart 2 funding.
- Administrative
  - o Title IV-B subpart 2 is allocated its share of indirect administrative costs through base 619, some of these costs include: salaries, benefits, goods, and services for Finance and Performance Evaluation Division (FPED), DCYF Information technology (does not include staff working on FamLink) and leases.
  - o 10% of Title IV-B subpart 2 funding.

Service Decision Making Process for Family Support Services

DCYF establishes local and regional contracts and partners with community-based providers to address the needs of the children, youth, and families served by the local area. DCYF seeks to expand the provider network and resources when identified services are not available in a local

area so that children, youth, and families can be served in their local communities with culturally relevant services.

Populations at Greatest Risk of Maltreatment

The population at greatest risk of maltreatment in Washington is children aged 0-5. Washington continues to see children under five make up about half of all children/youth placed in out-of-home care. Additionally, recent years have seen 30-40% of children removed from their caregiver to be between 0-30 days old, with about 75% of removals indicating parental substance use was a factor. Compared to SFY2021, DCYF has seen a decrease in the numbers and percentages of children under 1 year and age 0-5 with out-of-home placements.

Number and Percent of Children/Youth Who Experienced Out-of-Home Care, by Age, SFY 2022
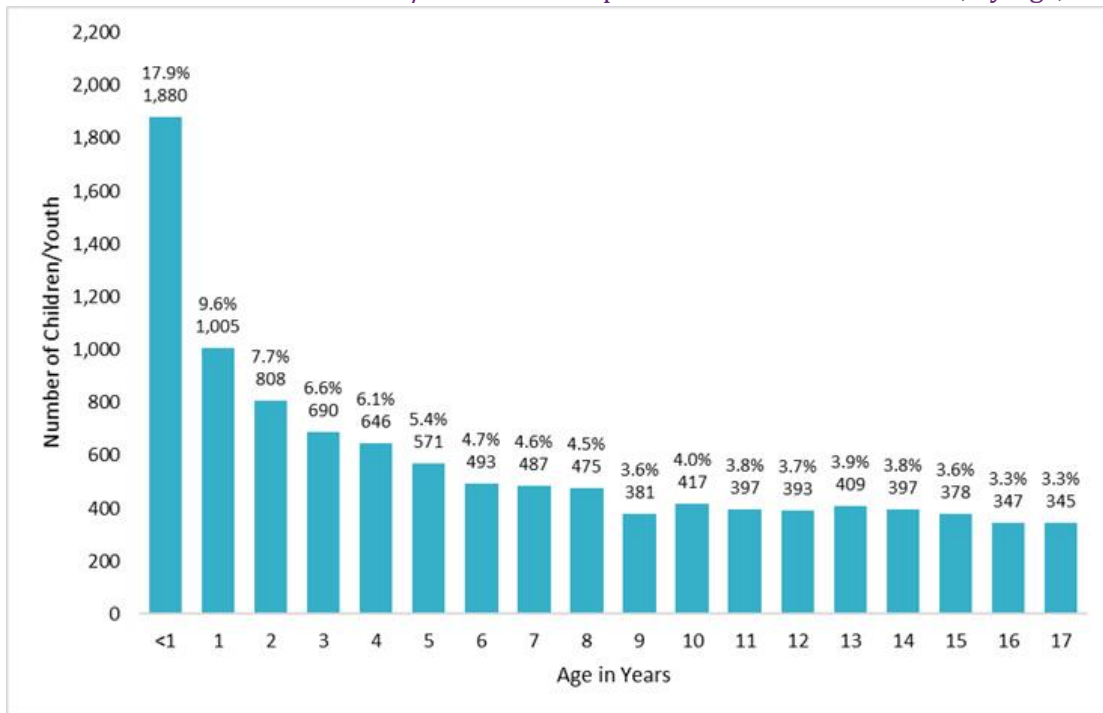
Data Source: Source: DCYF. (October 2022). [July 2021-June 2022]. FamLink.
Notes: Includes all children and youth in DCYF's Placement Care Authority who experienced one or more days of out-of-home care during the year.

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Children and Youth under 18 in Out-of-Home Care, SFY 2011-2022

Sources: DCYF. (October 2022). Relative versus non-relative [July 2010-June 2022]. infoFamlink. Famlink [July 2010-June 2022].
Notes: Any 1+ Days includes all children and youth in DCYF's Placement Care Authority who experienced an out-of-home placement for one or more days during the SFY. Single Point in Time includes only children and youth who were in out-of-home care on the last day of the SFY.
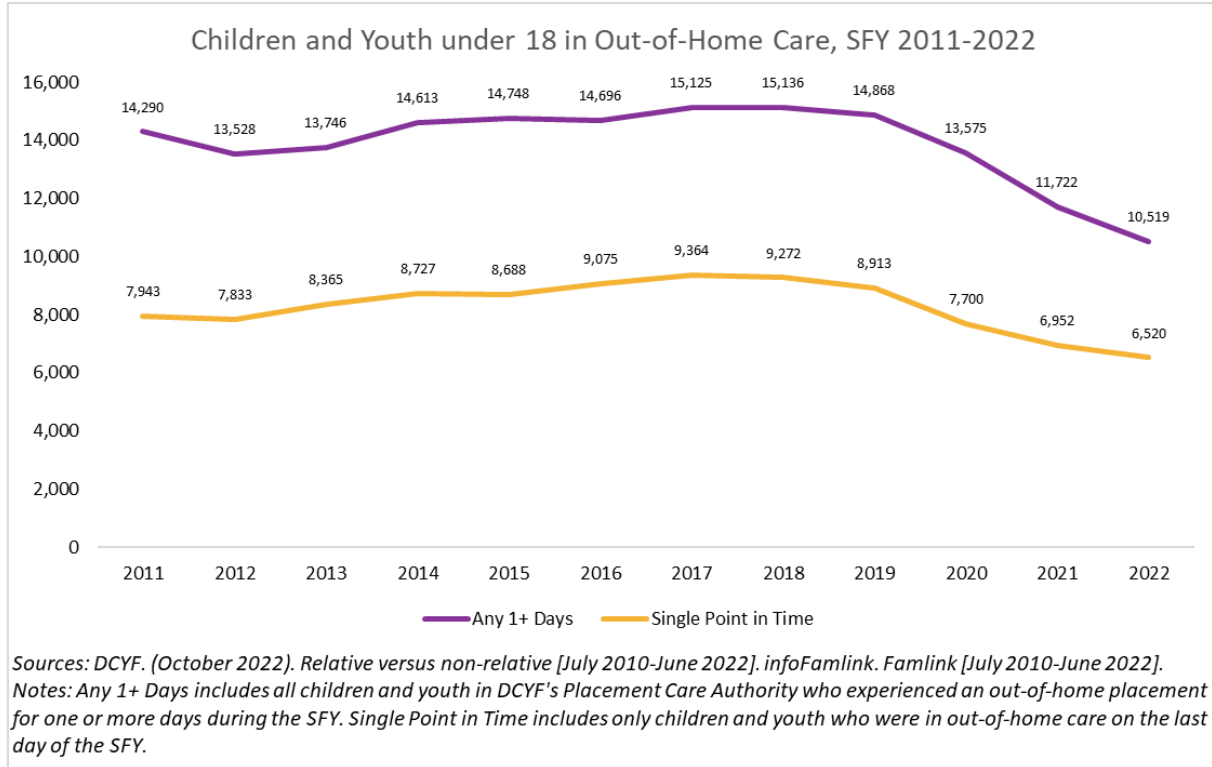
Washington continues to see impacts of the Opioid Crisis, especially fentanyl in recent years. DCYF is addressing the impacts of Substance Use Disorder on families in several ways including:

- The Plan of Safe Care body of work which includes development of a community-based prevention pathway as well as strengthening child welfare practice when family– see CAPTA section for in depth information, data, and goals of this project.
- Cross-agency campaign to educate caseworkers and families about the impacts of fentanyl.
- Pregnancy SUD pilot – preventative efforts to connect substance using pregnant people with SUD treatment and resources prior to the birth event.
- Statewide SUD program management and future regional SUD consultants.
- Cross-system alignment to support improvements in access to treatment, improvements to treatment options for both birthing parent and newborn at the time of the birth event, and partnerships with community-based organizations to provide inpatient SUD treatment for families.

While some of the efforts listed above support families with children of all ages, all these efforts have potential to positively impact children aged 0-5 as parental substance use is an overwhelming factor in child welfare cases and the most vulnerable children have been the most significantly impacted.

Since mid-2021 DCYF has been collecting data on the instances of prenatal substance exposure through the Plan of Safe Care pilot sites, online referral portal, and DCYF intake data.

2022-2023 Substance Exposed (SE) Newborns in Washington

	1/2022-6/2022	7/2022-12/2022	1/2023-4/2023
Yakima Pilot Site	20	25	1628
Pierce Pilot Site	56	17	829
POSC Online Referral Portal	19	41	5030
DCYF Intake Data	1054	512	328
Total	1149	581	402

Effective June 2023 DCYF child welfare intake and infant safety policy will better align with the Washington Plan of Safe Care community-based pathway and the intent of CAPTA legislation. The Plan of Safe Care (POSC) will be used as a family-centered case planning tool for families caring for infants who've experienced prenatal substance exposure. In May 2023, DCYF conducted a first-ever targeted case review for child welfare cases in which a POSC was required per policy in CY2022. The purpose of the review was to establish a baseline understanding both utilization and practice with this population.

In alignment with practice improvements and updates to policy, child welfare caseworkers will be offered training specific to the POSC body of work, community and birthing hospital collaboration around treatment options and discharge planning, and practice with this population throughout June to August 2023.

Ongoing efforts specific to the 0-5 population across DCYF:

- 41211.Safety of Newborn Children Act—DCYF child welfare employees must accept an intake of a newborn transferred (abandoned) under the Safety of Newborn Children Act. DCYF is currently participating in cross-systems collaboration to strengthen the work supporting the Safety of Newborn Children Act. This includes pursuing a contract with the National Safe Haven Alliance to provide on-the-ground support and access to resources, marketing and messaging materials, and data about Safe Haven relinquishments or potential relinquishments specific to Washington.

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[28] Yakima pilot site data reflects January-March 2023 as of 5/17/23 April data has not yet been reported

[29] Pierce became fully integrated into using the online referral portal in February 2023, this data reflects January data reported to DCYF prior to full online portal integration

[30] Portal data is 1/1-4/30-2023

- 1135.Infant Safety Education and Intervention
  - Newborn: Plan of Safe Care
    - Caseworkers must complete a plan of Safe Care with families when newborns are identified as substance affected by a medical practitioner, identified as having withdrawal symptoms resulting from prenatal drug and alcohol exposure, or born to dependent youth.
  - Birth to 6 months: Period of PURPLE Crying
    - Caseworkers must discuss with parents and caregivers about their knowledge and understanding of "Period of PURPLE Crying" and caseworkers and LD must provide educational materials to any parents or caregivers who have not received the information.
  - Birth to One Year: Infant Safe Sleep
    - Caseworkers must conduct a safe sleep assessment where the child primarily resides when placing an infant in a new placement setting or completing a CPS investigation involving a child, birth to one year. LD will review the safety sleep environment for infants in licensed and unlicensed placements.
- DCYF policy 2200-Intake Processes and Response — Indicates that allegations will be screened in for physical abuse to a child under the age of four, abuse or neglected as reported by a physical or medical professional regarding a child under age five, an injury or bruise on a non-mobile infant regardless of explanation of injury, and a newborn exposed to/affected by substances with allegations of child abuse/neglect or circumstances equating imminent risk of serious harm.

In addition to the statewide guidelines for screening intakes, Intake Programs across the state have implemented a variety of responses to serve as a second layer of review for both screened in and screened out intakes including this population.

| Region	Screened-in Intakes – population 0-5	Screened-out Intakes – population 0-5
1	Field office CPS supervisor must get AA approval to override (i.e., screen out through the FARFA or IA).	Field office CPS supervisors in rural offices (outside Spokane County) can screen-in screened-out intakes. Spokane screened-out intakes stay in intake queue to be closed by intake supervisors.
2	Following a review of the intake, the field office AA consults with the Intake AA prior to changing a screening decision. QPS staff track intakes with children aged 0-1 and reach out to caseworkers with reminders to policy and practice, and to offer consultation.	

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3		Field office CPS Supervisors can request field office AA approval to screen-in a screened-out intake.
4	Following a review of the intake, requests to screen-out a screened-in intake are made by the field office AA to the Safety Administrator and Deputy Regional Administrator for approval. QPS staff track intakes with children aged 0-1 and reach out to caseworkers with reminders to policy and practice.	
5	Field office CPS Supervisors consult with their field office AA to screen-out a screened-in intake. AAs forward requests to change a screening decision to the Safety Administrator. If there is continued disagreement the Deputy Regional Administrator will also review the screening decision.	The Intake AA reviews all screened-out intakes involving infants indicated as substance-exposed prior to approval of the screen-out.
6	The region is tracking 0-5 screened-in intakes per office to identify volume and target case assignment and intervention.	Intake AA provides a secondary review of any screened-out intake in which there is an infant with a positive toxicology screen.

In addition to reviewing intakes with children aged 0-5, there are several models of specialized trainings or staffings occurring throughout the state to support work with this population, including:

- Case consultation
- Quality IFF and H&S visit trainings for children aged 0-5
- Ongoing review of the Infant Safety Education and Intervention policy
- Permanency Outcome Facilitator staffings
- Child Welfare Early Learning Navigator support to offices triaging cases with children aged 0-5
- Early learning case staffings

Caseworker training to infant safety is also offered by the Alliance. The Alliance reports low attendance at these trainings which cover the following content:

- Infant Safety: Plan of Safe Care
- Infant Safety: Period of PURPLE Crying
- Infant Safety: Assessing the Infant Environment

Impacts of Fentanyl

DCYF continues to see a significant number of young children seriously impacted by fentanyl. In CY2022 45% of critical incidents reviewed by DCYF involved fentanyl ingestion. This number has increased from 34% in CY2021 and 11% in CY2020. Infants and toddlers have been the most profoundly impacted by fentanyl ingestion.[31]

Percentage of reviewed cases with fentanyl/opiate cause of fatality or near fatality
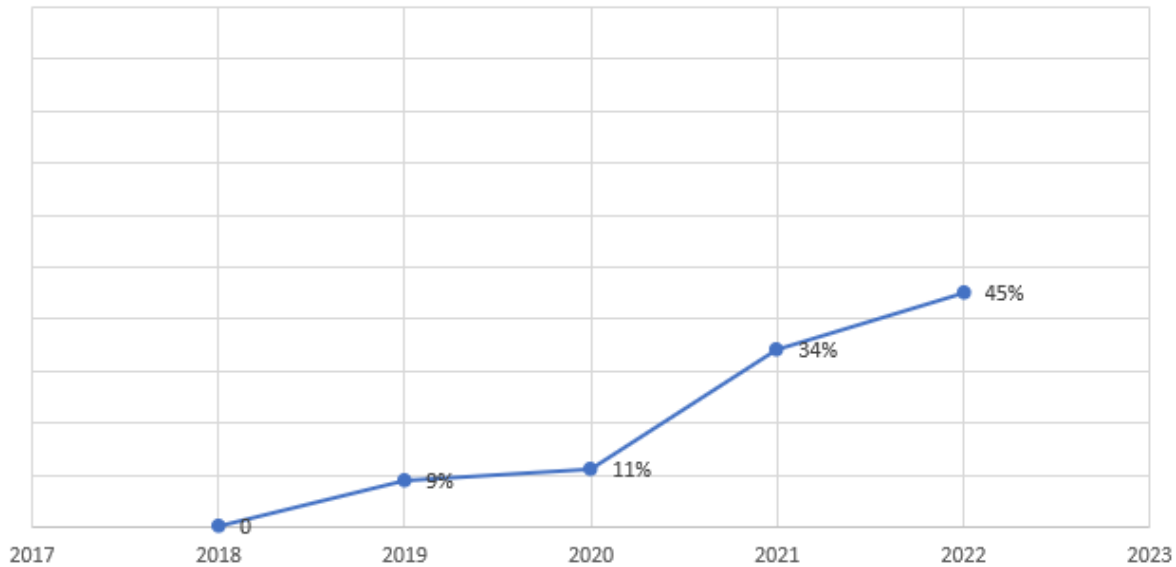
While the increase to 45% of critical incidents reviewed involving fentanyl is staggering, this is not representative of all critical incidents (near fatal or fatal) involving fentanyl and children in Washington due to the criteria required for DCYF to complete a critical incident review. As a result of these increases, child welfare programs managers across the agency are proposing a fentanyl campaign to tie together current and future efforts to educate, provide resources, and support practice around fentanyl use, especially when there are children under three in the home. This campaign includes:

- Lock boxes
- Narcan available for staff to carry and to distribute to clients

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[31] Data Source: DCYF Critical Incident Review Team

- Brochures and education materials for child welfare caseworkers to better understand how fentanyl use can impact child safety and best practice for addressing high risk substance use
- Brochures and educational materials for parents and families to understand the risks of fentanyl use and to reduce the possibility of harm to children

Pregnancy SUD Pilot

Since 2020, DCYF has been collaborating with the Harvard Kennedy School Government Performance Lab (GPL) on the Prenatal SUD Pilot. The pilot is an upstream referral pathway that aims to prevent child placements by diverting substance-using pregnant people who are screened out at the DCYF hotline to service navigators at local community organizations. In 2022, DCYF also began testing a specialized referral pathway to offer culturally responsive supports to Native American clients in Spokane County. Across all 9 participating counties, community service navigators offer pregnant people voluntary connections to prevention services that address their families' needs and wants. The wide range of supports offered includes substance use treatment, legal advocacy, and basic needs supports. In the fourth quarter of 2022, 94% of eligible screened out clients were referred to community service navigators, about 28% were reached by service navigators (by text or phone call), and about 22% were connected to prevention supports.

In 2022, the pilot has expanded into King County, which is expected to extend reach to roughly 60% of pilot eligible clients state-wide. In July 2023, DCYF will receive $560K in state funding for the 2023-2025 biennium (which was part of a state legislative Prevention Decision Package) to expand service navigation to additional counties. The agency is continuing to work with community partner organizations to test new ways of improving client contact and enrollment, including adapting client outreach scripts to include more supportive language and engaging referents to offer warm hand-offs to clients when possible. In addition to the current referral pathway, DCYF is exploring opportunities to move even farther upstream by developing a referral toolkit for emergency department social workers. This toolkit will aid social workers in connecting pregnant patients with SUD to community resources through warm hand-offs. Finally, by the end of 2023, DCYF will hear feedback and recommendations for improving the pilot from people with lived experience. These insights will be shared during listening sessions facilitated by Amara.

The following six community partners currently serve nine Washington counties:

You're Not Alone	Spokane County
American Indian Community Center	Spokane County
Family Intervention Response to Stop Trauma (FIRST Clinic)	Whatcom County Skagit County

	Snohomish County Island County San Juan County
WithinReach/King County Help Me Grow	King County
Pierce County Help Me Grow	Pierce County
Parent-Child Assistance Program	Kitsap County

Community and Stakeholder Input and Involvement

Both the Pregnancy SUD and the Plan of Safe Care (POSC) bodies of work rely of community and stakeholder engagement and ongoing partnership and collaboration. Both projects hold regular Community of Practice meetings and engage those with lived experience in feedback and consultation. The POSC Implementation Team is recruiting individuals with lived experience to participate as active members of the team. The Pregnancy SUD Pilot will be conducting listening sessions with lived experts to inform pilot expansion and resource materials for providers.

Strengthening Families Washington is a DCYF prevention program with a community-based focus on ways to strengthen families and reduce child abuse and neglect. The program has identified five protective factors:

- Knowledge of parenting and child development
- Social connections
- Parental resiliency
- Concrete support in times of need
- Social and emotional competence of children/nurturing and attachment.

Through community outreach, publications, and public awareness campaigns, this program hopes to build the protective factors listed above in families with young children.[32]

The Strengthening Families Locally project has goals to increase family resilience, and reduce rates of child maltreatment and entry into out-of-home placement in four targeted communities across Washington:

- Bremerton
- Ferry/Stevens Counties
- Port Angeles/Sequim

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[32] DCYF Strengthening Families Washington: https://www.dcyf.wa.gov/services/child-development-supports/sfwa

- Spokane

Through partnership with community organizations, tribes, schools, families, and government agencies, the goal is to develop community-driven solutions to child maltreatment.

While the Strengthening Families work is not exclusive to the 0-5 population, this population is an important focus of all communities and viewed as an appropriate starting place when thinking through the lens of prevention and long-term outcomes.

Kinship Navigator Funding

In Washington State, the Department of Social and Health Services Aging and Long-Term Support Administration (DSHS-ALTSA) manages the statewide Kinship Navigator program and collaborates with the Area Agencies on Aging (AAA), which provide kinship navigator services in conjunction with community partners. The Washington State Kinship Navigator program currently serves 30 counties and seven tribes and hosts a DSHS/ALTSA Kinship Navigator website that includes information about the program.

Utilizing the Kinship Navigator funding, DCYF, in partnership with DSHS-ALTSA and the University of Washington School of Social Work/Partners for Our Children (P4C), began conducting a rigorous evaluation of the current Kinship Navigator program in October of 2018. Both state agencies have leveraged this grant opportunity to strengthen their partnership and integrate, where possible, the network of services that support kinship caregivers.

SFY 2022 focused on continuing the evaluation of the pre-existing kinship navigator and the enhanced case management kinship navigator model. The following two sections *Current Year*

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Deliverables and *Historical Deliverables* will demonstrate the progress made utilizing the Kinship Navigator funding.

Current Year Deliverables (FY2022)

SFY 2022 primarily focused on preparing for submission to the Prevention Clearing House for review of the Kinship Navigator Program, anticipating receiving the "Promising Practice" moniker as an evidence-based program.

General deliverables included:

- Continued contracted program evaluation to establish Washington's Kinship Navigator program as a Promising/Supported/Well-Supported practice that links to data collection and program outcomes.
- Continue statewide outreach campaigns using communication resources such as printed resources for "formal and informal" kinship caregivers (i.e., those involved with the formal child welfare system and those who are not), kinship service providers, agency staff, and communities.
- Continued partnership with tribes and stakeholders to adopt a Kinship Family Needs Assessment to establish a tool that will be culturally relevant for Tribal communities.
- Funding supported a dedicated project staff person (0.8 FTE) located within ALTSA to provide implementation, consultation, and fidelity support to Kinship Navigator program sites.
- Funding to support a field intern who assisted in the completion of 6-month post case closure client satisfaction surveys and the closed case tracking forms.
- Continued engagement with the Kinship Caregiver Oversight Committee (KCOC) and various kinship research subcommittees that intersect with kinship caregivers to strengthen awareness and support.
  - Supported three KCOC grant advisory sub-committee meetings during the funding period to include incentives for kinship caregivers and youth.
  - Gift card incentives were provided to compensate for the time and knowledge of those with lived experiences who participated in the project review through the KCOC subcommittee.

Specific evaluation deliverables:

- Met data collection targets (250 full data sets) for SFY 2022 include collecting and analyzing data at 6-months post-intervention for the intervention and comparison groups. Data collection and analysis during this reporting period will consist of an analysis of satisfaction results to determine sustained effect comparing the time of case closure to 6-month post-intervention.

- o Caregiver outcomes were assessed regarding caregiver well-being (overall health rating) for the observation period beginning with the start of baseline intervention through 6-months post-intervention using state administrative data records from ALTSA.
- o Per requirements of the Title IV-E clearinghouse, this analysis will be controlled for caregiver race, age, socio-economic status (SNAP benefit eligibility), and open child-only TANF.
- Preparation for the report to the Prevention Services Clearinghouse with guidance met for the promising rating (Jan 2023).
- Completed the Kinship Navigator program manual and Implementation Manual. Below are a series of hyperlinks to access these documents.
  - o DSHS Kinship Navigator
  - o Kinship Navigator Pilot Program Manual
  - o Washington State Kinship Navigator Pilot Evaluation Results: Six Months Post
- Created Fidelity Training Videos located on the DSHS/ALTSA websites.
  - o Kinship Navigator Case Management Page:
  - o Washington State Kinship Fidelity Training Video (YouTube)
  - o Washington State Kinship Fidelity Training Video (YouTube)
- Submitted to the Prevention Services Clearinghouse for review of the Kinship Navigator Program, anticipating receiving the moniker of "Promising Practice" as an evidence-based program. (February 2023).
- Twelve-month post-intervention data is still being collected and will be completed during the next funding cycle.
- Submission to Peer reviewed journal – specific to evaluation data. CWLA published an article in Children's Voice in April 2023.
- Shared findings of the Kinship Navigator Program Evaluation at the:
  - o Kinship Caregiver Oversight Committee
  - o Kemper Conference
  - o CWLA Conference
- The Port Gamble S'Klallam Tribe continues to adapt and tailor the needs assessment tool to their community needs.
  - o Completed focus groups with kinship caregivers (August 2022) and provided the information to the tribe.
  - o Port Gamble S'Klallam Tribe is a Title IV-E tribe with its own kinship navigator program.
  - o Port Gamble presented the kinship navigator program at the NICIA conference. (April 2023)

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Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The monthly caseworker visit grant is used to improve the quality of monthly caseworker visits with children who are in foster care under the care and custody of the DCYF, with an emphasis on improving caseworker decision making on the safety, permanency, and well-being of foster children and on activities designed to increase retention, recruitment, and training of caseworkers. There are stipulations that go along with this grant, in that DCYF must match the federal portion allotted with state dollars in a 75/25 split. In addition to that, 90% of these funds are allotted to services supporting the sole purpose of the grant and no more than 10% can be used for administration expenses incurred to support that purpose. DCYF uses the definition provided in the SSA to determine the purpose of the grant.

DCYF solely spends these funds on CFWS program index, as each area has multiple program indexes that apply; services can mean protective, licensing, home study, FC, interpreting, etc. Determining the portion of each code applied to an actual case visit, and then documenting and tracking that, can be challenging. By using the program index for CFWS Caseworkers there is confidence each expense applied to this grant is supporting the improvement of the quality of visits because the funds are supporting the staff who conduct those visits.

As mentioned in the Program Support section, a report was developed in infoFamLink to track and report federal measures for health and safety visits with children in out-of-home care. Currently, this report is updated monthly and regional QA/CQI leads work with staff in local offices to ensure contacts are entered, coded, and documented correctly in the FamLink system. In addition, this provides an opportunity to work with ICPC staff to assist in getting contact reports for children who are placed out-of-state and provide that information to the caseworker for review and data entry. There is ongoing collaboration between child welfare program and field staff, fiscal staff and OIAA to ensure the correct reporting population is pulled into the report and that DCYF is reporting on this measure as accurately as possible.

Practice improvement efforts across the state included regional continuous quality improvement teams conducting qualitative reviews for monthly visits resulting in additional guidance and coaching provided to caseworkers. Caseworkers completed Quality Matters training across the state and The Alliance imbedded Quality Matters training into the Regional Core Training (RCT) to enhance the quality of contacts between caseworkers and families during monthly visits.

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Monthly Caseworker Visits with Child – FFY2022							
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
Compliance of Monthly Caseworker Visits	98.35%	97.17%	98.29%	95.76%	96.54%	96.60%	97.07%
Compliance of Monthly Visits that Occurred in the Child's Home	92.51%	94.33%	96.31%	93.30%	93.37%	90.72%	93.06%
Data Source: Federal Health and Safety Measure Report, infoFamLink, as reported in the Caseworker Monthly Visit Report Federal Fiscal Year 2022							

Additional Services

Adoption and Legal Guardianship Incentive Payments

DCYF uses the adoption incentive funds for a variety of services and uses a payment tracking system to track expenditure of funds. DCYF anticipates receiving future adoption and guardianship incentive funds. Over the past two years, the amount of adoption incentive funds has grown from $0 in 2017 to nearly $2,000,000 in 2019. Funding to be used by 2023 will be followed by a year of greatly reduced funding. Funding for use by December 2024 will decrease to $400,000. Funding is being used to improve curriculum for families that will help them understand the effects of grief and loss on their children and the best intervention strategies to handle youth with these types of difficulties. As authorized under Title IV-B and Title IV-E of the Social Security Act, DCYF uses the adoption and guardianship incentive funds for a variety of services as outlined below:

- Technical assistance to promote more adoptions and guardianships out of the foster care system, including activities such as pre- and post- adoptive services and activities designed to expedite the adoption and guardianship process and support adoptive and guardianship families.
- Training of staff, resource families, and potential adoptive parents or guardians on adoption and guardianship issues to support increased and improved adoptions and guardianships.
- Recruitment of relative, foster, and adoptive homes.
- Services that fall under the DCYF CFSP and APSR.
- Work to develop a more consistent process for engaging youth voice in service plans and permanency decisions.

The $10,000 savings that must be used by December 2022 was used for Youth Enhanced Reverse Matching. $90,000 was set aside for this same support for use by December 2023. In state CY2023, adoption incentive funds will be used to hire a consultant to analyze services with

foster youth who have intensive needs, development of a specialized training to assist parents with neurodiversity understanding and provided funds for early learning services.

Post Adoption Supports

The policy guidance for Adoption Support in Washington State is Policy 5700. Adoption Support| Department of Children, Youth, and Families. Washington State has legislatively named its adoption assistance program, Adoption Support. DCYF provides support to families that receive services through Adoption Support. A family with an adoption support agreement may request any or all of the support listed below. These supports include:

- Medical coverage (Medicaid).
- Up to $1,500 per child for reimbursement of adoption related expenses.
- Pre-authorized counseling, which includes evidence-based practice in-home treatment or individualized counseling.
- A monthly cash payment, if applicable.
- Training through the Alliance and AHCC.

Washington State provides additional supports to youth placed into a guardianship or adoption after the age of 13 years through the age of 17, which corresponds to the Extended Foster Care supports available through the Child and Family Services Improvement and Innovation Act (P.L. 112-34). Youth adopted after 13 years old can apply for the Free Application for Federal Student Aid (FASFA) and be considered a private individual. Youth adopted after age 14 in Washington continue their eligibility for the College Bound Scholarship, and youth adopted after age 16 are eligible for Extended Adoption Support/Extended Guardianship Support. The eligibility follows the Extended Foster Care Eligibility which include:

- High School or High School Equivalency Certification.
- College or Post-Secondary Education- Youth with unmet financial need may qualify for additional school funds through Educational Training Vouchers.
- Program to facilitate transitions to adulthood.
- Working over 80 hours per month.
- A diagnosed medical condition that prevents youth from participating in the above four categories.

Additional Supports available to support families include:

- Tax Credits.
- One Time Exceptional Needs- $1500 for youth eligible for adoption assistance to assist in case of death of family member, fire, floods, emergent medical or mental health

travel, unusual issues that might impact the family such as safety needs. These funds are paid through adoption savings funds.

- Funds available to remove barriers or prevent placement for post adoptive children. Examples of areas where these funds could be used post adoption include conversion of a van to add a wheelchair lift, bathroom remodels to include roll in showers, wider doorways and holds to prevent falls.

Adoption Support is a statewide administered program. This process ensures greater consistency in the case assignment and negotiation process, staff with a knowledge of statewide services and a more even distribution of cases. There are currently 10 adoption support consultants and one supervisor that are assigned to the adoption support program. Having a more equal work distribution of cases provides families an opportunity to receive a consistent approach to negotiation and helps to ensure that staff are more available to problem solve with families at times of crisis. DCYF has made updates to update the Adoption Support Program, website over this past fiscal year to provide more information to families who are interested in or who have adopted an Adoption Support eligible child.

Meetings occur on a regular basis between the Adoption Support program supervisor, administrator and fiduciaries to track the use of Adoption Support funds. Currently there are approximately 16,800 youth attached to Adoption Support payments. Due to adoptions and youth no longer eligible for the program this number changes every month.

There are regular meetings between the Adoption Support program supervisor, Adoption Support program manager, adoption administrators and adoption supervisors to discuss areas to improve services and deliveries for parents and families. This has resulted in more positive working relationships, reduced times between referral and completion of Adoption Support agreements. The numbers of new Adoption Support agreements have decreased over the past three years. In CY2019, there were approximately 1,540 adoptions; in CY2020, there were approximately 1,230 adoptions; and in CY2021, there were approximately 1,000 adoptions, in CY2022 there were approximately 800 adoptions.

The decrease was due to not terminating parental rights for youth between the CY2020 and CY2022 since services were closed or greatly impacted for parents to receive in-person services due to the COVID-19 pandemic. There has been an increase in guardianship over the past few years, and an increase in services at time of the referral that prevents youth from entering foster care. There has been an increase in guardianships over CY2022.

Post Guardianship Supports
DCYF offers the benefit of Guardianship Assistance payments to relatives that commit to providing long term care for children in Washington's child welfare system and meet eligibility

criteria. The Relative Guardianship Assistance Program (also known as R-GAP) is governed by 43401. Relative Guardianship Assistance Program (R-GAP) | Washington State Department of Children, Youth, and Families and is designed to provide additional services and supports to caregivers of children that were removed from their primary caregiver due to abuse or neglect.

DCYF provides supports to qualified relatives through the Relative Guardianship Assistance Program (R-GAP). Over the last two years, the number of R-GAP subsidies have grown from $3,939,505 in SFY2020 to $4,689,026 in SFY2022. Funding is to support eligible families as authorized under Title IV-E of the Social Security Act, to provide benefits including:

- Medical coverage (Medicaid).
- Up to $2,000 per child for reimbursement of guardianship related expenses.
- Evidence-based in-home parenting interventions.
- A monthly cash payment.
- Training through the Alliance and AHCC.
- Using adoption savings funds, pre- or post-adoptive families may request support to remove barriers to permanency. These supports can be medical in nature such as a conversion of a van to add a wheelchair lift, bathroom remodels to include roll in showers, wider doorways, and halls to prevent falls.
- Funds may also be used to or help with a household need which, when corrected, will expedite permanency.
- Additional support funds are available for families to remove barriers to permanency both pre- and post-guardianship.

Adoption Savings
The adoption savings funds were used in State Fiscal Year 2023 (July 1, 2022 – June 30, 2023) and will continue in State Fiscal Year 2024 (July 1, 2023 – June 30, 2024) for the following:

- Relative/Suitable Other Rate Assessor Position.
- In-Home Services (Evidence-Based & Evidence Informed Practices).
- Catastrophic one-time only payment to assist post-adoptive parents experiencing a natural disaster, death in the family, medical/emotional events, and other needs to be staffed.
- Direct financial assistance to providers for parental counseling support.
- One-time funds that remove barriers and maintains permanency for both pre- and post-permanency families (adoptive and guardianship).
  - Currently, a monthly staffing day is held that includes participation from caseworkers, supervisors, management, fiscal and post adoption staff to provide

financial support to pre- and post-adoptive and guardianship families. Support is broad and may include:

- Extraordinary costs needed to promote permanency (i.e., ramps, utility wheelchairs, van conversions, bathroom conversions, etc.).
- Home repairs or needs required for adoption home study approval.
- Other needs to promote or maintain permanency.

- Intensive child profiles for 40 youth between the ages of 9 and 12 years of age not in an identified home of choice. This number is evaluated each year to determine if an increase is needed.
- Scholarships for 75 adoptive parents and 25 biological parents to attend the Foster Parent Alliance of Washington State (FPAWS) Caregiver Conference.

The use of funds for established services using the Adoption Savings continues to grow in State Fiscal Year 2023:

- In-Home Services: Expenditures in this category total $70,915.99. This equates to a 39% increase in funds spent on these services from State Fiscal Year 2022.
- One-time catastrophic events: Expenditures in this category total $43,500.00. This equates to a 9% increase in funds spent on these services from State Fiscal Year 2022.
- Promoting & Supporting Permanency Committee: Expenditures in this category total $64,699.06. This equates to a 58% increase in funds spent on these services from State Fiscal Year 2022.
- Parental Counseling: Expenditures in this category total $30,387.50.

DCYF expects the use of these funds to continue to grow in State Fiscal Year 2024 with increased publication and communications to internal and external stakeholders.

In SFY2023, adoption savings funds paid for a salary and benefit package for the Relative/Suitable Other Rate Assessor. This position is responsible for completing a mock rate assessment of unlicensed relatives and suitable others at initial adoption support application to ensure there is equity in the adoption support negotiation and renegotiation process. This position also completes a mock rate assessment when families request to renegotiate the monthly maintenance, they receive through adoption support post-adoption. Washington State law requires that the adoption support monthly maintenance payment not exceed the legislated maximum percentage of the rate the child would receive if in a licensed foster home. The percentage is statutorily set forth and is based on the age of child at adoption. Prior to hiring this position, negotiation for relatives and suitable others were not comparable.

Program staff continue to track the spending of funds through the FamLink system, utilizing the specific payment codes that were created for the service categories. Regular and ongoing

meetings between post-adoption program staff and fiscal partners continues and assists with streamlining communication and tracking monthly savings and expenditures. A continual increase in use of these funds for the above-mentioned established services is anticipated.

The adoption support and adoption program managers work closely with the statewide guardianship program manager to discuss ways for guardianship families to obtain funds to encourage guardianship placements and to prevent youth from reentering care. See Adoption and Legal Guardianship Incentive Payments for more information.

Challenges to spending adoption savings in SFY2023:

- Broad and initially inconsistent guidance on how money can be spent.
- Unspent dollars have not been appropriated and therefore can be difficult to obtain for unestablished services.
- There is a lack of a dedicated account allowing for a place for unspent monies to be held and efficiently tracked. There has been approval to continue to work with legislative or governor staff to develop a designated account, allowing for efficient monitoring and use of adoption savings funds.

Plans for initiation in SFY2024 include the following:

- Approval for agency request legislation for a designated account for new and unspent adoption savings monies in the 2024 legislative session.
- Contract to provide support for post adoptive and guardianship families to include, but not limited to:
  o Lending Library and resources
  o Support groups and educational opportunities
  o Post-permanency resource navigation
  o Case management support for children with extreme behavioral and mental health needs
  o Preventive "check-ins" with families at specified times post-permanency
  o Use of funds to provide extensive child profiles for 40 youth between the ages of 9 and 12 years of age not in an identified home of choice.
- Secretary Senior position who will support school verification, address updates, families in post permanency in Washington State and through ICAMA.
- Exploring the possibility of increasing DCYF rates to licensed providers through the Preauthorized Counseling Program, which is one of the benefits provided through the Adoption Support Agreement
- Use of funds to assist with private and international adoption and/or guardianship families struggling with youth in their home facing possible entry into foster care.

- Continue to increase use of funds for established services including:
  - In-Home services
  - Parental counseling
  - One-time catastrophic event payments, and
  - Promoting & Supporting Permanency committee funds
- Use of funds as needed to support families.

Estimated timetable for spending unused savings calculated for previous years:

It is anticipated that a significant amount of the adoption savings will be spent in the next 5 years on the following:

- Post-permanency contract or contracts. Agency staff are engaging in the Request for Proposal process with the Contracts unit for a significant post-permanency contract or contracts. These types of services will continue every year, with potential for additional services.
- Continual increased utilization and expenditures on already-established services, including:
  - In-Home Services
  - Catastrophic Event Payments
  - Promoting & Supporting Permanency Committee funds
  - Parental Counseling
- Relative/Suitable Other Rate Assessor position
- Secretary Senior position

In that same timeframe, it is anticipated that the annual adoptions savings calculation will decrease due to several factors including: a decrease in dependency filings, termination filings and adoption finalizations, and an increase in Guardianships in the state.

Between the anticipated increase in annual expenditures, and a decrease in the annual savings calculation, DCYF believes it will reach a saturation point where spending of the annual calculation occurs.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

DCYF administers, supervises and oversees the Title IV-E program and the Chafee Foster Care Program for Successful Transition to Adulthood. The two Chafee funded programs, Independent Living (IL) and Education and Training Vouchers (ETV) are part of an array of services available to youth transitioning from state foster care.

Contracted Independent Living Services			
	Potential Eligible Youth, ages 15-23	Youth Served with at Least One NYTD Service with Attached Provider ID Reported by FamLink	% of Youth Served
FFY2020	4,590	1,308	28%
FFY2021	4,359	1,449	33%
FFY2022	4,621	1,349	29%
Data Source: DCYF PQR855_SFY22_IL report			

Independent and Transitional Living Program – Participating Youth		
Demographics	Number Served	% of Total
Age		
15 Years of Age	114	9%
16 Years of Age	169	13%
17 Years of Age	250	19%
18 Years of Age	261	20%
19 Years of Age	220	17%
20 Years of Age	147	12%
21 Years of Age	91	7%
22 Years of Age	42	3%
Race/Ethnicity		
White	606	47%
American Indian/Alaskan Native	81	6%
American Indian/Alaskan Native Multi	112	9%
Asian/Pacific Islander	38	3%
African American	122	9%
African American Multi	90	7%
Hispanic	211	16%
Other Multi	23	2%
Unknown	11	1%
Sex		
Female	802	62%
Male	492	38%
Data Source: DCYF PQR855_SFY22_IL report		

The chart below illustrated NYTD services completed by the contracted IL providers for FFY2021-FFY2022.

IL NYTD Services Overview

FFY2021 N=29,958 NYTD Services

Service	Count
Family Support/Healthy...	13149
Housing Ed/ Home...	5642
Academic Support	2332
Career Preparation	2330
Financial Assistance	1934
Post Secondary Academic...	1612
Budget & Financial...	1536
Health Education/Risk...	933
Employment...	447
Mentoring	43

FFY2022 N=29,766 NYTD Services

Service	Count
Family Support/Healthy...	14338
Housing Ed/ Home...	4382
Financial Assistance	3920
Career Preparation	1864
Academic Support	1569
Budget & Financial...	1325
Post Secondary Academic...	1012
Health Education/Risk...	873
Mentoring	278
Employment...	205

The above chart compares FFY2021 to FFY2022. Comparing over years shows a comparison of the services provided to participating youth.

The IL program is voluntary. The caseworker refers the youth to IL and the local provider makes attempts to contact and engage the youth into services. One provider has consistently served over the minimum number of youths they are contracted to serve per month and has instituted a waitlist due to capacity issues. The programs policy states that as youth exit the program youth from the waitlist are contacted and enrolled in services if interested. No other providers have created a waitlist and continue to serve all eligible youth. Youth who are on the waitlist for this provider are working on their IL goals with their caseworker. Providers who do not have a waitlist report that they stagger IL intakes if they receive multiple referrals at the same time, so they have staff available to complete the intake process. Both IL providers and caseworkers talk with youth about the IL program and encourage participation. The IL providers also meet with local DCYF offices to talk about IL and the benefits of the program for youth who are participating. Some of these benefits include assistance with job searches, looking for an apartment and financial assistance. The regional IL leads provide trainings to staff on services available to adolescents, provide the Chafee program brochures to staff and community

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members, and connect those interested with youth resource information on DCYF's website. Providers participate in resource fairs to disseminate information and help with outreach.

Calendar Year 2022 Activities

In 2022, the Adolescent Programs Division was reorganized as part of the overall DCYF re-organization to better serve families and youth. The re-organization combined with Early Learning and Child Welfare Programs into a new division called Partnership, Prevention and Services (PPS). Staff who were doing adolescent work continue to manage services and support youth and young adults in the services they receive.

IL and Transition Planning Redesign Project

In the 2020-2021 legislative session, a budget proviso directed the department to redesign the way the agency transitions youth out of the care of the department in both Child Welfare and those who are in a Juvenile Rehabilitation (JR) Institution. It also called for the creation of a new IL framework. This work required the IL and Transition Program Managers to reimagine the program utilizing the co-design methodology with youth who have lived experience with the system and other stakeholders both internal and external to the department. The proviso also directed the program to centralize the IL contracts with the Headquarters Program Manager and submit a procurement for the IL contracts.

The redesign project and the Independent Living Transition Planning Report were completed in November 2022. The report acts as a guide to the work going forward on how to engage youth, provide needed services, and provides an avenue to seek state funds to help support the program. The redesign work included:

- Communication and work with the 12 IL providers around IL service delivery and program needs.
- Consultation with Passion to Action Youth and Alumni Advisory Board (P2A) relating to the ongoing needs of adolescents in the space of IL services and transition planning. Passion to Action provides a pathway to keep young people engaged in the stages of the co-design work. The Emerging Adulthood and the Adolescent Transitions program managers were standing participants in P2A and reported out the status of the redesign and gathered feedback.
- Four Town Halls were held in March-July 2022 to communicate the status of the project and solicited feedback from participants about service needs to focus on moving forward. Information about the Town Halls was placed in DCYF Communications that went out to different groups such as caregivers, service providers, youth, advocates, and community stakeholders. Targeted emails about the opportunity to participate were also sent to ensure that everyone who was interested in the work could participate.
- Engaged current and former foster youth and youth residing in a JR Institution.

- Collaboration with regional staff in Child Welfare Field Operations and the JR system around transition services and IL needs of youth.
- Discussions with tribal representatives around IL, Transition Planning, and what is needed from DCYF to do the work.
- Met with care providers and bio parents to determine what is working, service gaps, and how to ensure that youth get the services they need when they need it.
- Creation of a core workgroup which included regional staff, advocates, IL providers, and stakeholders that the work being done and provided guidance on the process.
- Youth Voice/Engagement focus groups were held and facilitated by the Youth Empowerment and Co-Design Program Managers. Lived experts were used as co-hosts. Training was provided to the hosts who then developed activities for the focus groups. The program managers contacted youth about the project and personally invited them to participate in a way that worked best for them. DCYF partnered with the IL providers to help identify additional youth, especially those who had exited the system but were still eligible for IL services. The options were to participate as a group in a focus group, through a survey, through 1:1 discussion, or all the above. Providing different participation options allowed the department to solicit feedback in a way that is most comfortable for youth, so they were able to share their service needs and experience in a more authentic way. Each participant received a stipend for their contribution in the focus groups. Information gathered from these options were used to drive the re-design work by placing youth voice in the center. After the focus groups, surveys, 1:1 interview's; youth had an opportunity to continue to partner in the work by helping design the programs and provide feedback on work that was done outside of the group. Some of the youth will also be asked to review the ILS procurement bids to help select contractors.
- Centralization of the IL Contracts to HQ providing statewide consistency in services offered.
- Centralization of the IL Referral process to HQ providing an avenue for 1:1 training with caseworkers and to help figure out why all eligible youth are not engaged with their local IL provider.

The next steps of the redesign are:

- Create a new payment structure that moves away from budget-based payments to a case-based payment system. The new payment structure will pay providers for the work they are doing and allows the program to ask for state funds to maintain, support, and grow the program to include youth in DCYF care who are not currently eligible for Chaffee IL funds.

- Determine what measures can be put in place for the implementation of Performance Based Contracting (PBC).
- Continuing the work of adding Positive Youth Development (PYD) language into the IL contract.
- Updating the contract to include the new billing framework, items that are cost neutral from the codesign work, and data points.
- Launch a Request for Applications (RFA) to procure new IL contracts statewide as directed by the proviso.

Youth Engagement

DCYF uses Passion to Action (P2A) to provide the lived expert voice and point of view on aspects of child welfare. This board consists of approximately 20 current and former foster youth from across Washington state who have been recipients of services provided by DCYF. They provide input and recommendations regarding policy and practice. Feedback from the board aids in improving DCYF's ability to effectively meet the needs of children and adolescents. They bring youth voice to the forefront of the work and provide feedback to many Washington state community partners who are working with the foster care population.

DCYF also collaborates with The Mockingbird Society, an external advocacy group of foster youth and alumni that identifies issues in the foster care system and works toward reforming and improving the lives of children in the child welfare system. The Mockingbird Society is invited to participate in workgroups and meetings to provide an external voice to DCYF. The Mockingbird Society is a vital stakeholder and is included in the process of reviewing DCYF's policies related to adolescents. They host an annual foster youth leadership summit where the group identifies topics for change and presents the recommendations to the Supreme Court Commission for children in foster care. DCYF partners in the event as advisors that provide child welfare expertise when the youth are preparing to present their topics to the Supreme Court Commission for children in foster care. They also work closely with the IL program manager on IL services.

Co-Design

The Co-Design Program Manager ensures DCYF's Family Practice Model (FPM) design work is centered and includes youth with lived experience. Over the last year, the co-design manager hosted 30+ co-design sessions with adolescents who have experienced foster care, juvenile justice, and homelessness focusing on Extended Foster Care, Independent Living and Transitions, Financial Capabilities, and Crisis. These sessions have produced systems improvement recommendations to make DCYF better equipped to serve adolescents in the system. Co-design requires sharing power with people with lived experience across the entirety of an engagement or initiative, from determining the focus of exploration, to the design

implementation, and evaluation. This approach amplifies the voices and experiences of the people closest to the needs addressed through an engagement or initiative. It also prioritizes relationships, increases trust across all stakeholders, and uses participatory approaches to ensure the work is guided by those most affected.

Highlights of the ILS/Transitions Survey conducted by SDM Consulting. 120 survey responses were received.

ILS Service Youth Are Most Interested In

Service	Percentage
Transportation needs	2.5%
Support with reconnecting with biological family	5.0%
School and education services	25.0%
Money management and budgeting	12.5%
I think all of these options would be most helpful.	2.5%
Housing Support	20.0%
Health/hygiene	2.5%
Getting connected to community resources	2.5%
Employment Services	27.5%

Support People Youth Would Like to Attend Their 17.5 Staffing Meeting

Support Person	Percentage
attorney	2.86%
biological relative	22.86%
caregiver(s)	20.00%
friends	2.86%
GAL	2.86%
IL Case Manager	5.71%
mentor	8.57%
other	8.57%
social worker	20.00%
unsure	5.71%

Survey responses received from question "What would you tell your ILS Provider about your experience?"

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- "I love how my schedule is very busy, but ILS providers manage to work around my busy schedule and stay connected."
- "Not as helpful as they could be."
- "Thank you communicating to me the resources that were available to me to use while I was in the program."
- "That I appreciate all the workers and I appreciate all the help I received from them."
- "Independent living skills helped me transition into adulthood well."
- "It's been great so far and I hope to get more helping understanding what the program does/is."
- "It was good just be a little more sensitive with people."
- Thank you. You guys are amazing."
- "They are amazing and for everything they can. ILS has helped me in more ways than I imagined. It's scary at first because it's hard to believe other people want to help. I didn't participate in ILS until 2020 because I didn't believe they actually wanted to help."
- "That the ILS is very helpful and it's totally worth the time."

Some feedback from the ILS/Transitions Co-Design work (please refer to the above report for additional feedback from co-designers):

"We don't want to sit at the kid's table; we want to be at the adult table."

REPORTED ISSUE	RECOMMENDATION
Age does not correlate to not needing support. Many young adults not from the foster care system have lifelong supports.	Expand IL to age 26 with continued opt-out/in anytime
"The impact of being in the foster care system doesn't end when I turn 18. It lasts the entirety of our lives."	Eliminate age barriers and time restrictions related to services
Not all youth know about IL and miss out on resources.	Automated referral process to IL providers via a data system
"We are tired of being asked the same questions year after year, when is someone going to something with the information, we give you."	Those with decision making power do something with the valuable information that is being provided to them especially when it has an impact on lived experience lives.

Youth Development

In a 2020-2022 budget proviso, DCYF was charged with facilitating a workgroup to develop recommendations around Washington state youth development efforts and how they are organized and funded along with a report to the legislature that was due September 1, 2022. The report included recommendations to create a Youth Development Advisory Council within DCYF who would then determine the ongoing state structure and provided the avenue for a legislative funding ask to support youth development providers. Workgroup representatives included individuals from: DCYF, Department of Commerce, the Office of Superintendent of Public Instruction, youth development statewide organizations, youth development providers and youth that have participated in youth development programming. To complete the task of developing legislative recommendations, three sub-committees were formed: Systems, Providers, and Lived Experience. The Lived Experience Sub-Group included youth voice in the design and implementation of a process to gather youth input regarding meaningful engagement and programming.

NYTD Data Collection

DCYF works collaboratively with local providers to offer technical assistance and training regarding NYTD reporting to ensure compliance with federal requirements. DCYF communicates regularly with local providers to set expectations regarding data collection. Discussions include:

- NYTD elements
- IL monthly NYTD reports
- Monthly IL provider table reports
- Quarterly reports
- Capturing the IL service delivery to youth.

Additional on-going technical assistance that has been provided around NYTD data include:

- Creation of a "What is NYTD" eLearning course for staff.
- Revisions to NYTD flyers for youth and staff.
- Creation of NYTD letters for BRS providers to allow the contracted survey team through RDA to speak to youth in their facilities and group homes.
- Utilization of monthly NYTD lists to inform staff of which youth are in the population sample who will be contacted by the survey team. The list is used for staff to connect with youth and their caregivers to discuss the importance of participating in taking the survey.

DCYF has requested RDA to conduct an analysis of the NYTD data and to create a user-friendly report that can be shared with stakeholders and the child welfare field operations. There

continues to be discussions of incorporating the NYTD data into regular CQI practices. Once the data is incorporated a plan for addressing the use of the data and how DCYF will share the data internally and with external stakeholders will be created. Through the beginning steps of the PBC process, DCYF was able to connect client level IL services to the providers and can now generate reports for NYTD services being provided to youth. Reports are provided monthly to the IL providers for quality assurance and meeting contract obligations. The provider receives a report on the youth that have received a NYTD service from their organization and a report on who is assigned to their provider number in FamLink that is reflective of who is receiving services. The information in the reports pulled is based on what the providers input into FamLink. Providers review the reports received against their internal records to ensure youth services are documented. The information has also been shared with stakeholders, youth and regional IL program leads.

Washington State NYTD Data Snapshot FY2022

The IL Program Manager is continuing discussions on how to increase the completion of the Casey Life Skills Assessment (CSLA). According to the Data Summary Report from the NYTD Portal, The Independent Living Needs Assessment completion rate was around 15%. This is a decrease in the percent of assessments completed from the previous year by 5%. This could be a result of the way the data is pulled and submitted for NYTD and discussions around data integrity for the assessment have begun. Providers also had a hard time moving to the new version of the CLSA as they did not understand how to store the data for youth who completed the assessment or how to calculate the percentages. If a youth is not participating in IL, the responsibility is on the caseworker to complete the assessment with the youth. This continues to be an area of focus.

There continue to be barriers identified in completing the Casey Life Skills Assessments to include:

- DCYF relies heavily on IL providers to complete the assessment.
- Youth are not being referred to IL or engaging in services as they are voluntary. The referral process was centralized to HQ through the redesign work to work through barriers to engagement.
- FamLink has not been updated to support the assessment versions created in 2012 or beyond.
- Staff are not familiar with the assessment.
- IL Providers report that the assessment is too long.

To address barriers, staff training on policy and referral process and tools will be provided as well as meeting with IL providers. Caseworkers are also encouraged to access the Casey Life

Skills website. According to the Data Snapshot roll up for FFY2017-FFY2021 for 21-year old's, 75% of the youth reported that they have Medicaid coverage. This is an increase from the previous year by 4% and is something that DCYF continues to focus on. It is not unusual that youth do not know they have medical coverage as the caregiver makes the medical appointments and provides the medical insurance information. Efforts to improve this outcome include the following:

- During the NYTD survey calls, the contracted survey team through RDA explains to youth that they have medical coverage to age 26. Additionally, the team supplies the contact information to AHCC.
- Teaming with AHCC to conduct a pilot in several regions (has been put on hold due to COVID-19 with no restart date determined at this time):
  o Connect aging-out youth directly with AHCC staff by DCYF caseworker and youth completing a health form and providing it to AHCC prior to the youth's transition meeting.
  o AHCC Liaisons and Care Management staff review all requests from DCYF and Tribal caseworkers to determine enrollment and eligibility and confer with the Foster Care Adoption Support team at HCA as needed to clarify or fix coverage, or to direct youth to another type of support. AHCC staff will contact the youth independently to provide an overview of health care benefits, conduct a health screening and connect to services if any are identified.
- AHCC conducted an outreach campaign to all AHCC members ages 14 to 21, connecting with youth to encourage youth to go to their well child checkup.
  o The My Health Pays rewards program provides youth with incentives for well child exams and flu shots.
- IL program manager and IL providers partner with managed care liaisons in each region to assist in connecting with youth regarding their health care coverage.
- Shared planning meetings with youth aged 14 and older address the youth's health needs and provide the youth with an explanation of health benefits.
- Per Policy 43104. The Transition Plan, health care coverage is discussed and information about Medicaid coverage and accessing that service is provided.

Coordination of Services with Other Federal and State Programs

The Adolescent Programs Division works closely with the Office of Juvenile Justice (OJJ), the staff agency for Washington's State Advisory Group (SAG) which is also located within DCYF.

Washington's SAG has identified alternatives to youth detention, re-entry and exit from care, and behavioral health as practice improvement areas for spending the Federal Title II funds awarded to the state. Currently, there are no transitional living programs funded by Washington's SAG.

Access to Medicaid for Former Foster Youth

DCYF is partnering with the Health Care Authority (HCA) on the new Medicaid rules around youth being able to move to another state and being eligible for their new states foster care Medicaid program. A flyer about the expansion is being created and will be shared with the IL providers, staff, stakeholders, community members, and posted on the agency website once completed.

LGBTQI+ Youth/Young Adults

DCYF partners with the community and local providers that providing affirming and accessible services to youth who identify as LGBTQI+. Some partnerships include:

- Rainbow Center-Education, advocacy, and celebration, Rainbow Center expands resources and safe space for the lesbian, gay, bisexual, transgender, queer, questioning, two-spirit, and allied (LGBTQ2SA) community.
- Oasis-Serves LGBTQ youth ages 11-24.
- Lavender Rights Project-Elevated the power, autonomy, and leadership of the Black intersex and gender diverse community through intersectional legal and social services.
- PFLAG-Supports, educated, and advocates for LGBTQ+ people and their loved ones.
- Odyssey Youth Movement-Drop-in center who allows young people additional connections with other youth, and they also provide clothing and assistance.
- TriplePoint-Drop-in center for queer youth that provides connections to resources and safe place to just hang out, relax, play games, and/or get creative.
- The Trevor Project-Provides lifesaving and life-affirming services to LGBTQ youth.
- The Queer Youth Services-Provides Education, Advocacy, and support for Queer youth, their loved ones and community providers.
- Stonewall Youth- a youth-led organization that empowers LGBTQIA+ youth to speak out, support each other, educate communities, and work for social justice.
- Lambert House-empowers lesbian, gay, bisexual, transgender, and questioning youth through the development of leadership, social, and life skills.
- Isis House-Independence, security, initiative, and success—is a ten-bed residential home for LGBTQ+ young people and allies ages 18-21 with an eighteen-month maximum stay. Isis opened in 1998 as the first housing program in Washington State to focus on the unique needs of LGBTQ+ youth.
- The Northwest Network-Supports queer and trans survivors in reconnecting to their self-determination through advocacy-based counseling and community education.

Local Housing Programs

The Adolescent Housing Program Manager works with governmental agencies and community partners to offer housing vouchers and other housing support and information to eligible young

people and families served by DCYF programs. In addition, the Program Manager collaborates to ensure that young people experience supported transitions into safe, stable, and appropriate housing when they leave DCYF care. Some of these efforts include:

- The Child Welfare Housing Assistance Program -originally funded under SB5718 in 2019 and is under consideration for renewal under SB5256 by this year's legislature. The program, offered by contractor Reliable Enterprises as the "Homecoming" Pilot Program in Region 6 (with recent expansion into Yakima in Region 2) has been included for statewide expansion in the Governor's budget and the Senate Budget for SFY23-25.
  - This program seeks to reunify families with a dependent child when housing is a barrier to reunification.
  - Services provided to families include housing, orientation, case management, landlord-tenant communication, connections to employment and health and behavioral health services.
  - Although the program's launch was significantly impacted by the pandemic's effects on the availability of rental property, 69 families are having their rent paid by federal housing vouchers, disability payments, other benefit programs, or are paying rent through employment. These families have additionally been supported with payment of deposits and fees, and other logistics provided by case managers. Dozens of other families have been provided with case management and connections to services while they wait for housing to become available.
  - This program, and the funding to create DCYF's Adolescent Housing Program Manager position, has resulted in the agency being able to bring more focus and statewide planning to child welfare housing, both for families and for young people served by DCYF.
- DCYF Juvenile Rehabilitation (JR) Homelessness Prevention Program -Consists of a headquarters-based program manager and three regional staff members located in eastern, northwest, and southwest Washington. The JR team has created a monitoring system/eligibility flag in JR's data system for all youth at institutions and community facilities, offers periodic training for staff on identification and referral, and works with each young person from intake or beginning of transition phase to build skill and identify resources.
  - Young people leave JR with a plan and system of ongoing support, provided through a system (including rental assistance, case management, and concrete supports) that staff are creating in communities across the state.
  - The Adolescent Housing Programs Manager joins the JR housing regular meetings, invites them into interagency housing planning with the Office of Homeless Youth, and assists in connecting case managers with other resources as available. The

budget request made of the Governor and Legislature includes funding for the JR team to contract with community organizations to provide housing support services and navigation to their clients.

- Family Unification Program (FUP)– FUP offers services in ten counties across the state, to families where lack of adequate housing is a primary factor in either: imminent placement of children in out-of-home care, or delay in discharge to the family from out-of-home care. FUP also offers housing vouchers for certain youth who are aging out of foster care. Public Housing Authorities (PHAs) administer the FUP, in partnership with DCYF regional offices, which are responsible for referring and certifying eligible FUP families and youth to the PHA for rental assistance. Once DCYF makes the referral and certification, the PHA determines whether the family or youth meets Housing Choice Voucher (HCV) program eligibility requirements and conducts all other processes relating to voucher issuance and administration, including waiting lists if vouchers aren't available. In turn, DCYF agrees to "provide or secure a commitment" for the supportive services necessary to support the clients through the process.

    o The FUP program is available through Housing Authorities (HA) in: Seattle & King County, Port Angeles, Tacoma, Vancouver, Kennewick, Pasco/Franklin County, Snohomish County, Thurston County, and Spokane. The Housing Program Manager is actively working with HAs across the state to increase their participation in accessing FUP vouchers.

    o FUP youth vouchers are typically a small portion of the overall FUP vouchers (eligibility is identical to the Foster Youth to Independence program below).

    o Many other Public Housing Authorities offer other non-FUP vouchers for which DCYF clients may be eligible. DCYF Headquarters and Regional staff work closely with their local housing authorities to monitor voucher utilization. Current efforts include connecting FUP voucher work to the Homecoming Program listed above (which provides the state-funded case management necessary to support federal FUP vouchers), connecting both to a multi-agency initiative driven by the Public Housing Authorities to improve FUP coordination and case management support statewide, and updating the language of state-level and local Memoranda of Understanding (MOUs) to meet the requirements set by HUD.

- Foster Youth to Independence (FYI)- Mirrors the services provided by the FUP youth voucher, offers rental assistance, and supportive services that provide skills in money management, job preparation, education, and nutrition and meal preparation. To offer FYI vouchers, DCYF needs an MOU with each Housing Authority, each Independent Living contractor, and a partner who can offer supportive services after age 23 to ensure that such services are offered for the full 36 months of the voucher, whenever it is issued. HUD has extended the FYI voucher to cover two additional years, bringing the

total to five years for eligible youth, which means that DCYF needs to find partners who can provide supportive services between ages 23 and 29.

- o DCYF has agreements with Public Housing Authorities and community partners in place and vouchers being issued (or preparing for issuance) in the communities of Yakima, Whatcom, Skagit, Snohomish, King/Seattle, Pierce, Bremerton/Kitsap, Vancouver/Clark, Wahkiakum, Cowlitz, Lewis, Pacific, and Thurston at this time.
- o DCYF is in communication with Mason, Benton/Franklin, Walla Walla, Spokane, and other counties about applying for and providing vouchers. HUD promotes meaningful youth engagement as a strategy for successful implementation, and as part of the program in Seattle-King County, six youth ambassadors have advised the design and delivery of the program, producing outreach materials, and were compensated for their time, efforts, and lived experience.
- o DCYF is not currently experiencing significant barriers or challenges in working with PHAs to utilize FYI vouchers in the state. The agency is working to roll-out legislative funding to support contractors to provide housing supportive services to enable young people to move from foster care to lease-up. DCYF is finalizing a state-level umbrella MOU with the state Public Housing Authority Association and has local MOUs with each PHA that is offering FYI. PHAs occasionally experience delays getting funding from HUD for the vouchers, but this problem has been minimal.
- o The barriers we are facing in Washington relate to things such as how to get the most current information to all the caseworkers and keep up with staffing changes, and less about challenges in working with the PHA. The PHAs have expressed support, because they see the FYI program as "the easiest one HUD offers," and, anecdotally, the Bremerton PHA tells DCYF that the young people are getting their FYI voucher applications done more quickly than other PHA clients and are leasing up more rapidly as well. This leads them to believe that the provision of housing supportive services is essential and should be provided to voucher clients outside of the child welfare system as well.
- o The barrier experienced for youth is not in getting the vouchers but is in getting housing in their communities. There is a housing shortage for renters that are willing to accept vouchers.
- Independent Youth Housing Program (IYHP)- administered by the Washington State Department of Commerce's Office of Homeless Youth (OHY) and provides rental assistance and case management services to eligible youth who have aged out of the Washington State foster care system.
  - o The program is currently available in the following counties:
    - Spokane, Benton, Franklin, Kittitas, Walla Walla, Yakima, King, Pierce, and Thurston, and is being renewed via an RFP process in 2023.

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- o Eligibility is similar to federal housing voucher programs, and services are more comprehensive. In 2022, the Legislature passed Senate Bill 5566, which expanded the age range of IHYP (to cover dependency at any age prior to 18), increased its funding from $1M to $4M, and perhaps most significantly, specifically allows participants who are in Extended Foster Care to receive housing assistance and EFC Supervised Independent Living placement payments at the same time. OHY is seeking new and returning contracted providers and expects to expand the program's services from 75 current youth to 260 statewide.
- Young Adult Housing Program (YAHP)- administered by the OHY, provides rental assistance and case management to 18 to 24-year-olds (who may be dependent, but are not required to be), and is available in Spokane, Benton-Franklin, Walla Walla, King, Pierce, Clark, and Cowlitz counties.
- Senate Bill 6560 -DCYF continues to work with OHY and the state Health Care Authority (HCA) to implement Senate Bill 6560 from 2018, designed to prevent young people from being released from foster care, juvenile rehabilitation, and behavioral health treatment programs into homelessness.
- Senate Bill 1705-passed in 2022 and creates a statewide interagency rapid response team (recently renamed the Young Adult Housing Response Team), to elevate high-priority cases for resolution and systems improvement.
- Youth Homelessness Demonstration Program (YHDP) – Washington State is the recipient of three different YHDP grants from the Department of Housing and Urban Development (HUD).
  - o Seattle/King County Continuum of Care (CoC).
  - o Washington State Balance of State (BoS) CoC will build youth programming infrastructure in 23 of the most rural counties.
  - o Snohomish County Human Services Department (HSD) will build on successful innovative practices that have transformed the Everett/Snohomish County CoC homeless response system to further improve youth homelessness.
  - o In 2023, Washington received all the Regular Continuum of Care Competition awards for which it applied.
- A Way Home Washington (AWHWA) – Anchor Community Initiative (ACI) - DCYF has collaborated with AWHWA with their ACI. ACI is a coordinated effort to prevent and end youth homelessness with a diverse coalition of nonprofit agencies, elected officials, philanthropy, businesses, and community members who are committed to "helping all young people in the state find their way home."
  - o Cohort 1 counties were Pierce, Spokane, Yakima, and Walla Walla
  - o Cohort 2 counties includes: Skagit, Whatcom, Jefferson/Clallam (working together), Clark, and Thurston.

- o AWHWA will bring all parts of each community to the table and develop a unique plan that covers prevention, long-term housing, treatment services, employment, and educational attainment.
- Adolescent Transitional Living Program (ATLP)- a pilot program serving 5 young people in King County with YMCA, and 8 young people in Clark County with AKI, that offers more developmentally appropriate independent transitional living experience for 16- and 17-year-olds, in ways that are culturally responsive, LGBTQIA+ affirming, trauma-sensitive and healing-centered. The current program in two counties is offered via a licensed staffed residential program which DCYF seeks to expand statewide, and DCYF is also exploring models for a master leased apartment and scattered site community setting. The ATLP, referred to as all or part of an "Emerging Adulthood Housing Program," is mentioned in the D.S. v. DCYF Settlement Agreement, along with efforts to create professional foster parents who can serve the needs of the young people in the Settlement class, and to expand the "HUB Homes" model created by the Mockingbird Society.
- Responsible Living Skills Program (RLSP)-placement option for dependent youth who are age 16-17 years old and are ready to live in a placement that is less restrictive than a foster home providing them the ability to make more decisions for themselves and practice their IL skills in a supportive environment. There are plans to submit an ask to the legislature to amend the RCW to allow the program the ability to serve youth in Extended Foster Care. DCYF continues their commitment to create and grow housing supports for those involved in systems of care. Recent investments from the Legislature are allowing additional staff to be hired, focused on housing, including a Housing and Homelessness Prevention Supervisor, an Adolescent Transitional Living Program (ATLP) Program Manager, and a Youth and Young Adult Housing Program Manager.

Programs for Disabled Youth

Transition planning includes partner agencies that work with youth with disabilities who are transitioning out of child welfare and into the adult DDA system or another partnering agency. Home and Community Services (HCS) work in conjunction with child welfare and help to fill gaps of services that DDA is not able to accommodate. DCYF works directly with the Department of Vocational Rehabilitation (DVR) to ensure youth with disabilities have full access to employment. DCYF caseworkers and IL providers submit referrals to the local programs that are provided through DVR.

DCYF partners with the Center for Independence to help serve youth with disabilities. This program is contracted through the Department of Social and Health Services and provides the following services:

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- One-on-one coaching of independent living skills such as finding the right college or training program, support in gaining the skills needed to move out, applying for jobs to bring home a paycheck, figuring out what to do after high school, or working towards a personal goal.
- Peer Support where a group of youth who come together once a month to hang out and do an activity together. Past events have included, movie night, game night, bowling, pizza party, karaoke, picnic and potlucks, bingo, fall fest, and holiday get-togethers.
- Individual advocacy where participants are provided with support to advocate for access to services and their employment, housing, and education rights.
- Information and Referral to community resources.

Employment Opportunities/Career Connected Pathways

The Career Connected Pathways Program Manager continues to partner with employers and community members to create opportunities for youth. New relationships were created with:

- Labor and Industries (L&I) Internships
  o Help youth navigate the website and internship opportunities to the site and assist when needed.
- Tacoma Boat Builders
  o Offers weekly mentoring to learn woodworking skills. Many youths are court appointed and there is no income earned.
- Seattle Jobs Initiative
  o Many opportunities are available to youth/young adults. Currently with DCYF and WSF.
- JUMA Ventures
  o Supports youth/young adults to work in Seattle area major venues to include Key Arena and T-Mobile Park.
  o Paid work and job training with mentorship.
- SnoCo Futures
  o Supportive program that helps youth find and maintain employment.
- YouthForce (Boys &Girls Club)
  o Partnership to assist youth/young adults to find employment and support employment.

DCYF continues to partner with:

- ANEW

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- o Provides pre-apprenticeship programs, apprentice resource centers, RISE UP-Diversity and Inclusion Training, Youth Exploration Programs, Apprenticeship information and a Passport to Careers pathway.
- Career Connect Washington
  - o Helps youth get the knowledge and skills to step into in-demand, high-potential careers.
- MOD Pizza
- Employment Security Department (ESD)
  - o Working to include youth voice in the work.
- Palmer Scholars
  - o Provides support to underrepresented youth of color to overcome financial, cultural, and social barriers in their pursuit of higher education.
  - o Uses a "Whole Scholar" model that provides opportunities for youth in most areas of their life beyond what is usually included in college access and workforce support programs.
  - o Serving young adults between 18 and 26, who are neither enrolled in a postsecondary program nor gainfully employed and have an interest in pursuing a career in the trades.

DCYF continues to partner with agencies that receive Workforce Innovation and Opportunity Act (WIOA) funding and run the following programs:

- WorkSource
- Job Corps
- Conservation Corps
- Washington Youth Academy
- School-to-work programs offered to high schools or Graduation: A Team Effort Advisory Council (GATE)
  - o DCYF meets quarterly with educational institutions to discuss efforts towards graduation.
- Local workforce agencies in accordance with section 477(b)(3)(F) of the Act.
- Employment Security Department (ESD) – DCYF partners with ESD through the Employment Pipeline. The Employment Pipeline is designed to find clients jobs in many different lines of business and help them stay employed. The model involves three critical components:
  - o Identifying employers willing to work with DSHS and clients to offer meaningful, long-term employment opportunities, ideally building transferable skills.

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- o Providing basic training and skills to meet the specific jobs available from these employers; and
- o Helping clients stay employed by providing support to resolve issues that might jeopardize job retention.
- Basic Food, Employment and Training (BFET) to teach youth who are basic food recipients employment skills, which are contracted through local community and technical colleges, or community-based organizations. This is an important part of the state's workforce development system.

Private and Public Sector Involvement

DCYF provides statewide mentoring programming through Mentor Washington (MW). MW is a public-private partnership including DCYF and Costco Wholesale as founding organizations. Using the research-based Elements of Effective Practices in Mentoring, MW provides support to over 200 mentoring organizations across Washington State. Direct mentoring programming is provided to youth receiving Child Welfare and Juvenile Rehabilitation services. Direct mentoring is provided by individuals with lived experiences for youth in Juvenile Rehabilitation institutions and group homes. Mentoring supports include professional development opportunities for youth of color, youth experiencing homelessness and LGBTQIA+ youth. Peer to Peer mentoring within the Juvenile Rehabilitation Institutions and Group Homes. The agency also has an agreement with Friends of the Children to provide highly trained mentors for 100 youth currently in foster care.

Driver's Assistance Program

In 2017 the legislature passed ESHB 1808 which directed DCYF to contract with a nonprofit organization to provide support for foster youth ages 15-21, including youth in EFC, in navigating the drivers licensing process. The support must include the reimbursement of the following:

- Fees necessary for a foster youth to obtain a driver's instruction permit, an intermediate license, and a standard or enhanced driver's license, including any required examination fees.
- Fees required for a foster youth to complete a driver training education course if the foster youth is under the age of eighteen.
- The increase in motor vehicle liability insurance costs incurred by foster parents, relative placements, or other foster placements adding a foster youth to his or her motor vehicle liability insurance policy, with a preference on reimbursements for those foster youth who practice safe driving and avoid moving violations and at-fault collisions.

Through a procurement process Treehouse was awarded the contract which renews every two years and follows the state fiscal year contract cycle. DCYF can provide eligible youth

information to Treehouse streamlining the eligibility and verification process. Here is a snapshot of services provided to youth for SFY 2021.

Treehouse Drivers Assistance Program				
Services Provided	Total Number of Requests for Service	Number of Unique Participants who Submitted a Request	Number of Eligible Participants Served (received payments for 1 or more services)	Number of Participants who Completed/Achieved the Requested Service
Auto Insurance	2,320	246	177	177
Driver's Education Course	657	599	534	173
Learner's Permit	353	330	262	147
Identicard	228	220	172	64
Driver's Test	116	92	76	73
Licensure	78	73	71	50
Other (Practice Drives, etc.)	78	67	55	55
Unduplicated Total	3,830	968	862	539
Data Source: Treehouse Annual Report submitted November 1, 2021, for SFY2021				

Consultation with Tribes

Tribes who were interested in receiving information about the programs to be carried out under the Chafee program were notified and provided information. Outreach includes the Tribal IL Program Manager attending the Tribal Policy Advisory Council (TPAC) meetings when invited to provide information on programs and services for adolescents as well as contacting the individual tribes. There is ongoing communication with Tribal Child Welfare Directors regarding independent living activities, requirements, eligibility, and trainings. Internal consultations include the DCYF Office of Tribal Relations Director, Tribal IL Program Manager, and ETV Program Manager.

The below table represents the dates of emails, phone calls and trainings between individual tribes and the Tribal IL Program Manager.

Tribal Consultation and Collaboration – John H. Chafee Program (6/1/2022-4/30/2023)	
Tribe	Number of contacts (emails, phone calls, training)
Chehalis	11
Colville	17
Cowlitz	23
Hoh	5
Kalispel	14
Lower Elwha	14
Lummi-No ILS SFY23	21
Makah	15
Muckleshoot	12
Nooksack	14
Puyallup	5
Quileute	9
Quinault	23
Sauk-Suiattle	13
Spokane	17
Squaxin Island	24
Suquamish	31
Tulalip	29
Upper Skagit	15
Yakama-No ILS SFY23	18

Efforts to coordinate with tribes include providing a program framework to the tribes of what can be included in providing IL to youth and requesting the tribes to create programs based on their needs and capacity. The Tribal IL contract is a template that outlines eligibility, payment structure, Federal requirements and suggested services that are authorized under the contract.

The Tribal IL Program Manager reviewed the contract with the tribes and provided updates of the requirements to tribes who required assistance. Tribes were provided guidance on how to operationalize their programs so that the services are rendered to meet the unique needs of each tribal community. Ongoing technical assistance is provided to the tribes regarding FamLink, NYTD data entry, and services.

A large component of receiving Chafee funding is the report requirements to the federal government. DCYF must input NYTD service elements directly into FamLink. In Washington, all contracted tribal IL providers were given access and input capabilities to the IL page and education page in FamLink. DCYF continues to offer ongoing training and extensive support to tribal partners. The Tribal IL Program Manager continues to reach out to the tribes to respond to requests and help as needed. They also provide FamLink training when it is requested. Some tribes were not able to maintain FamLink access and have NYTD inputting capabilities in FamLink due to new staff or IT related issues. DCYF provides a hard copy form of the NYTD documentation for tribes to complete manually as an alternative process. The forms are accompanied with the quarterly reports and input into FamLink by DCYF staff.

Eligibility is uniform throughout the Chafee program, which ensures that benefits and services under the programs are made available to American Indian and Alaska Native (AI/AN) children in the state on the same basis as to other children in the state.

Chafee benefits and services are currently available and provided for Indian children and youth. Services are defined by each tribe to meet their unique individual cultural identity and community needs. Tribal youth also have access to services provided from state contracted IL providers.

