

WASHINGTON STATE STATEWIDE ASSESSMENT

Child and Family Services Review

February 1, 2018



Washington State
Department of Social
& Health Services

CA Children's Administration

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SECTION I: GENERAL INFORMATION

Washington State Department of Social and Health Services (DSHS), Children's Administration

Message from the Acting Assistant Secretary¹

Over the last two years, Children's Administration has made significant improvements in how we understand our success in serving children and families. In 2016, we began measuring practice and performance using the Onsite Review Instrument (OSRI). Adopting the federal performance framework in our central and targeted case reviews has helped all levels of the organization reframe how we approach our work.

After adopting the OSRI, we saw the need to further build our qualitative and systemic assessments. As a result, we initiated regional semi-annual deep dives. This strengthened communication between the field, program managers, and regional leadership. We then began providing leadership with the Semi-Annual Assessment of Statewide Patterns and Trends, a report with information on emerging systemic factors.

Even our Annual Progress and Services Report (APSR) has improved. Where we once gathered information merely for including in the APSR, the work to collect and analyze our programs and services has now become a constant and integrated part of how we operate and make improvements.

Since Fall of 2016, the Department has also made notable investments to orient stakeholders to our performance framework and data. These stakeholder workgroups and feedback sessions have examined data, discussed barriers, and identified strategies for improvement.

Another area of significant development has been our work with the Alliance to rebuild the Regional Core Training (RCT) for our new social service (caseworker) staff. The revised RCT launched in November 2017 and is being closely monitored and assessed with input from trainees, instructors, program managers, supervisors, and other key stakeholders. Their feedback is helping continually refine the training, ensuring our new staff are well-equipped to serve our clients.

Finally, much work has been done to prepare for our state-led Child and Family Services Review (CFSR) assessment and related interviews. In fact, we have already begun identifying areas likely to fall under the Performance Improvement Plan and will further develop early remediation strategies.

Transition to Washington State Department of Children, Youth, and Families

On July 6, 2017 Governor Inslee signed House Bill 1661 creating the Department of Children, Youth, and Families (DCYF). The creation of the new Department follows the recommendations of the bipartisan Blue Ribbon Commission on the Delivery of Services to Children and Families convened by the governor in February 2016. The DCYF will restructure how the state serves at-risk children and youth with the goal of producing better outcomes in all Washington communities.

The new agency will oversee several services now offered through the state Department of Social and Health Services and the Department of Early Learning. These include all currently represented in the Children's Administration in DSHS such as Child Protective Services, the Family Assessment Response program, and adoption support, as well as all DEL services, including the Early Childhood Education and Assistance Program for preschoolers and Working Connections Child Care.

On July 1, 2018 Children's Administration and the Department of Early Learning will cease to exist and the Department of Children, Youth, and Families will take over all functions of both agencies; in the midst of CA's CFSR review period. In preparation for this transition, incredible work with tribes and stakeholders of the Department of Children, Youth, and Families has and will continue to occur. Since the inception of DCYF, dozens

¹ Connie Lambert-Eckel has been Acting Assistant Secretary since September 2017. Previously she held the role of Director of Field Operations.

of community and staff meetings have been held. This ongoing “listening tour” has allowed Washingtonians the opportunity to provide deep input on how our clients and caregivers can be better served. CA has had significant involvement in supporting and participating in these efforts. It is clear that under the new agency, maturing our engagement with tribes and stakeholders will be a priority.

It is with great pride that I look back on the Department’s accomplishments over the last several years, and it is with great excitement that I look forward to CA’s incorporation into DCYF on July 1, 2018 and the CFSR Final Report to follow.

Children’s Administration Structure, Vision, Mission, and Values

The Department of Social and Health Services Children’s Administration (CA or the Department) is the public child welfare agency for the Washington State. CA is responsible for developing the Child and Family Services Plan and administering title IV-B and title IV-E programs under the plan. As the public child welfare agency for Washington State, our 2,800 staff members, in 49 field offices work with children and families to identify their needs and develop a plan for services that support families and assure the safety and well-being of children. These services are designed to reduce the risk of abuse, to find safe alternatives to out-of-home placement, and to ensure safety and permanency for children in out-of-home care.

Headquarters

The Children’s Administration headquarters structure includes eight divisions that report to the Department’s Assistant Secretary:

- Field Operations
- Executive Staff
- Finance and Performance Evaluation
- Program and Policy
- Technology Services
- Indian Child Welfare
- Legislative and External Relations
- Quality Assurance and Continuous Quality Improvement

Field Operations include:

- Three regions providing direct services for children and families
- Division of Licensed Resources
- Central Intake
- Child Fatality and Critical Incident Review Team
- Emergency Management

Executive Staff include:

- Parent and Relative Search
- Background Checks
- Public Disclosure
- Risk Management
- Special Projects
- Constituent Relations

Finance and Performance Evaluation include:

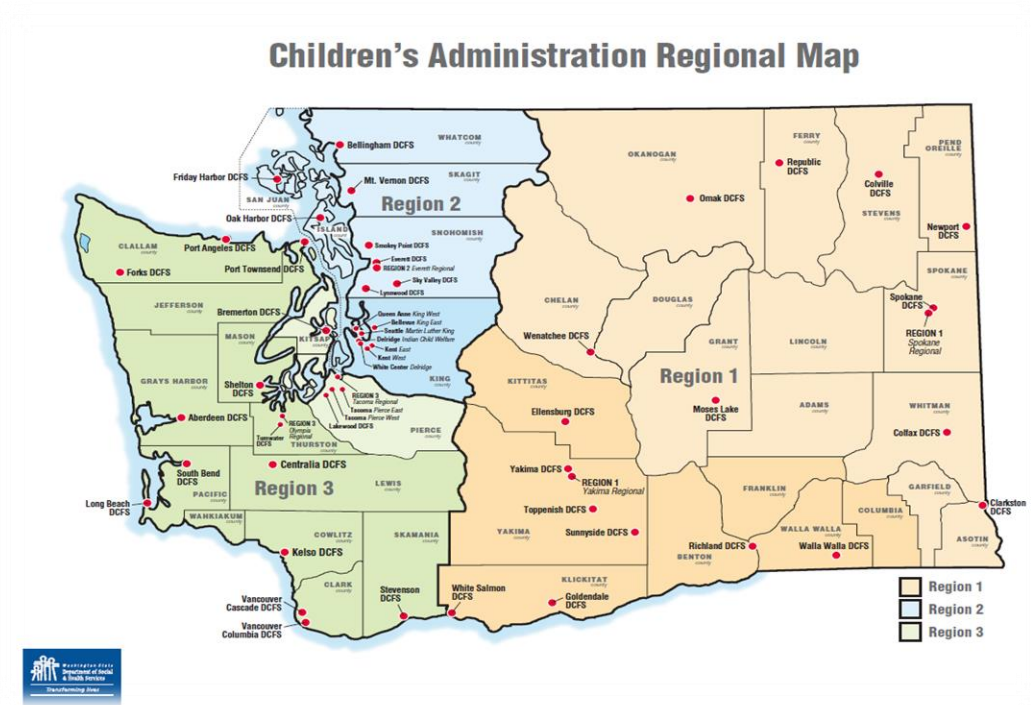
- Budget
- Contracts
- Finance and Accounting
- Data Unit

Program and Policy include:

- Policy development
- Safety and Permanency program staff
 - Children’s Justice Program
 - Intake/Safety
 - Child Protection Services
 - Child and Family Welfare and Family Voluntary Services
 - Permanency Planning
 - Adoption Services
 - Adoption Support
 - Interstate Compact on Placement of Children
- Well-being program staff
 - Kinship Care
 - Foster Parent Recruitment and Retention
 - Education and Adolescent Services
 - Mental Health Screening and Assessment

Regional Operations

Washington’s 39 counties are divided into three regions (or six sub regions divided by north and south). This report will primarily refer to sub regions unless otherwise noted. Region 1 North and South are primarily rural areas with some urban areas, while Region 2 North and South includes the county with the state’s largest population and some rural areas.



Region 3 North and South is an even mix of urban and rural offices.

Each region provides:

- Investigation of reports of child maltreatment
- Differential response to low risk reports of child maltreatment
- Case management
- In-home services
- Out-of-home services
- Permanency planning
- Foster home recruitment and training
- Adoptive home recruitment and certification

Mission

To transform lives by acting to protect children and promote healthier families through strong partnerships with the community, providers, and tribes.

Vision

An end to Child Abuse and Neglect

Values

- Inclusion
- Collaboration
- Compassion
- Respect

Acronyms and Abbreviations

AAG	Assistant Attorney General
AFCARS	Adoption and Foster Care Analysis and Reporting System
AGO	Attorney General's Offices
AHCC	Apple Health Core Connections
AOC	Administrative Office of the Courts
APSR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
CA	Children's Administration
CAPTA	Child Abuse Protection and Treatment Act
CASA	Court Appointed Special Advocates
CATS	Children's Administration Technological Services
CCRT	Central Case Review Team
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CPS	Child Protective Services
CPS FAR	Child Protective Services Family Assessment Response

CSEC	Commercially Sexually Exploited Children
CQI	Continuous Quality Improvement
DCYF	Department of Children, Youth, and Families
DLR	Division of Licensed Resources
DSHS	Department of Social and Health Services
EFC	Extended Foster Care
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ETV	Education and Training Voucher Program
FAB	Field Advisory Board
FRS	Family Reconciliation Services
FTDM	Family Team Decision Making
FVS	Family Voluntary Services
HQ	Headquarters
ICW	Indian Child Welfare
ICWA	Indian Child Welfare Act
IL	Independent Living
IPAC	Indian Policy Advisory Committee
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
MOU	Memorandum of Understanding
NCANDS	National Child Abuse and Neglect Data System
NAIR	Native American Inquiry Referral
NYTD	National Youth in Transition Database
OMS	Onsite Monitoring System
OPD	Original Placement Date
OSRI	Onsite Review Instrument
QA	Quality Assurance
SACWIS	Statewide Automated Child Welfare Information System
SCARED	Screen for Childhood Anxiety and Related Emotional Disorders
SCOMIS	Superior Court Management Information System
TPR	Termination of Parental Rights
WISe	Wraparound with Intensive Services
WSRDAC	Washington State Racial Disproportionality Advisory Committee

CFSR Review Period

CFSR Sample Period: Rolling sample from April 1, 2017 to September 30, 2017

Period of AFCARS Data: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17; September 2017

Period of NCANDS Data: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/1/17; September 2017

Case Review Period Under Review (PUR): April 1, 2018 to date review is completed (rolling sample from April 1, 2017 to September 30, 2017)

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Statewide Assessment Participants

Below is the list of names and affiliations of individuals who participated in completion of the statewide assessment. In addition, names of statewide committees who provided input can be found throughout the report and [item 31](#). Names of individual committee members can be provided upon request.

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Kathy Ramsay	ETV Program Manager, CA	Contributor

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Section II: Safety and Permanency Data




State Data Profile

Statewide data indicators are aggregate measures developed by the Children’s Bureau and are calculated for all states. Along with the measures, they established a national standard for each measure based on the performance of all states. Because laws and populations are different, each state’s performance is risk-adjusted for factors such as the age of children in care that vary between states; therefore, a state’s observed performance may meet the national standard, but their risk-adjusted performance will not meet the standard. Although these measures will not be included in the CFSR performance determination in 2018, it is useful to use these measures in monitoring.

The statewide data indicators are calculated by using administrative data available from Washington’s submissions to:

- AFCARS which collects case level information from state and tribal title IV-E agencies on all children in out-of-home care and those who have been adopted with title IV-E agency involvement. title IV-E agencies must submit AFCARS data to the Children’s Bureau twice a year.
- NCANDS which collects child-level information from state and tribal title IV-E agencies on every child who receives a response from a child protective services agency due to an allegation of abuse or neglect. States voluntarily report this data to the Children’s Bureau.

