

WASHINGTON STATE TITLE IV-E DEMONSTRATION PROJECT

SEMI-ANNUAL PROGRESS REPORT: JULY-
DECEMBER 2015

*WASHINGTON
DEPARTMENT OF
SOCIAL AND
HEALTH SERVICES
CHILDREN'S
ADMINISTRATION*

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I. OVERVIEW

Washington State passed legislation in 2012 requiring differential response in the state's public child welfare administration. On January 1, 2014, Children's Administration (CA) began providing CPS-FAR, the alternative response to a CPS investigation, in three locations: Aberdeen, Lynnwood, and two zip codes in Spokane. These locations represent each of Washington's three regions in rural, suburban, and urban settings. Experiences from implementation and provision of CPS-FAR in these offices have helped to improve training, quality assurance, and develop strategies to support the continuing roll-out of CPS-FAR.

Status of CPS-FAR implementation

During this reporting period, on October 1, 2015, CA launched CPS-FAR in three additional offices. These offices, Kelso, Clarkston, and Colfax, are small to medium sized offices located in rural areas. These offices were well-prepared for CPS-FAR and implementation went smoothly.

To date, CA has implemented CPS-FAR in 32 offices:

<p>Rural Central Washington</p> <ol style="list-style-type: none">1. Ellensburg2. Sunnyside3. Moses Lake <p>Northwest Washington</p> <ol style="list-style-type: none">4. Mount Vernon5. Oak Harbor <p>Tacoma</p> <ol style="list-style-type: none">6. Pierce East7. Pierce West8. Pierce South <p>Rural Eastern Washington</p> <ol style="list-style-type: none">9. Colville10. Newport11. Republic	<p>Western Washington</p> <ol style="list-style-type: none">12. Lynnwood13. Sky Valley14. Smokey Point15. Bremerton16. Vancouver17. Stevenson18. Aberdeen19. Kelso <p>Washington Coast</p> <ol style="list-style-type: none">20. Long Beach21. South Bend22. Forks23. Port Townsend24. Port Angeles <p>Seattle</p> <ol style="list-style-type: none">25. Martin Luther King Jr.*26. King East* <p>Eastern Washington</p> <ol style="list-style-type: none">27. Spokane28. Lincoln County29. Walla Walla30. Richland31. Clarkston32. Colfax <p>*The Office of Indian Child Welfare (OICW) provides CPS-FAR to Native American families in these two locations.</p>
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CPS-FAR implementation is pending in the following thirteen offices:

- Region 1: Toppenish, Wenatchee, Omak, Goldendale, Yakima
- Region 2: King West, White Center, Everett, Bellingham, Kent
- Region 3: Tumwater, Centralia, Shelton

II. Demonstration, Activities, and Accomplishments

From implementation launch in January 2014 through December 2015, CPS-FAR staff have responded to 16,520 intakes.

CPS-FAR families represent the diverse population of Washington State and Washington State Tribes. In addition to Washington State Tribes, CPS-FAR caseworkers have worked with families belonging to Canadian Band and First Nations, Tribes outside of Washington State, and families whose first languages include Somali, Marshallese, Korean, Bosnian, Spanish, Amharic, Romanian, Swahili, Samoan, Punjabi, Hmong, Chinese, Vietnamese, and Nepali. The CPS-FAR brochure is translated into 31 languages.

CPS-FAR caseworkers have provided the following services to families:

- Crisis family intervention (CFI)
- Chemical dependency services
- Family Preservation Services
- Functional Family Therapy
- Homebuilders
- Mental health services
- Positive Parenting Program (Triple P)
- Project Safe Care
- Promoting First Relationships

CPS-FAR caseworkers have used both home-based service funds and community resources to help families meet the following needs:

- Childcare
- Clothing
- Food
- Housing
- Transportation
- Medical insurance
- Medical services
- Safety equipment (e.g. baby gates, safety door knobs, car seats)
- Dumpsters to remove garbage in the house and yard
- Utility bills
- Carpet cleaning
- New bedding

CPS-FAR Intake Data

CA has tracked CPS intake data since January 2014. Because the intake screening tool was updated and implemented in October 2013, this has allowed for review of intakes that would be otherwise screened in to CPS-FAR if the pathway were available. This data is collected at the point the screening decision is made by the intake worker. Intake supervisors change 5 – 10% of intake worker screening decisions. Supervisors change intake screening decisions for a number of reasons, including: family history of child abuse and neglect, additional information from collateral contacts, and disagreement with the intake worker's screening decision.