The state contracts with tribes within Washington to provide their own IL services to tribal youth. The IL Tribal contract is very broad. The contract provides a structure of what the tribe may provide for a youth. Washington State does not require specific items but highly suggest teaching on financial assets. Many tribes use funding to support youth IL goals such as driver's education, the purchasing of computers, etc. Some use the funds to support staff who provide IL skills to youth. Each year the state renews the contract and allocates Chafee funding to each participating tribe to serve youth as they see fit. Tribes provide quarterly reports that include youth served, activities provided and expenditures that were occurred for the time period. To receive funding for the next year, the Tribe must submit Quarterly Expenditure Reports and complete the NYTD requirements to close out the contract cycle. The following tribes have entered contracts to receive funding and deliver Independent Living skills to the tribe's eligible youth:

- Confederated Tribes of Chehalis Reservation

- Confederated Tribes of Colville Reservation
- Cowlitz Tribe
- Hoh Tribe
- Kalispel Tribe
- Lower Elwha
- Lummi Nation-signed contract but did not receive funding (did not close out SFY22)
- Makah Tribe
- Muckleshoot Tribe
- Nooksack Tribe
- Quileute Nation
- Quinault Indian Nation
- Sauk-Suiattle Tribe
- Spokane Tribe of Indians
- Squaxin Island Tribe
- Suquamish Tribe
- Tulalip Tribe
- Upper Skagit Tribe
- Yakama Nation-signed contract but did not receive funding (did not close out SFY21)

Division X/Chafee CARES Funding
Funding for a one-time increase in Chafee funding allowed DCYF to provide the following:

- EFC continuations/Pandemic Re-Entries.
  - $2.2 million was set aside for EFC continuation/Pandemic Re-Entries.
- $2 million for increases in IL contracts to serve youth ages 15-22.
- $1 million for Youth Support dollars for youth ages 18-22.
- $2 million for support dollars for youth ages 23-26.
  - Contracted with Treehouse from July 1, 2021-September 30, 2021.
  - Treehouse created a portal on their website that allowed youth to enter their contract information and needs. The staff then reached out to the youth to provide light case management and referrals to other programs if needed.
  - Provided $1,684,000 in direct cash payments to 529 individual youth.
  - Youth received funding in the following NYTD Categories:
    - Academic Support, Education Financial Assistance, and Post-Secondary Academic Support
    - Career Preparation, Employment Programs & Vocational Training, and Other Financial Assistance

- Family Support & Health Relationship Education and Health Education & Risk Prevention
- Housing Education & Home Management Training, Room & Board Financial Assistance, and Other Financial Assistance
- Other Financial Assistance (Transportation)
- Mentoring and Budget & Financial Management
  o They were able to provide light case management and financial assistance to 540 unique youth.
- $500,000 for support dollars for the driver's assistance program through Treehouse.
  o The additional funds allowed Treehouse to increase the amount of insurance assistance, pay the increased rates for drivers training, and clear their waitlist of youth needing assistance. They were also able to serve additional youth.
- $400,000 was set aside for tribal IL services if requested. Five tribes out of sixteen have reconciled last year's contract requirements.
  o Tribes were notified of the additional funding by way of the Tribal Policy Advisory Council (TPAC) and a formal letter to the Tribal Chairperson and a handful responded. Many tribal offices were closed due to COVID-19 and had a loss of staff which resulted in lack of capacity to take on additional funds.
  o Only three tribes were able to access the additional funds and many of the tribe closed their offices during the Pandemic.
- $600,000 for IL activities to support for youth ages 15-17 in all regions.
  o The regions spent their funds the following ways:
    - Providing technology to youth in need
    - Graduation celebrations
    - IL event to bring youth together
    - Gift Cards for youth needs
    - Clothing
    - Household items
    - Transportation expenses such as bus passes and bikes
    - Hobbies and Musical Instruments
    - Luggage

The IL providers report that the COVID-19 Relief Funds helped youth meet immediate needs and avert crises that could potentially change life trajectories. Young people over 18 had the highest need for financial support due to their independence. COVID-19 Relief Funds provided agencies with essential resources to build capacity, stabilize the workforce and get funds where young people need them most. These funds helped retain and hire experienced staff, providing continuity and individualized care which results in improved outcomes for young people. A long

term, sustainable funding solution is needed to maintain the capacity to reach and support all eligible youth and young adults.

Here is how they supported youth with their increase in funds:

How IL Providers Used Funds to Support Youth

Category	Percentage
Rental Assistance	38%
Gas & Grocery	15%
Household Essentials	15%
Other Categories*	13%
School Supplies	10%
Car Expenses	6%
Cell Phone Expenses	3%
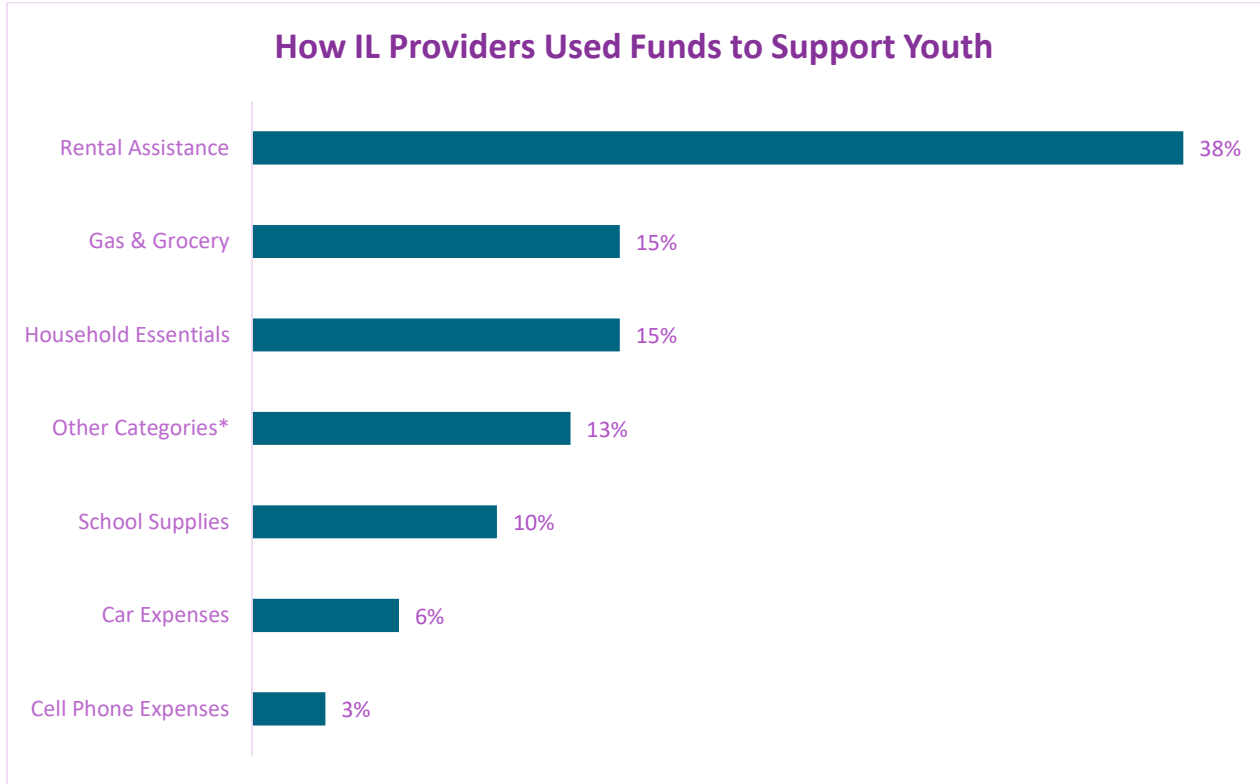
Other categories less than 5% each: Transportation, Utilities, Storage, Medical Expenses, Work Supplies, Clothing, Baby Essentials, Personal needs, Vital Records.

Testimonials

Names of youth have been changed to protect privacy.

- "Kaycee recently started her own cleaning business. One night her car was towed. Without a car Kaycee could lose work and housing. She called her ILS case manager and together they went to pay for her car's return. Five hours of her ILS case manager's time and $300 of COVID Relief Funds allowed Kaycee to continue making progress on her goals."
- "Leila is expecting her second baby in the next month and recently aged out of foster care. We were able to use COVID Relief Funds for baby necessities, utilities, and rent. It was a huge relief for Leila knowing that she and her two children have housing while she settles into a new phase of life."

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- "Jade lives in a group home and has struggled with mental health during the pandemic. In a new place and living with people twice her age, she felt lonely. Jade dreams of going to school for fashion after getting her GED. With COVID funds, we were able to buy her a sewing machine and the basics needed to get started. She is excited to make her first project - a dress."
- "We were able to expand outreach and serve additional participants by paying overtime to staff. The great news is the COVID Relief funds helped re-engage some young people with the program, but higher caseloads need a long-term funding solution."

They also report that while many short-term needs were met, young people exiting from foster care need access to affordable housing, work that provides a livable wage, and mental health services.

Challenges in accessing and spending out all the funds allocated include:

- The plan to use the funds needed to be created with stakeholders and then go through the legislature for approval and release of the funds which impacted the services DCYF could offer due to the limited time frames provided to spend the funds on extended populations.
- Due to the legislative and internal contracting process the time frame to provide support to youth ages 23-26 was shortened.
- For distribution of funds, DCYF had to create contracts with existing community partners as the agency could not provide direct funding to youth.
- Most of the IL providers were not able to issue direct cash payments to youth due to their agency policy and processes and could only provide concrete/tangible items.
- Most tribes closed their offices completely and were not able to spend their funds.
- Inability to hire/retain qualified staff.
- Time limited funds created a space where providers were leery about hiring more staff due to needing to lay them off once the funds were no longer available.
- Some businesses such as Drivers Training and the Department of licensing were not open to the public or operating.

Lessons Learned:

- Funds need to be allocated in a way that it does not need to be legislatively approved.
- DCYF needed more time to allocate and spend the funds.
- Better documentation plan for funds spent and NYTD entries for services and assistance provided.
- Youth need more support and monetary assistance overall and could benefit from additional ongoing CHAFEE funding/support.

Education and Training Voucher (ETV) Program

To be eligible for the ETV program, youth must be enrolled in, or accepted for, a post-secondary degree or certificate program and meet any one of the following criteria:

- Youth aged 16 to 20, currently involved in dependency action in Washington State or tribal court, in the care and custody of DCYF or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care (EFC).
- Youth aged 18 to 20-years old and aged out of state or tribal care. Youth who exited foster care in a state other than Washington may be eligible for the Washington ETV program.
- Youth who were adopted or entered guardianship with a relative on or after their 16th birthday.
- Youth who participated and received ETV funds prior to age 21-years old, may be eligible up to their 26th birthday.

To strengthen the goal of identifying eligible youth, the Education Program Administrator enlisted the help of the Data and Reporting Administrator to give authorization to OSPI to release the names of all foster youth in 12th grade for this academic year. To date, ETV staff have not received the list. However, once received, ETV staff contact the assigned caseworker for these youth and send the ETV application. This will allow ETV staff to compare how many youths are eligible for ETV compared to the number of youths served. There is no change in how the ETV program is administered, which is through the state child welfare agency, DCYF.

Educational Assistance

The ETV database has a financial aid tab, which shows the student's Cost of Attendance and the amount of financial aid received. Whatever amount is still needed is the unmet need. Students are awarded up to $5,000.00 of their unmet need. Once an ETV award is determined, the amount is broken down by quarters or semesters. The student is then emailed a copy of their ETV award letter, asking for a confirmation of the award.

Students can send DCYF their actual award letter they received from the Financial Aid office or send it via their student portal. If a student has difficulty in submitting the necessary documentation, ETV staff work directly with the schools to obtain the information. Students sign consent forms, which enables ETV staff to contact college staff directly.

There are times when a student's Cost of Attendance or financial aid situation may change during the academic year, necessitating an adjustment to their ETV award. When this does occur, the student and the school are sent a revised ETV award letter.

ETV staff and campus Designated Support Staff (DSS) remain strong partners in assisting ETV participants. DSS work with students in locating and submitting the necessary ETV paperwork which facilitates the utilization of funds. They offer support, student engagement opportunities, and many operate a campus food pantry. Many DSS will reach out to the ETV program with a list of students asking about program participation and eligibility. When appropriate to do so, they work with the student(s) to complete an ETV application. The ETV one-pager was sent to all the DSS who are listed on the Washington Passport Network contact sheet. For the 2022-23 academic year, ETV staff made in-person visits to 13 college campuses throughout the state. ETV staff met with the campus DSS, some financial aid and independent living (IL) staff, and ETV participants. This personal connection has fostered improved communication with all involved with the agency program.

Services Provided

The ETV program has joined the Integrated Systems of Care Unit within the Partnership, Prevention, and Services Division at DCYF. The Washington State ETV program continues utilizing the Access database. The database is organized in a way that allows the program to have student information readily available. The data elements in the database include, but are not limited to:

- Demographics
- Financial aid and enrollment status
- Student spending plan
- Notes section

The ETV program currently has a contract with two developers based in Utah. The contractor has built a cloud-based database and a student portal that will allow each student to upload required documents and access their own information. ETV staff will give students an opportunity to test and provide feedback/ideas on the student portal. Contractors have been making steady progress in the development of the new database and are ready to move it to the DCYF server. The DCYF IT department has experienced significant staff turnover and have a new Administrator. Also, the IT team is strictly focused on the DCYF domain migration and currently don't have the resources available to give to the ETV project. This has caused numerous delays for the testing phase. The ETV team meets at least 2-3 times a month with the contractors to review progress and answer any program questions they may have. There have also been meetings between the Education Program Administrator, ETV contractors, and IT to advance the project.

All ETV applications and forms are found online at www.dcyf.wa.gov/services/foster-youth/etv. An online application makes applying to the program easier for students, gives staff greater efficiency for processing the applications, and students receive timely confirmation of their

eligibility. Students or their support person can also email their application to ETV staff directly or send to the ETV inbox at ETVWash@dcyf.wa.gov.

ETV staff continue their efforts to connect with students on a more personal level. Students are asked for their preferred method of communication, whether it be by email, phone, or text. Asking this simple question has facilitated increased communication with them. Since students know the ETV staff better, they are more responsive to requests for paperwork and contact staff more often if concerns or issues arise.

In the 2021-22 academic year, 189 applications were received. Of those applications, 170 students were awarded ETV funds.

In the 2022-23 academic year, 227 applications were received. Of those applications, 171 students were awarded ETV funds.

 Not all eligible students are awarded due to several factors:

- Required paperwork is not turned in.
- Youth do not enroll in a post-secondary program.
- Youth do not respond to ETV staff despite efforts to engage them in the program.
- Youth had no unmet need.
- Youth did not meet eligibility requirements.

Increasing outreach efforts is a goal every year. Program information and presentations were given to the following groups:

DCYF Staff
- The statewide Education Program Manager is facilitating bi-weekly Education Office Hour meetings for DCYF staff. The ETV program staff attend and share program information with DCYF staff and community partners in attendance.
- Program information/applications were shared with the Regional Education Leads who share with caseworkers, supervisors, and regional leadership.
- Presentations were made at the All-Staff meetings in the Bellingham, Lynnwood and Sky Valley offices in Region 3.
- Education Administrator attended an in-person Region 6 Leadership meeting and presented ETV information.
- The ETV one-pager was sent to the DCYF Digest and the Caregiver Connection to add to the publications.
- The ETV program sent a mass email with one-pager to EFC caseworkers in Regions 1, 2, 4, and 5 while Regions 3 and 6 sent the information to their listservs.
- Zoom meeting with Region 4 Extended Foster Care unit.

- Education trainings for DCYF staff, which are on zoom and are on-going.
- ETV staff reviewed the entire EFC list (893 young adults at the time of review) and reached out individually to caseworkers asking them to share program information with any of their EFC youth 18-20 who are thinking/are attending a post-secondary education program.
- ETV staff continue to participate in 17.5 staffings or permanency planning staffings when invited to do so. 17.5 staffings support youth in the development of a transition plan that prepares them for a successful transition into adulthood. Topic conversations in the staffings include those of education, employment, housing, health insurance, continued support, and Extended Foster Care. ETV program information is shared with the young adult either by the meeting facilitator or from ETV staff if invited to participate.
- The ETV one-pager was sent to the DCYF meeting facilitators in the regions.

Tribes
- Program information was sent to the DCYF Director of Tribal Affairs to share with tribal staff and social service directors. A program description was also put in the Office of Tribal Relations newsletter.
- Education Program Administrator did a presentation at the ICW Sub-committee and shared the ETV one-pager with those present.
- Virtual statewide ICW training.
- Personal emails have been sent to most tribes with a program description and an offer to connect in person to talk about the program.

Community Partners
- The application information/link and one-pager were sent to the Treehouse program manager who shared with the Graduation Success directors. ETV staff then made a presentation to Treehouse staff.
- Statewide CASA presentation held virtually.
- Education Resource Wednesday for caregivers which was also on zoom.
- Program information was sent to the Independent Living (IL) Providers.
- Meet and Greet with the Washington Passport Network group.
- An ETV program description was sent to the following non-profits: Golden Youth Services, The Arc of King County, Eileen and Callie's Place, Bridge Music Project, Cocoon House, Communities in Schools, Friends of the Children, National Angels (Olympic, Seattle, SW WA and Tacoma locations), Daybreak Youth Services, The Breakfast Group (Seattle), Compelled to Care, and the Wishing Well Foundation.

- ETV Program Manager participates in Regional Passport groups facilitated by College Success Foundation staff. ETV staff presented at the PLT Regional Group trainings in Regions 1, 2,3 and 6. These Education trainings included OSPI staff, community partners, and DCYF staff. A similar presentation will take place in Regions 4 and 5 in the upcoming months.

OSPI

- The ETV program description and application information was sent to OSPI to add to the following newsletters for K–12 staff: Foster Care (distributed widely to school district foster care liaisons throughout the state), Open Doors, Migrant Education, School Counseling, and the Office of Native Education.

Youth Outreach

- The DCYF IL Program Manager sent the one-pager to EFC youth and their caregivers if an email was available.
- ETV staff contacted EFC young adults who had used ETV funds previously but were not currently active in the program.
- Youth-facing events included attendance at Regions 3, 4, and 5 Graduation events, attendance at an Information Night with Region 3 youth, and program information on the Region 5 EFC Instagram page, student dinner with the Designated Support Staff and ETV participants at Western WA University, Region 5 Resource Fair in Tacoma, and Stem Day for Youth in Care in Region 6 in Vancouver.

Community Collaborations and Partnerships

The ETV program maintains strong partnerships with state and community-based agencies to support the academic success of youth. The ETV Program Manager is a member of the Washington Passport Network and participates on the Passport Leadership Team (PLT) which meets quarterly. The PLT is a cross-sector of student support professionals and system leaders with representatives from high school completion and college access programs, two- and four-year public and independent colleges, DCYF, OSPI, DSHS, Washington Student Achievement Council (WSAC), and current and former students. The PLT strives to break down barriers and improve services for foster youth attending a post-secondary education program. Goals of the PLT include:

- Supporting campus Designated Support Staff
- Developing professional trainings
- Organizing the annual Passport Conference

WSAC is responsible for the distribution of financial aid to post-secondary institutions. There is a common application where students can apply to ETV as well as the Passport to Careers

program. Passport to Careers has the Passport to College program, which provides a scholarship to assist students attending college, support services from college staff and priority consideration for the Washington College Grant and State Work Study program. The Passport to Apprenticeship Opportunities program assists students who are participating in registered apprenticeship or pre-apprenticeship programs covering occupational specific costs.

The College Success Foundation (CSF) is another strong partner with the ETV program. CSF has a foster care initiatives team who organize and facilitate the PLT meetings. CSF provides supports and scholarships to inspire underserved, low-income students to finish high school, graduate from college, and succeed in life.

ETV staff have worked to increase the partnership with the Treehouse Education Advocates who work with youth in foster care. The advocates help facilitate dialogue with students and ETV staff, submit required paperwork on the youth's behalf, assist youth in submitting their ETV applications, and staff cases when appropriate.

Independent Living Skills (IL) providers continue to be strong allies for the program. They assist students with their ETV applications, help obtain necessary paperwork, support students in their academic journey and keep in regular contact with ETV staff. ETV staff rely on feedback from IL staff for program improvements.

Consultation with tribes remains a focus for the program. As previously stated, ETV staff sent program information to the Director of the Office of Tribal Relations to disseminate among tribal partners as well as including the information in the Tribal newsletter. ETV staff also shared program information with the Office of Native Education and presented at the statewide ICW training. The ETV Program Manager presented at the Region 3 and 4 ICW meeting. The Education Program Specialist has begun reaching out to the Education and Social Service contacts of the 29 federally recognized tribes. DCYF has had individual contact with the Muckleshoot, Nisqually, Colville, and Tulalip Tribe. ETV staff are available for consultation, training, and meeting with youth at the tribe's request. The agency has not had the capacity to reach out to every tribe in the state. In order to reach that goal, the development and hiring of a new position for an ETV Tribal Liaison staff person will occur by the end of 2023.

Indian youth who are in tribal foster care and meet the eligibility requirements are now able to receive the Passport to Careers scholarship. On the consent form, youth need to check the Tribal Dependency box, identify their tribe, and date of last placement.

The only tribe to administer their own ETV program is the Port Gamble S'Klallam Tribe in Kingston, WA. The DCYF ETV program can assist their ETV students if the tribe runs out of funds. There was no such request this academic year. The ETV program will work with any Washington State tribe who requests assistance with developing their own ETV program.

Program Improvements

Two staff changes occurred during this reporting period. The ETV Program Manager is now supervised by a new Education Program Administrator. The previous Administrator transferred to a position in Juvenile Rehabilitation. The new Administrator previously was the Foster Care Program Supervisor at OSPI. She brings K-12 knowledge and a broad array of contacts which will benefit the ETV program. The other addition to the Education Team is a new Education Program Manager. The ETV Program Manager and the Education Program Manager have always had a strong partnership and expect that to continue. The Education Program Specialist continues to be an asset to the program. She provides program support; does outreach with students, community, and campus partners, and DCYF staff; and is the liaison with the Payee Registration Desk (vendor system).

The ETV Program Coordinator has also added the Career Connected Pathways Program Manager to their program scope. This dual role provides the opportunity to share ETV information with community partners not typically associated with the program, thus expanding outreach efforts.

The ETV staff have begun conversations about changing the age of eligibility to 15, rather than 16. This would align with the Independent Living Program eligibility. It would also increase the number of students who would be eligible for the program. DCYF is looking for this to occur for the 2024-25 academic year. This means that all forms and publications would need revision before Jan 1, 2024.

Another change to the program is offering Zoom meetings for Running Start participants, beginning April 2023. DCYF has also started discussing the possibility of giving Running Start students the option of receiving their funds through reimbursement, which is the current model, or having funds sent directly to them along with the spending plan. DCYF will be scheduling focus groups with students, IL providers, caregivers, and DCYF staff for their feedback.

Staff recorded an ETV tutorial and include it in the new and renewal student confirmation letters which each student receives. Students have not shared if this was helpful for them, so this question will be added to the next student survey.

Holiday cards were mailed to every ETV student in early December. Students were very appreciative of receiving the card and for being thought of during the holidays.

As the ETV program looks to improve efficiencies and decrease barriers students may encounter, the development of a student portal remains an important and necessary improvement. As mentioned earlier in this report, DCYF is contracting with web developers in Utah to replace the Access database and in a later development phase, create a student portal.

DCYF is working with IT security staff and others in IT to ensure confidentiality. ETV participants will be asked to offer suggestions/needs in the design of the portal.

Youth were emailed an online ETV survey for the 2022-2023 academic year. Students who applied this year were sent the survey and 83 students responded. Students responded that the best things about the program were:

- ETV staff
  - Are supportive and easy to work with.
  - There is good communication when help is needed.
- Financial help means less stress.
- Easy renewal process.
- Like the spending plan.
- Excited about the student portal and many want to test it out before it goes live.

In addition, the following barriers and challenges were noted:

- Providing the correct paperwork.
- Needing a proper signature on forms, whether it be an electronic or wet signature.
- More student reminders for paperwork.
- Mental health and medical challenges.

Improvements were implemented such as sending out reminder emails more frequently before the quarter/semester begins to avoid potential delays. ETV staff also correspond with students via their preferred method of contact (email, phone call, or text).

ETV staff added the Lifeline Link to student correspondence (January application and February student survey). Students can access this program if they are experiencing a mental health crisis or need support.

The ETV program has become paperless since the pandemic. Because ETV staff are working from home, all student paperwork is now located in the ETV section in the ICS Team shared drive. Each student has their own folder containing their required paperwork and follow state retention policy just as if staff were in the office.

COVID-19 Impacts

As was the case in the previous year, ETV Staff reached out to students who were previously engaged in the ETV program to see why they did not submit their renewal applications. The responses included: student did not like on-line learning or on-line learning is difficult for them; numerous students were taking a gap-year and would resume schooling once campuses go

back to in-person instruction; others needed to put off school in favor of finding employment; and many were dealing with significant personal or family issues.

ETV staff sent emails and made phone calls to students participating in the program to check on their well-being, offer support, problem solve, and help them navigate community services when needed. This increased contact has continued with students throughout the 2022-23 academic year. There were at least 20 students who were diagnosed with COVID-19 and ETV staff assisted them in accessing medical care and coordinated with the campus designated support staff so that their schooling was impacted as little as possible.

Even though this academic year is almost complete, ETV staff continue outreach efforts to those youth who are still in incomplete status. Outreach is being done by email, phone, and text.

ETV staff continued to have conversations with students regarding the temporary change to the ETV program, which is the increase of the award from $5,000.00 to $12,000.00, ending Sept 30, 2022. The database was updated so that ETV staff can accurately document the increased funding to students as applicable.

ETV staff worked closely with campus support staff and other community partners to share CARES ACT funding information, identify eligible youth, and obtain the necessary paperwork so that students could receive the additional funding.

The pandemic has taken a toll on every student participating in the program, whether the challenge be academic, financial, medical, or emotional. However, young adults have shown determination, dedication, and resiliency towards achieving their academic goals.

Div X Funding

Division X funding was provided directly to students who were eligible in addition to regular ETV funding to support expenses and/or hardships students incurred due to the COVID-19 pandemic (i.e., rent, expenses to support students due to job losses or decrease in pay).

During the 2022-23 academic year, 90 students received the additional funding out of 128 eligible students. Twenty-four (24) of those students received the maximum amount of $7,000.00. Only 1 student failed to respond to ETV staff, so this young adult did not receive the additional funding.

The ethnicity and gender breakdown by academic year are as follows:

STUDENTS SERVED DIV X FUNDING

■ 2020-21   ■ 2021-22   ■ 2022-2023

Category	2020-21	2021-22	2022-2023
Caucasian	35	30	34
Multi-Racial	14	12	18
Hispanic/Latino	24	12	15
Black American	9	11	9
American Indian	12	8	6
African	3	5	4
Asian	3	4	0
Hispanic of European...	3	1	2
Pacific Islander	1	1	2
Female	79	60	74
Male	25	24	15
Other			1
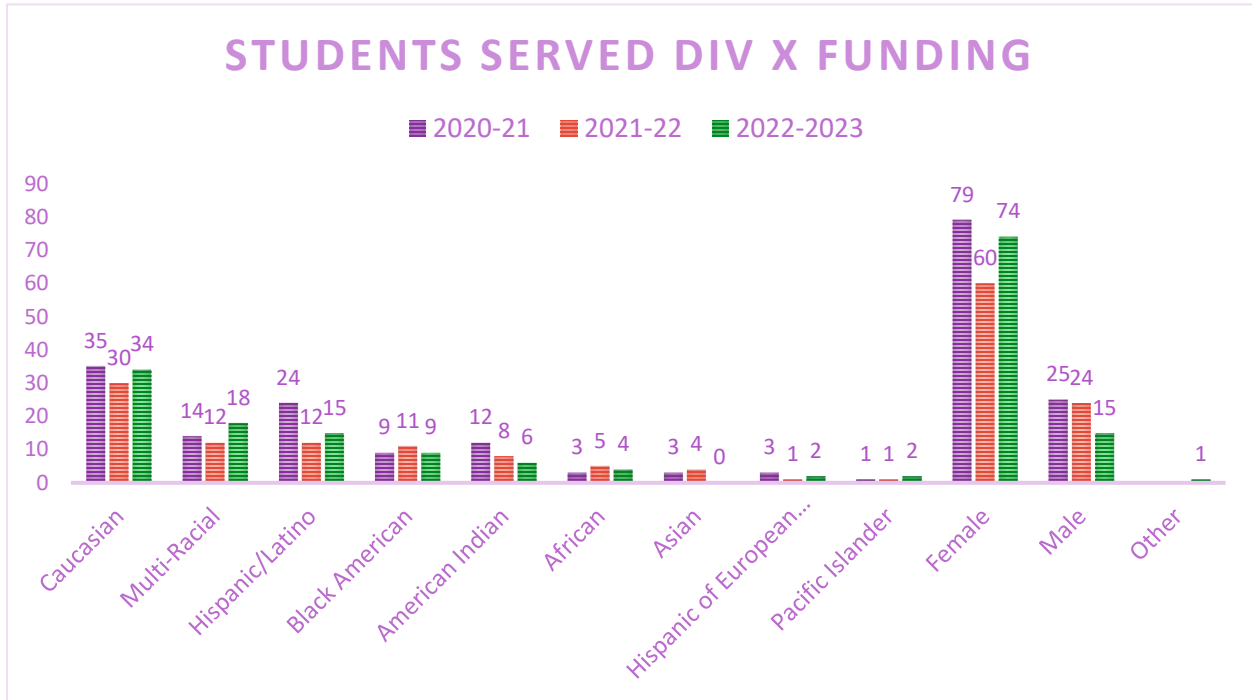
The Division X funding was not exhausted by the September 30, 2022, deadline. Washington State is resource rich when it comes to available post-secondary funding for current and former foster youth. Most ETV participants receive the Passport scholarship ($5000.00) which greatly reduces the amount of unmet need for ETV. Also, applications were received from 38 students who could have received the additional funding had they submitted their applications and required paperwork before the September 30th cut-off.

Extended Foster Care (EFC) Program

Washington State has implemented all five (5) eligibility categories for EFC. To be eligible for EFC, a youth on their 18th birthday must be dependent, and be:

- Enrolled in high school or high school equivalency certification program, or
- Enrolled or intends to enroll in vocational or college program, or
- Participating in activities designed to remove barriers to employment, or
- Employed for 80 hours or more per month, or
- Have a documented medical condition that prevents participation in one of the four prior categories.

Youth participating in EFC are considered non-minor dependents. They can transition between categories throughout their time in EFC. Placement settings vary and can include Supervised Independent Living (SIL) settings such as apartments, shared housing, living in a dorm, foster

care, and living with relatives. In 2019, the program was able to create a FamLink code allowing for monetary housing assistance for non-minor dependents in getting into a SIL setting with funds for first, last, and deposit, up to $3,500 per lifetime of the case. The funds are sent directly to the youth to help them learn much needed life skills in securing independent housing. During CY 2022, there were 199 requests to use the fund to assist with getting into an EFC SIL placement, a total of $370,987.87 was distributed to the young adults to assist their move to SIL placements. Non-minor dependents continue to be able to enter and exit the program as needed until the age of 21 through a Voluntary Placement Agreement.

Non-minor dependents receive the same case management services and supports as youth under the age of 18 years old in out-of-home care. Case plans are specific to the needs and level of functioning of the young adult and focus on obtaining the needed skills to successfully transition from care to independent adulthood. Areas of focus typically include:

- Educational goals
- Employment
- Learning independent living skills

IL services and supports play a key role in developing these skills. Non-minor dependents are encouraged to participate in their local IL program, and many become more involved as they get closer to the age of 21. DCYF does not currently have data reports reflecting the number and percentage of youth participating in EFC who are receiving IL services.

Washington continues to see an increase in participation in EFC due to increased outreach to community advocates, youth attorneys, youth serving agencies, and consistent practice throughout the state. There continues to be an influx of youth who the department did not interact with prior to SB 6222, which passed in the 2018-2019 legislative session. This bill removed the requirement that a youth needed to be in foster care as an eligibility requirement of the EFC program. This opened the program up to youth in dependency guardianships, Juvenile Rehabilitation, in home dependencies, and anyone who was dependent at the age of 18. This created an avenue for youth to enter the program who the department did not previously know about. Many of these youth are becoming dependent while in the custody of the Office of Refugee and Resettlement and upon the age of 18 asking to enter EFC. Youth are petitioning for dependency alleging abuse, neglect or abandonment and as part of their application for a Special Immigrant Juvenile (SIJ) visa. Often their case has not been fully adjudicated by the Department of Homeland Security (DHS) prior to their 18th birthday, and youth are dependent at 18 but lack immigration status. Other youth have obtained a Special Immigrant Juvenile visa after being released from federal custody. These youth have a valid immigration status, but do not reside in an ORR facility, as they have previously been released from federal custody to the care of a family member or sponsor. Youth may qualify for the

Unaccompanied Refugee Minor program only if they receive a SIJ visa while still in federal custody.

DCYF is currently not able to determine who was eligible and did not opt into the EFC program. Currently, to gather this information would require the program manager to go into each closed case individually to see if the youth was eligible and why they opted out. To more simply gather this information, there would need to be a new case closure code created in FamLink by IT. Due to competing demands to IT changes in FamLink, priorities are established and currently items identified in the PIP are priority changes. This is ongoing work that DCYF is working to determine a way to gather this information.

Extended Foster Care Data as of March 2023		
Age of Youth	Number	Percentage
18	269	32%
19	264	32%
20	288	35%
21+	9	1%
Total	830	100%
Placement Type	Number	Percentage
Supervised Independent Living	687	83%
Foster Care Settings	143	17%
Total	830	100%
Ethnicity	Number	Percentage
White	341	41%
Hispanic	150	18%
Native American Multiracial	108	13%
Native American	66	8%
Black	66	8%
Black Multiracial	61	7%
Asian/Pacific Islander	23	3%
Other Multiracial	11	1%
Unknown	4	<1%
Total	830	100%
Region	Number	Percentage
1	127	15%
2	70	8%
3	110	13%
4	192	23%

5	149	18%
6	182	22%
Total	830	100%

Data Source: Extended Foster Care, infoFamLink, March 2023

Number of Youth That Exited EFC in SFY 2022, by Age		
Age of Youth	Number	Percentage
18	76	19%
19	26	6%
20	23	6%
21	278	69%
Total	403	100%

Data Source: Exit Report, infoFamLink, SFY 2022

COVID-19 Impacts

Helped youth in EFC pay their rent if they were affected by COVID-19 from EFC SILS Housing Support Funds

The 317 young adults that turned 21 between April 1, 2020 and September 30,2021 whose EFC dependency was extended due to the pandemic - were discharged from EFC on September 30, 2021 – due to the expiration of the Federal Consolidated Appropriations Act – and the end of the Governor's Proclamation – that had stopped discharges from EFC during the pandemic.

When the 317 young adults aged out of EFC on September 30, 2021, as the Federal Act and Governor's Proclamation ended, the Governor issued $299,000 to contract with a state agency to issue additional funds to all 317 young adults during 2021.

The Governor and the Legislature appropriated additional funds to extend monthly payments to those 317 young adults that were discharged from EFC on September 30, 2021 – and to all those that aged out of EFC from October 1, 2021 – through all of 2022 – the program is not set to expire until June 30, 2023. 10.6 million dollars was used for the ongoing funds, with $850 a month being paid to all eligible enrolled young adults. In CY 2022, more than 500 young adults were issued monthly payments, it is estimated that by the time the fund ends on June 30, 2023, more than 650 young adults will have received payments. The contracted system partner that administered the funds did a survey with the recipients, finding that 69% of the young adults used the funds for housing.

During the 2022 Legislative session, $200,000 in state funds was allocated to conduct a systems assessment of state and federally funded services and benefits and the utilization of such services and benefits and the continuum of supports by young adults enrolled in Extended Foster Care (EFC) and those who have exited care since September 2021. The Proviso's goal is to review literature, analyze existing data and findings, and collect data from key informants

and stakeholders to identify gaps or redundancies within the existing array of state and federally funded programs serving the EFC population and recommend mechanisms to address identified gaps. The final report will be completed by July 2023.

DCYF created a resource list to include other agencies/departments and posted in on the DCYF COVID-19 Adolescent Programs page.

DCYF met with advocates and community partners on an ongoing basis to talk about the needs of youth, how to help with additional needs, and whom DCYF could collaborate with to provide assistance.

Consultation and Coordination Between State and Tribes

In Washington State, the Department of Children, Youth, and Families (DCYF) uses the word, "Consultation" as a formal process to help the state and tribes come to agreement on policies, laws or codes that may impact tribes. The Consultation policy is defined in DCYF's Administrative Policy 10.03. The purpose of this policy is to direct the procedures that reflect the government-to-government relationship of Indian tribes and the DCYF. Tribes have asked DCYF to use the word collaboration when discussing steps taken to provide information to the tribes outside of the formal consultation process. DCYF shares information to the tribes through the monthly Indian Child Welfare Sub-Committee meetings and quarterly Tribal Policy Advisory Committee (TPAC). Part of DCYF's 10.03 policy also outlines regional planning with the tribes.

Washington State recognizes the unique cultural and legal status of tribal governments. Indian tribes have the authority to, among other things, govern their people and their land; define their own tribal membership criteria; create tribal legislation, law enforcement, and court systems; and to impose taxes in certain situations. Based on this recognition, DCYF follows a government-to-government relationship in seeking consultation and participation by representatives of tribal governments in policy development and when hiring DCYF invites tribal participation for all positions that may work with tribes, including reviewing job descriptions, helping develop interview questions and being part of the interview panel.

DCYF and the tribes have formed a Tribal State Workgroup to revise the Indian Child Welfare (ICW) policy and procedures to align with recent Washington State Supreme Court opinions. The Z.J.G. opinion clarified how DCYF will interpret what constitutes, "Reason to Know" when a child is or may be an Indian Child. The G.J.A. opinion specified what services the department must provide to prevent out-of-home placement. The court also specified that the services need to be culturally relevant. The J.M.W. opinion requires DCYF to provide Active Efforts prior a 72-hour Shelter Care Hearing and provide a Qualified Expert Witness no later than the 30-day

hearing. The policy revision has been completed and formal consultation has been scheduled for July 2023.

The tribes also participate in ongoing meetings between DCYF and the Alliance to discuss necessary changes to the existing ICW Trainings to align with the new policy. Some tribes have offered to co-train with the Alliance when the new curriculum is complete. Tribes also have offered and provided training to DCYF staff for Memoranda of Agreements (MOA) and Active Efforts.

In 2021, DCYF reviewed the Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panels (CRPs) with the tribes at the ICW Sub-Committee meetings and the tribes appointed a tribal representative to participate in one of the three existing CRP panels. The ICW Subcommittee would like to continue to use the ICW Sub-Committee as the CRP Panel.

Washington Federally Recognized Tribes	
Tribe	Tribal Staff
Confederated Tribes of the Chehalis Reservation	Frances Pickernell
Confederated Tribes of the Colville Reservation	Buffy Nicholson
Cowlitz Indian Tribe	Joni Williams
Hoh Tribe	
Jamestown S'Klallam Tribe	Liz Mueller
Kalispel Tribe	
Lower Elwha Klallam Tribe	
Lummi Nation	
Makah Nation	Cheryl Clark
Muckleshoot Tribe	
Nisqually Tribe	
Nooksack Tribe	Megan Cooper
Port Gamble S'Klallam Tribe	Cheryl Miller
Puyallup Tribe	
Quileute Nation	
Quinault Nation	Amelia DeLaCruz
Samish Nation	
Sauk-Suiattle Tribe	
Shoalwater Bay Tribe	
Skokomish Tribe	Amber Hanson
Snoqualmie Tribe	Lonzell Maddock
Spokane Tribe	
Squaxin Island Tribe	
Stillaguamish Tribe	
Suquamish Tribe	
Swinomish Tribe	
Tulalip Tribe	

Upper Skagit Tribe	
Yakama Nation	

The APSR will be provided electronically to all tribes and a link to the report will be placed on the DCYF Tribal Relations internet page.

DCYF offers all the tribes an opportunity to enter into a Memorandum of Agreement (MOA). The MOA clearly defines roles and responsibilities for DCYF and the tribes. DCYF has MOAs with 14 tribes and is currently working to complete MOAs with several other tribes. DCYF has hired a deputy legal officer that will help review draft MOAs and shorten the time for approval. DCYF continues to offer all the tribes an opportunity to enter an MOA and to update current MOAs. DCYF provides an MOA template to the tribes to start the conversation. DCYF and the tribes have started the process to update the existing MOA Template and will update the template after the policy and procedure revision work is complete. The MOA, when finished, will outline how DCYF and the tribes work together in all DCYF programs including Intake, CPS Investigation, CFWS and Licensing. The MOA will also include language on how DCYF can support the tribes when a case is in tribal court, or the tribe is providing case management to the family.

DCYF maintains a list updated by each tribe as to who from the tribe needs to be contacted when a new abuse or neglect intake is received. DCYF continues to maintain and update tribal contact lists for Intake and After Hours.

When requested by a Washington State federally recognized tribe, DCYF will approve payment for services for an <u>Indian child</u>, subject to the same eligibility standards and rates of support applicable to other children for whom the department purchases care (RCW 74.13.031). DCYF offers each tribe an ICW contract to help strengthen their social service departments.

ICWA Compliance
- The regions completed local ICW Case Reviews with the tribes in their region as agreed upon through the 10.03 plans. Due to COVID-19 pandemic meeting restrictions and guidelines the regional reviews were put on hold These reviews have resumed in some offices through Zoom or other virtual platforms. In 2022/2023 local office ICW Case Reviews occurred more regularly as COVID-19 restrictions lifted.
- DCYF and the tribes develop Action Plans based on the Statewide case review results to address areas of need. These plans are on-going and continue to be implemented including the creation of ICW flow charts and tip sheets for caseworkers to reference.
- DCYF continues to meet with the tribes to develop and update the 1.0.03 plans. A new suggested section of these plans is space for the tribe to provide a contact name and number/email for DCYF to use when a Qualified Expert Witness (QEW) is needed.

- DCYF will begin planning in collaboration with the tribes the next statewide ICW Case Reviews.
- DCYF is planning to work with the tribes in the fall of 2023 to complete a statewide ICW Case Review. DCYF is in the process of hiring an ICW Compliance Manager that will help support the ICW Case Reviews.
- DCYF partners with the tribes to develop ICW training and all DCYF trainings are offered to tribal partners. DCYF is currently offering (QEW) Training to both tribal and state staff.
- The tribes have been invited to participate in the development of DCYF's strategic plan and there are two tribal representatives' slots on the DCYF Oversight Board. There is currently one tribal representative, however, DCYF, in partnership with the tribes, are actively recruiting a tribal representative to fill the vacancy on the oversight board.
- Each region within DCYF is in the process of hiring Active Effort Specialists to assist caseworkers when necessary.

Planned Activities for Next Review Period

- Local Indian Child Welfare Advisory Committee (LICWAC) - The Regional ICW consultants will provide LICWAC training for DCYF staff and LICWAC members, as identified in the 10.03 plans. LICWAC trainings are on-going throughout the state and one regional consultant also presented to a statewide Court Appointed Special Advocates (CASA) conference.
- The Office of Tribal Relations received funding to hire a QEW Coordinator, ICW Compliance Manager, LICWAC Program Manager, Child Welfare Specialist and 2-3 Active Effort Specialists.
- DCYF has completed the ICW policy and procedure revision in collaboration with the tribes. As part of DCYF Consultation policy, the agency has scheduled 2 roundtable meetings with the tribes to go over the policy changes and answer any questions. Formal Consultation with tribal leaders has been scheduled for July 2023 and DCYF looks forward to answering any remaining questions and reaching consensus on the revisions.
- DCYF will work with the tribes to plan a statewide ICW Case Review in the fall of 2023. This includes updating the Case Review Tool and providing training on how to use the tool when reviewing cases. This review will be completed with both DCYF and tribal workers and the results will be shared with the tribes.
- DCYF has started scheduling meeting with tribes to discuss service and contract needs. This will start at the regional level with the goal of meeting with all the tribes to assess what services are needed throughout the state.
- DCYF is contracting with Kauffman & Associates to conduct a Cultural Services Landscape Analysis. This contract will assist DCYF with increasing culturally relevant contracts with tribes. The landscape analysis will focus on gaining understanding of the

current reality of services provided and how these meet legislative requirements for cultural alignment. The landscape analysis will aid in understanding the strengths, resources, and needs of specified populations of children, youth, and families served by DCYF Child Welfare Services in Washington state, including: 1) American Indians/ Alaska Natives (AI/AN); 2) Asian American and Native Hawaiian/Pacific Islander (AANHPI), 3) Black and African American, 4) Hispanic and Latino, 5) immigrants and refugees, as well as 6) non-English primary language/American Sign Language (ASL)/Sign language/limited English proficiency (LEP)/families using interpretive services.

- DCYF will collaborate with LICWACs throughout the state to arrange regional and statewide listening sessions to help build more consistency in these staffings. LICWAC policy has been revised several times and some LICWAC teams are using outdated policy. DCYF will use listening sessions to bring awareness to all teams of current policy.
- DCYF contracted with the National Indian Child Welfare Association (NICWA) for three statewide train the trainer Positive Indian Parenting. One training on the east and west side of the state as well as one virtual have been scheduled.
- DCYF will work with the Alliance and tribes to develop new training based on policy and procedure revisions.
- Trainings
  - The Alliance will continue to coordinate and assist in access to training for tribal staff and caregivers. Additionally, the Alliance has been invited to participate in any ICW case review process. The Alliance also provides Native American Inquiry Request (NAIR) referral training to all regions.
  - Members of the Office of Tribal Relations and regional DCYF staff attended the (NICWA) conference in 2023. Nearly 40 DCYF staff attended and DCYF hosted a Washington State Meet & Greet at the NICWA conference so tribes, court partners, and DCYF could get to know each other.
  - DCYF sponsored 10 tribal caseworker registrations and lodging for DCYF's annual Children's Justice Conference, held in Tacoma.
  - To ensure tribal staff is aware of all DCYF training opportunities and provided information to enroll and attend, notification will occur at 10.03 meetings, advisory meetings, postings on the Office of Tribal Relations website and newsletter and direct communication from the Alliance of available trainings. DCYF's Office of Tribal Relations also will provide training to staff on the 10.03/Consultation Policy.
- The Adoption and Foster Care Analysis and Reporting System (AFCARS)
  - DCYF will collaborate with the tribes around implementation of proposed changes to AFCARS at DCYF ICW Subcommittee Meetings. Discussions around the changes have been ongoing and all changes will be reported to the tribes at the ICW Subcommittee Meetings.

- ICWA Summits
  - In the fall of 2023, DCYF will host the Indigenous Children, Youth and Family Conference.
  - ICW consultants located in each region continue to provide technical support, training, and coordination of tribal meetings, etc.
- Title IV-E Outreach
  - DCYF continues to have meetings with any tribe that would like to discuss IVE options. The DCYF IVE Program Manager presents about IVE at monthly ICW Sub-Committee Meetings. DCYF has arranged a meeting between Casey Family Programs, NICWA, Region X and IVE department to discuss options on how DCYF can get more tribal IVE agreements. This meeting was scheduled at the request of the tribes.
  - When a tribe requests information, the headquarters Title IV-E team arranges to meet the tribe, provides information and answers questions. There is a PowerPoint presentation used at the initial meetings with tribes that contains information about Title IV-E.
- Tribal Consultation
  - DCYF will consult and collaborate with tribes to review the ICW policy & procedures. DCYF anticipates having a formal Consultation with all the tribes when the work is complete. Round tables will take place on May 31 and June 14, 2023, with the formal Consultation scheduled for July 20, 2023.

COVID-19 Impacts

The COVID-19 pandemic has continued to impact the number of meetings between DCYF and the tribes, especially meeting in person as DCYF has only been able to have meetings via a virtual platform. The tribes have reported that virtual meetings have made it easier to attend meetings as travel is not necessary. COVID-19 restrictions have lifted in Washington State; however, some meetings will continue to be virtual as this allows for more participation. DCYF will schedule in person meetings when requested by a tribe.

Updates to Targeted Plans within the 2020 – 2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan
Refer to attached plan.

Health Care Oversight and Coordination Plan
Refer to attached plan.

Disaster Plan

The Emergency Operations Plan describes immediate actions to take in response to an emergency event generally lasting 24 to 72 hours. A Continuity of Operations Plan provides additional guidance regarding actions to take when the disruption lasts more than 72 hours. Another difference between an Emergency Operations Plan and Continuity of Operations Plan is the Emergency Operations Plan combine the response actions of all DCYF occupants at a given location while a Continuity of Operations Plan is specific to the DCYF agency-wide event.

Since 2021, the state has been affected by wildfires, with minimal response needs for the agency. DCYF assured that workplaces that were closer to wildfires had an evacuation plan in place and had air filtering equipment. Staff were reminded about wearing an N95 mask outdoors based on the requirements of the Wildfire Smoke plans.

DCYF experienced a few incidents where there were localized power outages, ice/snow events, water damage and an inoperable sewer system. All of these were handled primarily locally, and the Emergency Communications plan was activated. The Employee Hotline was used and coordinating phone calls took place when necessary.

The basic concepts in the Disaster Plan were used in response to COVID-19, especially in the beginning of the pandemic. An Emergency Coordination Center was established, which eventually went virtual and became integrated into other existing calls and meeting agendas. This type of emergency has shown some areas that need to be adjusted in the emergency operations plan. A new staff is being hired in 2023 and will develop the needed updates. This will include updating processes, communications plans and leadership responsibilities.

No changes were made since submission of the plan with last year's report. Refer to attached plan.

Training Plan
Refer to attached plan.

Statistical and Supporting Information
CAPTA Annual State Data Report Items
Information on Child Protective Workforce
Number of families that received differential response as a preventative service during the year.

Number of CPS Intakes Screened-In for Family Assessment Response	
Calendar Year	Number

Original Date: June 30, 2023 | Revised Date: August 21, 2023
Partnership, Prevention, and Services | Approved for distribution by Roxanne Cates, Performance Improvement & Federal Reporting Manager

365

CY2019	21,452
CY2020	16,474
CY2021	18,427
CY2022	19,917
Data Source: FAR & Investigation Intake Detail, infoFamLink, CY2019, CY2020, CY2021 & CY2022	

Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. DCYF uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

Family Assessment/Investigation (CPS) – Average Caseload						
	CPS Investigations Standard: 12-15 Families			CPS FAR Standard: 12-15 Families		
Month	CPS-Inv Cases	CPS-Inv Worker %	CPS-Inv Ratio	CPS-FAR Cases	CPS-FAR Worker %	CPS-FAR Ratio
Jan-22	3,602.6	199.7	18.0	2,992.6	173.5	17.2
Feb-22	3,578.0	202.2	17.7	2,948.5	175.8	16.8
Mar-22	3,595.1	195.4	18.4	3,364.2	183.0	18.4
Apr-22	3,802.0	197.9	19.2	3,713.3	195.7	19.0
May-22	3,788.2	207.4	18.3	3,499.0	189.8	18.4
Jun-22	3,930.4	201.2	19.5	3,672.1	195.2	18.8
Jul-22	3,746.4	197.2	19.0	3,557.1	184.3	19.3
Aug-22	3,505.0	203.0	17.3	3,096.3	180.1	17.2
Sep-22	3,423.8	206.3	16.6	2,787.6	177.7	15.7
Oct-22	3,495.3	206.4	16.9	2,893.3	186.3	15.5
Nov-22	3,683.4	201.6	18.3	3,356.5	192.1	17.5
Dec-22	3,647.1	200.1	18.2	3,296.8	190.1	17.3
Data Source: Workload FTE Summary, infoFamLink, reports as of the 3rd of the respective month reported; pulled 03/14/2023						

Information on the education, qualification, and training requirements established by the State for child protective service personnel, data on the education, qualifications, and training of personnel, and demographic information of personnel (sections 106(d)(10)(A-C)).

Original Date: June 30, 2023 | Revised Date: August 21, 2023
Partnership, Prevention, and Services | Approved for distribution by Roxanne Cates,
Performance Improvement & Federal Reporting Manager

Data for education, qualifications, and demographic information of personnel is included below.

DCYF Child Welfare CPS Workforce								
	CY2019		CY2020		CY2021		CY2022	
	Personnel		Personnel		Personnel		Personnel	
Race/Ethnicity	Number	Percent	Number	Percent	Number	Percent	Number	Percent
American Indian/Alaskan	9	1.97%	11	2.14%	10	2.25%	5	1.17%
Asian or Pacific Islander	24	5.26%	26	5.05%	14	3.13%	21	4.94%
Black/Not Hispanic Origin	33	7.24%	37	7.18%	39	8.72%	45	10.59%
Hispanic	33	7.24%	38	7.38%	43	9.62%	62	14.59%
White/Not Hispanic Origin	127	27.85%	163	31.65%	163	36.46%	190	44.71%
Unknown	230	50.44%	240	46.60%	178	39.82%	102	24.00%
Total	456	100.00%	515	100.00%	447	100.00%	425	100.00%
Gender	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Female	343	75.22%	389	75.53%	344	76.96%	353	83.06%
Male	113	24.78%	126	24.47%	103	23.04%	72	16.94%
Total	456	100.00%	515	100.00%	447	100.00%	425	100.00%
Age	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under 35 Years Old	141	30.92%	160	31.07%	178	39.82%	169	39.76%
35 - 45 Years Old	148	32.46%	156	30.29%	134	29.98%	133	31.29%
46 - 60 Years Old	120	26.32%	141	27.38%	123	27.52%	105	24.71%
Over 60 Years Old	47	10.31%	58	11.26%	12	2.68%	18	4.24%
Total	456	100.00%	515	100.00%	447	100.00%	425	100.00%
Education	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Voc. or Bus. School	1	0.22%	1	0.19%	0	0.00%	1	0.24%
Less Than HS Grad	3	0.66%	2	0.39%	3	0.67%	0	0.00%
High School or GED	1	0.22%	1	0.19%	1	0.16%	3	71.00%
Some College-2Qtrs+	13	2.85%	15	2.91%	12	2.68%	13	3.06%
AA Degree	4	0.88%	7	1.36%	7	1.57%	9	2.12%
College Grad 4-Yr Degree	242	53.07%	281	54.56%	272	60.85%	230	54.11%
Some Grad Work	28	6.14%	35	6.80%	19	4.25%	11	2.59%
MA/MS/MSW Degree	-	-	-	-	-	-	-	-
Other Masters Degree	156*	34.21%	166*	32.23%	126*	28.19%	95	22.35%
PHD, LLD, MD, JD	2	0.44%	2	0.39%	2	0.44%	2	0.47%
Unknown	6	1.32%	5	0.70%	5	1.19%	61	14.35%
Total	456	100.00%	515	100%	447	100.00%	425	100.00%

Information on the education, qualifications, and training requirements established by the state for child protective service personnel is outlined below.

Social Service Specialist Series Required Education, Experience, Skills and Abilities				
Social Service Specialist 1	Social Service Specialist 2	Social Service Specialist 3	Social Service Specialist 4	Social Service Specialist 5
A Bachelor's degree or higher in social services, human services, behavioral sciences, criminal law/justice, or an allied field. Equivalent education/experience. Note: Employees must successfully complete the formal training	Twelve months as a Social Service Specialist 1; AND Completion of the agency's Social Service Specialist training program. OR A Master's degree in social services, human services, behavioral	One year as a Social Service Specialist 2. OR A Master's degree in social services, human services, behavioral sciences, or an allied field, and two years paid social service experience equivalent to a	One year of experience as a Social Services Specialist 3 OR Three years of experience as a Social Services Specialist 2 OR A Master's degree in social services, criminal law/justice	One year of experience as a Social Service Specialist 4. OR Two years of experience as a Social Service Specialist 3. OR Four years of experience as a

course sponsored by their division within eighteen months of their appointment.	sciences, criminal law/justice or an allied field, and one year as a Social Service Specialist 1 or equivalent paid social service experience. OR A Bachelor's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field, and two years of paid social service experience performing functions equivalent to a Social Service Specialist 1. Note: A two-year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience. Note: Employees must successfully complete the formal training course within one year of their appointment.	Social Service Specialist. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and three years paid social service experience performing functions equivalent as a Social Service Specialist 2. NOTE: A two-year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience. NOTE: Employee's must successfully complete the formal training course sponsored by the division within one year of their appointment.	or an allied field and two years of paid social service experience equivalent to a Social Service Specialist 2 OR A Bachelor's degree in social services, criminal law/justice or an allied field and four year of experience equivalent to a Social Services Specialist 2 NOTE: A two-year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience. NOTE: Employee's must successfully complete the formal training course sponsored by the division within one year of their appointment.	Social Service Specialist 2. OR A Master's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field and four years of paid social service experience equivalent to a Social Service Specialist 2. OR A Bachelor's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field, and six years of paid social service experience performing functions equivalent to a Social Service Specialist 2. NOTE: A two-year Master's degree in one of the above fields that included a practicum may be substituted for one year of paid social service experience. NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.

The number of children referred to CPS under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d) (15)).

Number of Children Referred to CPS With Substance Exposure Evidence at Birth	
Calendar Year	Number
CY2019	827
CY2020	853
CY2021	875
CY2022	801
Data Source: FamLink intake data – screened in CPS and CPS-Risk Only intakes where the substance exposed check box is checked for an infant participant	

The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16)).

Children 3 and Under with A Founded Abuse/Neglect Finding with Documented Referral to the ESIT Program	
Calendar Year	Number
CY2019	308
CY2020	168
CY2021	199
CY2022	200
Data Source: OIAA, FamLink, education_referral type: Early Support for Infants and Toddlers Program	

Juvenile Justice Transfers

DCYF gathers data from the FamLink SACWIS System on children who are incarcerated in JR during the year. The current reporting includes youth in DCYF care and custody that experience one or more placement events at one or more of the JR facilities including what are defined as the community settings (from JR – "There are 11 state run facilities. 3 institutions and 8 community facilities.").

Juvenile Justice Transfers						
	CY2022					
	Female		Male			Total Number
Race	12 – 15 Years Old	16 – 18 Years Old	10 – 12 Years Old	13 -15 Years Old	16 – 18 Years Old	
American Indian/Alaskan Native	0	1	0	2	3	6
Asian	0	0	0	0	0	0
Black/African American	0	0	0	0	3	3
Multi	0	0	0	0	0	0

Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0
Unable to determine	0	0	0	0	0	0
White/Caucasian	0	1	0	1	6	8
Total	0	2	0	3	12	17

Source: DCYF FamLink; Includes any youth in an open episode for any length of stay during CY2022, who were placed into a state regulated DCYF/JR facility while in out of home care anytime during CY2022. Includes placements in any of the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, SUNRISE STATE COMMUNITY FACILITY, RIDGEVIEW STATE COMMUNITY FACILITY, CANYON VIEW STATE COMMUNITY FACILITY, TWIN RIVERS STATE COMMUNITY FACILITY, PARKE CREEK STATE COMMUNITY FACILITY, WOODINVILLE STATE COMMUNITY FACILITY, OAKRIDGE STATE COMMUNITY FACILITY, TOUCHSTONE STATE COMMUNITY FACILITY

Education and Training Vouchers (ETV)
Refer to Attachment C – Washington State ETV Chart.

Inter-Country Adoptions
See Services for Children Adopted from Other Countries section.

Monthly Caseworker Visit Data
FY 2022 data will be reported by December 15, 2023, as required in ACYF-CB-PI-12-01.

Financial Information

Title IV-B Subpart 1
- Washington State expenditures of Title IV-B subpart 1 funds in federal fiscal year 2005 for childcare, foster care maintenance, and adoption assistance payments was $0 and DCYF will not be expending any of these funds in these areas in federal fiscal year 2023.
- The amount of non-federal funds expended by Washington State for foster care maintenance payments that may be used as match for Title IV-B subpart 1 award in federal fiscal year 2005 was $0 and DCYF will not be expending any of these funds in these areas in federal fiscal year 2023.

Title IV-B Subpart 2
The 1992 base year amount was $24.257M.

- The state and local share expenditure amounts for Title IV-B subpart 2 for federal fiscal year 2020 was $26 Million.
- Washington State does not plan to revise the use of Title IV-B subpart 2 funds based on the amendment to
- P.L. 112-34.

Title IV-B Subpart 2 Services: Examples of Key Service Providers	
Family Preservation (30% of grant)	DCYF contracts with providers throughout Washington State for Family Preservation Services (FPS). Key services include: Parent Child Interaction Therapy (PCIT) Intensive Family Preservation Services (IFPS)/ HomeBuilders Incredible Years Positive Parenting Program - Triple P
Family Support Services (20% of grant)	DCYF contracts with providers for Parent Education and Support in communities throughout Washington State.
Family Reunification Services (20% of grant)	DCYF contracts with providers for family reunification services throughout Washington State. Key services include: Family Preservation Services Parent Child Interaction Therapy Evaluations and Treatment
Adoption Promotion Supports and Services (20% of grant)	Qualified providers in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the neediest and difficult to adopt. Adoption services are provided by adoption caseworkers who facilitate adoptions and perform home studies, as well as, Adoption Support program staff who negotiate adoption support agreements, and provide case management for about 18,000 children and families.
Administrative (10% of grant)	Title IVB-2 is allocated its share of indirect administrative costs through the approved Public Administration Cost Allocation Plan (PACAP), some of these costs include salaries, benefits, goods, and services.

Attachments

Attachment A – Child Abuse Prevention and Treatment Act Report and Citizen Review Panel Reports

Attachment B – CFS-101 Forms (Excel and PDF)

Attachment C – Washington State ETV Chart

Attachment D - Washington State Foster and Adoptive Parent Diligent Recruitment Plan

Attachment E – Washington State Health Care Oversight and Coordination Plan

Attachment F – Washington State FY2022 Training Plan

Attachment G – DCYF Emergency Operations Plan

Attachment H – Acronyms and Abbreviations

Attachment A – Child Abuse Prevention and Treatment Act Report and Citizen Review Panel Reports

Child Abuse Prevention and Treatment Act (CAPTA) Report – 2022
The point of contact for the CAPTA and CRP is:

Amy Bustamante, CAPTA Grant Manager Address: Department of Children, Youth and Families

1115 Washington Street SE/PO BOX 45710

Olympia, WA 98504-5710

 (360) 791-5894

amy.bustamante@dcyf.wa.gov

Use of State Grant Funds
DCYF provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), Family Voluntary Services (FVS) or Family Reconciliation Services (FRS) to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- Six regional CPS safety related positions including Quality Practice/Safety Specialists and Administrators to help coordinate CPS services and program design. This funding contributes salaries to each of these positions.
- Three Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high-risk cases. Funding includes salary and benefits.
- One CAPTA statewide manager who will support all three Citizen Review Panels (CRP) and grant management. The grant will also pay for members of CRP to attend the yearly CRP conference.
- One Intake Program Manager to oversee policies and practices, legislative analysis around policy, training staff and supervisors, and to analyze data gathered across the state in relation to the Intake Program.
- Support the Citizen Review Panels in-person meetings during the spring and fall.
- Support Plan of Safe Care Partners Parent Trust and Help Me Grow.
- Support of accredited Community Advocacy Center (CAC).
- Trauma training.
- The development of a new integrated Family Practice Model.

CAPTA Services
- Regional Quality Practice Specialists, CPS Program Managers and Safety Administrators

The regional Quality Practice Specialists (QPS), CPS program managers and Safety Administrators continue to support intake, assessment, screening, and investigation of reports of abuse and neglect through:

o Training their regional staff and community partners.
o Representation on statewide project teams regarding CPS and intake time frames, functions and screening and assessment tools.
o Consultation and consensus building at the regional and statewide level.
o Coordination of regional community-based child protection teams.
o Participation in local child fatality reviews.
o Coordination of regional services for low-risk families.

- Critical Incident Case Review Specialists
The Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high-risk cases. These cases involve child fatalities, near fatalities, other critical incidents, high risk, high profile, complex cases, or tort cases.

- CAPTA Grant Program Manager
The CAPTA Grant Program Manager position provides support and facilitation of the three Citizen Review Panels and subcommittees of the CRPs. The position provides support of grant funding and provides support to other programs that use CAPTA Grant funds.

- Intake Program Manager
The Intake Program Manager position implements and manages policies and tools that provide the framework of the Intake Program. The position leads work to build consistency across all regions and offices regarding screening of intake types, responses to child abuse or neglect, as well as the assessment of data.
o Support the Plan of Safe Care community prevention pathways by investing in both Parent Trust and Help Me Grow.
o Support of accredited CACs who lost funding during the pandemic and were likely to lose needed staff to function and provide services to children who had been abused or neglected. CACs are an integral part of the investigation, treatment, and prosecution of child abuse cases across the state.
o Support the Northwest Children's Healing Centered and Trauma Forum. This sponsorship was provided to support staff attendance and training on the impact of trauma on children.
o Implementation of a new Family Practice Model that has been developed through an in-depth stakeholder process with the assistance of Chapin Hall.

CAPTA Goals

DCYFs Child Abuse Prevention and Treatment Act (CAPTA) underpinning goal is to eliminate disproportionality by creating and revising all systems through a racial equity lens. By raising the most vulnerable, all rise. DCYF must work with families from a strength-based perspective, letting them lead as they are the experts of their own lives. Comprehensive assessments will be used to combat bias and help the agency understand the family dynamic from an objective perspective. Families will have the relevant resources they need to strengthen protective factors to safely care for their children, addressing disproportionality throughout child welfare, decreasing removals and ultimately thrive.

Goals for CY2023/CY2024

- Continue the work to expand service array in preparation of the implementation of FFPSA in working towards eliminating disproportionality by always keeping the racial equity lens at the forefront; creating and supporting preventative systems to address disparities and support families.
- Continue development of Motivational Interviewing Curriculum with Alliance with goal for Alliance to assume training from vendor by spring of 2024.
- Funding streams for home visiting programs are being analyzed to determine how prevention plan candidates can be served by home visiting EBPs in Washington's Prevention Plan.
- DCYF will be piloting culturally responsive prevention programs provided by Native American tribes and Recognized American Indian Organizations (RAIOs) to reduce entries-into-care among Native children. Development of a request for proposals for culturally relevant prevention service provision to African American families will be forthcoming. Fellows associated with the Harvard Performance Lab continue to support this work.
- Decrease out-of-home care and repeat maltreatment by increasing preventative services and service delivery, in CPS-investigation, CPS-FAR, and Family Voluntary Services. This will be supported through the implementation of motivational interviewing, along with targeted expansion of preventative services as part of FFPSA.
- Continue ongoing sustainability of engagement by designating Engagement Regional Leads to ensure that engagement continues to be prioritized. This includes monthly meetings with the Engagement Program Manager and work to improve engagement through trainings, coaching, and resources.
- Continue Phase 2 development of an integrated Family Practice Model that will organize the values and principles of casework while supporting caseworkers in this work. The core values include inclusion, respect, integrity, compassion, and transparency. Phase 2 of development will clarify practice standards through Family Practice Profiles (FPP) organized by service areas that cover all case activities from intake to transitions out of the system. The goal of an FPP is to operationalize DCYF values by describing the

behaviors that embody DCYF values when workers interact with families. The FPPs also provide streamlined access to all information related to steps within a service area to support workers. The FPPs will help staff build skills and it also aligns with supervisor training in Motivational Interviewing and Learner Centered Coaching.

- Continue to strengthen the Citizen Review Panel (CRP) system by supporting the Prevention, Investigation, and Family Services CRP and the Racial Equity and Impact CRP as they develop their areas of focus and begin their work to improve the child welfare system in Washington State. Continue to build a better recommendation and feedback loop that respects the time and stakeholder input that is received.

- Continue to bring the Plan of Safe Care (POSC) community-based prevention pathway to scale statewide through engagement and training with hospitals, cross-system collaboration, and sustaining a robust provider and community network supporting families experiencing perinatal substance use.

- Continue to maintain a contract with WithinReach who manages the statewide Help Me Grow System, and within which, the POSC community-based pathway.

- Develop a plan for analyzing and reporting POSC data collected through the online referral portal:
  - Race/ethnicity of newborn and birthing parent.
  - Zip code.
  - Birthing parent's age.
  - Type of substance exposure.
  - Screening information for the newborn and birthing parent.

- The POSC Implementation team met in March 2023 and identified the following goals to work toward or explore in the coming year:
  - Relaunch the Oversight Committee with and expanded membership list.
  - Integrate People with lived experience into committee structure.
  - Develop a mission statement to guide all committees.
  - Work with DCYF OIAA to incorporate POSC elements into the DCYF Prevention Dashboard.
  - Develop a dashboard focused on only POSC outcomes.
  - Develop tools for healthcare providers to better assess safety concerns. Redesign online referral portal to include new risk screening tool.
  - Develop a policy template for hospitals to address prenatal exposure at birth.
  - Increase hospital use of the POSC online referral portal.
  - Develop clear pathways from providers to Help Me Grow.
  - Increase client responses to Help Me Grow reach outs.
  - Develop a tiered approach to POSC implementation based on client need.
  - Develop marketing plan for Help Me Grow pathways.

- o Continue to enhance the general child protective system through evaluation, development, improvement and reinforced use of risk and safety assessment tools and protocols.
- Improve trainings and work around safety and risk. These include:
  - o Continue expansion and work around Safety Bootcamp.
  - o Work with community and stakeholder groups to gather feedback on Safety Framework.
  - o Partner with court stakeholders to collaborate and improve family well-being.
- Improve overall practice when domestic violence is indicated in a child welfare case.
- Improve data integrity in tracking domestic violence as a risk factor, Child Safety Program Manager will request an ad hoc and a targeted case review to identify cases CY2017-2021 in which domestic violence is indicated in one or more of the following:
  - o Intake
  - o SDM-RA
  - o Safety Assessment
- Increased retention of staff.
- Continue sustainability efforts to support best practice in Shared Planning Meetings statewide under the Permanency from Day 1 (PFD1) Grant.

American Rescue Plan Act Funds

DCYF developed a budget and plan for use of the American Rescue Plan Act funds with internal and external stakeholders' input regarding use of the funding. Planning and coordination work occurred to ensure DCYF is maximizing support by coordinating CAPTA with Community-Based Child Abuse Prevention (CBCAP) fund planning. The following narrative details the use of this funding.

Expansion of Parent Trust

Parent Trust for Washington Children is a contracted DCYF service with the mission of creating lasting change and hope for the future by promoting safe, healthy families and communities. With the expansion, Parent Trust for Washington Children has been able to provide the following programs and resources to families in all counties in Washington:

- Family Help Line and Support Services – includes a toll-free family help line and web-based/social media resources for parents/caregivers always have immediate access to. Support services also include parent education resources and one-on-one coaching to reduce risk factors associated with child abuse/neglect. July-December 2022 saw a total of 19,807 total contacts. Data from these contacts indicates 98-100% satisfaction rates with the resources: decreasing stress; increasing family management and positive parenting skills; increasing confidence to improve

communication/interactions with family members; increasing knowledge of available resources; and increasing confidence to self-advocate for their family.

- Parent Education and Support Services – Circle of Parents/Families in Recovery Support Groups, which served 148 parents. July-December 2022 outcome evaluation results indicate: 77% of participants increased their family management skills; 70% of participants increased the nurturing/healthy relationships in their family; and 72% of participants increased their social support network.

- Child and Teen Services:
    - Family Wellness Developmental Screenings – 125 ASQ developmental screens completed.
    - Stress Management and Relaxation Training (SMART) Program – 50 adolescents served. Outcome evaluation results indicate: 70% of teens increased their understanding of unhealthy coping strategies; 76% of teens increased their understanding of positive ways to manage stress; and 62% of teens increased their understanding of healthy social support.

- Expectant and New Parent Services:
    - Conscious Fathering Program – 440 expectant fathers served. Outcome evaluation results indicate 95% of fathers increased confidence and knowledge to calm a crying baby, and 96% of fathers increased their confidence in their overall skills as a father.
    - Great Starts Program – 1,443 new and expectant parents served. Outcome evaluation results indicate 99% of parents increased their knowledge of age-appropriate developmental expectations and 94% of parents increased their knowledge of strategies to foster secure attachment and nurturing relationships.
    - Family Wellness Postpartum Depression Screening – 24 new parents were screened for postpartum depression.

Parent FOCUS (Family Outreach, Connections and Unconditional Support)
DCYF has funded a proof-of-concept program in the Aberdeen and Spokane areas named Parent FOCUS (Family Outreach, Connections and Unconditional Support). The program provides parent mentorship from parents with lived experience to mentor parents who have a CPS Investigation, CPS-FAR or FVS case open. The program is provided to parents with repeated allegation of neglect whose children remain in the home. The proof of concept is to determine if this strategy will reduce recidivism of child abuse and neglect and to safely prevent out-of-home placement.

The contract was awarded to AMARA, who has a long and respected history of working with children and families since 1921. The contract went into effect on July 1, 2022, with

a six-month planning phase. During this initial planning phase, the following was completed:

- Established advisor counsel.
- Hired staff.
- Staff completed an extensive training plan that include motivational interviewing.
- Community resources were identified and engaged.
- Multiple stakeholder focus groups were held community resources were identified.
- Finalization of the program design, evaluation plan, data collection methods, referral mechanism, and client inclusionary and exclusionary criteria.
- Program materials were developed.
- Accounting processes were established.
- Program promotion was initiated.

In January 2023, the contract was amended as the program was implemented. As of April 14, 2023, twelve families have been offered the program with ten families participating at varying levels. As expected, it took some time to begin receiving consistent referrals from caseworkers. Caseworkers are currently reporting more positive interactions with these families due the program, but it is too early to provide any trends or findings.

Fathers Matter Engagement, Materials and Support

Funds were used in an activity to promote public information and education that focus on the engagement of fathers in parenting their children. Funds will also be used in the development and distribution of fathers matter materials and materials that directly relate to the barriers that fathers face.

Expansion of Plan of Safe Care through Help Me Grow

Help Me Grow supports families with children 0-5 to connect to health and development resources. In late 2021 a Mental-Behavioral Health team was established to provide coordinated-access community-based navigation for the Plan of Safe Care (POSC) community-based pathway. Additionally, funds were used to build an online referral portal for birthing hospitals. The referral portal collects population-level data for instances of prenatal substance exposure and uses a simple algorithm to help determine if the community-based POSC pathway is an appropriate referral, or if a call to DCYF Intake to screen for child welfare intervention is required. This work is supported by a cross-system statewide implementation with representation from DCYF, Department of Health, Health Care Authority, Washington State Hospital Association, and WithinReach, the private agency managing Washington's statewide Help Me Grow system.

Statewide implementation is ongoing, current efforts are focused on training birthing hospitals to use the online referral portal. Current participation is reflective of 29% of Washington's birthing hospitals utilizing the online referral portal and referring to the community based POSC pathway. Families referred to the community-based pathway will receive the following essential services from Help Me Grow:

Access to Improve Food Security

- SNAP (enrollment)
- WIC (enrollment)

Access to Pediatric Medical Care for Infants & Toddlers

- Medicaid and qualified subsidized health plans (enrollment & referral)
- Medicaid/Children's Health Insurance Plan (CHIP) (enrollment)

Family Stability Supports

- Paid Family Medical Leave (referral)
- TANF (referral)
- Infant care supplies (e.g., diaper bank)
- **Snohomish, Pierce, & King Co only:** Orca Lift (enrollment)
- PPMD (referral)
- SUD programs and resources (referral)

Access to Child Development Supports

- Ages & Stages (ASQ) (screening)
- Home visiting programs (referral)
- Early Support for Infants and Toddlers (ESIT) (referral)
- Early intervention (Part C) (referral)
- Preschool Special Education (Part B) (referral)
- Children and Youth with Special Needs (CYSHCNs) (referral)
- Early ECEAP (referral)

Lived Experience Expert Stipend Reimbursement
DCYF contracted with community partner, First Five Fundamentals, to reduce barriers and provide stipends for individuals with lived experience that participate in Citizen Review Panel meetings and Mandatory Reporting workgroups.

Mandatory Reporting Campaign
Update the mandated reporting video, documents, and resources, including the video illustrating disproportionality in the child welfare system. Develop, in partnership with community partners and stakeholders, a communication campaign that will focus on encouraging communities to notice signs of stress amongst one another, normalizing family stress and encouraging families to seek support, educating the broader

community about supportive resources, and providing information about recognizing and reporting suspected child abuse or neglect. The campaign will assist in getting this information out to the community to assure they are aware of these resources. A robust workgroup consisting of agency partners, community stakeholders, and individuals with lived experience formed in June 2022 and began working on the development of a Charter to guide the work of updating the video, eLearnings, and print materials accessed by Mandatory Reporters. DCYF will actively pursue contracting with a Washington-based minority and/or femme owned video production company. The mission of the workgroup is to ensure these materials are grounded in racial equity, with focus on the role Mandatory Reporters play in supporting families and reducing disproportionality and disparities in child welfare. The project and deliverables will center those disproportionately impacted:

- Child welfare alumni
- Parents with lived experience
- Black families
- American Indian/Alaska Native families

The primary goal of this workgroup is to update existing and create new educational and training materials for partners in mandatory reporting (e.g., video, eLearnings, and print materials) so the children and families of Washington state can be best served by the role of mandatory reporters. Materials for mandatory reporters will be centered in the following:

- Racial Equity/Bias: materials for mandatory reporters will be centered on the experiences of families most impacted by the child welfare system. BIPOC families, especially Black and Native American families, continue to be disproportionately impacted by the child welfare system. Educational materials will focus on preventing the harm of racial inequities in the child welfare system at the time of the report and building an awareness about the impact reporting to child welfare can have on people including unintended consequences related to severed relationships for children. The workgroup places high value on the input of lived experts across all aspects of this project, but specifically related to ensuring materials for mandatory reporters increase racial equity and decrease bias in terms of reports to child welfare. This perspective will be centered in the overall messaging and content of education and materials for mandatory reporters.
- Trauma-Informed and Healing Centered: mandatory reporter materials will support mandatory reporters with an understanding of life-long impacts from

intergenerational, historical, and individual trauma, including the ways in which system-involvement can traumatize children and families. Materials will be inclusive and accessible. Education will focus on ways in which mandatory reporters can support children and families while walking along-side the family to maintain the relationship whenever possible if a report to DCYF needs to be made. Training will support decision-making around accessing community-based resources and when a call to DCYF intake is appropriate.

- Technical Support: mandatory reporter materials will clearly define the role and responsibility of a mandatory reporter, provide education on preparing a report to DCYF intake, and what to expect once a report to DCYF intake is made.

- Metrics and Data: mandatory reporting materials will include data about reports to CPS, services, and service acquisition when families are child-welfare involved, mandatory reporter data, and disproportionality.

The secondary goal of this workgroup is to meet quarterly to support the work of mandatory reporting in Washington. This includes, but is not limited to:

- Increasing strategies for consistent utilization of mandatory reporting training materials.
- Identify areas of ongoing support for mandatory reporters in their role's supporting families.
- Ongoing maintenance and updates to the DCYF website for mandatory reporters to access training materials and resources.
- Increase availability of community-based resources and tools for mandatory reporters to connect families with and provide appropriate levels of support based on need.
- Develop a CQI process to leverage a better understanding of mandatory reporting to child welfare in Washington.
- Identify metrics and data related to mandatory reporting to regularly share with stakeholders.

Grants to Community Resource Centers for Direct Concrete Goods
DCYF is supporting nine Family Resources Centers (FRCs). DCYF is utilizing CAPTA I ARPA funds to support the FRCs to provide concrete supports to families in their communities. These nine FRCs were selected by a Request for Applications (RFA) conducted in the summer of 2022. The RFA was intentionally designed to align with DCYF goals to advance equity and reduce racial and ethnic disproportionalities. It recognized that as

community-based family support organizations that reflect and are responsive to their communities, FRCs have great potential to support and build on the strengths of BIPOC families and children. The application asked applicants how they are representative of and responsive to the communities they serve. The scoring prioritized those with the highest potential to support Black and AI/AN families, since they are overrepresented in Washington's child welfare and other systems.

DCYF received approximately 50 applications. Some of the strengths of the funded applications included:

- Strong connections to their communities.
- Cultural and linguistic responsive to populations served.
- Strong diversity/equity/inclusion approach.
- Focus on DCYF priority populations.
- Responding to known/identified needs in their communities.