Statewide Data Indicator	National Performance	Risk Standardized Performance Interval	Risk Standardized Performance	Washington Observed Performance	Status
Recurrence of Maltreatment	<9.5%	<8.2%-10.0%	9.1% <i>FY2015-2016</i>	7.1% <i>FY2015-2016</i>	
Maltreatment in Out-of-Home Care	<9.67 victimizations	<8.89-11.25 victimizations	10.00 victimizations <i>FFY2015</i>	7.47 victimizations <i>FFY2015</i>	
Placement Stability	<4.44 moves	<6.19-6.57 moves	6.38 moves <i>April 1, 2016-March 31, 2017</i>	5.71 moves <i>April 1, 2016-March 31, 2017</i>	
Permanency in 12-months for Children Entering Out-of-Home Care	>42.7%	>33.4%-36.0%	34.7% <i>April 1, 2014-March 31, 2015</i>	34.4% <i>April 1, 2014-March 31, 2015</i>	
Permanency in 12-months for Children in Care 12-23 Months	>45.9%	>35.2%-38.4%	36.8% <i>April 1, 2016-March 31, 2017</i>	39.5% <i>April 1, 2016-March 31, 2017</i>	
Permanency in 12-months for Children in Care 24 Months or More	>31.8%	>30.7%-33.2%	31.9% <i>April 1, 2016-March 31, 2017</i>	41.1% <i>April 1, 2016-March 31, 2017</i>	
Re-entry in 12 months	<8.1%	<4.7%-7.1	5.8% <i>April 1, 2014-March 31, 2015</i>	4.7% <i>April 1, 2014-March 31, 2015</i>	

 State’s performance is statistically better than national performance  State’s performance is statistically no different than national performance  State’s performance is statistically worse than national performance

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

Risk standardized performance (RSP) interval is the state’s 95% confidence interval estimate for the state’s RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the Children’s Bureau is 95% confident that the true value of

the RSP is between the lower and upper limit of the interval. If the interval overlaps the national performance, the state's performance is statistically no different than the national performance. Otherwise, the state's performance is statistically higher or lower than the national performance. Whether higher or lower is desirable depends on the desired direction of performance for the indicator.

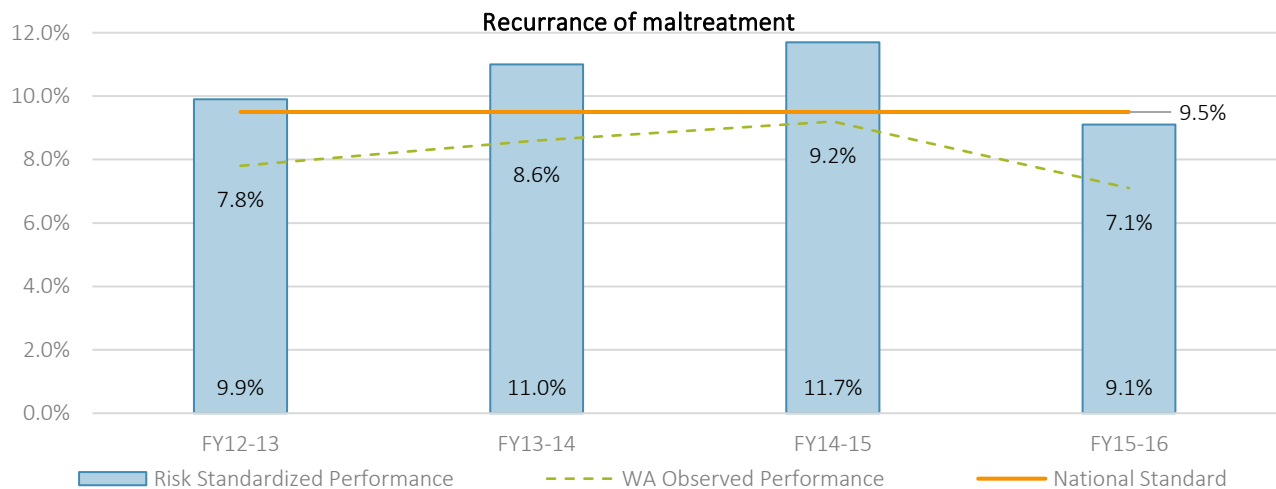
Risk standardized performance (RSP) is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a fairer comparison of state performance against the national performance.

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment.

Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome.

Recurrence of maltreatment

Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment allegation within 12-months of their initial report?



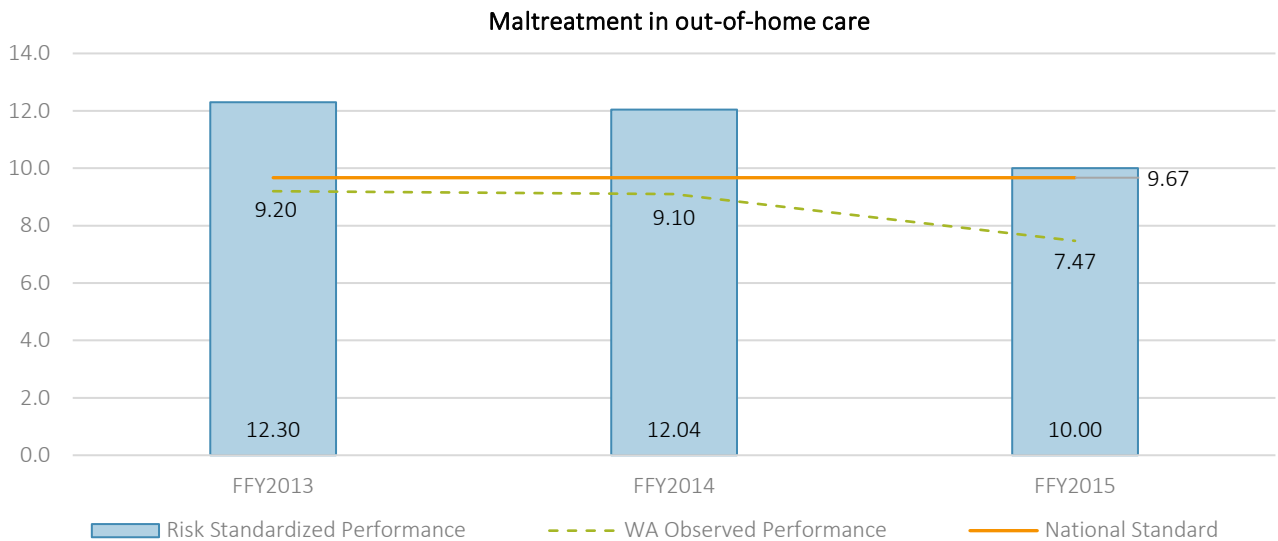
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

This statewide data indicator provides an assessment of whether the Department was successful in preventing subsequent maltreatment for a child if the child is the subject of a substantiated or indicated report of maltreatment.

The national performance standard is less than 9.5% of children experiencing recurrence of maltreatment and Washington's risk standardized performance for fiscal year 2015-2016 is 9.1%, which is statistically no different than the national performance standard. Washington's observed performance for the same time period is 7.1%; which is below the national standard of 9.5%.

Maltreatment in out-of-home care

Of all children in out-of-home care during a 12-month period, what is the rate of victimization per day of out-of-home care?



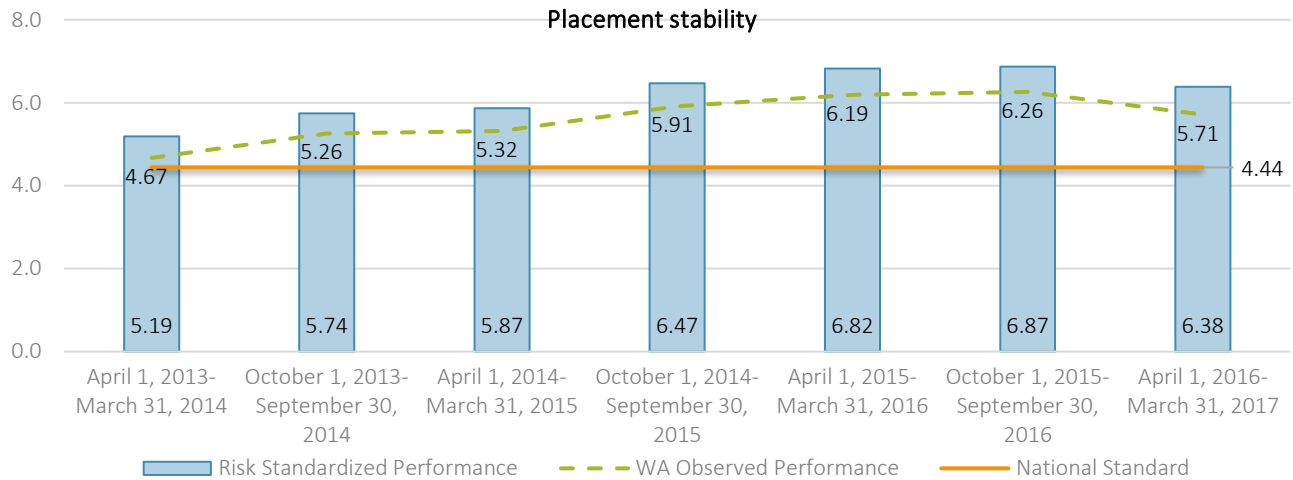
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

This statewide data indicator measures whether the Department is able to ensure that children do not experience abuse or neglect while in out-of-home care. The statewide data indicator holds states 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 out-of-home care.

Maltreatment in out-of-home care identifies the rate of victimization per 100,000 days in care for all children in out-of-home care during a 12-month period. The national performance standard is less than 9.67 victimizations and Washington's risk standardized performance for federal fiscal year 2015 is 10.0 victimizations which is statistically no different than the national performance standard. Washington's observed performance for federal fiscal year 2015 is 7.47 victimizations.

Placement stability

Of all children who enter out-of-home care in a 12-month period, what is the rate of placement moves per day of out-of-home care?



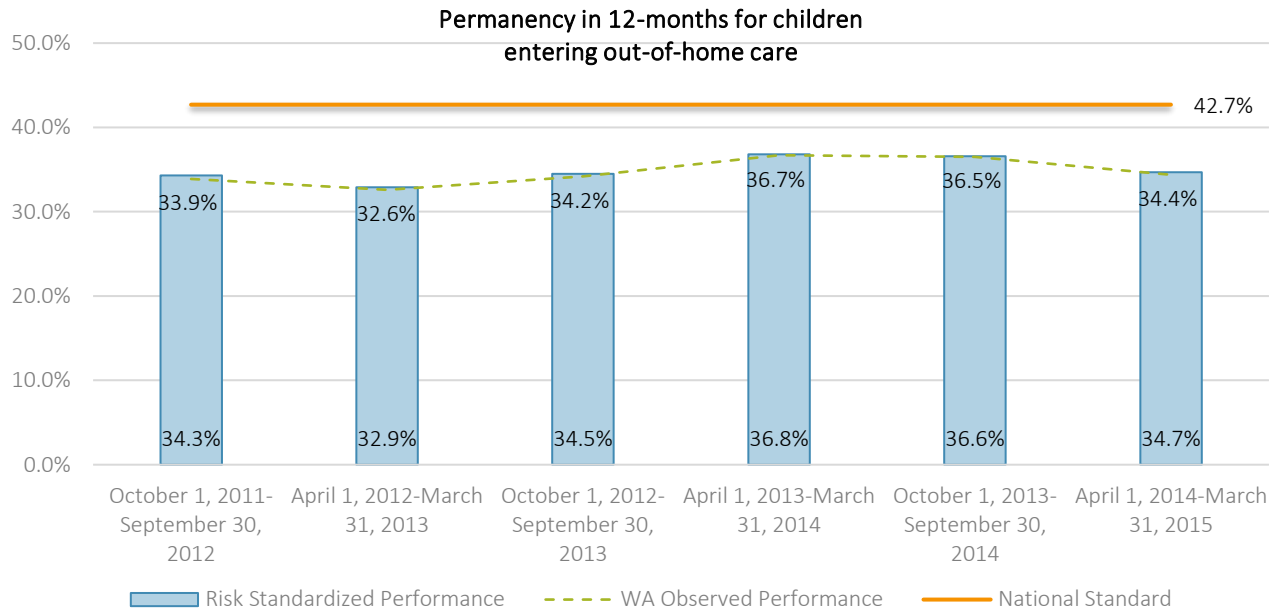
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

This statewide data indicator measures all children who enter out-of-home care during the identified timeframe and the rate of placement moves per 1,000 days of out-of-home care. The national performance standard is 4.44 moves or less per 1,000 care days.