The data below shows that cases are transferring from CPS-FAR to investigations 4.01% of the time. The transfers to investigations for safety reasons are close in number to those transferring to investigations due to families declining participation in the CPS-FAR pathway. Dependency action was taken on 2.20% of the CPS-FAR families.

Statewide January - July 2015 Hand Counts August - December 2015 FamLink Report ¹						
Month	Intakes Assigned to CPS-FAR	CPS-FAR cases Transferred to Investigations Due to Safety or Risk Concerns	Families who Declined to Participate in CPS-FAR (Transferred to Investigators)	Percent Transferred to Investigations Total	Dependencies Filed	Percent Dependencies Filed
January	889	16	14	3.37%	11	1.24%
February	945	21	16	3.92%	19	2.01%
March	980	21	49	7.14%	18	1.84%
April	1,097	19	18	3.37%	25	2.28%
May	1,218	16	26	3.45%	15	1.23%
June	1,230	19	33	4.23%	27	2.20%
July	1,016	18	11	2.85%	38	3.74%
August	920	24	13	4.02%	34	3.70%
September	1,135	34	24	5.11%	23	2.03%
October	1,374	31	30	4.44%	33	2.40%
November	1,206	17	20	3.07%	19	1.58%
December	1,164	14	24	3.26%	28	2.41%
Total	13,174	250	278	4.01%	290	2.20%

¹ FAR FamLink data was unavailable from January – July 2015 and data was collected through hand counts. The table includes the combined hand counts and FamLink data.

The data below shows the percentage of intakes screened to both CPS-FAR and Investigations. Our projections suggest a 61/39 split (61% CPS-FAR/39% Investigations). The regional variations are the result of changes to intake decisions made by intake supervisors and /or the assigning supervisors.

Statewide CPS Intake Screening Decisions Calendar Year 2015			
Location	Total Number of CPS Intakes	Percent of CPS-FAR Intakes	Percent of Intakes Investigated
Region 1	7,361	46%	54%
Region 2	6,845	55%	45%
Region 3	9,803	61%	39%
Statewide	24,009	55%	45%

Demonstration Activities

The legislative budget, finalized in the early summer of 2015, did not include funding for continued implementation of CPS-FAR. CA leadership determined that funding was available for the launch of CPS-FAR in three additional offices. The CPS-FAR Project Team at headquarters continues to work with regional CPS-FAR leads and staff on quality assurance (QA) activities to ensure fidelity to the CPS-FAR model, increase understanding and communication about CPS-FAR services, identify needed course correction and staffing support. The following activities have continued during this reporting period.

- Monthly case consultations conducted via video conference to facilitate statewide participation. These have been well-attended by CPS-FAR caseworkers and supervisors who consistently report that the consultations are useful. Case consultation opportunities rotate, office-to-office, with caseworkers presenting cases. The monthly case consultations also include time for questions and clarification on CPS-FAR practice.
- Weekly CPS-FAR Project Team meetings to discuss implementation, policy and practice, successes, and challenges as well as planning for future CPS-FAR related activities.
- The CPS-FAR Project Team meets monthly with the Regional CPS-FAR Leads. The leads share updates from their regions and local offices and bring issues to the attention of the FAR CPS-FAR Project team.
- The CPS-FAR Project Team conducts site visits to offices to observe CPS-FAR operations at the local level, assess unmet training needs, and provide consultation on CPS-FAR cases, with the goal of supporting caseworkers and striving for fidelity to the CPS-FAR model.
- The CPS-FAR Project Team attends monthly statewide CPS and Intake program manager meetings to talk about CPS-FAR progress, lessons learned, and monitor impacts to the local offices. The CPS-FAR Project Team also participates in monthly intake consultation calls with intake supervisors from across the state. The intake consultation calls assist in developing statewide consistency in screening intakes for CPS investigation and the CPS-FAR pathway.

- The CPS-FAR Project Team meets monthly with the CPS-FAR Steering Committee, comprised of the CA Assistant Secretary, division directors including Program and Policy, Finance and Performance Evaluation, the Alliance for Child Welfare Excellence, and Casey Family Programs. The committee receives updates on implementation, CPS-FAR data reports and serves as a decision-making body as needed.
- The CPS-FAR Team has met with numerous community groups and stakeholders and presented at the National Differential Response Conference in Minneapolis in October 2015.
- Meetings with TriWest Group, the contracted evaluator of CPS-FAR, occur monthly. The meetings cover activities and work products accomplished over the previous month, allow opportunities for information sharing and more recently the review of preliminary data.