A majority of the funded FRCs largely serve families furthest from opportunity, including black, American Indian, Latinx and immigrant families. At least two serve families who are unhoused or at risk of homelessness. Two focus on families of children with special needs and disabilities. One focuses on expectant and new parents with imminent or active substance use disorder. Funded organizations are located around the state. Three are in Eastern Washington, one is in rural Clallam County, and five are in the Puget Sound area (see map below).

SFWA Funded FRCs
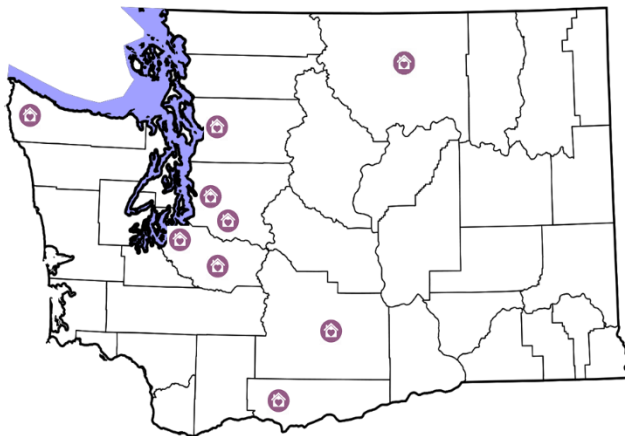
- Amara, King and Pierce Counties
- Family Works, Seattle
- First Step Family Support Center, Forks
- Multicultural Child and Family Hope Center, Tacoma
- Open Doors for Multicultural Families, Kent
- Room One, Twisp
- Washington Gorge Action Programs, Bingen
- Yakima Valley Memorial Hospital/Children's Village, Yakima
- YWCA/Homeward House, Everett

Starting in November 2022, DCYF provided each of the funded FRCs with $30,000 for the remainder of the federal fiscal year to provide concrete supports to families they work with. FRCs are using these funds to purchase and provide concrete goods to low-income families. These concrete goods address short-term needs to support family stability and safety. The concrete good provided by the FRCs include but are not limited to, grocery gift cards, public transportation passes, gasoline gift cards, baby and child supplies, housing costs, and other general household expenses.

CAPTA and Alignment with the Child and Family Services Plan (CFSP)
The following items in the Update on Plan for Enacting the State's Vision section support practice improvements for safety-related outcomes:

- Expansion of the Service Array in preparation for the implementation of FFPSA.
- Continued implementation of the Family Practice Model.
- Continued implementation of HB 1194 related to parent child visitation.
- Implementation of HB 1227 related to removal standards.
- Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.
- Safe Child Consultations provide wraparound team approach focused on guidance to caseworkers around child safety and next steps in case decisions. Consultations help to improve practice and focus on the importance of keeping children in their homes when possible. These consultations should occur at key points during a complex case or when impending danger has been identified, prior to the FTDM.
- Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.
- DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.
- In partnership with Administrative Office of the Courts (AOC), DCYF is collaborating on 6 presentations across the state regarding a Cross-System Kickoff for HB 1227, Keeping Families Together Act. In these presentations the entire judicial community (attorneys, commissioners, judges, CASA, DCYF) come together to discuss the key elements in this piece of legislation with an emphasis on exploring how and where prevention services come into play to eliminate the need for removal.
- Support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.

- Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.
- Continued expansion of an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.
- Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.

Summary of Accomplishments – CY2022/2023

- Completion of Phase 1 of the Family Practice Model. This included the development of the Family Practice Model Framework through a co-design process.
- Established methodology to develop a Family Practice Profile, prioritized service areas, and drafted practice profiles in support of the Family Practice Model move to Phase 2.
- Hired Substance Use Disorder Program Manager.
- Substance use prevention and harm reduction program that includes providing all families with substance use concerns lock boxes and rescue medication.
- Comprehensive substance use education for both clients and staff on substances including Fentanyl.
- The Safety Summit Project completed its Baseline Safety Hearing Quality Report in June of 2022 after successfully implementing a safety summit in seven different counties across the state. The Top Findings Safety Summit Data can be found here.
- Supported providers in continuing to work with and provide resources to families.
- DCYF partnered with DSHS to stop child support enforcement actions for children in foster care.
- Implementation of the Learner Centered Coaching (LCC) model to AAs and supervisors to assist them in providing support and clinical supervision for caseworkers.
- CAPTA Grant Manager began work in May of 2022. This work included reconfiguration of the Citizen Review Panels and CAPTA Grant support.
- Formation of two new Citizen Review Panels; Racial Equity and Impact CRP and the Prevention, Investigation, and Family Services CRP.
- Ongoing mandatory reporting trainings provided to the community statewide, including partnership with OSPI.
- DCYF split the Intake and Early Learning Program Manager position and hired for these two separate positions. This allows DCYF to provide more in-depth work in these specific areas and improve practice.
- In the process of developing an Intake portal for mandated reporters.
- The Child Welfare Early Learning Navigator project, which was previously a pilot through the Harvard Kennedy School Government Performance Lab and has been funded through the Preschool Development Grant has grown from the original three navigators to six navigators across four pilot sites. This project is funded through December 31, 2023. DCYF is exploring options for sustainable funding to continue the project.

- The Plan of Safe Care work has successfully launched, and implementation efforts continue to focus on bring the project to scale statewide.
- Start of Foundations of Practice (FoP) assembled to outline expectations and collaborative projects related to HB 1227.
- Develop train-the-trainer modules regionally in preparation for HB 1227.
- DCYF Child Welfare Field Operations implemented Foundations of Practice Office Hour Drop-In sessions for Headquarters Program Managers to provide regional leadership the most up to date information related to policy, procedures, and practice changes.
- A comprehensive and diverse workgroup of internal and external stakeholders developed project goals and overall themes for the revisions of Mandatory Reporter materials and resources in Washington. These important revisions will focus on racial equity, bias in reporting and initial screening, and a reduction in disproportionality and disparities in child welfare. The workgroup formed in June 2022 and developed a workgroup charter in January 2023. Revisions to materials will begin in Spring 2023 and will include:
  - Video
  - eLearnings
  - Print Materials
  - Web-based Resources
- Permanency from Day 1 (PFD1) Grant Enhanced Permanency Planning achievements included:
  - 11 PFD1 Facilitators.
  - PFD1 Facilitators completed twice as many Permanency Planning meetings in control group during the same period.
  - The shared planning intervention served over 600 families in the Treatment group since implementation.
  - Completed over 30 target case reviews in Region 6 non-PIP offices.
  - Completed 21 targets case reviews in Region 1 and Region 4 on Treatment cases.
  - A sustainability plan was developed that included efficiency for workers and increased effectiveness for workers.
- Development of Incarcerated Parent Contact Pilot that will launch in two Washington State Prisons in mid-2023.
- Hired Service Array Program Supervisor in December of 2022.
- Six Regional Program Specialist were hired for the Service Array team between February 2022 and April 2023. This team will ensure that services are integrated, effective, and supportive of optimal family functioning. This team will develop, recruit, and support the comprehensive services continuum.

Calendar Year 2022 Review Period Progress and Updates

Activity	Status

Ensure consistent use of the Child Safety Framework and Intake Screening Tool for CPS Leads, Quality Practice Specialists, and Intake Leads through monthly statewide in-person meetings and monthly intake conference calls by providing ongoing support and development.	Ongoing
Regular review of intake data by Headquarters and Regional Intake Program Managers. Managers bring any variations of screened-out intakes to the attention of the AAs for action.	Ongoing
Provide monthly performance reports that include real time CPS investigation and CPS FAR 24-hour and 72-hour response data for staff and managers to proactively manage their cases and ensure the safety of children. Monthly performance reports also provide data for Screened In, Screened Out and Non-CPS intakes.	Ongoing
Identify important stakeholders to convene a group creating legislation for domestic violence responses to both victims and offenders.	On Hold
Plan of Safe care pilot sites expanded from two to thirteen additional birthing hospitals invited to begin using the referral portal. Ongoing implementation will include bringing this body of work to scale with all birthing hospitals across the state utilizing the referral portal whenever an infant is born having experiences prenatal substance exposure.	Ongoing
Call-back feature has been implemented statewide across all six regions and Central Intake.	Complete

Services to Substance-Exposed Newborns

Current DCYF Policy 2200.Intake Process and Response requires intake workers to screen in intakes involving allegations of child abuse or neglect or imminent risk of serious harm involving a newborn exposed or affected by substances (alcohol, marijuana, prescription medications, and any drug with abuse potential). Revisions to this policy and DCYF Policy 1135.Infant Safety Education and Intervention have been underway for some time and are now approved to launch in June 2023. Revisions to both policies better align with the family-centered intent of federal legislation from intake screening to practice newborns have experienced prenatal substance exposure and meet legal sufficiency for child welfare intervention.

During the CPS response, the caseworker monitors the safety of the infant and continues to work with and refer parents to relevant services to increase the safety and well-being of the infant. DCYF Policy 1135.Infant Safety Education and Intervention requires caseworkers to complete a Plan of Safe Care (POSC) when a newborn has been identified as substance affected (experiencing withdrawal symptoms) by a medical practitioner at birth. The plan must include, but is not limited to:

- Medical care for the newborn.
- Safe housing.
- Routine childcare as needed.

- A list of phone numbers and contacts for the parent to call, including:
  - Emergency care for the newborn.
  - Help with parenting issues.
  - Help during a crisis.
- A referral for the parent to necessary services, e.g., SUD, intimate partner violence, or mental health assessment/treatment.
- A referral to other resources that may be of support, e.g. First Steps, Safe Babies Safe Moms (CPS clients are a priority population), Parent Child Assistance Program, Public Health Department, Women, Infant and Children (WIC), etc.
- A referral to Early Support for Infants and Toddlers (ESIT).

The POSC body of work continues to grow at a steady pace in Washington to support families impacted by perinatal substance use in both child welfare and community-based settings in response to the 2016 Comprehensive Abuse and Recovery Act (CARA) and subsequent changes to CAPTA legislation when infants experience prenatal substance exposure. The intent behind the POSC in CAPTA has always been "to provide needed services and support for infants, their mothers, and their families, and to ensure a comprehensive response to the effects of prenatal drug exposure." (CAPTA Substance Exposed Infants Statutory Summary – NCSACW). The 2016 CARA legislation strengthened the focus of the POSC to meet the needs of a broader population impacted by substance use and prenatal substance exposure. Identifying all infants with prenatal substance exposure as requiring a POSC and acknowledging that not all infants who are substance exposed will require a child welfare intervention.

Washington began the work of POSC implementation in 2018 with the support of in-depth technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW)/Children and Family Futures. Through a multi-systemic approach and cross-system collaboration Washington defined what the CAPTA language meant for the state and identified how to implement a community-based, public health focused pathway to serve the expanded population requiring a POSC statewide.

Across both the community-based and child welfare pathways, the purpose of the POSC is to meet the needs of the substance exposed infant and their family. The POSC community-based pathway is an upstream prevention, family-centered tool to prevent child abuse/neglect and child welfare system involvement. A referral is made at the time of the birthing event and participation is voluntary. Likewise, the POSC in child welfare can be used to prevent a family's deeper involvement in the child welfare system by implementing wrap-around supports to meet the needs of the family to safely care for the substance-exposed newborn. Through connections to strengths-based assessment, resources, parenting education, no-cost services, planning and concrete resources to ensure safe sleep environments, crisis and safety planning, and childcare the POSC enhances protective factors and can prevent child welfare involvement

at the time of birth, out-of-home placement for open DCYF cases, and future child welfare involvement following case closure. This tool aligns with the work of intra-agency early childhood system partners (e.g., ESIT, early learning, home visiting, etc.) and community-based partnerships to address perinatal substance use, support families, and promote healthy development. This family centered approach also aligns with the Keeping Families Together Act, Washington State Legislation effective July 1, 2023.

CAPTA does not provide a definition for "affected by substance abuse". CAPTA language states a POSC is required for infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder. But states were given the flexibility to define the phrase – infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, (ACYF 2017 Program Instructions).

In 2020 the definitions below were adopted as Washington's definitions of the CAPTA language. Statewide implementation continues to center these definitions to identify newborns requiring a POSC in Washington.

CAPTA Language	WA POSC Implementation Definitions
Born and identified as being affected by substance abuse	Prenatal Substance Exposure: The presence of alcohol or any controlled substance[1] verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.
Withdrawal symptoms	Affected by Withdrawal: A group of behavioral and physiological features in an infant that follows the abrupt discontinuation of a substance that has the capability of producing physical dependence. No potential clinical signs of withdrawal in the neonate may be attributed to in-utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.
Fetal Alcohol Spectrum Disorder	Fetal Alcohol Spectrum Disorder: The range of effects that can occur in an individual whose birthing parent drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

The innovative design of POSC implementation relies on cross-agency collaboration and partnerships between DCYF and other state agencies, associations, and community-based

organizations. Partners such as the Department of Health (DOH), the Health Care Authority (HCA), the Washington State Hospital Association (WSHA), WithinReach – the statewide Help Me Grow affiliate, and birthing hospitals, SUD providers, and individuals with lived experience across the state all contribute to and inform implementation efforts. Implementation focus has continued to center the needs and experiences of both communities and individuals experiencing perinatal substance use.

2021-2022 Implementation Accomplishments

Cross-sector stakeholders are driving the work forward:

- DCYF is coordinating with state-level agencies and community partners.
- Plan of Safe Care is a recommendation of both the WA Opioid and Overdose Response Plan (2021) and the WA Maternal Mortality Review Report (2023).
- National recognition – held up as example POSC work by both the BUILD Initiative and the Center for Children and Family Futures.
- Plan of Safe Care is the largest project in the WA CAPTA State Plan and a primary focus of the Citizen Review Panels.

Pilots

- Launched initial two pilot sites in June 2021.
- 2022 implementation and engagement strategies included targeting hospitals engaged in aligned work (e.g., eat sleep console).
- 2023 statewide implementation includes targeting specific communities and hospitals with robust collaborations serving this population for engagement.

Infrastructure

- Developed online portal.
- Established HMG WA's Mental and Behavioral Health Team.
- Gathered 1100+ resources across the 39 counties in Washington (SUD, MAT, peer-support, parenting classes, baby supplies, etc.).
- Exploring statewide and community referral partnerships.

Child Welfare Policy

- Proposed revisions to child welfare policy will more closely align screening decisions and POSC practice/procedures with the family-centered nature and intent of the federal legislation.
  - Changes to intake screening so substance affected newborns **without** safety concerns would no longer screen in and instead are referred to HMG.

- o Changes to the requirements for a POSC to be completed with ten days of intake/birth.
- o Enhanced focus on facilitating collaboration between service providers such as mental health and/or substance use disorder, early intervention services, etc.
- o Policy is expected to go live by July 2023.

Current Child Welfare Practice

The POSC is used as a stand-alone document contained in the child welfare case file and shared with the family. As per DCYF Policy.1135 Infant Safety Education and Intervention a POSC is required for newborns age 0-30 days on open DCYF cases who are:

- Identified as substance-affected by a medical practitioner. Substances are defined as alcohol, marijuana, and any drug with abuse potential, including prescription medications. Identification as substance-affected typically includes a diagnosis of Neonatal Abstinence Syndrome (NAS) or Neonatal Opioid Withdrawal Syndrome (NOWS).
- Identified as having withdrawal symptoms resulting from prenatal drug and alcohol exposure.
- Born to a dependent youth.

Efforts have begun to align and strengthen child welfare practice when a POSC is required:

- Utilizing the POSC as a family-centered plan to support families remaining together by accessing services, treatment, concrete supports, and community-based resources.
- Coordination with birthing hospitals when cases screen in for child welfare involvement to support equitable and collaborative discharge planning.
- Cross-agency collaboration to explore funding streams to support increased and improved access to inpatient treatment for pregnant and parenting individuals.
- Child welfare workforce training to support Infant/Early Childhood Mental Health, parent-child relationships, and resources to support clients experiencing SUD.

Current Status of Community-Based Pathway Implementation

The benefits of this body of work advance prevention efforts in Washington and should result in an overall reduction in child welfare intakes over time for the population experiencing and receiving treatment for perinatal substance use. The initial pilot sites in Yakima and Pierce County launched in June 2021. These birthing hospitals partnered with agencies in their respective communities already serving families and infants with efforts to prevent child abuse. In December 2021 the POSC online referral portal launched, and an additional two birthing hospitals began using it immediately. The launch of this online portal was also the launch of the statewide POSC community-based pathway with Help Me Grow. By June 2022 eight birthing

hospitals were utilizing the portal for POSC pathway determination and making referrals Help Me Grow. By December 31, 2022, thirteen birthing hospitals in Washington were utilizing the online referral portal. Implementation efforts supporting hospital engagement are being led by WithinReach with collaboration and partnership with DCYF for Mandatory Reporting training and DOH and WSHA to support aligned initiatives such as:

- Center of Excellence for Perinatal Substance Use Certification.
- Safe Deliveries Roadmap.

Partners in this body of work are supported through a monthly Community of Practice meeting with agenda items supporting training/education, resources, discussion, and opportunities for networking. A public-facing website was stood up in early 2022 for provider-related resources and POSC information. Plans to expand content on this website for families and individuals with lived experience will be explored in 2023.

The following data was collected from the two original pilot sites in Pierce and Yakima counties and the POSC online referral portal from July 2021 through June 2023 (CWP_0087 Plan of Safe Care Online Referral Portal Flow Chart (wa.gov)). This data does not represent instances of prenatal substance exposure across Washington. But it does provide information related to perinatal substance use in the areas where birthing hospitals have begun using the POSC online referral portal.

2022-2023 Substance Exposed (SE) Newborns in Washington				
	7/2012-12/2021	1/2022-6/2022	7/2022-12/2022	1/2023-4/2023
Yakima Pilot Site	6	20	25	1633
Pierce Pilot Site	43	56	17	834
POSC Online Referral Portal	5	19	41	5035
DCYF Intake Data[36]	597	1054	512	328
Total	651	1149	581	402

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[33] Yakima pilot site data reflects January-March 2023 as of 5/17/23 April data has not yet been reported

[34] Pierce became fully integrated into using the online referral portal in February 2023, this data reflects January data reported to DCYF prior to full online portal integration

[35] Portal data is 1/1-4/30-2023

[36] Until all Washington birthing hospitals are utilizing the POSC online referral portal, portal data and DCYF intake data will be used in combination to identify substance exposed newborns.

SE Newborn Notes:

- This table represents instances of SE collected by both the POSC online portal and DCYF Intake data.
- Portal data only reflects cases referred to the community-based pathway. DCYF Intake data captures instances when the portal user was directed to call DCYF Intake.
- The POSC Online Referral Portal launched 12/6/2021.
- The Pierce County pilot site began using the online referral portal in January 2023, all data from Pierce County hospitals is reflected in the POSC Online Referral Portal data from January 2023 forward.
- The Yakima County pilot site has not yet begun using the online portal for data reporting or community-based pathway referrals.
- DCYF Intake includes both screened in and screened out intakes and is filtered for the SE (substance exposed) indicator checked.

2022-2023 Substance of Exposure					
	Pierce Jan-Dec 2022	Online Portal Jan-June 2022	Online Portal July-Dec 2022	Online Portal Jan-April 2023	Pierce Jan 2023
# of SE newborns	68	29	63	50	8
Marijuana	12	9	15	14	2
Cocaine	3	1	3	5	3
Alcohol	1	2	5	3	0
Methamphetamine	34	17	28	20	3
MAT	32	8	25	21	4
Unprescribed or Illicit Opioid	19	5	15	7	1
Prescribed Opioid	1	1	4	6	1
Benzodiazepine	2	0	3	0	0
Fentanyl			7	15	0
Other			2	1	0
# of newborns exposed to multiple substances	28	11	27	20	5
# of newborns above exposed to multiple substances while birthing parents was also engaged in MAT/MOUD treatment	9	2	13	14	2

Substance Exposure Notes:

- Some newborns were identified as experiencing exposure to multiple substances.
- The Yakima pilot site does not currently report data related to substance(s) of exposure.
- The Pierce County pilot site began using the online referral portal in January 2023, all data from Pierce County hospitals is reflected in the POSC Online Referral Portal data from January 2023 forward.
- The online referral portal did not add the option to select "Fentanyl" or "Other" until July 2022. Pierce county hospitals did not have either of these as selections for drug of exposure.

2022-2023 Race/Ethnicity			
Pierce January-December 2022	Online Portal January-December 2022	Pierce January 2023	Online Portal January-April 2023
Total – 73 Not Indicated – 4 AI/AN (American Indian/Alaskan Native) – 11 Black/AA – 7 White – 48 Asian – 2 Black/AA & White - 1	Total – 97 Not Indicated – 27 AI/AN – 4 AI/AN & White – 1 Black/AA – 2 Black/AA & AI/NA – 1 Black/AA & White – 1 Hispanic/Latinx – 6 Hispanic/Latinx & AI/AN – 1 Hispanic/Latinx & Black/AA – 1 Hispanic/Latinx & White – 1 Native Hawaiian/Pacific Islander – 1 Asian – 1 Asian & White – 1 White – 49	Total – 8 Not Indicated – 1 AI/AN – 1 Black/AA – 2 White – 4 Asian – 0 Black/AA & White - 0	Total Not Indicated – 6 AI/AN – 5 AI/AN & White – Black/AA – 4 Black/AA & AI/NA – Black/AA & White – Hispanic/Latinx – 2 Hispanic/Latinx & AI/AN – Hispanic/Latinx & Black/AA – Hispanic/Latinx & White – 1 Native Hawaiian/Pacific Islander – 1 Asian – 1 Asian & White – White – 30

Race/Ethnicity Notes:

Original Date: June 30, 2023 | Revised Date: August 21, 2023

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- The Pierce County pilot site began using the online referral portal in January 2023, all data from Pierce County hospitals is reflected in the POSC Online Referral Portal data from January 2023 forward.
- The Yakima pilot site does not have a current report on Race/Ethnicity data.

Proposed Changes:
- Continue to support statewide implementation.
- Continue to support ongoing sustainability of the community based POSC pathway.
- Continue to make efforts to align child welfare policy to ensure equitable access to voluntary community-based preventative services when appropriate for open DCYF cases.
- Continue to explore ways to align the DCYF SUD-Pregnancy Pilot with the POSC body of work.
- Continue to make efforts to engage tribal communities across Washington in developing a tribal-specific community-based pathway.
- Develop a DCYF process to review, analyze, and integrate POSC portal data into Federal NCANDS reporting.
- Develop a dashboard focused on POSC outcomes identifying important measures, especially those related to racial equity and disproportionate reports to child welfare related to perinatal substance use.
- Develop tools for healthcare providers to better assess safety concerns. Redesign online referral portal to include new risk screening tool.

CAPTA Review Hearings

CAPTA Review Hearings Calendar Year 2022	
Outcomes and Status for Referrals appealed to Office of Administration Hearings in 2022	250
Decisions issued by Administrative Law Judge	77
Founded/Affirmed: 76 Unfounded/Reversed: 1	
Findings changed to Unfounded by AA based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge or Superior Court Judge	23
Findings changed to Erroneous Subject / Victim by Area Administrator	4
Findings stayed by OAH based upon pending criminal, civil, or dependency matter	22
Transferred to AGO for licensing, dependency or conflict cases	30

Scheduled for a pending administrative hearing	91
Hearing completed and decision pending from Office of Administration Hearings	3
Petitions for Review to Board of Appeals	0
Data Source: Mareen Bartlett, Special Assistant Attorney General for CAPTA, CY2022, June 2023	

Washington State Citizen Review Panel (CRP) Reports

Washington State has three Citizen Review Panels (CRPs) that meet at least quarterly throughout the year. Each CRP prepares an annual report summarizing the activities of the panel and recommendations to improve the child protective services system at the state and local levels.

A DCYF CAPTA Grant Program Manager was hired in May of 2022. The CAPTA Grant Program Manager attended the 2022 National Citizen Review Panel Conference in California. In June of 2022 the CAPTA Grant Program Manager began recruitment for the reconfiguration of the CRPs with the assistance of members of the Children, Youth, and Families Statewide CRP.

- The reconfigured CRPs:
  - The Children, Youth, and Families Statewide CRP is presently made up of mainly stakeholders who have an expertise in children in out-of-home care. This panel includes members with lived experience. This team is very strong and will continue as is and will be given additional support from the CAPTA manager.
  - The Prevention, Investigation, and Family Services CRP. This panel is made up of volunteer representatives with expert knowledge and experience in preventive services and investigative techniques related to child abuse and neglect. The panel leadership includes an individual with lived experience.
  - The Racial Equity and Impact CRP. This panel is made up of volunteer representatives with expert knowledge and experience of the child welfare system. The panel members on this CRP have extensive history in racial equity and inclusion work. This panel includes members with lived experience. This panel was formed from a recommendation made by the Children, Youth, and Families Statewide CRP.
- DCYF will continue to recruit parent and youth voice into each of the panels.
- Panel members will be asked to commit to 2 years on the panels.
- Panel members will complete a comprehensive orientation program upon appointment.
- The three CRPs will meet in the fall and spring in-person.
- DCYF will send two members from each panel to the National CRP Conference.

- CAPTA Grant Program Manager conducted a survey after the first in-person meeting in October of 2022. The two-day event included a comprehensive orientation, general meeting with presenters, and separate meetings for each panel. Panel members that attended reported the following:
  - Felt empowered to enact change.
  - Event provided an opportunity to network and connect with other panel participants.
  - Event was well organized.
  - Felt progress in helping support families who are at risk.
  - Event provided an opportunity to interact with DCYF leadership in attendance.
  - Felt DCYF leadership participation highlighted commitment from DCYF for the CRPs.
- CAPTA Grant Program Manager will work with DCYF Communication Office and CRP members to develop a website for each CRP. The website will offer information on the CRPs work, meetings, and a way for the public to contact the panel.
- CAPTA Grant Program Manager submitted a proposal to improve communication to DCYF Leadership on behalf of the CRPs. This proposal included:
  - DCYF Leadership will present the formal response to the CRP Recommendations at the fall in-person meeting.
  - DCYF Leadership will be invited to attend the spring in-person meeting to network with CRP members.
  - In addition to the annual report of recommendations, the CRPs will provide DCYF with a Reply to the Response to Recommendations. This will continue the conversation and work to improve recommendations made by the CRPs.
  - DCYF Leadership will be available to meet with CRPs to address acknowledged questions/discussions identified in the Reply to the Response to Recommendations.
  - CRPs will invite DCYF Leadership to ongoing discussions as needs are identified.
- Meetings will primarily be held via Zoom to improve CRP members attendance. In-Person meetings will offer a Zoom option.

Below are the completed 2022 reports for the three Washington State Citizen Review Panels.

Racial Equity and Impact Citizen Review Panel

Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its Child Abuse Prevention and Treatment Act (CAPTA) state plan. The Racial Equity and Impact CRP will recommend transformative actions for systemic change to protect children and youth and preserve families.

Citizen Review Panel Members

- Dr. Marian Harris, University of Washington School of Social Work, Co-Chair

- Shrounda Selivanoff, Director of Public Policy at Children's Home Society of Washington, Co-Chair, LE
- Dominque Avery, MA Counseling Program Coordinator at Seabrook University
- Carla Arnold, Youth Net NW
- Keoki Kauanoe, Director of Father Engagement at Family Education and Support Services, LE
- Kimberly Mays, OPD Social Worker, LE
- Deborah Purce, Retired Child Welfare Professional
- Kimberly Booker, OPD Social Worker
- Dr. Chereese Phillips, Senior Director of Research Services at Casey Family Programs, LE

Process

The Racial Equity and Impact CRP met in October of 2022 and in May of 2023 in-person. The CRP has met via zoom five times since November 2022. The CRP has scheduled monthly meetings on the first Monday of every month. The CRP researches and discusses topics via email when necessary.

Actions by the Racial Equity and Impact Citizen Review Panel

The Racial Equity and Impact Citizen Review Panel had their first meeting in September of 2022 and their first in-person meeting on October 11, 2022. Since that first meeting the panel has completed the following work:

- Panel members completed a comprehensive orientation process.
- Payton Bordley, Harvard Government Performance Lab Fellow, discussed current work supporting substance using pregnant individuals and provided an update on development of a referral pathway tailored for Native Families.
- Alissa Copeland, DCYF Intake and Early Learning Program Manager, provided an update on Plan of Safe Care work.
- Alissa Copeland, DCYF Intake and Early Learning Program Manager, provided an update on Mandatory Reporting workgroup.
- Erica Anderson, Help Me Grow, presented an update related to Plan of Safe Care work.
- Steve Grilli, DCYF Assistant Secretary of Partnership, Prevention, and Services, reviewed and discussed DCYF Response to Recommendations by the Children, Youth, and Families Statewide CRP.
- Natalie Green, DCYF Assistant Secretary of Child Welfare Field Operations, reviewed and discussed DCYF Response to Recommendations by the Children, Youth, and Families Statewide CRP.
- Jasmine Hodges, Child Safety Program Manager, discussed work around Safety Framework.

- Ray Soriano, Carol Byers, Jazzy James, and Aleta Mahone, DCYF Racial Equity and Social Justice staff, discussed work in the RESJ office.
- The panel voted Dr. Harris and Ms. Selivanoff as co-chairs.
- The panel drafted and voted on by-laws.
- The panel has members represented on the Contracts and Services Subcommittee. The subcommittee is reviewing DCYF contracting practicing and the concerns of BIPOC providers.
- The panel reviewed and discussed the current Children and Families Services Review and the Program Improvement Plan for DCYF.
- The panel identified three areas of focus for CY 2023-2024.
- The panel will develop AD Hoc committees to address each area of focus determined for CY2023-2024.
- The panel is developing a plan of action to address their areas of focus and the plan of action will include but it is not limited to:
  - Focus Groups
  - Interviews with Field Staff
  - DCYF Program Managers Discussions
  - Review DCYF Staff Training Procedures
  - Continue to Review DCYF Policy Material and Monitor DCYF Projects

Main Areas of Focus

During the calendar year 2022 this newly formed panel familiarized themselves with DCYF policy and reports. This panel discussed broad child welfare topics and will perform research and focus on the following topics:

- Contact with families. The panel will review concerns related to sufficient contact between child welfare workers and the families they serve. This includes concerns related to family time and HB 1194.
- Services. The panel will continue to review the concerns related to lack of culturally relevant services available to families involved with the child welfare system.
- Safety Framework. The panel will review concerns of racial inequity and the safety framework to identify any areas of improvement.

Recommendations for Calendar Year 2022/2023

The panel supports the recommendations made by the Children, Youth, and Families Statewide CRP and will continue to develop recommendations from current area of focus.

Children, Youth, and Families Statewide Citizen Review Panel

Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities as directed by the federal Child Abuse Prevention and Treatment Act. This is done through examining policies, procedures, and practices of the

state child welfare agency and reviewing employee training, data, recruitment and retention and other criteria that are important to ensure the protection of children. The Children, Youth, and Families Statewide CRP serves as one of three CRPs in Washington State.

Main Areas of Focus

During the calendar year 2022 reporting period, the panel followed up on previous recommendations and DCYF responses to the recommendations and discussed broad child welfare topics with a focus on the following topics:

- Mandatory supporting versus mandatory reporting systems for neglect cases.
  - Review jurisdictions that use mandatory supporting.
  - Review new materials produced by DCYF.
  - Review poverty as a misinterpretation of neglect and models allowing courts to order poverty focused services.
- DCYF contracting practices, recruitment and retention of providers.
  - Review how providers of color, providers specially trained or experienced to work with diverse populations, families with disabilities, cultural diversity, language diversity, gender and sexuality diversity are recruited and retained.
  - Implementation of performance based contracting model.
- Outcomes for families with incarcerated parent, minor guardianships, brief placements into stranger foster care prior to relative placement, and increasing/decreasing of residential parenting programs.
- Implementation of new child welfare requirements through legislation and caselaw.
  - Family Time
  - Relative Placement
  - Parental Preference
  - Active Efforts
  - ICWA Cases
- Family law needs by families at risk of placement or leaving placement in foster care.
- Continue to follow up with DCYF on the following:
  - Newborns that come into care related to SUD, outcomes, and prefiling representation.
  - DCYF policies, practice, and data related to educational stability for children in out of home care.

Process

The Statewide CRP is scheduled to meet monthly. The CRP met in October of 2022 and in May of 2023 in-person. The CRP met ten times via Zoom for scheduled monthly meetings and four times to discuss potential panel members in the review period. The CRP researches and discusses topics via email when necessary.

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Action by the Citizen Review Panel

The following presenters and topics were brought in to update on areas of their work and help inform the CRP's work:

- Multiple BIPOC providers discussed their experiences working with DCYF.
- Maria Zdzieblowski, DCYF Senior Administrator of Service Continuum, discussed services and upcoming work on the service array.
- Delton Hauck, Prevention and Intervention Services Program Manager, shared available services for families in the child welfare system.
- Avantika Thakur, Harvard Government Performance Lab Fellow, answered questions related to research and upcoming work around the service array.
- Stephen Cotter, DCYF Contracts and Procurements Office Chief, discussed contracting practices at DCYF.
- Sarah Yatsko, Center for Social Sector Analytics & Technology, discussed Family Time and SPROUT data.
- Caitlin O'Hea, Family Time Program Manager, shared SPROUT and Family Time data and challenges.
- Jessica Morris, DCYF Information Technology Specialist, discussed SPROUT and Family Time data and challenges.
- Payton Bordley, Harvard Government Performance Lab Fellow, explained the current work supporting substance using pregnant individuals and updated the panel on development of a referral pathway tailored for Native Families.
- Alissa Copeland, DCYF Intake and Early Learning Program Manager, explained the current work on Plan of Safe Care work and provided an update on Mandatory Reporting workgroup.
- Erica Anderson, Help Me Grow, shared information related to Plan of Safe Care work.
- Steve Grilli, DCYF Assistant Secretary of Partnership, Prevention, and Services, met with the panel to review and discuss DCYF Response to the CRP Recommendations.
- Natalie Green, DCYF Assistant Secretary of Child Welfare Field Operations, met with the panel to review and discuss DCYF Response to the CRP Recommendations.
- Ray Soriano, DCYF Racial Equity and Social Justice Administrator, discussed with the panel, Executive Order 22-04 and new staff in the Racial Equity and Social Justice office.
- Jasmine Hodges, Child Safety Program Manager, shared work around Safety Framework.
- Amy Bustamante, CAPTA Grant Program Manager, organized a Contracting and Services Subcommittee to continue work around contracting practices at DCYF. Members from two new CRPs invited to participate.

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- Amy Bustamante, CAPTA Grant Program Manager, developed By-Laws and defined process around recruitment and appointment to Children, Youth, and Families Statewide CRP.
- Amy Bustamante, CAPTA Grant Program Manager, facilitated DCYF Leadership communication proposal reviewed and submitted to DCYF Leadership for consideration.

Communication with DCYF

Communication with DCYF leadership during this reporting period included discussions and/or correspondence with the Director of OIAA, the Director of Child Welfare Programs, Contracts and Procurement Chief, and the Assistant Secretary of Field and Operations. The discussions included contracting practices, DCYF responses to the CRP's recommendations and the limitations and barriers presented by IT challenges currently faced by DCYF. This CRP remains committed to the recommendations and concerns expressed in this and prior year's reports; however, it is still unclear to the CRP how DCYF leadership prioritizes and establishes CRP recommendations. The CRP encourage DCYF Leadership to continue and improve meaningful engagement with the CRPs and develop co-creation and co-implementation strategies to ensure better outcomes for children. The CAPTA Grant Program Manager included DCYF leadership in future meetings with the CRP to improve outcomes.

Changes to the state laws governing child welfare and case law handed down by the Washington State Supreme Court are likely to lead to changes in this state's child welfare system that will impact many of the concerns that this CRP has expressed. Some of these include HB1194, HB 1227, HB1747, In re K.W. (2022), In re G.J.A (2021), In re Z.J.G (2020).

This CRP will continue to meet Washington State's responsibilities under CAPTA and will continue to request time with leadership to discuss recommendations and ways in which the CRP and DCYF can work together to enhance the work and enact meaningful change.

Disproportionality and Racial Equity

The Washington State Legislature, the Department of Children, Youth, and Families, the Washington State Supreme Court, and the Federal Children's Bureau have each acknowledged that racial disparities and inequities exist in current child welfare practices and policies and have a negative impact on Black, Indigenous, and other families of Color (BIPOC Families). This CRP understands that DCYF has increased its focus on racial equity and reducing bias in its work with children and families. This CRP believes that DCYF should continue to implement DCYF's Racial Equity and Social Justice Administrative Policy (Chapter 6) within the agency at large and in each child welfare office across the state. In addition, DCYF should work in partnership with DCYF to implement measures designed to eliminate bias and improve outcomes for families.

- This is a recommendation carried over from the prior year's recommendations. Establish the former WSRDAC as a CRP and follow recommendations that the WSRDAC CRP provides for improving practice and policy. This external group will align with DCYF efforts to "recognize and address the racial inequities in outcomes for kids". Former members, previous organizations and newly identified members should constitute the CRP membership. By using this committee's experienced members to monitor and focus DCYF efforts on racial equity, this creates an external level of accountability outside the internal Race, Equity and Social Justice group.
- Develop or implement a race equity analysis tool to be used when hiring, in policy and practice development, and budget. If one is already in place, make sure that all program managers and leadership are using this tool; provide the tool in the response to this group and make the tool public.
- Collect, maintain, publish, and disseminate race/ethnicity data and information to the public and partners on a regular basis.

Education
- Train all relevant staff to complete best interest determinations, as required by federal law, under Every Student Succeeds Act (ESSA). When a child is placed into foster care, or changes placement, the Fostering Connections to Success and Increasing Adoptions Act, and ESSA require child welfare and education agencies to collaborate to determine if it is in the child's best interest to remain in their school of origin. As part of this:
  o Document Best Interest Determinations including decision on school placement.
  o Document school changes in relation to placement changes.
  o Invite and include youth and parents in best interest determinations.
- Provide mandatory training to caseworkers, supervisors, area administrators, and caregivers in partnership with OSPI regarding federal and state requirements for educational stability.
- Expand capacity at the regional level for DCYF educational leads to have the time to focus on education to improve educational outcomes and determinations.
- Partner with OSPI and individual school districts, specifically utilizing SB 5184 foster care points of contact in each school, to remove barriers to parents being an integral part of their children's educational experience.
- Partner with Parents for Parents, the courts, the AG's, OPD, AOC, OCLA and other partners to remove barriers and encourage parents to be an integral part of their children's educational experience.
- Add an education representative to the DCYF Oversight Board.

Data
- Include external stakeholders in the ongoing development of CCWIS around deciding what data points need to be collected and make these the priority. The group

recommends a review of what is statutorily mandated as a starting point. Examples include incarcerated parents, family time, disproportionality and educational outcomes.

- Develop an Education Dashboard that includes (but not limited to):
  o Percentage of children in care who change schools because of a placement change.
  o Number of best interest determinations with resulting school placement.
  o Number of children who remained in school of origin after being placed outside of the school boundaries.
  o Percentage of children, both in care and those who remain in the home, who have been referred to Early Learning Services and out of those how many are receiving Early Learning Services.
  o Percentage of children in care with education liaisons
  o Number of youths in JR institutional setting and number of youths that age out or declined into DOC.
  o Graduation rates and testing scores of children in foster care.
  o School discipline rates of children in foster care.
- All data should be disaggregated by race and ethnicity.
- To capture a better idea of how race and ethnicity affect child welfare, data should be collected at each decision point DCYF is involved in. This includes but is not limited to the race/ethnicity of children, parents, caregivers, DCYF workforce and reporting parties.

Infants Born Substance Exposed or Affected

These recommendations are carried over from the prior year's recommendations.

- Update policy that creates a presumption that infants born substance exposed or affected remain with parent. If the Safety Framework indicates the infant is unsafe with the biological parent, including fathers, active efforts should be used to ensure that every single effort and resource is afforded to keep the child safely home through a safety plan. This would include an increase in resource allocation to family SUD housing such as the Rising Strong model.
- Pursue additional legislation to remove language such as "substance abuse as a contributing factor… shall be given great weight". See RCW 26.44. 195. This language perpetuates biases for parents who have substance abuse disorders. Other risk factors such as severe mental health issues and lack of bonding can be just as dangerous to infants as substance abuse.
- Update policy for DCYF and the Attorney General's Office (AGO) to make clear that when a dependency is filed on an infant born substance exposed or affected and the intake is screened in risk only, without any other allegations, that DCYF only file a C dependency alleging that the child has no parent, guardian or custodian capable of adequately caring for the child. In these situations, a B dependency should not be filed,

as there cannot be abuse or neglect of the infant prior to birth. This is consistent with DCYF's discontinuation of findings on children prior to their birth.

- The group recommends that DCYF leadership convene a meeting with leadership at the Governor's Office and Statewide representatives of Hospitals to develop clear and consistent statewide policies for hospitals regarding testing for substances during the birthing process. The race equity analysis tool should be used during the development and approval of these policies. This should reduce racial biases and begin to create equity, in turn reducing disproportionality in the child welfare system and minimizing family trauma.

Future Plans

The focus for 2023-24 will likely be:

- Mandatory Reporting versus Mandatory Supporting. Continue to follow DCYFs Mandatory Reporting workgroup as revisions are made to update training material and work that is ongoing in other jurisdictions.
- Continue work on DCYF contracting practices (supporting), recruitment and retention of providers. How providers of color, providers specially trained or experienced to work with diverse populations, families with disabilities, cultural diversity, language diversity, gender and sexuality diversity are recruited and retained. Look at work that larger agencies, like FIN, that have procedures in place to support smaller providers. This includes monitoring DCYF Performance Based Contracting.
- Continue to review data on infants / newborns coming into care because of SUD, outcomes, prefiling representation, Plan of Safe Care implementation across Washington and new policy changes.
- Review implementation of new child welfare requirements through legislation and caselaw – Family time, Relative Placement / parental preference, Active Efforts, ICWA cases.
- Review outcomes for families with an incarcerated parent, minor guardianships, brief placements into stranger foster care prior to relative placement, increasing / decreasing residential parenting programs.
- Review Family Law needs of Families at risk of placement or leaving placement in foster care.
- Continue to Review DCYF policies, practice, and data related to Educational Stability for children in out-of-home care.

Children, Youth, and Families Statewide Citizen Review Panel Members
- Jacob D'Annunzio, Office of Public Defense, Co-Chair
- Katherine Kameron, Office of Legal Aide, Co-Chair
- Jason Bragg, Parent Mentor/Ally, LE
- Laurie Lippold, Partners for Our Children, Seattle
- Ron Murphy, Casey Family Programs, Seattle

- Ryan Murrey, Washington Association of Child Advocate Programs
- Kelly Warner-King, Administrative Office of the Courts
- Barbara Belk, ICWA Worker Central Council of Tlingit & Haida Indian Tribes of Alaska
- Heather Smith, Parent Ally with The FIRST Clinic, LE

DCYF Response to 2022 APSR Recommendations

The following are the responses to the recommendations from the 2022 APSR.

Children, Youth, and Families Statewide Citizen Review Panel
Recommendation 1
Disproportionality The Washington State Legislature, the Department of Children, Youth, and Families, the Washington State Supreme Court, and the Federal Children's Bureau have each acknowledged that racial disparities and inequities exist in current child welfare practices and policies and have a negative impact on Black, Indigenous, and other families of Color (BIPOC Families). This CRP understands that DCYF has increased its focus on racial equity and reducing bias in its work with children and families. This CRP believes that DCYF should continue to implement DCYF's Racial Equity and Social Justice Administrative Policy (Chapter 6) within the agency at large and in each child welfare office across the state. In addition, DCYF should work in partnership with the larger child welfare system to implement measures designed to eliminate bias and improve outcomes for families. 1. This is a recommendation carried over from the prior year's recommendation. Establish the former WSRDAC as a CRP and follow recommendations that the WSRDAC CRP provides for improving practice and policy. This external group will align with DCYF efforts to "recognize and address the racial inequities in outcomes for kids". Former members, previous organizations and newly identified members should constitute the CRP membership. By using this committee's experienced members to monitor and focus DCYF efforts on racial equity, this creates an external level of accountability outside the internal Race, Equity and Social Justice group. 2. Develop or implement a race equity analysis tool to be used when hiring, in policy and practice development, and budget. If one is already in place, make sure that all program managers and leadership are using this tool; provide the tool in the response to this group and make the tool public. 3. Collect, maintain, publish and disseminate race/ethnicity data and information to the public and partners on a regular basis.

DCYF Response	1. DCYF hired a CAPTA Grant Program Manager to facilitate the Citizen Review Panels. The facilitator, along with DCYF staff and existing CRP Panel members, recruited members to form the Racial Equity and Impact Statewide Citizen Review Panel. This panel is comprised of prior members of WSRDAC and new identified members. The Racial Equity and Impact Statewide Citizen Review Panel had its first meeting in September 2022 and the first in-person meeting to begin work on strategic plan and goals in October 2022

2. DCYF Office of Racial Equity and Social Justice (ORESJ) was established in July 2020. The office is taking an intersectional approach, leading with race, to provide the vision, expertise, and accountability mechanisms necessary to make progress on DCYF's commitment to advance racial equity. ORESJ provides many resources including trainings and tools that were created to help identify and address equity impacts of DCYF programs, policies, and decisions. Some of the tools include a BIAS Tool, Racial Equity Tool Kit, and a Budget Equity Impact Assessment Tool. These tools are located on DCYF intranet site that is accessible for staff and other state employees. The guidance and a framework for the use of the tools has not been fully implemented.

   Several racial equity analysis tools have been developed and can be applied to each of the decision points listed. They're posted on the intranet under the TOOLS section (http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/racial-equity-social-justice/resources) for DCYF staff to access and use. Not all these tools are available on the DCYF public website at this time, but they can post them when the page is updated. DCYF's Racial Equity and Social Justice Administrative Policy (http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/Admin-6.01.pdf) includes the use of these tools as one of the ways division and office leaders can assess and correct workforce and client service inequities.

3. DCYF Office of Innovation, Alignment, and Accountability (OIAA) prepare and publish data regarding agency performance in a number of key areas, including the strategic priority of eliminating racial disproportionality and advancing racial equity. OIAA has information regarding equity in kindergarten readiness, disproportionality in child welfare, and equity in Juvenile Rehabilitation Services.

   These measures can be accessed at the following link: https://www.dcyf.wa.gov/practice/oiaa/agency-performance/racial-equity

Recommendation 2

Education

1. Train all relevant staff to complete best interest determinations, as required by federal law, under Every Student Succeeds Act (ESSA). When a child is placed into foster care, or changes placement, the Fostering Connections to Success and Increasing Adoptions Act, and ESSA require child welfare and education agencies to collaborate to determine if it is in the child's best interest to remain in their school of origin. As part of this:
   - Document Best Interest Determination including decision on school placement
   - Document school changes in relation to placement changes
   - Invite and include youth and parent in best interest determinations
2. Provide mandatory training to caseworkers, supervisors, area administrators, and caregivers in partnership with OSPI regarding federal and state requirements for educational stability.
3. Expand capacity at the regional level for DCYF educational leads to have the time to focus on education to improve educational outcomes and determinations.

	4. Partner with OSPI and individual school districts, specifically utilizing SB 5184 foster care points of contact in each school, to remove barriers to parents being an integral part of their children's educational experience. 5. Partner with Parents for Parents, the courts, the AG's, OPD, AOC, OCLA and other partners to remove barriers and encourage parents to be an integral part of their children's educational experience. 6. Add an education representative to the DCYF Oversight Board.
DCYF Response	1. Available Education trainings offered to staff that include ESSA and discuss Best Interest Determinations: • DCYF Foster Care Education Policy and Procedure Training Zoom is available for DCYF staff to attend. The training is offered every other month. • Headquarters Education Program Manager offers an Education Open Doors Zoom meeting every other week with specific time for focused training topics (such as documentation of Best Interest Determination), staffing case specific challenges, and time for open questions and discussion. • 4302A. Educational Services and Planning Training PowerPoint • FamLink Education Training (30 minutes) • Learning Management System – DCYF Alliance Education Policy and Case Planning training (30 minutes) 2. While DCYF provides trainings on federal and state requirements for educational stability there are no mandatory trainings coordinated with OSPI. DCYF acknowledges this recommendation and will take it into consideration. 3. Project Education Impact (PEI) workgroup recommended expanding the capacity in the regions and to have Education Leads position in the field. The PEI is currently working on their legislative report, and this will be one of the recommendations for the legislature to address. 4. Regional DCYF Education Leads and DCYF staff facilitate and/or participate in regional school and child welfare networks that meet regularly. These meetings include opportunities to participate in joint trainings, case consultations and/or sharing of resources. Several DCYF forms/publications including the School Notification form have the OSPI link to the district foster care liaisons (FLC). This facilitates connecting with the proper liaison and reduces delays in obtaining needed resources for children when they come into care. 5. DCYF Headquarter Education Program Manager collaborates in planning and facilitating AOC training for judges, AAGs, and the GALs. Regional FTDM Coordinators invite and include parents in shared planning meetings. Education Leads message out importance to caseworkers to include parents in school meetings and in Best Interest Determination meetings.

Additionally, under the Strengthening Child Welfare System Grant an Enhanced Permanency Planning intervention was utilized in 22 offices in Regions 1, 4, and 6. This intervention included the following enhancements:

- Independent facilitators assign themselves to cases and are the center of all meetings for the family.
- Expedited staffing every 90 days.
- Pre-Meetings with parents, caregivers, youth and caseworkers to ensure everyone is clear on the meeting purpose and agenda.
- Consistent agenda that incorporates the components outlined in Shared Planning Meeting policy - the agenda always reviews youth's medical, mental health, and education status as well as placement and visits; concurrent plans and condition to return home.
- Creation of an action plan to identify "next steps" on the case.
- Parents are afforded the opportunity to meet separately with family in a break-out room to create their own case plan which is then presented to the team.
- These meetings are held as true teaming meetings with case plans developed by parents, youth, stakeholders, tribe, and caseworker.
- Components of this intervention include transparency, respect and integrity, inclusion, and they are strength-based.

6. The DCYF Oversight Board is addressed in RCW 43.216.015(9). Members include legislators and representatives with various subject matter expertise. Members other than legislators are nominated by the Governor subject to the approval of the appointed legislators by majority vote.

   Last session, HB 1665 was introduced to add "one subject matter expert on education for youth who are placed in an institution as defined under RCW 13.40.020 or dependent under chapter 13.34 RCW." Although HB 1665 did not move forward in the legislative process, it was added to HB 1936, which included some other modifications to the Oversight Board membership. The bill did not pass.

Recommendation 3

Data
1. Include external stakeholders in the ongoing development of CCWIS around deciding what data points need to be collected and make these the priority. The group recommends a review of what is statutorily mandated as a starting point. Examples include incarcerated parents, family time, disproportionality and educational outcomes.
2. Develop an Education Dashboard that includes (but not limited to)
   - Percentage of children in care who change schools because of a placement change.
   - Number of best interest determinations with resulting school placement.
   - Number of children who remained in school of origin after being placed outside of the school boundaries.

- Percentage of children, both in care and those who remain in the home, who have been referred to Early Learning Services and out of those how many are receiving Early Learning Services.
- Percentage of children in care with education liaisons.
- Number of youths in JR institutional setting and number of youths that age out or declined into DOC.
- Graduation rates and testing scores of children in foster care.
- School discipline rates of children in foster care.
- All data should be disaggregated by race and ethnicity.

3. To capture a better idea of how race and ethnicity affect child welfare, data should be collected at each decision point DCYF is involved in. This includes but is not limited to the race/ethnicity of children, parents, caregivers, DCYF workforce and reporting parties.

DCYF Response	1. DCYF has not had any stakeholder involvement at this point. DCYF will be including external stakeholder communications in the detailed communication plan, but that is still to be developed. Regarding data points, DCYF is in the planning phase and not ready for those discussions. The Implementation Project (to be expected next year) will discuss details and data collection needs. DCYF is currently working to offer a listening session to external partners around CCWIS. The listening session may be used to build an external committee to assist with CCWIS in the implementation planning phase to start after the Feasibility Study is completed. 2. DCYF is committed to understanding the educational outcomes of children in care and the Office of Innovation, Alignment, and Accountability is actively working to develop the necessary data structures to report on educational outcomes. DCYF and OSPI have entered into a data share agreement that specifies how the data received from OSPI can legally be used for OSPI to remain in compliance with FERPA regulations. This agreement only permits the data to be used for internal improvement purposes and it cannot be displayed in a public dashboard. OIAA continues to work with the DCYF educational program manager to identify the priority for future report development. - Bullets 1-5. OIAA does not have systematic access to the OSPI data coming into DCYF, so some of these cannot be reported on until access is granted. - Bullet 6 – OIAA currently reports the number of youths in institutional settings each year on the Reports page here (see Juvenile Rehabilitation Fact Sheet, lower right corner link): https://www.dcyf.wa.gov/practice/oiaa/reports - Bullets 7-8, these reports are met by ERDC and OSPI. See ERDC's Education Outcomes of Children and Youth Experiencing Foster Care: https://erdc.wa.gov/publications/student-outcomes/education-outcomes-children-and-youth-experiencing-foster-care - OSPI report cards with foster care as "Student Program and Characteristic"

	https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300 3. DCYF Office of Innovation, Alignment, and Accountability (OIAA) prepare and publish data regarding agency performance in several key areas, including the strategic priority of eliminating racial disproportionality and advancing racial equity. OIAA has information regarding equity in kindergarten readiness, disproportionality in child welfare, and equity in Juvenile Rehabilitation Services. These measures can be accessed at the following link: https://www.dcyf.wa.gov/practice/oiaa/agency-performance/racial-equity

Infants Born Substance Exposed or Affected

These recommendations are carried over from the prior year's recommendations.

1. Update policy that creates a presumption that infants born substance exposed or affected remain with parent. If the Safety Framework indicates the infant is unsafe with the biological parent, including fathers, active efforts should be utilized to ensure that every single effort and resource is afforded to keep the child safely home through a safety plan. This would include an increase in resource allocation to family SUD housing such as the Rising Strong model.
2. Pursue additional legislation to remove language such as "substance abuse as a contributing factor… shall be given great weight". See RCW 26.44. 195. This language perpetrates biases for parents who have substance abuse disorders. Other risk factors such as severe mental health issues and lack of bonding can be just as dangerous to infants as substance abuse.
3. Update policy for DCYF and the Attorney General's Office (AGO) to make clear that when a dependency is filed on an infant born substance exposed or affected and the intake is screened in risk only, without any other allegations, that DCYF only file a C dependency alleging that the child has no parent, guardian, or custodian capable of adequately caring for the child. In these situations, a B dependency should not be filed, as there cannot be abuse or neglect of the infant prior to birth. This is consistent with DCYF's discontinuation of findings on children prior to their birth.
4. The group recommends that DCYF leadership convene a meeting with leadership at the Governor's Office and Statewide representatives of Hospitals to develop clear and consistent statewide policies for hospitals regarding testing for substances during the birthing process. The race equity analysis tool should be used during the development and approval of these policies. This should reduce racial biases and begin to create equity, in turn reducing disproportionality in the child welfare system and minimizing family trauma.

DCYF Response	1. As 1227 becomes effective the standard for removal will meet the statutory requirements. Policy changes will be reflective of the statutory requirements. 2. DCYF leadership will consider this recommendation. 3. DCYF's policies do not apply to other state agencies, including the AGO. After a dependency petition has been completed by the department it is reviewed by the AGO for legal sufficiency. If a newborn is removed for substance use alone, the petition would be filed under RCW 13.34.030(5)(c) dependency, indicating there is no parent or guardian capable to care for the child. However, there are

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	circumstances that indicate a dependency should be filed under RCW 13.34.030(5) subsection (a) and/or (b) when there are allegations of abandonment, child abuse, and/or neglect in addition to the substance use. While there is no specific policy to direct the use of the subsection of RCW 13.34.030(5), DCYF will consider this recommendation.
	4. DCYF leadership is currently in early discussion with Department of Health to address this issue. DCYF will provide more information as these talks advance.

Prevention, Investigation, and Family Services Citizen Review Panel

Purpose

The purpose of the Prevention, Investigation, and Family Services Citizen Review Panel is to review the practices, procedures, and policies of DCYF while making recommendations for improvements of the child welfare services system. The CRP is a group of community members that represent professions with expertise and/or experience with the child welfare system from a preventative and services field. This CRP also includes individuals with lived experience with the child welfare system.

Prevention, Investigation, and Family Services Citizen Review Panel Members

- Jennifer Justice, Parent Ally with The First Clinic, LE, Co-Chair
- Jenny White, Washington Mental Health Care Association, Prior Foster Parent, Co-Chair
- Tiffani Buck, Nursing Consultation Advisor Department of Health
- Kristen Lavery, Manager 5 South Addiction Recovery Services
- Taila AyAy, FIRST Clinic Director
- Julianne Bukey Peterson, Amara
- Paula Reed, Executive Director Children's Advocacy Centers of Washington
- Carol Mitchell, Founder and Director of Advocacy at the Institute for Black Justice
- Soleil Muniz, Washington Coalition of Sexual Assault Programs
- Connie Mollerstuen, Founder and Director of Positively Linked Prevention and Resilience Support DV

Process

The Prevention, Investigation, and Family Services CRP met in October of 2022 and in May of 2023 in-person. The CRP has met via zoom three times since November 2022. The CRP has scheduled meetings that occur via Zoom every other month. The CRP researches and discusses topics via email when necessary.

Actions by the Prevention, Investigation, and Family Services Citizen Review Panel

The CRP had their first meeting in September of 2022 and their first in-person meeting on October 11, 2022. Since that first meeting the panel has completed the following work:

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- The panel members completed a comprehensive orientation process.
- Payton Bordley, Harvard Government Performance Lab Fellow, discussed current work supporting substance using pregnant individuals and update the panel on development of a referral pathway tailored for Native Families.
- Alissa Copeland, DCYF Intake and Early Learning Program Manager, provided an update on Plan of Safe Care work and an update on Mandatory Reporting workgroup.
- Erica Anderson, Help Me Grow, discussed work related to Plan of Safe Care.
- Steve Grilli, DCYF Assistant Secretary of Partnership, Prevention, and Services, reviewed and discussed DCYF Response to Recommendations made by the Children, Youth, and Families Statewide CRP.
- Natalie Green, DCYF Assistant Secretary of Child Welfare Field Operations, reviewed and discussed DCYF Response to Recommendations made by the Children, Youth, and Families Statewide CRP.
- The panel members voted on Jennifer Justice and Jenny White to Co-Chair the CRP.
- The panel drafted and voted on Policies and Procedures and By-laws.
- The panel has members represented on the Contracts and Services Subcommittee. The subcommittee is reviewing DCYF contracting practicing and the concerns of BIPOC providers. The subcommittee has members from all three CRPs present.
- The panel members determined that they would like to invite DCYF Program Mangers and review DCYF policies and procedures before determining area of focus.
- Tarassa Froberg, DCYF CRS and FVS Program Manager, provided an overview of her current work and projects.
- Jasmine Hodges, DCYF Child Safety Program Manager, provided an overview of her current work and projects. Ms. Hodges also returned during the general meeting to discuss ongoing work around the Safety Framework.
- Ray Soriano, Carol Byers, Jazzy James, and Aleta Mahone, DCYF Racial Equity and Social Justice staff, discussed work in the RESJ office.
- Vickie Ybarra, Director of DCYF Office of Innovation, Alignment, and Accountability, and her staff provided an overview of the beta version of the Prevention Data Dashboard that will be public facing in late spring/early summer 2023.

Recommendations for CY2022/2023

The panel supports the recommendations made by the Children, Youth, and Families Statewide CRP and will continue to develop recommendations as they determine their area of focus for the upcoming year. Panel members are serving on the Contracts and Services Subcommittee and support recommendations developed from the subcommittee.

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Contacts and Services Citizen Review Panel Subcommittee

Purpose

The Contracts and Services Citizen Review Panel Subcommittee is comprised of members from the three Citizen Review Panels. The subcommittee is tasked with reviewing the contracting and services practices of DCYF. The subcommittee will report back to the three CRPs with recommendations for DCYF practice and policy improvement.

Contracts and Services Citizen Review Panel Subcommittee Members

The following panel members have participated in a minimum of one meeting of the CRP subcommittee:

- Katherine Kameron, Office of Legal Aide, Subcommittee Lead
- Jacob D'Annunzio, Office of Public Defense
- Jason Bragg, Parent Ally, LE
- Dr. Miriam Harris, University of Washington
- Kimberly Booker, OPD SW
- Carol Mitchell, Founder and Director of Advocacy at the Institute for Black Justice
- Jenny White, Washington Mental Health Care Association, Prior Foster Parent
- Kimberly Mays, OPD, LE
- Tiffani Buck, Nursing Consultation Advisor Department of Health

Process

The Contracts and Services CRP Subcommittee has met five times via Zoom since November 2022. The CRP researches and discusses topics via email when necessary.

Actions by the Contracts and Services CRP Subcommittee

The Subcommittee had their first meeting in November of 2022. Since that first meeting the panel has completed the following work and met with the following DCYF managers:

- Reviewed DCYF Child Welfare contracting practices at Headquarters, Regions, and Office level.
- Steven Cotter, DCYF Contracts and Procurement Office Chief, discussed DCYF contracting practices.
- Andrea Cardenas, Region 2 Program Consultant, discussed contracting and services at the regional level.
- Felix Idahosa, Regional EBP Manager, Everett, discussed contracting and services at the regional level.
- Shawn Sivly, Region 4 Group Care Program Manager, discussed contracting and services at the regional level.
- Laneta Able, Region 5 Program Consultant, discussed contracting and services at the regional level.

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- The subcommittee was provided information on upcoming pilot projects related to culturally relevant services and the outline of the new Service Array that will be in operation within the next year.

Recommendations

The Subcommittee provided the following initial recommendations to the CRPs in May of 2023 for review and consideration:

- Create opportunities for BIPOC contractors to obtain capacity contracts which will create financial stability leading to consistent access to these providers who often are the sole source of culturally relevant service.
- Develop a standardized and central contracting protocol subject to an external, independent audit process designed to confirm that these providers are receiving the same contracting opportunities as larger, and in many cases white-owned businesses.
- Create a uniform process for contractors to submit complaints and obtain relief. For example, should complaints be sent to a neutral party, such as the ombudsman?
- Publicize available service providers.
- Develop an MOU between the CRPs and DCYF with time deadlines and specific policy changes that have been implemented by DCYF to address this issue.

Attachment B – CFS-101 Forms

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2024: October 1, 2023 through September 30, 2024

1. Name of State or Indian Tribal Organization AND Department/Division:		**3. EIN:**	82-3847397
Washington State Department of Children, Youth and Families		**4. UEI:**	FHSQBHMMKJL4
2. Address: (insert mailing for grant award notices in the two rows below) address			
1500 Jefferson St SE		**5. Submission Type:** (mark X next to option)	
Olympia WA 98501		- New	X
a) **Contact Name and Phone** for Questions: Michelle Salinas 360-407-5505		- Reallotment	
b) **Email address** for grant award notices: dcyf.costallocandgrants mgmt@dcfy.wa.gov			

REQUEST FOR FUNDING for FY 2024:

The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.

Hardcode all numbers; no formulas or linked cells.

	% of Total	
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$5,019,335
a) Total administrative costs (not to exceed 10% of the CWS request)		$501,933
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		$5,045,911
a) Family Preservation Services	30.0%	$1,513,774
b) Family Support Services	20.0%	$1,009,182
c) Family Reunification Services	20.0%	$1,009,182
d) Adoption Promotion and Support Services	20.0%	$1,009,182
e) Other Service Related Activities (e.g. planning)	0.0%	
f) Administrative Costs (*STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %*)	10.0%	$504,591
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.	100.0%	*$5,045,911*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$318,957
a) Total administrative costs (not to exceed 10% of MCV request)		$31,895
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (*STATES ONLY*)		$2,105,692
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:		$2,979,744
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee requ est).		$893,923
11. Requested Education and Training Voucher (ETV) funds:		$1,001,745

REALLOTMENT REQUEST(S) for FY 2023:

Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2023 allotment that will not be utilized for the following programs:

CWS	**PSSF**	**MCV** *(States only)*	**Chafee Program**		**ETV Program**
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment)**:**

CWS	**PSSF**	**MCV** *(States only)*	**Chafee Program**		**ETV Program**

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$0	$0	$0	$800,000		$0

14. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official *Rene Newkirk*		*Signature of Federal Children's Bureau Official*
Title Chief Financial Officer		*Title*
Date June 22, 2023		*Date*

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CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: Washington State Department of Children, Youth and Families

For FY 2024: OCTOBER 1, 2023 TO SEPTEMBER 30, 2024

No entry required in the black shaded cells

SERVICES/ACTIVITIES	(A) IV-B Subpart 1-CWS	(B) IV-B Subpart 2-PSSF	(C) IV-B Subpart 2-MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (narrative)	(L) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	$ -			$ 2,105,692				$ 33,201	105,588	-	Reports of abuse and neglect	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ 4,517,402	$ 1,513,774		$ -				$ 15,513,119	16,079	-	Families whose child(ren) are substantially likely or at imminennt risk of placement or to reunify a child or children with their family.	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ -	$ 1,009,182		$ -				$ 366,696	14,838	-	Families needing help to safely maintain their child(ren) in their own home.	Statewide
4.) FAMILY REUNIFICATION SERVICES	$ -	$ 1,009,182		$ -				$ 336,394	7,126	-	Families with a child (ren) returning home	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 1,009,182						$ 57,689	325	-	All eligible children	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ -						$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 14,179,899	$ 43,265,625	8,349	-	All eligible children	Statewide
(b) GROUP/INST CARE	$ -						$ 32,992	$ 1,208,276	625	-	Youth with extreme, high levels of service needs	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 44,551,139	$ 40,251,477	16,264	-	All eligible children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 3,133,666	$ 4,057,790	713	-	Children in a licensed relative home when reunification with parents or adoption or not options for the child.	Statewide
10.) INDEPENDENT LIVING SERVICES	$ -				$ 2,979,744			$ 678,980	1,291	-	Dependent youth age 14 or older	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -					$ 1,001,745		$ -	168	-	Eligible youth pursuing post secondary education	Statewide
12.) ADMINISTRATIVE COSTS	$ 501,933	$ 504,591	$ 31,895				$ 92,675,021	$ 13,541,593				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 201,267	$ 320,403				

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14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 312,953	$ 329,392			
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ 4,979,204	$ 8,324,606	4,469	-	All eligible children	Statewide
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -	$ 3,298,797	$ 2,274,826			
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 287,062				$ -	$ -			
18.) TOTAL	$ 5,019,335	$ 5,045,911	$ 318,957	$ 2,105,692	$ 2,979,744	$ 1,001,745	$ 163,364,937	$ 130,560,067			

19.) TOTALS FROM PART I	$5,019,335	$5,045,911	$318,957	$2,105,692	$2,979,744	$1,001,745	**21.) Population data required in columns I - L can be found:** (mark X below the option)		
20.) Difference (Part I - Part II)	$0.00	$0.00	$0.00	$0.00 $0.00		$0.00	On this form	In the APSR Narrative	
(If there is an amount other than $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses ($) means Part II exceeds the amount on Part I.)							X		

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CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2021 Gr ants: October 1, 2020 through September 30, 2022

No entry required in the black shaded cells

1. Name of State or Indian Tribal Organization:	2. Address: 1500 Jeffers on St SE, Olympia WA 98501	3. EIN: 82-3847397
Washington State Department of Children, Youth and Families	0	4. UEI: FHSQBHMMKJL4
5. Submission Type: (type New or Revision) New	0	

Description of Funds	(A) Actual Expenditures for FY 21 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (narrative)	(E) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	$ 5,141,04 7	25,622	-	Children and Adults	Statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	$ 514,10 4				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ 5,400,24 0	33,585	-	Children and Adults	Statewide
a) Family Preservation Services	$ 1,620,07 2				
b) Family Support Services	$ 1,080,04 8				
c) Family Reunification Services	$ 1,080,04 8				
d) Adoption Promotion and Support Services	$ 1,080,04 8				
f) Administrative Costs (*FOR STATES: not to exceed 10% of PSSF spending*)	$ 540,02 4				

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g) *Total title IV-B, subpart 2 funds:* NO ENTRY: This line displays the sum of lines a-f.	$ 5,400,240				
8. **Total Monthly Caseworker Visit funds:** *(STATES ONLY)*	$ 341,354				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ 34,135				
9. **Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds:** *(optional)*	$ 3,231,277	1,443	-	Eligible Youth	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of Chafee allotment)*	$ 231,206				
10. **Total Education and Training Voucher (ETV) funds:** *(Optional)*	$ 1,084,149	170	-	Eligible Youth	Statewide

11. **Certification by State Agency or Indian Tribal Organization**: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.			
Signature of State/Tribal Agency Official *Rene Newkirk*		*Signature of Federal Children's Bureau Official*	
Title	*Date*	*Title*	*Date*
Chief Financial Officer	June 22, 2023		

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Attachment C – Washington State ETV Chart

Attachment C

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Washington

	Total ETVs Awarded	Number of New ETVs
<u>Final Number:</u> **2020-2021 School Year** (July 1, 2020 to June 30, 2021)	160	45
2021-2022 School Year* (July 1, 2021 to June 30, 2022)	169	53

<u>Comments:</u>

*In some cases, this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Attachment D – Washington State Foster and Adoptive Parent Diligent Recruitment Plan

Introduction

In partnership with region-based Foster Care Recruiters, statewide Caregiver Retention, Education and Support Program, Northwest Resource Associates (NWRA), DCYFs Foster Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence (the Alliance), and Washington's many child placing agencies and tribes, DCYF endeavors to continuously strengthen, improve, and diversify recruitment efforts to identify potential foster and adoptive families. Under DCYFs Policy 5100. Applying as a Foster Parent or Unlicensed Caregiver, DCYF is prohibited from denying any person the opportunity to become a foster or adoptive parent, on the basis of race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability or national origin of the foster or adoptive parent, or the child, involved 42 USC 671a and RCW 49.60.030.

Caregiver Recruitment and Retention Program

DCYF caregiver recruitment and retention program includes a hybrid model, with internal and external components including:

- Community-Focused Targeted Recruitment (DCYF direct service) to lead recruitment efforts unique to each community, implement recruitment strategies, and develop community partnerships to employ targeted recruitment approach.
- Caregiver Retention and Support Contract with community partner (Alliance for Child Welfare Excellence, Caregiver Retention, Education and Support Program) Caregiver support functions to include support groups, assistance through the licensing process, caregiver peer mentoring, community-based resource development and sharing, Foster Intervention and Retention Support Team (FIRST).

DCYF's Recruitment and Retention program goals are to:

- Increase recruitment of diverse, quality caregivers that can meet the needs of children placed in out-of-home care.
- Improve retention rates of caregivers by ensuring they receive timely support, access to resources and mentoring.
- Keep children within their community when placed in out-of-home care.

Recruitment Focus and Deliverables:

- Increase racially, ethnically, and culturally diverse caregivers to meet the needs of children placed in out-of-home care.
- Increase caregivers who are and/or are affirming and supportive of LGBTQ+.
- Increase licensed homes for sibling groups of three or more children.
- Increase caregivers who can meet the needs of medically fragile children.

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- Develop an existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.
- Focus recruitment efforts on reducing the use of exceptional cost placements.

In 2023, DCYF's recruitment areas of focus will be further enhanced, specifically for teens and youth with complex needs. Placement resources in these areas continue to be challenge.

DCYF maintains six Targeted Recruitment Specialists (TRS), one designated for each region. The role of the TRS is to capture and use data unique to the communities in which they serve to drive recruitment. The TRS build connections internally and externally to understand the needs of their region.

Retention and Support of Licensed Foster Parents, Adoptive and Kinship Caregivers

In the coming year, DCYF will focus strategies and efforts on sustaining the existing pool of licensed foster and kinship caregivers. Researchers have found that **retention is as important to agencies as recruitment**. Satisfied, experienced foster parents are the foundation of recruitment.

The Alliance launched the Caregiver Retention Education and Support (CaRES) Program in March 2021.

The CaRES program includes the following:
- Management of prospective foster parent inquiries
- First Placement Support
- Peer Mentoring
- Robust Resources
- Ways to connect on social media
- Foster Intervention, Retention, and Support Team (FIRST)

From March 2022 to February 2023 CaRES provided:
- 3,085 responses to prospective foster parent inquiries including 1,047 calls to prospective foster parents in high removal zip codes.
- 2,070 caregivers with support in a group setting such as a support group or special event.
- 2,134 contacts with caregivers who initiated contact with CaRES.
- 3,159 calls to newly licensed foster parents, those with their first placement, and kinship caregivers with a new placement.

Feedback from caregivers is integral to the growth and development of the CaRES program and overall retention strategies. The quotes below provide a glimpse into the positive impact CaRES has had on caregivers in 2022.

"Hearing other people's stories that highlight the fact that I'm not the only one to struggle with parenting. It's easy to fall into the idea that no one else has as hard of a time with things as you do."

Likewise, CaRES reports retention themes and trends in their reports. The following trends were repeated in more than one monthly report.

- Caregivers struggle with communication issues
  - Tied to high caseworker caseloads
  - Updates on court dates, caseworker changes, Family Time schedule changes
  - Unclear who to contact (reimbursement follow-up, financial needs, Family Time)
- Poor placement fits
  - Including inaccurate or missing information
- Kinship considerations
  - Unprepared for placement
  - System and resource navigation
  - General expectations
  - Variations in practice by locale
- Questions about updated guardianship legislation
- Open beds without placement
- Caregiver morale

In addition to the trends and themes shared by CaRES, the Department of Children, Youth, and Families draws from other sources of stakeholder feedback to prioritize areas needing improvement. These sources include:

- FamLink administrative data
- Annual Caregiver Survey
- DCYF's Constituent Relations (CR)
- Office of the Family and Children's Ombuds (OFCO)

Analysis of FamLink data[37] reveals that amongst the families who closed their licenses in 2022:

- The mean average months retained at time of closure in 2022 was 64, a five-month improvement from 2021.
- The median and mode averages indicate the prevalence of homes closing at the first renewal period (three years).
- To increase the average number of months a foster parent(s) is licensed, DCYF needs to target retention prior to the first license renewal period and 64-months post licensure.

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[37] InfoFamlink Licensed Foster Home Detail Report, Jan 1, 2011 through Dec 31, 2021

Cares added a six-month post-licensure touch point in 2022 to target caregivers in their first licensing period. CaRES has noticed that by six-months post licensure, most caregivers are encountering the complexities of the child welfare system and have growing frustrations.

Information from constituent relations reveals that the number of complaints received from caregivers cluster around concerns related to placement and placement moves as well as communication.

The annual caregiver survey that was conducted during 2022[38] reveals that caregivers appreciate DCYF staff who are:
- Available, timely, provide help quickly, and offer validation and empathy during challenging times.
- Accessible through different communication options such as email, text, and phone.
- Encouraging, positive, empathetic, and who follow-through.
- Interested in caregiver perspective and who listen to children and youth experiencing foster care.
- Inclusive and notify caregivers of meetings, hearings and other key opportunities.

Caregivers expressed concern about:
- An overall lack of support.
- Lack of respect, feeling undervalued and being treated as a "babysitter".
- Staff listening and follow-through on commitments.
- The critical importance of communication.

Activities completed in calendar year 2022:
- The "Caregiver Support Email Campaign"
  - The campaign promoted recognition and awareness of the new caregiver retention and support program at the Alliance CaRES.
  - Every-other-week, staff received a brief email that highlighted a CaRES or DCYF resource and a caregiver quote.
  - Amongst the topics addressed were:
    - Caregiver support is available and easy to access.
    - How caregivers are connected to CaRES
    - The CaRES website is a gateway to support.
    - CaRES is ready to support kinship caregivers.
    - The DCYF website has resources for caregivers too.
    - CaRES has peer mentors.
    - Multiple types of support groups available
    - Support available when licensed families are experiencing investigation.

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[38] DCYF Caregiver Survey Report available at
https://www.dcyf.wa.gov/sites/default/files/pdf/2022CaregiverSurveyReport.pdf.

- ▪ Key DCYF caregiver forms and publications
- Launched and completed a comprehensive redesign of the DCYF foster parenting and kinship care webpages[39]
  - o Content was broken into target populations (prospective foster parents, kin, and current foster parents) including distinct resources
  - o The website was developed to be visually appealing, easy to navigate, and to provide answers to caregivers' frequently asked questions.
- CaRES added a six-month post-licensure touch point to targets caregivers in their first licensing period.
- Updated the DCYF intranet caregiver webpage with points of contact across all programs and resources.
- Created a new "Who to Contact"[40] resource to address feedback from CaRES that caregivers do not know who to contact for frequent needs and questions.

Activities for 2023:
- Publish a new caregiver handbook that will be available online and in print.
  - o This activity was delayed in 2022, because of updates to the DCYF website. With the website updates completed, the handbook can now move forward and include web links.
- Develop retention deliverables and a retention quality assurance loop that includes annual caregiver listening sessions in each DCYF service region.
- Intensive retention-focused work plan with the Center for States.

Recruitment and Retention Collaborative (RRC)

Each region continues to facilitate a regionally based Recruitment and Retention (RRC) team that meets quarterly. RRC continues to provide an advisory role and technical assistance for recruitment and retention and acts as an independent sounding board for recruitment and retention planning and activities; informs planning and activities related to recruitment and retention; and enhances DCYF's relationship with regions and local communities.

The goals of RRC are to:
- Provide a platform to bring together DCYF and community partners to discuss ongoing needs, strategies, and barriers to a data-driven approach for recruitment and retention.
- Recruit and retain a diverse pool of quality caregivers able to meet the child's specific needs, inclusive of ensuring connectivity and positive relationships with the child's kin and community and who reflect and support the child's ethnicity, culture, and race.

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[39] Revamped webpages can be viewed at https://www.dcyf.wa.gov/services/foster-parenting

[40] Available at https://www.dcyf.wa.gov/publications-library?combine_1=LIC_0081&combine=&field_program_topic_2_value=All&field_languages_available_value=All

- Enhance the community's awareness of placement needs for youth in their community and support available.

DCYF launched the RRC model in July 2021. Since that time, RRC gatherings have occurred in each region on a quarterly basis. Starting in May 2023, the RRC will include DCYF representatives from the Licensing, Child Welfare Field Operations, and Partnership, Prevention, and Client Services Division.

Be the Way Home Campaign

DCYF has continued to implement the Be the Way Home campaign in all forms of recruitment messaging. Reinforcing that permanency comes in various forms, and caregivers are part of that journey. Be the Way Home recognizes that caregivers provide an actual home for children in need while at the same time honoring that caregivers are instrumental in the outcomes for children in out-of-home care. Caregivers are at the heart of helping children find their way home, wherever that may end up being.

Through a collaborative process that included feedback from both internal and external groups, including parent and caregiver representatives and providers, DCYF landed on messaging that embraces the following concepts:

- Reunification is the first and primary goal for children who experience out-of-home care.
- There is a need for quality, diverse caregivers able to meet a child's short- or long-term needs.
- Caregivers, both licensed foster and kinship, are a valuable resource to parents and the agency.
- Caregivers are essential in helping children stay connected to parents, siblings, kin, and community.
- DCYF aims to recruit and retain caregivers who can provide a safe, loving and a temporary home and who are ready to walk alongside and champion parents who are transforming their lives to reunify with their children.