Washington's risk standardized performance for April 1, 2016 to March 31, 2017 is 6.38 moves per 1,000 care days which is statistically worse than the national performance standard. Washington's observed performance is 5.71 moves.

Permanency in 12-months for children entering out-of-home care

Of all children who enter out-of-home care in a 12-month period, what percent discharged to permanency within 12-months of entering out-of-home care?



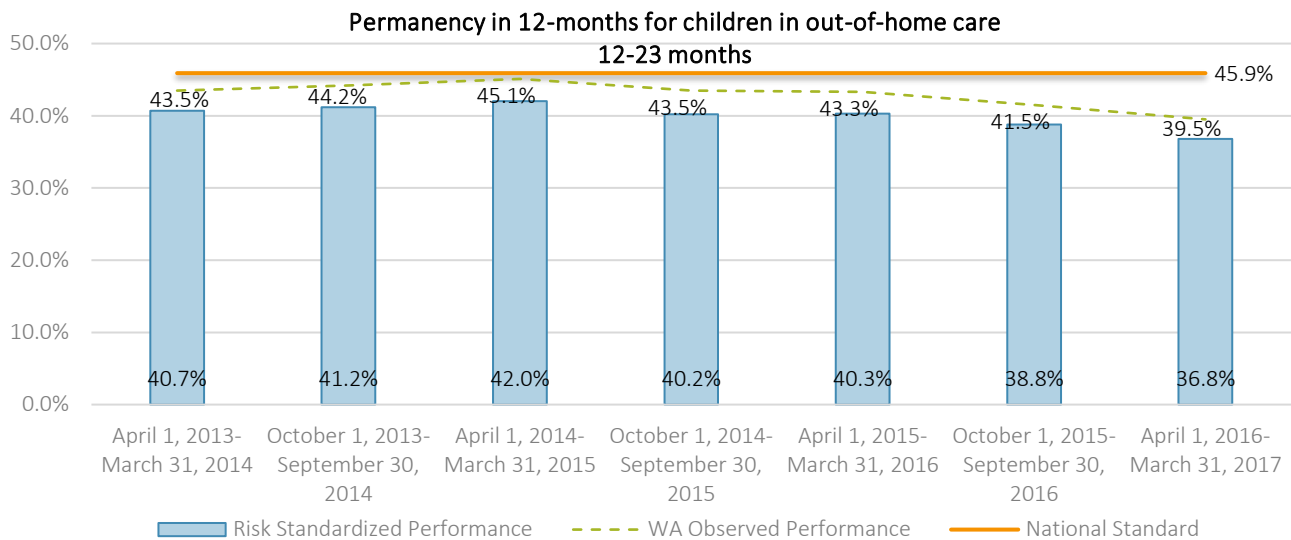
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

This statewide data indicator provides a focus on the Department’s responsibility to reunify or place children in safe and permanent homes as soon as possible after removal. The national standard for this statewide data indicator is at or above 42.7%.

Washington’s risk standardized performance for children who were placed into out-of-home care April 1, 2014 to March 31, 2015 is 34.7% which is statistically worse than the national performance. Washington’s observed performance for the same time frame is 34.4% which is below the national standard.

Permanency in 12-months for children in care 12-23 months

Of all children in out-of-home care on the first day of a 12-month period who had been in out-of-home care (in that episode) between 12 and 23 months, what percent discharged from out-of-home care to permanency within 12-months of the first day of the 12-month period?



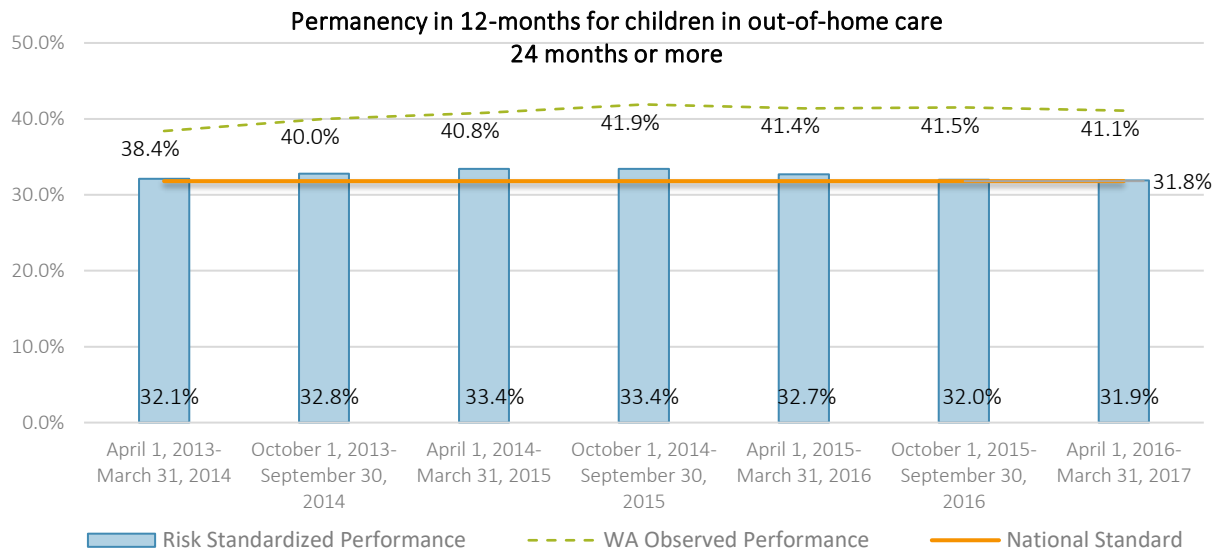
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

This statewide data indicator provides a focus on the Department’s responsibility to reunify or place children in safe and permanent homes timely, if not achieved in the first 12-months of out-of-home care. The national standard for this statewide data indicator is at or above 45.9%.

For children in out-of-home care 12-23 months April 1, 2016 to March 31, 2017, 36.8% achieved permanency based on Washington’s risk adjusted performance, which is statistically worse than the national performance. Washington’s observed performance is 39.5% and is below the national performance standard.

Permanency in 12-months for children in care 24 months or more

Of all children in out-of-home care on the first day of a 12-month period, who had been in out-of-home care (in that episode) for 24 months or more, what percent discharged to permanency within 12-months of the first day of the 12-month period?



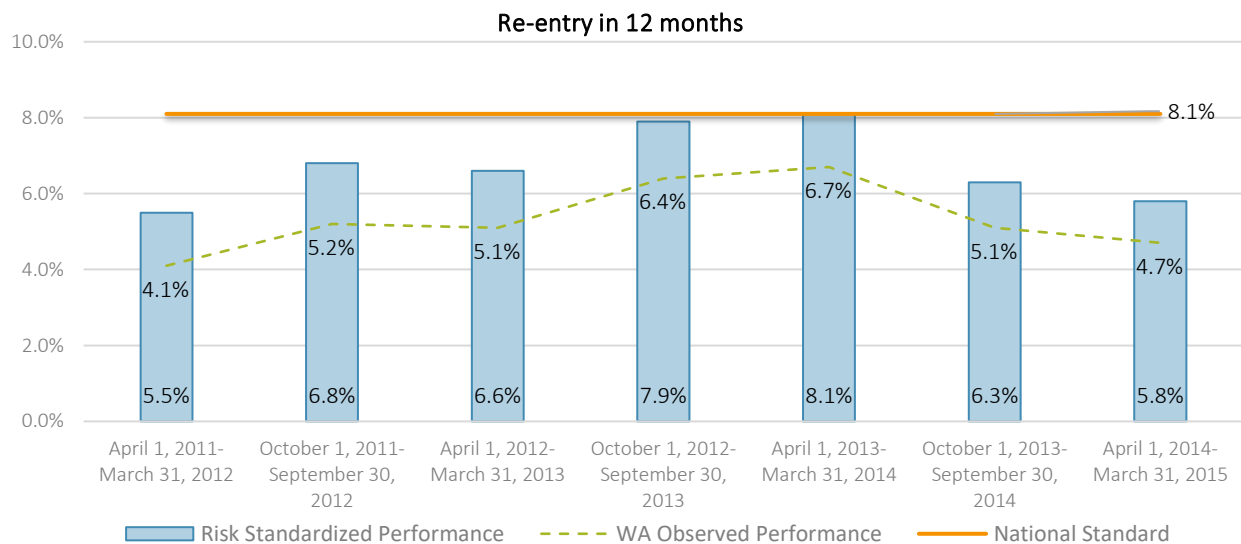
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

This statewide data indicator monitors the effectiveness of the Department in continuing to ensure permanency for children who have been in out-of-home care for longer periods of time. The national standard for this statewide data indicator is at or above 31.8%.

For children in out-of-home care 24 months or more April 1, 2016 to March 31, 2017, 31.9% achieved permanency based on Washington’s risk adjusted performance, which is statistically no different than the national performance. Washington’s observed performance for is 41.1%; which is almost ten percent above the national standard.

Re-entry in 12 months

Of all children who enter out-of-home care in a 12-month period who discharged within 12-months to reunification, living with a relative(s), or guardianship, what percent re-enter out-of-home care within 12-months of their discharge?



Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

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

Washington’s risk standardized performance for children who re-enter care within 12-months of discharge April 1, 2014 to March 31, 2015 is 5.8% which is statistically better than the national performance. Washington’s observed performance for the same time frame is 4.7% which is below the national standard.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

The Department continually assesses performance by reviewing data on safety, permanency, and well-being outcomes, as well as system functioning. Data is gathered through administrative data reports, qualitative case reviews, and interactions with stakeholders. The Department utilizes data and stakeholder feedback included within this report to conduct a self-assessment of statewide practice, services, and progress towards achieving identified outcomes and objectives.

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

- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS data files. CA produces data profiles semi-annually which are submitted to the U.S. Department of Health and Human Services. The semi-annual submissions are considered the official data for determining conformity with the CFSR Statewide Data Indicators on safety and permanency.
- *infoFamLink* – This is the reporting system for Children’s Administration which is integrated into our information management system, FamLink. The reporting system includes reports regarding safety, permanency, well-being, licensing and caregivers, and administrative that are populated from information data entered into FamLink. All CA staff including caseworkers, supervisors, regional leadership, and program managers, have access to run reports.
- *Central Case Review Team (CCRT)* – This data is generated by reviewing investigation, in-home, and out-of-home care cases utilizing the Online Monitoring System (OMS) for documenting case review results and reviewing cases according to the federal Onsite Review Instrument (OSRI) standards.