Training and Coaching

In July, September, and December 2015, CA delivered CPS-FAR training for newly hired CPS-FAR staff in existing CPS-FAR offices that offer CPS-FAR, cross training of investigators, and training of staff from the three offices that launched CPS-FAR on October 1, 2015.

CPS-FAR training is a partnership between CA and the Alliance for Child Welfare Excellence. CPS-FAR caseworkers and supervisors are surveyed after training. CPS-FAR training is modified based on the feedback received. Child safety is at the core of CPS-FAR training.

The Praed Foundation continues to train new CPS-FAR caseworkers on the use of the CANS F screener. Caseworker and supervisor feedback on the CANS F screener is varied. Focus groups were conducted with CPS-FAR staff across the state to seek additional information on its value and effectiveness. CA is currently considering eliminating the CANS F screener from the CPS-FAR pathway based on feedback collected during the statewide focus groups and additional information about its application and use in CPS-FAR.

The Kempe Center provided four sessions of leadership training during the second half of 2015. The vast majority of supervisors who have attended this training have found it very helpful with some of the participants stating that this is the best leadership training they have attended. One of the goals of this training is to support and encourage an agency-wide culture shift that focuses on coaching and mentoring caseworkers in a way that supports skill building, increases competence and reinforces their value.

Targeted Case Review

As part of our Continuous Quality Improvement (CQI), a statewide CPS-FAR targeted case review was completed in August 2015. The case review team, comprised of the CPS-FAR Project Team and regional staff, CPS-FAR area administrators, supervisors, and regional CQI program managers, reviewed 307 cases or approximately two cases per CPS-FAR worker.

Based on the results of the review, the regions submitted detailed action plans focusing on safety to improve practice. The plans include how regions will accomplish identified goals, who is responsible to complete action items, the target due dates, and expected outcomes. Action items were identified across regions and included mentoring, participating in monthly case consultations, individual coaching, training, peer reviews, practice discussion, and monthly and quarterly case reviews by AA's, supervisors, regional program and QA staff. See appendix B.

Regional goals include:

- Assessing the safety of children in their home
- Adequate safety assessment and planning regarding other adults residing in the home or having frequent unsupervised access to the child
- Completing safety assessments that accurately identify the children's safety, health, and well-being
- Increasing accuracy/quality of Structured Decision Making (SDM) Risk Assessment
- Conducting comprehensive interviews and observations with the child victim and parent or caregiver
- Increasing appropriate collateral contacts to assist with assessment of child safety
- Increasing assessment of and addressing domestic violence
- Increasing discussions with families about the Infant Safe Sleep policy, Period of Purple Crying and Plan of Safe Care. Increase case documentation safe sleep conversations and activities with parents

Involving the Community

Community engagement remains an important component of CPS-FAR. Prior to launch, CPS-FAR office leads researched and reached out to new and existing resources in their community. This includes businesses and agencies that are not traditional child welfare partners but have an interest in the safety of children in their community. The office lead positions are short term positions and generally end within 30 to 60 days from date of implementation. Community engagement work was intended to continue, led by staff in local offices. Workload has been a challenge to maintaining the community work. The community engagement work in some offices is shared among staff to make this work more manageable.

Community support of CPS-FAR has also resulted in the community's advocacy for CPS-FAR community leads in offices.

CPS-FAR caseworkers have provided families with community connections to:

- Obtain health insurance and medical resources for families
- Obtain child safety equipment, beds, strollers
- Obtain eyeglasses for children
- Home and car repairs
- Access parenting resources
- Housing resources

CPS-FAR caseworkers are also helping families reconnect with their local schools, churches, and other organizations in their community. Increased engagement of families with their communities can create a greater safety net for children, improved access to goods and services, and the development of helping relationships.

Because of the increase in communication at the local level, CA has received more donations and assistance for all of our programs including:

- Resources for youth in foster care such as clothing and school supplies
- Volunteers to make visiting rooms at offices more family friendly
- Significant increase in the number of gas stations that will accept gas vouchers from families served by CA

Fiscal

Implementation is paused until CA receives the state funding to support CPS-FAR in the remaining offices. In order to retain momentum, CA is maintaining training efforts around CPS-FAR. CA remains committed to CPS-FAR and will pursue options available to continue the phase-in implementation of CPS-FAR statewide. The final 2016 supplemental budget will not be approved by the Legislature until at least March 2016.