Characteristics of Children and Youth Needing Foster and Adoptive Homes

Children and youth placed in out-of-home care come from different geographical areas and are diverse with varying ethnicity, race, socioeconomic status, gender, language, religion, and sexual orientation and gender identity. DCYF places children and youth in out-of-home care from birth to 18-years old and provides extended foster care placement and support for youth up to age 21. DCYF affirms the value of placing children and youth with kinship caregivers whenever it is safe and appropriate to do so. With that said, nearly half the children and youth placed in out-of-home care are placed with a relative or person known to the child, youth, and/or family. In circumstances where this is not an option, children and youth are placed in licensed foster care. DCYF placement coordinators across the state work toward making every placement a match in terms of keeping siblings together, ensuring the home is culturally

appropriate, and knowing that the caregiver has the skills needed to care for the child or youth. However, this does not always occur due to a lack of available caregivers and capacity and a limited amount of information known about the child or youth at the time of placement.

DCYF strives to increase the number of foster homes available to meet the physical, emotional, and cultural needs of children and youth placed in out-of-home care. Efforts continue toward general, targeted, and child specific recruitment strategies to find quality caregivers. DCYF continues to look for ways to increase the pool of licensed foster homes who reflect the population of children and youth in care.

Race/Ethnicity of Children in Out-of-Home Care Compared to Race/Ethnicity of Licensed Caregivers	
American Indian/Alaskan Native (includes multi-racial AI/AN) Children	1,085
Foster Homes with AI/AN Caregiver	217
Hispanic Children	1,034
Foster Homes with Hispanic Caregiver	541
Black Children (includes Black-Multiracial)	1,014
Foster Homes with Black Caregiver	370
Total Children of Color	3,292
Total Foster Homes with a Caregiver of Color	1,296
Caregiver counts include State, CPA and Tribal homes.	
Data Source: Minority, Licensed Providers by Location and Type and Relative vs. Non-Relative, infoFamLink, January 1, 2023	

DCYF experienced a 6% reduction in the total number of Black, Indigenous, and People of Color (BIPOC) children and youth placed in out of home care, and a 3% increase in the total number of licensed foster parents who with at least one caregiver who self-identifies as BIPOC.

DCYF understands there is great disproportionately when looking at the race/ethnicity of children being placed in out-of-home care compared to the race/ethnicity of licensed foster parents. The goal is to have the licensed caregiver pool mirror the diversity of the children and families in which it serves. The TRS are currently developing strategies and ways to engage the community and bring an awareness to the need for diverse families.

Strategies to Reach All Parts of the Community
To meet the need for adoptive and foster home placements, DCYF uses three recruitment strategies:
- **General recruitment** helps build public interest and awareness. Recruitment messages appeal to prospective families and their desire to make a difference for children and

youth. This strategy encourages the development of communities that are responsive to the unique experiences of caregivers and children or youth in out-of-home care.

- **Targeted recruitment** uses data and demographics of the children and youth in out-of-home care to recruit resources specific to a need. This type of recruitment is culturally responsive, and community based. Targeted recruitment may include marketing and communication efforts tailored and placed in specific venues. It can also include outreach to organizations that serve groups**.**
- **Child specific recruitment** focuses on recruitment of prospective families for specific children and youth in out-of-home care. Child specific recruitment may include the sharing of biographical sketches of children or youth with specific foster parent groups, brief video vignettes of individual children or youth, or child and youth developed profiles shared with recruitment partners.

Recruitment Activities

During 2022, DCYF worked hard to build the foundation of an internal foster care recruitment program. Resources were allocated to support this work and included a full-time graphic designer to create a wide array of recruitment materials; DCYF's Communication Department approving access and creating a process for social media; and a Brief Work Plan with the Capacity Building Center for States focused on training and consultation on diligent targeted recruitment.

Each region has a unique landscape, not only geographically, but culturally as well. There are overarching recruitment needs, but also region specific. The TRS team are utilizing available data sources to determine what those needs are. This includes reviewing information on caregiver demographics within a particular area, compared with that of child demographics.

TRS are utilizing the Caregiver Recruitment and Retention report for the main source of data. This report uses child and caregiver information as entered the FamLink database. It pulls from multiple sources to provide a comprehensive list of information. There are four data sections:
- Licensed foster parent
- Child Placement
- Child Removal/Exit
- Licensing Division

There are two views for the report, one is internal that displays actual placement counts and cannot be shared externally without permission, and the other is external and able to be shared with child placing agencies and community partners. The report can be filtered by region, office, county, zip code and school district.

A review of the 2022 statewide Caregiver Recruitment and Retention report provided data on the high removal zip codes throughout the state. When children and youth are removed from their homes, demographic information is collected and used to support recruitment efforts. High removal zip codes are targeted as particular areas of need. We've built efforts around

recruiting caregivers in these zip codes with the goal of keeping children and youth in their communities.

High Removal Zip Code Visual Map for 2022
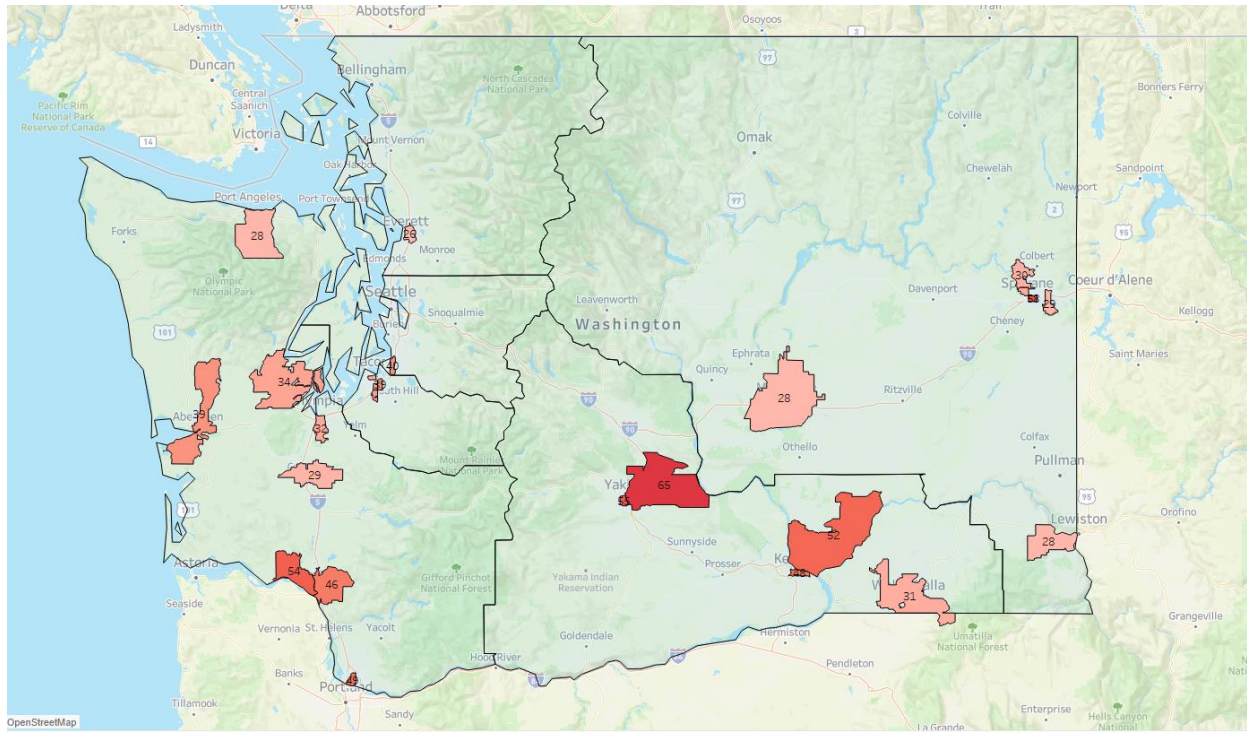
Over the past 12 months, the TRS have been actively recruiting within their respective regions. Here are some highlights of the work they are doing:

Region 1

Region One is the largest region in Washington State, covering thirteen counties (Adams, Asotin, Chelan, Douglas, Ferry, Garfield, Grant, Lincoln, Okanagan, Pend Oreille, Spokane, Stevens, and Whitman). Within this region, there are a wide array of towns, cities, and rural communities varying with unique needs and populations. Spokane is a highly populated city with several high removal zip codes and a large concentration of foster homes. The high removal zip codes in Spokane are primarily located in the heart of the city.

Region 1 Quick Facts:
- Current Number of Licensed Foster Parents (State, CPA, Tribal): 690
- 22.3% of Licensed Foster Homes include at least one BIPOC caregiver
- 49.7% of Children and Youth Placed in out-of-home care are BIPOC
- Current Number of Kinship Caregivers: 432
- Current Number of Children and Youth in Out-of-Home Care: 1,093
- 53.3% of children and youth are placed in kinship care.

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CY 2022 HIGH REMOVAL ZIP CODES REGION 1				
1	2	3	4	5
98837 Moses Lake	99201 Spokane	99205 Spokane	99202 Spokane	99207 Spokane
6	7	8	9	10
99001 Airway Heights	99206 Spokane Valley	99216 Spokane Valley	99208 Spokane	98801 Wenatchee
Data Source: InfoFamlink Caregiver Recruitment & Retention Report December 31, 2022				

GOAL	RECRUITMENT ACTIVITY
Racially, ethnically, and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	• Partnered with tribal liaison and community partners to provide data and build relationships with tribal partners in region one. • Invited tribal child placing agencies (CPA) to connect with other CPAs in a regular recruitment meeting created to support all recruitment efforts in communities across the region. • Connected with Latinos en Spokane, a community organization.
DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	• Completed a Co-Design group to connect with statewide LGBTQIA+ partners both internally and externally. • Saying It Out Loud Conference Planning Committee and was vendor at virtual event. • Partnered with local community organizations including Odyssey, Spectrum, and PFLAG
Homes licensed for three children or more (accommodate siblings).	• TRS work consistently across the region to engage in all communities through markets, events, and presentations to share in the need of sibling group accommodations. Examples of these include farmers markets such as Hillyard and Perry, monthly foster parent information sessions done virtually, and local agency presentations including that done for the Moses Lake Rotary Club and Spokane Angels.
Caregivers who can meet the needs of medically fragile children.	• TRS sought out and built relationships with a variety of community agencies and partners including Coordinated Care, Spokane Regional Health District, Confluence Health, and CHAS.
Develop/increase existing pool of caregivers available to provide care for children with extensive emotional,	• Northwest Autism Center monthly newsletter. • Steps for Autism Event

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behavioral, and physical needs.	
Focus recruitment efforts on reducing the use of exceptional cost placements.	• Regular meetings with placement coordinators to inform placement needs. • Education and information sharing at all events listed above with a specific message "we need caregivers for children and youth experiencing foster care right now."

Region 2

Region two is located within Eastern Washington and is geographically diverse and spread out over several miles. The region consists of 7 counties (Benton, Columbia, Franklin, Kittitas, Klickitat, Walla Walla, and Yakima). While each county is unique, collectively there is a large concentration of families with Hispanic descent who are primarily Spanish speaking. Yakima County continues to have one of the highest removal rates statewide. This area continues to struggle with low-income communities challenged with poverty and a lack of community-based resources. Recruitment efforts in this region must be culturally appropriate and offered in both Spanish and English to accommodate for the unique demographics of the area.

Region 2 Quick Facts:
- Current Number of Licensed Foster Parents (State, CPA, Tribal): 453
- 37.1% of Licensed Foster Homes include at least one BIPOC caregiver
- 64.3% of Children and Youth Placed in out-of-home care are BIPOC
- Current Number of Kinship Caregivers: 335
- Current Number of Children and Youth in Out-of-Home Care: 740
- 59.7% of children and youth are placed in kinship care.

CY 2022 HIGH REMOVAL ZIP CODES REGION 2				
1	2	3	4	5
98901 Yakima	98902 Yakima	99362 Walla Walla	99336 Kennewick	99301 Pasco
6	7	8	9	10
98908 Yakima	99337 Kennewick	98944 Wapato	98951 Wapato	98926 Ellensburg
Data Source: InfoFamlink Caregiver Recruitment & Retention Report December 31, 2022				

Goal	Recruitment Activity
Racially, ethnically, and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	• Spanish recruitment publication creation and distribution, specific to the Yakima County, Walla Walla County • Established a connection with the YMCA of Walla Walla. • Partnered with the Walla Walla Police Department and internal DCYF staff to host a Foster Parent Information Night for police officers and city employees. • Partnered with the Walla Walla Public Library and internal DCYF staff to host a Foster Parent Information Night • Benton County Chamber of Commerce Winter Fest event in December of 2022 which had an attendance of over 1,500 community members • Ellensburg Volunteer Fair in March 2022, a local community event within Kittitas County hosted by the Chamber of Commerce • Participated in the Pasco Family Field Day event in August 2022 hosted by Chiawana High School and the Pasco Police Department. • Contacted 4 Spanish newspapers/magazines within Yakima/Tri-Cities areas to seek advertisement sponsorships. La Voz Hispanic Newspaper serves over 400,000 Hispanic homes across CW.
DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	• Participated in the Tri-Cities Pride Festival hosted by the Tri-Cities Pride Organization on June 4, 2022. This was a highly attended event with approximately 4,000 community members in attendance. • Connected with over 7 Region 2 libraries to post and disseminate publication materials that support and promote inclusiveness of the LGBTQIA+ foster care community.
Homes licensed for three children or more (accommodate siblings).	• Connected with the Yakima Diocese and 8 of its parishes as Hispanic homes are more likely to accept sibling groups due to great emphasis on family connection and unity. Hispanic families tend to be of bigger sizes and tend to remain together for generations making them a great option for sibling groups.
Caregivers who can meet the needs of medically fragile children.	• Connected with local medical facilities, clinics, and hospitals to reach skilled professionals with the region in an effort to share information in their internal employee newsletters and bulletin boards about the need for skilled professionals to care for children with medial needs.

Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	• Contacted local colleges including community colleges about advertising opportunities on their campus and in their internal and external newsletters to attract parents and educators with college aged children who may be more adapt in caring for youth and teens experiencing foster care.
Focus recruitment efforts on reducing the use of exceptional cost placements.	• Region 2 has not been a high or frequent user of placement exceptions. TRS has ongoing connections with centralized placement team to learn more about the needs within the region.

Region 3

This region is located on the upper northwest corner of Western Washington and includes counties Island, San Juan, Skagit, Snohomish, and Whatcom counties. Although it only covers five counties, it is a relatively large and diverse area. There are urban and rural areas, along with several bodies of water to cross. Region 3 offices are very well connected and a tight nit group. The assigned TRS in the region has been able to establish multiple connections across the board given the sense of partnership and willingness to aide in the recruitment and retention efforts region wide.

Region 3 Quick Facts:
- Current Number of Licensed Foster Parents (State, CPA, Tribal): 642
- 20.9% of Licensed Foster Homes include at least one BIPOC caregiver
- 45.1% of Children and Youth Placed in out-of-home care are BIPOC
- Current Number of Kinship Caregivers: 277
- Current Number of Children and Youth in Out-of-Home Care: 676
- 53.4% of children and youth are placed in kinship care.

CY2022 HIGH REMOVAL ZIP CODES REGION 3				
1	2	3	4	5
98201 Everett	98204 Everett	98284 Sedro Woolley	98226 Bellingham	98225 Bellingham
6	7	8	9	10
98208 Everett	98058 Lake Stevens	98223 Arlington	98270 Marysville	98271 Marysville
Data Source: InfoFamlink Caregiver Recruitment & Retention Report December 31, 2022				

Goal	Recruitment Activity
Racially, ethnically, and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	Presented at 10.03 Tribal Partnership Meeting. Ongoing meetings with the Tribal Liaison to discuss recruitment opportunities. Explored advertising and podcasts through Native online/Satellite Radio Station. Co-lead in a Black/African American co-design group to create recruitment materials that are reflective of Black/African American communities and raise awareness of the need for Black/African American Caregivers. Participated in a project to create 101 recruitment boxes to mail to Black/African American owned business, agencies and Churches statewide in preparation for Black History month 2023. Reverse tabling/networking at Black/African American Cultural events such as the Nubian Jam. Participate in NAACP meetings to build connections and learn about community events. Vendor booths at Mukilteo, Everett, and Bellingham Schools Resource Fairs. Information provided in English & Spanish.
DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	Vendor booth at the LGBTQIA+ Pride event in high removal area in Bellingham (98225). Recruitment boxes mailed to PFLAG Skagit, Whatcom and Everett Branches. Two Recruitment videos were created specifically outlining the need for affirming and accepting foster homes. Videos were created as part of a Co-design group aimed at recruiting homes for youth with exceptional needs. The videos feature a foster parent and young adult who are part of the LGBTQIA+ and fostering communities. Gay Lesbian and Straight Education Network, (GLSEN) published an article in their virtual newsletter on behalf of DCYF raising awareness about the need for LGBTQIA+ affirming and accepting foster parents including links to the become a foster parent webpage and information sessions. Vendor at Saying It Out Virtual Conference.
Homes licensed for three children or more (accommodate siblings).	Participated in group to create a campaign of social media images to recruit homes for siblings. Outcome: Sibling Recruitment Flyer. Sibling advertisement posted on social media. Seven social media images. Share flyers/recruitment materials through community partners, newsletters, social media etc.

Caregivers who can meet the needs of medically fragile children.	Outreach to community partners that are currently serving children with complex medical needs to build partnerships and raise awareness. Consult with Medical Facilities and agencies to discuss potential ways to share information. Co-lead co-design group for youth with exceptional needs to collaboratively design recruitment materials to raise awareness and target potential caregivers that may have experience with youth with exceptional needs.
Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	Met with BRS foster parents to discuss current challenges and identified foster parents that are willing to speak at foster parent recruitment events. Attend monthly Child Placing Agency (CPA) recruiters' meetings to share data and ongoing needs for caregivers for children with exceptional needs, discuss barriers to recruitment of Behavioral Rehabilitation Services (BRS) homes and collaborate around recruitment strategies. 41 Middle Schools and High Schools in High Removal areas in Snohomish County were targeted through Peach Jar to share Flyers to recruit foster homes for teens.
Focus recruitment efforts on reducing the use of exceptional cost placements.	Attend CPA meetings to share data and ongoing needs for caregivers for children with special needs, discuss barriers and collaborate around recruitment strategies. Share information about licensing Tier 2 beds as a short-term solution to reduce the number of hotel/exceptional cost placements. Participate in Resource Family Work group which includes child welfare and private foster care agencies across the state to collaborate and share information on recruitment strategies.

Region 4

The most populated county in Washington state is King County, which comprises all Region 4. This is a highly populated and geographically diverse area spanning over 2,000 miles. There are many diverse communities that build the foundation of King County. What makes this area unique is the city center areas which includes residents with significant financial resources, with semi-urban areas that include low-income and high crime districts. Region 4 is considered resource rich and there are many agencies located in King County to support children and youth in out-of-home care. Successful recruitment in this region relies on community connections to ensure a reach far and wide.

Region 4 Quick Facts:
- Current Number of Licensed Foster Parents (State, CPA, Tribal): 700
- 36.8% of Licensed Foster Homes include at least one BIPOC caregiver
- 71.3% of Children and Youth Placed in out-of-home care are BIPOC
- Current Number of Kinship Caregivers: 475

- Current Number of Children and Youth in Out-of-Home Care: 1,084
- 59.8% of children and youth are placed in kinship care.

CY 2022 HIGH REMOVAL ZIP CODES REGION 4				
1	2	3	4	5
98032 Kent	98003 Federal Way	98002 Auburn	98023 Federal Way	98030 Kent
6	7	8	9	10
98168 Tukwila	98106 Seattle	98052 Redmond	98118 Seattle	98178 Tukwila
Data Source: InfoFamlink Caregiver Recruitment & Retention Report December 31, 2022				

Goal	Recruitment Activity
Racially, ethnically, and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	Attended Region 10.03 to discusses diligent recruitment efforts for AI/AN caregivers in Region 4. Ongoing meetings with the Office of Tribal Relations. Tabled at the Columbia City Night Market to raise awareness about the need for diverse foster parents. Paid Facebook advertisement raising awareness about the need for more Black/African American foster families. Presentation to TPAC about the number of Native children in care and the need for more Native caregivers to improve culturally appropriate placements. Presentation at the ICW sub-committee meeting about the data of Native children in placement and shared recruitment materials Meeting with the Kent Chamber of Commerce to develop partnerships with Black owned businesses in a high removal zip code. Meeting with United Indians about partnering to support their recruitment efforts and sharing recruitment materials to increase the number of Native foster parents Meeting with Snoqualmie CPA about partnering to support their recruitment efforts and sharing recruitment materials to increase the number of Native foster parents
DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	Posted flyers about LGBTQ+ children and youth experiencing foster care and the need for open and affirming homes. Virtual booth at the Saying Out Loud conference to recruit LGBTQ+ and LGBTQ+ affirming foster families and develop partnerships with LGBTQ+ agencies.

	Shared virtual flyer with Lambert House to have them share it within their agency as well as on their Facebook page.
Homes licensed for three children or more (accommodate siblings).	Advertised on Facebook to raise awareness about the need for foster homes for sibling groups. Valpak – Kent every door direct mailer – 30,000 addresses around the Kent High School area. Tabled at a Seattle Thunderbirds Hockey game to raise awareness about the need for foster children in that area
Caregivers who can meet the needs of medically fragile children.	Met with Swedish Hospital social worker to begin the process about messaging to Swedish nurses and social workers about the needs for foster parents skilled in caring for medically fragile children.
Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	Met with Ryther therapists to discuss strategies to help develop strategies to recruit skilled foster parents. Met with mentor organizations Choose 180 to raise awareness about the need for foster parents who have skills with challenging behaviors. Began collaboration with Peers Kent to develop strategies to grow skilled foster parents to work with challenging children and youth.
Focus recruitment efforts on reducing the use of exceptional cost placements.	Ongoing meetings with DCYF region 4 placement supervisor and afterhours supervisor to understand the characteristics and demographics of children and youth experiencing exceptional cost placements. Data analysis of region 4 data on children and youth experiencing exceptional costs placements.

Region 5

Region five is a beautiful and culturally diverse area that includes two large counties, Pierce, and Kitsap. Within Pierce County there are four DCYF field offices that cover over 1,800 square miles with rural and urban areas. Kitsap county is separated by the strait of Puget Sound and home to the Bangor Trident Base Naval Base.

In partnering with placement coordinators within the region, one of the biggest needs expressed are for general foster care homes for boys between the ages of 6 and 17, homes for large sibling groups, and homes for children and youth experiencing mental health and behavioral challenges.

Region 5 Quick Facts:
- Current Number of Licensed Foster Parents (State, CPA, Tribal): 847
- 37.3% of Licensed Foster Homes include at least one BIPOC caregiver
- 62.6% of Children and Youth Placed in out-of-home care are BIPOC
- Current Number of Kinship Caregivers: 416

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- Current Number of Children and Youth in Out-of-Home Care: 1,069
- 53.7% of children and youth are placed in kinship care.

CY 2022 HIGH REMOVAL ZIP CODES REGION 5				
1	2	3	4	5
98499 Lakewood	98404 Tacoma	98444 Tacoma	98387 Spanaway	98405 Tacoma
6	7	8	9	10
98409 Lakewood	98312 Bremerton	98445 Parkland	98338 Graham	98391 Bonney Lake
Data Source: InfoFamlink Caregiver Recruitment & Retention Report December 31, 2022				

Goal	Recruitment Activity
Racially, ethnically, and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	Seattle/Tacoma FACTS Newspaper – Black History Month AD – February 2022 Annie Wright Schools BIPOC Market event – April 2022 African/Black American Co-Design Team created Recruitment Publication June 2022 Hispanic/LatinX Scared Heath Catholic Church – October 2022 Hispanic/LatinX Information Night – November 2022 Tacoma ART Walk-Museum of History Event – July 2022
DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	Tacoma Pride Festival – July 2022
Homes licensed for three children or more (accommodate siblings).	Bremerton Strengthening Families – June 2022 Community Health Clinic/Foster Adoption Clinic annual lunch/laughter event – March 2022 PEACH Jar Middle/High Schools Recruitment AD – Kitsap and Pierce County High Removal areas – May 2022 National Night Out Event – August 2022 Back to School Festival Recruitment Event – August 2022 Pierce County Kinship Fair Event – September 2022 Kitsap County Kinship Fair Event – September 2022
Caregivers who can meet the needs of	A Day in the Park 3-2-1 Buddy Event – May 2022

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medically fragile children.	
Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	Foster/Adoption Clinic Celebrate National Foster Parent Month Newsletter – May 2022
Focus recruitment efforts on reducing the use of exceptional cost placements.	Regular meetings with placement coordinators to inform placement needs.

Region 6

Located on the southeast corner of Washington state is Region six, which is comprised of 11 counties: Clallam, Jefferson, Grays Harbor, Pacific, Mason, Thurston, Lewis, Cowlitz, Clark, Wahkiakum, Skamania. There is significant ground to cover from one end of the region to the next, almost 300 miles from one end to the next. As with many places in Washington state there are urban areas of the region, with many small towns and communities along the way. Utilizing high removal zip codes strategically has been a necessity for the TRS responsible for serving the region.

Region 6 Quick Facts:
- Current Number of Licensed Foster Parents (State, CPA, Tribal): 979
- 23.1% of Licensed Foster Homes include at least one BIPOC caregiver
- 38.6% of Children and Youth Placed in out-of-home care are BIPOC
- Current Number of Kinship Caregivers: 426
- Current Number of Children and Youth in Out-of-Home Care: 1,289
- 49.8% of children and youth are placed in kinship care.

CY 2022HIGH REMOVAL ZIP CODES REGION 6				
1	2	3	4	5
98584 Shelton	98661 Vancouver	98632 Longview	98520 Aberdeen	98531 Centralia
6	7	8	9	10
98501 Olympia	98550 Hoquiam	98662 Vancouver	98660 Vancouver	98626 Kelso
Data Source: InfoFamlink Caregiver Recruitment & Retention Report December 31, 2022				

Goal	Recruitment Activity
Racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	Recruitment posts in targeted community groups on Facebook Ongoing monthly meetings with LD Tribal Specialist Presentation to Office of Tribal Relations Presentation to TPAC Presented at ICW Subcommittee Meeting Cowlitz Tribe Safety Fair- Tabling Event Clark Co Juneteenth Freedom Celebration- Tabling Event Meeting with Cowlitz Tribe representative
DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	Saying It Out Loud Conference- Virtual Tabling Event Summer of PRIDE-Tabling Event Clark County PRIDE Tabling Event Grays Harbor Pride Festival Tabling Event Presentation to SW WA PFLAG
Homes licensed for three children or more (accommodate siblings).	Presented to Harney Heights Neighborhood Association Created sibling flyer, and social media images and campaign Presentation to Bethesda Church Clark County Meeting with Evergreen School District Hoquiam Volunteer Fair-Tabling Event
Caregivers who are able to meet the needs of medically fragile children.	Launched Co-Design Group for Youth with Complex Needs (Behavioral, Emotional, Physical, Developmental)
Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	Reached out to Grays Harbor Child Advocates Presented to Thurston County Court Appointed Special Advocate (CASA) Office Meeting with Chehalis Library Peach Jar advertisements to 23 schools Advertisement in Boys and Girls Clubs of SW Washington Newsletter Presentation to Washington State University Vancouver class Added Cowlitz County Early Learning Coalition Meeting
Focus recruitment efforts on reducing the use of exceptional cost placements.	Attended LD Aberdeen Collaboration Meeting Grays Harbor Radio Interviews on two different radio stations Completed article in Grays Harbor Talk Publication Presentation to Tea with Taku Initiated school recruitment project with Adolescent Programs Presentation to Cathlamet Women's Club

Racial, Equity, and Social Justice

During a consultation with DCYF's RESJ Team, it was recommended that recruitment materials specific to a community be created in partnership, as part of the codesign process. "Co-design" refers to a participatory approach to designing solutions, in which community members are treated as equal collaborators in the design process. In September 2021 Co-Design Groups were

formed, and in 2022 several of the groups launched. There were recruitment barriers and staffing issues that delayed three of the seven groups from launching.

Goals of the Co-Design Group:
- Identify key values, messages, and themes for the identified group.
- What is the best way to connect and engage this community?
- What is the best medium to communicate with this community?
- In developing recruitment materials/messaging—what would be most effective?
- What images/representations accurately reflect this group?
- Once recruitment materials are developed, this team would review and provide feedback/approval.

Co-Design Groups Initiated:
- Black/African American
- LGBTQIA+
- Intensive Behavioral, Emotional, Physical Needs (Juvenile Rehabilitation- Facility, DDA, Medical Complex/Fragile, BRS)
- Teens/Young Adults (Extended Foster Care, ILS)

Groups to be Re-Engaged in 2023:
- Hispanic/Latinx
- American Indian/Alaskan Native
- Permanency (Reunification/Parent Partnership/Adoption from Foster Care)

Recruitment materials are being specifically created to express the need for diverse caregivers from all races/ethnicities. In addition, materials include a specific call to action for caregivers able to meet the needs of children experiencing complex physical, mental, and behavioral health needs.

Messaging shared continues to express the importance of keeping children and youth connected to their culture. Strong cultural identity contributes to higher levels of social well-being and education levels, better psychological adjustment and improved coping skills, lower rates of depression, anxiety, isolation, and other mental health challenges. Family connections are critical to children's healthy development, sense of belonging, and preserve children's cultural identity and relationship to their community.

Foster Parent Information Sessions
Targeted Recruitment Specialists, along with partners from the Licensing Division's Assessment team, host a Foster Parent Information Sessions on the first Tuesday of each month. This has been a great space for prospective foster parents to attend who are curious about fostering and/or adoption, want to learn more about the process, have technical questions, and want to

connect one on one with a recruiter. These sessions have continued consistently since October 2021 and continue to grow in popularity.

Child-Specific Recruitment:
See timely search for adoptive families below for additional information/updates.

Statewide Information Recruitment Center (SRIC)
A key data source to track prospective foster parent characteristics is through the SRIC. The SRIC Data Tracker has been a contracted service through NWRA since 2009. This system tracks prospective foster parents who inquire about becoming a foster parent via an online inquiry form or from individuals or families who call the state's recruitment phone line at 1-888-KIDS-414.

LD launched the online provider portal Washington Caregiver Application Portal (WACAP) powered by Binti in the fall of 2022, starting first with existing kinship caregiver applications and then transitioning to serve general non-kinship care applicants. This has created an electronic application process for prospective caregivers (licensed general and kinship) to apply. DCYF continues to contract with the SRIC to manage the high volume of prospective foster parent inquiries that are not ready to initiate the licensing process in Binti but want additional information about becoming a caregiver. Data collection for WA CAP is currently underway. 2023 report planning will include data elements from the online portal. Preliminary results are showing that kinship families and prospective foster parents are accessing and utilizing the portal with relative ease, which is very promising as DCYF continues to strive in removing barriers associated with the licensing process.

Data available from the SRIC includes:
- General and specific forms of recruitment information that have prompted the family to inquire about foster care and adoption, including families who have responded to AdoptUS kids.
- Race/ethnicity, city, and county of prospective foster families.
- The best way to connect with the prospective foster family (phone, cell, email).
- Family's specified area of interest.
- Numbers of new inquiries made each month (by type), reported by region/local office/source.
- Spanish speaking inquiries and ongoing support for Spanish speaking callers.
- Referrals directed to the contractor.
- Contacts (date, time, type) made by the recruiter or liaison.
- Follow up contacts made with each individual prospective family.
- Group contacts made by the recruiter or liaison.
- Bulk email messaging to all prospective families and active families in the system.

DCYF has established an Adoption Call to Action core group to develop new strategies to achieve timely permanency for children and youth in out-of-home care who are waiting to be

adopted. The contracted provider for the SRIC is a member of the Call to Action core group and runs NWAE. Increased resources are being explored to continue work with NWAE to enhance current programs for child-specific recruitment that are youth driven and showing positive results. Please see Adoption Call to Action plan in the 2022 APSR for more information.

Dissemination of Information Regarding Becoming a Foster and Adoptive Parent

DCYF's recruitment staff plan to use a variety of methods to disseminate information on becoming a licensed foster or adoptive parent. These methods include:

- Social Media - Facebook, Twitter, Instagram, YouTube, sharing advertisements through online Community Boards, Peach Jar (an online digital distribution system for school districts).
- US Postal Mail – post card project, sending recruitment materials and swag kits to community organizations, cultural centers, and businesses.
- Electronic Delivery (E-mail, List servs) - Utilizing contact information provided by prospective foster parents to send encouraging emails to "keep the lead warm", Caregiver Connection list serv:
  - Foster, Adoptive, and Kinship Caregiver Information (8,816)
  - Relative/Kinship Providers (2,519)
  - Licensed Caregivers (5,233)
  - Prospective Caregivers (738)

The DCYF website is another avenue for individuals interested in learning more about becoming a foster or adoptive parent. DCYF has a page designated for Foster Parenting & Kinship Care, which a direct link to "Become a Foster Parent". The website provides information specific to the licensing process, training requirements, and an option to complete online orientation. Contact information is provided for each identified regional LD contact to field questions and/or concerns about becoming licensed. In addition, links are provided to access the recruitment contractors for additional support and the Alliance to sign up for training. DCYFs pages on "Become a Foster Parent" and Foster Parent Training are all within the top ten most visited sites on DCYFs internet pages as of January 2023.

The Adoption DCYF website has been updated over the course of the last 18 months. An addition to the website includes the "Latest News" section like what is found on the Foster Parenting & Kinship Care page. The information in this section provides families interested in adoption with links to training, events, and many other helpful resources.

DCYF was created as of July 1, 2018, in accordance with House Bill 1661 signed into law on July 6, 2017. DCYF has restructured how the state serves at-risk children and youth with the goal of producing better outcomes for children, youth, and families in all Washington communities. DCYF includes former Children's Administration (CA), Juvenile Rehabilitation (JR) and Department of Early Learning. A benefit of this new agency as it relates to recruitment and retention efforts is that DCYF has more resources to share information with the addition of a full, dedicated communications team.

Assuring Prospective Foster and Adoptive Parents Have Access to Licensing Agencies

DCYF has a vested interest in obtaining quality caregivers to provide for children and youth placed in out-of-home care who have experienced child abuse, neglect, and trauma. There are two pathways in which an individual can become a licensed foster parent. The first is by applying through LD; and the second is by applying through a private Child Placing Agency (CPA) to be certified and then issued a license by the state's LD office.

- State Licensing:
  - Work directly with local Licensing Division.
  - Foster families make placement decisions independently.
  - Foster parents work directly with DCYF staff.
  - Self-advocate for specific needs and resources.
  - Support provided under statewide contract, CaRES Program.
- Child Placing Agency (CPA):
  - Work directly with a local private agency.
  - CPA coordinates placement decisions.
  - CPA provides advocacy for family and child needs and resources.
  - Services provided or coordinated by agency.
  - Families receive individualized support and case management.

There is a strong presence of CPAs throughout the state, accounting for approximately 35% of all licensed foster homes. There are many agencies available to individuals interested in becoming licensed; all are encouraged and supported. CPAs hold a license and contract with DCYF that outlines service expectations. Per their contract, "Foster parent recruitment activities shall take into consideration the diversity of the child population the Contractor serves. The Contractor shall engage in a variety of activities designed to recruit, train, support, and retain foster parents. The Contractor shall work cooperatively with DCYF on foster parent recruitment activities." DCYF continues to partner with CPAs across the state to recruit and retain licensed foster parents. This is a valuable partnership in which the TRS plan to continue developing within their new role.

In addition to holding the contract for the SRIC database, NWRA provides a comprehensive list of CPAs throughout the state via their website. The site also provides information on how to research a prospective CPA and determine what agency will be the best fit.

It is the role of the TRS to recruit for diverse, quality caregivers no matter which path to licensure they chose. DCYF continues to use and maintain an active list of CPAs that lives on the website and provides prospective caregivers with accurate information on CPAs available in their area. At initial inquiry and during pre-service training, individuals are provided information on CPAs in the area and the different tracks available for licensure.

CPA contact lists can be found under the Options for Getting Licensed tab on Becoming a Foster Parent page or in the DCYF Publications Library.

In addition to finding general information on webpage, there are prompts to get more information:

- If you'd like **someone to email or call you about fostering**, <u>complete the inquiry form</u> and a member of the CaRES team will contact you within 2 business days.
- If you'd like to **talk to someone about fostering**, call 1-888-KIDS-414.
- If you'd like to read more information about fostering, check out <u>Becoming a Foster Parent FAQ</u> or read the information below.

Completing the inquiry form connects to the SRIC database. Once an individual provides their contact information, geographical location, race/ethnicity, gender, age, type of care interested, what encouraged them to apply, and primary language, this information is logged in the database as a new record. CaRES is then responsible to provide initial contact and support through the licensing process. A CaRES team member is tasked to follow up within 2 business days. The CaRES team provides the individual with comprehensive information as it relates to the licensing process, including information on how to access state and private licensing agencies. All individuals receive support; however, individuals from particular areas across the state and those who indicate an interest in general foster care/respite care are provided additional outreach per a developed engagement strategy.

- Inquiry Engagement Strategy:
  - Respond to each individual inquiry within 2 business days.
  - Individually call within five business days:
    - Prospective foster parents who want to provide general foster care or respite and who live in the top 25 zip codes with the highest removal rates
    - Kinship caregivers
  - Provide all prospective caregivers with more information about the licensing process.

Through a partnership with LD, prospective foster families learn about:
- Children and youth who enter out-of-home care, trauma they may have experienced, and available services.
- Licensing requirements.
- The application and home study process, background check requirements, and timeframes for licensing.
- Fostering experiences from veteran caregivers at Caregiver Core Training (CCT).
- Opportunities for direct contact with DCYF contracted and partner agencies and experienced foster parents during the CCT field experience.
- Ongoing support from CaRES when questions arise regarding training, applications, home studies, and licensure process.

Training for prospective and existing foster and adoptive families is available through the Alliance. The Alliance is a comprehensive statewide partnership developed with the University

of Washington School of Social Work (UW), the University of Washington Tacoma (UWT), Eastern Washington University (EWU), DCYF and Partners for Our Children (P4C) through UW. The Alliance partnership delivers training for DCYF staff as well as caregivers. Cultural competency is a foundational part of the curriculum. DCYF staff, prospective and existing caregivers receive cultural awareness and competency training in the core curriculum.

Staff Training to Work with Diverse Communities

DCYF partners with the Alliance to provide training to staff, tribal members, and caregivers across the state. All new DCYF employees are required to participate in Regional Core Training (RCT) to prepare social service specialists with the basic knowledge, skills, and understanding to begin their careers in public child welfare. RCT is a comprehensive training and coaching program containing multiple sessions which lay the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals. Woven throughout RCT are several critical concepts, integral to best practice in child welfare, and designed to maximize learning within context and with relevancy to the work:

- Child safety, permanency, and well-being
- Critical thinking
- Trauma-informed practice
- Disproportionality and racial equity in child welfare
- Cultural competency/cultural humility
- Reflection and recognizing bias
- Documentation skills in FamLink
- Program specific job skills

DCYF staff receive continuous education through the Alliance which provides frequent, accessible in-person and online training based on relevant and current curriculum. Staff are highly encouraged to participate in Racial Microaggressions: Developing Cross Cultural Communication Skills. This seven-hour course is intended to have participants leave the training with a common language and understanding of what is meant by cultural competence and the work they need to do to grow their ability to effectively engage across cultures, an understanding of racial microaggressions and why they are problematic, and an increased ability to have courageous conversation about difference and to effectively engage racial tension.

LD staff who conduct home study assessments to assess for character, suitability and permanency participate in an additional training course entitled Licensing Track Week. This training provides program specific guidance and illustration and is facilitated by LD staff. In addition to learning the home study guide and assessment tools, there is specific information related to cultural, racial, and socio-economic variations that should be taken into consideration when working within each family. LD staff also receive comprehensive training on LGBTQ+ populations and best practice approaches when assessing caregivers.

Alliance CaRES is responsible for providing both new staff training on Cultural Competence and Caring for LGBTQ+ Youth. CaRES is to conduct annual trainings on cultural competence to support foster parents and kinship caregivers. In addition, the Caring for LGBTQ+ Youth training is also conducted annually so staff can educate families about caring for LGBTQ+ youth.

Strategies for Dealing with Linguistic Barriers

DCYF policy requires that staff are to provide Limited English Proficiency (LEP) clients access to DCYF programs and services in a timely manner and at no cost. LEP means persons are limited in their ability to read, write, or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively. All form and publications for DCYF are provided in various languages. If there is a specific language in which a form is not translated, DCYF will work diligently to submit the request and provide services in the requested language as soon as possible.

During the home study and licensing process, DCYF offers interpretive services at no cost. In addition, LD has several staff members statewide who are certified to interpret in various languages. DCYF staff are required to document LEP clients and services offered to alleviate any communication barriers. The SRIC database captures the primary language of prospective foster parents and provides this information to the respective contractors. In addition, the NWRA has a Spanish speaking staff to cover telephonic inquiry request with Spanish speaking individuals.

CaRES is responsible for providing appropriate, accessible and culturally relevant services to clients and their families. Service delivery must be culturally competent and responsive to each client's cultural beliefs and values, ethnic norms, language needs, and individual differences. It is encouraged that both programs employ a diverse workforce that reflects the diversity of their clientele and the community. LEP clients are provided with a certified or otherwise qualified interpreter and translated document. Deaf, deaf-blind, or hard of hearing clients are provided a certified sign language interpreter if needed. These services are provided at no cost to the client.

Non-discriminatory fee structures

DCYF provides services to all clients at no charge. An individual has access to training, required documents, recruitment materials, a home study assessment, and placement of children and youth with no out-of-pocket expenses. At times there are additional costs for an individual seeking foster care licensure. These costs can include funds spent to prepare the home to meet the minimum licensing requirements (obtaining a fire extinguisher, emergency escape ladder, first aid kit, etc.), fees associated with the required medical physical and TB tests/Immunizations and obtaining appropriate furniture/bedding. Financial assistance is available to kinship caregivers who are getting licensed to assist in eliminating barriers.

Foster parents who are identified as the permanent placement resource for the child or youth placed in their home can adopt that child. There are fees associated with adoption through DCYF and the costs of adopting a child from foster care are typically kept to a minimum and

adoptive families may be eligible for reimbursement. Incurred costs are generally limited to attorney fees and adoption home studies (if completed by someone other than DCYF). Foster families may apply for a non-recurring adoption expense reimbursement of adoption costs, the maximum reimbursable costs are $1,500.00 per child or youth.

DCYF requires that CPAs disclose all fees associated with their agency upfront to applicants. Per the Washington Administrative Code 110-147-1680, an agency must advise each applicant in writing about agency fees including: (1) All fees and charges associated with the cost of adoption; (2) A description of each fee including in-state, out-of-state and international expenses and fees; (3) All other miscellaneous expenses associated with the adoption process such as: (a) Home study fees; (b) Childcare expenses prior to adoption; (c) Post-placement and post-adoption reports; (d) Third-party fees; (e) Estimated travel and accommodation expenses; and (f) Non-refundable fees.

Timely Search Efforts and Supports for Adoptive Placements

Recruitment Services

DCYF contracts with Northwest Resource Associates who provide services to Washington youth through several recruitment services under Northwest Adoption Exchange (NWAE). Up until August 2022, NWAE provided two different websites: Washington Adoption Resource Exchange (WARE) and Northwest Adoption Exchange (NWAE). WARE was a password protected website available only to Washington families and caseworkers, while NWAE is a public website which features Washington youth. NWAE has integrated the password protected website into the public facing website and is now referred to as WA Access. This section of the website continues to function in the same manner as it did as a separate website.

Between January and December 2022, there were 63 children registered on Northwest Adoption Resource Exchange/WA Access and a total of 215 children served. Children are considered served by the exchange if they had an open case during the time period. This includes children that were active on the photo listing site, where families can connect with caseworkers, as well as children who were on hold pending a status change, such as if a child was awaiting an ICPC placement transition to occur.

Of the 215 children served during this period, 69 have a placed status for recruitment purposes, indicating that they have physically moved into their home of choice. Additionally, of those children served:

- 71.2% were ages 12 or older
- 55.6% were minority youth
- 64.7% were males
- 32.5% were females
- 6.9% identified as transgender
- 2.7% identified as non-binary

Of note, NWAE services saw a 7.2% increase of youth served who were 12 and older. Additionally, the average age of youth served is now 14 with prior data indicating the average age served were between 12 and 13.

After a child or youth becomes legally free, recruitment efforts also include registration with NWAE, AdoptUSKids, and other exchanges. In addition to the web-based services provided through Northwest Resource Associates, they also provide photographers from across the state who take professional photos of the child or youth for recruitment profiles. Child recruitment efforts also include the Wednesday's Child program, Saturday's Child, and assignment of a worker from Wendy's Wonderful Kids (WWK). Additional permanency-related services are outlined below.

Beyond typical photo listing, NWAE understands successful recruitment of families is dependent upon the organization and presentation of profiles in a way that inspires families to come forward. One way in which this is achieved is through the utilization of In-Depth Profiles (IDP). This recruitment model offers creative storytelling projects, published on a youth's photo listing profile, that feature creative, youth-driven content; empower youth in their own recruitment; and reach and engage more potential adoptive families. Anecdotal feedback from families engaged in viewing nwae.org indicate the youth stories are impactful and inspire families to reach out to the youth's caseworker. The impact of this type of recruitment can be seen in the data analytics for *nwae.org* consistently show a high level of engagement from website viewers. NWAE.org website visitors average over four minutes per session, about five times longer than average for websites.

The partnership between NWAE and DCYF has strengthened outreach to families. Approximately once a month, NWAE is provided with a list of families who have an approved home study and are interested in adoption. This list allows NWAE to reach out to families regarding the services the agency provides, including registering on the WA Access website. 167 ready-to-adopt families signed up for a WA Access account which provides access to profiles of Washington youth in need of permanency. Additionally, 45 ready-to-adopt families completed a featured family profile for caseworkers to view on the WA Access site.

Although increased outreach to families is seen as successful, gaps remain for those families served by Child Placing Agencies (CPA). Outreach to families served through DCYF has no barriers but CPAs require approval before NWAE is allowed to reach out to their families. In early 2023, NWAE and the DCYF Adoption Program Manager provided a presentation of services provided to all licensed families in Washington interested in adopting through foster care. Information provided during the presentation was hoped to break down the barriers but did not result in significant changes to requirements of CPAs on this matter. However, the

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Adoption Program Manager sends an introductory email to all families who were licensed with the goal of adoption which include information regarding services provided by NWAE. This strategy may lend itself to CPA families reaching out to NWAE.

NWAE assists DCYF by providing supplemental trainings regarding services and how the services can increase timeliness to permanency. This includes participation in the Adoption Specialized Track training provided to all new adoption workers. This training is offered to CFWS staff as well but is not well-attended. NWAE provides support to staff regarding "Unpacking the No" and provides guidance for permanency discussions with youth.

The Permanency from Day One (PFD1) Grant

A portion of this federal grant is slated to provide an Enhanced Youth Recruitment (EYR) strategy with two components to support timely adoption. This strategy was delayed temporarily due to contract freezes related to the COVID-19 pandemic; however, once the contract was able to be established with NWAE specific to this strategy, a group was reconvened. Detailed information regarding this recruitment effort can be found in the "Update to State Plan" section.

Purchase of Services (POS) Contracts

To minimize additional barriers to adoptive placements for Washington youth, DCYF uses monies through the Adoption POS program which is facilitated and monitored by the Adoption Program Manager. The monies are accessible when: 1) youth has an identified permanent plan of adoption, and 2) an out-of-state adoptive placement has been identified. To apply for POS funds, caseworkers must provide a copy of the shared planning meeting notes outlining the transition plan, family's adoption home study, how the identified family is able to meet the youth's needs and a list of necessary services to support the family and/or youth in transition and throughout placement.

Services provided by the out-of-state private agencies typically provide include health and safety visits, monthly reports, and adoption finalization reports and other services for a fee. The monies can be used to address post-placement barriers to finalizing an adoption such as in-home services for the family and youth, specialized therapy, and services identified by the private agency which may be specific to the state in which the youth now reside.

Between CY2021 and CY2022, there was a 43% (16/9[41]) decrease in the total number of requests for POS contracts. In CY2022, caseworkers requested a total of 9 POS contracts. As of June 1, 2023, of the contract requests, 2 youth have finalized adoptions and 3 youth are placed and are near adoption finalization. Three of the contracts were either cancelled by the

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[41] Data provided through adoption purchase of service spreadsheet owned by the Adoption Program Manager.

caseworker or placement never occurred. One placement disrupted resulting in the youth returning to Washington.

Wendy's Wonderful Kids® Child-Focused Recruitment Model

The Washington state legislature authorized the expenditure of $600,000 for state fiscal year 2022, beginning July 1, 2021, and for state fiscal year 2023, beginning July 1, 2022, for enhanced adoption placement services for legally free children in state custody in partnership with the Dave Thomas Foundation for Adoption (DTFA). The department began grant negotiations with DTFA on July 1, 2021, while concurrently creating seven positions to implement the Wendy's Wonderful Kids® Child-Focused Recruitment (WWK) program model. The supervisor was hired on December 1, 2021, and the grant was executed on December 3, 2021.

The first recruiter was hired on January 1, 2022, and as of April 1, 2022, five of the six recruiters have been hired and on-boarded, serving regions 1 through 5. There are currently thirty-one children and youth enrolled in the program with a median length of stay of 2,555.50 days. Since the launch of the internal program, 1,339 potential adoptive resources identified with 666 of those being relatives. An additional 120 resources have been contacted and network building has begun.

The department has seen some benefit to having the WWK program implemented by department staff. The recruiters all have access to FamLink and can access the electronic and hard files without having to make an appointment with the assigned caseworker. They are also able to make note of any missing records, such as education, medical, psychological, etc. and request updated records with the caseworker's permission. Once records are received, the recruiters are able to update the appropriate modules in FamLink with the new information and upload the records into FamLink. Recruiters are also able to facilitate background checks by providing background authorization to potential adoptive resources and other supports for whom the assigned caseworker has given permission.

DCYF strives to implement the WWK model to fidelity. There continues to be some confusion within the newly hired DCYF WWK staff regarding what constitutes a potential adoptive resource. On-going training and technical assistance are provided by the supervisor and the Adoption Program Manager with DTFA. The supervisor has also begun a new quality assurance process to identify knowledge and skills gaps. Strategies to address gaps have already been implemented. For example, the supervisor has created a spreadsheet the recruiters can use to make note of any potential adoptive resource identified through the case review. It is broken out by relative search, education, treatment, extra-curricular, etc.

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Statewide Adoption Consortium Meetings

DCYF continues statewide monthly adoption consortium meetings which were initiated in June 2016. Consortiums are an opportunity for adoption workers, Child and Family Welfare Services (CFWS) workers, Licensing Department (LD) workers, Guardians ad Litem/Court Appointed Special Advocates (CASA), private agency workers, contracted recruiters and families to present information on children and youth who need permanent homes and families with approved home studies who are awaiting placements.

Starting in August 2022, NWAE now provides consortium as a part of the contract with DCYF. Consortium meetings are held on the third Tuesday of every month via ZOOM which allows flexibility for workers and families. Residual COVID-19 restrictions caused another year without an in-person consortium. However, an in-person is being scheduled for fall 2023. These events are one to two days in length and provide opportunities for presentations of children, youth, and families and cross-training for attendees. Training topics included permanency considerations, team building and best practice ideas when assessing families for placement. Additional written guidance about this service is available to the community through the publication, "What is Adoption Consortium?"

Through the transition from DCYF to NWAE-led consortium, data from June and July was unable to be found. Due to the two-month gap in data, accurate data is not accessible to provide the same level of information provided during the last APSR. DCYF will work with NWAE to ensure data for APSR 2024 is complete and accurate for youth and families served.

Attachment E – Washington State Healthcare Oversight and Coordination Plan

Coordination and Collaboration of Health Care Services Plan

The Department of Children, Youth, and Families (DCYF) Health Care Oversight and Coordination Plan is developed, managed, and implemented in collaboration with state, public and private health and child welfare experts and organizations. Partners with DCYF to provide oversight and coordination of the physical and behavioral health services for children and youth who receive services from DCYF include:

- Washington State Health Care Authority (HCA) – Washington's Medicaid state agency
  - Division of Behavioral Health and Recovery (DBHR)
- Coordinated Care of Washington – Medicaid Managed Care plan
- Department of Social and Health Services (DSHS)
  - Aging and Long-Term Support Administration (ALTSA)
  - Developmental Disabilities Administration (DDA)
- Washington State Department of Health (DOH)
- Community physicians
- Seattle Children's Hospital
- University of Washington (UW)
- Children's mental health specialists
- Passion 2 Action (P2A) – Foster youth and alumni advisory board to DCYF

These professionals, individuals and organizations represent a mix of public and private partners. DCYF values the input and guidance from resources who have "lived experience" in the foster care/child welfare system.

Through workgroups and consultation with professional resources, the department continuously works to ensure that the well-being needs of children in care are met.

The State of Washington has programs across multiple departments that provide coordination and oversight of physical and behavioral health care services for children and youth in out-of-home care. The four programs are integrated and are supported by agency leadership to prioritize the DCYF population.

Department of Children, Youth, and Families – Division of Partnership, Prevention, and Services (PPS)

PPS has dedicated program managers with responsibility for implementation and maintenance of statewide policy and programs related to the physical and behavioral health of children and youth under DCYF placement and care authority. The program managers coordinate and consult with internal and external stakeholders and system partners to assure that DCYF policy and programs support and improve the well-being outcomes of children served by DCYF. The program managers oversee:

- Screening and assessment
- Systems integration/behavioral health

- Physical health
- Substance use disorder
- Developmental disabilities

The Division also includes three On-going Mental Health (OMH) screeners under the Screening and Assessment Program Manager. These staff are specially trained, non-case carrying Social Service Specialists who re-administer behavioral health screening tools for a cohort of children that remain in out-of-home care longer than six months. OMH uses the same age-appropriate, validated screening tools used by the Child Health and Education Tracking (CHET) program when children initially enter care. In addition, OMH staff seek to identify gaps in EPSDT and dental care needs.

Health Care Authority – Foster Care Adoption and Support (FCAS)
The FCAS staff are specialized eligibility staff who initiate, monitor, and maintain Medicaid eligibility for children and youth in foster care, extended foster care (EFC), adoption support and youth who are exit foster care on their eighteenth birthday and maintain Medicaid eligibility until they turn twenty-six.

The FCAS staff receive electronic notification from FamLink (SACWIS) when a child enters placement, moves, turns 18, or is adopted. This automatic process ensures assignment to the correct Medicaid program and supports continuity of care for access to established and needed services.

The FCAS staff request medical records for children who remain in foster care for over forty-five days based on Medicaid billing data. FCAS staff upload any records they receive into FamLink so the records are available to the child's caseworker.

Coordinated Care of Washington (CCW) - Apple Health Core Connections (AHCC)
AHCC is part of CCW's contract with HCA to provide a single, statewide, managed care plan for all eligible children and youth in foster care, adoption support, extended foster care and alumni of foster care until their twenty-sixth birthday. Overall, AHCC serves approximately 26,000 children, youth and young adults in this program.

AHCC reviews all newly enrolled children and youth to determine their level of need for care coordination or care management services. AHCC employs registered nurses and behavioral health professionals to provide care management. A child with physical and behavioral health needs can receive care coordination or care management for both physical and behavioral health needs.

DSHS – Aging and Long-Term Support Administration: Fostering Well-Being (FWB)
FWB unit was established in 2009 as part of DCYF's early efforts to implement the federal Fostering Connections Act of 2008. FWB is staffed with the following:
- Unit manager
- Five part-time Regional Medical Consultants (pediatricians)

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- Two Registered Nurses
- One Outcome Improvement Specialist
- One Social and Health Program Consultant 2

When AHCC was implemented in April 2016, FWB retained wrap-around care coordination responsibilities for children and youth not enrolled in the managed care plan. These include largely Tribal and non-citizen dependent children and youth (ages 0 – 17) and youth participating in the Extended Foster Care (EFC) program (ages 18-21) that are eligible for the Apple Health fee-for-service program. Tribal children and youth have the option to enroll in the managed care plan for foster children or remain fee-for-service. Non-Citizen children are not eligible for federal Medicaid programs and remain fee-for-service. Washington uses state funded dollars to support children who are not eligible for any federal Medicaid programs. Currently the fee-for-service population represents approximately 1,500 children and youth in out-of-home care.

In addition to care coordination, FWB provides:
- Consultation to caseworkers and caregivers from the five part-time Regional Medical Consultants (RMC).
- Clinical consultation for DCYF Licensing and Contract monitoring of Behavior Rehabilitation Services (BRS) group homes and Medically Fragile group homes.
- Review of Child Health and Education Tracking (CHET) screening reports for identification of medically fragile children per DCYF Medically Fragile Policy #45171 and WAC 388-107-0001.
- Referral of CHET screening reports to AHCC for care coordination for all children and youth enrolled in the Integrated Foster Care managed care plan.
- Coordination of services not covered by AHCC for all dependent children including transportation, dental/orthodontia, and vision hardware.

HCA, AHCC, and FWB are key partners and contributors with DCYF in Washington's efforts to ensure children in out-of-home care receive appropriate physical and behavioral health care services and supports. All partners coordinate with each other and the child's caseworker and caregiver to identify and address gaps in eligibility and services.

Oversight and Coordination of Health Care
Developing a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.
Children must have an initial health screen by a medical professional as soon as possible but no later than five days after they enter foster care. Initial health screens help identify and manage urgent medical problems not immediately identified in the transition from the child's home into foster care.

<u>DCYF policy 4517. Health Care Services for Children Placed in Out-of-Home Care</u> requires children in out-of-home care to receive age appropriate EPSDT examinations upon initial entry into out of home care and based on the current WA state Medicaid periodicity schedule:

- Within 30 days of out-of-home placement,
- Six examinations during a child's first year,
- Five examinations for children between one and three years of age, and
- Annual examinations for children between 3 and 20 years of age.

DCYF policy 4517 also requires caseworkers to schedule an initial dental exam to occur no later than the child's sixtieth day in placement.

The Child Health and Education Tracking (CHET) is a legislated, statewide program with specially trained child welfare staff. CHET staff do not carry an on-going caseload; their primary responsibility is to create a baseline of well-being information for children when they enter out-of-home placement. CHET screens are completed for all children who remain in care 30 days and longer. CHET identifies and organizes essential information in the following domains:

- <u>Physical health</u> – Child receives an EPSDT by the thirtieth day in out-of-home placement.
  - CHET staff document known physical, behavioral, and dental health needs and scheduled appointments in the final screening report. The CHET staff help caregivers connect with needed providers including physical health, dental, and behavioral health providers.
- <u>Developmental</u> – Developmental screenings are completed for children ages birth-66 months using the following age appropriate, validated screening tools:
  - Denver Developmental Screening Tool II (birth – 1 month)
  - Ages and Stages Questionnaires-third edition (ASQ-3) (1 month – 66 months)
- <u>Education</u> – Records for school-age children are obtained and summarized in the final CHET report. Summary of the records includes identification of needs and if the child has an Individual Education Plan (IEP) or other education interventions through the school district.
- <u>Emotional/Behavioral</u> – Emotional/Behavioral screening tools are completed using the following age appropriate, validated screening tools:
  - Ages and Stages Questionnaires: Social Emotional, second edition (ASQ:SE2) (1 month – 71 months)
  - Pediatric Symptom Checklist (PSC-17) – (6 - 17-years old)
  - Plus 4 trauma related screening questions - (3-17 years old) for caregiver/parent completion
  - Screen for Childhood Anxiety Related Emotional Disorders (SCARED) – trauma screening (7 – 17 years old) for youth completion
  - Global Appraisal of Individual Needs, short screener (GAIN-SS) – Substance use and co-occurring disorders (includes suicide question) – (13 - 17-years old)
- <u>Connections</u> – The CHET screener meets face-to-face with the child and caregivers (as appropriate and based on the child's age) to identify age appropriate and positive

connections for the child to people, organizations, interests, comfort items, and community supports that should be maintained while the child is in out-of-home care. For infants, this could be a blanket or toy; for older children and youth, this could mean participation in a cultural group or sports activity.

CHET staff create a CHET Screening Report to summarize the results of the screening tools, medical and education records, and interviews with the child, caregiver and parent, if available. The CHET Screening Report is uploaded into FamLink and sent to the child's caregiver within five days of completion. The child's caseworker uses the CHET report in consultation with the child's bio-family, caregivers, and service providers to establish a plan to address the child's urgent and long-term well-being needs. Caseworkers and caregivers are encouraged to share the CHET report with the child's physical and behavioral health care providers. Caseworkers are introduced to the CHET process during Regional Core Training (RCT). There is a full-day in-service training that caseworkers can choose to take regarding the CHET report and the mental health issues caseworkers need to know about to help the children and youth identified in their cases.

The CHET screening report is shared with FWB and AHCC as a tool that identifies the child's initial care coordination needs to address physical and behavioral health concerns.
- FWB nurses determine if a child meets the Medically Fragile definition per DCYF policy 45171. Medically Fragile Children.
  - FWB automatically provides care coordination for any medically fragile child who is not enrolled in AHCC.
- FWB forwards CHET Screening Reports for all children enrolled in AHCC to the health plan for initial identification of the child's physical and behavioral health care coordination needs.
- FWB provides care coordination as requested to fee-for-service children.

CHET workers make referrals to the Early Support for Infants and Toddlers (ESIT) program when developmental or social-emotional concerns are identified on the Denver, ASQ, or ASQ-SE2, for children under 3-years of age.

Caseworkers are responsible to ensure that children in out-of-home care beyond 30 days receive ongoing, age appropriate EPSDT examinations and any follow-up services identified in the EPSDT examination.

The FWB staff develop written comprehensive health overviews and clinical recommendations that integrate physical and behavioral/mental health for foster children and youth in the Apple Health Fee-for-service population that are eligible for care coordination services, including children and youth who are medically fragile or complex. The health overviews and recommendations help support the caregiver and help the DCYF caseworker to identify appropriate placements and accomplish any prescribed or recommended follow-up referrals and services related to the child's and youth's physical and behavioral health care. This care

coordination also provides a physical and behavioral/mental health baseline for primary care and specialty providers for the children and youth's ongoing care management.

Health Needs Monitored and Treated

The first Shared Planning Meeting (SPM) is held within 60 days of the child entering out-of-home placement. The SPM is used to discuss and address the results of the CHET screening, which includes the EPSDT. SPMs occur throughout the life of the case and include family, caregivers, service providers, and others important to the child and their case. SPMs also consider whether the child is in the most appropriate placement to meet their physical and behavioral health needs, and to identify what services will best meet the child's needs based on the CHET screening results.

DCYF screens children ages 7 through 17-years old for trauma related concerns in the CHET screening process so that caseworkers can link children and youth to appropriate behavioral health services.

- In 9/2022, DCYF implemented the Plus 4 trauma related screening questions with the CHET screening process that allows the screener to identify trauma concerns in children starting at age 3. The OMH program had piloted this screening tool and was already using the Plus 4.

The Ongoing Mental Health (OMH) program began under a federal grant and in partnership with the University of Washington. The grant ended in 2018 and DCYF established OMH as a sustained program to identify and monitor behavioral health concerns of children and youth in out-of-home placement.

OMH re-screens a cohort of children and youth ages 3 through 17 years old who are in care over six months. OMH uses the same emotional/behavioral health screening tools that are used in the CHET process:

- Ages and Stages Questionnaires: Social Emotional, second edition (ASQ:SE2)
- Pediatric Symptoms Checklist-17 (PSC-17)
- Screen for Child Anxiety and Related Emotional Disorders (SCARED) trauma tool
- Plus 4 Trauma related screening questions (Plus 4)

The screeners assist caseworkers and caregivers by identifying new behavioral health concerns and making recommendations for referrals to services and evidence-based treatments. OMH summarizes the screening results and items needing follow-up into a report that is shared with the caregiver and caseworker.

When health and mental health concerns are identified in the CHET screen, the annual EPSDT examination, or the OMH screen, the assigned DCYF worker makes referrals to community or local mental health providers for a comprehensive mental health evaluation.

Caseworkers make referrals to the FWB program for Tribal and undocumented children who are not enrolled in AHCC. Concerns and referrals are documented in FamLink and in the child's Court Report, which is updated at least every six months and shared with the child's caregivers.

Training is provided to caseworkers and caregivers regarding their roles in linking children and youth to appropriate services to address specific physical and behavioral issues and how they can support children, youth, and families. Trainings include, but are not limited to:

- <u>Mental Health: In-Depth Applications for Child Welfare</u> – course topics include referring to mental health services, use of screening tools, characteristics and behavior indicators of developmental and mental health concerns, use of psychotropic medications with children in foster care, case management techniques with mental health service providers, understanding the elements and criteria of Evidence-Based and Promising Practices, and matching available EBP's with specific client needs.
- <u>Behavior Management Tools for Foster Parents and Caregivers</u> - practical tools to help caregivers manage behaviors.
- <u>Trauma Informed Engagement</u> - applying lessons from trauma studies to child welfare practice for children, youth, and adults.
- <u>Secondary Trauma: Impact and Solutions</u> – training for DCYF caseworkers and supervisors who do ongoing work in the child welfare system with identification of and responses to secondary trauma.
- <u>Caregiving for Children with Physically Aggressive Behavior Concerns</u> - 6-hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with physically aggressive behaviors.
- <u>Parenting Teens Part 1 & 2: Introduction and Understanding the Impact of Trauma in Youth in Foster Care &</u> Parenting Youth Who Have Experienced Trauma - developing an understanding of the underlying causes of a youth's behavior and adapting parenting to the needs of youth requires both a toolbox of techniques and knowledge about the effects of their experiences. The second part in the Parenting Teens series, focuses on tailoring your approach to respect the impact of trauma.

The RMCs are available statewide and are available to answer questions from caseworkers and caregivers regarding trauma related issues.

Caseworkers use monthly visits with parents, caregivers, and children to:
- Discuss and monitor physical and dental health care needs and treatment plans.
- Provide support and identify services that will meet the child's well-being needs.
- Ensure the child's behavioral health care needs are met.
- Ensure the child is in the most appropriate level of care to meet their needs.

Caseworkers are required to update the child's health, mental health, and education status in the court report every six months.

CHET Screeners and caseworkers make referrals to the FWB Program when fee-for-service children with unaddressed or uncoordinated health and mental health concerns are identified. The referrals are reviewed to determine which children need follow-up or care coordination services to ensure their health and mental health treatment needs are met.

The FWB program provides consultation and care coordination services for children in out-of-home placement. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited. Once a plan of care is established, FWB staff monitor and update the plan as needed.

FWB nurses and specially trained program staff document and upload important health and mental health information in FamLink to assist the assigned DCYF worker with continued monitoring and follow-up for children/youth in foster care.

DCYF has a contract with the Harborview Center for Sexual Assault and Traumatic Stress to provide the Foster Care Assessment Program (FCAP). FCAP is a multi-disciplinary evaluation that assesses the needs of referred children who are in out-of-home care for at least 18 months or more and need permanency planning. Assessment services can include a six-month follow-up period to assist the DCYF caseworker in implementing a placement plan and to help meet the needs of the child and family. Contracted services include:

- Permanency and Planning Consult - this service focuses on permanency and linking children and families with the most appropriate services. The consultation service provides structured case staffing, service identification, system navigation and care coordination. Permanency consultation also includes identification of barriers to achieving permanency, potential solutions, and action steps needed to be taken to overcome identified barriers. Approximately forty-five-minute detailed consultation in person or via tele or video conference will produce a one-page summary of recommendations with timeline and referrals to evidence-based treatment as needed.
- Standard and comprehensive assessments - these services consist of structured clinical interviews and the administration of standardized measures. A multi-disciplinary team representing pediatrics, psychiatry, psychology, social work, DCYF, and other consultants (e.g., ethnic/cultural, and foster/adoptive parent) will review the preliminary results of the assessment. A written report is provided to the caseworker regarding the child and parents/caregiver's functioning with specific recommendations for services and permanency including timelines.

Training to DCYF staff regarding trauma symptoms, mental health diagnoses, evidence-based treatments, and psychotropic medications is provided in person by the Alliance via In-Service and Regional Core Training (RCT) and ongoing in-service training opportunities.

FWB staff attend the DCYF Tribal Policy Advisory Committee (TPAC) meetings. Feedback from these meetings is used to ensure tribes are aware of any changes to programs or policies that impact health and mental health care for tribal children served by DCYF and tribes.

CCW, in consultation with DCYF, provided trainings on Adverse Childhood Experiences, Resilience, and Trauma Informed Care for community providers, caregivers, and system partners.

AHCC calls caregivers of all children newly placed into foster care once they have been in placement over 45 days and the child has a completed CHET report. AHCC discusses any need identified in the CHET with the caregiver and can answer questions and concerns about the child's physical and behavioral health care needs. During this phone call, AHCC also completes a health risk screening to assess for broader needs in the household environment.

Developing and Implementing an Electronic Health Record to Ensure Medical Information for Children in Care is Updated and Appropriately Shared.

DCYF policy 43092: Child Health and Education Tracking (CHET) requires CHET screeners to share the screening Report within five days of completion.

Assigned caseworkers must:
- Review and update the child's health records at the time of each placement using FamLink and provide the caregiver with a copy of this information (e.g., Child Information/Placement Referral (CIPR) form and Health/Mental Health and Education Summary). See DCYF Placement Policy.
- Provide the caregiver with all completed assessments within five days of receipt.
- Update the child's health, mental health, and education status in the Court Report every six months.

Caseworkers and CHET screeners document known medical information into Health/Mental Health page in FamLink. This information is included in the Health/Mental Health and Education Summary that is updated every six months or when there is a placement change.

The FCAS staff at HCA request the previous two years of medical records for a child who was eligible for Apple Health prior to entering out-of-home placement and is in care longer than 45 days. All records received are uploaded into FamLink for the assigned caseworker to review and use in case planning.

The FWB unit is available to provide care coordination services to fee-for-service children in out-of-home care including those who are medically fragile or complex. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited, as once a plan of care is established services are on an as-needed basis.

FWB nurses and specially trained program staff document medical and mental health information into FamLink about fee-for-service children who receive FWB care coordination services.

HCA developed an access for physical and behavioral health care providers to view paid claims data in Provider One for dependent children and youth using the 'Medical Records' button. Providers can see the most recent two years of claims including prescriptions, hospitalizations, dental, and immunizations for children in out-of-home care.

All AHCC contracted providers have access to a secure provider portal that reflects billing data and information vital to the coordination of health and behavioral health care services. This helps to avoid over and under immunization, re-trying of medications already attempted, and continuation of treatment protocols to maintain progress of established health goals for the child.

FWB nurses enter immunizations into the Washington State Immunization Information System (WSIIS) when there is new or different information than what is reflected in the registry. Once entered, any medical provider who subscribes to WSIIS can see the child's immunization history.

The FCAS staff created a form to help tribes identify prior foster youth who may be eligible for Apple Health until their 26th birthday. The form also streamlines the process for tribes and the FCAS staff to reinstate Apple Health eligibility.

Completed CHET reports are sent through FXW to be shared via a secure file transfer site with AHCC. AHCC uses the CHET report to assess the child for care coordination needs.

Update May 2023

Steps to ensure continuity of health care services (which may include the establishment of a medical home for every child in care).

AHCC is DCYFs primary mechanism to provide a "medical home" for children and youth in out-of-home placement. AHCC assures that newly enrolled children are assigned to a primary health care provider or retain the same provider(s) the child saw prior to entering care.

When the child has an identified primary care provider or medical home, caregivers are encouraged to maintain that relationship and ensure continuity of care. AHCC has a "Continuity of Care" benefit that allows the child to continue to see their established, non-AHCC contracted providers, while AHCC works to establish a contract.

DCYF caseworkers are required to generate the Child Information and Placement Referral (CIPR) form in FamLink Caregivers receive the CIPR no later than 72 hours after an initial placement or a placement change and includes the physical, behavioral, and education information known about the child at the time of initial placement, or a placement move.

CHET screeners document available information about medical, dental, and mental health providers in FamLink in the health/mental health pages for each child. Identified concerns are noted in the CHET report in the "Items Needing Follow-up" section for the caregiver and caseworker's reference.

Caseworkers and caregivers jointly develop a Caregiver Support Plan for medically fragile children. The Caregiver Support Plan addresses the training and support needs of the caregiver and outlines a plan for planned and emergency respite care specific to meet the care needs of the medically fragile child.

FCAS staff mail reports that contain Medicaid billing data to caregivers of children ages twelve and younger when a child first enters out-of-home placement. These reports include immunization information from the DOH Washington State Immunization Information System. This supports continuity of care by helping caregivers identify possible primary care providers or medical home.

Youth who are not residing in their approved placement or who are in a temporary situation remain eligible for AHCC; their eligibility is not closed or suspended. Continued eligibility allows the youth to seek medical treatment or obtain needed prescriptions such as insulin when they are "on the run."

In January 2019, behavioral health (including mental health and substance use) fully integrated with physical health into the MCOs responsibility; AHCC for the foster care population. AHCC program covers foster care, adoption support, and alumni of foster care population and covers full array of behavioral health services in addition to their physical health, in all 39 counties in the state.

Referral packets to Behavior Rehabilitation Service (BRS) providers include physical and behavioral health care information so that potential providers understand the level of care the child or youth requires.

Oversight of Prescription Medications.

DCYFs policy 4541: Psychotropic Medication Management outlines expectations regarding the role of the DCYF caseworker and obtaining consent from a youth (13 years and older) or parent (for a child 12 years and younger) when psychotropic medications are prescribed. The policy also addresses obtaining authorization from the court, when necessary.

Information about the youth's rights to informed consent for psychotropic medications is included the in "Your Rights, Your Life" booklet for youth.

The Alliance and DCYF developed the "Mental Health: A Critical Aspect to Permanency and Well-Being" curriculum for caseworkers which addresses screening for trauma, mental health needs, psychotropic medications, and evidence-based treatments. This training is currently provided in a train the trainer format and is part of RCT for new caseworkers.

The FWB program provides care coordination services for fee-for-service children and youth, which includes the identification of medications that require oversight. Children and youth who have a mental health diagnosis and are prescribed a psychotropic medication are eligible to receive care coordination.

- FWB receives a monthly list from the HCA of fee-for-service children ages 0 – 5 years old who are prescribed a psychotropic medication. FWB monitors and provides care coordination until the child turns six years of age. FWB communicates with the child's caseworker and caregiver regarding concerns and medication monitoring.

HCA sponsors the Pediatric Mental Health Stakeholder workgroup to establish and review Washington's community thresholds for reasonable prescribing limitations that are applied to the Medicaid population including children and youth in foster care. The workgroup meets "as needed" and is comprised of child psychiatrists, pediatricians, community mental health professionals, client advocates, and other community stakeholders.

The primary intervention used by HCA for psychotropic medication oversight is a mandatory review from the contracted Second Opinion Network (SON) when community established thresholds are exceeded. The SON is comprised of pediatric psychiatrists on staff at Seattle Children's Hospital.

A referral to the SON is triggered by algorithms within the Provider One payment system that look at whether there are multiple mental health medications prescribed for a child, the dosage prescribed, and the age of the child, (too much, too many, too young).

SON reviews are triggered for:
- Children receiving two or more atypical antipsychotics (AAPs)
- Children aged five or younger receiving psychotropic medications
- Children receiving five or more psychotropic medications
- High doses of ADHD, AAPs, or antipsychotics. Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the HCA's Pediatric Mental Health Stakeholder Workgroup

In addition to the SON, HCA maintains the Partnership Access Line (PAL) through contract with Seattle Children's Hospital. PAL is a telephone based pediatric mental health consultation system. PAL employs child psychiatrists and caseworkers affiliated with Seattle Children's Hospital to deliver these consultation services. The PAL team is available statewide to any primary care provider. Primary health care providers are encouraged to call the PAL toll free number as often as they would like to answer questions regarding diagnostic clarification, medication adjustment, or treatment planning.

FWB RMCs provide consultation to the FWB nurses and caseworkers regarding medications and their side effects.

In 2020, Coordinated Care implemented an improvement process to proactively screen pharmacy data that could potentially trigger the need for a SON review. This process starts at the point of sale to reject the pharmacy fill request based on the established SON referral criteria. Coordinated Care's Pharmacy Benefit Management system receives the rejection, flags the request through the need for a prior authorization review, and it is sent directly to Coordinated Care's Pharmacy Team for further evaluation. If Coordinated Care's Pharmacy Team determines that a SON referral is needed, the Team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. This process has decreased unnecessary referrals to the SON by 56%, from over 700 in 2019 to 308 in 2020.

Update May 2023

- In 2022, there were 237 SON referrals. The new process continues to eliminate unnecessary referrals and the number of SON reviews annually remain constant over time.

DCYF Licensing Division (LD) requires that all regional licensors and BRS group care providers receive training about medication documentation and safe storage. The training is also available for other DCYF staff and non-BRS group care staff. Regional licensors review medication storage and logs as part of their bi-annual health and safety review of BRS group care programs.

RCT and In-service (IST) Mental Health training from the Alliance includes understanding use and oversight of psychotropic medications and matching behavioral symptoms based on screening results to appropriate evidence-based practices.

How the state actively consults with and involves medical or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for foster children.

The Deputy Chief Medicaid Officer (DCMO) at HCA is assigned to provide consultation for DCYF to ensure child welfare policy is consistent with Medicaid rules and standards of care. This includes input regarding evidence and research based clinical interventions. The DCMO also helps resolve child specific issues related to Medicaid covered benefits.

DSHS employs physicians as part-time medical consultants to provide consultation to caseworkers and caregivers. These physicians provide statewide coverage to DCYF child welfare offices and provide medical oversight to the FWB Program.

In compliance with RCW 74.14B.030, each DCYF Region is required to conduct a Child Protection Team (CPT) staffing. The CPT includes medical, law enforcement, mental health, substance abuse, and other appropriate community professionals. This cross-system review team meets to assist DCYF when making decisions regarding placement and filing of dependencies.

DCYF Regions convene meetings with Developmental Disabilities Administration (DDA) regional staff to coordinate regarding mutually served children to ensure they receive appropriate services.

DCYF partners with HCA and the ALTSA through the FWB Program to ensure fee-for-service children receive appropriate physical and behavioral health services and treatment.

All caregivers of newly placed children receive a phone call from AHCC staff to determine if the child has any urgent or unmet physical or behavioral health care needs, answer questions about the AHCC plan and managed care, and assign a primary care provider.

Ongoing Processes
- AHCC contacts caregivers approximately 45 days after the child or youth enters out–of-home care to discuss the CHET report and any recommendations and follow-up care the child or youth needs.
- Completed CHET screens for AHCC enrolled children are shared with the managed care plan. AHCC reviews the CHET reports and assigns the child to the appropriate care coordination level. AHCC contacts caseworkers if a child requires more intensive levels of care coordination.
- CHET screeners and FWB send requests for "expedited referrals" to AHCC for care coordination if there are concerns about medically or behaviorally complex children during the CHET screening process.