There were 13 onsite reviews of 15 offices completed January 2017 through September 2017. The case sample for each review was designed to be large enough to show practice trends within the office, to include at least one case from each case-carrying worker, and to not over-represent a single program or worker. The sample included randomly selected cases that were open one or more days in the six months prior to the review date. A total of 240 cases were reviewed. Parent, caseworker, and caregiver interviews occurred as part of the case review process. There were a total of 92 mothers and fathers, 194 caseworkers, and 106 caregivers who were available and willing to participate in an interview by phone or in-person.

The *CCRT* results do provide information about areas of strength and challenges in the Washington which helps to identify target areas for further analysis and improvement. Complete data for calendar year 2017 will be updated in our next APSR submission. In addition, further analysis of data including race, gender, and age will be included in the APSR update.

Offices Reviewed by the Central Case Review Team January through September 2017

Region 1		Region 2		Region 3	
Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South
Spokane	Omak Sunnyside Wenatchee Yakima	Oak Harbor	MLK Office Office of Indian Child Welfare	Bremerton Lakewood Tacoma	Forks* Port Angeles* Port Townsend* Tumwater






Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017




**Cases from the Forks, Port Angeles and Port Townsend offices were reviewed together at one site during the same week.*

Safety Outcomes 1 and 2

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

- For each of the two safety outcomes, include the most recently available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

	Federal Target	Jan-Sep 2017 Performance	Status
Safety Outcome 1: Children are first and foremost protected from abuse and neglect	95%	85% 5% decrease since CY2016	
Item 1: Timeliness of initiating investigations of reports of child maltreatment	95%	85% 5% decrease since CY2016	
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	95%	74% 2% decrease since CY2016	
Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of-home care	95%	90% 6% decrease since CY2016	
Item 3: Risk assessment and safety management	95%	74% 2% decrease since CY2016	

 Federal Target Achieved
  Within 10% of Federal Target
  Greater than 10% of Federal Target

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

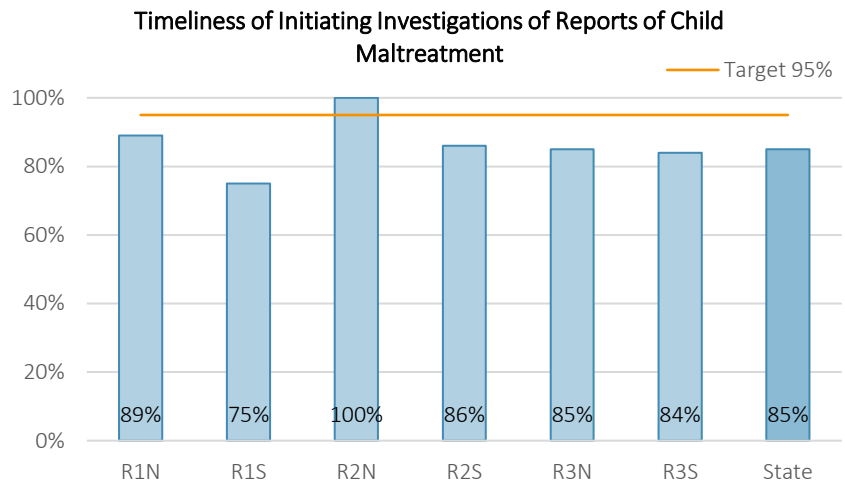
Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Item 1: Timeliness of initiating investigations of reports of child maltreatment

CA's performance related to safety outcome 1 has been assessed as a strength.

CCRT results found that the timeliness of initiating an investigation or assessment of reports of child maltreatment were found a strength in 85% (90 out of 106) of the cases reviewed January through September 2017.

The investigation or assessment was initiated in accordance with the state timeframes (24-hours or 72-hours) and requirements in 97% (103 out of 106) of cases reviewed. 76% (81 out of 106) of child(ren) who is (are) the subject of the maltreatment report had face-to-face contact within the state timeframes (24-hours or 72-hours) and requirements. When face-to-face contact did not occur within the required timeframe, 36% (9 out of 25) of reviewed cases included documentation of an acceptable reason for the delay which was due to circumstances beyond the agencies control.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	89%	79%	100%	91%	85%	75%	85%
<i>Total applicable cases</i>	27	28	8	11	20	12	106
<i>Strength cases</i>	24	22	8	10	17	9	90
<i>Area Needing Improvement cases</i>	3	6	0	1	3	3	16

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Region 1 East, 1 Central, 3 North, and 3 South accounted for the majority of the cases rated as area needing improvement. The nine (9) cases from Region 1 were reviewed and indicated:

- One (1) of the cases, an investigation or assessment was not initiated in accordance with the state timeframes, face-to-face contact with the subject child(ren) were not initiated within the state timeframe, and no documentation of an extension or exception could be located.
- Six (6) cases had one intake during the period under review in which the caseworker did not have face-to-face contact with the subject children within the state timeframe and no documentation of an extension or exception could be located.
- Two (2) cases had multiple intakes during the period under review in which the caseworker did not have face-to-face contact with the subject child(ren) within the state timeframe and no documentation of an extension or exception could be located.

In reviewing cases rated as an area needing improvement from Region 3 North and South, two (2) of the cases did not have an investigation or assessment initiated in accordance with the state timeframes, face-to-face contact with the subject child(ren) were not initiated within the state timeframe, and no documentation of an extension or exception could be located. The remaining four (4) cases had one intake during the period under review where

the caseworker did not have face-to-face contact with the subject child(ren) within the state timeframe and no documentation of an extension or exception could be located.

CA staff (caseworkers, supervisors, regional QA staff, regional leadership) have the ability to monitor completion of initial face-to-face visits utilizing an infoFamLink report which identifies each intake assigned for investigation or assessment. January through September 2017², 97.7% (14,461 out of 14,798) of 24-hour CA Division of Child and Family Services (DCFS) intakes (excluding DLR CPS investigations and DLR CPS risk only intakes) were completed and attempted with appropriate documentation within the required timeframe. For the same time period, 97.9% (29,478 out of 30,103) of 72-hour DCFS intakes (excluding DLR CPS investigations and DLR CPS Risk only intakes) were completed and attempted with appropriate documentation within the required timeframe. The use of exceptions and extensions can also be monitored through an infoFamLink report³. For 24-hour response intakes received January through September 2017, 295 (out of 14,798) DCFS intakes had a documented exception and 3,095 (out of 14,798) DCFS intakes had an extension documented; accounting for 22.9% (3,390 out of 14,798) of all 24-hour intakes. DCFS intakes with a response time of 72-hours noted 18.9% (5,698 out of 30,103) had an exception or extension documented; 859 intakes had an exception and 4,839 intakes noting an extension.

DLR CPS investigations and DLR CPS risk only intakes received January through September, 93.7% (358 out of 382) intakes with a 24-hour response time were completed and attempted timely; 17 (out of 382) had an exception documented and 121 (out of 382) had a documented extension. DLR CPS intakes received with a 72-hour response time were completed and attempted timely 98.8% (1,237 out of 1,252) of the time; with 87 intakes having a documented exception and 283 intakes noting an extension.

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

In 2016, the HQ Quality Assurance and Continuous Quality Improvement (QA/CQI) section began holding regional semi-annual deep dive meetings to learn additional information regarding strengths and challenges the field offices and/or region may be experiencing on the CFSR items.

These meetings are referred to as regional semi-annual deep dives and include participation from the appropriate HQ program managers via video conference. This participation allows for conversation between the region and headquarters regarding an identified strength or challenge and possible identification of a strategy for improvement.

Through the regional semi-annual deep dives, strengths noted include:

- Regional Quality Practice Specialist, CPS Program Managers, and Regional Quality Assurance staff conduct qualitative random reviews of initial face-to-face contact (IFF) with victims of alleged child maltreatment and appropriateness of extensions for IFF contacts. When practice issues are identified, regional staff reach out to supervisors and caseworkers to educate them on policy and ensure quality practice. Significant improvement has been noted across the region in this area and it is believed this is an effective approach for staff in this region. (Region 1)
- Intake staff developed and utilize a laminated version of intake documentation and completion timeframes that serves as a convenient reference tool to ensure that staff are aware of policy timeframes

² Data Source: Initial face-to-face summary report; January-September 2017; infoFamLink; January 12, 2018

³ Data Source: Initial face-to-face exception and extension summary report; January-September 2017; infoFamLink; January 12, 2018

and complete intakes in a timely manner so that caseworkers in the field have sufficient time to respond to alleged victims of child maltreatment. (Region 1)

- Field offices reported that there is good teamwork within the office around ensuring IFFs are completed and seeing children timely for IFFs is a priority. (Region 1)
- After hours IFF response on weekends and holidays was noted as a positive contributor to timely completion of IFFs in some offices. (Region 1)
- Timely intake assignment through constant monitoring of the SACWIS system intake notifications was seen as an effective tool in completing timely IFFs. (Region 1)
- Law enforcement responding timely to intakes that involved a potential crime against a child was seen as a strength in some offices. (Region 1)
- Regional Quality Assurance staff conduct monthly reviews of IFF completions and extensions. If practice trends are identified regional Quality Assurance staff reach out to area administrators and supervisors to address any practice issues. (Region 2)
- Regional all-staff reminder messages about policy requirements for IFF completion and extensions are sent on a regular basis. (Region 2)
- Regional Quality Practice Specialists receive weekly reports for IFF extensions and conduct random reviews. When practice issues are identified they assist staff in the field offices to ensure proper understanding of policy requirements. (Region 3)
- Efforts are being made to conduct 100% reviews on all extensions entered to include ensuring that ongoing attempts are made to locate the child after the extension. A weekly report is provided to field offices with the results of the review. (Region 3)
- IFFs and extensions are discussed monthly with regional leadership and the Regional Administrator has sent all-staff communications regarding IFF and extension requirements to staff. (Region 3)
- An extension and exception training was developed and implemented for field staff (Region 3).
- When completion of IFFs has not been documented in FamLink, staff receive an e-mail notification within required timeframes until documentation has been noted. (Statewide)
- IFFs and extensions are reviewed periodically by program staff for appropriate use. Area Administrators and supervisors are informed of trends or areas in need of improvement as they are identified. (DLR)
- The division of DLR CPS which investigates child abuse and neglect in state care independently met this measure. (DLR)

Areas of improvement and challenges identified during the regional semi-annual deep dives includes:

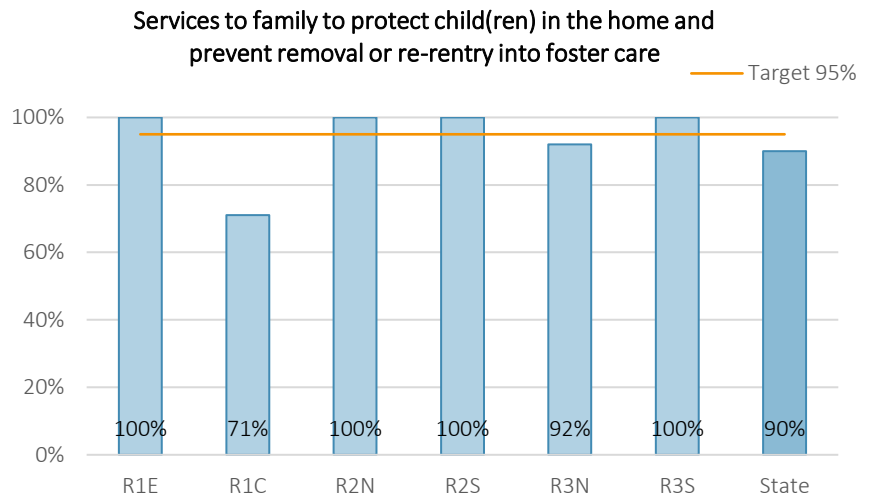
- Delays in times related to intake completing documentation timely in order to provide the assigned CPS caseworker adequate and sufficient time to complete the IFF timely. (Statewide)
- Date of the alleged maltreatment was entered incorrectly on the intake document which affects timeliness. (Statewide)
- Delays due to intake assignment being placed in the wrong office referral queue. (Region 1)
- Delays related to field office not agreeing with intake screening decision and process to determine correct screening decision make take longer than original response timeframe. (Region 1)
- Workload for field staff related to the increase in emergent 24-hour intakes being assigned for response is seen as a barrier to timely completion of IFFs in some offices. (Region 1).
- Additional training around Risk Only intakes for CFWS caseworkers to include completion of the IFF is needed. (Region 1)