Family Assessment Response Expenditures Services, Concrete Goods, Staffing	
January 2014 – June 2015	5,742,961
July 2015 – December 2015	4,751,434
Total	10,494,395

Addressing Challenges to Implementation

Intake

The estimated percentages of intakes screened to CPS-FAR and investigations are 69% CPS-FAR and 31% Investigations. There is significant regional variation in these percentages. This will require further assessment and attention.

Efforts continue to achieve consistency in screening and consensus in decision-making. These efforts include monthly intake consensus-building phone calls and monthly intake and CPS program leads meetings. Both of these allow for discussion about the screening tool, screening decisions, policy and practice.

Statutory Requirements

State law requires CPS-FAR families to sign a participation agreement. If the family does not want to sign the agreement, the family is transferred to investigation. In discussions with CPS-FAR caseworkers about the agreement, the CPS-FAR Project Team learned that many of the families who chose not to participate in CPS-FAR did not want to sign the agreement; some families indicated that signing the agreement meant they felt they were admitting to abusing or neglecting their child and/or agreeing to participate in services. While the agreement only asks parents to sign in order to acknowledge agreement with participation in CPS-FAR, the parent's perception of the agreement appears to be a barrier to signing.

Potential agency request legislation was submitted to Office of Financial Management for review, but was not approved to move forward as legislation for the 2015 session. CA continues to have concerns about the requirement of a signature and that families may be transferred to an investigation when CPS-FAR is more appropriate. After some research, it appears that no other state requires a parent to sign a written agreement in order to participate in an alternative intervention. CA will continue to seek the statutory remedy of eliminating the requirement of a signature. The participation agreement has been modified to simplify the agreement which required the parent's initials to acknowledge various aspects of the agreement and their signature. The modified agreement requires only a signature. Use of the revised agreement will begin February 2016.

III. Evaluation Status and Findings

TriWest has provided updated information on the status of the evaluation as well as findings for this report. This information can be found in appendix A.

V. Recommendations and Activities Planned for Next Reporting Period

CA plans to:

- Seek funding to continue implementation of CPS-FAR statewide
- Assess the readiness of the remaining 13 offices and work with the CPS-FAR regional leads to determine FTE needs and address barriers that could impact implementation
- Continue to train new CPS-FAR caseworkers hired into existing CPS-FAR offices as well as staff needing to be cross trained
- Conduct a statewide CPS-FAR case review in March 2016. Assess practice strengths and areas needing improvement. Action plans will be required for offices scoring 80% or less on safety related measures
- Offered the last two sessions of supervisory leadership training (Amy Hahn and Amy Wood) to supervisors statewide
- Provide additional leadership training (Eric Fenner and Amy Wood) to CA extended leadership team and supervisors statewide
- Continue building community resources and relationships

- Continue site visits to CPS-FAR offices. These visits include meeting with CPS-FAR workers, supervisors and area administrators and provide opportunities to answer questions and provide practice direction
- Continue to gather feedback from caseworkers through site visits and surveys about the program's successes and challenges and how to improve training, policy, and support from the state and regional level
- Continue to evaluate the intakes assigned to CPS-FAR and identify any trends for CPS-FAR intakes that transfer to investigations or result in a dependency. Assess regional variation in screening rates to CPS-FAR and investigations
- Review physical abuse cases involving children ages 4 and 5 (in both pathways). Assess practice and report findings to leadership
- Continue to work with TriWest to inform their evaluation

VI. Program Improvement Policies

CA committed to implementing two child welfare program improvement policies as outlined in the terms and conditions of the IV-E waiver.

1. Procedures to Assist Youth in Foster Care to Reconnect with Biological Family Members:

Inclusion in the State's title IV-E plan of a description of the State's procedures for ensuring that foster youth ages 16 and older are engaged in discussions regarding their desire to reconnect with biological family members, including during the development of transition plans required by the case plan and case review requirements of Section 475(1)(D) and 5(H) of the Social Security Act.

- Explore whether the youth wishes to reconnect with his or her biological family, including parents, grandparents, and siblings, and if so, what skills and strategies the youth will need to successfully and safely reconnect with those family members;
- Provide appropriate guidance and services to assist youth who affirm a desire to reconnect with biological family members to safely and successfully achieve this goal; and
- When appropriate, make efforts to include biological family members in the reconnection effort.