AHCC provides training opportunities for DCYF licensed and unlicensed caregivers. DCYF staff are also welcome to attend AHCC trainings. Trainings include:
- Trauma Informed Care (National Child Traumatic Stress Network (NCTSN) curriculum)
- Resiliency
- Hope for Healing (Association for Training on Trauma and Attachment (ATTACH) curriculum)
- Substance Use, Abuse & Addiction
- Suicide Prevention
- Whole Brained Parenting
- Coping with Holiday Stress
- Adverse Childhood Experiences
- Childhood Development
- Sexual Health in Foster Care- Skill Building for Caregivers

AHCC continually expands their training library and is responsive to requests from DCYF for development of new trainings.

Update May 2023
- AHCC continues to update trainings in collaboration with DCYF for both caregivers and staff. AHCC partners with the Alliance as needed for staff training content.
  - Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for Health Care Insurance and Health Care Treatment Decisions

Transition Planning
All youth exiting foster care in Washington State are eligible for Medicaid until their 26th birthday. As required by policy (Practices and Procedures Chapter 4000, section 43104), this information is discussed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF worker visits as needed.

During the National Youth in Transition Database (NYTD) survey calls, the survey team explains to youth that they have medical coverage to age 26. Additionally, the team supplies the contact information to AHCC.

DCYF has a pilot in Clark County where AHCC regional representatives are standing members of a youth's Shared Planning meeting prior to the youth exiting care. During the meeting, AHCC will provide the youth with resources and discuss services available to them until age 26.

Update
The following changes were made:
- Connect aging-out youth directly with AHCC staff
- AHCC gathers key information from the youth and the caseworker
- AHCC staff will contact the youth independently to provide an overview of health care benefits and connect to services if any are identified.

COVID-19 Response
AHCC staff are surveying all extended foster care youth and alumni who are receiving health care from AHCC to ensure the youth knows of their healthcare benefits as well as help navigate telehealth and obtaining SafeLink phones.

The COVID-19 pandemic has presented many challenges to children and families, direct service providers and child-serving systems. These include significant rates of depression and anxiety among children and youth, increasing financial burden and mental/emotional toll on families, and higher risk of abuse and neglect. In-person behavioral health (BH) services decreased dramatically due to the risk of transmission, and BH services were mainly delivered via telehealth, including telephone sessions and internet video platforms. In some cases, telehealth was not as effective for some populations, including WISe youth and families, and younger children. The use of telehealth expanded across the BH service array to include crisis services. Mobile crisis outreach teams also began using telehealth as a platform to address crises, and requesting in-person crisis intervention became increasingly difficult. Although the sense of connection and effectiveness of BH services were complicated with the transition to telehealth platforms, access to BH services improved as the factors of transportation and finances were removed with the implementation of telehealth as a main source of delivery. Children and youth were able to access BH services from their home environments, along with online schooling. The massive shift towards telehealth as a primary form of service delivery shows promise for the future of accessing needed BH services.

During the lockdown phase of the pandemic, the AHCC Care Management team identified 273 youth in out-of-home placement between the ages of 12-17 who had a previous BH diagnosis. The AHCC care coordinators did outreach to these youth to make sure they were connected to BH services, especially when in-person services were not available during the lockdown.

Telehealth options for BH services to youth continue to be used at a much higher rate than before the pandemic and seem to be a permanent alternative for connecting youth to services.

Health Care Treatment Decisions

To support youth in their transition out of care and ensure they are knowledgeable about a Durable Power of Attorney for Health Care, DCYF has incorporated the following language into its Transition Plan for Youth Exiting Care (DCYF 15-417):

> The importance of having a Durable Power of Attorney for Health Care, which would designate another person to make health care treatment decisions on my behalf in case I become incapacitated and unable to participate in such decisions and I do not have or want a relative who would otherwise be authorized to make such decisions, including where to find the document and how to execute it. http://www.doh.wa.gov/livingwill/registerdocuments.htm.

This information is addressed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF caseworker visits as needed.

In addition, the Independent Living (IL) and Responsible Living Skills Program (RLSP) contracts include a requirement for providers to discuss the importance of having Durable Power of Attorney for Health Care with all youth exiting care.

The procedures and protocols the state or tribe has established to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses (section 422(b)(15)(A)(vii) of the Act).

All Children

Every child in out of home placement thirty days or longer receives a CHET screen which is completed by the thirtieth day of placement.

All CHET screens are reviewed by the FWB to identify children who meet the medically fragile criteria in DCYF policy 45171. When a child meets the medically fragile criteria:
- FWB sends an expedited referral to AHCC to request care coordination and notifies the DCYF caseworker about the referral.
- FWB provides care coordination for medically fragile children who are not enrolled in AHCC and remain fee-for-service (i.e., Tribal and undocumented children).
  - When health and mental health concerns are identified in the CHET screen or the EPSDT examination, the assigned DCYF caseworker and caregiver work with AHCC to identify appropriate physical and mental health providers to meet the child's identified needs.

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Medically Intensive Children's Program

The Medically Intensive Children's Program (MICP) provides skilled nursing services to children 17-years-old and younger. These children have complex medical needs that require a registered nurse to provide support. Nursing services may be provided in the family home, foster homes, and in contracted medically intensive children's group and staffed residential homes. This Medicaid program helps to keep families together. It also greatly reduces the cost of in-patient hospital care where these children would be cared for without this program.

MICP Eligibility Requirements:
- 17-years old or younger,
- Have complex medical needs (example, ventilator dependent, tracheostomy care),
- Enrolled in Washington Apple Health (Medicaid), and
- Require at least four hours of continuous skilled nursing care per day.

Wraparound with Intensive Services (WISe) and Behavior Rehabilitation Services (BRS)

In October 2017, DCYF implemented a Wraparound with Intensive Services Policy 4542. Wraparound with Intensive Services (WISe). The policy requires DCYF caseworkers to refer or verify that a referral for WISe screen is made to an outpatient behavioral health provider for children and youth with complex behavioral health issues whose needs can be met in the community. WISe is designed to provide comprehensive, intensive behavioral health services and supports to Medicaid eligible individuals, up to 21-years-old with complex behavioral health needs and their families. Once a WISe referral is made, information is gathered from the referent, and the Child Adolescent Needs and Strengths (CANS) screen is completed by the CANS-certified screener. The CANS algorithm combined with clinical decision-making determines whether the youth would benefit from WISe. A WISe screen is also required for all youth prior to consideration of any level of the DCYF Behavioral Rehabilitation Services (BRS).

If WISe is unavailable or unable to meet the needs of a youth, DCYF may use BRS to support the youth who require intensive services and placement supports. BRS is an intensive wraparound support and treatment program for children and youth with complex behavioral health needs. BRS can be provided in a child's home prior to placement, a foster home, or group home setting. BRS is intended to stabilize children and youth (in-home or out-of-home) and assist them in achieving their permanent plan.

- To be considered for BRS level of services, in addition to the WISe screening, a child or youth must be recommended for BRS level of service in a Shared Planning Meeting or Family Team Decision Making (FTDM) meeting.
- The DCYF caseworker staffs the case with their supervisor and completes a BRS referral packet. This referral is reviewed by the supervisor and the area administrator (AA) for appropriateness. If appropriate, the supervisor and AA sign the referral and the packet is submitted to the regional BRS program manager for review and final approval. The regional BRS program manager will make sure that all less restrictive levels of care were tried and unsuccessful and that they youth needs BRS level of services.

- The BRS program manager works to keep the youth in the lowest level of BRS environments as the child or youth's behaviors and treatment needs allows.
- The DCYF caseworker tracks the progress of each youth and reviews the treatment plan with the Child and Family Team at least on a quarterly basis to ensure that the currently level of care is still necessary. A new WISe screen is done every 6-months and at discharge while a youth is in BRS.
- The regional BRS program manager reviews the child or youth's status every six months with the caseworker and service provider. These reviews include the child or youth's service needs, level of care, expected exit date, and transition plan to a lower level of care or home.
- Children and youth placed in a BRS Qualified Residential Treatment Program (QRTP) must have DCYF and court approval for the placement and:
  o A court review hearing within 60 calendar days of the QRTP placement,
  o A court review at least every six months
  o DCYF deputy secretary approval if placed in a QRTP longer than six months.; and
  o Regional administrator or designee if placed in a QRTP longer than twelve months and every twelve months thereafter.

Children's Long-term In-patient Program (CLIP)

CLIP is the most intensive inpatient psychiatric treatment available to WA State residents, ages 5 to 18-years-old. CLIP is residential psychiatric treatment provided in a secure and highly structured setting that is designed to assess, treat and stabilize youth diagnosed with psychiatric and behavioral disorders. The youth must meet Medical Necessity for CLIP treatment.

CLIP consists of only 82 beds in five facilities across the State of Washington. The facilities are located in King, Pierce (two), Spokane, and Yakima County.

Individualized treatment is provided using evidenced-based practices designed to increase the youth's skills and adaptive functioning with a focus on reintegration back into a community setting, as quickly as possible.

Children and youth in the placement and care authority of DCYF and who need residential behavioral health treatment are eligible for this service.

CLIP admission process can be divided into two ways, voluntary and involuntary processes:

Voluntary Process

- A Voluntary CLIP application is submitted to the youth's local CLIP Committee or Managed Care Organization (MCO) to determine whether medical necessity criteria is met, and if CLIP level treatment is appropriate.
- Applicants 13-years-old and older must agree to enter CLIP, unless they are on a 180-day Involuntary Treatment Act (ITA) Court Order.

Involuntary Process

- Under Washington State's [RCW 71.34](), adolescents aged 13 to 17-years old may be committed for up to 180-days of involuntary inpatient psychiatric treatment, at which time the youth becomes eligible for admission to CLIP.
- Youth are evaluated by a Designated Crisis Responder (DCR) who determines that Involuntary Treatment Act (ITA) criteria is met.
- When a less restrictive alternative is not possible, the youth is placed on an ITA order.
- The adolescent's name is placed on the statewide waiting list as of the day of the 180-day court order.

Admission to a CLIP treatment occurs only if the child meets medical necessity guidelines as determined by the local CLIP Committee, CLIP Administration and the behavioral health providers in charge of the CLIP facility.

Training for DCYF Staff

The Alliance addresses identification of trauma symptoms throughout RCT and IST. These trainings help caseworkers understand the impact of trauma on the child to be considered when making placement decisions.

RCT and IST training modules include information about:

- Dynamics of Abuse and Neglect - resilience and evidence-based practices
- Dynamics of Sexual Abuse– including significant discussion related to trauma, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and working with non-offending parents
- Reunification Decisions & Transition Planning – how trauma impacts children's behavior in care and during transitions home, impact of grief and loss, and impact of transition on minimizing disruption/trauma to child
- Adolescent Issues – issues in adolescence including suicide and self-harm, internalizing and externalizing behaviors, and how to support youth with a variety of these concerns
- Understanding Use and Oversight of Psychotropic Medications and Matching Behavioral Symptoms Based on Screening Results to Appropriate Evidence Based Practices.
- Supporting Children and Youth in Care –explores the trauma impact including grief and loss of initial placement and subsequent moves. Trainees brainstorm ideas to avoid or minimize these issues and support children when moves are unavoidable.
- Mental Health – In-depth Applications for Child Welfare – focuses on using the results of the CHET and OMH screenings to match children and youth to Evidence Based Practices (EBPs) that are targeted to meet the identified needs.

Lessons Learned

Children and youth in out-of-home care do not consistently receive preventive dental examinations every six months. Caregivers and caseworkers cite scheduling difficulties with "wait lists" and challenges in knowing whether the child will be in the same placement to make

recommended future appointments. DCYF needs better data from HCA and Coordinated Care to better inform caseworkers and caregivers about needed follow-up care.

Children and youth in out-of-home care do not consistently receive recommended follow-up for identified physical and mental health concerns.

Sharing the CHET report with AHCC and FWB resulted in increased linkage of identified behavioral and physical health to appropriate services.

Sharing the list of EFC youth enrolled in AHCC assists the managed care plan to make strategic communication efforts with this population.

DCYF has additional information about a child's behavioral health needs through the OMH screening process that will be shared with AHCC starting in July 2020 to ensure connection and access to appropriate services, care coordination, and providers.

Washington's mental health system does not have a "step-down" or respite option for children and youth who transition to and from intensive in-patient behavioral health services. This lack of resources affects family and placement stability, and retention of out of home caregivers.

DCYF participated in a cross-agency workgroup to identify strategies and funding mechanisms to support additional behavioral health supports for children and youth in Washington State. As a result of this workgroup, a decision package was submitted and received funding in the Governor's Supplemental Budget for FY2021. Funding may be affected by economic concerns because of COVID-19.

Activities for 2020 – 2024 – Update

HEALTHCARE OVERSIGHT AND COORDINATION PLAN		
PLAN ELEMENT	PLANNED ACTIVITIES	2023 ACTIVITIES UPDATE
1. Schedule for initial and follow-up health screenings.	A. In 2019, DCYF will implement a newly validated screening tool that allows the screener to identify trauma concerns in children ages 3 – 6. B. In 2019, AHCC will begin calling caregivers of children and youth.	A. OMH continues to use the newly implemented trauma screening tool for children ages 3 – 17 years old. The new validated trauma screening tool was implemented inside CHET in the fall of 2022. B. AHCC calls to caregivers began in fall 2019. C. This activity is ongoing and AHCC continues to partner with DCYF as the agency

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		strives to improve the rate of connection between the health plan and caregivers.
2. How health needs are monitored and treated.	A. Work with data from HCA and CRT regarding dental care provided to children and youth in out-of-home placement to identify barriers to receiving preventative dental care every six months. B. In 2019, DCYF will explore the ability to share the OMH report with AHCC and FWB as appropriate.	A. Updated DSA with HCA to include dental data for children and youth in care. Process for disseminating information to drive practice changes for DCYF field and caregivers is being developed. B. Dental data is ongoingly shared with case review team to support identification of dental needs. C. Starting in July 2020, OMH screeners connect youth, staff and caregivers to AHCC/FWB if unmet dental/physical health needs are identified during the OMH process, and care coordination would help meet the need. This is ongoing.
3. Updating and sharing medical information.	A. In 2019, DCYF will continue to work with AHCC for access to the AHCC secure portal. Access to the portal will allow appropriate DCYF staff to see health related information such as immunizations and medications. Barriers to current access include assurance of HIPAA protections for certain types of information such as behavioral and reproductive health information.	A. CCW continues to work on issues related to limiting access to protected health information in their system. No anticipated date for access to be available but it is still something that the agency wants to implement and will continue to work toward. B. OMH reports for children and youth with identified

	B. In 2019, DCYF will explore the ability to share the OMH report with AHCC and FWB as appropriate.	mental health concerns will be shared with CCW beginning July 2020. C. In late 2020 the OMH process changed as it was not feasible to share every OMH report due to HIPAA concerns. OMH staff now connect AHCC with caregivers and caseworkers when unmet mental health needs are identified, and care coordination would help meet the need.	
4. Continuity of health care services.	A. In 2019, DCYF will participate in HCA's legislatively mandated workgroup to review options for Washington's Medicaid dental benefit. The workgroup will assess whether the state should move to a managed care dental benefit, remain fee-for-service, or a combination. B. DCYF will work with HCA and AHCC to assist caregivers and caseworkers to connect children and youth with appropriate level of behavioral health services after utilizing high-level interventions such as, emergency department, inpatient psychiatric hospital, crisis services, and long-term inpatient treatment. C. DCYF will work with HCA and AHCC to improve rates of follow-up care provided to children with identified needs. D. DCYF will work with SAMHSA, HCA, and AHCC to expand therapeutic foster care bed capacity and create a "step-down" for children and youths who exit and enter intensive behavioral services. The newly developed therapeutic foster care beds will provide access to clinical	A. This workgroup was changed to a report and DCYF was not involved in writing the report. B. AHCC completed a training/presentation for DCYF staff and leadership that explains the "medical necessity" and the different levels of care available to children and youth in AHCC. DCYF provided review and input into the training, and it is in the HCA approval process. The training is in use as needed with DCYF leadership and staff. C. In fall 2019, AHCC began calling caregivers to review the recommendations in the CHET report. There is an affinity workgroup with HCA, CCW and DCYF to try and increase the rate of connection between CCW and caregiver after the completion of the CHET report. D. DCYF staff to support development of therapeutic foster homes. This work	

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	intervention with specifically trained foster parent homes, for children and youth in DCYF care and custody with complex and intensive mental health and behavioral health needs.	started in June 2020. DCYF is continuing to increase providers as a resource for these beds.
5. Oversight of prescription medications.	A. By spring 2020, DCYF will work with HCA and AHCC to develop a youth-driven communication regarding psychotropic medications and consent. B. In 2019, DCYF will request the development of a youth-specific on-line training regarding psychotropic medications and consent. C. DCYF will partner with HCA and AHCC to obtain current data regarding the effectiveness of existing processes that provide oversight of psychotropic medications prescribed to children and youth in out of home care.	A. The activity is delayed due to staff capacity to initiate new activities under COVID-19. B. This activity was not initiated. C. In 2020, Coordinated Care implemented an improvement process to proactively screen pharmacy data that could potentially trigger the need for a Second Opinion Network (SON) review. This process starts at the point of sale to reject the pharmacy fill request based on the established SON referral criteria. Coordinated Care's Pharmacy Benefit Management system receives the rejection, flags the request through the need for a prior authorization review, and it is sent directly to Coordinated Care's Pharmacy Team for further evaluation. If Coordinated Care's Pharmacy Team determines that a SON referral is needed, the Team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. This process has decreased unnecessary referrals to the SON.

6. Consultation with medical and non-medical stakeholders and child welfare experts.	A. New Substance Use Disorder (SUD) program manager will collaborate with other state agencies, community stakeholders, and treatment providers to ensure programs that allow parents to have their children present in residential treatment facilities are sensitive to the issues surrounding families who receive services from DCYF.	A. The SUD program manager that was hired in 2020 left this position and the hiring process has to begin for a replacement. A new hire in this role will begin in June 2021. The position was again vacated, and a new hire began the role in May 2022. There was yet another transition in staff for the SUD position with the current program manager being hired in July of 2022. This staff person is active in all areas of SUD program oversight including treatment, peer support, pediatric interim care beds and services, staff/youth/caregiver access to naloxone, and more. This is now a robust program that is well supported.
7. Transition planning for youth.	A. Include AHCC as a standing member at the statewide IL meetings. B. Explore expansion of Clark County pilot to include AHCC regional representatives as standing members of a youth's transition planning meeting prior to the youth exiting care.	A. Statewide implementation was delayed until Clark County pilot is completed. B. AHCC did a pilot of this activity in Clark County. Adjustments were made to the pilot based on lessons learned, including: o Connect aging-out youth directly with AHCC staff. o AHCC gathers key information from the youth and the caseworker. AHCC staff will contact the youth independently to provide an overview of health

		care benefits and connect to service if any are identified.
8. FFPSA requirements and assuring appropriate placement related to diagnoses.	A. Revise Policy 4533. Behavior Rehabilitation Services to reflect the requirements stipulated in the Family First Prevention Services Act.	A. In October 2019, policy 4533 was revised to include FFPSA requirements, specifically addressing BRS Qualified Residential Treatment Program (QRTP) required assessment and court approval processes.

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Attachment F – Washington State FY2022 Training Plan

Washington State Department of Children, Youth, and Families (DCYF) Title IV-E Training Plan

State Fiscal Year 2024

September 2023

Revision dates

[End of QTR 1 - 9/30/2023] initial Submission; 9/15/2023

[End of QRT 2 - 12/31/2022] initial submission

[End of QTR 3 - 3/31/2024] initial submission

[End of QTR 4- 6/30/2024] initial submission

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Washington State DCYF Title IV-E Training Plan
Cost Allocation Methodology

DCYF uses a curriculum analysis methodology per the approved Public Assistance Cost Allocation Plan (PACAP) for the Alliance for Child Welfare Excellence (Alliance) expenditures which allocates to Title IV-E based on the proportionate share of training eligible for the applicable Title IV-E FFP with the foster care penetration rate applied.

Administrative staff that provide training are allocated through DCYF RMTS SSBG Admin Lid Mirror Base 613. The training and/or administrative costs associated with social workers who provide training, and training and/or administrative costs associated with DCYF Child Welfare staff attending training are allocated through Base 592 or Base 593. Bases 592/614, 593/604 and 613/611/615 are based on the Random Moment Time Study (RMTS) which will be submitted in an amendment to the Public Assistance Cost Allocation Plan (PACAP) effective July 1, 2015, to include Title IV-E Entitlement Training costs at 50% FFP, Title IV-E Entitlement Training costs at 75% FFP, and State only (no Title IV-E costs). Supervisors and Administrators' costs are allocated based on the results of the RMTS which are representative of Social Worker time. Therefore, the allocation of costs based on the RMTS may include time spent attending training.

The Title IV-E penetration rate is applied to all trainings identified in the Training Plan, apart from Title IV-E Specialist and SSI trainings. If the state identifies a training other than the Title IV-E Specialist and SSI trainings where the penetration rate should not be applied, ACF Region X will be consulted with and if agreed upon the State will submit an amended Training Plan noting the training in which the penetration rate is not applied. Once approval of the amended Training Plan is received, the State will claim Title IV-E, as approved.

The total estimated costs identified in the training plan are estimated annual costs to provide the training. The estimates do not include the cost of the attendees.

Effective July 1, 2016, DCYF, formerly CA, is requiring the Alliance to institute internal control procedures to ensure worker types attend the appropriate training courses, inherently based on the benefitting funding source for all topic specific training courses outside of Regional and Supervisor's Core Training. For non-topic specific training courses (i.e., Worker Safety, FamLink Training, ICW, etc.) outside of Regional and Supervisor's Core Training, DCYF will require the Alliance to track the worker types attending the trainings and report it to DCYF on a quarterly basis. DCYF will capture the proportionate share of benefitting Title IV-E staff and apply

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the Title IV-E proportionate share to the training hours of these non-topic specific courses in the quarterly curriculum analysis calculation for the purpose of adjusting training costs based on actual training course.

Effective July 1, 2017, the Alliance is no longer providing FamLink Training. All FamLink Training is provided by DCYF IT Division. FamLink Training Description

Using a blended learning model based on a LEAN Framework, utilizes the best learning method for each stage of learning and knowledge, skill, integration and motivation transfer; minimizing inefficiencies in the training process and maximizing worker knowledge and confidence in a short amount of time.

Classroom and Virtual Classroom Training maximizes the use of the group and face-to-face interaction to support concept learning, relationship building and culture orientation.

It is followed with E-Learning that supports self-paced learning across geographical locations with an emphasis on practice and alignment with the actual work that the caseworker or supervisor performs. Our on-line courses include easy navigation, task simulation and completion, interactive exercises with real world examples, tasks and quizzes.

Our Immersive Learning (Coaching) experiences pairs up our training coaches with workers and their supervisors to support integration of learning; connecting the learning and learner to real world practice. This allows the learner to understand how the learning material applies to their daily tasks by enabling job application and building skill as the coach teaches alongside where they can observe the work, providing feedback. During the Immersive Learning experience there is ongoing dialog and the opportunity for more exploration of the material and application.

This process also allows the training team to develop specific knowledge and key skill milestones for each of the courses. This provides the team with the ability to track mastery throughout the process; adjusting the training along the way to meet each individual learner's needs, setting the stage for success.

FY22 Estimated Training Costs

Training Tab	FY23 Estimated Training Costs	Quarter 1 Cost Adjustments	Quarter 2 Cost Adjustments	Quarter 3 Cost Adjustments	Quarter 4 Cost Adjustments	Adjusted Estimated Training Costs	Notes
Trainings in Development	$1,035,000.00						
Workforce Training	$6,378,980.68						
Caregiver Training	$2,268,780.93						
eLearning Training	$598,017.28						
FamLink Training	$191,841.75						
Conferences & Other Trainings	$221,672.00						
Region 1	$14,478.75						
Region 2	$16,132.50						
Region 3	$47,745.00						
Region 4	$8,235.00						
Region 5	$14,827.50						
Region 6	$16,897.50						
Total Estimated Training Costs	$10,795,711.38	$0.00	$0.00	$0.00		$0.00	

Trainings In Development										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Statewide Sessions Planned in FY	Provider	Audience	Location	Estimated Implementation Date	Projected FFP	Notes
Cultural Connections: Meaningful Engagement with Indigenous Families and Communities	Making meaningful connections with community knowledge keepers so that children, youth and families have cultural continuity. Mitigating the pan approach to Indigenous culture.	TBD	To Be Determined		Alliance	Caregivers			75%	75% FFP confirmed 11/19/20

Emotion Coaching	Emotion Coaching is a research based method from the Talaris Institute and the Gottman Institute that gives caregivers a way to help children learn about emotions. Research shows that when caregivers value and guide emotions using this important method, children do better in many ways. These children tend to: Form stronger friendships with peers Have higher self esteem Regulate their moods more easily Be more successful in their problem solving skills Bounce back from emotional events more quickly Get sick less often Emotion Coaching helps prepare children from birth to 5 years old for the challenges they face throughout their lifetime. A child's ability to delight in the happy times and recover from the bad ones is a key part of emotional health. By learning and practicing the 5 steps of Emotion Coaching, you can make an important investment in a child's future.	Classroom & Webinar	2.0	26.0	52.0	Alliance	Caregivers	Statewide	75%	3/14/2022 - Curriculum documentation needs to be developed and aligned with the Gottman classroom version.
FFPSA / Motivational Interviewing	multiple component training	Classroom / Webinar	To Be Determined			Alliance	Social Workers		50%	
How to Co-Investigate / Navigating MOAs with Tribes	Active implementation of existing MOAs that reflect the unique expectations and recognition of culturally relevant protective factors in communities. Will include specific content as it to their community's expectations that practice on the reservation meet their legal processes; i.e. grandparents committee at Lummi. Prioritize with Tribes that have MOU's in place.	TBD	To Be Determined			Alliance	Social Workers and Supervisors		75%	
How to Work with a Child's Tribe	Collaborative social work in support of sovereignty, culturally relevant case planning and work with indigenous families supporting safety, permanence and wellbeing. Need to include learning outcomes that are reflective of the varied communities Indigenous families represent.	TBD	To Be Determined			Alliance	Social Workers		75%	
Impacts of Colonization on Social Determinants of Health:	Working with, and supporting wellness in Indigenous Families and Communities. See Pulling Together for Wellness from American Indian Health Commission.	TBD	To Be Determined			Alliance	Social Workers, Supervisors & Tribal Workers		75%	
Infant Safety Education and Intervention - DCYF	The current proposed policy revisions cover the following content areas - Plan of Safe Care: • Provides clarity for open DCYF cases in which infants are substance abuse affected, experiencing withdrawal or diagnosed with FASD, or born to a dependent youth • Identified timeline for completion of ten days • Emphasizes the importance of working with and collaborating with providers Period of PURPLE Crying: • Updates to documentation requirements Infant Safe Sleep • Clear steps around assessing, obtaining, and verifying a safe sleep environment • Supervisory consultation when families decline a safe sleep option and/or additional risk factors are present						Social Workers and Supervisors			12/13/2021 - Revisions to add new policy: DCYF Infant Safety Education and Intervention https://www.dcyf.wa.gov/1100- child-safety/1135-infant-safety-education- and-intervention PL 111-320 Child Abuse Prevention Treatment Act (CAPTA) of 2010 https://www.congress.gov/111/plaws/publ3 20/PLAW-111publ320.pdf PL 114-198 Comprehensive Addiction and Recovery Act (CARA) of 2016 https://congress.gov/114/plaws/publ198/PL AW-114publ198.pdf
Introduction to Family First Prevention Services Act E-Learning	Early implementor offices of FFPSA will roll-out Jan 2022, DCYF staff need an introductory elearning as soon as possible, preferably by Sept 1, 2021. The target audience will be anyone who wants to be familiar with the Family First Prevention Act at DCYF, or for outside providers. This will be an overview of the law as well as WA state's plan for implementation.	eLearning	To Be Determined			Alliance	Social Workers and Supervisors		50%	

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Mandatory Reporting	DCYF Policy 5120: Licensing State Foster Homes: https://www.dcyf.wa.gov/5100-applying-foster-parent-or-unlicensed- caregiver/5120-licensing-state-foster-homes"	eLearning	To Be Determined		Alliance	Area Administrators, Social Workers, Supervisors, Caregivers, Kinship providers, Tribal Members			0%	2/3/2022 - New course in development
Meaningful Cultural Connections: Working with Indigenous Communities	Supporting Active Efforts by engaging parents in services that are culturally relevant. Making meaningful connections with community knowledge keepers.	TBD	To Be Determined		Alliance	Social Workers			75%	
New: Foster Care Portal	Relevant policies/rules/ laws related to training (please attach or provide hyperlink to all policies/rules/laws): https://www.dcyf.wa.gov/practice/practice-improvement/foster-parent application-portal. This is where you can get the most updated information on the development for the Foster Parent Application Portal. Content areas to be addressed in the training. Please be specific and detailed: How caregivers interface externally with the Foster Parent Application Portal. More details will be provided as the as the Portal gets finalized Knowledge and skills the participant will demonstrate as a result of the training. What do you want the participants to know? What do you want them to be able to do? Please be specific and detailed. What you write below should DRIVE the focus of this training towards specific skills and knowledge: • Prospective caregivers will complete the application process in the portal. •They will be able to upload any required documents, such as a copy of their driver's license. •All signatures needed throughout the application process can be captured electronically. •Applicants will be able to track their own progress throughout the process. •Application processes can be completed on any device, include cell	TBD			Caregivers					
Parenting Teens for Group Care Facilities	The training will provide group care staff a greater skill level in managing youth who are in residential care to help stabilize the placement and prepare them for their permanent plan.	Webinar	21.0		Alliance	JRA staff, Child Placing Agency staff, Group Care staff			75%	2/17/2021 - Course name changed from Core Teen for Group Care Facilities 1/26/2021 - Revising Parenting Teens series to target group care staff.

									CW CPA staff billed at 75%; JR and JR Group Care staff billed at 0%
Relative/Kinship Caregiving: Navigating Change in Family Dynamics or Supporting Child in Your Care	navigating change in the family, supporting the child in your care,	To Be Determined	To Be Determined		Alliance	Kinship Providers		75%	1/26/2021 - Revision course
Skill Building for Indigenous Kinship Providers	Addressing stigma, culturally varied definitions of family, financial and resource support and referrals, and identifying and mitigating barriers to licensing for Indigenous kinship providers.	To Be Determined	To Be Determined		Alliance	Caregivers		75%	
Supporting Child Safety and Well Being for Administrative Law Judges	Training for AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion	eLearnings	To Be Determined		Alliance	Administrative Judges		0%	In development. 3 of 6 eLearnings have been rolled out
Videos for Motivational Interviewing	This training video is for field regional leadership, AAs, supervisors and field staff. After watching the video, you will learn to (a) navigate difficult scenarios by those using a Motivational Interviewing lens, (b) Recognize the stages of change and readiness for change, (c) Understand the stages of Motivational Interviewing and how to steer conversations towards change. The video supplements the DCYF Motivational Interviewing series available for regional leadership, AAs, supervisors, field staff and fidelity coders.	TBD	TBD	TBD	Alliance	Social Workers, Supervisors			3/14/2022 - To supplement classes: DCYF Motivational Interviewing for Leaders, DCYF Motivational Interviewing for Child Welfare Field Staff, DCYF Motivational Interviewing for Fidelity Coders. This training is part of a legislative requirement. Proposed launch date 8/2022.
Washington State ICW Training Day 3		Classroom / Webinar	To Be Determined		Alliance	Social Workers		75%	

Workforce Training

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Planned in FY		Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
				Classroom	Webinar						
Advanced Guidelines for Difficult Conversations	For social workers, difficult conversations are part of a broad landscape of interactions necessary to achieve the best outcomes for children, youth and families. This new training, "Advanced Guidelines for Difficult Conversations," will give you the tools to feel prepared to manage these exchanges effectively and with respect. By definition difficult conversations bring together opposing opinions and high stakes, with the potential for conflict and negative emotional reactions. Though challenging, these interactions are essential to working through problems and finding solutions, something at the core of carrying out effective social work practice. They are part of communicating well with families, and can also surface in professional environments. This course will begin by taking you through a self-assessment of your own comfort level, and help you understand your own emotions and how to maintain objectivity. You will then engage in discussions around how to develop a goal or mutual purpose for these conversations, considering what all parties want to achieve. You also will talk about how to develop a safe space for having these conversations, a vital element in creating open dialogue. You will break into small groups with other participants to work through scenarios with all the skills you have just learned. At the close of the training, you will know how to create mutual purpose and ensure safety when having difficult conversations as you move forward. This will give you the tools to develop conversation goals to strategize case planning for families you work with.	Classroom & Webinar	6.0	12.0	9.0	72.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Advanced Microaggressions for Supervisors: Guiding Staff Through Cultural Conflict	In this workshop supervisors and managers will develop their skills for engaging across culture when tension exists. Together we will explore Intent vs. Impact, how implicit bias can affect their decision making in determining outcomes and unpack dynamics between employees when conflict exists. Participants will learn how best to approach tense situations through role playing, video, and small and large group discussion. Participants will: 1.Learn strategies for engaging when they commit, witness or experience a microaggression; 2.Explore strategies for addressing conflict that occurs between their staff; 3.Improve their ability to have courageous conversations.	Webinar	6.0	0.0	8.0	0.0	Alliance Contracted Training: Cultures Connecting	Supervisors	Statewide	50%	
Afterhours Core 1.2 Child Safety: Identifying Present Danger (webinar)	In this course, you will learn about present danger. You will apply your understanding of this concept to many scenarios, building a robust understanding of what is and is not present danger. A framework for assessing for and responding to present danger across cultural difference is provided, and you will apply this framework to practice scenarios, helping prepare you to serve families more equitably.	Webinar	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 1.3 Child Safety: Protective Actions (webinar)	In this course, you will learn how protective actions help ensure the safety of children in present danger. You will learn what components protective actions must include for you to feel confident in their being effective. Of particular importance, you will consider how you decide whether a specific adult can be relied upon to participate and provide safety to the child. Finally, you will put everything you have learned about child safety into practice as you	Webinar	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	

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	consider a scenario and determine whether present danger exists and, if so, what protective actions might be effective.									
Afterhours Core 2.2 Physical Abuse: Sentinel Injuries (webinar)	Identifying injuries which tend to be seen prior to, or along with, serious physical abuse can help us identify children who are unsafe, and sometimes prevent disastrous consequences. You will learn about these injuries, called "Sentinel Injuries," as well as injuries that are more common in childhood and don't typically raise concern for abuse. You will practice differentiating between the two using many different scenarios. Lastly, you will learn more about how to collaborate with key partners, particularly medical professionals, in response to your concerns related to an observed mark or injury.	Webinar	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%
Afterhours Core 2.3 Physical Abuse: Serious Physical Abuse (webinar)	In this session, you will learn about indicators and dynamics of serious physical abuse which produces injuries that require medical care and can cause long-term consequences or death. This includes strangulation, abdominal injuries, abusive head trauma, burns, and fractures. You will learn about identifying injuries or patterns that are related to each. You will have a chance to apply this information to scenarios and discuss the best ways to move forward in situations when serious physical abuse is suspected.	Webinar	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%
Afterhours Core 3.2 Maltreatment and Placement: Neglect and Sexual Abuse (webinar)	Both neglect and sexual abuse can be difficult to identify. In this course, you will practice distinguishing between medical child abuse, medical neglect, starvation and failure to thrive. You will learn the indicators and dynamics of child torture and how these differ from what is typically seen in neglect or chronic maltreatment cases. You will learn more about how to talk with children, including skills for responding when a child spontaneously discloses abuse. You will also build on your understanding of what young people might expect when visiting a Child Advocacy Center. This will help you respond appropriately to questions or concerns from young people and their caregivers about 'what happens next?"	Webinar	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%
Afterhours Core 3.3 Maltreatment and Placement: Trauma Informed Placements (webinar)	Afterhour's staff respond in crises and emergencies – situations that are likely to be traumatic for everyone involved. In this course, you will consider ways to reduce the traumatic impact of removal from the home and placement into a new care setting. You will carefully consider how to determine, along with your supervisor, whether a placement with a relative or suitable other is safe and should occur. In addition, you will learn how to support the success of a placement by reviewing critical forms with a new caregiver, and providing information about the child	Webinar	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%
Afterhours Core 4.2 Caring for Children: Trauma Informed Care and Following ICWA (webinar)	In this course, you will review several principles of trauma informed care and consider how these apply to your routine interactions with children awaiting placement. You will consider what you will need (and need to do) to care for children awaiting placement, whether that is for an hour or a weekend. Significant time is spent addressing children who have challenging behaviors or exceptional care needs. This includes building a stronger understanding of policy and practice around youth who run away or have returned from being on the run. You will become more familiar with how to monitor, dispense, and document medications to youth who are taking them. Lastly, you will discuss your takeaways from the eLearning related to the Indian Child Welfare act. You will apply what you learned to your role in	Webinar	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%

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	afterhours, and identify steps you should be taking to ensure everyone's rights are protected.										
Afterhours Core 4.3: Caring for Children: Worker Safety, Documentation, and Infants (webinar)	In this course, you will identify and discuss possible worker safety threats, both in homes and while supervising youth, and options to promote everyone's safety. You will learn how to document your work in case notes. In particular, you will learn about including relevant, objective information in your documentation and avoiding bias. You will also receive guidance on coding case notes correctly. Specific requirements related to caring for infants and assessing and supporting their caregivers is reviewed, including policy related to safe sleep, period of purple crying, and the plan of safe care.	Webinar	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	
Appropriate Interventions for Chronic Neglect	The most frequent allegation of child maltreatment is neglect. Some families are referred to the department numerous times with little change in family functioning. In this course, participants will learn how to assess for chronic neglect, its effects on children and appropriate interventions.	Classroom & Webinar	6.0	3.0	3.0	18.0	Alliance Contracted Training: Dee Wilson	Social Workers & Supervisors	Statewide	75%	
Area Administrator Core Training	New managers need to achieve competency in understanding the child welfare practice as well as in the higher levels of systems management. This course provides managers with an introduction of baseline competencies for middle managers in public child welfare, and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems and managing outward are the four main themes integrated throughout this course. Day 1: Foundations for Managers in Child Welfare Day 2: Effective Relationships as a Manager Day 3: Strategies for Effective Organizational Communication Day 4: Growing and Sustaining Effective Internal and External Teams Day 5: Essentials for Resource Management Day 6: Strategic Thinking and Planning Tools for the Manager	Classroom	36.0	1.0	1.0	36.0	Alliance Contracted Training: Peter Dahlin	Area Administrators	Statewide	50%	
Assessing Safety Beyond Removal: Family Time and Conditions for Return Home	In this training, you'll consider how to best explain the safety threat that's keeping a child in out- of-home care and think about how this threat impacts child safety during family time. You'll practice applying the threshold questions to decisions about family time and articulating to the court why you are recommending a specific level of supervision, even when the child needs to remain out of the home. You will also learn to address areas of personal and institutional bias and how this appears in the language used to shape	Classroom & Webinar	6.0	10.0	4.0	60.0	Alliance	Social Workers	Statewide	75%	

	views of child safety. Finally, you'll consider how safety threats can be mitigated when parents progress and children are able to return home, including how transition plans can support everyone's long term success.										
Child Abuse Interviewing and Assessment	This in-service training will provide instruction on the principles and application of research- based child interviewing, effective testimony, and interviewing skills with cultural considerations. It will address the special challenges of working with vague allegations, resistant children and adolescents, non-offending parents and alleged offenders. The purpose of this training is to enhance child interviewing skills. Participants will have the opportunity to participate in intensive interview skill building exercises with trained actors. Training will provide individualized feedback concerning dealing with complex situations, and working with children who are reluctant to talk or have special needs.	Classroom	33.0	6.0	0.0	198.0	Alliance Contracted Training: Children's Justice Training Commission	Social Workers	Statewide	0%	
Child Abuse Interviewing and Assessment (webinar)	This in-service webinar will provide instruction on the principles and application of research- based child interviewing, effective testimony, and interviewing skills with cultural considerations. It will address the special challenges of working with vague allegations, resistant children and adolescents, non-offending parents and alleged offenders. The purpose of this training is to enhance child interviewing skills. Participants will have the opportunity to participate in intensive interview skill building exercises with trained actors. Training will provide individualized feedback concerning dealing with complex situations, and working with children who are reluctant to talk or have special needs.	Classroom & Webinar	30.0	0.0	9.0	270.0	Alliance Contracted Training: Children's Justice Training Commission	Social Workers	Statewide	0%	
Child and Family Welfare Services In-Service	This two-day in-service training delivered by webinar will prepare new CFWS caseworkers and experienced CFWS caseworkers who wish to improve their practice to engage parents and families from the point of transfer or case assignment. Participants will learn how to make the most of the first meeting and monthly visits with the parent in building a working relationship geared toward safe reunification and timely permanency. Participants will explore engaging children and caregivers during monthly visits, best interest considerations and permanency planning. Participants will be provided tools to improve the quality of court reports in addressing policy requirements and good practice. A pre-requisite to the webinar training is the Permanency Considerations eLearning. Participants must register and complete this eLearning prior to the webinar.	Classroom & Webinar	12.0	10.0	12.0	120.0	Alliance	Social Workers	Statewide	75%	
Child Protective Services In-Service	This three day in-service will describe the two different CPS pathways, Family Assessment Response (FAR) and Investigations. This training includes learning modules on: Interviewing members of a household to assess safety, including children, parents and subjects; collateral information gathering; Protocols when working with Law Enforcement (LE); Working with Child Protection Medical Consultant Network (MEDCON) and local medical providers; Utilizing the Child Safety Framework; completing the Investigative Assessment (IA) & the Family Assessment Response Family Assessment (FARFA); Following Indian Child Welfare Act policies (ICWA); and other policy & legal requirements. Also covered in this in service training will be requirements for reasonable efforts to prevent placement, addressing Domestic Violence, CSEC, Infant Child Safety; and more. Participants will be asked to review several examples of CPS intakes and the information in the course will be presented through using	Classroom & Webinar	18.0	12.0	1.0	216.0	Alliance	Social Workers	Statewide	0%	

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	these case examples. On the last day, there will be a panel made up of Children's Administration Investigative and FAR staff and a Parent Ally. This course is required for all first year CPS Case Workers as well as caseworkers and supervisors transferring to a CPS position who have not attended the CPS track within the past two years.										
Coaching for Ad-Hoc Needs	Coaching sessions are utilized to enhance a learner's specific skill attainment in an identified area of practice. Coaching sessions are provided to Children's Administration workforce to help workers attain specific skills pertinent to their daily work/practice in child welfare. Identified goals are created and progress towards those goals is measured by both the learner and the coach after each session.	In Person & Virtual	0.5	50.0	100.0	75.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Coaching for Area Administrators	Coaching for Area Administrators provides one-on-one skill building sessions using the Learner Centered Coaching Model. Coaching provides essential professional development opportunities to support the daily work that AA's do to with Supervisors in their units. Sessions can be scheduled in 30 minute intervals and can cover: Integration of the Quality Matters Engagement Series, Use of the Learner Centered Coaching Model, Skill building opportunities for integration of Coaching into their daily work, Observation and feedback on skills used to engage with staff.	In Person & Virtual	0.5	50.0	552.0	301.0	Alliance	Area Administrators	Statewide	50%	
Coaching for Assessments	Coaching sessions are utilized to enhance a learner's specific skill attainment in an identified area of practice. Coaching sessions are provided to Children's Administration workforce to help workers attain specific skills pertinent to their daily work/practice in child welfare. Identified goals are created and progress towards those goals is measured by both the learner and the coach after each session. Assessments (Functionality and Content) field based coaching topics include: Content and FamLink functionality in completing the Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA) and Comprehensive Family Evaluation (CFE); understanding the use of the gathering questions to assess for child safety; identifying and utilizing protective factors and protective capacities for safety and case planning; understanding timeframes for each assessment in the different program areas; service referrals and the use of EBP's.	In Person & Virtual	0.5	50.0	50.0	50.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Coaching for Case Organization and Prioritization	How to prioritize the daily work, including: using outlook, desk calendars, and reminders; prioritization of caseload activities, assessments and due dates for different programs; reassessing safety and updating safety assessments at pivotal points in the case.	In Person & Virtual	0.5	50.0	50.0	50.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Coaching for Child Safety Throughout the Life of the Case	Assessing for present danger/impending danger; applying the Child Safety Framework; understanding the 17 safety threats and how to plan for present danger with protective action plans and safety plans in cases with identified impending danger; how to make appropriate collateral contacts; interviewing of children, parents/caregivers and all adults in the home; using medical consultation (Med-Cons); scheduling and preparing for appropriate case staffings; using Structured Decision Making (SDM) to help assess risk in cases and reassessing child safety throughout the life of the case.	In Person & Virtual	0.5	100.0	574.0	337.0	Alliance	Social Workers & Supervisors	Statewide	75%	

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Coaching for Indian Child Welfare: Working with Tribes and Tribal Families	Coaching sessions are an opportunity for participants to receive training and support on critical topics that is flexible enough to respond to their current needs. Coaching sessions can involve one or several workers, and may be delivered in person, on the phone or by other real time collaboration (face-time, etc). Preferably, they allow material to be understood within a context of an actual case, and completion of current work. This coaching session opportunity for staff will aim at compliance with ICWA, give recommendations for working with Tribes and Tribal families, revisit the Federal Act, State ICW codes and current policies/procedures when ICWA applies or is being considered. This session will revisit current practices in CA, specialized units and steps available for staff, including tailored topics such as: 1) Initial Intake (ICW Procedures at initial contact) 2) Tribal/State Agreements 3) Inquiry and Verification of Child's Indian Status 4) Disclosure of Confidential Records/Information to Tribes 5) Child Protective Services for Indian Children 6) Casework Activities for Court Proceedings – forms Legal Notice, FamLink Response from NAIR eLearning, Monthly Progress report, 7) Indian Child Placement Preferences and Relative Search 8) Adoption 9) Interstate Compact on the Placement of Indian Children 10) Local Indian Child Welfare Advisory Committees 11) Payments for Services for Children in Tribal Care or Custody Casework Services for Children and Families of Non-Federally Recognized Tribes and Canadian First Nations	In Person & Virtual	0.5	50.0	110.0	80.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Coaching for Motivational Interviewing Competency Assessment (MICA)	These sessions will be focused on enhancing skill development of Motivational Interviewing by coding an interaction using the Motivational Interviewing Competency Assessment (MICA) and providing feedback to the staff.	In-person / virtual	0.5	1500.0	0.0	750.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Coaching for Permanency	Permanency timelines; permanency from day one; engaging with families to co-create case plans; setting safety objectives; measuring progress versus compliance in cases; transition planning for children; knowing when to file for Termination of Parental Rights (TPR); understanding the court process and when to change permanency plans; understanding the adoption process; understanding parent/child visitation plans (supervised, monitored, etc.); understanding reasonable efforts versus active efforts for ICWA cases.	In Person & Virtual	0.5	50.0	100.0	75.0	Alliance	Social Workers & Supervisors	Statewide	75%	

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Coaching for Regional Core Training - Skill Acquisition Session: Day 60	Ongoing skill development is an important aspect of Regional Core Training instruction and benefits the transfer of learning of critical concepts while supporting work on newly assigned cases. Additional skill acquisition sessions have been approved following the completion of the 320 RCT course hours for child welfare case-carrying Social Service Specialists. All other participants (CWTAP/Intake/LD/Afterhours/SSS 1's) will be offered the opportunity to engage in the sessions at the discretion of the participant and their supervisor.

There are four identified RCT Skill Acquisition Sessions that will occur 1:1 with each RCT participant in the field or in the participant's identified office (can occur virtually if necessary). These sessions will be a minimum of 2 hours but may go over depending on the topic and need of the participant. The mandatory sessions will be provided at 15, 45, 60 and 90 days and will be scheduled upon completion of the 320 course hours. They do not need to be taken in any particular order. The following topics will be addressed in these sessions:

● Case prioritization and organization;
● Documentation;
● Assessments; and
● Family time and conditions for return home.
Upon completion of the 320 hours and the four sessions, participants will be completed for the entire RCT course in the learning center. | In-person / virtual | 0.5 | 640.0 | 640.0 | 320.0 | Alliance | Social Workers | Statewide | 75% | |
| Coaching for Regional Core Training - Skill Acquisition Session: Day 90 | Ongoing skill development is an important aspect of Regional Core Training instruction and benefits the transfer of learning of critical concepts while supporting work on newly assigned cases. Additional skill acquisition sessions have been approved following the completion of the 320 RCT course hours for child welfare case-carrying Social Service Specialists. All other participants (CWTAP/Intake/LD/Afterhours/SSS 1's) will be offered the opportunity to engage in the sessions at the discretion of the participant and their supervisor.

There are four identified RCT Skill Acquisition Sessions that will occur 1:1 with each RCT participant in the field or in the participant's identified office (can occur virtually if necessary). These sessions will be a minimum of 2 hours but may go over depending on the topic and need of the participant. The mandatory sessions will be provided at 15, 45, 60 and 90 days and will be scheduled upon completion of the 320 course hours. They do not need to be taken in any particular order. The following topics will be addressed in these sessions:

● Case prioritization and organization;
● Documentation;
● Assessments; and
● Family time and conditions for return home.
Upon completion of the 320 hours and the four sessions, participants will be completed for the entire RCT course in the learning center. | In-person / virtual | 0.5 | 640.0 | 640.0 | 320.0 | Alliance | Social Workers | Statewide | 75% | |
| Coaching for Regional Core Training Continuation | Coaching for Regional Core Training (RCT) Continuation provides an opportunity for you to enhance your skills after you graduate from RCT in a focused area of practice pertinent to your daily work/practice in child welfare. Identified goals are created and measured for progress toward those goals by both you and your coach after each session. Coaching sessions are offered by an | In Person & Virtual | 0.5 | 50.0 | 3000.0 | 1525.0 | Alliance | Social Workers | Statewide | 75% | |

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	Alliance coach at 30, 60, 90 and 120 days after the RCT class is completed.										
Coaching for Regional Core Training- Skill Acquisition Session: Day 15	Ongoing skill development is an important aspect of Regional Core Training instruction and benefits the transfer of learning of critical concepts while supporting work on newly assigned cases. Additional skill acquisition sessions have been approved following the completion of the 320 RCT course hours for child welfare case-carrying Social Service Specialists. All other participants (CWTAP/Intake/LD/Afterhours/SSS 1's) will be offered the opportunity to engage in the sessions at the discretion of the participant and their supervisor. There are four identified RCT Skill Acquisition Sessions that will occur 1:1 with each RCT participant in the field or in the participant's identified office (can occur virtually if necessary). These sessions will be a minimum of 2 hours but may go over depending on the topic and need of the participant. The mandatory sessions will be provided at 15, 45, 60 and 90 days and will be scheduled upon completion of the 320 course hours. They do not need to be taken in any particular order. The following topics will be addressed in these sessions: • Case prioritization and organization; • Documentation; • Assessments; and • Family time and conditions for return home. Upon completion of the 320 hours and the four sessions, participants will be completed for the entire RCT course in the learning center.	In-person / virtual	0.5	640.0	640.0	320.0	Alliance	Social Workers	Statewide	75%	
Coaching for Regional Core Training: Skill Acquisition Session: Day 45	Ongoing skill development is an important aspect of Regional Core Training instruction and benefits the transfer of learning of critical concepts while supporting work on newly assigned cases. Additional skill acquisition sessions have been approved following the completion of the 320 RCT course hours for child welfare case-carrying Social Service Specialists. All other participants (CWTAP/Intake/LD/Afterhours/SSS 1's) will be offered the opportunity to engage in the sessions at the discretion of the participant and their supervisor. There are four identified RCT Skill Acquisition Sessions that will occur 1:1 with each RCT participant in the field or in the participant's identified office (can occur virtually if necessary). These sessions will be a minimum of 2 hours but may go over depending on the topic and need of the participant. The mandatory sessions will be provided at 15, 45, 60 and 90 days and will be scheduled upon completion of the 320 course hours. They do not need to be taken in any particular order. The following topics will be addressed in these sessions: • Case prioritization and organization; • Documentation; • Assessments; and • Family time and conditions for return home. Upon completion of the 320 hours and the four sessions, participants will be completed for the entire RCT course in the learning center.	In-person / virtual	0.5	640.0	640.0	320.0	Alliance	Social Workers	Statewide	75%	

Coaching for Supervisors	Coaching for Supervisors provides a one-on-one professional development opportunity and is an essential element in supporting the daily work supervisors do with their units and staff. Sessions can be scheduled in 30 minute intervals and can cover: Observation and feedback on monthly supervisory case reviews; Use of Supervisor Review Tool in FamLink; Documentation / Assessment review and approvals; Observation and feedback on skills used to engage with staff; Organization and Prioritization of work.	In Person & Virtual	0.5	1000.0	4000.0	2500.0	Alliance	Social Workers & Supervisors	Statewide	50%	
Cultural Competence: Understanding Implicit Bias and the Impact of Racial Stereotyping	For years society has encouraged colorblind ideology without taking into consideration the impact this has on People of Color. Through video, interactive activities and discussion of the research, participants are challenged to examine implicit bias, stereotype threat and its effect on cross cultural relationships and ethnic/racial identity development. As a result, participants deepen their appreciation of challenges facing People of Color, grow in self-awareness and learn ways to mitigate the impact. Participants will: 1) Engage in courageous conversations; 2) Deepen their understanding of implicit bias and stereotype threat; 3)Learn strategies to mitigate the impact of implicit bias.	Webinar	6.0	0.0	8.0	48.0	Alliance Contracted Training: Cultures Connecting	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Culture of Family: Supporting Kin to Support Kids	This training is designed for social workers who are serving children placed with Kinship Caregivers, and their supervisors. The class will prepare you to recognize and address the issues that Kinship Caregivers are most likely to confront, and those that often lead to placement disruption or impact child wellbeing. Participants will leave with a host of written resources that may be helpful as they talk with caregivers about their needs and about the child's needs, and as they guide caregivers in connecting to resources within and outside the department that will decrease stress and increase support for them and their families. Participants will also practice discussing issues of concern with relative caregivers, so that they can be best prepared to have these discussions frequently and successfully with Kinship Caregivers.	Classroom	6.0	0.0	0.0	0.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Developing Skills for Licensing Staff Assessing LGBTQ+ Awareness and Support (webinar)	Children and youth in care who identify as LGBTQ+ face challenges that can affect their quality of life far beyond their experiences in the child welfare system. Because of this, it is especially important that Licensing Division Foster Care employees can assess providers' and caregivers' ability to provide a welcoming and affirming environment for LGBTQ+ children and youth. The training first takes you through an exercise that allows you to reflect on possible personal biases that may affect your evaluation of prospective caregivers, children, and youth during the licensing process. You will then go through a learning around SOGIE/LGBTQ+ terminology and discuss how to talk to children, youth, and providers about LGBTQ+ culture, a critical component of interviewing. A key component of the course is the focus on being able to review and apply the laws and minimum licensing requirements around assessing a provider's ability (not just willingness) to care and support children and youth who identify as LGBTQ+, as well as the provider's level of knowledge pertaining to LGBTQ+ children and youth, and their interest in expanding that knowledge as needed. This learning includes defining welcoming and affirming environments. You will learn characteristics of those spaces, such as open conversations with children and youth, and talk about how to support caregivers in providing positive and affirming surroundings. Finally, you will dive in for a deep look at nondiscrimination-focused RCWs, WACs, and Policies, Practices and Procedures, and discuss how to apply them in licensing and investigations. You will have an opportunity to build skills formulating and applying questions based on current licensing standards and mandates. At the close of the training, you will have a personal and	Classroom & Webinar	3.0	8.0	5.0	39.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	

	professional action plan that outlines what you have studied and the steps you will take to best engage with, learn from and advocate for your clients.									
Domestic Violence in Child Welfare (webinar)	Working with families impacted by Domestic Violence can be challenging, nerve wracking, and sometimes inspiring. You may often wish that you had more guidance about how you should approach this work. In this course, you'll learn more about the policy and legal guidance for child welfare work with families experiencing domestic violence. More importantly, you'll learn the best practices for this work and get to practice applying these best practices. In Washington we are lucky to have an entire manual outlining these best practices, "The Social Worker's Practice Guide to Domestic Violence." This guide will be heavily relied upon in this course, and you'll become familiar with most of its contents. The course aims to build your knowledge and skills across four core areas: universal and periodic screening for domestic violence, conducting a specialized DV assessment, engagement, and accountability with DV perpetrators, and case planning in families experiencing DV. In addition, you'll learn about the different types of protection orders that may exist and the implications of each, as well as the process of domestic violence safety planning with adult DV victims.	Classroom & Webinar	16.0	12.0	12.0	384.0	Alliance	Social Workers & Supervisors	Statewide	75%
Facilitated Cohort Learning Sessions: Case Planning and Service Delivery	These two-hour sessions will provide the opportunity to develop a deeper understanding of the importance of co-creating culturally relevant case plans with families, service matching and applying the child safety framework/risk assessments to develop behavioral case plans. Participants will expand their knowledge and work within live cases. Topics of the sessions are identified by the cohort members and learning activities are organized and facilitated by Alliance staff. These sessions will utilize DCYF case planning policies for all programs.	Classroom	2.0	4		8.0	Alliance	Social Workers	Statewide	75%
Facilitated Cohort Learning Sessions to Support Motivational Interviewing	The Alliance Coaching Team will lead a reading and discussion of "Motivational Interviewing for Working with Children and Families," by Donald Forrester et al. This book discusses the use of MI while working in child protection and working with families in the field of social work. Through this discussion group, you will gain a clearer understanding of the use of MI in child welfare, learn about practical application of MI practice, and share ideas for how to help field staff gain information and support families in change	Webinar	1.0	0	7	7.0	Alliance	Social Workers	Statewide	50%

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Facilitated Cohort Learning Sessions to support Domestic Violence Practice	These sessions provide participants of the Domestic Violence in Child Welfare in-service training an opportunity to expand their knowledge and work within live cases. Topics of the sessions are identified by the cohort members and learning activities are organized and facilitated by Alliance staff. These sessions will rely on the policy and best practices in "The Social Worker's Practice Guide to Domestic Violence" for child welfare work with families experiencing domestic violence. These learning sessions will continue to build across the four core areas from the Domestic Violence in-service: universal and periodic screening for domestic violence; conducting a specialized DV assessment; engagement and accountability with DV perpetrators; and case planning in families experiencing DV. Completion of the Domestic Violence in Child Welfare in-service course is a pre-requisite for this course.	In-person / virtual	2.0	15.0	15.0	60.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Facilitated Cohort Learning Sessions To Support ICWA Practice	Facilitated Cohort Learning Sessions To Support ICWA Practice provides former cohorts from RCT and SCT classes that are working on Indian Child Welfare cases to expand their knowledge beyond core training curriculum and gain application within live cases. Topics of the sessions are identified by the cohort members and learning activities are organized and facilitated by Alliance staff. These sessions will review current WA State ICWA practices while providing opportunities to apply critical thinking to the overall complexities of child welfare work. Tailored topics may include: Initial Intake (ICW Procedures at initial contact), Tribal/State Agreements, Inquiry and Verification of Child's Indian Status, Disclosure of Confidential Records/Information to Tribes, Child Protective Services for Indian Children, Active Efforts, Casework Activities for Court Proceedings – forms Legal Notice, FamLink Response from NAIR eLearning, Monthly Progress report, Indian Child Placement Preferences and Relative Search, Adoption, Interstate Compact on the Placement of Indian Children, Local Indian Child Welfare Advisory Committees, Casework Services for Children and Families of Non-Federally Recognized Tribes and Canadian First Nations.	Classroom & Webinar	1.5	12.0	0.0	18.0	Alliance	Social Workers	Statewide	75%	
Family Voluntary Services In-Service	This two-day in-service training will prepare new Family Voluntary Services (FVS) caseworkers and experienced FVS caseworkers who wish to improve their practice to engage parents and families from the point of transfer or case assignment. Participants will learn how to make the most of the first meeting and monthly visits with the parent in building a working relationship geared to reducing or mitigating safety threats and risk. Participants will be provided opportunity to improve the quality of case plans by linking services to behavior changes. Participants will learn policy expectations and good practice strategies for family engagement.	Classroom & Webinar	12.0	4.0	6.0	120.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Harm Reduction and Safety Planning with Substance Using Families (webinar)	This 6-hour webinar will provide participants with an understanding of substance use and when it affects the safety of children in the family, how to safety plan with families who have children of all ages (0-18), how to support clients in their treatment programs, and how to measure progress sufficient to have mitigated the safety threats to the children.	Classroom & Webinar	6.0	8.0	9.0	102.0	Alliance Contracted Training: Robin Harwick	Social Workers & Supervisors	Statewide	75%	

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Identifying and Supporting Commercially Sexually Exploited Children for Workforce	This course is mandatory for CFWS workers, and recommended for Intake, CPS and other case carrying staff. This 6-hour course help workers who do ongoing work with adolescents in the child welfare system identify youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic social work practices that support helping these youth reach positive outcomes. Participants will leave understanding CA's policy and legal requirements related to screening and supporting these youth, will practice and consider approaches to supporting these youth, and will be provided with a list of some community resources.	Classroom	6.0	4.0	0.0	24.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Identifying and Supporting Commercially Sexually Exploited Children for DCYF (webinar)	Commercial sexual exploitation impacts many children and families the child welfare system is meant to support. In this course, you will learn more about the dynamics of commercial sexual exploitation of children (CSEC), risk factors and warning signs, and impacts of this experience on survivors. You will learn policy requirements to identify, document, and offer services to these young people, as well as the best practices to engage and support them. The importance of trauma based and culturally relevant work with this population is a theme throughout the course. While the focus is on children and young people, you will likely gain a better understanding of parents you work with who may also have experienced commercial sexual exploitation.	Webinar	10.5		8.0	84.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Impacts of Parental Mental Health on Child Safety	Participants will be engaged to consider their own thoughts, beliefs, and biases about mental illness; understand basic definitions associated with parental mental illness and child safety; and identify family assessment strategies that can focus on the intersection between parental mental illness and child safety. Additionally, ideas and tools for drafting effective case plans and objectives to achieve child safety with parental mental illness is a factor will also be discussed. Finally, participants will receive resources for services and interventions that promote the reduction of risk associated with parental mental illness and enhance protective factors for family well-being.	Classroom & Webinar	6.0	4.0	3.0	42.0	Alliance and Contractor: Mikey Kandor	Social Workers & Supervisors	Statewide	75%	
Infant Safety: Assessing the Infant's Environment (webinar)	Assessment of every environment in which an infant lives and sleeps, as well as all individuals providing care, is critical to ensuring the safety of this vulnerable population. Emphasis will be placed on developmental needs, attachment, and the infant's relationships. The focus of this course is to provide instruction around assessment of the infant's interactions with both caregivers and the environment, identifying parent/caregiver training or support needs, and opportunities for demonstration, practice, and feedback pertaining to meeting the practice and policy requirements for this component of the Infant Safety Education and Intervention.	Webinar	5.0	8.0	12.0	100.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Infant Safety: Period of PURPLE Crying (webinar)	The Period of PURPLE Crying will provide social workers with an understanding of the importance of assessing for both prolonged crying in infancy and the caregiver's ability to manage long periods of crying. Emphasis will be placed on safety in terms of the connection between prolonged crying and child abuse/neglect, as well as completion of the Period of PURPLE Crying Training Certification through dontshake.org (if not previously completed). The focus of this course is to provide instruction around assessment, and opportunities for demonstration, practice, and feedback pertaining to meeting the	Webinar	4.0	8.0	12.0	80.0	Alliance	Social Workers & Supervisors	Statewide	75%	

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	practice and policy requirements for this component of the Infant Safety Education and Intervention Policy.									
Infant Safety: Plan of Safe Care (webinar)	The Plan of Safe Care is an element of case planning for families with infants born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, or born to a dependent youth. The Plan of Safe Care focuses on access to a network of community-based providers and support services and addresses the needs of both the infant and the family/caregiver. The focus of this course is to provide opportunities for demonstration, practice, and feedback pertaining to meeting the practice and policy requirements for this component of the Infant Safety Education and Intervention Policy.	Webinar	3.0	8.0	12.0	60.0	Alliance	Social Workers & Supervisors	Statewide	75%
Informing Decisions Through Critical Thinking	Using objective evidence, recognizing patterns of behavior, considering families' perspectives, and utilizing collaterals can improve decision-making in child welfare. Skills to ensure incorporation of new information and to identify biases, including confirmation bias, will be examined in this course to improve decision making.	Classroom & Webinar	3.0	3.0	3.0	18.0	Alliance Contracted Training: Dee Wilson	Social Workers & Supervisors	Statewide	75%
Leadership Training for Supervisors, Program Managers, and Quality Practice Specialists (based on Area Administrator Core Training)	New supervisors need to achieve competency in understanding the child welfare practice as well as in supervision. This course provides supervisors with an introduction of baseline competencies for supervisors in public child welfare, and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems, and managing outward are the four main themes integrated throughout this course.	Classroom & Webinar	36.0	3.0	3.0	216.0	Alliance Contracted Training: Peter Dahlin	Supervisors	Statewide	50%
Learner Centered Coaching Skills for Supervisors and Area Administrators (webinar)	Collaboration and mentorship are central tenets of leadership, and coaching provides an opportunity to help supervisors identify practice barriers that have direct impact to the children and families you serve. In this course, you will learn how to build coaching capacity into your work supervising staff. At the center of this is the Learner Centered Coaching model, which enhances practice skills and self-efficacy of DCYF supervisors. It aims to reduce trauma response in the child welfare practice environment by highlighting positive regard, cultural humility, and a trauma-informed lens. This training will provide a foundational picture of how to utilize coaching in supervision. The introduction covers identification of behaviors that create a sense of psychological safety for individuals on your team, a must-have for success. The core of the training will highlight the principles of complex skill development in adults, as well as, the Learner Centered Coaching model itself, including the principles, values and behaviors that make up a "coaching stance" and the five steps of learner centered coaching. Throughout the course you will be asked to consider what you might do differently in your ongoing staff development work, and the individual skills you might be using at each step in the coaching process. The education in this training goes beyond the webinar. Before your training is complete, you will have a chance to apply this information by using handouts and reflection worksheets to consider how you will integrate coaching into your work. You will also submit a coaching plan and begin the coaching process with two of your staff members. And to encourage your long-term professional development, you will be supported after you complete the course, through individualized coaching and resources	Webinar	15.0	4.0	8.0	180.0	Alliance	Supervisors & Area Administrators	Statewide	50%

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	to help you develop and enhance your coaching skills as you move forward.									
Motivational Interviewing for Child Welfare Field Staff	This training is for Field Staff that will be carrying prevention cases. In this training you will be provided both Introduction to Motivational Interviewing and Advanced Motivational Interviewing with the following learning objectives: • Recognize the stages of change to assess readiness to change • Identify how Equipoise affects the Motivational Interviewing Process • Deepen your empathy skills via strategic reflective statements • Recognize resistance talk, sustain talk, and change talk • Decrease resistance and increase engagement • Differentiate the 4 processes of Motivational Interviewing • Navigating the Physics of Communication • Strategically responding to Change talk • Discover the Motivational Interviewing Coding process Social workers participating in this training will receive 20 continuing education clock hours.	Webinar	20.0	8.0	0.0	160.0	Contracted Provider: The Institute for Individual and Organizational Change	Early Implementer Social Workers (carrying prevention cases)	Statewide	75%
Motivational Interviewing for Fidelity Coders	This training is for designated Region/Head Quarters support staff and Alliance Coaches identified to provide MI fidelity coding for prevention field staff. In this training you will be provided both Introduction to Motivational Interviewing and Advanced Motivational Interviewing with the following learning objectives: • Recognize the stages of change to assess readiness to change • Identify how Equipoise affects the Motivational Interviewing Process • Deepen your empathy skills via strategic reflective statements • Recognize resistance talk, sustain talk and change talk • Decrease resistance and increase engagement • Differentiate the 4 processes of Motivational Interviewing • Navigating the Physics of Communication • Strategically responding to Change talk • Discover the Motivational Interviewing Coding process In addition coders will learn to: • Identify the process of coding and coaching with the MICA manual • Analyze Motivational Interviewing Microskills & verbal interventions accurately • Recognize demonstrations of Motivational Interviewing intentions & strategies • Develop a tangible decision tree for using the MICA and the MICA report system Social workers participating in this training will receive 35 continuing education clock hours.	Webinar	35.0	1.0	0.0	35.0	Contracted Provider: The Institute for Individual and Organizational Change	Regional and Headquarters Support Staff & Alliance Coaches	Statewide	75%
Motivational Interviewing for Leaders	This training is for executive management, field regional leadership and Early Implementer AAs/supervisors. During this course you will learn to • Navigate difficult work scenarios by looking through a Motivational Interviewing lens • Recognize the stages of change and readiness for change • Understanding Interventions to help you steer crucial conversations	Webinar	10.0	3.0	0.0	30.0	Contracted Provider: The Institute for Individual and Organizational Change	Executive Management, Regional Field Leadership & Early Implementer Area Administrators and Supervisors	Statewide	75%

Course	Description	Delivery					Provider	Audience	Scope	%
	Social workers participating in this training will receive 10 continuing education clock hours.									
Next Steps For Intake Staff In Their First Year	As DCYF intake workers who have finished the introductory eLearning trainings and worked at least six months on the job, you're ready to take a deeper dive into the intake world by advancing your skills when working with Special Circumstance Intakes. In this course you'll learn more about how to effectively document intakes that involve Substance Exposed Newborns, Domestic Violence (DV), Commercially Sexually Exploited Children (CSEC) and Indian Child Welfare (ICW). You'll also discuss intakes related to providers, critical incidents, and consider legal issues related to intakes. You will build your skills at something you are probably doing every day – considering past history and information from other systems to support the screening decision for each intake. DCYF is committed to racial equity and quality service for every family in our community, and you will learn more about how your use of non-biased language and behaviorally specific documentation, support this goal. Guest presenters with specialized knowledge of issues like allegations related to providers, responding to critical incidents, and the law that guides child welfare practice in Washington will guide your learning in those areas.	Webinar	12.0		2	24	Alliance	Social Workers	Statewide	75%
Partners Make Better Decisions (webinar)	Partners Make Better Decisions brings together social workers and caregivers in a dynamic environment of dialogue, small-group activities and scenario discussions. This course mimics the way the child welfare process works, with many voices at the table, with the goal of building understanding and relationships through finding commonality and mutual respect. Building partnerships and finding common ground with others is integral to achieving the best outcomes for children and families. When approaching decision making, it is vital that you can work effectively with all parties involved, and this training provides you the foundation for making that happen. You will start the training by sharing and hearing from other participants about why they do the work they do, likely finding many shared values. The training also will guide you through a conversation about communication and potential barriers and breakdown points, with special consideration of the high stakes and complicated dynamics involved in this work. Finally, you will learn some tools and strategies for working together and remaining focused on the "main thing," the interest of the child, even when distractions or disagreements arise. When you leave the training, you will have a new understanding of and appreciation for your partners on the child's care team, and a plan for communicating and working together.	Classroom & Webinar	3.0	3.0	6.0	9.0	Alliance	Social Workers, Supervisors & Caregivers	Statewide	75%
Permanency for Every Child	The focus of this course is on the role of the CFWS caseworker in achieving permanency for children taking into consideration how safety threats, risk factor and protective factors apply to achieving timely permanency. You will explore how to work a case from the beginning to achieve permanency through concurrent planning, having difficult conversations with parents about concurrent planning and the permanency process, how to assess for reunification, including the conditions for return home, determining best interest and choosing alternate plans.	Classroom & Webinar	12.0	8.0	1.0	108.0	Alliance	Social Workers	Statewide	75%

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Quality Matters – Engagement for quality contact with Children and Youth	During this two-hour workshop, you will learn what characteristics make up a quality contact with children and youth during initial and on-going assessment and/or out-of-home placement, and why quality contacts matter. You will have an opportunity to watch a social worker conduct a health and safety visit with a youth, and then you will apply skills observed to a case scenario. Throughout the workshop, Alliance coaches will support the integration of quality contacts into social work practice.	Classroom & Webinar	2.0	6.0	6.0	24.0	Alliance	Social Workers, Supervisors, Area Administrators & Tribal workers	Statewide	75%	
Quality Matters – Engagement for quality contacts with Caregivers	During this two-hour workshop, you will learn what characteristics make up quality contacts with caregivers and why quality contacts matter. You will have an opportunity to watch a social worker conduct a caregiver interview, and you can then apply skills observed to a case scenario. Throughout the workshop, Alliance coaches will support the integration of quality contacts into social work practice.	Classroom & Webinar	2.0	6.0	6.0	24.0	Alliance	Social Workers, Supervisors, Area Administrators & Tribal workers	Statewide	75%	
Quality Matters – Engagement for quality contacts with Parents	During this two-hour workshop, you will learn what characteristics make up a quality contact with parents during initial and on-going assessment as well as out-of-home placement, and why quality contacts matter. You will have an opportunity to watch a social worker conduct a parent interview, and then you will apply skills observed to a case scenario. Throughout the workshop, Alliance coaches will support the integration of quality contacts into social work practice.	Classroom & Webinar	2.0	6.0	6.0	24.0	Alliance	Social Workers, Supervisors, Area Administrators & Tribal workers	Statewide	75%	
Racial Microaggressions: Developing Cross Cultural Communication Skills	Participants will leave this training with a common language and understanding of what is meant by cultural competence and the work they need to do to grow their ability to effectively engage across cultures, an understanding of Racial Microaggressions and why they are problematic, and an increased ability to have courageous conversation about difference and to effectively engage racial tension.	Classroom and Webinar	7.0	1.0	9.0	70.0	Alliance Contracted Training: Cultures Connecting	Social Workers & Supervisors	Statewide	75%	
Random Moment Time Study (RMTS) Roles and Responsibilities for DCYF Coord. (eLearning)	As a coordinator for the Random Moment Time Study (RMTS), you will learn key elements needed to support local offices with technical and program support. You will be able to identify your significant role and responsibilities in the RMTS process and how to locate notifications, determine proper coding for tasks completed during the sample and properly document associated details into FamLink.	Classroom & Webinar	0.5	3.0	1.0	2.0	Umass	DCYF Staff		50%	
Random Moment Time Study (RMTS) Roles and Responsibilities for DCYF Staff	Following this eLearning you will be able to define the key elements in Random Moment Time Study (RMTS) and the role it plays in the agency's work, as well as, your role and responsibility in completing the study. You will learn how to locate the RMTS notifications, determine proper coding for tasks completed during the sample, and properly document associated details into FamLink.	Classroom & Webinar	0.5	3.0	1.0	2.0	Umass	DCYF Staff		75%	
Regional Core Training	Regional Core Training (RCT) is Washington State's pre-service foundational training designed to prepare newly hired social service specialists with the basic knowledge, skills, and understanding to begin their careers in public child welfare for the State of Washington. RCT is a comprehensive training containing multiple sessions which lay the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals. RCT consists of a cohesive developmental curriculum in which knowledge and skills are broadened and deepened. RCT provides participants with blended learning opportunities, including classroom	Classroom and Webinar	320.0	24.0	0.0	7680.0	Alliance	Social Workers	Statewide	75%/50%/0%	

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	instruction, field activities, and coaching. RCT is organized into three distinct learning modules, each with a subset of dedicated instruction; • General Instruction • The Population You Serve • Dynamics of Child Abuse and Neglect Through the Life of a Case • Safety Focused Practice Getting to Know Your Caseload • Program Tailored Learning • Program-Specific Assessment and Planning Managing Your Caseload • Woven throughout RCT are several critical concepts, integral to best practice in child welfare, and designed to maximize learning within context and with relevancy to the work: • Child Safety Critical Thinking • Trauma-Informed Practice Disproportionality in Child Welfare Cultural Competency/Cultural Humility • Recognizing Bias and Confirmation Bias										
Right Response: Level 3	The RIGHT RESPONSE Level 3 Workshop is primarily prevention training. This 11-hour certification provides basic skills including Prevention, De-escalation, Postvention, and Physical Safety skills. Attendees learn about self-awareness, reflective thinking skills, positive behavior support, basic and advanced de-escalation skills, self-protection, and proactive alternatives which can prevent dangerous incidents and increase safety.	Classroom	11.0	26.0	0.0	286.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	50%	
Right Response: Level 4	With the Right Response 4 - Advanced Recertification course, you will build upon the Right Response - Level 4 lessons, where you learned proactive things to address crisis. In this course, we'll examine what you have encountered since the first course and evaluate how it has worked, further embedding and extending your knowledge. Instructors will also consult with you about your individual challenges. You can fine-tune your intervention process to become more successful. The RIGHT RESPONSE Recertification is a combination of a self-paced eLearning module followed by an instructor-led training.	Classroom	14.0	4.0	0.0	56.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	50%	
Secondary Trauma: Impact and Solutions	This 3-hour course will help Children's Administration social workers and supervisors who do ongoing work in the child welfare system with identification of and responses to secondary trauma. The training will increase knowledge and understanding of the levels of secondary trauma, its impact, and how to manage the impact in our environment.	Classroom & Webinar	3.0	11.0	6.0	51.0	Alliance Contracted Training: Phoebe Mulligan	Social Workers & Supervisors	Statewide	75%	
Suicide Prevention LEARN® Training by Forefront for Workforce	LEARN is a suicide awareness training that helps participants identify and act on signs of suicide. The training was developed in the School of Social Work by noted Suicidologist, Dr. Jennifer Stuber, and is based on best practices outlined by the federal Substance Abuse and Mental Health Administration (SAMHSA). LEARN® is designed to empower individuals to help others move in the direction of hope, recovery, and survival. Presenters for this training are contracted and trained by Forefront Suicide Prevention.	Webinar	3.0	4.0	4.0	24.0	Alliance Contracted Training: Forefront	Caregivers, Social Workers & Supervisors	Statewide	75%	