- Appropriate use of extensions by field supervisors within the FamLink database system is an area needing improvement. (Region 1 and 2)
- Workload management related to staff turnover, annual leave, and sick leave impact this measure. (Region 1)
- Workload management regarding intake assignment in large geographical coverage areas impact this measure. Common issues in these areas are distance from the field office, weather conditions, and lack of cellular phone service for communication purposes. (Region 1)
- Inaccurate information listed on the intake to include address, contact information, names of family members was identified as a barrier. (Region 1)
- Resistance from after hours to make IFF contact in some areas is a barrier. (Region 1 and DLR)
- DLR CPS Intakes assigned by intake staff to the wrong unit is a barrier. (DLR)
- Implemented the *MyCases* phone application that allows workers to access limited case information in SACWIS system while in the field as well as document IFF case notes and audio recorded interviews. (Statewide)
- Updated SACWIS system to email incomplete IFF notifications to field staff and supervisors twice weekly until IFF has been correctly documented in FamLink. The report was also modified for use in the field by including access via links to the *MyCases* mobile application so caseworkers can more easily find information such as date and time IFF is due, family address, age of child and child's school. (Statewide)
- CA practices and procedures manual policies 2310: Initial Face-to Face Response, 2333: Interviewing Children, 4431: Legal Jurisdiction and Office Assignment, and 6600: Documentation were clarified to help caseworkers understand IFF expectations, intake assignment locations and documentation timeframes. These clarifications were communicated to all CA staff through policy roll-out trainings and statewide CPS leads meetings. (Statewide)

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

Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of-home care

The Department determined that performance related to safety outcome 2 is an area of continued improvement; specifically, the assessment and addressing of risk and safety concerns related to the child(ren).



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	100%	71%	100%	100%	92%	100%	90%
Total applicable cases	11	17	4	7	12	8	59
Strength cases	11	12	4	7	11	8	53
Area Needing Improvement cases	0	5	0	0	1	0	6

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

CCRT results found that the agency made concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into out-of-home care or re-entry into out-of-home care after reunification in 90% (53 out of 59) of reviewed cases. Further analysis noted that 30% (13 out of 44) of cases identified as foster care were rated a strength. In-home and CPS FAR cases were rated a strength for 80% (12 out of 15) of the reviewed cases. When any child was removed from the home without providing or arranging for services, the removal was necessary to ensure the child’s safety in 94% (31 out of 33) of the cases reviewed.

Practice statewide was relatively consistent among sub regions, with the exception of Region 1 Central at 71% (12 out of 17). In reviewing the five cases rated area needing improvement, three were in-home and two were foster care cases. For the in-home cases, services were not provided for children at risk of foster care placement to remain safely in their homes (2 out of 3). In half (1 out of 2) of the foster care case reviewed, the child was reunified or returned home on a trial basis and the reviewer determined there were concerns regarding the safety of that child in the home.

According to Washington State Center for Court Research, our states dependency filing rate (per 1,000 children in general population) in 2016 was 2.97⁴ with 4,836 dependency petitions filed. It is too early to note the dependency filing rate for 2017; however, 4,976 dependency petitions were filed in 2017⁵ which is a 1% increase over 2016.

January through December 2017, 9.2% (459 out of 4,976) of newly established dependencies had a previously dismissed dependency case. In reviewing the time between the previously dismissed and newly established

⁴ Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2017; as of December 31, 2017

⁵ Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2017; as of December 31, 2017

dependency case, 47% (215 out of 459) remained home more than 24 months before reentry and 35% (161 out of 459) reentered care within 12-months of dismissal.

The regional semi-annual deep dives identified strengths related to efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into out-of-home care.

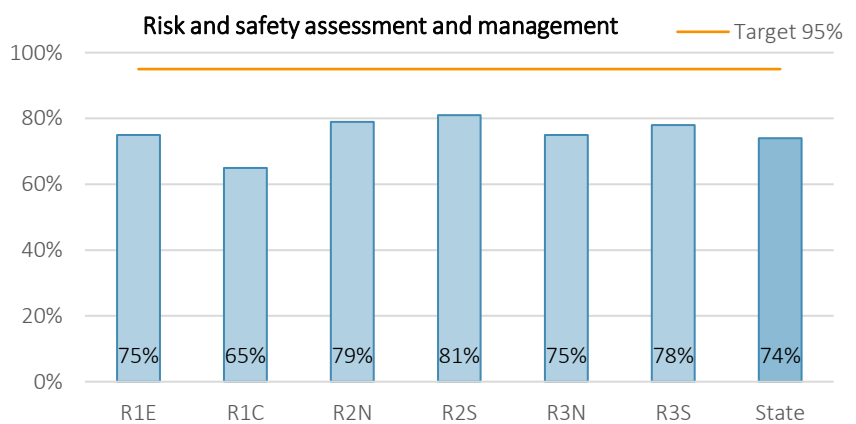
- The use of Family Team Decision Making (FTDM) meetings to assist in determining service needs for families. (Region 1)
- Knowledge of providers and services within the coverage area and engagement of families to identify service needs. (Region 1)
- Secondary review process for potential out-of-home cases that includes a staffing with the caseworker, supervisor, and area administrator to determine whether removal is necessary or is appropriate services and planning can maintain the child safely in the home. (Region 3)

Statewide challenges identified by the CCRT included:

- Delay of service referrals being processed and sent to identified provider due to established regional process related to approval of referrals. (Region 1)
- Court ordered services are being ordered in some jurisdictions that may not be appropriate to meet the needs of the family which can create a delay in service delivery. (Region 1)
- When the case is identified as services only, there is a lack of Family Voluntary Services (FVS) caseworkers to facilitate transfer of the case. (Region 1)
- Addressing all allegations that were listed in the intake prior to case closure to prevent re-referral for the same concern that may escalate in severity. (Region 3)

Item 3: Risk Assessment and Safety Management

Cases reviewed statewide by the CCRT January through September 2017 found 74% (177 out of 240) of the cases were rated a strength regarding risk assessment and safety management.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	75%	65%	79%	81%	75%	78%	74%
Total applicable cases	65	57	14	26	51	27	240
Strength cases	49	37	11	21	38	21	177
Area Needing Improvement cases	16	20	3	5	13	6	63

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results & January-September 2017 Case Review Results; October 6, 2017

The agency conducted an accurate initial assessment that identified all risk and safety concerns for the child in out-of-home care and or any child(ren) remaining in the family home in 78% (77 out of 99 applicable cases reviewed January through September 2017) of cases opened during the period under review. Reviewing case type for the cases had an accurate assessment noted in-home cases as an area needing improvement.

- Foster care cases - 84% (32 out of 38)
- CPS FAR cases - 81% (21 out of 26)
- In-home cases - 69% (24 out of 35)

In addition to the OSRI being utilized for central case reviews, Washington's *CCRT* conducts a review of specific programs using a CA created central case review tool. This additional tool evaluates comprehensiveness of investigative interviews, subject interviews, collateral contacts, and of the CPS investigation or CPS FAR intervention.

- *Were the investigative interviews and observations of child victims sufficiently comprehensive?* (CPS Investigation and CPS FAR)⁶

Statewide, 86% (74 out of 86) of investigative interviews with all verbal alleged child victims occurred face-to-face, were comprehensive, and thoroughly addressed all allegations, risk and safety threats.

Region 1 – 82% (37 out of 45)

Region 2 – 93% (14 out of 15)

Region 3 – 88% (23 out of 26)

Statewide, 74% (26 out of 35) of interviews with the verbal alleged child victim(s) were comprehensive and thoroughly addressed all allegations, risk and safety threats and included adequate observations and descriptions of the child.

Region 1 – 73% (16 out of 22)

Region 2 – 100% (3 out of 3)

Region 3 – 70% (7 out of 10)

- *Was the parent contacted in advance to arrange the initial meeting without compromising child safety?* (CPS FAR)⁷

The parent was contacted in advance by phone to arrange the initial meeting, unless a significant safety concern required an unannounced home visit in 86% (30 out of 35) of cases reviewed.

Region 1 – 86% (19 out of 22)

Region 2 – 100% (3 out of 3)

Region 3 – 80% (8 out of 10)

- *Were all subjects interviewed face-to-face?* (CPS Investigation)⁸

All subjects who were reasonably available were interviewed face-to-face or by law enforcement in 78% (67 out of 86) of cases reviewed statewide.

Region 1 – 76% (34 out of 45)

Region 2 – 80% (12 out of 15)

Region 3 – 81% (21 out of 26)

- *Were the parent interviews sufficiently comprehensive?* (CPS FAR)⁹

Statewide, 74% (26 out of 35) interviews with parents were sufficiently comprehensive and addressed all identified allegations and child abuse or neglect, risk and safety threats during the course of the CPS FAR intervention.

⁶ Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

⁷ Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

⁸ Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

⁹ Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Region 1 – 64% (14 out of 22)

Region 2 – 100% (3 out of 3)

Region 3 – 90% (9 out of 10)

▪ *Were the subject interviews sufficiently comprehensive?* (CPS Investigation)¹⁰

Statewide, 87% (73 out of 84) of investigative interviews with all subjects comprehensively addressed all identified allegations of child abuse or neglect, risk and safety threats identified during the course of the CPS investigation.

Region 1 – 89% (39 out of 44)

Region 2 – 75% (12 out of 16)

Region 3 – 92% (22 out of 24)

▪ *Were collateral contacts made with all important individuals who may have relevant information regarding child safety?* (CPS Investigation and CPS FAR)¹¹

Statewide, 90% (77 out of 86) of collateral contacts were made to gather and verify information regarding child safety with all important individuals who may have relevant information regarding the CPS investigation.

Region 1 – 87% (39 out of 45)

Region 2 – 87% (13 out of 15)

Region 3 – 96% (25 out of 26)

Statewide, 71% (25 out of 35) of collateral contacts were made to gather and verify information regarding child safety with all important individuals who may have relevant information regarding the CPS FAR intervention.

Region 1 – 73% (16 out of 22)

Region 2 – 67% (2 out of 3)

Region 3 – 70% (7 out of 10)

▪ *Was the CPS investigation (or the CPS FAR intervention) sufficiently comprehensive to determine if all children were safe, and were all risk and safety threats adequately addressed?* (CPS Investigation and CPS FAR)¹²

Statewide, 87% (75 out of 86) of CPS investigations were sufficiently comprehensive to determine if all children were safe and all risk and safety threats were adequately addressed.

Region 1 – 80% (36 out of 45)

Region 2 – 87% (13 out of 15)

Region 3 – 100% (26 out of 26)

Statewide, 74% (26 out of 35) of CPS FAR interventions were sufficiently comprehensive to determine if all children were safe, and all risk and safety threats were adequately addressed.

Region 1 – 73% (16 out of 22)

Region 2 – 100% (3 out of 3)

Region 3 – 70% (7 out of 10)

¹⁰ Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

¹¹ Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

¹² Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

The OSRI found that an accurate ongoing assessment was conducted in 76% (183 out of 240) of the reviewed cases, with the majority of reviewed cases identified as foster care (174 out of 240). An accurate ongoing assessment occurred in 87% (151 out of 174) of foster care cases, 54% (21 out of 39) of in-home cases, and 41% (11 out of 27) of CPS FAR cases.