CA does not currently have specific policy that addresses discussions with youth 16 and older regarding their desire to reconnect with biological family members. Current policies and procedures that address casework practice include opportunities to engage youth and biological family in these discussions. Caseworkers encounter situations when youth express their desire to be with their bio-family and there are times that the caseworker will initiate the "re-establishing relationships with biological family members" conversation. The conversations include follow up discussions on safety, well-being and permanency. The information may be incorporated in the case plan or the work may be embedded in practice.

CA will be implementing specific policy and procedures regarding the practice of engaging these youth with an anticipated effective date of July 31, 2016. The policy will focus on maintaining and establishing

family connections and will reference and align with current policies and procedures support the practice such as:

- [Monthly Health & Safety Visits with Children policy](#) Caseworkers and youth visits occur monthly. During these visit information is gathered on all aspects of the youth's life. Discussing parental relations is a very common conversation between the caseworker and youth. The caseworkers support the youth and give tools and ideas on how to process their relational needs with their biological families.
- [Family Team Decision Making Meetings policy](#) Prior to "returning home", the youth's team conducts a meeting to discuss a transition and support plan for the youth and family. The plan is often used as a safety net. Many individuals are at the table identifying areas of support that can be provided to the family if a need arises.
- [Independent Living Program](#) (IL) Youth who are engaged in an Independent Living Program are connected to an IL worker who will assist the youth in bridging family connections by helping the youth identify potential positive connections and barriers to these connections. The IL worker will also be available to help facilitate interactions with family members. The IL worker is responsible for setting appropriate boundaries that meet the youth's needs for independence and connection to family. IL youth also learn about "Relational Permanency" through the Foster Club's Permanency Pact. Skills are taught on how to identify supports they may want or need to help them transition to adulthood. The IL workers assist the youth in developing a list of people who may be willing to help with identified supports. The list may include current relationships or previous relationships such as family members. The IL processes with the youth about healthy relationships and establishing boundaries.
- [CA Responsibilities to Dependent Youth 12 and older policy](#) and [Youth Petition for Reinstatement of Parental Rights policy](#). Many youth have attorneys by the age of 16. Youth are able to meet and discuss case plans and their needs and wants with their attorneys. If the youth expresses to reconnect with family the attorney will represent the child's position in court.
- [Shared Planning Meetings policy](#) Beginning at 14, youth are active participants in their case planning. The youth attends shared planning meetings and court hearings. The youth may also invite two individuals to the meeting. The youth may express their ideas and what they would like to see what happens in their lives. Discussion of permanency is a dominant topic in the meetings. Linking bio-families reconnections, safety, wellbeing and permanency the participants can create a supported case plan for the youth.
- [Children Missing From Care policy](#) Some youth who are "Missing from Care" are connecting with bio-families. Circumstances that led to the youth's placement in out-of-home care may not be relevant at an older age. The family may have alleviated risks and safety concerns or there may be additional protective factors present. Caseworkers are reassessing safety risks and are using bio-families for placement options for the youth. Support services can be provided to the family.

2. Increased Age Limit for Title IV-E Programs to 21:

Washington State's Extended Foster Care (EFC) Program is a result of the state's efforts to further implement the [Federal Fostering Connections for Success and Increasing Adoptions Act of 2008](#). It

provides an opportunity for youth who are in foster care on their 18th birthday to continue to receive services until they turn 21.

Beginning in 2011, Washington State proposed legislation that defines the program criteria for qualifying youth aging out of the foster care system to participate in the EFC program and receive the benefits and case management assistance the program offers.

In 2013, [Washington state legislation](#), facilitated the delivery of extended foster care services for any youth who is dependent in foster care at the age of eighteen years and who, at the time of his or her eighteenth birthday is in school, working, seeking to enter school or working part-time. The final program eligibility criterion [was enacted in March 2015](#). Under this criterion, which will become effective July 1, 2016, youth will qualify for the program regardless of their ability to engage in the previously established criteria if the youth has a documented medical condition.

[Washington state law](#) establishes EFC throughout the state. Washington state [EFC policy](#) stipulates that youth can participate from the day they become 18 upon exiting the foster care system; or voluntarily enter the EFC program prior to becoming 19 years old through a Voluntary Placement Agreement if they exit foster care when they become 18 years old. Children's Administration is committed to provide these former youth the resources, case management, and guidance for a successful transition to adulthood.