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Supervising for Safety: Out of Home Care (webinar)	The "Supervising for Safety" series comprises three webinars and an eLearning that aim to support supervisors in the understanding and application of assessment tools and integration of these tools into their supervision. In this training you will consider how to support your staff in preventing and responding to safety threats in out of home care, and how integrating safety framework tools may help with this process. We will review a variety of situations, from initial assessment of a prospective caregiver, to issues needing immediate response in a current placement, to low-level concerns that over time impact the quality of care. You will also learn how biases impact our ability to spot serious abuse by out of home or adoptive caregivers. Lastly, you will make plans to integrate strategies into your supervision practice that help ensure that everyone attached to a caregiving setting is gathering sufficient information to identify and respond to concerns early – increasing the chance that we prevent unsafe placements and that we intervene as early as possible when a safety threat does occur.	Webinar	3.0	4.0	4.0	24.0	Alliance	Supervisors & Area Administrators	Statewide	50%	
Supervising for Safety: Remain or Return Home Decisions (webinar)	The "Supervising for Safety" series comprises three webinars and an eLearning that aim to support supervisors in the understanding and application of assessment tools and integration of these tools into their supervision. In this training, you will first identify the legal, policy and practice guidance that requires children remain home, or return home, whenever safely possible. Then, you will practice guiding a case worker in applying the safety framework tools to their case, and making a decision about whether it's safe to return a child home. You will focus in particular on the safety threshold and safety plan analysis questions, which guide safety decisions once we have sufficient information about the family and situation. You will review guidance on safety planning, and consider how your supervision can support case workers in developing strong safety plans, and monitoring these until the safety threat is no longer active. Lastly, you will make plans to integrate strategies into your supervision practice that help ensure that the safety framework is integrated into all discussions you are having on this topic. The "Supervising for Safety" series is mandatory for Area Administrators. This individual webinar is mandatory for CPS/FAR and CFWS staff.	Webinar	3.0	4.0	4.0	24.0	Alliance	Supervisors & Area Administrators	Statewide	50%	
Supervising for Safety: Removal Decisions (webinar)	The "Supervising for Safety" series comprises three webinars and an eLearning that aim to support supervisors in the understanding and application of assessment tools and integration of these tools into their supervision. In this training you will consider how the safety framework helps us make decisions about whether a child needs to be removed from their parent(s). We will also identify the legal and policy requirements that guide removal decisions. You will practice guiding a caseworker in applying the safety framework tools in their case and making a decision about whether a child needs to be removed from their home. We will focus in particular on gathering questions, and on how to support caseworkers in obtaining sufficient, relevant information before we make an assessment of whether a child is safe. Lastly, you'll consider how you can better integrate the child safety framework into your supervisory practice when approving or discussing removal decisions. The "Supervising for Safety" series is mandatory for Area Administrators. This individual webinar is mandatory for CPS/FAR and LD staff.	Classroom & Webinar	3.0	4.0	4.0	24.0	Alliance	Supervisors & Area Administrators	Statewide	50%	
Supervisor Core Training 1.1: Essential Professional Tools (Coaching)	Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings and field based activities about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. You will be assigned a coach upon	Classroom & Webinar	8.5	65.0	65.0	1105.0	Alliance	Supervisors	Statewide	50%	

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	notification of hire to support you through the learning. Part 1.1 of this course is designed to provide you critical information needed on Day 1 in your new role. When you complete this training, you will be able to effectively use FamLink, including managing cases and approvals and using the Tickler; recognize the structure and goals of Learner Centered Coaching; use the Administrative Incident Reporting Systems; understand the scope of Aiden's Act Review; and be able to identify the components of clear documentation and your responsibilities around it. You will have reviewed your unit employees' personnel information and identified gaps; be able to describe how power influences subordinate employees and develop a plan for self-awareness and self-management. This course consists of these eLearning: Welcome to FamLink for Supervisors, Introduction to Learner Centered Coaching, AIRS/Critical Incidents, Aiden's Act, Professional Documentation/Human Resources Division. These activities are part of this course: Personnel File Review (field-based learning activity completed prior to webinar), Everyday Leadership (video and field-based learning activity completed prior to webinar), Welcome and introduction to SCT overview with assigned coach (approximately 90 minutes)									
Supervisor Core Training 2: Foundations of Effective Leadership (webinar)	Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. In this comprehensive and competency-based training program, you will have the opportunity to learn across multiple modalities including webinar, coaching, simulations, eLearning and field-based activities. This lays the foundation for continuous on-the-job learning and professional development critical to your development as a competent, confident, and effective child welfare supervisor. Throughout the classes, you will learn skills that you can take right back into your work, such as how to most efficiently use your time, and you will also tackle critical-thinking-focused topics such as how to build a strong team and how to work with your staff to ensure their continued growth. At the close of Part 2 of SCT, you will be inspired and prepared to take on the challenges of this role and in a position to reap its rewards.	Classroom & Webinar	91.0	5.0	5.0	981.0	Alliance	Supervisors	Statewide	50%
Supervisor Core Training 3: Coaching	Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. In Part 3, you will learn how to apply the Learner Centered Coaching Model in your day-to-day supervision of staff. The use of coaching supports reflective supervision and increases critical thinking skills. You will engage in a final coaching session with an Alliance coach in the sixth month of SCT. Coaching sessions can occur in 30-minute increments and are learner-driven. Once the coaching session is completed, the coach will indicate in The Learning Center that the Supervisor has officially completed SCT.	Classroom & Webinar	0.5	130.0	130.0	130.0	Alliance	Supervisors	Statewide	50%

Supervisor Readiness	This three-hour course covers Situational Leadership and Supervisor Readiness (4Rs). The course will review the three necessary components and strategies to impact performance. The Situational Leadership Theory developed by Paul Hersey and Kenneth Blanchard presents a model that suggests that to be effective leaders, supervisors must match their leadership style to an individual worker's level of job readiness (job maturity). The manager's effectiveness depends on their ability to correctly identify the supervisor's readiness level and to employ the appropriate leader style in that particular situation. Supervisor readiness for any task is determined by the supervisor's ability and willingness.	Webinar	3.0	3.0	4.0	21.0	Alliance Contracted Training: Peter Dahlin	Supervisors, Regional Administrators & Program Managers	Statewide	50%	
Supervisor Reflective Workshops (webinar)	Coaching is an important piece of ongoing professional growth, presenting opportunities for personalized skill development and self-assessment. As a supervisor, this takes on added significance as the learnings are applicable to both you and your staff. "Supervisor Reflective Workshops" give you the chance to discuss with your peers coaching successes and barriers, helping you grow and improve. The workshops are intended to be attended after the completion of the "Learner Centered Coaching Skills for Supervisors and Area Administrators" course and support the integration of the model into supervisory practice. The sessions provide an opportunity for peer discussion around implementation of coaching with your teams. You may work through practice barriers together, or hear how coaching is applied and supports clinical supervision. Enhanced skill-development opportunities such as how to assess for identified practice barriers, the use of reflective questions, motivational Interviewing strategies/techniques, providing feedback and the use of tools in coaching will be facilitated based on feedback and requests made from each independent group. These workshops will also provide an opportunity for you to think about coaching support you may want to identify and work on with your assigned Alliance coach.	Webinar	1.0	12.0	24.0	36.0	Alliance	Supervisors & Area Administrators	Statewide	50%	
Supporting Children's Mental Health in Child Welfare	This course takes place across two, 4-hour sessions. In order to receive credit for completion, you must complete both sessions. In this course, you'll learn about childhood mental health, including common symptoms and screenings, assessment, effective interventions, and ways to engage children, caregiving adults, and professionals. Your role as a child welfare caseworker provides the lens through which these topics are explored, and you'll be asked to consider the barriers and experiences frequently encountered by children and families who are served by DCYF as we explore these topics. In part one, you will consider the connections between Trauma, Toxic Stress, and children's mental health problems. You'll learn more about the most common diagnoses in childhood, and how their symptoms might look different from behavior that's (broadly) developmentally typical. You'll learn a bit about the common screenings used to identify which children should be assessed for mental health treatment and about effective psychosocial interventions. In part two, you'll focus more directly on your role as a caseworker within the child welfare system. You'll consider and practice ways to engage with adults in caregiving roles and the children they care for, in order to gather more information about their children's functioning, and to engage them in seeking and continuing treatment. Next, you'll learn about working with mental health professionals to understand their treatment approach and to assess whether the intervention is having a positive impact. This includes considerations for when to use, and how to monitor, psychotropic medication. Last, you'll consider the role of resilience, and ways to support resilience for the children and families you work with.	Classroom & Webinar	8.0	3.0	3.0	48.0	Alliance	Social Workers & Supervisors	Statewide	75%	

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Title	Course Description	Venue	Length per Topic Area (Hrs.)	Classroom	Webinar	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Supporting LGBTQ+ Children, Youth and Families (webinar)	This course will focus on providing information and engaging in conversation about LGBTQ+ children, youth and families. You will learn about identifying and addressing systemic institutional and personal biases when serving LGBTQ+ children, youth and families. Activities and self- reflection exercises will prepare you to return to your work and create a welcoming, safe and affirming space. Included in this training is updated terminology, resources, and current data/statistics.	Webinar	3.0	8.0	8.0	48.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Tools for CFWS/Adoptions Supervisors	This class will provide opportunities for participants to utilize the various supervisory case review tools as well as reflective supervision to promote permanency, critical thinking and reflection when supervising staff. Ideally this session will be delivered to a combined group of CFWS and Adoption Supervisors to strengthen the connectedness between units and eliminate potential barriers to permanency. It is intended that this session and the materials presented will promote active participation and discussion in the context of real cases.	Classroom & Webinar	3.0	5.0	4.0	27.0	Alliance	Supervisors	Statewide	75%	
Trauma Informed Engagement	Trauma Informed Engagement is a 6-hour course applying lessons from trauma studies to child welfare practice for children, youth, and adults. Participants will discuss practice guidelines crucial to trauma informed practice in any setting. Participants will learn to distinguish trauma from other adversities and suffering; describe the characteristics, dynamics and effects of trauma; and emphasize the ways in which chronic trauma and complex trauma compromise normal functioning. Participants will learn to recognize and respond to situations involving the loss of control of body, mind, and emotions associated with trauma. Participants will practice, and commit to trauma informed engagement strategies, utilizing themes of empowerment, advocacy, and building resilience in children, youth, and adults.	Classroom	6.0	13.0	4.0	102.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Washington State ICW Training	In this two-day training, we will follow the flow of a Child Welfare case and how workers need to incorporate ICWA. Children's Administration has a revised ICW Manual and attendees will strengthen their foundational base about ICWA and learn about changes in policy and procedure as it applies to ICWA practice in Washington State.	Classroom & Webinar	12.0	2.0	10.0	144.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Worker Safety	Worker Safety – a one-day mandatory training for social service specialists, covering such topics as: • Types of workplace violence related to social work practice Predictors of violent behavior • Recognizing escalating behaviors Safety in the field • Safety precautions in methamphetamine sites Resources and support for worker safety • Working with law enforcement	Classroom & Webinar	6.0	10.0	10.0	120.0	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	

Caregiver Training											
Title	Course Description		Venue	Length per Topic Area (Hrs.)	# of Sessions Planned in FY		Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
					Classroom	Webinar						

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Advanced Adoption: Effects of Trauma and Loss on Adopted Children	For many children in foster care, the path up to, including and even after adoption can include trauma, grief and loss. As a potential adoptive parent, it's crucial that you understand the story a foster child is bringing to you and what part you can play in that. This course, "Advanced Adoption: The Effects of Trauma and Loss on Adopted Children," takes you beyond the introductory level into beginning to understand more deeply the emotional, mental and physical needs an adoptive child may have. A startlingly high number of adoptions are not successful, which is why it is so important that you have realistic expectations and adequate support, both of which are explored in this training. You will first be guided through a discussion around the definition of adoption, including what it is and what it isn't, and you will be encouraged to share your ideals and goals as an adoptive parent. You will then spend a majority of your time learning about the impact of trauma, grief, loss and ACES (adverse childhood experiences) on development in adopted children, and exploring how to recognize behaviors related to these issues. This includes training on attachment and learning ways to strengthen your bond with the children in your care depending on their attachment style. When you leave the training, you will have numerous new training resources and supports to assist you as you navigate this new environment.	Classroom	3.0	6.0	0.0	18.0	Alliance	Caregivers	Statewide	75%	
Advanced Adoption: Effects of Trauma and Loss on Adopted Children (webinar)	For many children in foster care, the path up to, including and even after adoption can include trauma, grief and loss. As a potential adoptive parent, it's crucial that you understand the story a foster child is bringing to you and what part you can play in that. This course, "Advanced Adoption: The Effects of Trauma and Loss on Adopted Children," takes you beyond the introductory level into beginning to understand more deeply the emotional, mental and physical needs an adoptive child may have. A startlingly high number of adoptions are not successful, which is why it is so important that you have realistic expectations and adequate support, both of which are explored in this training. You will first be guided through a discussion around the definition of adoption, including what it is and what it isn't, and you will be encouraged to share your ideals and goals as an adoptive parent. You will then spend a majority of your time learning about the impact of trauma, grief, loss and ACES (adverse childhood experiences) on development in adopted children, and exploring how to recognize behaviors related to these issues. This includes training on attachment and learning ways to strengthen your bond with the children in your care depending on their attachment style. When you leave the training, you will have numerous new training resources and supports to assist you as you navigate this new environment.	Webinar	2.5	0.0	13.0	32.5	Alliance	Caregivers	Statewide	75%	
African American Hair and Skin Care	This 4-hour focused topic training for caregivers, social workers and supervisors teaches participants to understand the complexity of caring for African American and biracial hair and skin. Participants will gain skills and knowledge to be culturally responsive to the needs of the children/youth in their care. The provider will demonstrate how to properly wash, dry and style (including braiding) for African American children and youth in their care. The provider will give resource tools on how participants get the appropriate hair and skin products for children/youth. The participants will gain knowledge, skills and tools to utilize with the children/youth in their care. Participants will learn how to seek necessary resources and support to promote a healthy self-concept for the children/youth in their care.	Classroom	4.0	10.0	0.0	40.0	Alliance Contracted Training: SAKS Salon	Caregivers	Statewide	75%	
As They Grow: The Drug Impacted Child	This 6 hour focused topic training for caregivers will focus on how children with substance abuse in their life have an increased chance of experiencing many effects, such as poor social, cognitive and emotional development, physical, mental and health issues, depression, anxiety, concentration and learning difficulties, trouble controlling their responses, as well as other traumatic issues. The goal of this workshop is to identify and address the impacts drugs have on children and setting up a successful environment and coping skills. The takeaway from this training is feeling empowered to care for a drug impacted child as they grow through childhood, teenage years and beyond.	Classroom and Webinar	6.0	6.0	6.0	72.0	Alliance	Caregivers	Statewide	75%	

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As They Grow: The Drug Impacted Infant and Toddler	This 6 hour focused topic training for caregivers provides an in-depth exploration of Drug Impacted Infants and Toddlers. The training focuses on how to identify and address the impacts drugs have on infants and toddlers; how to recognize symptoms; set up a successful environment and work together with the team in providing care for the child. The takeaway from this training is feeling empowered to care for a drug impacted Infant as they grow through infancy, toddler and preschool.	Classroom and Webinar	6.0	6.0	9.0	90.0	Alliance	Caregivers	Statewide	75%
Attention Deficit and Hyperactivity Disorder (ADHD)	This 6-hour focused topic training for caregivers develops an understanding of Attention Deficit Hyperactivity Disorder (ADHD) as presented in DSM 5 and alternate behavioral descriptions from Daniel Amen MD. The training also covers the common developmental course of ADHD and a 7 Step Intervention pathway for home and school success.	Classroom and Webinar	6.0	8.0	4.0	72.0	Alliance Contracted Training: Randi Hankins	Caregivers	Statewide	75%
Becoming a Qualified Expert Witnesses in Support of ICWA (webinar)	This training will help you understand how to be a QEWs to testify in Indian Child Welfare Act (ICWA) cases. When considering removal of an Indian child from their home, various perspectives are reviewed, including those of Qualified Expert Witnesses (QEWs). A QEW is qualified to testify regarding whether the child's continued custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. QEWs provide testimony in ICWA cases and have substantial knowledge of the prevailing social and cultural standards and child rearing practices within a Tribal or Indian community. QEW court testimony is required upon removal of an Indian child from their home to prevent placement, and a QEW also provides testimony about whether needed efforts were made toward reunification of child(ren) to their parent(s) or custodian. This course begins with guiding you through developing an understanding of the historic relationship between Indian children and the United States child welfare policy, which led to ICWA. You will learn how ICWA protects Indian children and are intended to keep an Indian child with their family.	Webinar	6.0	0.0	10.0	60.0	Alliance Contracted Training: Randi Hankins	Caregivers	Statewide	75%
Behavior Management Tools for Foster Parents and Caregivers	This 6 hour focused training for caregivers provides a foundation for understanding Adverse Childhood Experiences (ACES) and challenging or escalating behavior among children in out-of-home care. The training provides specific behavior management skills for caregivers to deescalate and manage behavior including trauma informed caregiving, authoritative parenting, therapeutic environments, engagement, and more. This workshop will give caregivers practical tools to help manage behaviors such as: • Oppositional defiance • Property damage and juvenile delinquency • Attention deficit hyperactivity Running away • Power struggles and escalated tantrums Verbal and physical aggression	Webinar	6.0	10.0	6.0	96.0	Alliance Contracted Training: Scott Hanauer	Caregivers	Statewide	75%
Caregiver Core Training	Caregiver Core Training (CCT) is the mandatory training for Washington State's caregivers to become licensed. Caregiver Core Training can be taken two ways – online or in the classroom. If you prefer to use a self-paced, online eLearning, please click this link to read more about general guidelines for online trainings to make sure it is a good fit for you, and to register for your online training. If you prefer to take the course in a classroom (conducted at various locations around the state) please continue reading and register below. Both the online and classroom training cover the same critical content. CCT Classroom Version The 24-hour Caregiver Core Training is made up of eight sessions (each three hours long) and a field experience. Session 1: Introduction to the Child Welfare System Session 2: Working as a Member of a Team Session 3: Working with Birth Families Session 4: Cultural Connections and Advocacy Session 5: Growing Up with Trauma, Grief, and Loss Session 6: Understanding and Managing Behavior	Classroom	24.0	12.0	0.0	288.0	Alliance	Caregivers	Statewide	75%

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	Session 7: Communication and Crisis Management										
Caregiver's Responsibilities in Supporting Family Time (webinar)	As a caregiver, you can play multiple roles on a child's care team, including being a supervisor for Family Time. This training gives you an introduction to the requirements of these visits and will guide you through evaluating your own potential appropriateness to take on this responsibility. If you aren't familiar with Family Time, the course gives a clear definition of what it is and how you are both expected and invited to participate. (If you are interested in learning more before taking this training, the webinar "Caregiver's Responsibility in Supporting Family Time" is recommended as a starting point.) Then you will move into the core of the course, learning the expectations around Family Time supervision and understanding who can play that role. You will be guided through what you need to know if you take on the role of supervisor, including how to establish rapport with parent and child, guidelines around intervention in visits, and what to document and how. Many real-life scenarios will help you put the lessons into practice and be better prepared to implement the tools you learn. When you leave the course you will understand how you can best support the supervision of Family Time, the valuable way parents and children can stay bonded.	Classroom and Webinar	1.5	6.0	6.0	18.0	Alliance	Caregivers	Statewide	75%	
Caregiving for Children With Physically Aggressive Behavior Concerns	This 6-hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with physically aggressive behaviors. Participants will explore the potential impacts of trauma and maltreatment on attachment, behavior and development as well as the risk factors for violent behavior in children. Participants will closely review the newest Washington Administrative Code (WAC) related to discipline and will contrast principles of positive discipline and punishment. Skill building will focus on creating a plan to prevent a crisis; the various forms aggression may take and how to look for signs of when a child is agitated or escalating; how to intervene during a crisis; and how to manage ongoing or explosive aggressive behaviors via teaching coping skills and Collaborative Problem Solving. Local resources and supports for the youth as well as the caregiver are discussed.	Classroom and Webinar	6.0	3.0	3.0	36.0	Alliance	Caregivers	Statewide	75%	
Caregiving for Children With Sexual Behavior Concerns	This 6 hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with sexual behaviors. Participants will explore values and beliefs before reviewing typical child development and the impacts of trauma, abuse, and neglect on development. Participants will then explore in-depth how sexual abuse specifically can impact various development domains, as well as the child's self-image, and the household supporting them. Sexual development is explored throughout childhood including what is typical, what may be "red flags", how some experiences can lead to sexual behavior problems, and how to intervene and respond safely. Caregivers will learn about their role in promoting healthy sexual development, positive messaging, suggestions for prevention education, the importance of establishing house rules, and other ideas to maintain safety while also helping to prevent false allegations in their home.	Classroom	6.0	3.0	3.0	36.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 1: Welcome and Introductions	This is the first in an eight-part training series focusing on "Caring for Children Who Have Experienced Trauma." Over the entire course, you will work through what trauma is, how it affects children and those around them, and how you can support the child and yourself. Part 1 is an introduction to the concept of trauma as an underlying factor in the challenging behaviors of some foster children. You will get a look at "real world" examples of situations in which a child's trauma is manifesting in different ways. You also will be guided through the "Essential Elements of Trauma- Informed Parenting," tools you may find helpful immediately. When you are done you will be able to describe trauma-informed parenting and its benefits, which will set you up for success as you move forward in this course.	Classroom and Webinar	2.0	1.0	14.0	30.0	Alliance	Caregivers	Statewide	75%	

Caring for Children Who Have Experienced Trauma Part 2: Trauma 101	Part 2 of the "Caring for Children Who Have Experienced Trauma" series will introduce you to what trauma is and how a child's behaviors may be evidence of a response to a traumatic experience, looking at physical, mental, emotional and developmental impacts. While focused on trauma, this training also spends time discussing resilience. You will look at real-life scenarios that illustrate how to see positive signs in challenging behaviors, and how to foster the growth of these bright spots. At the close of the class you will understand child trauma and the response to traumatic events, as well as what resilience is and how you as a resource parent can help promote it.	Classroom and Webinar	2.0	1.0	14.0	30.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 3: Understanding Trauma's Effects	Part 3 of the "Caring for Children Who Have Experienced Trauma" series walks you through the profound impact trauma has on a child's development and functioning. At the start of the class, you will engage in an exercise that sheds light on how the brain receives information about danger. This puts you in a mindset to understand how the brain can be shaped by trauma. The training ties this to how a child's development can be affected at different ages and what impact trauma can have on behavior. There are many things you can do as a resource parent to help children overcome trauma and build new pathways in their brains. In this class you will learn about the "Invisible Suitcase," and how trauma-informed parenting can help "repack" it in a positive way.	Classroom and Webinar	2.0	1.0	14.0	30.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 4: Building a Safe Place	Part 4 of the "Caring for Children Who Have Experienced Trauma" series starts looking at ways you can help your child recover from trauma and feel safe. During this class, you will look at the difference between physical and psychological safety, and how a child who has experienced trauma will have a different definition than you do. You will look at ways you can support a child's sense of safety, and get tools for how to make that happen, which includes a "safety message." You will walk through elements of a safety message and discuss how deliver one effectively. You will spend time talking about ways that children may be reminded of trauma, such as certain environments, or emotional reactions to situations that may be unexpected. You will learn some basic steps to help the child feel safe that build on the trauma-informed lens, as well as how you can help them cope.	Classroom and Webinar	2.0	1.0	14.0	30.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 5: Dealing with Feelings and Behaviors	Part 5 of the "Caring for Children Who Have Experienced Trauma" series dives into deeper discussions about the relationship between trauma and psychology. In this session you will be introduced to the Cognitive Triangle, a tool that helps with recognition of the connection between thoughts, feelings and behaviors. You will discuss how trauma affects these aspects and why a child who has experienced trauma may act out. You also will spend a lot of time talking about your role as a resource parent and how you can help, through understanding the child's needs. You have the opportunity to build new, positive experiences that can help reshape the brain and support the child's development of emotional skills.	Classroom and Webinar	2.0	1.0	14.0	30.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 6: Connections and Healing	Part 6 of the "Caring for Children Who Have Experienced Trauma" series focuses on the power of connections and how they play a vital role in helping children heal from trauma. During this course you will be introduced to a family story that illustrates the intergenerational nature of trauma and how different people react to the same events. You will engage in activities and discussions where you will consider how to respond to challenging scenarios. This training also focuses on how to give a child a safe space to talk about their trauma. While it may be tempting to think the best thing for the child is to forget about past events, there are many positive things that can come out of allowing the child to discuss their experiences. You will learn many tools that will help you show active, supportive listening and create an environment in which the child feels it's safe to share.	Classroom and Webinar	2.0	1.0	14.0	30.0	Alliance	Caregivers	Statewide	75%	

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Title	Description	Format					Provider	Audience	Scope	%		
Caring for Children Who Have Experienced Trauma Part 7: Becoming an Advocate	Part 7 of the "Caring for Children Who Have Experienced Trauma" series broadens the discussion about trauma to look at your role within the team of people involved in the child's life. Trauma-informed advocacy involves many of the same aspects as trauma-informed parenting – once you understand the latter you can work toward sharing this perspective with other people who are supporting the child. During this training you will talk specifically about what this looks like, and engage in a role-play scenario that will support your skill building and interactions with the child's team. In this session you also will discuss the times when you may need to seek additional help for the child in your care. You will look at the behaviors that point to a need for therapy, and how you can support this by seeking trauma-informed treatment and evaluating that treatment in an ongoing way.	Classroom and Webinar	2.0	1.0	14.0	30.0	Alliance	Caregivers	Statewide	75%		
Caring for Children Who Have Experienced Trauma Part 8: Taking Care of Yourself	Part 8 of the "Caring for Children Who Have Experienced Trauma" series focuses on you as the caregiver. In the world of trauma-informed parenting, it is essential that you understand how to take care of yourself, too. This course focuses on the challenges of helping others manage trauma, and the effects that can have. You will be introduced to compassion fatigue and secondary traumatic stress, and go through a "self-care checkup" to see how well you are supporting your own health. A fundamental part of this session is helping you gain coping strategies, when you are overwhelmed by others' trauma or when another's trauma is a reminder of your own past experiences. with strategies for integrating activities in the short- and long-term.	Classroom and Webinar	2.0	1.0	14.0	30.0	Alliance	Caregivers	Statewide	75%		
Chaos to Calm: Promoting Attachment in Out-of-Home Care	This 6 hour focused training for caregivers provides an in-depth exploration of secure attachment and challenges to attachment as well as building caregiver skills to enhance attachment with children in out of home care.	Webinar	6.0	0.0	6.0	36.0	Alliance Contracted Training: Scott Hanauer	Caregivers	Statewide	75%		
Compassionate Parenting	Discover what compassion really is, how it starts by being compassionate with ourselves and see the positive results with our families and others. You'll hear about and learn the roadblocks, hurdles and challenges that often prevent this kind of parenting and discover ways to move through them so you, and your children, win! Topics include: • Separating the children's behavior from who they are How to not take what they do or say personally • Being compassionate with ourselves supports positive results with our families Learn the roadblocks, hurdles, and challenges of this type of parenting and how to move through them. • The role self-esteem plays in all of us You'll learn real world concepts that work!	Webinar	6.0	2.0	3.0	30.0	Alliance Contracted Training: Paul Figueroa	Caregivers	Statewide	75%		
CPR and First Aid for Caregivers 2-year certification	This six hour classroom CPR/First Aid course teaches solutions to a range of problems that can arise from minor everyday instances such as cuts and headaches to the more serious emergencies such as allergic reactions, heart attacks and strokes. Classroom instruction includes discussion on CPR, AED usage and first aid. In addition, the course will provide a hands-on skill assessment. CPR and First Aid for Caregivers follows the latest American Heart Association. Certification is valid for two years. To be eligible for the course you must be licensed foster home, completing your foster care license, or caring for a Washington State dependent child.	Webinar	5.0	400.0	80.0	2400.0	Alliance Staff and Alliance Contracted Training: Keep the Beat	Caregivers	Statewide	75%		
Eating Disorders and Beyond	This 6-hour focused topic training for caregivers covers how to recognize and support disordered eating and recovery from disordered eating. Participants will learn when and how to seek professional help, feeding practices to encourage a positive eating environment for all ages, and reasons that hoarding occurs and how to respond to it.	Classroom and Webinar	6.0	2.0	4.0	36.0	Alliance Contracted Training: Meaghan Ormsby	Caregivers	Statewide	75%		

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Emotion Coaching	Emotion Coaching is a research based method from the Talaris Institute and the Gottman Institute that gives caregivers a way to help children learn about emotions. Research shows that when caregivers value and guide emotions using this important method, children do better in many ways. These children tend to: • Form stronger friendships with peers • Have higher self esteem • Regulate their moods more easily • Be more successful in their problem-solving skills • Bounce back from emotional events more quickly Get sick less often Emotion Coaching helps prepare children from birth to 5 years old for the challenges they face throughout their lifetime. A child's ability to delight in the happy times and recover from the bad ones is a key part of emotional health. By learning and practicing the 5 steps of Emotion Coaching, you can make an important investment in a child's future.	Classroom and Webinar	2.0	6.0	18.0	48.0	Alliance	Caregivers	Statewide	75%	
Fostering Children & Youth Through Transition, Grief & Loss: Helping Children With Their Feelings	Emotion Coaching is a research based method from the Talaris Institute and the Gottman Institute that gives caregivers a way to help children learn about emotions. Research shows that when caregivers value and guide emotions using this important method, children do better in many ways. These children tend to: • Form stronger friendships with peers • Have higher self esteem • Regulate their moods more easily • Be more successful in their problem-solving skills • Bounce back from emotional events more quickly Get sick less often Emotion Coaching helps prepare children from birth to 5 years old for the challenges they face throughout their lifetime. A child's ability to delight in the happy times and recover from the bad ones is a key part of emotional health. By learning and practicing the 5 steps of Emotion Coaching, you can make an important investment in a child's future.	Classroom & Webinar	2.0	26.0		52.0	Alliance	Caregivers	Statewide	75%	
Healthy Sexual Development (webinar)	This three hour webinar will provide you with tools and resources about Healthy Sexual Development needed to ensure the children in your care have the necessary information and support to become healthy adults. Upon completion, you will be able to identify what healthy sexual development is by age and stage of development, recognize your own possible discomfort in talking about healthy sexual development with children and youth, and you will be able to integrate healthy sexual development conversations with children and youth into everyday life.	Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%	
Honoring Their History: Memory Preservation for Children in Care	Without memories, how do you understand who you are? These slices of life are tied to emotions, learning and growth, and help us maintain connections to our personal history and life story. Often we use tools like photographs or stories or memorabilia to recall feelings or look back on events. The new training "Honoring Their History: Memory Preservation for Children in Care" focuses on how to support a child's well-being through the recording of memories and other parts of their life during their time away from their family. This webinar introduces the idea of memory preservation as central to a child's welfare, because it provides many benefits to emotional and mental health. You will be guided through how to start the process and the different methods of preservation, and will be encouraged to think about which would work best for you and your family. You also will explore a variety of ways to gather information from both the child and other important adults in the child's life. At the close of this training, you	Classroom and Webinar	2.0	6.0	12.0	36.0	Alliance	Caregivers	Statewide	75%	

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	will have an individual plan for documenting and preserving memories in a way that honors the child's past and present.										
Identifying and Supporting Commercially Sexually Exploited Children for Caregivers	This 3 hour in-service level training will help caregivers identify and support youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic practices that support helping these youth reach positive outcomes.	Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development for Emerging Caregiver Needs	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session provides in-depth support around specific topics identified by the caregiver as needed. The topics covered may include: 1. Understanding the child welfare system, regulations, expectations, and how to navigate available resources 2. Navigating crisis 3. Understanding and supporting child development 4. Effective communication (with birth parents, extended family, social workers, and the child in your home) 5. Self-care, secondary trauma, and healing	In-person / virtual	0.5	40.0	40.0	40.0	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development for the Indian Child Welfare Act (ICWA)	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session provides in-depth support around specific topics identified by the caregiver as needed. The topics covered may include: 1. Understanding the child welfare system, regulations, expectations, and how to navigate available resources 2. Navigating crisis 3. Understanding and supporting child development 4. Effective communication (with birth parents, extended family, social workers, and the child in your home) 5. Self-care, secondary trauma, and healing	In-person / virtual	0.5	20.0	20.0	20.0	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development on Caregivers Report to the Court	This 2 hour coaching session for Caregivers builds upon information contained in Caregivers Core Training (CCT) and provides detailed training related to the writing and submitting of the Caregiver's Report to the Court (DCFS 15-313). Participants will understand the caregiver's role in the court process and how to effectively communicate with the court and other parties through the Caregiver's Report to the Court. During the session the caregiver will have the opportunity to compose an actual court report about the child in their care and receive specific feedback from the Child Welfare Trainer.	In-person / virtual	0.5	40.0	40.0	40.0	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development on Family Time	This Session for Caregivers builds upon information contained in Caregivers Core Training (CCT) and additional training around the importance of Family Time. Caregivers will learn their role in Family Time, including how they can support the child, and will more deeply understand the pivotal role that Family Time plays in supporting children's relationships with birth families. Participants will gain skills to successfully team with others involved in the child's Family Time, and will explore how to be a resource to birth families. This session includes activities that allow the caregiver to	In-person / virtual	0.5	20.0	20.0	20.0	Alliance	Caregivers	Statewide	75%	

	assess the effects of Family Time on the child(ren) in their care and create a plan to address any concerns which may arise in the future.											
Individual Learner Centered Skill Development on Kinship 101: Information for Relatives and Suitable Others	This Coaching Session for Caregivers covers the financial, legal, and emotional challenges of raising a relative's child. Services and support when raising a relative's child can be a lifesaver. Often kinship caregivers do not access the benefits which are available to them. This coaching session will address the issues that Kinship Caregivers struggle with most at an individual level: 1. Financial Needs 2. Legal Challenges 3. Navigating public service systems 4. Needing more social services 5. Information about resources/caregiving This class is designed for licensed and unlicensed caregivers caring for children currently or previously involved in the dependency system. Caregiver Core Training (CCT) is not a prerequisite. However, this course is supplemental to CCT for kinship caregivers, and can be a field experience during CCT.	In-person / virtual	0.5	20.0	20.0	20.0	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development on Positive Discipline	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session provides in-depth support around specific topics identified by the caregiver as needed. The topics covered may include a Positive Discipline response to any behavior identified in the Positive Discipline A-Z index. The intention of this coaching session is to help the participant apply the Positive Discipline lens and framework to issues that are currently coming up in their home. Participants must have attended at least one session of Positive Discipline training in order to utilize the coaching option.	In-person / virtual	0.5	20.0	20.0	20.0	Alliance	Caregivers	Statewide	75%	
Individual Skill Development for Discipline-Related Compliance Agreements	The Individual Skill Development for Discipline-Related Compliance Agreements session supports caregivers who are under DCYF Licensing Division Compliance Agreements for child/youth discipline issues. DCYF Licensing Division staff will typically refer caregivers to receive this session when Compliance Agreements are established for discipline concerns. Caregivers will learn to identify and describe specific deficiencies as cited in the Compliance Agreement, demonstrate an understanding of the concerns to be addressed, and identify and build appropriate discipline strategies to mitigate areas of concern. You will be able to develop a plan of action using appropriate discipline strategies to address the areas of concern and successfully complete the Compliance Agreement, demonstrate application and use of the action plan by describing changes made in their discipline approach, and assess the effects of the plan of action -- what works, needs changing, and opportunities for other adjustments as needed.	In-person / virtual	0.5	100.0	100.0	100.0	Alliance	Caregivers	Statewide	75%	
Individualized Support Sessions for Online CCT	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session builds upon information contained in Caregivers Core Training (CCT) and provides in-depth support around any of the elements of CCT identified by the caregiver as needed. The topics covered will include how caregivers will use effective discipline in their homes to manage behaviors, resources and supports that the caregiver will utilize, and identifying future training needs. Additional topics, as determined by the caregiver, may include: understanding the child welfare system, working as part of the team surrounding the child, partnering with the birth family, cultural competency and keeping children culturally connected, advocacy,	In-person / virtual	0.5	1900.0	1900.0	1900.0	Alliance	Caregivers	Statewide	75%	

	trauma, grief and loss, attachment, child development, communication, crisis management, and preparing for the first placement.										
Individualized Support Sessions for Online KCT	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session builds upon information contained in Kinship Core Training (KCT) and provides in-depth support around any of the elements of KCT identified by the caregiver as needed. The topics covered will include how caregivers will use effective discipline in their homes to manage behaviors, resources and supports that the caregiver will utilize, and identifying future training needs.	In-person / virtual	0.5	1900.0	1900.0	1900.0	Alliance	Caregivers	Statewide	75%
Infant Safety and Care for Caregivers	Participants learn about infant communication, safe sleep environments, and the shaken baby syndrome to better care for infants placed in their homes. Equipped with the information, participants are able to be responsive and provide safe care to the infant. Participants will become familiar with the Period of Purple Crying as a strategy to help infants in their foster home.	Classroom	4.0	6.0	0.0	24.0	Alliance	Caregivers	Statewide	75%
Infant Safety and Care for Caregivers (webinar)	If it's been a while since you cared for an infant or if you've never cared for one before, this is the class for you. This 2.5 hour webinar provides the basic information you'll need to care for babies ages birth -12 months and keep them safe. You will practice identifying the infant behaviors that are the clue to understanding your baby's needs. You will then apply this knowledge with some of the fundamental tasks of infant care (holding, feeding, diapering, sleep and medical care) while considering how trauma may impact how you provide care in these areas. Finally, you will learn about elements of infant safety, including safe sleep and the Period of Purple Crying.	Webinar	2.5	0.0	12.0	30.0	Alliance	Caregivers	Statewide	75%
Introduction to Adoption From Foster Care	This 3-hour in-service training for caregivers provides an introduction to the adoption process including the home study, adoption support, the legal process and steps to adoption. This training is open to all participants: those who have not taken Caregiver Core Training, those who have, and those who are using the training as a field placement. This training helps caregivers consider their decisions around public and private agencies and whether to foster to adopt or pursue adoption only. The focus of the training is understanding the process including the emotional impacts of commitment, changing your family, grieving and attachment.	Classroom and Webinar	3.0	6.0	18.0	72.0	Alliance	Caregivers	Statewide	75%
Introduction to Positive Discipline	An Introduction to Positive Discipline is a 2-hour in-service level training for foster, kinship and suitable adult caregivers. This introductory training will help caregivers learn the basic parenting approach of the Positive Discipline model by providing several group activities and discussions based in real life scenarios. Positive Discipline focuses on teaching valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. Positive Discipline focuses on helping participants learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving.	Classroom and Webinar	2.0	6.0	14.0	40.0	Alliance	Caregivers	Statewide	75%
Introduction to the Investigative Process for Caregivers (webinar)	Going through an investigation can be scary. Understanding the process, knowing your rights, and being informed about the laws and process can make it a lot easier. This course provides licensed and unlicensed caregivers a deep look at the Licensing Division (LD) Child Protective Services (CPS) and Licensing Investigation (LD) processes, starting with Intake, through the investigation, and concluding with the report and the potential	Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%

	for appeals. Information shared here includes a look at the laws that apply to Intake screening decisions, how determinations/finding outcomes are reached, and what a compliance agreement is and in what circumstances it is used. You will have many interactive discussion opportunities and activities where you can talk through the learnings. By the end of this course, you will have information about the investigation process, including what everyone's roles are, the outcomes, and what rights you have. You will be better equipped to handle allegations, and you will know the documentation needed to help support you through the process.									
Invitation to Aggression Replacement Training	This 6 hour focused topic training for caregivers teaches what drives aggressive behavior and develops skills required to give youth a chance for success. Caregivers will learn skills to teach the children in their care increased moral reasoning, how to replace antisocial behaviors with positive alternatives, and how to respond to anger in a nonaggressive manner.	Webinar	6.0	0.0	6.0	36.0	Alliance Contracted Training: Mike Canfield	Caregivers	Statewide	75%
Kinship 101: Information for Relatives and Suitable Others	The financial, legal, and emotional issues of raising a relative's child can be challenging. Services and support when raising a relative's child can be a lifesaver. Kinship caregiving in all of its forms is becoming increasingly common. Recent WA State child welfare data (Partners for Our Children-1/1/2015) show that 41 percent of children in out of home care are living with a relative. Many more children are living with relatives or other close family friends informally, without the ongoing supervision of the state's foster care system. This 2.5 hour in-service class is designed for licensed and unlicensed caregivers caring for children currently or previously involved in the dependency system. Caregiver Core Training (CCT) is not a prerequisite. However, this course is supplemental to CCT for kinship caregivers, and can be a field experience during CCT.	Classroom	2.5	6.0	0.0	15.0	Alliance	Caregivers	Statewide	75%
Kinship 101: Information for Relatives and Suitable Others (webinar)	The financial, legal, and emotional issues of raising a relative's child can be challenging. Services and support when raising a relative's child can be a lifesaver. Kinship caregiving in all of its forms is becoming increasingly common. Recent WA State child welfare data (Partners for Our Children-1/1/2015) show that 41 percent of children in out of home care are living with a relative. Many more children are living with relatives or other close family friends informally, without the ongoing supervision of the state's foster care system. Often kinship caregivers do not access the benefits which are available to them. This class will address the issues that Kinship Caregivers struggle with most: • Financial Needs Legal Challenges • Navigating public service systems • Needing more social services Information about resources/caregiving	Webinar	1.5	0.0	12.0	18.0	Alliance	Caregivers	Statewide	75%
Paper Trail: Documentation Training for Caregivers	To remember an idea, you might write it down. At an event, you might take a picture. As a caregiver, you are the custodian of the milestones and memories of a child's life for the whole welfare team, so understanding how and why to document elements of that is crucial. This 1.5-hour in-service training will cover best practices for documentation to prepare and support you and others involved in the child's life, with the ultimate goal of sharing information, concerns and progress. Focused learnings around why documentation matters are central to the course – specific scenarios help translate ideas to real-life examples. You also will leave with an individualized plan for what, when and how to document, based on the process that will work best for you.	Classroom and Webinar	1.5	6.0	10.0	24.0	Alliance	Caregivers	Statewide	75%
Parenting a Native American Child: Partnering in the Interest of Culture for Caregivers	This 3-hour In-Service level training provides Caregivers with an introduction to the Indian Child Welfare Act (ICWA), tribal sovereignty and the impacts on foster parenting. The Indian Child Welfare Act obliges child welfare agencies and caregivers to take certain steps to protect and preserve the rights and cultural and familial connections of children covered by the act. For non-Federally recognized tribes (and in other circumstances), Washington State enacted policy related to Local Indian Child Welfare Advisory Committees (LICWACs) to staff tribal cases and these impacts and supports are also discussed. This training explores the legal, historical, and social biases which have impacted and continue to have a disproportionate impact on Native American children and families. Caregivers will review basic information and skills needed to work	Classroom	3.0	3.0	0.0	9.0	Alliance	Caregivers	Statewide	75%

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	with families and children who are covered under ICWA and LICWAC. The State of Washington's legal and policy guidelines around placement and permanency preferences for children covered by ICWA and LICWAC are explored, as well as the various manners in which Tribes can take jurisdiction or chose to otherwise be involved in Child Welfare cases. Skills and resources are also discussed to help caregivers support and develop a child's cultural identity and tribal connection.									
Parenting Teens Part 1: Introduction and Understanding the Impact of Trauma in Youth in Foster Care	Developing an understanding of the underlying causes of a youth's behavior is one of the first steps in supporting their well-being. For children with behavioral challenges, this is especially important. The first part in the "Parenting Teens" series is "Introduction and Understanding the Impact on Trauma in Youth in Foster Care" a dive into trauma-informed parenting. This multimedia-driven course will expose you to a variety of composites of youths facing trauma and you will learn how events can affect long-term behaviors. A large portion of this training involves lessons about brain function and how trauma or disruptions manifest. Key learnings will include how to transition this information into real-life parenting situations, including how to get to a place where you can understand the "why" behind the behavior. At the close of the course you will be able to define trauma and recognize how traumatic stress and adversity impact a youth's development. You also will understand the importance of responding to the underlying cause of a youth's behaviors. You will leave with handouts and other resources to support your learning going forward.	Classroom and Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%
Parenting Teens Part 2: Parenting Youth Who Have Experienced Trauma	Adapting parenting to the needs of youth requires both a toolbox of techniques and knowledge about the effects of their experiences. The second part in the Parenting Teens series, focuses on tailoring your approach to respect the impact of trauma. This course starts with a self-assessment exercise in which you will discuss your own responses to certain behaviors. This leads to a conversation about the science of brain function, which continues from Part 1 to be foundational in this training, with a lot of time devoted to learning about the two major adaptive responses to threats and state-dependent functioning. You will learn about the importance of understanding traumatic history, how to start a conversation with a youth about their life, and what the impacts of fear are on development and emotions. Finally, you will look at parenting techniques to "reframe" behaviors or actions that are based in trauma by finding positive alternatives that allow for growth and change in manageable ways. When you leave this training you will be encouraged to either practice parenting techniques you learned or think about which techniques would be challenging and why.	Classroom and Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%
Parenting Teens Part 3: Developing and Sustaining Healthy and Supportive Relationships With Your Youth	Grief and loss are powerful experiences in the lives of youth in out-of-home care. The third part in the Parenting Teens series, concentrates on the way their history can create expectations or associations that can interfere with a child's ability to form secure bonds. In this course you will learn about the types of grief and loss and what impact each may have on a youth, including the teen's ability to attach. Learning how to promote attachment is a strong portion of this training, as so much of building a supportive relationship lies with developing a sense of security. In that vein, you also will learn about developing "felt safety," which happens when a youth truly believes they are safe; and developing structure and nurture, essential components of safety and healing. You will leave this training being able to identify specific actions you can take to develop attachment and strengthen your relationship with your youth, and knowing how to be present in a way that shows support.	Classroom and Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%

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Parenting Teens Part 4: Nurturing Youth's Cultural/Racial/Ethnic Needs and Sexual Orientation/Gender Identity and Expression (webinar)	When bringing together family members from different backgrounds, it's important everyone has the opportunity to express their own identities, and this is even more vital for teens in out-of-home care. Part 4 in the Parenting Teens series, looks at how to foster a youth's sense of self and why that is so valuable. You will start this training with a self-assessment around your own beliefs and sense of identity and where those came from. You will build on that knowledge as you transition into exploring how to incorporate a youth's race, culture and ethnicity into your family life. Part of the learning will explore how to ensure the youth has relationships that reflect their own race, gender or sexual orientation to help them feel connected to their identity and feel pride in their culture, which fosters self-esteem and well-being. In addition to ethnic identity the course highlights sexual orientation and gender identity as crucial points to nurture. You will be guided through key terms, examine struggles specific to this group and work through developmental challenges that may be present. An exercise in tips for creating safe environments for LGBTQ2S youth pulls all this together. You will learn key ways to communicate acceptance and support for youth who are questioning their sexuality or gender identity and/or identify as LGBTQ2S. At the end of this critical course you will have the foundation for nurturing a youth's identity in myriad ways and have specific ideas on how to show support and incorporate this into your family life.	Classroom and Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%	
Parenting Teens Part 5: Understanding and Managing Youth's Challenging Behaviors First Session	At the core of supporting a youth in your care is understanding their history and story, as we have explored in the first Parenting Teens trainings. Part 5 and Part 6 are an in-depth look at understanding and managing challenging behaviors. This training focuses on the strategies that come into play in everyday situations. The session begins with an evaluation of your own emotional responses to posed situations, with the intent of leading you through coping skills that will help you manage those emotions in critical times. You will then look at ways to respond to a youth's rejecting, testing and challenging behaviors, and ways trauma factors into those situations. The focus of this section is that strong relationships are essential, and nurturing attachment plays a key role in parenting. A large portion of this course focuses on positive behavior management strategies, grounded in the idea that the focus of trauma-informed parenting is teaching skills not punishing for behaviors that aren't intentional. You will learn a wide variety of techniques that will help you respond effectively in challenging situations. Finally, you will be led through trouble-shooting of a potential relationship under stress, and will learn indicators of that. This is important because positive relationships are foundational to empowering youth. Something as simple as conversation can do a lot to build trust and safety.	Classroom and Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%	
Parenting Teens Part 6: Understanding and Managing Youth's Challenging Behaviors Second Session	At the core of supporting a youth in your care is understanding their history and story, as we have explored in the first Parenting Teens trainings. Part 5 and Part 6 are an in-depth look at understanding and managing challenging behaviors. This training focuses on the strategies needed to handle more severe behavioral challenges or crises. You will first get an overview of intellectual and developmental disabilities, including definitions and strategic guidance. The training then moves into a look at high-risk behaviors – what they look like, what might cause them and appropriate responses. It's important to understand the root of these actions so that the emphasis remains on positive communication and connectedness, as well as keeping the teen safe. You will participate in discussions around how these behaviors present and what you can do to build a healthy dynamic with your youth. When dealing with more severe behaviors, it may be necessary to develop a safety plan or consult external services. The purpose of a safety plan is to help you and the youth proactively think through areas of high risk and collaborate on the steps that need to be taken to keep everyone safe. Professional supports may also help, and the course will take you through several things to think about when considering treatment, including cultural appropriateness. Upon completion of this training, you will have multiple tools to help you successfully manage these behaviors, as well as an understanding of how to access the support system for yourself and your youth.	Classroom and Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%	

Parenting Teens Part 7: New Suitcase of Parenting Knowledge and Skills	In the final part in the Parenting Teens series, you will spend time thinking about both what you have learned and how to move into a rewarding future. This training will help you consider how past relationships and experiences affect everyone in the family, as well as how you can best care for yourself in the present. Supporting your youth's relationships with birth family members (including siblings) and other key individuals can be a path toward helping them develop a healthy sense of connection and attachment, which helps foster those things in their future. You will discuss ways to do this that are respectful of the youth's history, interest and developmental abilities. You will then spend time reviewing trauma-informed parenting techniques that you have learned over the past six sessions, and also talk about the potential for developing secondary trauma. This can develop when you are involved in another's trauma story, and the training shares tips for recognizing signs and how to prevent or mitigate it. This transitions into a discussion around self-care, which is the cornerstone of success for parenting, the foundation on which all other successes depend. You will be introduced to the "self-care wheel," a tool that offers many ideas around how to engage in self-care, and you will also participate in a variety of exercises that support reflection around what will work best for you, at the end creating a concrete plan. At the close of this training, you will celebrate your success, and reflect on what you have learned and the positive impacts it can have. It is hard work, but just like parenting, the potential rewards are equally great.	Classroom and Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 1: What Do You Want for Your Children? (webinar)	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 1: What Do You Want For Your Children? Session 1 explores what you want for your children, curiosity questions, the power of connection through hugs, and an introduction to Positive Discipline tool cards. The Alliance also offers An Introduction to Positive Discipline for those who are interested in experiencing a 2.0 hour sample of Positive Discipline training around techniques and principles for your home. In addition, the Alliance offers individual coaching sessions around implementing Positive Discipline techniques. The coaching session requires that a participant has completed at least one of the sessions of Positive Discipline.	Webinar	2.5		12	30.0	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 1: What Do You Want for Your Children?	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 1: What Do You Want For Your Children? Session 1 explores what you want for your children, curiosity questions, the power of connection through hugs, and an introduction to Positive Discipline tool cards. The Alliance also offers An Introduction to Positive Discipline for those who are interested in experiencing a 2.0 hour sample of Positive Discipline training around techniques and principles for your home. In addition, the Alliance offers individual	Classroom	2.0	3.0		6.0	Alliance	Caregivers	Statewide	75%	

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	coaching sessions around implementing Positive Discipline techniques. The coaching session requires that a participant has completed at least one of the sessions of Positive Discipline.										
Parenting the Positive Discipline Way Part 2: What Is Positive Discipline? (webinar)	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 2: What Is Positive Discipline? Session 2 explores what Positive Discipline is, how to be kind and firm, the three R's of punishment, the 5 criteria, Positive Discipline no-nos, understanding the brain, and how to implement positive time outs.	Webinar	2.5		12.0	30.0	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 2: What Is Positive Discipline?	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 2: What Is Positive Discipline? Session 2 explores what Positive Discipline is, how to be kind and firm, the three R's of punishment, the 5 criteria, Positive Discipline no-nos, understanding the brain, and how to implement positive time outs.	Classroom	2.0	6.0	12.0		Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 3: Not So Perfect Parenting (webinar)	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 3: Not So Perfect Parenting. Session 3 explores the belief behind the behavior, the idea that it is not your job to make your children happy, and sibling rivalry and birth order.	Webinar	2.5		12.0	30.0	Alliance	Caregivers	Statewide	75%	

Title	Description	Format								
Parenting the Positive Discipline Way Part 3: Not So Perfect Parenting	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 3: Not So Perfect Parenting. Session 3 explores the belief behind the behavior, the idea that it is not your job to make your children happy, and sibling rivalry and birth order.	Classroom	2.0	6.0		12.0	Alliance	Caregivers	Statewide	75%
Parenting the Positive Discipline Way Part 4: Why Children Misbehave (webinar)	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 2: What Is Positive Discipline? Session 4: Why Children Misbehave. Session 4 explores childhood decisions, natural consequences, logical consequences, solutions, family meetings, and routine charts.	Webinar	2.5		12.0	30.0	Alliance	Caregivers	Statewide	75%
Parenting the Positive Discipline Way Part 4: Why Children Misbehave	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 2: What Is Positive Discipline? Session 4: Why Children Misbehave. Session 4 explores childhood decisions, natural consequences, logical consequences, solutions, family meetings, and routine charts.	Classroom	2.0	6.0		12.0	Alliance	Caregivers	Statewide	75%
Parenting the Positive Discipline Way Part 5: Connection Before Correction (webinar)	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to	Webinar	2.5		12.0	30.0	Alliance	Caregivers	Statewide	75%

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	understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 5: Connection Before Correction. Session 5 explores connection before correction, encouragement versus praise, and the wheel of choice.										
Parenting the Positive Discipline Way Part 5: Connection Before Correction	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 5: Connection Before Correction. Session 5 explores connection before correction, encouragement versus praise, and the wheel of choice.	Classroom	2.0	6.0		12.0	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 6: What Is My Part? (webinar)	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 2: What Is Positive Discipline? Session 6: What is My Part? Session 6 explores lifestyle priorities, mistakes as opportunities to learn, and empowering versus enabling.	Webinar	2.5		12.0	30.0	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 6: What Is My Part?	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.0 hours and may be taken individually or in any order. Session 2: What Is Positive Discipline? Session 6: What is My Part? Session 6 explores lifestyle priorities, mistakes as opportunities to learn, and empowering versus enabling.	Classroom and Webinar	2.0	6.0		12.0	Alliance	Caregivers	Statewide	75%	

Partners Make Better Decisions (webinar)	Partners Make Better Decisions brings together social workers and caregivers in a dynamic environment of dialogue, small-group activities and scenario discussions. This course mimics the way the child welfare process works, with many voices at the table, with the goal of building understanding and relationships through finding commonality and mutual respect. Building partnerships and finding common ground with others is integral to achieving the best outcomes for children and families. When approaching decision making, it is vital that you can work effectively with all parties involved, and this training provides you the foundation for making that happen. You will start the training by sharing and hearing from other participants about why they do the work they do, likely finding many shared values. The training also will guide you through a conversation about communication and potential barriers and breakdown points, with special consideration of the high stakes and complicated dynamics involved in this work. Finally, you will learn some tools and strategies for working together and remaining focused on the "main thing," the interest of the child, even when distractions or disagreements arise. When you leave the training, you will have a new understanding of and appreciation for your partners on the child's care team, and a plan for communicating and working together.	Webinar	3.0	0.0	12.0	36.0	Alliance	Caregivers & Residential Staff	Statewide	75%	
Qualified Expert Witness Training for Tribes	This training will provide information on the importance of the qualified expert witness (QEW) in state Indian Child Welfare Act (ICWA) cases and offer you an interactive learning session to illustrate what QEW testimony looks like in practice. ICWA applies to a state child welfare case when there is an Indian child and a child custody proceeding. Before a state can remove a child or terminate parental rights, the state must find a QEW to support the finding that the continued custody of the child by their parent will likely result in serious emotional or physical damage to the child. This testimony is designed to counter implicit bias in state court proceedings and ensure the removal of the child is for their safety and in their best interests. The work of a QEW is both important and sensitive. This course will guide you through basic state child welfare proceedings, from removal to reunification or termination of parental rights. You will learn fundamentals around the history, purpose, and necessary qualifications of a QEW in an ICWA case, and gain understanding of the differences between a witness for the Tribe and the QEW. You also will discuss the standard questions an attorney may ask a QEW and how to answer them.	Webinar	3.0	0.0	6.0	18.0	Alliance	Social Workers, Caregivers, Tribal Staff	Statewide	75%	
Relative/Kinship Caregiving: Navigating Change and Supporting the Children in Your Care (Webinar)	You made the choice to step in and provide care for a child when they needed it. This choice changed your life, the life of the child or children you are caring for, and potentially many other family members. This course explores how to navigate changing relationships between adults as well as the feelings and behaviors of the children. You'll spend time in class focusing on yourself, too, looking at how you can cope and care for yourself through the inevitable ups and downs. You will discuss strategies around solution-focused communication and learn about resources and sources of support that will help you and the children in your care thrive.	Webinar	3.0	16.0	4.0	60.0	Alliance	Caregivers	Statewide	75%	
So You Have a New Placement … Now What? (webinar)	Getting a new placement is a big transition, and there are many ways you can prepare for and navigate the process make it as successful as possible for yourself, your family and the youth or child. This webinar addresses both the emotional elements to new placements and the practical details of requirements, paperwork, forms and expectations. You will focus on four areas: Getting Ready; The First Day, Week and Month; Settling In; and Working With the System. You will share ideas with other participants around how to prepare for a new placement, including ways to make them feel comfortable and safety precautions to take. A big part of this training is understanding which forms you will receive and what they mean; what meetings, appointments or hearings you need to be aware of; and who the key players are during this time. You will leave the training with an understanding of what is expected during the first 30 days of a new placement. You also will know how to access resources when you have questions – you will probably have many, but there is a great community of support available to you and the new child in your care.	Webinar	2.5		12.0	30.0	Alliance	Caregivers	Statewide	75%	

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So You Have a New Placement … Now What?	Getting a new placement is a big transition, and there are many ways you can prepare for and navigate the process make it as successful as possible for yourself, your family and the youth or child. This webinar addresses both the emotional elements to new placements and the practical details of requirements, paperwork, forms and expectations. You will focus on four areas: Getting Ready; The First Day, Week and Month; Settling In; and Working With the System. You will share ideas with other participants around how to prepare for a new placement, including ways to make them feel comfortable and safety precautions to take. A big part of this training is understanding which forms you will receive and what they mean; what meetings, appointments or hearings you need to be aware of; and who the key players are during this time. You will leave the training with an understanding of what is expected during the first 30 days of a new placement. You also will know how to access resources when you have questions – you will probably have many, but there is a great community of support available to you and the new child in your care.	Classroom and Webinar	3.0	6.0		18.0	Alliance	Caregivers	Statewide	75%	
Suicide Prevention LEARN® Training by Forefront for Caregivers	LEARN is a suicide awareness training that helps participants identify and act on signs of suicide. The training was developed in the School of Social Work by noted Suicidologist, Dr. Jennifer Stuber, and is based on best practices outlined by the federal Substance Abuse and Mental Health Administration (SAMHSA). LEARN® is designed to empower individuals to help others move in the direction of hope, recovery, and survival.

Presenters for this training are contracted and trained by Forefront Suicide Prevention. | Webinar | 3.0 | 0.0 | 4.0 | 12.0 | Alliance Contracted Training: Forefront | Caregivers | Statewide | 75% | |
| Supporting the Educational Success of Youth Experiencing Foster Care | Treehouse Education Advocates work with schools, caregivers, social workers and youth in foster care statewide to resolve difficult issues and remove barriers to school success.

In this training, learn how to access education-related support services; including special education services; and how to advocate for youth who may experience discipline or behavioral issues at school. Treehouse facilitators will also discuss the importance of stabilizing school placements and the educational rights of students experiencing foster care. Finally, caregivers will have the opportunity to learn about the basics of establishing and maintaining positive school relationships in order to create educational success for children and youth in foster care. | Webinar | 2.5 | 0.0 | 6.0 | 15.0 | Alliance Contracted Training: Treehouse | Caregivers | Statewide | 75% | |
| Supportive Facilitated Discussion Group: Who Is Taking Care of the Caregiver? | As a caregiver, the very best thing you can do for those who depend on you is to take care of yourself. This group will engage in conversations around how to make sure you see how valuable your contribution is, as well as also how demanding it can be.

You can talk about challenges you're facing when thinking about self-care, because real life does sometimes make it hard to prioritize. You'll work toward developing an action plan that takes into account your unique circumstances and proactively addresses things that might derail your self-supporting activities. | Webinar | 11.0 | 0.0 | 12.0 | 132.0 | Alliance | Caregivers | Statewide | 75% | |
| Talking With Children About Race | Recent research has shown that children have very complex understandings of differences and how they make meaning of stereotypes. Far from being color-blind, most children are aware of how their own skin color is an advantage or disadvantage. They also judge their peers based on these differences¬—even though many adults believe young children in today's generation don't stereotype. Because of this, it is important to give children anti-bias messages, through actions and words that actively counter what they are internalizing and witnessing in the world.

In this workshop we will explore how children and youth learn and practice racism and privilege. Participants will learn strategies to for acting on teachable moments and ways to create counter narratives. | Webinar | 6.0 | 0.0 | 6.0 | 36.0 | Alliance Contracted Training: Cultures Connecting | Caregivers | Statewide | 75% | |

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Trust Based Relational Intervention (TBRI®) Module 1: Connecting Principles	TBRI® is an attachment-based approach to parenting that is designed to meet the complex needs of children. TBRI uses the Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. This module focuses on attachment, which is the most important dynamic system that a child experiences during development. This module covers several topics including the attachment cycle, infant attachment classifications, what happens when things go wrong in attachment, adult attachment styles, and applying your knowledge through TBRI Connecting Principles using Mindful Engagement, Choices, Compromises, and Life Value Terms. This training is the first of a three-part series.	Classroom	6.0	0.0	4.0	24.0	Alliance	Caregivers	Statewide	75%		
Trust Based Relational Intervention (TBRI®) Module 2: Empowering Principles	TBRI® is an attachment-based approach to parenting that is designed to meet the complex needs of children. TBRI uses the Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. This training module is designed to give participants insight into the roots of self-regulation difficulties common among "children from hard places." This module aims to give participants practical tools to facilitate learning and practicing self-regulation skills. This training is the second of a three part series.	Classroom	6.0	0.0	4.0	24.0	Alliance	Caregivers	Statewide	75%		
Trust Based Relational Intervention (TBRI®) Module 3: Correcting Principles	TBRI® is an attachment-based approach to parenting that is designed to meet the complex needs of children. TBRI uses the Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. This module is designed to help participants learn skills that can be used to manage children's behavior. The goal for this training module is to help participants understand how children learned 'survival behaviors' (fight, flight, freeze) and how they can disarm those behaviors, teaching them adaptive, new skills for life. This training is the third of a three-part series. You must complete the first two modules before enrolling in this module	Classroom	6.0	0.0	4.0	24.0	Alliance	Caregivers	Statewide	75%		
Trust-Based Relational Intervention: Introduction and Overview to TBRI (webinar)	TBRI® (Trust-Based Relational Intervention) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. This course is an overview designed to give you exposure to all parts of TBRI® by highlighting the ways in which each section of the intervention strategy fits into the holistic nature of TBRI®. The first few activities provide an opportunity for you to become comfortable with each other, share successes and challenges with each other, and become familiar with the basic ideas of TBRI®.	Webinar	6.0	0.0	12.0	72.0	Alliance	Caregivers	Statewide	75%		
Understanding Family Time Supervision for Caregivers (webinar)	This 90 minute webinar training for caregivers covers what you should know about why Family Time matters for all those involved in a dependency case. The course will teach you a wide range of how you can support Family Time including preparing children for visits, supervising visits, providing transportation, sharing information with the birth family, and much more. You will learn why Family Time matters and the range of possibilities for what Family Time may look like including location options, frequency and length of visits, and level of supervision. As a caregiver you play a role in making Family Time successful and this training will teach you how.	Webinar	2.5	0.0	12.0	30.0	Alliance	Caregivers	Statewide	75%		
Understanding Post Traumatic Stress Disorder in Children	This 6-hour focused topic training for caregivers provides a foundation for understanding Post Traumatic Stress Disorder (PTSD). The training develops caregivers' understanding of the diagnosis (especially in those under 6 years of age) as well as covering Developmental Trauma Disorder for complex trauma events often experienced by youth in alternative care situations. Dissociation and hyper arousal behavior patterns are explored as protective responses to challenges in the environment and methods to reduce the impacts discussed. Strategies for healing and resolving trauma as caregivers are explored.	Webinar	6.0	0.0	6.0	36.0	Alliance Contracted Training: Randi Hankins	Caregivers	Statewide	75%		
Why Children Lie	This training will address lying on several levels. Attitudes, values, beliefs and societal norms are examined and discussed. The caregiver will learn about factors which motivate children to lie. Suggestions will be offered to assist caregivers in responding to children when this behavior occurs and how to prevent its occurrence in the future.	Classroom	3.0	6.0	0.0	18.0	Alliance	Caregivers	Statewide	75%		

| Why Children Lie: Development, Trauma, and Supporting the Truth (webinar) | Lying is a complex, layered behavior that involves both the person telling the lie and the perception of the person receiving it, as well as each person's history and development. Surprised it's not so black and white? This training will take you through understanding what lying is, why it happens and how to support the truth. "Why Children Lie" addresses lying on several levels. You will look at your own attitude about lying and how your values and beliefs affect that perception. The course will cover what lying looks like in different stages of development and what the motivating factors may be for a child. You will also talk about the societal norms around lying and how to support a child telling the truth. You will learn how to set a child up for being truthful through positive communication, and how to make changes to your own behavior and responses. The impact of trauma is a big part of this training, too, as trauma and other diagnoses impact the ability to be truthful. You will talk about how lying can be a trauma response and what you can do to change the pattern. When you leave the class, you will have a deeper understanding of how to respond to children when they lie and how to prevent lying. | Webinar | 3.0 | 6.0 | 12.0 | 54.0 | Alliance | Caregivers | Statewide | 75% | |

Workforce and Caregiver eLearning Training											
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Planned in FY	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes	
Adoption Support for Caregivers (eLearning)	This short eLearning will answer your questions about how and why adoption support services are offered, what adoption support services exist, and how to access them.	Online	0.75	1.0	0.75	Alliance	Caregivers	Statewide	75%	
Advanced Adoption Training: Effects of Trauma and Loss on Adopted Children (eLearning)	For many children in foster care, the path up to, including and even after adoption can include trauma, grief and loss. As a potential adoptive parent, it's crucial that you understand the story a foster child is bringing to you and what part you can play in that. This course, "Advanced Adoption: The Effects of Trauma and Loss on Adopted Children," takes you beyond the introductory level into beginning to understand more deeply the emotional, mental and physical needs an adoptive child may have. A startlingly high number of adoptions are not successful, which is why it is so important that you have realistic expectations and adequate support, both of which are explored in this training. You will first be guided through a discussion around the definition of adoption, including what it is and what it isn't, and you will be encouraged to share your ideals and goals as an adoptive parent. You will then spend a majority of your time learning about the impact of trauma, grief, loss and ACES (adverse childhood experiences) on development in adopted children, and exploring how to recognize behaviors related to these issues. This includes training on attachment and learning ways to strengthen your bond with the children in your care depending on their attachment style. When you leave the training, you will have numerous new training resources and supports to assist you as you navigate this new environment.	Online	2.75	1.0	2.75	Alliance	Caregivers	Statewide	75%	

Afterhours Core 1.1 Child Safety: Defining Abuse, Neglect, and Child Safety (eLearning)	In this course, you will learn the definitions of child abuse and neglect used in Washington State, as well as your obligation to report suspected child maltreatment. You will be introduced to 3 foundational concepts used in child welfare work: child safety, risk assessment and global assessment. You will consider how ethical principles, particularly related to confidentiality and your role as a helping professional impacts how you do your work. Lastly, you will be introduced to the Safety Framework, the guiding structure used in our state to understand and assess child safety. You will be asked to consider how culture might affect both your assessment of child safety and the work you do to ensure children are kept safe.	Online	2.5	1.0	2.5	Alliance	Social Workers	Statewide	75%	
Afterhours Core 2.1 Physical Abuse: Critical Community Partners (eLearning)	In this course, you will learn more about how Washington State defines and responds to physical abuse. You will learn about a program connecting DCYF staff to local physicians with expertise in child maltreatment (MedCon) and hear two doctors describe the program and their roles. You will read the policy on photographic documentation and use a scenario to ensure that you understand how, why, and what to take pictures. In addition, you will consider how you may work with law enforcement in responding to cases of suspected physical abuse. Lastly, you will consider what steps you are required to take to work effectively with people who are not proficient in spoken English and resources to support you.	Online	2.5	1.0	2.5	Alliance	Social Workers	Statewide	75%	
Afterhours Core 3.1 Maltreatment and Placement: Overview (eLearning)	In this course, you will learn more about how Washington State defines and responds to neglect and sexual abuse. Afterhours staff rarely interview children to gather information about the specifics of maltreatment, but their discussions with young people can help or hurt DCYF's ability to protect the child in the future. You will review and apply basic principles of child interviewing to support you in talking with children about their overall safety at home. You will learn about the function of child advocacy centers as partners in responding to sexual abuse concerns. Lastly, you will learn best practice for assessing the suitability of unlicensed relatives/others and the importance of providing caregivers with all information available about the child.	Online	2.5	1.0	2.5	Alliance	Social Workers	Statewide	75%	
Afterhours Core 4.1 Caring for Children: Car Seats, Worker Safety and ICWA (eLearning)	Afterhours staff spend time driving with and caring for children. You will learn how to select, install, and fit a car seat correctly in this course. You will also review basic consideration for caring for youth with behavioral or medical needs. Considerations for your own safety, both in the field and when caring for young people who are in need of placement, are reviewed. Lastly, you will learn about a federal law called the Indian Child Welfare Act, which outlines the rights of federally recognized Tribes, Indian Children, and their families. The historical context and present need for this law is discussed.	Online	2.5	1.0	2.5	Alliance	Social Workers	Statewide	75%	
Authority to Place (eLearning)	This short eLearning will orient participants to the four means by which this legal authority to place a child may be granted: Law enforcement protective custody, hospital holds, court order, and a voluntary placement agreed to by the child's legal parents. Legal, policy and practice consideration for each, as well as subsequent placement requirements are reviewed. In addition, the legal and policy preference for placing children with safe, suitable relatives is reviewed.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	75%	

Basics of Child Development and Effective Discipline - ALJ (eLearning)	In this course, you will learn about the overall principles of human development. You will briefly consider issues relevant to the first year of life, like safe sleep and the dangers of shaking a baby, which impact DCYF's work in many areas. You will learn why events of early childhood have a tremendous impact on the rest of a child's life, and the importance of safe and stable relationships with adults during the vulnerable early childhood years. You will consider how the context and culture of a family may shape adults' behavior and parenting, which may in turn impact what skills children develop and when, though there are many, many paths to healthy adulthood. Next, you will learn what discipline is, how it's different than punishment, and what is explicitly prohibited in settings licensed by DCYF, like child-care and foster care settings. You will then consider cultural variations in discipline and the need for DCYF to support families and licensed settings alike in using discipline strategies that fit within their values system and are safe and effective. Lastly, you will consider the most common reasons children may show challenging behavior at home and in other settings, and the framework for managing behavior in licensed settings.	Online	2.25	1.0	2.25	Alliance	Judicial Personnel	Statewide	75%	
Basics of Domestic Violence in Child Welfare (eLearning)	The purpose of this e-learning is to provide foundational information about what domestic violence is, and how it can affect child safety. This eLearning also highlights CA's domestic violence policies and best practices, found in CA's Social Worker's Practice Guide to Domestic Violence. It's recommended that staff complete this e-learning prior to attending "Domestic Violence and Child Welfare" Course Code ILT 110229.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Bloodborne Pathogens	Bloodborne Pathogens Safety Training is a mandatory training for all potential foster parents and respite providers in the State of Washington. This training will help you understand the risk anticipated by contact with blood and other potentially infectious materials as the result of caring for children. This class contains bloodborne pathogens training that is specific to non-healthcare related homes and workplaces. Upon completing this training, participants will be able to: Summarize the characteristics of pathogens and the primary functions of our immune system. Identify the most common diseases caused by bloodborne pathogens and how they are transmitted. Differentiate the infection control principles and practices used against bloodborne pathogens. Implement procedures and precautions to prevent the spread of bloodborne pathogens in your home and in the community.	Online	1.5	1.0	1.5	Alliance	Caregivers	Statewide	75%	
Car Seat Safety: Select, Fit and Install Correctly (eLearning for workforce)	Did you know more than half of children's car seats are installed incorrectly? The car is a dangerous place for a child to be, but there are many resources that can help ensure you're following all safety and legal guidelines. This brief eLearning for DCYF staff is the perfect spot to start, helping you select, fit and install the correct seat each time you need to transport a child. You will find an overview of basic requirements and Washington state laws as well as real-world installation examples and tips. The course is full of useful, surprising facts – the appropriate time to transition a child out of a booster seat might surprise you! You will also find links to many outside resources for more in-depth information.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	75%	
Car Seat Safety: Select, Fit, and Install Correctly (eLearning for caregivers)	Did you know more than half of children's car seats are installed incorrectly? The car is a dangerous place for a child to be, but there are many resources that can help ensure you're following all safety and legal guidelines. This brief eLearning is the perfect spot to start, helping you select, fit and install the correct seat each time you need to transport a child. You will find an overview of basic requirements and Washington state laws as well as real-world installation examples and tips. The course	Online	0.5	1.0	0.5	Alliance	Caregivers	Statewide	75%	

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Caregiver Core Training (eLearning)	Caregiver Core Training (CCT) is the mandatory training for Washington State's caregivers to become licensed. Caregiver Core Training can be taken two ways – online or in the classroom. If you prefer to use a self-paced, online eLearning, please consider the general guidelines for online trainings listed below, and then scroll down to Registration Instructions and click the link to start the online course. If you prefer to take the course in a classroom (conducted at various locations around the state) click this link to register. Both the online and classroom training cover the same critical content. CCT Online Version The 24-hour Caregiver Core Training is made up of eight sessions (each about three hours long) and a field experience, which can be completed at any point during the online portion. There is also a mandatory coaching session after the online portion is completed. Session 1: Introduction to the Child Welfare System Session 2: Working as a Member of a Team Session 3: Working with Birth Families Session 4: Cultural Connections and Advocacy Session 5: Growing Up with Trauma, Grief, and Loss Session 6: Understanding and Managing Behavior Session 7: Communication and Crisis Management Session 8: Getting Ready and the Effects on the Caregiving Family Field Experience: Participants will learn outside the classroom by choosing an activity that will give them more awareness of the experience of children within the system or of the role of a caregiver for children in the system. The sessions are designed to help you understand how the system works,	Online	24.0	1.0	24.0	Alliance	Caregivers	Statewide	75%	
Caregiving for Children With Physically Aggressive Behavior Concerns	In this 6 hour training CPS Social Workers will learn how to re-assess child safety when considering reducing or increasing levels of supervision during parent-child visits; during reunification; and when there has been a change in composition in the household. CPS Social Workers will learn how to apply the Safety Framework when determining whether to close a case and how to complete a safety assessment to determine if safety threats have been mitigated, risks have been reduced, or identify new safety threats and developing higher levels of protection.	Online	6.0	1.0	6.0	Alliance	Social Workers	Statewide	75%	

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Caregiving for Children With Physically Aggressive Behavior Concerns (eLearning)	This eLearning course for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with physically aggressive behaviors. You will explore the potential impacts of trauma and maltreatment on attachment, behavior and development as well as the risk factors for violent behavior in children. You will review the Washington Administrative Code (WAC) related to discipline and will contrast principles of positive discipline and punishment. Skill building will focus on creating a plan to prevent a crisis; the various forms aggression may take and how to look for signs of when a child is agitated or escalating; how to intervene during a crisis; and how to manage ongoing or explosive aggressive behaviors via teaching coping skills and Collaborative Problem Solving. Resources and supports for the youth as well as the caregiver are provided.	Online	4.0	1.0	4.0	Alliance	Caregivers	Statewide	75%	
Caregiving for Children With Sexual Behavior Concerns (eLearning)	This eLearning course will prepare you to work with children with sexual behaviors concerns and create an environment to keep the child and other household members safe. You will explore values and beliefs before reviewing typical child sexual development and the impacts of trauma, abuse and neglect on development and behaviors. You will explore how sexual abuse can impact development, self-image and the household supporting them. After reviewing typical sexual development, you will learn how different experiences and circumstances may lead to sexual behavior concerns and how to intervene and respond safely. As a caregiver, you will learn your role in promoting healthy sexual development, positive messaging, prevention education, the importance of establishing house rules and other ideas to maintain safety for the whole household.	Online	4.0	1.0	4.0	Alliance	Caregivers	Statewide	75%	
Child Information and Placement Referral (ChIPR) (eLearning)	The Child Information and Placement Referral (CIPR, DSHS form 15-300) captures the most essential information about the needs, strengths and interests of a child placed in foster care. This information enables placement desk staff to match children with available placement resources, and empowers caregivers with the information they need to support successful out of home placements. This eLearning provides information on the policies and required timelines. Participants will also receive a step by step demonstration of the entire ChIPR process including creating the document in FamLink, and how to successfully document in FamLink that the ChIPR was provided.	Online	0.3	1.0	0.3	Alliance	Social Workers	Statewide	75%	
Child Protection Medical Consultation (eLearning)	This eLearning primarily features a video of a popular Child Protection Medical Consultation (MedCon) presentation for Regional Core Training. The video showcases two respected and well-known child abuse pediatricians, Dr. Rebecca Wiester and Dr. Joyce Gilbert. Dr. Wiester and Dr. Gilbert discuss important aspects of Physical Abuse, Sexual Abuse, and Neglect within the context of their expertise as child protection medial consultants. Viewers are walked through recognizing sentinel injuries; understanding Abusive Head Trauma and its connection to the Period of PURPLE Crying; identifying when to seek medical consultation, how to submit a referral, and what information to provide; and how to locate important county protocols and policy resources online. Viewers will also be provided with a helpful Notes Worksheet, which will guide them through capturing important information needed in practice, and to pass the quiz at the end. This eLearning also provides a Facilitator Guide and can be viewed either individually, or facilitated for a small group viewing.	Online	3.0	1.0	3.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	

Childhood Trauma, Recovery and Resilience - ALJ	In this course you will start by considering the evidence that negative events that occur during childhood can have lasting impacts across the lifespan. These events may be single occurrences, chronic and ongoing challenges to the young person's safety and security in their home, or even larger societal impacts from things like poverty, racism, and other kinds of oppression. You will then learn about HOW scientists believe that these negative events in childhood wire bodies and brains in ways that are ultimately detrimental to the individual. You will also learn about trauma-informed care and the large body of research on ways that children and families can be helped to heal and overcome these challenging experiences. Lastly, you will learn about resilience, and how we can support the resilience of families and children by creating communities where children and their caregivers feel safe, connected and supported.	Online	2.5	1.0	2.5	Alliance	Judicial Personnel	Statewide	75%	
Connecting: Sexual Orientation and Gender Identity and Expression Training for Caregivers and Kinship Providers (eLearning)	Viewers are walked through recognizing sentinel injuries; understanding Abusive Head Trauma and its connection to the Period of PURPLE Crying; identifying when to seek medical consultation, how to submit a referral, and what information to provide; and how to locate important county protocols and policy resources online. Viewers will also be provided with a helpful Notes Worksheet, which will guide them through capturing important information needed in practice, and to pass the quiz at the end. This eLearning also provides a Facilitator Guide and can be viewed either individually, or facilitated for a small group viewing.	Online	2.0	1.0	2.0	Alliance	Caregivers & Social Workers	Statewide	75%	
Contract for Services Part 1: Understanding the Contract Process (eLearning)	This course provides information on the service contract process and the role of Social Workers, Fiduciaries, Program Managers, and Contract Managers. Participants will learn how to identify what types of services do and do not require contracts, how to determine if a contract is already in place, how to access contracted providers appropriately, how CA Contract Managers develop contracts and the Social Worker's role in the process, as well as the process for paying for contracted services through FamLink.	Online	0.25	1.0	0.3	Alliance	Social Workers & Supervisors	Statewide	75%	
Contract for Services Part 2: Contract Monitoring (eLearning)	Participants will learn about the importance of contract monitoring, the Contract Monitoring Team, the purpose of a Compliance Agreement, and what to do if there are concerns about a contractor's performance.	Online	0.25	1.0	0.3	Alliance	Social Workers & Supervisors	Statewide	75%	
CPR and First Aid for Caregivers (eLearning)	The CPR/First Aid blended online course teaches solutions to a range of problems that can arise from minor everyday instances such as cuts and headaches to the more serious emergencies such as allergic reactions, heart attacks and strokes. This eLearning is the first of two parts needed for full certification and includes instruction in CPR, First Aid, and AED usage. The second step is an in-person skills assessment, which will become available when covid restrictions are lifted. CPR and First Aid for Caregivers (eLearning) follows the latest American Heart Association and ECC/ILCOR guidelines and is nationally accredited.	Online	4.5	1.0	4.5	ProTraining	Caregivers	Statewide	75%	
CPR and First Aid Recertification for Foster Parents (eLearning)	If you are a current licensed foster parent and have an expired CPR certificate and need to obtain recertification this course is for you. The course is a blended online course with two parts – an online eLearning and a skill based in person class. The CPR/First Aid online course provides the knowledge needed when dealing with the range of problems that can arise from minor everyday instances such as cuts and headaches to the more serious emergencies such as allergic reactions, heart attacks and strokes. Once you have completed the online eLearning, the final part is the skill evaluation with an instructor where you will get to apply and practice the techniques you have learned. A certificate will be issued once both parts are successfully completed and will be valid for two years.	Online	4.5	1.0	4.5	ProTraining	Caregivers	Statewide	75%	