An analysis of office results found that statewide eight offices achieved 85% or better in assessing and addressing risk and safety concerns for children. While there were a few large offices in this count, the majority were smaller offices across the state.

Additional program specific questions included in the CA created case review tool and utilized by the CCRT include:

- *Was there was an adequate assessment of other adults who reside in parents' household or with frequent unsupervised access to the child(ren) and were all concerns related to the child's safety adequately addressed?*

There were other adults who resided in the parent's household or who had frequent unsupervised access to the child, and adequate information was gathered to identify risk and safety threats to the child. All concerns related to the child's safety were adequately assessed and addressed.

Statewide, 65% (60 out of 92) of other adults with access to the child(ren) were adequately assessed and all concerns related to the child's safety were adequately addressed. Region 3 had the largest number of applicable cases and the highest performance across the three regions.

	Total Cases	Compliant	Non-Compliant	Percentage
Region 1E	22	15	7	68%
Region 1C	26	14	12	54%
Region 1 total	48	29	19	60%
Region 2N	5	3	2	60%
Region 2S	7	5	2	71%
Region 2 total	12	8	4	67%
Region 3N	23	16	7	70%
Region 3S	9	7	2	78%
Region 3 total	32	23	9	72%
Statewide total	92	60	32	65%

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

- *Was domestic violence assessed and addressed when a child resided in the household?*

When a child resided in the household, a domestic violence screening was completed. When the screening identified domestic violence, the specialized domestic violence questions were completed in the Safety Assessment.

Statewide, 52% (64 out of 123) of households where a child resided received a domestic violence assessment and addressed when applicable.

	Total Cases	Compliant	Non-Compliant	Percentage
Region 1E	31	19	12	61%
Region 1C	31	13	18	42%
Region 1 total	62	32	30	52%
Region 2N	6	5	1	83%
Region 2S	12	6	6	50%
Region 2 total	18	11	7	61%

	Total Cases	Compliant	Non-Compliant	Percentage
Region 3N	28	14	14	50%
Region 3S	15	7	8	47%
Region 3 total	43	21	22	49%
Statewide total	123	64	59	52%

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

- *Were infant safe sleep and the Period of Purple Crying assessed and addressed for children 12 months or younger?*

A safe sleep assessment was completed when placing a child in a new placement setting or completing a CPS intervention involving a child aged birth to one year, even if the child is not identified as an alleged victim or an identified child. The assessment must be completed where the child primarily resides.

Statewide, 47% (22 out of 47) of children 12 months or younger were assessed for infant safe sleep and the period of purple crying. Region 3 had the highest number of applicable cases and the strongest performance at 58%.

	Total Cases	Compliant	Non-Compliant	Percentage
Region 1E	12	7	5	58%
Region 1C	6	1	5	17%
Region 1 total	18	8	10	44%
Region 2N	4	1	3	25%
Region 2S	6	2	4	33%
Region 2 total	10	3	7	30%
Region 3N	15	8	7	53%
Region 3S	4	3	1	75%
Region 3 total	19	11	8	58%
Statewide total	47	22	25	47%

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Regional semi-annual deep dives noted the following strengths contributed to stronger performance.

- Completion of the initial comprehensive assessment includes strong documentation regarding safety and risk
- Regular case consultation with peers and qualified program managers across the state and region
- Strong understanding of Child Safety Framework
- Supervisor available to provide clinical direction to staff
- Consistent use of shared planning meetings and Family Team Decision Making meetings
- Ensuring appropriate supports are in place for children to return home safely
- Supervisor and caseworkers have strong understanding of policy and how to apply requirements to practice
- Consistent health and safety visits with children
- Development and maintenance of good relationships with service providers
- Seasoned and experienced caseworkers who focus on provider services to prevent removal

Several systemic areas for improvement related to accurately assessing and addressing the risk and safety concerns of children were noted by the CCRT and during the regional semi-annual deep dives.











- After hours caseworkers and supervisors not provided consistent training and messaging as daytime staff. To address this, an updated training has been developed and will be implemented in 2018.
- Court may order the return of a child without adequately or appropriately addressing all safety concerns.
- Inconsistency in dissemination of policy updates and practice priorities between offices and sub regions.
- Quality of work due to employee turnover, retention, and managing high volume of cases.
- Caseworkers are not interviewing children privately, away from the presents of caregivers. The importance of private conversations was included in the statewide monthly health and safety visit campaign started in August 2016.
- Caseworkers are not: assessing all children in the home, not just the identified child; other adults in the home; or conducting a domestic violence assessment.
- Continuing to assess risk and safety after the initial contact with the family.
- Time management for caseworkers with emergent 24-hour intakes increasing.
- Caseworker training needs to be provided or improved regarding:
 - Difficult conversations with adults around child safety
 - Practical aspects and planning for child safety focused on the Child Safety Framework
 - Ensuring sufficient information is gathered and documented to complete an accurate assessment

A CPS in-service training has been developed and will be implemented in 2018. The training will include the key areas noted above.

Permanency Outcomes 1 and 2

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

- For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.

	Federal Target	Jan-Sep 2017 Performance	Status
Permanency Outcome 1: Children have permanency and stability in their living situations	95%	24% 3% decrease since CY2016	
Item 4: Stability of out-of-home care placement	95%	68% 5% decrease since CY2016	
Item 5: Establishment of an appropriate permanency goal for the child in a timely manner	95%	68% 5% improvement since CY2016	
Item 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangement	95%	40% 6% decrease since CY2016	
Permanency Outcome 2: The continuity of family relationships and connections is preserved	95%	62% 9% improvement since CY2016	
Item 7: Placement with siblings	95%	79% 6% improvement since CY2016	
Item 8: Visiting with parents and siblings in out-of-home care	95%	63% 4% improvement since CY2016	
Item 9: Preserving connections	95%	80% 1% improvement since CY2016	
Item 10: Relative placements	95%	67% 1% decrease since CY2016	
Item 11: Maintaining relationships between the child in out-of-home care and his or her parents	95%	60% 19% improvement since CY2016	

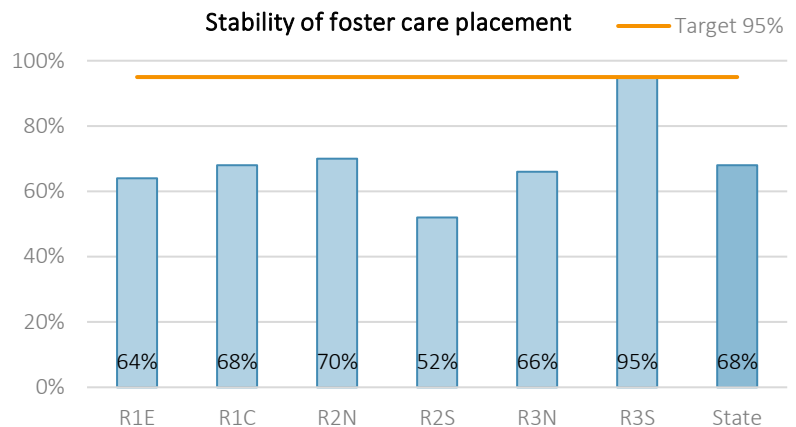
 Federal Target Achieved
  Within 10% of Federal Target
  Greater than 10% of Federal Target

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

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

Item 4: Stability of Out-of-Home Care Placement

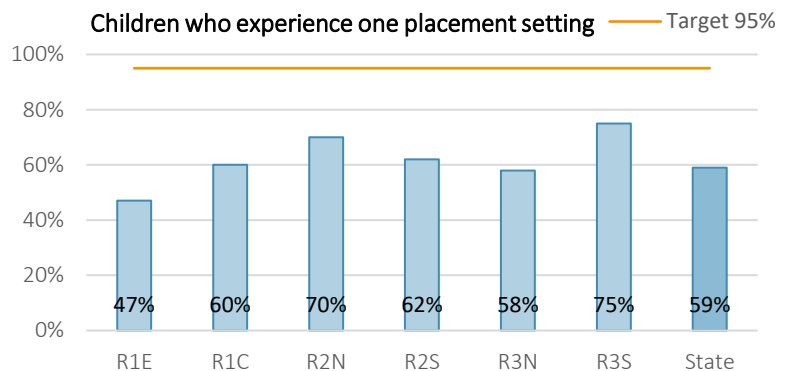
Over two thirds of cases reviewed by the CCRT revealed that 68% (118 out of 174) of the target children maintained stability in their living situation during the period under review.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	64%	68%	70%	52%	66%	95%	68%
Total applicable cases	45	40	10	21	38	20	174
Strength cases	29	27	7	11	25	19	118
Area Needing Improvement cases	16	13	3	10	13	1	56

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

An analysis of reviewed cases found that 59% (102 out of 174) of children experienced only one placement setting during the period under review. For children whom experienced more than one placement setting, 22% (39 out of 174) had two placements, while 12% (21 out of 174) of children experienced three placements.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	47%	60%	70%	62%	58%	75%	59%
Total applicable cases	45	40	10	21	38	20	174
Strength cases	21	24	7	13	22	15	102
Area Needing Improvement cases	24	16	3	8	16	5	72
1 placement setting	21	24	7	13	22	15	102
2 placement settings	9	8	1	7	10	4	39
3 placement settings	7	6	1	1	5	1	21
4 placement settings	7	1	0	0	0	0	8
5 placement settings	1	1	0	0	0	0	2
7 placement settings	0	0	1	0	0	0	1
10 placement settings	0	0	0	0	1	0	1

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

The stability of the child’s current placement setting was the leading strength with all regions and sub regions at 89% or higher. Placement stability by sub region found that Region 3 South had the highest percentage of children who experienced only one placement. Based on the percentages, it appears that Region 1 East and Region 1 Central were some of the lowest performance sub regions, however by looking at the total number of children reviewed, they had the highest number of children whom remained in the same placement during the period under review with 45 children.

CCRT results found 35% (25 out of 72) of placement changes that occurred during the period under review were planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child. Planning placement changes, in order to achieve a child’s case goals or meet a child’s needs, is an area needing improvement in order to strengthen this measure. The lowest performing sub regions for this question were Region 2 North and Region 2 South. These areas were at 0% for this question. Based on these numbers it appears that there is a large variation in performance across the state. However, taking a deeper look at the data by sub region indicated performance was fairly consistent statewide. While Region 3 South achieved the highest percentage, the total number of applicable children for this sub region was small with 4 out of 5 placements changes planned. Region 3 North had a larger population of applicable cases with 4 out of 16 planned placements. Regions 3 North and 3 South accounted for 21 out of the 72 children. Through deep dives, Region 3 indicated that proper documentation regarding why a placement change might be in the best interest of the child is not consistently occurring. There is no documentation for the identified cases to support efforts that may have been made to prevent a placement disruption or services that may have been offered to assist in maintaining the placement. To improve the identified barrier, Region 3 has implemented several strategies, including:

- The QA and CQI Managers met with FTDM facilitators to identify the specific areas needing to be discussed and appropriately documented within the meeting notes.
- An all-staff communication emphasizing the importance of being proactive in preventing placement changes, through the use of FTDMs, when the move does not promote permanency for the child.

The largest population of applicable children for this question was in Regions 1 East and 1 Central (40 out of 72 children). Of the 40 children who experienced a placement change, 17 were planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child. Through conversations with staff, Region 1 noted that caseworker’s willingness to be available for caregivers when they need someone to talk with and listen, as well as the use of services to prevent placement disruption, is a strength.