De-Escalation for Administrative Staff: Managing Crises (eLearning)	As an administrative professional you are important, and so is your safety! This eLearning will help you learn how more effectively manage a situation that has become a crisis and may involve threats to someone's safety. The key insights in this course relate to: ·Identifying a crisis ·Verbal de-escalation strategies – how to help, and how to manage your own reaction · Specific stay-safe strategies and considerations during and after a crisis There are many opportunities within the course to examine real-life situations and practice applying the information. Upon completing the course, learners will be better prepared to respond in a crisis and prevent safety issues from occurring. They also will have a better understanding of what to do when worker safety threats do occur, and what to do after such incidents.	Online	0.75	1.0	0.8	Alliance	Support Staff	Statewide	50%	
De-escalation for Administrative Staff: Managing Tense Situations (eLearning)	As an administrative professional you are important, and so is your safety! This eLearning will help you learn a range of prevention behaviors that can keep tense situations from turning into crises. The key insights in this course relate to: · Understanding anger – where it comes from and what it looks like · Tools to help others stay calm and communicate what they need · Which communication strategies are helpful in tense situations · Acknowledging individual and cultural differences and how they affect communication · Understanding how to manage your own emotional responses to hard situations There are many opportunities within the course to examine real-life situations and practice applying the information. Upon completing the course, learners will be better prepared to manage their own and other people's responses to tense situations, helping everyone stay calm and safe.	Online	1.5	1.0	1.5	Alliance	Support Staff	Statewide	50%	
De-escalation for Meeting Facilitators Part 2: Managing Safety and Crisis (eLearning)	As a meeting facilitator you have an important role in achieving safety, permanency and well-being for children in out of home care. Permanency planning meetings can be emotionally charged. This eLearning will help you learn how more effectively manage a situation that has become a crisis and may involve threats to someone's safety. The key insights in this course are identifying a crisis, verbal strategies to help de-escalate situations and managing your own reaction, as well as specific stay-safe strategies and considerations during and after a crisis. There are many opportunities within the course to examine real-life situations and practice applying the information. Upon completing the course, you will be better prepared to respond in a crisis and prevent safety issues from occurring. You will have a better understanding of what to do when staff safety threats do occur, and what to do after such incidents.	Online	0.75	1.0	0.8	Alliance	Social Workers	Statewide	75%	
De-escalation for Meeting Facilitators Part I: Tools for Tense Situations (eLearning)	As a meeting facilitator you have an important role in achieving safety, permanency and well-being for children in out of home care. Permanency planning meetings can be emotionally charged. This eLearning will help you learn a range of prevention behaviors that can keep tense situations from turning into crises. You'll learn about understanding where anger comes from and what it looks like, tools to help others stay calm and communicate what they need, helpful communication strategies for tense situations, acknowledging individual and cultural differences and how they affect communication, and understanding how to manage your own emotional responses to hard situations. There are many opportunities within the course to examine real-life situations and practice applying the information. Upon completing the course, you will be better prepared to manage your own	Online	1.5	1.0	1.5	Alliance	Social Workers	Statewide	75%	

	and other people's responses to tense situations, helping everyone stay calm and safe.								
Dependency Petition (eLearning)	The Dependency Petition eLearning is an interactive and independent learning activity integrating brief legal instruction and practical application/skill building regarding Dependency Petitions.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%
Drug Testing (eLearning)	Drug testing practices and their use in child welfare assessment of safety and risk is covered in this course. Participants learn the guidelines for the frequency and duration of testing, practices at drug collection sites, detection of adulterated samples and interpreting drug test results. Participants will know what to test and how to include this in the assessments of parents involved in the child welfare system, focusing on the behavior of parents, and knowing what a drug test can tell us is emphasized.	Online	0.75	1.0	0.8	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%
Education Policy and Case Planning (eLearning)	This course focuses on DCYF Education Policy and Procedures to achieve positive educational outcomes through solid education planning throughout the child's experience in out-of-home care. Caseworkers will understand education case planning and documentation requirements as well as how to engage with schools on enrollment, transportation plans, and potential cost sharing agreements. Information sharing processes and Post-Secondary Education and Training resources are also provided.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%
Effects of Abuse and Neglect on Child Development: 11 to 17 Years (eLearning)	This is Section 5 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive, and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning: Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes)	Online	0.5	1.0	0.5	Alliance	Caregivers & Social Workers	Statewide	75%
Effects of Abuse and Neglect on Child Development: Birth to Three Years (eLearning)	This is Section 2 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning:	Online	1.0	1.0	1.0	Alliance	Caregivers & Social Workers	Statewide	75%

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	Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes)								
Effects of Abuse and Neglect on Child Development: Five to 11 Years (eLearning)	This is Section 4 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning: Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes)	Online	0.5	1.0	0.5	Alliance	Caregivers & Social Workers	Statewide	75%
Effects of Abuse and Neglect on Child Development: Foundational Concepts of Child Development (eLearning)	This is Section 1 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning: Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes)	Online	0.5	1.0	0.5	Alliance	Caregivers & Social Workers	Statewide	75%
Effects of Abuse and Neglect on Child Development: Three to Five Years (eLearning)	This is Section 3 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is	Online	0.5	1.0	0.5	Alliance	Caregivers & Social Workers	Statewide	75%

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	provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning: Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes)								
Exceptions and Extensions to the Initial Face to Face (eLearning)	Social Service Specialist who complete this eLearning will understand how and why to request and exception or an extension to the required IFF with the identified victim or child related to the intake. They will be able to practice documentation to support their supervisor in the decision making around approval of extensions or exceptions and any additional guidance around reasonable efforts to locate these children and their families.	Online	1.0	1	1	Alliance	Social Workers, Supervisors & Tribal staff	Statewide	0%
Extended Foster Care (eLearning)	Washington States Extended Foster Care Program allows dependent youth in placement at age 18 to continue to receive services including placement resources until age 21, in order to complete their education and ease the transition to adulthood. In this eLearning, case carrying Supervisors and Social Service Specialists will become familiar with the evolution of this program as well as its current Policy and Practice and learn how to document various EFC Services in FamLink.	Online	1.0	1.0	1.0	Alliance	Social Workers & Supervisors	Statewide	75%
Family First Prevention Services Act	In this eLearning course, we will provide an overview of the federal law Family First Prevention Services Act, which supports eliminating further trauma by placing children who need care with extended families and communities. Then we will continue with DCYF's plans in detail on implementing the Family First prevention framework by using evidence-based services to support families staying together across Washington State.	Online	1.0	1	1	Alliance	Social Workers & Support Staff	Statewide	50%
Family Preservation Services (eLearning)	Family Preservation Services, or FPS, is one option social workers have when assessing for the most appropriate in-home service. This interactive elearning will cover the service components of FPS, what to expect from the FPS provider and what is required of the referring social worker in the delivery of FPS services.	Online	0.25	1.0	0.3	Alliance	Social Workers & Supervisors	Statewide	50%
Family Time with Incarcerated Parents (eLearning)	Family time is an essential part of supporting a child's ongoing relationships while they are in out-of-home care. When a parent is incarcerated, there are specific policies and processes that need to be followed to ensure continuation of family time. This training will help you understand from start to finish the process of completing a visitation at a Washington Department of Corrections prison, and how to supplement contact in other appropriate ways. This eLearning will walk you through the myriad requirements and details involved in these types of visitations, in an easy-to-understand way. You will learn how to navigate DOC websites, schedule visitation, and which forms you will need to secure and why. You also will review the requirements and steps to arranging electronic/telephonic contact, which are additional tools you can use to support the connection between parent and child. You will have multiple opportunities throughout to test your knowledge with real-life scenarios. The course also covers information you will need to prepare a child, the caregiver and the family time supervisor in advance of a visit to an	Online	1.0	1.0	1.0	Alliance	Social Workers & Supervisors	Statewide	75%

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	incarcerated parent. This learning includes why it's important to "debrief" with the child after family time. At the close, you will get the complete resources you will need going forward, and you will take a final quiz to ensure you have fully grasped all of the information.								
Family Time: Relationships and Reassurance (eLearning)	Parent, child and sibling family time helps reduce further trauma from the separation by reassuring the child and maintaining the parent-child relationship or helping build the relationship. Social workers and caregivers are part of a team in making family time happen, making sure that the benefits are realized for the children and parents, and helping children through the separation from their families, friends, and homes. This short eLearning will cover the role of family time in child well-being and permanency, as well as the social worker's role in providing parent-child and sibling family time. The key learning objectives of this course are: 1. Recognize the importance of family time and its association with positive outcomes for the child and family. 2. Identify appropriate levels of supervision based on safety threats; appropriate people to help with family time, and in what roles; and the best location. 3. Identify the roles of social workers and caregivers in supporting children and parents to make family time positive.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%
Family Time: Supportive Virtual Family Time Program and Training (eLearning)	Supervised visitation staff and child welfare staff who want to develop skills to support virtual family time will benefit from this online learning. In this training you are provided with structured support, guidance and training to: ·Connect with the caseworker to prepare for remote supervised visits that will, to some extent, include both parent and foster/relative caregiver(s) ·Prepare the parent(s) for positive remote supervised visitation with their children ·Prepare the foster or relative caregiver(s) for how to support the child in their care in having positive remote supervised visitation with their parent(s) ·Hold a virtual Family Time Partnership meeting between the parent(s) and foster/relative caregiver(s) prior to supervised visits taking place to plan and prepare for virtual visits by getting to know one another, setting expectations and agreements and plan for and provide some structure for the remote visits ·Support the parent(s) and caregiver(s) in having positive and productive remote supervised visits and supervise the visits Create a plan to debrief one-on-one with the parent(s) and the caregiver(s) to celebrate success In addition, two videos developed by Fostering Connections for Families will be shared that model a family time partnership meeting as well and an example of what a virtual family time could look like.	Online	1.0	1.0	1.0	Alliance	Social Workers & Private Agency Staff	Statewide	75%
Identifying and Supporting Commercially Sexually Exploited Children for Caregivers (eLearning)	This 90-minute in-service level course will help caregivers identify and support youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic practices that support helping these youth reach positive outcomes. Learning Objectives: - Know the legal definition of commercial sexual exploitation of children - Understand how commercial sexual exploitation might happen to a youth - Understand how experiencing commercial sexual exploitation may impact a youth - Be able to spot signs that youth are at risk for becoming (or are) commercially sexually exploited	Online	1.5	1.0	1.5	Alliance	Caregivers	Statewide	75%

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	- Have strategies for caring for youth who are at risk for becoming (or have been) commercially sexually exploited								
I-LABS Module 10 – Language Development: From Listening to Speaking (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Babies begin making vowel-like sounds soon after birth. They soon add consonant sounds. Then they transition to syllables, words, and finally sentences. This pattern is similar across different cultures and languages. -Children use different strategies to learn words and word combinations. During the process of learning, they sometimes make errors in word or sentence use. As they hear more language, their use of words and sentences becomes more adult-like. -Language learning begins at birth! Those children who hear more language and experience more high quality interactions tend to produce more words and longer sentences.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%
I-LABS Module 11 – Bilingual Language Development (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -The brain is primed to learn language in the first few years of life. As we age, it becomes harder to learn a second language. -Language is the product of our experiences. The amount and type of language input determines our language outcomes. This is true whether we're learning one or two languages. -Bilingual and monolingual children develop language at the same pace. -Bilingualism is associated with cognitive advantages, such as better flexible thinking skills	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%

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I-LABS Module 12 – Temperament in Early Childhood (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -Babies are born with different temperaments or ways they approach everyday events and challenges. Biology helps determine temperament, but environment and experiences also influence a child's temperament and development. -Temperament consists of three dimensions: positive reactivity; negative reactivity; and attention, soothability, and regulation. Each dimension is a continuum, meaning a child can show more or less of a behavior. -You cannot change a child's temperament, but you can adapt your behavior and environment to meet the child's needs. This is creating goodness of fit between your expectations and a child's temperament.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	
I-LABS Module 13 – Race Today: What Kids Know as They Grow (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Race is meaningful in our social world and racism still exists today. -Racism is like a conveyor belt and we are all on it. It is our responsibility to work actively to recognize and work against racism in our society. Otherwise, we will continue to live as a member of a racist society. -Kids are aware of race and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Kids form racial identities. They recognize that their race and racial group is part of who they are and how others see them. -Research suggests that not talking about race with kids increases racist thinking and racism. Racial silence will never create racial equality, but talking about race can!	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	

I-LABS Module 14 – "Racing" Towards Equality: Why Talking to Your Kids About Race is Good for Everyone (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Race is meaningful in our social world and racism still exists today. -Our actions matter - what parents do – or don't do – is a strong indicator of children's attitudes about race. -Our words matter too! Research suggests that not talking about race with kids increases racist thinking and racism. But talking about race can be one of the best ways to counteract racism. -Kids are aware of race, form racial identities and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Preventative and Reactionary 'race chats' are an effective way to discuss race and racism with children. These conversations with evolve and change over time, as a child grows. -We do not need to have all the answers to have effective 'race chats' with children. We just need to be open and be able to offer a safe space to talk.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	
I-LABS Module 15 – Early Music Experience (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -The brain learns musical information very early in development. Infants learn from listening to music in their environment and culture. -Research suggests that infants have a sensitive period when their brains are particularly primed to learn the basic structure of musical components. -Music and language share some key elements, such as pattern and rhythm. Practice with musical patterns and rhythms may help young children learn language patterns and rhythms.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	

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	-Musical experiences may help children build other skills, too. For instance, music training has been linked to executive function skills, and moving to a beat in time with another person can help build social-emotional skills.								
I-LABS Module 16 – Foundations of Literacy (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -Spoken language skills serve as the foundation for literacy development. Literacy involves years of systematic instruction and practice. -Children may enter kindergarten with a range of pre-literacy skills. It is important for teachers to provide a rich literacy environment for all children. Reading to and with children is a great way to boost pre-literacy skills. -The brain is not born to read. With practice, our brains learn to recognize words, match words with sounds, and associate those words with meaning. -Some people have more difficulty learning to read than others. But this does not mean that they won't ever learn how or that they are less intelligent. Many different factors contribute to a child's pre-literacy skills.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%
I-LABS Module 17 – Development of Literacy (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Literacy is an important part of daily life. It helps empower a child's educational, societal, and civic development. -The best curricula for teaching children how to read include explicit instruction in phonological awareness. Explicit classroom instruction is a key part that builds on a strong foundation of phonological awareness.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%

	-Some children have difficulty learning to read. Research tells us that it is important to identify struggling readers early on, and to provide them with extra support before they fall behind their peers. -Early intervention helps struggling children build foundational skills and improve their reading ability. Effective programs encompass the school, home, and community.								
I-LABS Module 18 – Learning to Make Things Happen: How Children Learn Cause-and-Effect (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -In the first year of life, babies already start to make predictions about what things are causes and what are effects. By the time they are in preschool, children are proficient causal learners, ready to engage in and learn from causal lessons. -Children of all ages learn how to make things happen on their own from watching what other people do. They do this even if the people they are watching make mistakes or things don't work perfectly. -Cause-and-effect relations also occur between living things. Figuring out how to cause people to change their behavior is important for children's social development. -Lessons about cause-and-effect happen at home and in the classroom all the time, with little or no need for special tools, toys, or preparation.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%
I-LABS Module 19 – Early STEM Learning (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -It is important to build children's STEM (science, technology, engineering, and math) skills starting at an early age so they become fluent. -Parents/teachers can provide children with a variety of STEM materials and activities, and ask questions about what children observe and expect. -Doing STEM activities with other people can help children enjoy STEM.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%

I-LABS Module 2 - Why the First 2,000 Days Matter: A Look Inside the Brain (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following: -How brains are built. An enormous amount of brain development occurs in the first five years. -Early childhood experiences shape the physical development of the brain. -The strength of connections formed in a child's brain depends, to a certain extent, on the frequencies of experiences they have in their lives.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	
I-LABS Module 3 – The Importance of Early Interactions (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -School-readiness starts from birth. Early cognitive and social experiences play an important role in children's early development. -Children are particularly attuned to other people, and learn best from face-to-face interactions. -Children are incredibly social. Using eye-gaze, pointing, infant-directed speech, and contingent actions can draw children's attention to their environment and support learning.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	
I-LABS Module 4 – The Power of Learning Through Imitation (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following key points:	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	

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	-From the first day of life, children watch others and imitate their actions to learn about the physical world and their culture. -As they grow older, they can remember actions for longer (deferred imitation), and use them to navigate situations (generalizations). -Children's brains seem ready to imitate-studies have found similar changes in infants' brain activity whether they are doing an activity or just watching it.									
I-LABS Module 5 – Understanding Emotions (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -Children take cues from other people to guide their emotions and behavior, especially in new situations (social referencing). -Children even learn from interactions they're not directly involved in – they pick up on emotional states of others just from watching and listening. -In their second year of life, children begin managing their own emotions or behaviors (self-regulation), often using others' reactions to guide their actions.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	
I-LABS Module 6 – Language Development: Learning the Sounds of Language (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: - Language learning begins before birth. A young brain is particularly ready to learn language. -When listening to language, infants engage in statistical learning. This helps them become sensitive to the specific sounds of their native language. -Face-to-face interactions are critical for language learning. In the first year of life, social interactions expose children to language. They also prepare the infant brain for speaking.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	

I-LABS Module 7 – Development of Attachment (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Babies have a biological need for loving care. They begin forming an emotional bond with their caregivers at birth. Infants form an attachment to primary caregivers by the end of their first year. -The quality of attachment relationships is different for each child. Child and family factors can affect attachment quality. -Attachment relationships during infancy can have lasting effects on children's development. Yet, attachment quality can improve with proper support.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	
I-LABS Module 8 – Attachment in Practice (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -Attachment is a dyadic relationship. This means that an attachment relationship depends on both the adult and the child. -Attachment security is on a continuum. Children's attachment behavior can be more or less secure. Their behavior depends on the caregiving they receive. -A child is more likely to form a secure attachment when her caregiver provides consistent and sensitive care.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	
I-LABS Module 9 – Sharing Attention During Early Childhood (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence- based policies, practices, and programs that grow the next generation of lifelong learners.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	

	This 20-minute online module covers the following points: -From birth, children show interest in other people. By late infancy, they engage with others through joint attention. Joint attention is sharing attention between objects and other people. -Around one year of age, children recognize the importance of other people's eyes. They begin to follow others' eye gaze. -Children's gaze following predicts other developmental outcomes, like language development. Sharing eye gaze doesn't come as naturally to children with Autism Spectrum Disorder (ASD). This can affect their language and communication skills.									
Infant Safety and Care for Caregivers (eLearning)	If it's been a while since you cared for an infant or if you've never cared for one before, this is the course for you. This 2.5-hour eLearning provides the basic information you'll need to care for babies ages birth to 12 months and keep them safe. You will practice identifying the infant behaviors that are the clue to understanding your baby's needs. You will then apply this knowledge with some of the fundamental tasks of infant care (holding, feeding, diapering, sleep and medical care) while considering how trauma may impact how you provide care in these areas. Finally, you will learn about elements of infant safety, including safe sleep and the Period of Purple Crying.	Online	2.5	1.0	2.5	Alliance	Caregivers	Statewide	75%	9/16/2021 - New course
Intake 1.1: Welcome to Intake (eLearning)	This is Session 1.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants will receive practical information about their main job functions, and get to practice applying many of this information. Intake staff serve as the first point of contact for community members with concerns about children, and complete the first assessments of this information to determine if and how CA may respond. These two functions are addressed and information about the role of Intake staff in assessing child safety and in educating the community is provided. The training helps new staff to understand the differences between intake types and to identify timelines associated with each. Lastly, roles and actions outside the scope of Children's Administration Intake are discussed.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 1.2: Screening in Intake and the Intake SDM Tool (eLearning)	This is Session 1.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants will learn critical information about how to make screening decisions using the standardized tools in FamLink – the sufficiency screen and the SDM for Intake. Participants will learn about the state definitions of child abuse and neglect, and the SDM Intake tool, which helps ensure accurate and consistent screening decisions for screened in CPS Intakes. During much of the training, participants will be applying what they have learned to a series of intake scenarios, and will receive feedback on their work.	Online	1.5	1.0	1.5	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF

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Intake 1.3: Interviewing for Assessment in Intake (eLearning)	This is Session 1.3 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This training will support you in identifying the most important information to gather from callers, and in building skills to focus and guide callers toward this important information, so the best possible screening decisions can be made.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 1.4: Disproportionality and Cultural Competence for Intake (eLearning)	This is Session 1.4 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This training will identify the problem of racial disproportionality in our state's child welfare system, focusing on disproportionality at intake. The importance of Cultural competence for intake workers is presented, and practical tips related to Intake's role in child welfare are provided. Participants will learn how they can work to best serve persons with Limited English Proficiency. Additionally, the training will provide guidance about Intake's role in complying with the Indian Child Welfare Act and in supporting early identification of children who are Native American.	Online	0.75	1.0	0.8	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 1.5: Working With Law Enforcement and Collateral Contacts at Intake (eLearning)	This is Session 1.5 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants in this e-learning will learn how and why to collaborate with Law Enforcement to protect children, gather information needed for good screening decisions, and meet legal and policy requirements to share specific types of reports and information. How and why to work with medical professionals to support good screening decisions and assessments of child safety is also presented. Participants will have a chance to practice both skills and receive feedback.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 1.6: Screening Provider Related Intakes (eLearning)	This is Session 1.6 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This brief e-leaning will orient you to some basic considerations related to screening intakes which involve licensed or other state regulated facilities.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 2.1: Special Circumstances in Intake: Substance Exposed Infants (eLearning)	This is Session 2.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This brief e-learning will review policy and legal requirements in screening intakes regarding currently pregnant substance using mothers and infants who were exposed to substances during gestation. Participants will	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF

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	consider important questions to ask callers in order to gather the most relevant information, which will support good screening decisions and capture foundational information which may be used by workers who are assigned to this family now or in the future.									
Intake 2.2: Special Circumstances in Intake: Domestic Violence (eLearning)	This is Session 2.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This e-learning will help you ask the screening questions most likely to provide you with information about domestic violence if its occurring, identify domestic violence based upon the information you have gathered, consider the impact of identified domestic violence on the child's safety, and adequately document the information you obtain.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Interstate Placements: Fundamentals and Your Role (eLearning)	In this course you will learn about the requirements of the Interstate Compact and Placement of Children (ICPC), including both sending children in foster care to other States, and receiving children in foster care from other States. In addition, you will learn how ICPC applies to ICWA cases. Your role and responsibilities from beginning to end are covered including the home study process, completing quarterly reports, and closing cases. Details about common violations, parent visits, and how to contact the headquarters ICPC team for support and guidance are provided.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%	
Interviewing Parents for CFWS & FVS (eLearning)	In this eLearning participants will review the stages of an adult FVS/CFWS interview and the information they need to gather in each stage; read a case summary; and view an interview with the parents related to the case.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Interviewing Parents for CPS (eLearning)	In this eLearning participants will review the stages of an adult CPS interview and the information they need to gather in each stage; read a case summary; and view an interview with the parents related to the case.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	0%	
Introduction to Case Planning and the Structured Decision Making Risk Assessment	This eLearning covers two main components of service provision in CPS and FVS: the Structured Decision Making Risk Assessment (SDMRA) and the Case Plan. Participants will use a realistic scenario to walk through the SDMRA and a resulting case plan. Participants will learn how to target resources towards those who can benefit most using the SDMRA and then how to develop and monitor an effective case plan that moves the family toward change.	Online	1.0	1.0	1.0	Alliance	Social Workers & Supervisors	Statewide	0%	
Keys to a Successful Termination Referral (eLearning)	This training helps social workers understand the legal requirements that must be met in order for a court to terminate a parents' rights to their children. Social workers also learn to separate myths from facts in the area of termination and regarding their role in preparing and submitting a termination referral to their local Assistant Attorney General or other legal representative. A score of 80% is required to complete this course.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Kinship Core Training	Kinship Core Training (KCT) is designed to help kinship caregivers develop the skills they need to care for children who have experienced complex trauma. KCT is intended to meet the training requirements for those kinship caregivers pursuing licensing. KCT training consists of (4 modules): Module 1: Intro on Trauma Informed Parenting. Module 2: Trauma 101 , Module 3: Understanding Trauma's Effects, Module 4: Building a Safe Place, Navigating change in Family Dynamics, WAC compliance and	Online	12.0	4	3.0	Alliance	Caregivers		75%	9/14/2022- moved from Trainings in

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	Investigations, Visitations-caregivers as visiting facilitators, Navigating the systems-court.									Development
Mandatory Reporter Roles and Responsibilities (eLearning)	Mandatory reporters play a key role in ensuring the safety of vulnerable children. These professionals are obligated to report concerns about abuse or neglect, and this eLearning will guide you as mandated reporter through the process of identifying and documenting those concerns. This training breaks the process down into three parts: Recognize, Record and Report. Through the training, you will understand what indicators of abuse to look for; how to appropriately record and what information to have; and what happens when a report is filed. You will consider the impact of biases on reporting possible child abuse and neglect, and learn about the problem of racial disproportionality in our state's child welfare system. The training also covers the federal requirement of identification of Indian heritage and affiliation with federally recognized tribes. At the conclusion of the training, you will feel confident in understanding your role in keeping children safe.	Online	0.75	1.0	0.8	Alliance	Caregivers, Social Workers, Supervisors & Area Administrators	Statewide	0%	6/18/2022 - 100% TANF
Medication Management and Administration (eLearning)	This eLearning covers the correct way to administer, log, store, and dispose of medications. In addition, this eLearning will provide information/protocol to revise agency policies and procedures with current information and best practice.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	50%	
Medication Management and Administration for Caregivers (eLearning)	This eLearning covers the correct way to administer, log, store, and dispose of medications. In addition, this eLearning will provide information/protocol to revise agency policies and procedures with current information and best practice.	Online	0.5	1.0	0.5	Alliance	Caregivers	Statewide	50%	12/13/2021 - Course available in English and Spanish
Multi-Ethnic Placement Act: What Caregivers Need to Know (eLearning)	This training focuses on a law that mandates that race, culture, or ethnicity may not be used to prevent a child from being placed in a particular home, nor can it be used to delay the placement of a child.	Online	0.5	1.0	0.5	Alliance	Caregivers	Statewide	75%	
NAIR: Creating and Monitoring Your Native American Inquiry Request (eLearning)	This in-service level training will teach participants the steps for identifying Indian Children, address practical steps to input information into FamLink, and give CA staff tips on completing Ancestry Charts and submitting referrals to the Native American Inquiry Request (NAIR) unit to fulfill the requirements of the Federal ICWA, State Law and CA policies.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%	
Paquete de Herramientas para Denunciadores de Abuso Infantil por Mandato	Las personas que toman este curso digital aprenderán sobre su rol como denunciadores de abuso por mandato cuando se sospecha abuso o negligencia infantil y los pasos para reportar estas preocupaciones. Este entrenamiento provee información sobre los indicadores que pueden indicar que abuso o negligencia infantil está ocurriendo y las situaciones comunes que en que es necesario llamar a la agencia correspondiente para hacer una denuncia. Las personas tomando este curso también aprenderán a considerar el impacto de los prejuicios culturales cuando se hacen estas denuncias y el problema de disparidad racial representada en el sistema. También este curso explica los requisitos federales para reconocer el linaje de un niño/a con una tribu indígena o su afiliación a una tribu reconocida federalmente. Finalmente, este curso también repasa los pasos para comunicarse con la Administración de Protección	Online	0.75	1.0	0.8	Alliance	Caregivers, Social Workers, Supervisors & Area Administrators	Statewide	0%	6/18/2022 - 100% TANF

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	Infantil y hacer una denuncia, la información que se necesita, y lo que ocurre una vez que la denuncia ha sido hecha e investigada.									
Parenting a Native American Child: Partnering in the Interest of Culture for Caregivers (eLearning)	This 3-hour eLearning provides Caregivers with an introduction to the Indian Child Welfare Act (ICWA), tribal sovereignty and the impacts on foster parenting. The Indian Child Welfare Act obliges child welfare agencies and caregivers to take certain steps to protect and preserve the rights and cultural and familial connections of children covered by the act. For non-Federally recognized tribes (and in other circumstances), Washington State enacted policy related to Local Indian Child Welfare Advisory Committees (LICWACs) to staff tribal cases and these impacts and supports are also discussed. This training explores the legal, historical, and social biases which have impacted and continue to have a disproportionate impact on Native American children and families. Caregivers will review basic information and skills needed to work with families and children who are covered under ICWA and LICWAC. The State of Washington's legal and policy guidelines around placement and permanency preferences for children covered by ICWA and LICWAC are explored, as well as the various manners in which Tribes can take jurisdiction or chose to otherwise be involved in Child Welfare cases. Skills and resources are also discussed to help caregivers support and develop a child's cultural identity and tribal connection.	Online	3.0	1.0	3.0	Alliance	Caregivers	Statewide	75%	
Permanency Considerations (eLearning)	This course will provide participants with an overview of permanency planning for children in out of home care. This course will focus on the differences and similarities of adoption, guardianship and non-parental custody as concurrent plans. Participants will explore personal bias, how it influences their professional decision-making, and how to counter bias in making permanency decisions that reflect the best interest of children. All permanency options are explored and a case scenario will help participants understand the multiple factors to consider in determining the child's best interest and best alternate plan. ***Supervisors: This eLearning may be completed individually or as a group during a unit meeting. If the eLearning is completed as a group, be sure to contact an Alliance coach to input completion of the eLearning training in LMS for all participants. Supervisors may use the "Supervisors Guide to Permanency Considerations eLearning" available here to promote a permanency discussion after caseworkers have taken the eLearning. (this is an optional activity)	Online	1.0	1.0	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Pregnant and Parenting Youth for Caregivers (eLearning)	This eLearning focuses on how caregivers can best support and care for pregnant and parenting youth (and their children) who are living in foster care. Participants will identify their roles and responsibilities and determine what they are able and willing to do. They will also gather information about supports, resources and partnering with the other members of the child welfare team.	Online	1.5	1.0	1.5	Alliance	Caregivers	Statewide	75%	

Pregnant and Parenting Youth for DCYF staff (eLearning)	This course focuses on the successful transition of pregnant and parenting youth involved with child welfare, and covers specific case management activities. You will learn about your role and responsibilities to provide information to pregnant and parenting youth, including the Pregnant and Parenting Teen Guidebook and tip sheets (DSHS #22-1536), and utilizing a Shared Planning Meeting to identify services and community resources.	Online	2.0	1.0	2.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Preparing Youth for Transitioning to Adulthood (eLearning)	As a caregiver you play a key role in helping youth in your care transition into adulthood. During this course you will review the impact of childhood trauma on foster youth. You will explore the rights of youth in care and recognize your responsibilities for insuring those rights are met. You will explore ways to engage youth in conversations and activities in your home and community to develop life skills for launching into adulthood.	Online	0.5	1.0	0.5	Alliance	Caregivers	Statewide	75%	
Prudent Parenting (eLearning)	This elearning on Prudent Parenting is for both Caregivers and Social Workers. This training discusses the parenting decisions that fall to the Caregiver according to the Prudent Parent Law, provides a few additional considerations when making prudent parenting decisions for children in care, and presents several scenarios that address frequently asked questions related to the Prudent Parent Law.	Online	0.75	1.0	0.8	Alliance	Caregivers & Social Workers	Statewide	75%	
Relative Home Studies	This eLearning will help learners understand the process for assessing the suitability of prospective unlicensed caregivers and when to initiate a home study.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%	
Relative Search for Caregivers (eLearning)	When a child is in need of out-of-home care, the Department should be actively seeking placement of children with relatives. The goal of this training is to help Caregivers understand the process as it impacts placements and long-term permanency.	Online	0.5	1.0	0.5	Alliance	Caregivers	Statewide	75%	9/16/2021 - Course available in English and Spanish
Relative Search: Creating and Monitoring Your Request (eLearning)	This training will teach the participant the steps to initiate and monitor efforts completed by the Relative Search unit. When a child is in need of out of home care, the Department should be actively seeking placement of children with relatives. The centralized Relative Search unit assists staff to locate and identify relatives and this training will help staff learn about the process, required forms and how to gather detailed information from FamLink.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%	
Right Response 3 (Elements+) Recertification	With the Right Response 3 - Elements+ Recertification course, you will build upon the Right Response – Level 3 lessons, where you learned proactive things to address crisis. In this course, we'll examine what you have encountered since the first course and evaluate how it has worked, further embedding and extending your knowledge. Instructors will also consult with you about your individual challenges. You can fine-tune your intervention process to become more successful. The RIGHT RESPONSE Recertification is a combination of a self-paced eLearning module followed by an instructor-led training.	Online	2.5	1.0	2.5	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	50%	9/16/2021 - Course description updated
Right Response 4 Recertification	When you first attend a Certification Workshop, we tell you what you should be doing to address crisis proactively. But when you return for recertification, we ask, "What have you been doing and how has it been working?" The Recertification curriculum is not just a rehash of the certification workshop but is designed to further embed and extend your original learning. Instructors provide consultation on addressing your particular challenges. With the RIGHT RESPONSE Workshop Recertification Workshop, you can fine-tine your intervention process in order to become more successful. To qualify for a Recertification Workshop, you need a	Online	3.0	1.0	3.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	50%	9/16/2021 - Course description updated

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	current certification in Right Response 4 or it has been no more than 90 days since your certification expired. After the 90- day Grace Period, you need to attend a Certification Workshop in order to gain a current certification again. You must bring your Right Response Workbook. Right Attendees that complete the workshop receive a 1 year certification.									
Right Response Elements+ (eLearning)	The RIGHT RESPONSE Elements+ course is designed for staff who support individuals with identified behavioral challenges but minimal aggression risks, as well as those staff who have more opportunity or influence with those they support. Focus is on proactive strategies to manage the individual's environment and provide positive behavior support to avoid the need for physical safety techniques. Note: Basic Physical Safety Skills is not included in this course. You will learn the cycle of risk management and response, which includes prevention strategies, de-escalation techniques and post-crisis follow-up. Topics include: Prevention, stress, and self-care, De-escalation process and postvention, Proactive environments, Effects of Trauma, Positive Behavior Support, Motivational Model for de-escalation, Re-stabilization, Postvention teaching, Cycle of reflecting. The RIGHT RESPONSE Elements+ Workshop combines a 3- hour self-paced online learning with a 6-hour instructor-led discussion and training.	Online	3.0	1.0	3.0	Alliance	Social Workers	Statewide	75%	
Service Referral: An Introduction (eLearning)	This course provides instruction on using the service referral tool in the FamLink case management system for both social workers and fiduciaries. Step by step guidance walks through the steps necessary to launch the referral, provide customized details and instructions for the authorization of payments	Online	0.25	1.0	0.3	Alliance	Social Workers	Statewide	75%	
Services: How to Prevent Placement and Promote Reunification of Children (eLearning)	This course is designed to teach social workers how to identify the service needs of families when trying to prevent out-of-home placement or to support reunification. Working through scenarios social workers actively engage in the decision-making process for appropriate services. Workers will learn the fundamentals of the referral process, engagement with providers and families as well as documentation.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	75%	
So You Have Your First Placement...Now What? (eLearning)	Everything you need to know about agency processes: • Procedures and paperwork • Meetings and court proceedings • Allegations and investigations • Miscellaneous information This class will help you to be familiar with your regional paperwork and policies. This is an excellent class for both new and experienced caregivers.	Online	3.0	1.0	3.0	Alliance	Caregivers	Statewide	75%	9/16/2021 - Course available in English and Spanish
Structured Decision Making and Risk Assessment (eLearning)	Following successful completion of this elearning course, participants will understand the purpose of the Structured Decision Making-Risk Assessment (SDM-RA), and how it provides a framework for consistent decision making as well as a way to target in-demand resources toward those who can benefit most. Participants will understand the definition of each SDM-RA question, its application, and the procedures for completing this tool. This course incorporates numerous types of media through video, audio, images, and scenario application in order to enhance the transfer of learning. A score of 80% is required to complete this course.	Online	1.0	1.0	1.0	Alliance	Social workers	Statewide	75%	
Supervising for Safety: Decision Making Tools for Supervisors (eLearning)	The Child Safety Framework and the Structured Decision Making Risk Assessment are the tools that should guide caseworkers in making their most important decisions. Both tools aim to improve critical thinking and objective decision making, and ultimately to help DCYF correctly identify	Online	1.0		0.0	Alliance	Supervisors & Area Administrators	Statewide	50%	

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	what level of intervention – from placement out of the home to providing referrals and case closure – is the most appropriate for each child and family. As a supervisor, you must understand these tools, but you also have a responsibility to integrate the tools into your supervision. This eLearning aims to strengthen your understanding by providing an overview of each of these tools. It also asks initial questions about how you might continue to integrate these tools into your work within your unit.									
Supervisor Core Training 1.1: Essential Professional Tools (eLearning)	Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings and field based activities about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. You will be assigned a coach upon notification of hire to support you through the learning. Part 1.1 of this course is designed to provide you critical information needed on Day 1 in your new role. When you complete this training, you will be able to effectively use FamLink, including managing cases and approvals and using the Tickler; recognize the structure and goals of Learner Centered Coaching; use the Administrative Incident Reporting Systems; understand the scope of Aiden's Act Review; and be able to identify the components of clear documentation and your responsibilities around it. You will have reviewed your unit employees' personnel information and identified gaps; be able to describe how power influences subordinate employees and develop a plan for self-awareness and self-management. This course consists of these eLearnings: Welcome to FamLink for Supervisors, Introduction to Learner Centered Coaching, AIRS/Critical Incidents, Aiden's Act, Professional Documentation/Human Resources Division. These activities are part of this course: Personnel File Review (field-based learning activity completed prior to webinar), Everyday Leadership (video and field-based learning activity completed prior to webinar), Welcome and introduction to SCT overview with assigned coach (approximately 90 minutes)	Online	7.0	1.0	7.0	Alliance	Supervisors	Statewide	50%	
Understanding Autism: Reflections and Insights From Parents and Professionals (eLearning)	The University of Washington Research in Early Autism Detection and Intervention Lab (READi Lab) focuses on conducting research related to early identification and intervention for children with Autism Spectrum Disorder (ASD), which is also referred to as autism. The UW READi Lab has developed this online course which offers: "…compassionate, practical information that is based on the latest scientific knowledge as well as the experiences of parents who have 'been there'." "This course is designed especially for caregivers of newly diagnosed children, and provides helpful tips and strategies for the journey that lies ahead." This course is also helpful for child welfare staff who need more information about children who may have Autism Spectrum Disorder. This course includes five chapters: • Welcome • Chapter One: Understanding the Diagnosis (Approximately 12 minutes) • Chapter Two: Voices of Experience: Caring for Yourself and Your Family (Approximately 10 minutes) • Chapter Three: Finding Help for Your Child (Approximately 11 minutes.	Online	1.0	1.0	1.0	Alliance	Caregivers & Social Workers	Statewide	75%	

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	Provides Washington State Resource Information.) • Chapter Four: Setting Up a Treatment Program (Approximately 22 minutes) • Chapter Five: Voices of Experience: The Long View (Approximately 6 minutes)								
Understanding Child Maltreatment - ALJ	In this course you will learn basics related to physical abuse, neglect, and sexual abuse – including what dynamics often accompany each type of maltreatment, how they are commonly identified, and the legal definitions used in the state of Washington. You will then consider chronic maltreatment, defined by children experiencing multiple types of abuse or neglect across time, and look at the dynamics that often accompany chronic maltreatment. Lastly you will consider information about equity, culture, historical and current disproportionality in child welfare systems as they respond to reports of concern. We will end learning how community systems can both support DCYF and hold it accountable in its goal to provide helpful, relevant and equitable supports to families and children.	Online	3.0	1.0	3.0	Alliance	Judicial Personnel	Statewide	75%	
Working With Clients With Limited English Proficiency (eLearning)	In this course, participants learn the policies, procedures and best practices for using interpreter and translation services when working with CA clients with limited English proficiency. Participants learn how interpreter services assist in helping families achieve permanency by enhancing communication between families and the social worker. Participants also learn how to appropriately and accurately document the use of interpreter and translation services for LEP clients in FamLink, as well as how to navigate the CA Intranet to identify LEP tools and resources in order to best meet the language and communication needs of clients.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	75%	
Working with People who are Deaf or Hard of Hearing: Culture and Communication (eLearning)	In this eLearning you will learn about the spectrum of Deaf, deaf and hard of hearing culture and how people's culture and identity impacts their communication. In addition, you will learn about assistive communication technology and how to access these devices, setting up an environment that is conducive to communication with the deaf or hard of hearing person. You will explore ways to engage with an interpreter to support positive and productive communication when a person's primary language is sign language. If the person you are working with has a severe hearing loss and requires C.A.R.T interpretation services or an axillary listening device to support communication, you will learn how to recognize and access the needed supports. By the end of the eLearning you will understand DCYF expectations when working with clients with disabilities under the Americans with Disabilities Act and DCYF Administrative Policy 6.03: Access to Services for Individuals with Disabilities.	Online	1.5	6.0	9.0	Alliance	Child Welfare staff including support staff	Statewide	75%	
Your Role in the Child Welfare System Part 1 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	

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	more confident in your understanding of your role within the child welfare system.								
Your Role in the Child Welfare System Part 2 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Your Role in the Child Welfare System Part 3 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	75%	
Your Role in the Child Welfare System Part 4 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Youth Missing from Care for Caregivers (eLearning)	This 1 hour in-service eLearning is designed to provide caregivers with the information needed to identify, support, and intervene with youth who are living in care and are at risk of running away. Caregivers will learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of them running. Legal and procedural requirements are presented so caregivers can successfully partner with Social Service Specialists and understand what steps to take when a youth is missing from care, and when they return. Caregivers will learn how to participate with youth and Social Service Specialists in the development of a Run Prevention Plan for youth identified as being at risk	Online	1.0	1.0	1.0	Alliance	Caregivers	Statewide	75%	

	of running, and a Returning Child De-briefing to assess the youth's immediate needs upon their return to care.								
Youth Missing from Care for Workforce (eLearning)	Participants learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of running behavior. Policy and procedural requirements are presented. The components of a Run Prevention Plan are covered, as well as the fundamentals of conducting a debriefing meeting to assess the youth's immediate needs upon their return.	Online	1.5	1.0	1.5	Alliance	Social Workers & Supervisors	Statewide	75%

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Planned in FY	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Case/Person Merge Training	Participants will learn how to research and create person and case merges in FamLink.	Virtual Classroom	2	12.0	24.0	DCYF IT TechTrainer	DCYF Staff	Statewide	75%	Added FY 2024
New Technology and Devices to Support FamLink	New technology updates are deployed to line staff to support mobile functionality of FamLink. Training on new devices and integration with FamLink	Virtual Classroom, eLearning & Immersive Learning	2.0	500.0	1000.0	DCYF IT TechTrainer	All CA Line Staff and Supervisors	Statewide	75%	Added FY 2024
Provider Training	Teaching non-LD staff how to search for and create providers.	Virtual Classroom	1.0	6.0	6.0	DCYF IT TechTrainer	DCYF Staff	Statewide	50%	Added FY 2024
Early Learning	Participants will learn and build skill in basic FamLink navigation, all search functions and accessing licensing, intakes, investigations and provider actions. Management of their providers and licenses.	Virtual Classroom	2.5	3.0	7.5	DCYF IT TechTrainer	Department of Early Learning	Headquarters	50%	Updated title from Department of Early Learning FY 2024
Licensing Department	This course teaches through skill practice how to search in FamLink for people, cases and providers. Participants will learn how to fill out a home study, enter background check result and upload documents. Creating licensing parameters and data entry in FamLink will be taught. Through skill practice participants will learn about Licensing infractions documentation and entry in FamLink. Participants will learn how to access and enter provider notes, compliance agreements and how to make modifications to maintain provider and participants.	Virtual Classroom, E- Learning & Immersive Learning	5.0	12.0	60.0	DCYF IT TechTrainer	Licensing Workers	Statewide	75%	Updated title from Dept of Licensing FY 2024
FamLink Mobile Application	FamLink mobile continues to add functionality. Training on new functionality as it is released.	E-Learning	0.30	1.0	0.3	DCYF IT TechTrainer	All CA Line Staff and Supervisors	Online	50%	Updated title from Release to Application FY2024
Health / Mental Health Record	Participants will learn how to document and access medical Diagnosis, Well child exams, allergies, immunization and mental health visits in FamLink.	E-Learning	0.5	1.0	0.5	DCYF IT TechTrainer	New CA FamLink Users	Online	75%	Updated title to include Mental Health Record FY 2024

Title IV-E & Non-IV-E Tribes	Participants will learn and build skill in basic FamLink navigation and all search functions.	Virtual Classroom	2.5	6.0	15.0	DCYF IT TechTrainer	Tribal Social Services Staff	Region as Requested	75%	Updated title to include Non- IV-E Tribes FY 2024
Adoptions	Participants will learn and practice skill in Comprehensive Family (Child) Assessment and Court Report adoption referral, adoption support registration, legal and APR documentation in FamLink. Participants will learn how to access information and complete redactions. The course will teach and build skill in file upload and CSEC assessment and data input in FamLink.	Virtual Classroom, E- Learning & Immersive Learning	5.0	12.0	60.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%	
Advanced Placement Skills for Placement Workers	This course teaches through skill practice how to search in FamLink for cases and providers. Participants will learn advanced searching steps, how to complete overcapacities, placements, file uploads and maintain, manage and track child location.	E-Learning	1.0	24.0	24.0	DCYF IT TechTrainer	Placement Workers	Statewide	75%	
Advanced Search	This course teaches through skill practice how to search in FamLink for people, cases and providers in FamLink. Advanced searching steps and criteria will be taught.	E-Learning	1.0	24.0	24.0	DCYF IT TechTrainer	New and Existing CA FamLink Users	Statewide	75%	
Basic FamLink Navigation and Search	Participants learn and practice basic FamLink navigation using real case scenarios. Participants learn to search for information in the FamLink system by case, person, worker or provider. Tips and troubleshooting is explored.	Virtual Classroom, E- learning & Immersive Learning	5.0	72.0	360.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%	
Basic FamLink Navigation and Search for Discovery Staff	Participants will learn and build skill in basic FamLink navigation, all search functions and redaction.	Virtual Classroom	2.5	2.0	5.0	DCYF IT TechTrainer	Discovery Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Public Disclosure	Participants will learn and build skill in basic FamLink navigation, all search functions, redaction and accessing case notes.	Virtual Classroom	2.5	2.0	5.0	DCYF IT TechTrainer	Public Disclosure Staff	Headquarters	50%	
Case Closure	Participants will learn how to check all relevant areas of FamLink to case closure and how to close and approve all work which enables a case to be successfully closed. This i includes accessing and checking AFCARS, outcome measures, initiating a request for closure and approval.	E-Learning & Immersive Learning	0.45	72.0	32.4	DCYF IT TechTrainer	New CA FamLink Users Supervisors	Statewide	75%	
Child Health and Education Tracking	This course teaches through skill practice how to enter education case notes, the CHET summary, how to input medical notes and how to order medical records and enter them in FamLink.	E-Learning	4.0	6.0	24.0	DCYF IT TechTrainer	CHET Screeners	Online	75%	
Clerical	Participants will learn and build skill in basic FamLink navigation, all search functions, launching court reports, accessing and entering legal, Payment Program (SSPS) and entries, and payments. Participants will learn and practice using AX, accessing and entering case note and updating maintain case page.	E-Learning	3.0	24.0	72.0	DCYF IT TechTrainer	New CA FamLink Users	Online	75%	
Commercially Sexually Exploitation of Children (CSEC) Tool Access and Entry in FamLink	Participants will have an overview of CSEC and the CSEC assessment tool in FamLink. Skill practice on accessing the tool, assessing youth needs in relation to sex trafficking, filing out the tool and saving is taught.	Virtual Classroom, E- Learning & Immersive Learning	2.5	12.0	30.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%	
Comprehensive Family Assessment and Court Report	Using real life scenarios participants will learn how to enter case notes, the Comprehensive Family Assessments, and court reports. Participants will learn how to do Child in Need of Services filings. Participants will learn safety, risk, family strengths and needs and reunification assessments and documenting in FamLink.	Virtual Classroom, E- Learning & Immersive Learning	5.0	50.0	250.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%	
Continuum of Care	This course teaches through skill practice how to locate a resource family for a child in out of home placement, steps to establish the family as an approved caregiver including assessment and documentation of child's location in FamLink. Participants will learn advanced searching steps, how to complete overcapacities,	Virtual Classroom, E- Learning & Immersive Learning	2.5	50.0	125.0	DCYF IT TechTrainer	Placement Workers	Statewide	75%	

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	placements, file uploads and maintain, manage and track child location.									
Education	Participants will learn how to create and access the education historical record, current school, grade and progress. The course will teach how to upload an IEP, 504 Plan and documentation. For out of home placement children, participants will learn how to identify educational information from Office of Superintendent of Public Instruction (OSPI) as it relates to case planning.	Virtual Classroom, E- Learning & Immersive Learning	2.5	30.0	75.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%	
FamLink CPS: Investigation and Assessment, Visit Plans and Court Reports	Using real life scenarios the Participants will learn how to enter Case notes in FamLink. They learn how to document the Initial Face to Face (IFF) visit, Safety Assessment, Present Danger Assessment, SDM Risk Assessment. They learn how to document Disposition, Investigation Assessment, FAR Assessment, case notes and launching court reports in FamLink. How to access and write Visit Plans. CSEC assessments will be taught and practiced.	Virtual Classroom, E- Learning & Immersive Learning	5.5	50.0	275.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	50%	
FamLink Modernization CCWIS System	New functionality will be built out from the existing FamLink system. Training on new functionality as it is released.	Virtual Classroom	2.0	150.0	300.0	DCYF IT TechTrainer	All CA Line Staff and Supervisors	Statewide	75%	
FamLink Security	Using real life scenarios, participants will learn basic knowledge of FamLink security structure; including password criteria, do's and don'ts, troubleshooting and best practices.	Virtual Classroom & E- Learning	1.5	12.0	18.0	DCYF IT TechTrainer	New and Existing CA FamLink Users	Statewide	50%	
FamLink Training for Trainers	Participants will learn through real life scenarios and skill practice all aspects of FamLink and mobile, classroom, e-learning and immersive training. Adult learning theory and practice will be taught. Coaching, Team consulting and planning with agency and stakeholders skills will be developed.	Virtual Classroom	16.0	3.0	48.0	DCYF IT TechTrainer	CATS Coaches & Trainers	CATS Office Spokane	75%	
ICW	Participants will learn and build skill in basis navigation in FamLink and accessing and entering Case notes, updating the maintain person page and documenting ICW active efforts. This course can be tailored to the needs of both SSS and Tribal Social Services as well at their level of access to FamLink.	Virtual Classroom & E- Learning	1.0	72.0	72.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%	
Independent Living Skills (ILS)	Participants will learn and build skill in basic FamLink navigation and all search functions and how to complete ILS Assessments & ILS Referrals	Virtual Classroom	2.5	6.0	15.0	DCYF IT TechTrainer	ILS Contracted Providers	Region as Requested	75%	
Intake	Participants will learn and practice using a safety screening assessment, screening inquiry, Intake screens, determination, initial decision, supervisor review, decision and assignment. Searching internal and external sources (ACES/Barcode) will also be explored and practiced. The course covers assigning intake to case.	Virtual Classroom, E- Learning & Immersive Learning	8.5	12.0	102.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	0%	
Introduction to FamLink	Participants will understand the Continuum of Care for Child Welfare in Washington State and how the components of FamLink serve the workflow. Participants will learn the use of the Mobile tools (tablet, docking station, iPhone) Login and set up. Software tools for FamLink field work will be taught, accessed and coached. Participants will gain knowledge of the FamLink Desktop and organization, common terms, glossary and terminology. Common FamLink components will be demonstrated and skill practice incorporated.	Virtual Classroom & Virtual Classroom	4.0	72.0	288.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%	
Legal	Participants learn and practice creating a legal action and legal results for every dependency and permanency review hearing. They learn and practice generating caregiver report to the court notices, termination referrals, and compelling reasons to file or not file; aggravated circumstances. They will understand that	Classroom, eLearning & Immersive Learning	5.0	72.0	360.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%	

	termination applies to the parent and not to the child. They will understand FamLink fields and mapping to important auto population documents for legal.								
Maintain Case/Person	Participants will learn person based identification information, needed for case building and AFCAR, NYTD, and Federal and State Outcome reporting. Data entry of participant and case information entry and maintenance will be covered. Mapping of data that auto- populates into key areas and documents will be learned. Knowledge and skill in correcting errors will be	Classroom, eLearning & Immersive Learning	2.5	72.0	180.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%
New Supervisor/Manager	New supervisors will learn in FamLink how to make primary, secondary and child assignments. Participants will learn the legal functions for supervisors in FamLink and how to manage the intake straw. Placements and placement corrections will be taught as well as; approvals for placement, service referrals, licensing, home studies and case closure. Assessments and approving in addition to FamLink reporting are taught in the course.	Virtual Classroom, eLearning & Immersive Learning	5.5	12.0	66.0	DCYF IT TechTrainer	New CA Supervisors	Statewide	75%
Placement	Participants will learn and practice how to enter Child Health Information Placement Requests (CHIPR), placements, over capacity, and how to document placement and care authority in FamLink. Participants learn the process and documentation of Relative and Fictive Kin placements along with how to make placement correction and close placements	Virtual Classroom, eLearning & Immersive Learning	5.0	48.0	240.0	DCYF IT TechTrainer	New CA FamLink Users	Statewide	75%
Relative/Fictive Kin Search	Participants will learn in-depth information and skill in searching internal and external sources for relatives and documenting relative information in FamLink. Entering and reviewing Case notes	eLearning	1.0	1.0	1.0	DCYF IT TechTrainer	NAIR/Relative Search Workers	Online	75%
Resource Management, Administration, Help/Service Team	Participants will learn the Administration, resource management and service desk processes in FamLink for adding/closing users, entering permissions, searching for and fixing errors, completing merges, trouble shooting, training new features, data management activities, data fixes, completing incident reports and documentation.	Virtual Classroom & Immersive Learning	4.0	12.0	48.0	DCYF IT TechTrainer	Help Desk, Administrators, Trainers & Super Users	Statewide	75%
Service Referral	Participants will understand the parameters of services referrals and setting up authorizations for services for families and children in FamLink. They will learn how to enter requests and view payment. Course will teach skills in file uploading and approval.	eLearning	0.5	1.0	0.5	DCYF IT TechTrainer	New DCYF FamLink Users	Online	75%
Sprout Training	Sprout is an external platform which accepts visitation referrals through an interface from Famlink. Social Service Specialists complete a visitation referral within FamLink. The referral is then assigned to a service provider in order to have services provided using Evidence Based Practice Contracts. Service Providers then document Visit Services and visitation notes in Sprout where the information can be reviewed by Social Service Specialists in real time, without the need for mail, or additional data input.	Virtual Classroom	1.0	50.0	50.0	DCYF IT TechTrainer	DCYF Staff	Statewide	75%

Conferences & Other Trainings											
				# of Sessions Planned in FY							

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Title	Course Description	Venue	Length per Topic Area (Hrs.)	Classroom	Webinar	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
National Association of Public Defense Rise, Resist, Represent Annual Conference	This annual multidisciplinary public defense conference presents many important topic areas important to public defense providers, including family defense teams across the country.	Conference (online)	19.0	1.0		19.0	National Association for Public Defense (NAPD)	Multidisciplinary practitioners involved in all aspects of the civil and criminal child welfare systems, including OPD managing attorneys and contracted attorneys, social	Statewide	75%	45 CFR 1356.60 autho... reimbursement for tr... representation of par... will provide agendas t... training topics are co... requirements of 45 C... Policy Database -Sect... & Answers (hhs.gov), ... 8.1H(8).
National Indian Child Welfare Association: Protecting Our Children Conference	A robust multiday training on the latest developments and best practices regarding implementation of the Indian Child Welfare Act and protecting Indian families. Participants represent a cross-section of fields and interests including child welfare, mental health, and juvenile justice service providers; legal professionals; students; advocates for children; and tribal, state, and federal leaders.	Conference	19.0	1		19	National Indian Child Welfare Association (NICWA)	Multidisciplinary practitioners involved in all aspects of the civil and criminal child welfare systems, including OPD managing attorneys and contracted attorneys, social workers, and their defense teams for parents involved in dependency / termination cases	Statewide	75%	45 CFR 1356.60 autho... reimbursement for tr... representation of par...
Washington State Multidisciplinary Family Defense Conference	OPD and other organizations provide multidisciplinary training attended by OPD-contracted attorneys, social workers, and their defense teams.	Conference	12.0	1.0		12	Washington State Office of Public Defense (OPD); Office of Civil Legal Aid (OCLA), Children's Home Society (CHS)	OPD and OCLA contracted attorneys, social workers, and their defense teams for parents and children involved in dependency / termination cases. Additionally, Parent for Parent program coordinators.	Statewide	75%	45 CFR 1356.60 autho... reimbursement for tr... representation of par...
Child Welfare Training Advancement Program (CWTAP)	CWTAP provides qualified participants with specialized field education focused on casework in select DCYF Child Welfare offices. The field experience centers on topics such as abuse- and-neglect prevention, protective services, permanency planning, solution-based casework, and competency in working with diverse populations.	University Campus	2 years				University Facility	MSW Students	University of WA (Seattle & Tacoma sites), Eastern WA University	75%	Updated cost FY 2024
ABA National Interdisciplinary Parent Defense Conference ABA National Parent Representation Conference (Alternating years)	In alternating years, the ABA provides training for Parent Representation attorneys nationwide. Conferences include presentations on a broad range of topics, e.g., racial disproportionality in the child welfare system; working with clients in crisis; building an effective multi-disciplinary defense team; advocating for parents with disabilities; ethical obligations and mandated reporting, etc.	Conference (in-person)	12.0	1.0	0.0	12.0	National Alliance for Parent Representation and the American Bar Association (ABA) Center on Children & the Law	Family defense providers throughout the U.S., including OPD managing attorneys and contracted attorneys, social workers, and their defense team for parents in dependency/ termination cases	National & statewide participation	75%	45 CFR 1356.60 authoriz... reimbursement for traini... of parents and children. ... to document that training... the requirements of 45 C... Policy Database - Section... Answers (hhs.gov), spec... *Estimated cost reflects ...
Administrative Professionals Conference	Administrative professionals from Department of Children, Youth, and Families will come together to learn how to	Conference	9.0	1.0	0.0	9.0	Various	Administrative Professionals	Webinar	50%	

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	strengthen their skills and discuss current practice. Sessions are pertinent to the daily work you do in offices across the organization.										
Agile Project Management Approaches	In traditional project management, we tend to make assumptions: the customer knows precisely what they want, or the team's workflow and tasks will go according to plan and in sequence. Practically speaking, this is rarely the case. Sometimes the customer doesn't know what they need until they see an early iteration of your team's work and can provide feedback. Because of this, work is usually done incrementally. We must build flexibility, even agility, into the model to succeed. This course is designed for project managers who want to get better practical results with adaptive approaches to projects. Students in this course will be most successful if they have a foundational understanding of traditional project management tools and processes including project networks, budgets, and schedules. • Apply lean principles in the project management arena • Recognize how lean principles complement and "right size" project management concepts • Relate lean to agile concepts • See why scrum and extreme are implementations of lean • Determine how the characteristics of a project dictate the right structure for project planning, management, and control	Online	10.0	1.0	0.0	10.0	eCornell	DCYF Staff	Statewide	50%	
Area Administrator Summit	Area Administrators from Department of Children, Youth, and Families will come together for education, professional development and inspiration-level sessions that aim to support the daily work they do as well as their roles as leaders. The theme of the event is "Holding on to Hope," with content focusing on resiliency and retaining hope during challenging times. Topics will include leadership in the context of crisis; the importance of taking care of oneself mentally; and how to continue the important conversations around racism, bias, and equality within their work and with their teams. This focus is directly relevant to serving children in care because the AAs are the leaders who set goals and culture within each office. Everything they do has a multiplying effect. Their preparedness, education, and ability to support their staff is directly tied to the service level to the community. They need to be mentally supported themselves, and able to lead effectively. These sessions will also offer tactical tools, such as having conversations around bias, which will inform practice down to the front-line workers.	Webinar	7.0	1.0	0.0	7.0	Various	Area Administrators	Webinar	50%	
Assessing, Managing, and Mitigating Project Risk	Risk management is a key function in project management. Project managers should be able to apply a variety of risk-management tools in their work, including performing risk identification, quantification, response, monitoring, and control. In this course you will examine the nature and types of project risk and learn to apply specific mitigation strategies. You'll have an opportunity to analyze a past project you've worked on and assess what the	Online	10.0	1.0	0.0	10.0	eCornell	DCYF Staff	Statewide	50%	

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Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA)	The conference will include ICAMA. What's expected and everything you need to know about ICAMA and the vital role it plays in securing and ensuring the receipt of adoption & guardianship benefits. NCAP will provide a broad range of information, resources, consultation and multidisciplinary services on adoption, foster care and child welfare. Federal legislative updates on the effects of the sunset provision and other legislation bearing on both	Conference	24.0	1.0	0.0	24.0	Various	Social Workers & Supervisors	Location varies annually	75%	
Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) Annual Conference	The annual conference will include national ICPC Training, both Beginner's Track, Intermediate/Advanced Track, and NEICE training. Federal and Congressional Updates - States will receive updates regarding Title IV-E and Title IV-B programs related to Fostering Connections. In depth review and discussion of ICPC, child welfare and health and human services policies and programs which impact ICPC, interstate placements and children, youth and families. There will be a session on elevating ICPC to improve performance and outcomes throughout State Government and ICPC roundtables.	Conference	32.0	1.0	0.0	32.0	Various	Social Workers & Supervisors	Location varies annually	75%	
Bachelors of Social Work Child Welfare Training Advancement Program (BASW CWTAP)	The BASW CWTAP is a pilot program available to Bachelors of Social Work Seniors and provides qualified participants with specialized field education focused on casework in select DCYF Child Welfare offices. Students accepted into the 9-month pilot will be completing their practicum program at a local DCYF Child Welfare office. The field experience centers on topics such as abuse-and-neglect prevention, protective services, permanency planning, solution- based casework, and competency in working with diverse populations. Upon graduation, each practicum student will qualify for a Social Service Specialist II position with DCYF.	University Campus	9 months				University Facility	BSW Students	University of WA (Seattle & Tacoma sites), Eastern WA University	75%	
CASA Conference	Per the federal Fostering Connections legislation of 2008 (P.L. 110-351), training is allowable for the CASA program. Training topics address areas of responsibility of the CASA advocates serving a child in foster care and includes information and training on the best possible advocacy for the children they serve in and out of dependency court. From report-writing to college readiness for foster youth and provide the best possible training experience over the two days encompassing the conference.	Conference	16.0	1.0	0.0	16.0	CASA	CASA/GAL	Statewide	75%	The CASA sends DCYF and session break out ma by DCYF Cost Allocatio CASA only bills for the topics.
Child Welfare Training and Planning Conference	Staff will be informed on HB-1227, Kin First shift, ICW changes, Foundations of Practice, Family Practice Model and Policy changes that support quality practice	In Person	4.0	1		4.0	Adrianne Franklin, Jennifer Cooper, Chelsea Griffin, Chris Rhodes, Jeannie Bennett, Alissa Miller	DCYF Child Welfare staff, Program Managers and Leaders	Seattle, WA	75%	
Child Welfare Training / IV-E Conference	This training will cover regulatory requirements and current topics, such as understanding the complexities of the continually shifting IV-E and IV-B programs, including changes for the Family First Prevention Services Act (FFPSA) and Comprehensive Child Welfare Information Systems	Conference (in- person)	16.0	1	0	16	HSFO	DCYF Fiscal and IV-E, IV B, FFPSA, and CCWIS	Baton Rouge, LA	75%	

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	(CCWIS); as well as proper reporting of eligible expenditures						staff			
Coaching for Motivational Interviewing	These sessions will be focused on enhancing skill development of Motivational Interviewing by coding an interaction using the Motivational Interviewing Competency Assessment (MICA) and providing feedback to the staff.	In Person	1.0	320.0	0.0	320.0	DCYF Fidelity Coders & Alliance Coaches	Social Workers (trained in MI)	Statewide	75%
Coaching for NCAST/Parent-Child Interaction Feeding Scale Assessments	In this coaching session you will get individual support from a coach as you apply what you learned during the NCAST/PCI Feeding Scales Certification training. This application includes observing a feeding interaction and gathering pertinent information about the parent-child dyad; assessment of parent-child interactions; , scoring the Feeding Scale; and intervening with parents and young children. You will get direct feedback as you learn to apply the skills and knowledge to your everyday interactions with children and families inside and outside the scope of the Feeding Scales assessment.	Webinar	0.5	20.0	0.0	10.0	Alissa Copeland, DCYF	Social Workers	Statewide	75%
Coaching for NCAST/Parent-Child Interaction Teaching Scale Assessments	In this coaching session you will get individual support from a coach as you apply what you learned during the NCAST/PCI Teaching Scales Certification training. This application includes observing a teaching interaction and gathering pertinent information about the parent-child dyad; assessment of parent-child interactions; scoring the Teaching Scale; and recommending service interventions for parents and young children. You will get direct feedback as you learn to apply the skills and knowledge to your everyday interactions with children and families inside and outside the scope of the Teaching Scales assessment.	Webinar	0.5	20.0	0.0	10.0	Alissa Copeland, DCYF	Social Workers	Statewide	75%
Cost Allocation Conference	The goal of this training is to provide each participant with basic concepts related to public assistance cost allocation plan, including regulatory requirements, the plan development and amendment process. Specific attention will be paid to the federal regulations that guide states in submitting plans for approval and approached to comply with the requirements.	Conference	16.0	1	0	16.0	HSFO	DCYF cost allocation staff	Baton Rouge, LA	50%
Home Study Training	Participants will gain knowledge and understanding of why the Home Study process is changing, when the new Home Study will be implemented and how implementation of the new Home Study will intersect with the roll-out of the new WA CAP system. This course will provide instruction on data-driven indicators and metrics that are used to support the new Home Study process. Modules will include a deeper dive into Permanency Purpose and the 3 different types of permanency, Equitable Assessments incorporating discussions on racial equity, social styles, implicit bias, and how identified indicators are related to mitigation of risk. Attendees will also gain insight on the licensing process and how the new Home Study process impacts the workflows for safety assessments, emergent placements, general and kinship licensure, and adoptions.	Classroom and Webinar	6.0	5	2	42	DCYF Licensing Division	DCYF Licensing Staff	Statewide	75%	45 CFR 1356.60 authori... reimbursement for traini... of parents and children. ... to document that training... the requirements of 45 C... Policy Database - Sectio... Answers (hhs.gov), spec... *Estimated cost reflects...
Indigenous Children, Youth and Families Conference (webinar)	Staff from the Department of Children, Youth, and Families and members of the Tribal and legal community will come	Conference	6.0	1.0	0.0	6.0	Various	Caregivers, Social Workers & Supervisors	Webinar	75%	

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	together to learn how to strengthen their skills and discuss current practice.									
Infant/Early Childhood Mental Health 101 – Attachment Theory	Attachment theory is an important component of working in a family-centered system. This brief session will cover attachment in the context of keeping families together, reunification, and other forms of permanency caseworkers encounter across the spectrum of child welfare service array. This training is delivered in partnership with Parent Child relationship Programs at the University of Washington.	Classroom and Webinar	2.0	6.0	0.0	12.0	DCYF	Social Workers & Supervisors	Statewide	75%
Infant/Early Childhood Mental Health 101 – Baby Cues	Understanding infant cues and communication will assist caseworkers in overall assessment of parent/caregiver strengths and needs in terms of facilitating optimal developmental outcomes. Additionally, these skills will assist caseworkers to understand and determine an infant or toddler's specific and unique needs in terms of caregiving and services. Caseworkers can use an understanding of infant cues and communication to support CPS Investigations, FAR Family Assessments, and Case Planning in FVS and CFWS. This training is delivered in partnership with Parent Child relationship Programs at the University of Washington.	Classroom and Webinar	2.0	6.0	0.0	12.0	DCYF	Social Workers & Supervisors	Statewide	75%
Infant/Early Childhood Mental Health 101 – Parenting Behaviors and Attachment Strategies	The safety of children 0-3 is entirely dependent on their relationship with their primary caregivers. Assessing safety in the context of the parent-child relationship for infants and young children is paramount to identifying the most appropriate services and resources to support families staying together and successfully reunifying following out-of-home placement. Caseworkers will learn skills to identify appropriate strategies and intervention models to best support unique parent-child relationships. This training is delivered in partnership with Parent Child relationship Programs at the University of Washington.	Classroom and Webinar	2.0	6.0	0.0	12.0	DCYF	Social Workers & Supervisors	Statewide	75%
Infant/Early Childhood Mental Health – Reflective Supervision	Following completion of the IECMH 101 series this session is specifically designed for Supervisors to identify important clinical supervision skills for cases with infants and toddlers. Supervisors will practice components of clinical supervision for cases with young children. This training is delivered in partnership with Parent Child relationship Programs at the University of Washington.	Classroom and Webinar	2.0	6.0	0.0	12.0	DCYF	Supervisors	Statewide	75%
ISM + PHSA Education Conference	This conference will the latest IT solutions and legal topics for human services agencies and showcase the innovative human services information technology and legal work currently being done. Topics of discussion will include modern approaches to sound policy, building the capacity of public agencies to enable healthy families and communities, and connecting leaders to accelerate learning and generate practical solutions to advance the well-being of people and communities	Conference	20.0	1	0		ISM, PHSA & APHSA	human services IT leaders and attorneys	Kissimmee, FL	50%
National Child Welfare Law NACC Conference	Gathering together professionals from the fields of law, medicine, mental health, immigration, education, and more. Over the course of several days, these leading experts expand attendees' understanding of child welfare law and its intersection with other fields, providing them with practical tools, sample motions, and checklists to help	Conference	24.0	1.0	0.0	24.0	National Association of Counsel for Children	Legal and Policy Staff	Location varies annually	75%

	further their practice and achieve the best possible outcomes for children and families. An opportunity to come together with fellow advocates to learn, to network, and be inspired to take advocacy to the next level.									
National Conference of State Legislatures – Legislative Summit	The annual NCSL summit is attended by state (and international) legislators, legislative staff, other government officials, state agency legislative staff, business representatives, educators and others interested in public policy. The summit is the largest and most substantive meeting of its kind in the nation. Sessions are non-partisan and range in topics that state legislatures and state agencies are grappling with. The Legislative Summit features more than 100 sessions and nationally renowned experts present on the most critical state issues. This year state issues being presented specific to Education, Early Learning, Human Services, and Juvenile Justice include: The Effects of Benefit Cliffs; Navigating Criminal Justice Reform; Rural Economies; Family First Prevention Services Act; Holistic Approaches to Child Support, Fatherhood and Employment; State Revenue Disrupters; Evidence-based Policymaking; Being School Ready Starts Early.	Conference	32.0	1.0	0.0	32.0	National Conference of State Legislatures	Legislators, legislative staff, and state employees who do legislative work	Location varies annually	50%	
National Organization of Social Security Claimants' Representatives (NOSSCR) Annual Conference	NOSSCR hosts an annual social security disability law conference for attorneys and representatives. NOSSCR is a specialized bar association for attorneys and other advocates who represent people with disabilities, has been a pioneer in legal continuing education and public policy advocacy since 1979. Our members represent Social Security Disability and Supplemental Security Insurance claimants through the adjudication process, advocating for the income rights of people with disabilities.	Conference	32.0	1.0	0.0	32.0	NOSSCR	DCYF Social Security Disability and Supplemental Security Insurance staff	Washington D.C.	75%	OPD will provide agenda training topics are consis of 45 CFR 1356.60 and (Section 8 Policy Questio specifically Question 8.1
National IV-E Roundtable for Child Welfare and Education	This conference brings together representatives from public and tribal child welfare agencies and their university partners with a goal to share resources to build a strong child welfare workforce through training and education on best practices and effective tools.	Conference	20.0	1		20.0	State of Louisiana	DCYF staff assigned to work with Title IV-E	New Orleans, LA	75%	
Organizing the Project and Its Components	On the surface, project management seems straightforward. However, at best, only 80% of projects end up being economically successful. The remaining 20% of projects usually cost more than estimated, run late, or fail to satisfy goals or meet objectives. In this course you will learn understandable, and practical methods for achieving better results. You will practice breaking down a project into pieces that can be scheduled, tracked, and controlled. The course is not specific to any formal project management software (e.g., Microsoft Project), but will require that learners have Microsoft Excel with its free Solver add-on installed. • Examine the project management life cycle and the continuum of project characteristics • Develop a work breakdown structure • Construct a project network including mechanisms to identify task durations	Online	10.0	1.0	0.0	10.0	eCornell	DCYF Staff	Statewide	50%	

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	• Construct a Gantt chart • Use float information for decision making • Identify the critical path • Recognize shortcomings in computation • Identify sources of uncertainty in task durations • Examine PERT computations									
Parent-Child Interaction (PCI) Feeding Scales Certification	The PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "Parent-Child Interaction Feeding Scales Certification," supports your knowledge-building to pursue certification. You also will gain a host of skills and knowledge to apply to your everyday interactions with children and families both inside and outside the scope of this assessment scale. Developed by Parent-Child Relationship Programs at the University of Washington (www.pcrprograms.org), the PCI Feeding Scales provide valid and reliable assessment of a parent-child dyad using an observable set of behaviors during a teaching interaction. The Feeding Scales are designed for parents/caregivers of children 0-12 months. PCI scales are used consistently with both children in out-of-home care as well as with children/families in CPS/FVS. PCI scales are highly recommended at the time of reunification/trial return home for children younger than 3 and are very beneficial to complete when children are first placed in care to inform services and reunification planning. PCI assessments also can provide indication if children need further assessment to address developmental needs. Certified PCI Assessors are encouraged to complete at least three assessments per calendar year and participate in re-certification every 12-18 months. Re certification is one-day for each of the scales (two days total if assessors are certified in both scales).	Classroom and Webinar	25.0	6.0	0.0	150.0	Alissa Copeland, DCYF	Social Workers & Supervisors	Statewide	75%
Parent-Child Interaction (PCI) Feeding Scales Recertification	The PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "Parent-Child Interaction Feeding Scales Re- Certification," supports your knowledge-building with the opportunity to achieve reliability and to maintain your certification in the use of this tool.	Classroom and Webinar	6.0	6.0	0.0	36.0	Alissa Copeland, DCYF	Social Workers & Supervisors	Statewide	75%
Parent-Child Interaction (PCI) Teaching Scales Certification	The PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "Parent-Child Interaction Teaching Scales Certification," supports your knowledge-building to pursue certification. You also will gain a host of skills and knowledge to apply to your everyday interactions with	Classroom and Webinar	25.0	6.0	0.0	150.0	Alissa Copeland, DCYF	Social Workers & Supervisors	Statewide	75%

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	children and families both inside and outside the scope of this assessment scale. Developed by Parent-Child Relationship Programs at the University of Washington (www.pcrprograms.org), the PCI Teaching Scales provide valid and reliable assessment of a parent-child dyad using an observable set of behaviors during a teaching interaction. The Teaching Scales are designed for parents/caregivers of children 0-36 months/3 years. PCI scales are used consistently with both children in out-of-home care as well as with children/families in CPS/FVS. PCI scales are highly recommended at the time of reunification/trial return home for children younger than 3 and are very beneficial to complete when children are first placed in care to inform services and reunification planning. PCI assessments also can provide indication if children need further assessment to address developmental needs. Certified PCI Assessors are encouraged to complete at least three assessments per calendar year and participate in re-certification every 12-18 months. Re certification is one-day for each of the scales (two days total if assessors are certified in both scales).									
Parent-Child Interaction (PCI) Teaching Scales Recertification	The PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "Parent-Child Interaction Teaching Scales Re- Certification," supports your knowledge-building with the opportunity to achieve reliability and to maintain your certification in the use of this tool.	Classroom and Webinar	6.0	6.0	0.0	36.0	Alissa Copeland, DCYF	Social Workers & Supervisors	Statewide	75%
Passport to College Summit	Washington State's Passport to College Promise Program is designed to strengthen the post- secondary pipeline for current and former foster youth. The annual conference offers the 50 state colleges participating in the program, community-based organizations, government agencies, and policy makers the opportunity to provide cross system training, share best practices and develop strategic relationships aimed at strengthening the post-secondary pipeline.	College or University	8.0	1.0	0.0	8.0	DCYF, WSAC, Treehouse, CSF, Casey Family Partners	Social Workers, School Counselors, Caregivers, Community Partners, CASA, Higher Education Professionals	Location varies annually	75%
Planning and Managing Resources	Research shows that a high percentage of projects take significantly longer than expected and cost more than anticipated. Sometimes, if you bring in extra people to help with a task, that actually slows down progress instead of accelerating it. Students will identify strategies to integrate resource availability constraints into project planning, scheduling, and control. This course is designed for project managers who seek better practical results for aligning available resources with tasks and bringing activities to completion on time. Students will examine compression strategies for bringing a project that's running late back on track and will explore how to handle common types of project creep, such as handling customer requests that require extra time, and working with team members who decide independently to invest extra effort in a task. This course combines a focus on formal project management mechanisms with an emphasis on the human element: what can project managers do to resolve issues brought	Online	10.0	1.0	0.0	10.0	eCornell	DCYF Staff	Statewide	50%

	about in the normal course of working with customers, team members, and stakeholders? • Use strategies to deal with overly optimistic estimates • Assess the appropriate considerations and project attributes in deciding how much to level a schedule • Perform resource leveling • Identify critical resources for a project • Make sound decisions as to whether (or not) to crash specific activities or to fast-track them to support schedule compression analysis • Use strategies for mitigating scope-, hope-, effort- and team-member scope creep									