In an effort to provide placement stability for youth who run from out-of-home care, Children's Administration developed a Missing from Care program in 2013. Statewide there are nine (9) CFWS caseworkers assigned as Missing from Care Locators. The Locators exclusive role is to search for and locate youth who have run from out-of-home care and return them to placement. For youth who frequently run from out-of-home care or have been on the run at least 48 hours, a Locator is assigned as the secondary caseworker and works closely with the primary caseworker to learn the youth’s behavior patterns. The Missing from Care Locator positions has proven successful over time and youth tend to see the Locators as an ally and not another caseworker. Since 2013, the total number of run events has continued to decrease as well as the number of youth who run multiple times.

**Children’s Administration
Missing from Care Program**

Calendar Year	Total Number of Run Events	Number of Youth with Multiple Run Events
2013	1112	244
2014	1013	205
2015	997	215
2016	921	195

*Data Source: FamLink Data Warehouse;
December 26, 2017*

Lack of placement resources is a theme across the majority offices statewide. In certain areas of Washington, the limited number of available placement options impacts CA’s ability to ensure the best match for the child is found to support placement stability. Additional resources are especially needed for:

- Large sibling groups (3 or more children)
- Girls and boys, age 12+ years old

- Autistic children with high needs
- Medically needy children
- High behavior needs (BRS level)

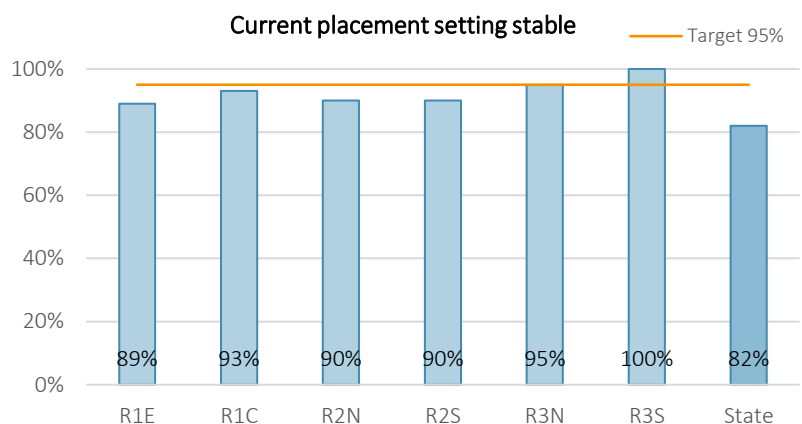
Factors affecting placement stability are regularly discussed at the monthly CFWS/Permanency Leads meeting, which includes representatives from all of the regions, headquarters and the Alliance. In November 2017, the CFWS/Permanency Leads indicated that some of the barriers to unstable placements were the inconsistent use of Evidence Based Practices; a lack of time to mindfully plan moves due to workload; and home studies being denied or not referred to DLR timely.

Currently, each region has their own distinct placement desk model and which can lead to inconsistent practice across the state. In Region 1, the Spokane office has a dedicated placement unit which handles licensed foster parent placement requests. The remaining offices in region 1 either have a fully dedicated or part time staff person who works on placement as part of their regular work. Regions 2 and 3 adopted a centralized model to better managed declining placement resources and the challenges of needing to place children/youth out of their counties or origin. In the past couple of years, the inconsistent structure has presented some issues and complaints:

- Centralized desks/staff have less than high quality relationships with caregivers.
- Beds go empty despite kids staying in hotels because foster parents are never contacted and not aware of the need.
- The relationship between caregivers and placement staff has led to an increased use of higher cost night to night and use of exceptional cost approvals in order for the caregiver to accept placement.

A 3-day value stream mapping process will be conducted in early 2018 to conduct a root cause analysis and recommend the best placement support structure to meet CA's overall placement needs.

For the majority of cases reviewed statewide, the child's current or most recent placement was stable. Performance by sub region is relatively the same indicating that once a child is placed, they remain stable.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	89%	93%	90%	90%	95%	100%	93%
<i>Total applicable cases</i>	45	40	10	21	38	20	174
<i>Strength cases</i>	40	37	9	19	36	20	161
<i>Area Needing Improvement cases</i>	5	3	1	2	2	0	13

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

During the case review process, foster parents and caregivers are contacted to participate in an interview related to the child placed in their care. Since January 2017, 106 foster parents and caregivers have agreed to participate in the interview process. During the interviews, kinship caregivers expressed a stronger desire to maintain placement and work through case planning issues with the caseworker.

CA supports early concurrent planning and the permanent placement of children by minimizing placement moves for children in out-of-home care, partnering with parents and caregivers to support timely permanency, and shared decision making. CA continues to actively focus on increasing the number of available and appropriate foster homes statewide. In addition, CA continues to support and educate all caregivers regarding the lack of available foster homes or other placement resources.

The availability of adequate placement resources allows CA to match children with homes that are more likely to be a good match to the child's needs which leads to stability for the child. One of the strategies has been to increase appropriate kinship placement as early as possible after the child's original placement date. Data suggests children are more likely to be stable when placed with kin.

Stability of children in foster care and placement changes which support the child's permanency are encouraged through a variety of policies. CA policy requires that a Family Team Decision Making Meeting (FTDM) must occur prior to placing a child in out-of-home care or moving a child from one placement to another. FTDMs bring people together who are involved with the family to make critical decisions:

- Prior to removing a child and anytime an out-of-home placement is being considered
- Within 72 hours of a child being placed into protective custody by law enforcement
- Prior to moving a child from one placement to another
- Or prior to reunification of a child with parents(s) or exiting from care

The policy also requires that parents and youth (when developmentally appropriate), attorney's, tribes, GAL, case involved CA staff, and if the parents agree, relatives, community providers, and caregivers are invited. If the child, caregiver, or parent is unable to attend the FTDM meeting, their input will be presented and considered in the decision-making process. This policy exists to ensure that quality decisions are made that focus on safety, well-being, and permanency and includes the child(ren), parents, and family supports in the decision making process. During these meetings additional services to the children, parents, and caregivers are offered to stabilize the placement, and to ensure that if the child(ren) are moved that they are receiving the services needed to stabilize that child and move towards permanency.

In addition, permanency planning meetings are required to occur within six (6) months of the original placement date (OPD), prior to a permanency hearing and within nine (9) to 11 months of OPD, and every six (6) months after until the child's permanent plan is achieved. The meetings ensure that the Department is routinely reviewing the best permanent plan, identifying barriers to achieving the permanent plan, and that timely movement towards the plan occurs. It is also policy that if a child is placed in kinship care that a home study referral is completed within 30 days. This allows the Department to assess the placement from the beginning to ensure that the home meets the child's needs. The home study policy was updated in October of 2017 to give a clear understanding of the expectations and how to proceed should the family not follow through. Should the home not be in the best long term interest of the child and the child is unable to go home, the Department can begin to plan earlier for movement to a more permanent home, ensuring additional stability. In order to support these meetings, FTDM facilitators regularly send out reminders to offices stating when FTDM's are required, both of these meetings are strongly emphasized in the CFWS in-service training to new CFWS staff, and a variety of trainings are offered through the state that stress the importance of FTDMs and early home studies.

Regional semi-annual deep dives evaluated and compared the differences between offices, sub regions and regions. Region 2 South has the lowest placement stability in the state at 52% and Region 2 North was also low at 66%. Both Region 2 North and South were at 0% around the specific question of placement changes being undertaken to achieve the child's case goals or meet the needs of the child. One factor that affects these percentages is Region 2 has elected to use receiving homes for initial placements. These are homes that take children, when they are first placed, for three to five days, giving CA additional time to find kinship care or match the child with a foster home that can best meet that child's specific needs. In doing so this increases the likelihood of a successful and least restrictive first placement but also increases the number of placements. Region 2

reported that although these are planned moves and in the child’s best interest, there is a lack of documentation. Region 2 South also has the greatest turnover rate for caseworkers in the state which impacts the subsequent learning curve for the new staff. The caseworker turnover rate for Region 2 South (King county) offices between July to December 2017, was 31% (66 caseworkers out of 210 caseworkers). This could account, in part, for the lack of documentation in Region 2 South which is the lowest in overall placement stability. Region 2 also reported an increase in the court ordering placement against CA’s recommendation. It is later revealed that the placement failed the home study or did not want to provide permanency for the child leading to disruption.

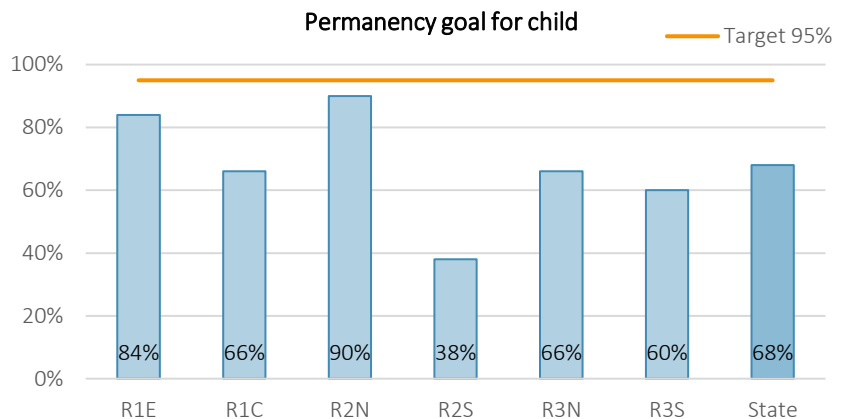
Region 3 South had the highest placement stability at 95%. During the region 3 semi-annual deep dive, they reported that the quality assurance and continuous quality improvement managers have met with the regional FTDM team to discuss ways to document FTDM’s that occur to support the documentation of placement changes to achieve the child’s case goals of needs of the child. The region also reported that they are working towards communicating the need for FTDM’s earlier to prevent placement moves. This has been ongoing work to help address the lack of local placement options and to keep children in their communities as often as possible. The placement coordinators were also included in this work to understand their role in promoting placement stability.

Other statewide and regional efforts that currently exist to support caregivers and in turn positively affect placement stability include:

- Ongoing trainings that are offered to caregivers.
- Use of recruitment and retention liaisons to support caregivers.
- Quarterly 1624 meetings between foster parents, kinship care representative, Foster Parent Association of Washington and Children’s Administration. Historically, this meeting has focused on the foster care community but was recently expanded to include kinship caregivers.
- Evidence Based Practices being offered within the caregiver’s home to support the placement such as Family Functional Therapy (FFT) and Promoting First Relationships (PFR).

Item 5: Permanency Goal for Child

For the cases reviewed in 2017, statewide 68% (117 out of 172) of permanency goals were established for the child in a timely manner.

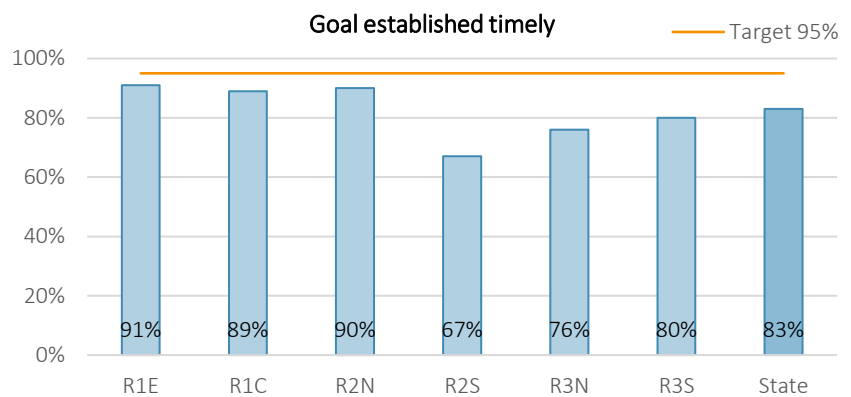


	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	84%	66%	90%	38%	66%	60%	68%
<i>Total applicable cases</i>	45	38	10	21	38	20	172
<i>Strength cases</i>	38	25	9	8	25	12	117
<i>Area Needing Improvement cases</i>	7	13	1	13	13	8	55

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Washington’s CCRT found that the Department established the appropriate permanency goals for the child in a timely manner in 82% (133 out of 162) of the cases reviewed. Timeliness refers to establishment of the initial permanency goal no later than 60 days from the child’s original placement date. It also refers to the changing of a child’s permanency goal throughout the case.