Region 1 Training										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Family Unification Vouchers (FUP)	Requirements and how to refer.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	0%	Added FY2024
BRS-Reach out	Training on BRS referrals, Wise agency and how to fill out the forms.	DCYF	1.5	2.0	3.0	DCYF	DCYF Staff	Region 1	75%	Updated title to include reach out FY 2024
CIPR/15-300 Training Reach out	Training on how to write a Child Information and Placement Rerferral (CIPR) correctly.	DCYF	1.0	9.0	9.0	DCYF	DCYF Staff	Region 1	75%	Updated title to include reach out FY 2024
Fatherhood Liaison Recruitment and Information	Training for liaisons for each of the Region 1 offices for engaging fathers in child welfare cases.	DCYF	2.0	1.0	2.0	DCYF	DCYF Staff	Region 1	75%	Updated title to include liaison recruitment FY 2024
CFSR Review	Child and Family Services Report training on the 18 federal performance outcomes identified on the Children's Bureau website	DCYF	2.0	6.0	12.0	DCYF	DCYF Staff	Region 1	50%	
Child welfare continuing child care (CWCCC) benefit through Working Connections	This training will share Information about the CWCCC program offered through DSHS Working Connections	DCYF	0.75	1.0	0.75	DCYF	DCYF Staff	Region 1	75%	
Completing Quality Health and Safety Visits	Two-hour training about the key elements of a quality health and safety visit.	DCYF	1.0	6.0	6.0	DCYF	DCYF Staff	Region 1	75%	
Child Placing Agency (CPA) Homes	Training on CPS homes and referral requirements.	DCYF	1.5	2.0	3.0	DCYF	DCYF Staff	Region 1	75%	
Commercially Sexually Exploited Children (CSEC)	Policy requirements and practice tips.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	

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Evidence Based Practices	Training on what they provide and how to best match the correct service to the family need.	DCYF	1.0	3.0	3.0	DCYF	DCYF Staff	Region 1	75%	
Extended Foster Care	Training on policy around EFC and resources.	DCYF	1.5	2.0	3.0	DCYF	DCYF Staff	Region 1	75%	
Extensions/Exceptions	Policy on initial face to face extensions and exceptions, when to use, common errors etc.	DCYF	1.0	6.0	6.0	DCYF	DCYF Staff	Region 1	75%	
Facilitator Training	Facilitator training for shared decision-making meetings, primarily Family Team Decision Making meetings but also including other types of shared planning meetings. Includes skills needed to successfully facilitate meetings, how to navigate challenges and documentation expectations.	DCYF	16.5	1.0	16.5	DCYF	DCYF Staff	Region 1	75%	
Family Impact Network (FIN)	Training provided with the FIN representative. Training workers on services, and how to submit service referrals & visitation referrals	DCYF	1.0	1.0	1.0	DCYF Field Ops	DCYF Staff	Region 1	75%	
FCAP- Foster Care Assessment Program	Training on program information for the different types of assessments, what information is needed, what types of cases qualify, and how to complete referrals.	DCYF	0.5	1.0	0.5	DCYF	DCTF Staff	Region 1	50%	
Findings/ CAPTA Training	This training will provide information on the Legal sufficiency for Findings and an overview of the Child Abuse Prevention and Treatment Act (CAPTA)	DCYF	3.0	1.0	3.0	DCYF AAG	DCYF Staff	Region 1	75%	
Fostering Well-Being Coordination Refresher	Explanation of programs, roles, health screen information, forms, immunizations, ethnic grooming, contacts, and FamLink documentation	DCYF	4.0	1.0	4.0	DCYF	DCYF Staff	Region 1	75%	
Foundations of Practice	Training on applying the recent court orders, settlement agreements, and legislative bills and how these things will be implemented in child welfare practice	DCYF	1.5	10.0	15.0	DCYF	DCYF Staff	Region 1	75%	
FTDM Facilitator Training	FTDM facilitators to help better engage families and include families in the case planning process	DCYF	32.0	1.0	32.0	DCYF	DCYF Staff	Region 1	75%	
Guardianship	Unsubsidized and subsidized Title 13 Guardianships & Relative Guardian Assistance Program (RGAP) requirements	DCYF	1.0	2.0	2.0	DCYF	DCYF Staff	Region 1	75%	
Independent Living (IL) + Transitional Living (TL) Services and Supports	All-Staff info-share on the IL and TL support services for R1 Youth. This includes a review of the IL, TL and Transitioning Youth For Successful adulthood policies as well as the contracted agencies available in each service area	DCYF	0.5	2.0	1.0	DCYF	DCYF Staff	Region 1	75%	
JR/DDA/HCS	Training on partnership with these agencies and what resources they offer.	DCYF	1.5	2.0	3.0	DCYF	DCYF Staff	Region 1	0%	
Legal Process for Serving Parents	Legal process for serving parents	DCYF	1.0	4.0	4.0	DCYF	DCYF Staff	Region 1	75%	
LEP	How to access interpreter services. When & Why	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	

Mandatory Reporting	Training on the RCW expectations around mandatory reporting and steps to be taken when there is reasonable cause to believe a child has been abused or neglected.	Community	2.0	2.0	2.0	DCYF	School Employees	Region 1	0%	
Mandatory Reporting and CPS Protocols and Disproportionality	Training on reporting abuse when there is reasonable cause to believe a child has been abused or neglected. CPS protocols	DCYF	1.5	12.0	18.0	DCYF	DCYF Staff	Region 1	0%	
Missing From Care	Training on MFC policy and procedures.	DCYF	1.5	3.0	4.5	DCYF	DCYF Staff	Region 1	75%	
New Employee Case Review & Resource Training	Orientation of new employees to key federal review items. Introduction to the regional field guide and office resources.	DCYF	2.0	10.0	20.0	DCYF	DCYF Staff	Region 1	75%	
New Employee Orientation Training	Training offers support to new hires on position-specific policies and forms, contact information for program support staff and how to reach out for assistance, and an introduction to federal case review and expectations.	DCYF	2.0	4.0	8.0	DCYF	DCYF Staff	Region 1	50%	
Oral Swab Training	Training on how to do an oral fluid swab for Drug testing.	DCYF	2.0	5.0	10.0	DCYF	DCYF Staff	Region 1	0%	
Parent Contact	Training on parent engagement and correct use of coding in FAMLINK.	DCYF	1.0	2.0	2.0	DCYF	DCYF Staff	Region 1	75%	
Placement Entry Training	Training covers policy and timeframes for getting the placement entered into FAMLINK and how to use the app and PET form. This includes initial placement and placement moves (foster care, group homes. BRS facilities, hospitals and relative/suitable other)	DCYF	2.0	2.0	4.0	DCYF	DCTF Staff	Region 1	50%	
Policy Rollouts	This covers a variety of classes that offer social workers training in DCYF policy changes. Each class pertains to new and existing policy, changes to policy, and resources	DCYF	1.0	4.0	4.0	DCYF	DCYF Staff	Region 1	50%	
QRTP	Requirements and documentation.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Quality Case Review (OSRI) Training	A training about how to meet or exceed federal standards in case work. This training introduces line staff to the OSRI tool and the case review process.	DCYF	1.0	4.0	4.0	DCYF	DCYF Staff	Region 1	75%	
Recruitment and Family Selection Process	Covers guidelines for permission to recruit, NWAE/WARE AdoptUSKIDs, how to narrow down home studies and the selection committee process.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Relative Guardian Assistance Program (RGAP) requirements	This training provides workers with a basic understanding of RGAP requirements and process.	DCYF	1.0	2.0	2.0	DCYF	DCYF Staff	Region 1	75%	
Reports and Databases training	Training to QA staff on usage of performance reports, building and maintaining databases to monitor performance	DCYF	2.0	6.0	12.0	DCYF	CPS supervisors, AA's and line workers	Region 1	50%	
Responsible Living Skills Program	Services and when and how to access them for youth.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Safety Boot Camp	Training focuses on assessing child safety across program areas, dynamics of child abuse and neglect from both a medical and social services perspective, critical thinking and AAG Lessons Learned	DCYF	10.0	3.0	30.0	DCYF	DCYF Staff	Region 1	75%	

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Safety Framework	Training on how to use of the Structured Decision Making (SDM) and assessments.	DCYF	1.0	3.0	3.0	DCYF	DCYF Staff	Region 1	75%	
SAY/PAAY	Policy requirements and practice tips for Sexually Aggressive and Physically Assaultive/ Aggressive Youth	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Shared Planning Meeting 101	This training would cover why to have a shared planning meeting and how to prepare for it. Who should attend and the purpose of the meeting. Adoption/APRS/Reunification	DCYF	1.0	6.0	6.0	DCYF	DCYF Staff	Region 1	75%	
Timely & Accurate Placement Entry	How to use APP and when to enter placements. Step-by-step instructions to using FamLink Guide	DCYF	1.5	35.0	52.5	DCYF	DCYF Staff	Region 1	75%	
Treehouse: Navigating through School Discipline and Special Services	Special Education process, evaluations, and qualifying categories, Individual Education Plan (IEP), 504 Plans and accommodations, General Education, Special Education Suspensions and expulsions, readmission process.	DCYF	1.0	3.0	3.0	DCYF and Treehouse	DCYF Staff	Region 1	75%	

Region 2 Training										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Adults with DD	Overview of the MASC settlement, the supreme court rulings, and how we must work with adults who have IDD. We will also talk briefly on making sure services are tailored to the client, as well as how we are documenting efforts and what do if someone makes an accommodation request.	Virtual & In-Person	2.0	4.0	8.0	Programs	DCYF Staff	Region 2	75%	
Background Check Training	Training covers the different types of background checks & how to use them, the process for requesting the background checks, with the forms to use. Reviews information on Sirita's Law, the Admin Review Process & decision making after obtaining background checks.	Zoom/In person	1.5	1.0	1.5	QPS; CFWS Worker; KHQ Background Check Program Manager; M HQ Suitability Assessment Program Manager	DCYF Staff	Region 2	75%	
Case Planning	Review of needs/risk assessment and discussion about how to select services that meet family needs and how to create a case plan with the family. Review of policy and timeframes	Zoom/In person	1.0	4.0	4.0	Region 2 QPS/SHPC	DCYF Staff	Region 2	75%	
Child Information and Placement Referral (CIPR) Form Training	Provides staff and supervisors with both expectations and information on how to write a balanced and appropriate placement referral for children.	Zoom/In person	1.0	Upon request		R2 SHPC	DCYF Staff	Region 2	75%	

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CHINS Training	PowerPoint presentation via zoom on CHINS policy and RCW	Zoom/In person	1.0	1.0	1.0	Regional Programs Supervisor R2	DCYF Staff	Region 2	75%	
Combined in Home Services (CIHS)	This training provides an overview of Combined in home services and referral process	Zoom/In Person	1.0	2.0	2.0	Regional Programs Consultant	DCYF Staff	Region 2	75%	
Compelling Reasons/Guardianships/TPR	Overview of use and documentation of "TPR", "Compelling Reason" in open DCYF cases and Guardianship decisions	Zoom/In person	2.0	6.0	12.0	DCYF Program Staff - QA/CQI	DCYF Staff	Region 2	75%	
Conditions for Return Home	This training focuses on the Child Safety Framework and how it drives Conditions for Return Home. You will learn about the importance of gathering information and how to comprehensively assess parental behavioral changes. We will take a closer look on importance of being transparent and clear with the families served by DCYF.	Zoom/In person	1.5	2.0	3.0	QPS Region 2: Deputy RA Region 2`	DCYF Staff	Region 2	75%	
CPA/BRS/EFC/DDA/CASE AIDE Presentation	Basic overview of CPA's, BRS, EFC/DDA/CASE Aide services and process in Region 2.	Zoom/In person	1.0	1.0	1.0	Regional Program Staff	DCYF Staff	Region 2	75%	
Dependency petition writing & Court preparation	Overview of Shelter Care Dependency Process & Court preparation	Zoom/In person	1.5	1.0	1.5	AAG - Attorneys	DCYF Staff	Region 2	75%	
Diabetes 101 & Child Safety Network	This training will provide education on diabetes and how to assess child safety when it comes to their medical needs.	Zoom	2.0	1.0	2.0	QPS/ Certified Diabetes Care & Education Specialist	DCYF staff	Region 2	75%	
Domestic Violence Training	The training will cover defining DV, routine, universal & periodic screening, specialized DV assessments & determining if there is a safety threat	Zoom/In person	1.5	6.0	9.0	QPS Safety Program Consultant	DCYF Staff	Region 2	75%	
EBP Panel	Brief summary of what Triple P, Project Safe Care, FFT, FPS are; who they are best suited for, what a quality referral should contain, how to prep families for services, what the CANs Assessment is and how it is created & how it should be used.	Zoom	2.0	1.0	2.0	DCYF Program Staff	DCYF staff	Region 2	75%	
EFC, ILS & Transitions Overview	EFC, ILS & Transitions Overview policy and how to fill out documents needed. To improve engagement and outcomes for EFC youth.	In person	2	2	4.0	R2 Programs Supervisor	DCYF Staff	Region 2	75%	
Engagement	Engagement training with children & parents	Zoom/In person	1.0	1.0	1.0	QPS & SHPC	DCYF Staff	Region 2	75%	
Facilitator Training	This 4-day (3 half days & 1 whole day) training is designed to prepare new FTDM and SPM facilitators and backup facilitators to facilitate meetings utilizing the safety framework, agency values, and shared decision-making model for	zoom	18.0	1.0	18.0	Denise Hannon, Chris Rhodes and Ana Schultz	newly hired facilitators and sss3 for back-up facilitation	Region 2	75%	

	engagement of families, staff, providers, legal representation, family supports and community and tribal partners.								
Family Time Refresher & Tips	Review of policy, practice, and procedures of Family Time - Effective & Efficient Family Time Referrals - Family Impact Network Role and Process - Sprout	Zoom/In person	1.0	3.0	3.0	SHPC, Technology Training Specialist, FIN Network Manager	DCYF Staff	Region 2	75%
Family Time Training	This training provides an overview of the family time policy and referral process	Zoom/in person	1.0	2.0	2.0	Regional Programs Consultant	DCYF Staff	Region 2	75%
FAR Training	The training will explain difference between investigations and FAR and discuss steps of completing: working with law enforcement, call the referrer, review of FamLink, launching your FARFA, initial contact with parent(s), screening for DV, collaboration for services, and timeline.	Zoom/In person	2.0	2.0	4.0	Social & Health Program Consultant	DCYF staff	Region 2	50%
Foster Care Education Policy and Practice Training	Strengthen education case planning to include the youth, caregivers, CASA/GAL, and the school with the intent to improve attendance, decrease disciplinary actions, access special education services as needed, and to promote academic progression. This training is intended for new and experienced caseworkers!	Zoom	1.5	4.0	6.0	R2 Programs Supervisor	DCYF staff	Region 2	50%
Foundations of Practice	Assist our Field Operations staff in understanding and applying the recent court orders, settlement agreements, and legislative bills and how these things will be implemented in child welfare practice	In Person	2.5	8.0	20.0	QA/CQI/QPS	New DCYF Staff	Region 2	50%
FTDM training	Walking CPS SWs through the purpose, process, and expectations	Zoom/In person	1.5	3.0	4.5	Program Consultants - R2 Family to Family Program	DCYF Staff	Region 2	75%
FVS Training	Introduction to Family Voluntary Services (FVS). The goal of this training is for staff to obtain a better understanding of the FVS model, policy and what is best practice. We will have a live discussion of what helps make a FVS case successful along with the importance of engagement and building rapport.	Zoom/In person	1.0	Upon request		DCYF	DCYF Staff	Region 2	75%
Health and Safety Refresher Training	Health and Safety Visits. Why they are important, policy explanation, and how data helps measure our success! We will be discussing policy, data for our region and tips from the field for making your H/S visits worthwhile.	Zoom/In person	1.0	Upon request		QA/CQI - DCYF Staff- DCYF Program Staff	DCYF Staff	Region 2	75%

IFF Extensions/ Exceptions	Reviewing policy and guidelines around IFF requirements/Reasonable Efforts and when approving an extension/exception is appropriate. Also showing the data and where to go to see any extensions completed were marked as non-compliant and how to see the reason for the non-compliance	Zoom/In person	2.0	5.0	10.0	R2 QA/CQI/QPS	DCYF Staff	Region 2	0%	
Managing Excellence Reports Training R2	These training sessions will provide Region 2 staff a walkthrough of regional reports, Child Welfare Database and examples on how to use the databases to manage their own cases, and performance.	Zoom/In person	1.0	Upon request		DCYF Program Staff	DCYF Staff	Region 2	75%	
Missing From Care	Overview of DCYF Policies, the procedures that must be followed, and who is responsible for what when a child is on the run.	Virtual & In-Person	1.0	4.0	4.0	Programs	DCYF Staff	Region 2	75%	
Monthly In-Person Contact with Parents	Why it matters, how it's measured, and how to do it successfully!	Zoom/In person	1.0	Upon request		DCYF Program Staff	DCYF Staff	Region 2	75%	
New Employee Binder	Going through the New Employee Binder specific to their program area. This includes forms, laws, policies, and guides related to their work.	Zoom/In person	1.0	1.0	1.0	QPS	DCYF Staff	Region 2	75%	
New Employee Case Review & Resource Training	Orientation of new employees to key federal review items. Introduction to the regional field guide and office resources.	Zoom/In person	2.0	75.0	150.0	QPS	DCYF Staff	Region 2	75%	
New Employee CFSR/Data Reports Training	Review CFSR items #1- 18 – Review/Navigate Reports on the Dashboard, discuss ways to use the reports to manage cases and deadlines.	Zoom/In person	1.0	12.0	12.0	QA/CQI/QPS	DCYF Staff	Region 2	75%	
Oral Fluid Training	In this tutorial you will learn: Oral Swap Guidelines, how to navigate the Sentry Oral Swab System, the test Process, the answers to Frequently asked questions, helpful tips best practices and who to contact for assistance.	Zoom/In person	2.0	2.0	4.0	Regional Programs Supervisor R2	DCYF Staff	Region 2	0%	
Placements: Parental, Informal, Formal	Regional training provided regarding when legal authority needs to be created	Zoom/In person	1.0	Upon request		DCYF Program Staff	DCYF Staff	Region 2	75%	
Professional-Psychological Services and Referral updates	Review New Professional Services Referral form, how to contract out of state, and how to find contracted professional service providers.	Zoom/ in-person	0.5	8.0	4.0	DCYF	DCYF staff	Region 2	75%	
Program Orientation	Overview of program duties and frequent forms used.	Zoom/In person	1.0	Upon request		DCYF Program Staff	DCYF Staff	Region 2	0%	

QA reports/CFSR review	This training provides an overview of Dashboards and data reports for new CPS/FVS staff. In this training participants will learn how to navigate the reports to inform practice and improve methods. This includes reviewing the 18 CFSR items and discussing how each item relates to their cases.	Zoom	1.0	4.0	4.0	QA/CQI/QPS	New DCYF Staff	Region 2	75%	
Quality Case Review Training	A training about how to meet or exceed federal standards in case work. This training introduces potential reviewers to the case review process.	Zoom/In person	2.0	3.0	6.0	QA/CQI	DCYF Staff	Region 2	75%	
R2 Random Health & Safety New Reviewer Overview	Review of Random H&S reviews. Identify the domains to be reviewed, communications with staff regarding kudos and concerns. Practice reviews	Zoom/In person	1.5	2.0	3.0	QA/CQI	DCYF Staff	Region 2	50%	
Racial Equity & Social Justice/RESJ Regional Collaboration	This training will provide an overview of the DCYF RESJ framework and how to become involved and a discussion of the mandatory Who We Are: Chronicles of Racism	Zoom	1.0	2.0	2.0	DCYF RESJ Lead and RESJ advocates.	DCYF SW staff	Region 2	50%	
Relative Guardian Assistance Program (RGAP)requirements	This training provides workers with a basic understanding of RGAP requirements and process.	Zoom/In person	1.0	12.0	12.0	DCYF Program Staff	DCYF Staff	Region 2	75%	
Reports and Databases training	Training to QA staff on usage of performance reports, building and maintaining databases to monitor performance	Zoom/In person	2.0	2.0	4.0	QA/CQI	DCYF Staff	Region 2	50%	
Safety Assessment (CFWS)	Refresher training about safety assessments in CFWS: Key points to complete a safety assessment, how to fill in the narrative box to answer five threshold questions, and what to do if you write a safety plan.	Zoom/In person	1.5	1.0	1.5	DCYF-QPS	DCYF Staff	Region 2	75%	
Safety Assessment Training	This course focuses on the importance of remaining curious and gathering information about the behaviors, functioning and conditions of the family.	Zoom/In person	1.5	4.0	6.0	QPS Region 2	DCYF Staff	Region 2	75%	
SDM Refresher	The Structured Decision-Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS.	Zoom/In person	2.0	4.0	8.0	DCYF-QPS	DCYF-QPS	DCYF Staff	75%	
Sentinel Injury Training	This training will provide information on what you need to know about sentinel injuries, how to ensure child safety and when to complete a medical consultation.	Zoom/In person	2.0	4.0	8.0	Medical Consultant	DCYF Staff	Region 2	50%	

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Supervisor Onboarding Training	Review R2 Supervisor Onboarding Leadership Tools binder. Review CFSR items #1- 18 – Review/Navigate Reports on the Dashboard, discuss ways to use the reports to manage cases and deadlines.	DCYF Office - In person	2.0	Upon request		R2 QA/CQI/QPS	DCYF Staff	Region 2	50%	
Timely & Accurate Placement Entry	Overview of Type of Removals; Legal & PCA, Removal Reasons; Placement Changes; Temporary Situations; Episode Ending; Ways to Enter Placement	Virtual & In-Person	1.0	Upon request		QA/CQI & Technology Training Specialist	DCYF Staff	Region 2	50%	
Torts Training	Training covers a high-profile case for the purpose of providing real life examples of areas in which caseworkers can improve practice and highlights the importance of timely documentation in FamLink. Reviews information of Torts definition and which cases can qualify for Tort.	In-person	1.5	1.0	1.5	HQ AAG	DCYF staff	Region 2	50%	
Using Data to assist in reduction of Intakes over Timeline	Training for Supervisors and AAs on the use of data to prevent intakes from rolling over timelines and focusing on greatest impact	Zoom/In person	2.0	2.0	4.0	QA/CQI	DCYF Staff	Region 2	50%	
Using Data to Improve Outcomes (AKA Onboarding)	How to understand and utilize key data elements in child welfare.	Zoom/In person	2.0	2.0	4.0	QA/CQI	DCYF Staff	Region 2	75%	
Voluntary Placement Agreement (VPA) Setting Families up for Success	This Training will provide guidance on how and when to utilize VPA's. In addition, we will walk you through policy and procedures.	Zoom/In person	1.0	Upon request		DCYF Program Staff	DCYF Staff	Region 2	75%	

Region 3 Training

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
CSEC Roadshow	Learn about what CSEC (Commercial Sexual Exploitation of Children) is, the policy and screening tool and how to request consultations.	DCYF	1.0	6.0	6.0	DCYF - QA	DCYF Staff	Region 3	75%	
ICWA recent statutory changes and case law developments	This training will focus on recent case law from the Court of Appeals and WA Supreme Court that may affect case planning practice and it will also touch on recent statutory changes.	DCYF	2.0	2.0	4.0	DCYF, AAG	DCYF Staff	Region 3	75%	
Qualitative Review Results	Will provide summary and overview of results of all qualitative reviews to include, but not limited to, TRH, H&S, IFF, SA&P, Safe Sleep	DCYF	2.0	6.0	12.0	DCYF - QA	DCYF Staff	Region 3	50%	

Aspects of Child Abuse and Neglect	Recognizing signs of abuse and neglect; sentinel injuries and abusive head trauma	DCYF	3.0	4.0	12.0	Seattle Children's Hospital	DCYF Staff, Tribes	Region 3	75%	
Case Planning & Service Referrals	Training on appropriate service referrals and case plans that address the identified safety and risk factors associated with CA/N. Assessing Progress and compliance and deciding when a case can be closed	DCYF	2.0	8.0	16.0	DCYF-QPS	DCYF Staff	Region 3	75%	
CFE Court Report	Comprehensive Family Evaluation "CFE" training, focuses on gathering, organizing, and reporting current and relevant information. The training will cover core areas necessary to provide well-rounded and fully informative updates to the court, while also considering how permanency is driven by the information gathered.	Zoom	2.0	4.0	8.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Child Information and Placement Referral (ChIPR) Training	Provides staff and supervisors with both expectations and information on how to write a balanced and appropriate placement referral for children.	DCYF	0.5	4.0	2.0	DCYF-Centralized Services AA	DCYF Staff	Region 3	75%	
College Resource Fair	Graduation celebration and training around local colleges/ FAFSA/ support services available to FC youth	DCYF	2.0	1.0	2.0	DCYF Community Partners, Foster Care Students, Caregivers, DCYF Staff		Region 3	0%	
Completing Quality Health and Safety Visits & ongoing Assessment of Safety	Training focuses on the key elements of a quality health and safety visit and ongoing assessment of child safety	DCYF	2.0	6.0	12.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Comprehensive CPS Interventions	Training is focused on gathering AND analyzing information to adequately assess and address safety in the home through Child Interviews, Subject/Parent Interviews, and gathering appropriate collateral information	DCYF	3.0	2.0	6.0	DCYF-QPS	DCYF Staff	Region 3	0%	
Critical Incident Lessons Learned	This training will be taught by HQ Critical Incident Staff regarding a real-life case fatality for the purposes of identifying strengths and concerns in practice and policy. Recommendations made from the HQ fatality review will be shared and discussed.	Zoom	3.0	1.0	3.0	DCYF	DCYF Staff	Region 3	50%	
Dependency Petition Drafting	The first hour of the training will focus on how to draft dependency petitions, including reviewing sample petitions. The second hour of the training will focus on how and when to draft declarations and will include sample declarations.	Zoom	2.0	1.0	2.0	AAG	DCYF Staff	Region 3	75%	
Diligent Search	Training is done in partnership with the AAG office and will provide information on how to complete a diligent search thoroughly, when to complete one, and why it is so important to timely permanency, as well as offer support on how to document your efforts, relevant timelines and how to serve an international resident.	Zoom	1.0	2.0	2.0	DCYF-QPS, AAG	DCYF Staff	Region3	75%	

Disproportionality Awareness and Cultural Competence	True Colors - Native American Relative Search, Cross Cultural Communication Skills, and strategies for multicultural organizational change	DCYF	6.0	4.0	24.0	Community Partners	DCYF Staff	Region 3	75%	
DOMESTIC VIOLENCE & SAFETY PLANNING WORKSHOP	This training is intended for DCYF line staff and Supervisors that have already completed the Alliance 2-day DV in Child Welfare training. This training will provide staff with a refresher on the DCYF Domestic Violence policies, how to complete a specialized DV assessment, and how to safety plan when safety threat #4 applies. This training is designed for Participants to bring their own cases to the workshop to discuss and plan around. This training does not supplement for the Alliance "Assessing Child Safety in the Context of DV" (3 hour) or "Alliance Domestic Violence in Child Welfare Training (14 hour)	Zoom	2.0	6.0	12.0	DCYF	DCYF Staff	Region 3	75%	
Education Services	Overview of DCYF Educational Policy and Identification of services available through treehouse & ETV	DCYF	1.0	10.0	10.0	DCYF	DCYF	Region 3	75%	
Evidence Based Practices	Training on what they provide and how to best match the correct service to the family need.	DCYF	1.0	4.0	4.0	DCYF	DCYF Staff	Region 3	75%	
FAR and FVS Case planning and Assessment of progress	This training will provide staff information on how to develop Case Plans per policy 1150 that are specific to the identified family need, and directed at eliminating safety threats, preventing placement, reducing risk and increasing the parent's protective capacities. The training will focus on the importance of gathering and documenting information using behaviorally specific descriptions and objective language to ensure the child's safety, well-being, and permanency needs are met.	Zoom	3.0	4.0	12.0	DCYF-QPS	DCYF Staff	Region 3	75%	
FAR Refresher	This training will provide staff information on how to develop Case Plans per policy 1150 that are specific to the identified family need, and directed at eliminating safety threats, preventing placement, reducing risk, and increasing the parent's protective capacities. The training will focus on the importance of gathering and documenting information using behaviorally specific descriptions and objective language to ensure the child's safety, well-being, and permanency needs are met.	In-person	1.0	2.0	2.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Foundations of Practice	This course will provide DCYF Region 3 staff with a preview of the practice changes that are occurring because of recent court rulings, settlement agreements and legislative changes, ahead of the HQ training rollout on the same topic. Participants will have the opportunity to share questions,	DCYF	2.0	4.0	8.0	DCYF	DCYF Staff	Region 3	50%	

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	concerns, and examples regarding the impact of these changes.								
FTDM Facilitator Training	FTDM facilitators to help better engage families and include families in the case planning process	DCYF	32.0	2.0	64.0	DCYF-QA	DCYF Staff	Region 3	75%
FVS Case Planning from Day 1	Family Voluntary Services (FVS) allows parents to voluntarily engage in services to increase their protective capacities and meet the child's safety, health, and well-being needs. A Case Plan specifies what must change to reduce or eliminate safety threats and increase the parents or caregivers' protective capacities. This training is intended for the new and experienced FVS Social Service Specialist. Direct instruction will provide you a framework on working with families to identify the safety threats/risk, reduce the risk of maltreatment through cooperatively identifying goals that improve family functioning from day 1.	DCYF	4.0	2.0	8.0	DCYF-QPS	DCYF Staff	Region 3	75%
Gathering Questions	This training will provide details as to what answers the gathering questions, how to elicit the information from children, parents, and collateral contacts, and what goes in the assessment.	Zoom	2.0	4.0	8.0	DCYF-QPS	DCYF Staff	Region 3	50%
Guardianship	This training will partner our AAG team with our Program Manager which will offer the opportunity to receive training from both the legal and policy teams at the same time. This training is designed to support the field in understanding the process and how to work the case plan for timely permanency and be able to better communicate this information to our caregivers and families.	Zoom	2.0	2.0	4.0	DCYF-QPS, AAG	DCYF Staff	Region 3	75%
HEALTH AND SAFETY REFRESHER TRAINING	Training will provide an overview of Health and Safety Visits, including: Why they are important, policy, and how data helps measure success. Specifically, There will be a focus on Region 3 data and tips from the field.	Zoom	1.5	2.0	3.0	DCYF	DCYF Staff	Region 3	75%
How to write a founded finding	This training will be provided by the Assistant Attorney General's office for DCYF and will cover both legal sufficiency and how to write a founded finding	DCYF	2.0	4.0	8.0	DCYF-QPS, AAG	DCYF Staff	Region 3	50%
IA and FARFA coaching	This course will help staff understand what information should be documented in the FARFA and IA, where they can gather/locate the information needed, and a review of policy time frames for when work associated with completion of the FARFA and IA are due per policy.	Zoom & In- person	1.5	2.0	3.0	DCYF-QPS	DCYF Staff	Region 3	50%

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ICWA Training	Training is done in partnership with the AAG office and will provide an overview of ICWA, active efforts, reason to know cases, confirmed ICWA cases, a discussion of what's been happening in the courts regarding ICWA requirements and best practice tips for case workers, both CPS investigators and CFWS ongoing workers.	Zoom	2.0	6.0	12.0	DCYF, AAG	DCYF Staff	Region 3	75%	
Incredible Years	Training on appropriate referrals to parenting interventions and services	DCYF	8.0	2.0	16.0	DCYF and Community Partners	DCYF staff, Community Partners	Region 3	0%	
Infant Safety Refresher	Staff across program will receive a refresher training on the policy and practice requirements associated with assessing and addressing infant safety. This includes but is not limited to an overview of the agency's "Infant Safety Education and Intervention" policy, on how to develop and document a Plan of Safe Care, observing and documenting a safe sleep environment: and other risks associated with infants in child welfare.	Zoom	1.5	12.0	18.0	DCYF-QPS	DCYF Staff, Tribes	Region 3	75%	
Legal Process for Serving Parents	This training will be provided by the Assistant Attorney General's office for DCYF and will cover the legal process for serving parents	DCYF	1.0	4.0	4.0	DCYF-QPS, AAG	DCYF Staff	Region 3	75%	
Mandated Reporter Training	This training defines child abuse and neglect and the laws around reporting concerns of abuse and neglect.	DCYF	3.0	12.0	36.0	DCYF-QPS	DCYF Staff, Community Partners, Private Agencies	Region 3	0%	
Monthly In-Person Contact With Parents	Why it matters, how it's measured, and how to do it successfully!	In-Person	1.0	1.0	1.0	DCYF-QPS	DCYF Staff	Region 3	50%	
NCAST - Keys to Caregiving Feeding Scales/Teaching Scales	Strength based NCAST assessment builds on the assets a parent/caregiver already possesses while creating a more enjoyable relationship between parent/caregiver & child. This evidence-based tool teaches parents/caregivers to read their infant's behavioral cues to foster developmental and social growth.	DCYF	80.0	2.0	160.0	DCYF	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	0%	
New CFWS Worker Training	This one-time mandatory training is designed to provide NEW CFWS workers who have completed Regional Core Training with a detailed overview of safety-focused policies, tools, and best practices needed to thrive while managing a caseload. At the end of the training each worker will be provided with a field binder that includes vital guides, tools, and practice information essential to identifying, assessing, and addressing child safety as well as engaging parents and caregivers while in the field.	Zoom	3.0	12.0	36.0	DCYF-QPS	DCYF Staff	Region 3	75%	
New CPS Worker Training	This training is designed to provide new CPS (Investigations & FAR) workers & Supervisors with a detailed overview of what constitutes a comprehensive CPS intervention beginning with the moment a worker receives an Intake. At the	Zoom	3.0	12.0	36.0	DCYF-QPS	DCYF Staff	Region 3	0%	

	end of the training the worker will be provided with a field binder that includes vital guides, tools, policies, and best practice information essential to completing work in the field.									
New Employee Onboarding	Provides overview of Policy and Federal Measures around Safety, Permanency and Well Being. Provides specific information as to common practices (placement entry, linking intakes, FamLink Support, SPM and driving permanency)	DCYF	2.0	50.0	100.0	DCYF QA	New DCYF Staff	Region 3	50%	
New Employee Orientation	Employee checklist of DCYF policies and procedures.	DCYF	6.0	As needed		DCYF	DCYF Staff	Region 3	50%	
New Supervision Orientation	Provides oversight of navigation of FamLink, closure errors, AFCAR fixes, how to run and interpret reports. Covers proper use of extensions, managing approvals and assigning cases. Provides navigation of data and reports.	DCYF	2.0	16.0	32.0	DCYF - QA	DCYF Supervisors	Region 3	50%	
Organizational Skills	This group training is designed to provide staff with tips, tools, and skills specific to organizing tasks associated with their roles as case carrying Social Service Specialists. This includes but is not limited to assisting staff with identifying his/her organizational style, effectively utilizing Outlook (task manager, calendar, and email) to manage deadlines, reminders, and tasks; time management, and efficient planning.	DCYF	4.0	As needed		DCYF-QPS	DCYF Staff	Region 3	50%	
Parent Engagement Training	This training is designed to inform/remind new and veteran social workers about the importance of developing good communication skills with parents that are authentic, believable, inclusive, and effective in incorporating parents with case plans. This training will also address reducing identified safety risk in the family home that increases the likelihood of reunification.	DCYF	3.0	As needed		DCYF-QPS	DCYF Staff	Region 3	75%	
Petition/Declaration Drafting	This training will focus on how to draft dependency petitions, as well as how and when to draft declarations	Zoom	2.0	2.0	4.0	AAG	DCYF Staff	Region 3	75%	
Policy Rollouts	This covers a variety of classes that offer social workers training in DCYF policy changes. Each class pertains to new and existing policy, changes to policy, and resources	DCYF	4.0	4.0	16.0	DCYF-QA	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	50%	
Post Secondary Pathways for Student in Foster Care	Training around postsecondary educational opportunities for FC youth and	DCYF	1.5	2.0	3.0	DCYF community provider DCYF staff community partners		Region 3	75%	
Present Vs Impending Danger	This training helps you understand the difference between Present Danger and Impending Danger and where does risk come in.	Zoom and in-person	2.0	4.0	8.0	DCYF	DCYF Staff	Region 3	0%	

Project Safe Care	Training on appropriate referrals to parenting interventions and services. Participants learn about the Project Safe Care program, which is a 16-20 week in home parenting intervention that focuses on child health, home safety, and parent-child interactions. Participants learn how to make the right referral to certain parents. They learn about the weekly parents' group, and the type of strategies taught to parents for handling different behaviors with their children.	DCYF	32.0	1.0	32.0	DCYF	DCYF Staff and Community Partners	Region 3	0%	
Project SafeCare	Evidenced Based Practice overview	DCYF	2.0	2.0	4.0	Community Partners		Region 3	75%	
Promoting First Relationships	This is parenting curriculum that focuses on the social and emotional development/needs of birth to three-year-olds. Provides consultation strategies for working with parents and other caregivers.	DCYF	8.0	6.0	48.0	DCYF	DCYF Staff, Community Partners	Region 3	0%	
Risk Only Intakes "From IFF to IA Approval"	This training will provide FVS and CFWS staff an overview of the policy expectations for CPS risk only intakes, and the importance of gathering information to complete the IA and assess for child safety.	DCYF	2.0	4.0	8.0	DCYF-QPS	DCYF Staff	Region 3	50%	
Safety Assessments and Safety Plans	Training reviews office performance and then provides specific areas needing improvement and how to accomplish through assessment and proper documentation which aligns with the Safety Framework and Federal Guidelines on assessing and addressing safety and safety plans.	DCYF	2.0	21.0	42.0	DCYF-QA	DCYF Staff	Region 3	75%	
Safety Boot Camp	This training focuses on identifying abusive injuries in children, assessing child safety across programs, the dynamics of abuse and neglect, collaborating and consulting with medical and LE providers, and interviewing for safety (child and adult).	DCYF	10.0	10.0	100.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Safety Focused Documentation	This training focuses on how to effectively document using behaviorally specific descriptions and objective language, to ensure child safety and meet requirements.	DCYF	4.0	2.0	8.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Safety Framework Refresher Training	CPS/FVS- focus on understanding each part of the Safety Framework to improve timely identification and subsequent application of the safety framework to ensure child safety CFWS- Identify and discuss key decision points in case planning where utilizing the Safety Framework is required and/or best practice to ensure child safety, drive permanency and well-being. Training will include the following: ⬛ Present Danger vs. Impending Danger. How to complete a Safety Assessment &	Zoom	3.0	6.0	18.0	DCYF-QPS	DCYF Staff	Region 3	75%	

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	Description	Platform				Entity	Audience	Region	%
	What is required Safety Plan Writing: What is required, tips & cheat sheet provided.								
SAFETY PLAN TRAINING	This training will walk you through how to complete a Safety Plan by learning to identifying appropriate tasks that address immediate child safety. This training will include an interactive component where staff will team up to create a comprehensive plan for a mock case.	Zoom	2.0	2.0	4.0	DCYF	DCYF Staff	Region 3	75%
SDM Refresher	The Structured Decision-Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS- FAR, FVS, and CFWS.	DCYF	2.0	4.0	8.0	DCYF-QPS	DCYF Staff	Region 3	75%
Shelter Care Hearing	This training will provide an overview of the shelter care hearing process and how to best be prepared for the hearing to set DCYF up for success	Zoom	1.5	1.0	1.5	AAG	DCYF Staff	Region 3	75%
Testimony/Trial Preparation Training	Training will focus on tips for preparing for and providing testimony at both a default hearing as well as a full contested and will also touch briefly on discovery.	Zoom	2.0	8.0	16.0	DCYF-QPS, AAG	DCYF Staff	Region 3	75%
Timely Placement Entry	Training provides information on what is needed and required in order to get a placement entered within 3 calendar days. Covers date of removal, provider creation, opening PCA and using the Child Location App.	Zoom	1.0	7.0	7.0	QA	DCYF Staff	Region 3	75%
Title 11 and 13 Guardianships	In this training you will learn about the difference between Title 11 and Title 13 guardianships. The training will also review the impact of HB 1747's focus on guardianships and impacts for case planning and termination trials.	Zoom	1.5	1.0	1.5	DCYF	DCYF Staff	Region 3	75%
Understanding the Federal Requirements for Case Review	Training goes through the 18 items of the OSRI and reviews the practice required in order to meet the Federal Standards around safety, permanency and well-being.	DCYF	2.0	2.0	4.0	DCYF-QA	DCYF Staff	Region 3	75%
Unlicensed Placement Training	This training is required for all SSS1s – SSS5s and SHPCs who work in child welfare field operations in region 3. The training will review what child welfare staff need to know about unlicensed placements including: working with Licensing Division; the role child welfare staff in the home study process; new legislative requirements (HB 1747) and recent judicial rulings (KW) that impact unlicensed placements.	Zoom	1.5	10.0		DCYF	DCYF Staff	Region 3	50%

| Writing Dependency Petitions | What to include in petitions, what not to include and the relevant timelines. | DCYF | 4.0 | 4.0 | 16.0 | DCYF | DCYF Staff, AAG | Region 3 | 75% | |
| Writing for the court | This training will be provided by the Assistant Attorney General's office for DCYF and will cover Dependency petitions, motions, and | DCYF | 2.0 | 2.0 | 4.0 | DCYF-QPS, AAG | DCYF Staff | Region 3 | 75% | |

Region 4 Training										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
A Picture is Worth a Thousand Words	During this interactive training, staff will learn the policy requirements for photographing children and their environment, understand how pictures can enhance the quality of documentation in an efficient manner, and how to use the	DCYF	4.0	Upon request		QPS	DCYF Staff	Region 4	75%	
BRS	This training will address what qualifies a child/youth for this intensive treatment program, steps required to refer a child/youth to BRS, how to complete the referral packet; how a search for treatment providers occurs; staff responsibilities once a	DCYF	2.0	2.0	4.0	DCYF - Karen Rall	DCYF Staff	Region 4	75%	
CFE/court report Training	This training is designed to provide all the essential information necessary to produce and full and comprehensive court report aka: CFE that is clear, direct and stands alone.	DCYF	2.0	10.0	20.0	QPS	DCYF Staff	Region 4	75%	
Coaching	Safety, Permanency, or Well-being session	DCYF	1.0	Upon request		QPS	DCYF Staff	Region 4	75%	
Concurrent Planning and TPR training (Dependency 101)	This training focuses on the policies around identifying a permanent plan, timeline, and court/federal expectations, as well as the mechanics of developing a Termination Referral	DCYF	2.0	2.0	4.0	QPS w/AAG	DCYF Staff	Region 4	75%	
Developmental Milestones	Coaching session-discussion regarding where when and how to access appropriate resources, how to document accurately and potential red flags related to neglect.	DCYF	1.5	1.0	1.5	QPS	DCYF Staff	Region 4	75%	
Discovery Training	This training will workers on how to prepare discovery for court Proceedings	Virtual	1.0	1.0	1.0	QPS	DCYF Staff	Region 4	75%	
Domestic Violence Workshop	Overview of DV policy, how to navigate and conduct DV Universal Screening and Specialized Assessment.	DCYF	2.0	4.0	8.0	QPS	DCYF Staff	Region 4	75%	
Evidence Based Practice (EBP) training	This training focuses on an introductory level exposure to the various EBP services that are available in the community as well as, how to contact the agencies and refer in FAMLINK.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 4	75%	

Family Time	Overview of what is required for family time. What to look at to determine safety and level of supervision.	DCYF	1.0	2.0	4.0	QPS	DCYF Staff	Region 4	75%	
Findings Training	Documenting evidence/information to support the finding on an investigation. Specific case type information provided. Maureen Bartlett trains as a discussion.	DCYF	1.0	2.0	4.0	Maureen Bartlett &/or QPS	DCYF Staff	Region 4	0%	
Foster Care Assessment Program	FCAP is a statewide contracted program available to children in all six DSHS regions. The purpose of FCAP is to provide a comprehensive assessment of a child's level of functioning in the home, school, and community, and to assist with service planning	DCYF	1.5	1.0	4.0	DCYF	DCYF Staff	Region 4	75%	
Foundations of Practice	This training will provide workers with updates on court rulings, settlement agreements and House Bills that have impacts to case work	virtual	1.0	4.0	4.0	QPS	DCYF Staff	Region 4	50%	
Gathering Questions	What should we gather to complete a global vs incident focused assessment. Learning the ins and outs of the gathering questions (how and why).	DCYF	2.0	5.0	4.0	QPS	DCYF Staff	Region 4	50%	
Global Assessments	This training opportunity is designed to help you navigate the different database systems you have access to as a DCYF employee.	DCYF	3.0	5.0	15.0	QPS	DCYF Staff	Region 4	50%	
Guardianship	Updates to policy and WAC	DCYF	1.5	2.0	3.0	DCYF:HQ	DCYF Staff	Region 4	75%	
ICW	This is a one-time in-service training to teach basic steps in determining Indian status when a case is first assigned to the social worker. This will include a detailed overview of DCYF policy regarding Indian Child Welfare practice, when to staff at the Local Indian Child Welfare Advisory Committee, (LICWAC), and definitions for Active Efforts and Qualified Expert Witness. Workers will be provided with tip sheets, flow charts and forms.	DCYF	1.0	2.0	4.0	DCYF	DCYF Staff	Region 4	75%	
Lessons Learned (CNFR/CFR)	This training will discuss critical incidents to include Child Near Fatality and Child Fatality Reviews to improve caseworker practice	DCYF	3.0	2.0	4.0	Paul (Review Team)	DCYF Staff	Region 4	50%	
Lessons Learned (Tort)	Review of TORT case and what we learned from the review. AAG provided	DCYF	3.0	Upon request		AAG Office of Tort	DCYF Staff	Region 4	0%	
Mental Health, WISe, CLIP	Sandy Tomlin	DCYF	2.0	1.0	4.0	Multiple: Lee Selah &/or King Co DBHR	DCYF Staff	Region 4	75%	
Minimal Facts	Overview and details on how to conduct minimal facts interviews when children are set up to have a forensic interview with KC Child Forensic Interviewer	Virtual	1.5	2.0	3.0	DCYF	DCYF Staff	Region 4	0%	
New CFWS Worker Training	This one-time mandatory training is designed to provide NEW CFWS workers who have completed Regional Core Training with a detailed overview of safety-focused policies, CFSR 18 items reviewed, tools, and best practices needed to thrive while	DCYF	3.0	12.0	4.0	QPS	DCYF Staff	Region 4	75%	
New Court Worker Training	This is a 3-hour training, the first 1.5hrs are meant for brand new case carrying workers and goes over the who, what and where of our courthouses, judges, all legal parties associated	DCYF	3.0	12.0	4.0	QPS	DCYF Staff	Region 4	75%	

	and what types of hearing we have. We briefly touch on LEP and ICW related cases. After 1.5hrs the training shifts to go over e-filing, working copies and e-service and then the last hour is spent for all case carrying social workers of all experience level. This is a very small learning environment that is meant to support the workers. We will use our safety framework to help guide our testimony prep. Case workers who have an upcoming contentious hearing and/or some questions about court testimony are encouraged to join the call for that last hour from 11-12pm.								
New CPS Worker Training	This training is designed to provide new CPS (Investigations & FAR) workers & Supervisors with a detailed overview of what constitutes a comprehensive CPS intervention beginning with the moment a worker receives an Intake. Introduction of CFSR 18 items reviewed. At the end of the training the worker will be provided with a field binder that includes vital guides, tools, policies, and best practice information essential to completing work in the field.	DCYF	3.0	12.0	4.0	QPS	DCYF Staff	Region 4	0%
Parent Engagement Training	This training is designed to inform/remind new and veteran social workers about the importance of developing good communication skills with parents that are authentic, believable, inclusive, and effective in incorporating parents with case plans. This training will also address reducing identified safety risk in the family home that increases the likelihood of reunification.	DCYF	3.0	2.0	4.0	QPS	DCYF Staff	Region 4	75%
Persuasive writing	Will go over quality court reports, declarations, responsive declarations. The focus will be on what you want to put in it, why and on how you articulate it is in the child' best interest.	Virtual	1.0	1.0	1.0	AAG	DCYF Staff	Region 4	50%
Petition/ Declaration	This training will focus on how to draft dependency petitions, and how and when to draft declarations	Virtual	1.0	1.0	1.0	AAG	DCYF Staff	Region 4	75%
Plan of Safe Care	Review plan of safe care policy and what is required/recommended to complete the form with family.	virtual	3.0	1.0	3.0	QPS	DCYF staff	Region 4	75%
Quality H&S Visits	Defines what is considered a quality H&S visit. Engage, motivate, and provide space to gather important information.	DCYF	2.0	4.0	8.0	QPS	DCYF Staff	Region 4	75%
Risk Only Intakes "From IFF to IA Approval"	This training will provide FVS and CFWS staff an overview of the policy expectations for CPS risk only intakes, and the importance of gathering information to complete the IA and assess for child safety	DCYF	2.0	2.0	4.0	QPS	DCYF Staff	Region 4	50%
Safety Assessment	Specific areas such as "threshold questions" "Conditions for return home", "safety assessment in CFWS/return home and or visitation.	DCYF	1.5	6.0	4.0	QPS	DCYF Staff	Region 4	75%
Safety Boot Camp	This training focuses on identifying abusive injuries in children, assessing child safety across programs, the dynamics of abuse and neglect, collaborating and consulting with medical and LE providers, and interviewing for safety (child and adult).	DCYF	10.0	4.0	4.0	QPS	DCYF Staff	Region 4	75%
Safety Focused Documentation	This training focuses on how to effectively document using behaviorally specific descriptions and objective language, to ensure child safety and meet DCYF Child Welfare requirements.	DCYF	1.5	2.0	4.0	QPS	DCYF Staff	Region 4	75%
Safety Framework	This training will provide an overview of the Safety Framework tools, assessments, and conditions for return home	virtual	1.5	1.0	1.5	DCYF	DCYF Staff	Region 4	75%

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Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Safety Framework Refresher	CPS/FVS- focus on understanding each part of the Safety Framework to improve timely identification and subsequent application of the safety framework to ensure child safety\n\nCFWS- Identify and discuss key decision points in case planning where utilizing the Safety Framework is required and/or best practice to ensure child safety, drive permanency and plan for risk.	DCYF	4.0	6.0	24.0	QPS	DCYF Staff	Region 4	75%	
SAU	Working with LE and Medical – protocol cases	CJCKC	5.0	2.0	4.0	CJCKC & QPS	DCYF Staff	Region 4	0%	
SDM Workshop	The Structured Decision-Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas, including CPS- Investigations, CPS-FAR, FVS, and CFWS.\n\nTraining developed to introduce or revisit how to accurately complete the SDM to accurately determine the need for service provision and identify risk of future CA/N.	DCYF	2.0	4.0	4.0	QPS	DCYF Staff	Region 4	75%	
Sentinel Injuries	This training will provide an overview on what you need to know about sentinel injuries, how to ensure child safety, and when to complete a Medical Consultation.	Virtual	2.0	1.0	2.0	Dr. Gilbert	DCYF Staff	Region 4	50%	
Service Letters and Referrals	This training will provide instruction on creating service Letters and sending referrals in relation to court cases.	Virtual	1.5	1.0	1.5	QPS	DCYF staff	Region 4	75%	
Sexually Aggressive Youth (SAY)	This training will provide an overview of the SAY program, address behaviors that may qualify a child/youth for evaluation & treatment services, give direction on how & when to refer a case to the SAY Committee, provide guidance supervision plans, training requirements for caregivers of SAY & resources available for children who have sexual behavior issues that are not severe enough for formal SAY services.	DCYF	1.0	2.0	4.0	DCYF - Karen Rall	DCYF Staff	Region 4	75%	
Testimony Prep	This training wail provide worders with an overview of procedures and preparation activities to follow in preparing for court testimony	virtual	1.5	1.0	1.5	AAG	DCYF Staff	Region 4	75%	
Unlicensed Placements	The training will inform child welfare staff on unlicensed placements including working with Licensing Division; new legislative requirements (HB 1747) and recent judicial rulings (KW) that impact unlicensed placements.	virtual	1.5	2.0	3.0	QPS:LD	DCYF Staff	Region 4	50%	

Region 5 Training

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes

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Dare to Lead Hubs	Dare to Lead is a counternarrative about modern workplace culture, that offers vulnerability, trust, values, and resilience as the most crucial leadership qualities. Daring to lead is about being brave enough to embrace leadership that exposes fear and uncertainty.	DCYF	1.0	12.0	12.0	DCYF	DCYF Staff	Region 5	50%	
Dare to Lead Supervisor Section	Dare to Lead is a counternarrative about modern workplace culture, that offers vulnerability, trust, values, and resilience as the most crucial leadership qualities. Daring to lead is about being brave enough to embrace leadership that exposes fear and uncertainty.	DCYF	3.0	4.0	12.0	DCYF	DCYF Staff	Region 5	50%	
Family Time Safety Assessments and Active Efforts Training	This training will cover how to assess the level of supervision needed in Family time using the Family Time Safety Assessment and what is considered Active Efforts.	DCYF	1.0	5.0	5.0	QPS	DCYF Staff	Region 5	75%	
House Bills 1127 Modules 1-4	Module 1: Removal Standards - Defining imminent physical harm using our safety framework Module 2: Harm of Removal - Types, Mitigation and Weight Module 3: Kinship - Searching, Assessing, Preparing and Supporting. Module 4: Preparing for Shelter Care Hearing	DCYF	7.0	15.0	6.5	97.5	DCYF Staff	Region 5	75%	
Intake Training for CPS Supervisors	This training will cover intake policy, RCW/WAC and the intake screening tool that guides the intake process to determine what intakes are screened in and what intakes are not.	DCYF	1.5	4.0	6.0	DCYF	DCYF Staff	Region 5	50%	
CAC & DCYF Protocol Collaboration	Training focuses on the joint investigations of Serious Child Abuse and Sexual abuse	DCYF	2.0	2.0	4.0	DCYF	DCYF Staff	Region 5	75%	
Car Seat Awareness	This training will provide information on which car seat is need for the children being transported	DCYF	2.0	3.0	6.0	DCYF	DCYF Staff	Region 5	50%	
DCYF Child Welfare Navigating Type 1 Diabetes	Training will focus on providing service staff with a basic understanding of the responsibility of the caregiver vs the child in navigating type 1 diabetes	Zoom	1.0	1.0	1.0	Community Provider: Endocrinologist, pediatric social worker & RN	DCYF Staff	Region 5	50%	
Diabetes Training	Training focuses on providing social service staff a basic understand of Diabetes.	DCYF	1.0	2.0	2.0	DCYF	DCYF Staff	Region 5	0%	
Fundamentals of CPS	The training covers what a through and comprehensive CPS assessment entails. Topics covered include were IFF's, Reasonable Efforts to Locate, Assessing Other Adults, Infant Safety, Collateral Contacts, Informal Placements and Interviewing Parents and Children	DCYF	3.0	2.0	6.0	DCYF	DCYF Staff	Region 5	0%	

Foundations of Practice	The training will provide updates on court rulings, settlement agreements and legislative changes that impact case work	DCYF	3.0	4.0	12.0	DCYF	DCYF Staff	Region 5	50%	
IFF Training for CFWS	Training focuses on providing CFWS Staff skills to complete Initial Face to Face for new CPS intakes	DCYF	4.0	2.0	8.0	DCYF	DCYF Staff	Region 5	0%	
Lesson's Learned	Training focuses on the "7 C" and lessons learned for the Risk Management Team.	DCYF	1.0	2.0	2.0	DCYF	DCYF Staff	Region 5	50%	
New Employee Orientation (NEO)	Training for new employees with checklist of DCYF policies and procedures	DCYF	3.0	20.0	60.0	HRD	New DCYF Staff	Region 5	0%	
New Employee Support (NEST)	One on One support provided to all new employees in Region 3 to provide desk and field support in completing work requirements.	DCYF	6.0	20.0	120.0	DCYF	New DCYF Staff	Region 5	50%	
Race Equity Diversity Inclusion Training	Training for Social Workers to explore complexities of race and identity when working with DCYF families as well as co-workers.	DCYF	3.0	1.0	3.0	DCYF	DCYF Staff	Region 5	75%	
Safety Boot Camp	Training focuses on assessing child safety across program areas, dynamics of child abuse and neglect from both a medical and social services perspective, critical thinking and AAG Lessons Learned	DCYF	10.0	4.0	40.0	DCYF	DCYF Staff	Region 5	75%	
Safety Planning	Teaching the principles of safety planning, how to develop a safety, policy requirements on how to monitor a safety plan.	DCYF	3.0	10.0	30.0	DCYF	DCYF Staff	Region 5	75%	

Region 6 Training										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Audio Recording Partnership with Family	Learning how and when to audio record children in CPS	Zoom	1.0	TBD		QPS	DCYF staff	Region 6	75%	Updated title to include partnership with family FY 2024
17.5 Staffings	Provide information to staff around 17.5 staffings practice and procedure.	Zoom	1.0	3.0	3.0	Regional PM's	DCYF staff	Region 6	75%	
AFCARS	How to resolve AFCARS errors	Zoom	1.0	TBD		QPS	DCYF staff	Region 6	75%	

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Assessing Domestic Violence	Overview of DV policy, how to navigate and conduct DV Universal Screening and Specialized Assessment.	Zoom	1.5	2.0	3.0	QPS	DCYF staff	Region 6	75%	
Assessing Other Adults	How to identify other adults in the household and fully assess them. Why this is so important for child safety.	Zoom	1.0	2.0	2.0	QPS	DCYF staff	Region 6	75%	
Assessing Risk & Safety in Infant cases	Med con vs RMC, Child Dev on Intranet page, applying gathering questions to infant case	Zoom	1.0	4.0	4.0		Field Staff	Region 6	0%	
Background Check Process Presentation	How to complete background checks, how the process works, and what the character and suitability unit does. And some Q&A	zoom	1.0	2.0	2.0	Suitability Assessment Unit	DCYF Staff	Region 6	75%	
Case Organization	How to keep your cases organized with deadlines handy and maintain workflow	Zoom	1.0	TBD		QPS	Field Staff	Region 6	75%	
Case Planning in CPS and FVS	How to complete case plans in CPS FAR and FVS	Zoom	1.0	4.0	4.0	QPS	DCYF staff	Region 6	0%	
CFE for CFWS	How to write strong CFE's	Zoom	1.0	4.0	4.0	QPS	DCYF staff	Region 6	75%	
Child Care Subsidy	This training will define each type of subsidy and who/when they can be used. It will also provide information on CWCCC, how to enter the referral in FamLink (accurately) and how parents can access it and what parents can expect.	DCYF	0.5	8.0	4.0	DCYF	DCYF staff	Region 6	75%	
CIPR Presentation	What information needs to be shared in a CIPR, how to adequately convey that information. Everything you need to know about CIPR's	Zoom	1.0	4.0	4.0	QPS and Placement Desk	DCYF staff	Region 6	75%	
Coaching	Safety, Permanency, or Well-being session. Coaching will be done for all new staff at every level (worker, supervisor, AA) as well as any staff that need extra time.	DCYF	1.5	50.0	75.0	QPS	DCYF staff	Region 6	75%	
Confidentiality Presentation	What you can and can't share and who and in what circumstances confidential information can be shared. This presentation focuses on youth confidentiality, client confidentiality and employee related confidentiality.	Zoom	1.0	4.0	4.0	QPS	DCYF staff	Region 6	75%	

Attachment G – DCYF Emergency Operations Plan

Washington State Department of Children, Youth, and Families

EMERGENCY OPERATIONS PLAN

Agency-Level Plan

Washington State Department of CHILDREN, YOUTH & FAMILIES

PURPOSE, SCOPE, SITUATIONS, ASSUMPTIONS

Purpose

The Emergency Operations Plan describes immediate actions to take in response to an emergency event generally lasting 24 to 72 hours. Continuity of Operations Plans provide additional guidance regarding actions to take when the disruption last more than 72 hours. Another significant difference between Emergency Operations Plan and the Continuity of Operations Plan is; the Emergency Operations Plan combines the response actions of all DCYF occupants at a given location while Continuity of Operations Plan are specific to the agency wide event.

The purpose of the Emergency Operations Plan is to:

- Provide an overview of the Department's approach to emergency preparedness
- Describe roles and responsibilities
- Identify relevant resources to facilitate staff awareness and preparation for emergency events
- Set forth lines of authority and organizational relationships
- Describe how all actions will be coordinated

The objectives of the DCYF Emergency Operations Plan include:

- Protecting the well-being and safety of DCYF staff
- Recovering from any disruption and returning to routine operations as soon as possible
- Providing staff with tools and information to support preparedness

The Initial DCYF Emergency Operations Plan includes four components:

- The Agency-Level Plan
- Child Care in Disasters and Emergencies Plan
- Children's Executive Team Continuity Plan
- Department of Early Learning Continuity Plan
- Juvenile Rehabilitation Continuity Plan

Scope

The scope of the Emergency Operations Plan is to:

- Specifies the emergency response procedures for DCYF Executive Leadership.
- Describes how DCYF responds to emergency events.
- Provides an overarching guidance for all DCYF divisions, programs, and field offices.

Assumptions

Assumptions for the Agency include:

- Emergency events are associated with natural and human caused hazards such as facility failures, weather conditions, and external threats
- Agency Executive Leadership will exercise their authority to implement this plan
- The Agency has identified key personnel and alternates required for the implementation of this plan
- DCYF programs are able to respond effectively to emergency events using available resources without support from DCYF Emergency Management Services
- Preparation and response to emergency events begins and ends at the local level most directly affected

CONCEPT OF OPERATIONS

When coordinating the response for emergency events, DCYF will adapt the right-size approach of a response sufficient to the size and complexity of a given event.

The primary functions of emergency coordination are:

- Communication facilitation – establishing communications among all DCYF Executive team functions, programs and with external partners, as necessary for the response
- Information collection and evaluation – collecting, analyzing, and interpreting information from impacted DCYF locations and other sources
- Coordination – coordinating the information flow and resources in response to complex emergency event or multiple emergency event occurring simultaneously
- Priority setting – ensuring that response systems among all DCYF Executive team functions and locations are interconnected and complementary, making the response more efficient and effective by coordinating all available resources, and making decisions based on established or otherwise agreed policies and procedures
- Resource coordination – identifying and acquiring needed resources and allocating existing resources

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DECISION GUIDE FOR EMERGENCY RESPONSE COORDINATION		
	Level 1 **Normal or Limited Operations**	**Level 2** **Reduced Operations**
Scope of Damage	Localized emergency event limited to a single building	Multiple buildings on the same campus and/or multiple programs within the same building
	Minor damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures	Significant damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures
Client/Staff Impact	No medical response is needed	One or more people are injured and medical response is needed
	Staff are able to get to/from work location	Some staff are unable to get to work location or cannot remain at work location
	Staff absence is < 24 hours	Staff absence > 24 hours and < 72 hours
Recovery and response coordination	Single resource local response is sufficient or response coordination is uncomplicated	Multiple DCYF locations are inoperable for > 24 hours and < 72 hours; response coordination involves multiple DCYF programs
	Return to normal operations is likely to be < 24 hours	Return to normal operations is likely to be > 24 hours and < 72 hours.
	DCYF offices and residential programs are able to respond to most localized events without support from the Emergency Management Unit	Emergency Management Unit may coordinate the DCYF response when an emergency event does not directly impact Department operation, and/or DCYF clients are affected
	The response begins and ends locally	Central coordination is needed
		Emergency Management Unit may call on DCYF staff to support emergency operations

The *Continuity of Operations Plan* will be activated when recovery to normal operations exceeds 72 hours and is beyond level 2 of the Decision Guide.

Emergency Process for all Emergency Building Events

Staff Step 1
- Issue identified
- Contact Supervisor
- Contact Building Manager - Contact information is posted on Staff Safety Board

Building Manager Step 2
- Evaluate situation
- Contact Building #1 contact to review situation
- When there are urgent staff safety concerns - evacuate building
- Contact DCYF HQ Business Operations Support Services (Emergency Management and Facilities team)

#1 Building contact Step 3
- Collaboratively review situation with Building Manager and other collocated building leads
- Contact Building leadership - Information posted on Staff Safety Board
- Provide recommendation for next steps to Regional Administrator, Superintendent, Assistant Secretary or Director responsible for the building

Building Leadership Step 4
- Communicate with other collocated Agency leadership for a collaborative recommendation and approach for next steps
- Contact Regional Administrator or Superintendent with identified next steps

Step 5
- Regional Administrator, Superintendent, Assistant Secretary, or Director responsible for the building will:
- Contact Deputy Secretary with decision and next steps
- Contact Emergency Management office with decision and next steps
- Engage local calling tree with building supervisors to communicate decision and next steps

Deputy Secretary Step 6
- Communicates with DCYF leadership and necessary external partners.

Communications Office
- Posts relevant messages with information on DCYF Intranet and Internet websites.

Emergency Management Office
- Post relevant messages with information on DCYF 1-800 number.

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NOTIFICATION OF EMERGENCIES OR DISASTERS

All Staff

Emergency Alert Notifications are available through a multitude of resources. Individuals can go on- line to various websites to sign up for the Alert Notifications. All DCYF staff are asked to go to the following websites and sign up for their local emergency alert systems, both for their home resident and for their local office.

Washington State Emergency Management Division website

National Weather Service Alerts website

Executive Leadership

Notification to the Deputy Secretary and Executive Leadership will include, at a minimum, the following:

- Nature of the emergency event
- Impacts likely to ensue over the next 24-72 hours
- Actions underway
- Actions recommended
- Resource projections
- Schedule for conference calls, briefings, etc.

Department of Enterprise Services

The Department of Enterprise Services is responsible for the overall response coordination for emergencies and disasters on Capitol Campus. The DCYF Emergency Management lead notifies the Department of Enterprise Services Duty Officer and any time the DCYF Emergency Management Unit activates a at Level 1 or Level 2.

CONTINUITY OF OPERATIONS

As required by Ch. 38.52 RCW Emergency Management, all state agencies must maintain Continuity of Operations Plans.

DCYF will rely on the continuity plans developed by the DSHS Children's Executive team; the Department of Early Learning and the Child Care Disasters; and the Juvenile Rehabilitation Executive Team. DCYF will develop a continuity plan tailored to the DCYF organization incorporating all of these plans.

Suspension of Operations

A suspension of operations requires authorization from the Deputy Secretary as outlined in DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations.

The Deputy Secretary may suspend operations when it is determined that public safety, health, or property is jeopardized due to emergency conditions per WAC 357-31-260.

APPENDIX A – PREPAREDNESS TOOLS

The emergency management resource tools and information listed below help support staff before, during and after an emergency event. They are located at the DCYF intranet, on the Emergency Management webpage.

Emergency Alert System Notifications

The Emergency Alert System (EAS) is the national public warning system that provides the public with critical emergency and disaster alerts. The system is also used by state and local authorities to deliver important information targeted to a specific region.

All DCYF staff are encouraged to visit the Washington State Emergency Management Division website to sign up for local emergency alerts and notifications.

Additionally, DCYF staff can visit the National Weather Service website to sign up for emails and short messaging service (SMS) alerts.

Signing up will only take a few minutes and is an important role in emergency preparedness planning.

Emergency Event Communication Process

The Emergency Event Communication Process provides basic procedures for establishing contact and sharing information among Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff during an emergency event. Additionally, The Emergency Communications Plan describes responsibilities for Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff to support an emergency response.

Each Division and Residential Program is responsible for developing and maintaining detailed emergency communication procedures as part of their respective *Emergency Operations Plans* and *Continuity of Operations Plans*.

Emergency Closure Policy

The DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations applies to all DCYF staff and identifies the requirements and general process for:

- Closing a Department of Children, Youth, and Families (DCYF) facility or campus, in whole or in part, due to any natural or human cause emergency or disaster.
- Suspension of operations of any DCYF mission essential function.

Memo on Staff Use of Leave

The Severe Inclement Weather/Natural Disaster Leave Memorandum is a reminder to how DCYF treats absences from work due to inclement weather for all employees. This guidance helps DCYF be both consistent and responsive to employee needs and operational obligations.

When prior to the beginning of the workday, the employer suspends operations for the day, employees are able to use administrative leave for that day regardless of whether or not they were able to report to work. However, employees who had prescheduled approved leave are still charged with leave since they expressed intent in advance not to report to work based on their personal situation.

When the work location remains operational and the employee is unable to report to work because of their own personal situation related to severe inclement weather or natural disaster, the employee's leave will be charged in the following order:

- Any earned compensatory time or previously accumulated exchange time;
- Any accrued vacation leave;
- Any accrued sick leave, up to a maximum of three (3) days in any calendar year;
- Leave without pay

Employees who report to work due to severe inclement weather or natural disaster will be allowed up to one (1) hour of paid administrative time as long as they report to work at some point during their regular shift.

Supervisor Phone List Form

The Supervisor Phone List Form provides contact information for supervisors and staff to stay connected in the event of an emergency. This list includes:

- Supervisor name
- Individual staff names
- Desk phone
- Work cell phone
- Personal cell phone
- Personal other phone

1-800 Staff Cards

All DCYF staff are provided with a Staff Emergency Hotline Card that has instructions on how to stay informed in the event of an emergency. DCYF staff are to follow these simple steps:

1. Contact your supervisor
2. Supervisors contact your staff
3. Regularly check information on the DCYF intranet/internet websites
4. Stay connected with local emergency alert systems- National Weather Services and Washington State Emergency Management Division (www.mil.gov.alerts)
5. Call 1.800.344.8219 for updates

Government Emergency Telecommunications/Wireless Priority Service (GETS/WPS) Cards

GETS/WPS is a service developed by the Department of Homeland Security to address the national security and emergency preparedness community's requirement for priority calling during congestion on landline and wireless networks.

The purpose of GETS/ WPS cards:

- Increases the probability of completing calls when normal methods fail
- Provides voice transmission
- Provides a single, universal telephone number and a Personal Identification Number (PIN) that allows easy access to the service
- Allows calls to all 50 states and any worldwide destination

DCYF Leadership identifies essential staff who are assigned GETS/WPS cards and are required to perform monthly test calls to maintain familiarity with the GETS/WPS process.

Leadership Emergency Management Calling Cards

Designated DCYF Leadership are provided with a Leadership Emergency Management Calling Card that establishes the process to follow in the event of an emergency. DCYF Leadership are to follow these simple steps:

1. Determine the scope of event and next steps
2. Contact the Deputy Secretary
3. Contact the Emergency Manager
4. Contact Building Leadership for plan of action

DCYF Building Contact List

The DCYF Statewide Emergency Event Contact List is utilized when a natural or human-made emergency event arises. This important tool helps support DCYF staff within their designated

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buildings, in the event of an emergency. The list outlines key DCYF staff that will collaborate collectively on an emergency event.

Emergency Leadership Conference Bridge

The Emergency Leadership Conference Bridge is a multi-point, multi-user, out-of-area tool used during an emergency event. The call-in and PIN number remain constant. Designated DCYF Leadership are assigned Emergency Leadership Conference Bridge Calling Cards with the call-in information.

Leadership Expectations

The emergency leadership conference bridge is available for the DCYF Emergency Management Unit to activate following an emergency event. The Emergency Management Unit notifies the Executive Leadership Team via phone or email regarding the conference bridge information. The Executive Leadership Team must be prepared to call in at the soonest scheduled time following the event.

The call-in schedule is as follows:

- 6:00 a.m. on the calendar day following the emergency event
- 10:00 a.m. on the same day
- 2:00 p.m. on the same day
- Recurring daily call schedule as indicated until notified to stand down

Emergency Response Coordination Duties

Executive Leadership

The Executive leadership (Directors and Regional Administrators) will designate staff to serve as liaisons representing their area of work in the support of emergencies.

As part of the duties related to emergency response coordination for the Department, the Liaisons are responsible for:

- Timely collection and reporting of information about their respective facility operations, staff status, client status, and other pertinent information
- Transmit information to the Emergency Management Services
- The Emergency Management Administrator will define the method of reporting as needed
- Supporting these functions throughout the duration of the emergency event

Emergency Management Administrator

- Notify Executive Leadership Team and division liaisons
- Activate the Executive Leadership Team Conference Bridge, as necessary
- Brief Deputy Secretary and other members of the Executive Leadership Team, as appropriate
- Empower DCYF managers and key staff to at the local level where the emergency event is happening to direct the response
- happening to direct the response
- Providing timely updates to the DCYF toll-free employee emergency information line

Procedures Following an Emergency Event

When the emergency event is concluded the Emergency Management Administrator will contact all affect leadership and building representatives to build an After-Event report. The report will contain the following information on the event:

- Start time
- End time
- Affected staff
- Affected clients
- Leadership and Building Liaison actions
- Communications
- 1800 activity
- Follow-up actions needed

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Attachment H – Acronyms and Abbreviations

AA	Area Administrator
AAG	Assistant Attorney General
AFCARS	Adoption and Foster Care Analysis and Reporting System
AGO	Attorney General's Office
AHCC	Apple Health Core Connections
ALJ	Administrative Law Judges
ALTSA	DSHS Aging and Long-Term Support Administration
AOC	Administrative Office of the Courts
APSR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
ASQ	Ages and Stages Questionnaire
BIPOC	Black, Indigenous, Persons of color
BRS	Behavior Rehabilitation Services
CAPTA	Child Abuse Prevention and Treatment Act
CARA	Comprehensive Abuse and Recovery Act
CaRES	Alliance Caregiver Retention, Education, and Support Program
CASA	Court Appointed Special Advocate
CCRT	Central Case Review Team
CCW	Coordinated Care of Washington
CCWIS	Comprehensive Child Welfare Information System
CCYJ	Center for Children and Youth Justice
CEU	Caregiver Engagement Unit
CFE	Comprehensive Family Evaluation
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review

CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CITA	Court Improvement Training Academy
CLIP	Children's Long-Term Inpatient Program
CPA	Child Placing Agency
CPS	Child Protective Services
CPS FAR	Child Protective Services Family Assessment Response
CRP	Citizen Review Panel
CSEC	Commercially Sexually Exploited Children
CQI	Continuous Quality Improvement
CWELN	Child Welfare Early Learning Navigator
CWLT	Child Welfare Leadership Team
CWTAP	Child Welfare Training and Advancement Program
DCYF	Washington State Department of Children, Youth and Families
DDA	Washington State Developmental Disabilities Administration
DOC	Washington State Department of Corrections
DOH	Washington State Department of Health
DP	Decision Package
DRA	Deputy Regional Administrator
DTFA-WWK	Dave Thomas Foundation for Adoption– Wendy's Wonderful Kids
EBP	Evidence Based Practices
EFC	Extended Foster Care
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ESIT	Early Support for Infants and Toddlers
ESSA	Every Student Succeeds Act
ETV	Education and Training Voucher

EYR	Enhanced Youth Recruitment Strategy
FAB	Field Advisory Board
FFPSA	Family First Prevention Services Act
FFTA	Family First Transition Act
FJCIP	Family and Juvenile Court Improvement Program
FOCUS	Family Outreach, Connections, and Unconditional Support
FoP	Foundations of Practice
FPAWS	Foster Parent Association of Washington State
FPM	Family Practice Model
FPP	Family Practice Profile
FRC	Family Resource Center
FRS	Family Reconciliation Services
FTDM	Family Team Decision Making
FVS	Family Voluntary Services
FWB	Fostering Well-Being
FWCC	Family Well-Being Community Collaborative
FYSPRT	Family Youth System Partner Round Tables
HCA	Washington State Health Care Authority
HMG	Help Me Grow
HQ	Headquarters
ICW	Indian Child Welfare
ICWA	Indian Child Welfare Act
IDCC	Innovative Dependency Court Collaborative
IECMHC	Infant/Early Childhood Mental Health
IL	Independent Living
JR	Juvenile Rehabilitation

LD	Licensing Division
LCC	Learner Centered Coaching
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual plus members of the community who identify with a sexual orientation or gender identity not already included within the acronym.
LICWAC	Local Indian Child Welfare Advisory Committee
MAT	Medication Assisted Treatment
MCO	Managed Care Organization
MI	Motivational Interviewing
ML	Multi Licensing
MOU	Memorandum of Understanding
NAIR	Native American Inquiry Referral
NAS	Neonatal Abstinence Syndrome
NCANDS	National Child Abuse and Neglect Data System
NCSACW	National Center on Substance Abuse and Child Welfare
NOWS	Neonatal Opioid Withdrawal Syndrome
NWAE	Northwest Adoption Exchange
NWRA	Northwest Resource Associates
NYTD	National Youth in Transition Database
OCLA	Office of Civil Legal Aid
OIAA	Office of Innovation, Alignment and Accountability
OMH	Ongoing Mental Health (Screener)
OMS	Onsite Monitoring System
OPD	Based on context, could reference Office of Public Defense or Original Placement Date
OPPLA	Other Planned Permanent Living Arrangement
ORESJ	Office of Racial Equity and Social Justice

OSIC	Office of Strategic Initiatives and Collaboration
OSPI	Washington State Office of Superintendent of Public Instruction
OSRI	Onsite Review Instrument
P4C	Partners for Our Children (University of Washington)
P4P	Parents for Parents
PBC	Performance Based Contracting
PCIT	Parent-Child Interaction Therapy
PDG	Preschool Development Grant
PEAR	Pro-Equity Anti-Racism
PEI	Project Education Impact
PFD1	Permanency from Day 1 Grant
PFP	Prospective Foster Parent
PFR	Promoting First Relationships
PIP	Program Improvement Plan
PLT	Passport Leadership Team
POF	Permanency Outcome Facilitator
POSC	Plan of Safe Care
PPM	Based on context, could reference Permanency Planning Meeting or Priority Performance Measure
QA	Quality Assurance
QEW	Qualified Expert Witness
QPS	Quality Practice Specialists
QRTP	Qualified Residential Treatment Program
RA	Regional Administrator
RAIO	Recognized American Indian Organization
RCT	Regional Core Training

RCW	Revised Code of Washington
RFP	Request for Proposal
R-GAP	Relative Guardianship Assistance Program
RME	Reverse Matching Event
RSP	Risk- Standardized Performance
RSU	Relative Search Unit
SACWIS	Statewide Automated Child Welfare Information System
SAG	Washington's State Advisory Group
SAM	Safety and Monitoring Section of the Licensing Division
SCC	Safe Child Consultations
SCOMIS	Superior Court Management Information System
SDM-RA	Structured Decision Making- Risk Assessment
SHPC	Social and Health Program Consultant
SMART	Stress Management and Relaxation Training
SON	Second Opinion Network
SUD	Substance Use Disorder
TPAC	Tribal Policy Advisory Committee
TPR	Termination of Parental Rights
TRS	Targeted Recruitment Specialists
VPA	Voluntary Placement Agreement
WAC	Washington Administrative Code
WDT	LD Workforce Development Team
WFSE	Washington Federation of State Employees
WISe	Wraparound with Intensive Services
WSAC	Washington Student Achievement Council
WSCCR	Washington State Center for Court Research

WSHA	Washington State Hospital Association
WSLC	Washington State Learning Center
WSRDAC	Washington State Racial Disproportionality Advisory Committee
YEPP	Youth Engagement Permanency Plan