Furthermore, 83% (134 out of 162) of the established permanency goals were appropriate to the child’s needs for permanency and the circumstances of the case.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	91%	89%	100%	67%	79%	65%	82%
<i>Total applicable cases</i>	45	28	10	21	38	20	162
<i>Strength cases</i>	41	25	10	14	30	13	133
<i>Area Needing Improvement cases</i>	4	3	0	7	8	7	29

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Barriers experienced statewide were most pronounced in Region 2 South. Timely filing of termination of parental rights was one of the identified barriers. The Region notes both concerns with caseworkers delaying referrals to the office of the Assistance Attorney General (AAG) as well as delays with the AAG office filing petitions with the court. Another potential challenge exists around limited use of the range of permanency planning options. Cases in Region 2S had permanency planning goals of adoption and reunification. While statewide awareness and appropriate use of guardianship continues to grow, additional information from Region 2 indicates that use of guardianships at times still reflects adherence to old policy and practice. This culture shift is being addressed by the HQ Adoption and Guardianship Program Manager in collaboration with regional staff and leads. Region 2 has developed a specific strategy to begin addressing existing cases. The Region has identified cases involving children who have been in kinship placements for over six months. They are working to assess the appropriateness of the permanent plan and create plans to get the cases to permanency. Specific consideration is being given to guardianship.

Eighty-five (85) of the 162 target children were in foster care for at least 15 of the most recent 22 months. Region 1 East and Central had the largest number of children with 37 out of 85 in care at least 15 of the most recent 22 months. The agency filed a timely termination of parental rights petition for 24 (out of the 37) of the children. An exception to file a termination of parental rights existed for the remaining 13 children.

Region 3 North and South had 28 children in care at least 15 of the most recent 22 months. A timely termination of parental rights petition was filed for 14 (out of 28) children and 12 children had an existing exception to file a termination of parental rights petition. In Regions 2 North and South there were 20 children in care at least 15 of the most recent 22 months. An exception to file a petition for termination of parental rights existed for six (6 out of 20) children and the agency filed a timely termination of parental rights petition for seven (7 out of the 20) of the children. Statewide, 15.8%¹³ of children in out-of-home care on the last day of November 2017 became legally-free during the identified month when the removal date was at least or greater than 15 months.

Statewide there appears to be more consistent practice around timely identification and appropriateness of the child’s permanency goals. The main barrier is the timely filing of a termination of parental rights petition. The challenges experienced with termination filings were experienced across the state (at a lesser degree). Other

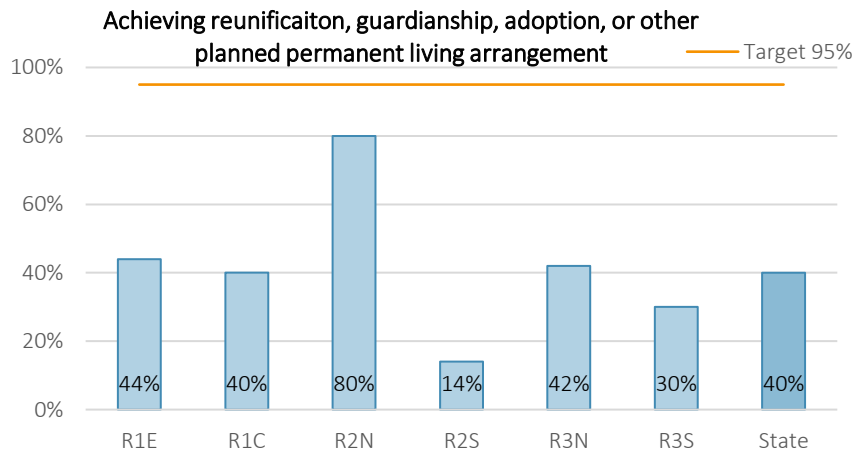
¹³ Data Source: Legally free in 15 months; infoFamLink; January 8, 2018

barriers have included a lack of awareness about when permanency goals can be changed. New Children’s Administration staff are not always prepared to articulate reasons why they believe a specific permanent plan is in the child’s best interests. Likewise, it is a challenge to learn and retain the breadth of policy and practice knowledge that impact permanency outcomes. This is exacerbated by competing priorities and large caseloads.

Fortunately, a handful of strategies are being used to alleviate these barriers. In addition to the Region 2 strategy previously described, the area has been using safety framework training to encourage specific considerations around child safety, parental progress, and related impacts for reunification. Statewide, training is also being offered that highlights how and where to document permanency goals and legal actions in the electronic FamLink system.

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

Statewide, concerted efforts were made, or were being made, to achieve the child’s identified permanency goal in 40% (69 out of 174) of the cases reviewed.



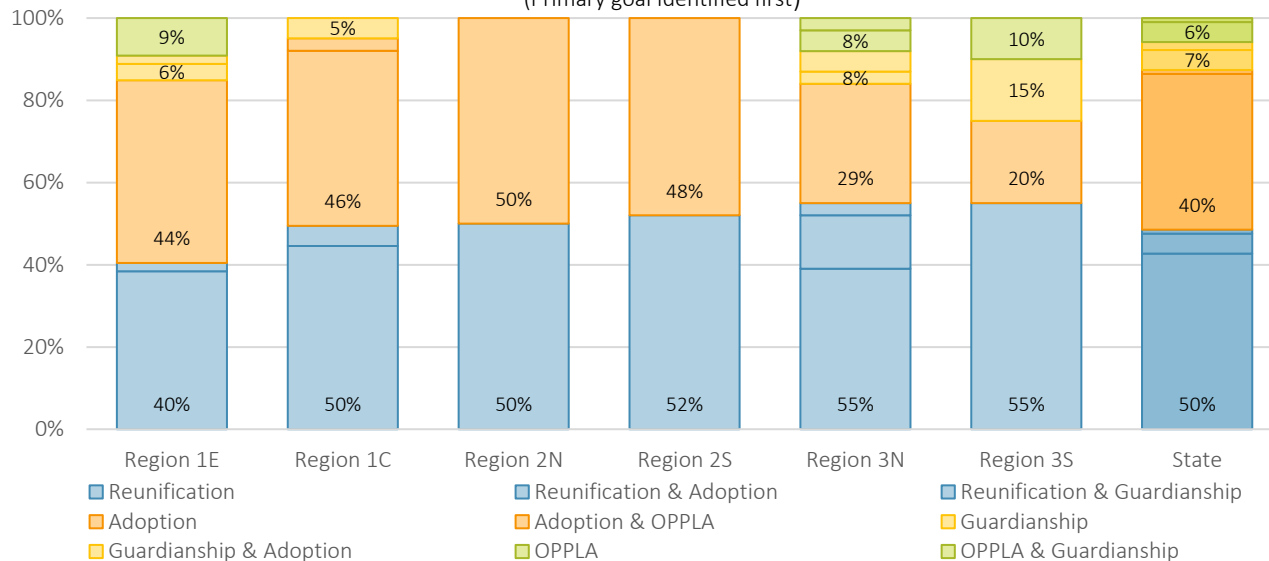
	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	44%	40%	80%	14%	42%	30%	40%
<i>Total applicable cases</i>	45	40	10	21	38	20	174
<i>Strength cases</i>	20	16	8	3	16	6	69
<i>Area Needing Improvement cases</i>	25	24	2	18	22	14	105

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results & January-September 2017 Case Review Results; October 6, 2017

Nearly half of the identified current permanency goals during the period under review, or before the case was closed, were reunification (86 out of 174). Adoption was the permanency goal for 39% of cases, while guardianship accounted for 7% of the reviewed cases. Nine (9) cases had a permanent goal of other planned permanency living arrangement.

Current permanency goal(s)

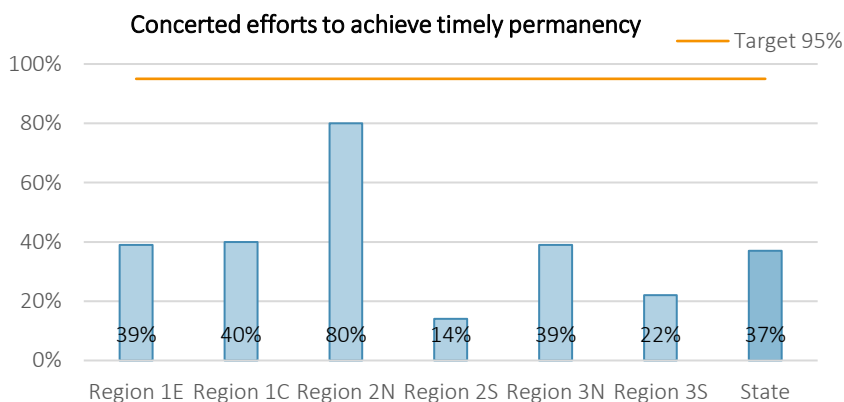
(Primary goal identified first)



	R1E	R1C	R2N	R2S	R3N	R3S	State
Reunification	38% (17 out of 45)	45% (18 out of 40)	50% (5 out of 10)	52% (11 out of 21)	39% (15 out of 38)	55% (11 out of 20)	44% (77 out of 174)
Reunification & Adoption	2% (1 out of 45)	5% (2 out of 40)			13% (5 out of 38)		5% (8 out of 174)
Reunification & Guardianship					3% (1 out of 38)		1% (1 out of 174)
Adoption	44% (20 out of 45)	43% (17 out of 40)	50% (5 out of 10)	48% (10 out of 21)	29% (11 out of 38)	20% (4 out of 20)	39% (67 out of 174)
Adoption & OPPLA		3% (1 out of 40)					1% (1 out of 174)
Guardianship	4% (2 out of 45)	5% (2 out of 40)			3% (1 out of 38)	15% (3 out of 20)	5% (8 out of 174)
Guardianship & Adoption	2% (1 out of 45)				5% (2 out of 38)		2% (3 out of 174)
OPPLA	9% (4 out of 45)				5% (2 out of 38)	10% (2 out of 20)	5% (8 out of 174)
OPPLA & Guardianship					3% (1 out of 38)		1% (1 out of 174)

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Individual questions for this item were reviewed to help identify barriers and areas needing improvement. The CCRT results indicated that CA and the court made concerted efforts to achieve permanency in a timely manner for 37% (57 out of 156) cases reviewed.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	39%	40%	80%	14%	39%	22%	37%
Total applicable cases	41	40	10	21	36	18	166
Strength cases	16	16	8	3	14	4	61
Area Needing Improvement cases	25	24	2	18	22	14	105

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

For cases with reunification as the permanency plan, 30% (26 out of 86) of cases achieved permanency within 12-months of entering out-of-home care. Adoption was achieved within 24-months of entering out-of-home care in 44% (30 out of 68) of the cases reviewed. When the primary plan identified guardianship as the primary plan, 45% (5 out of 11) of cases achieved the goal 18-months of entering out-of-home care. For the one (1) applicable case¹⁴ with a primary plan of other planned permanent living arrangement (or long-term out-of-home care), concerted efforts were not made to place the child in a living arrangement that can be considered permanent until discharge from out-of-home care.

Nine cases reviewed identified the permanent plan as long-term foster care and OSRI data indicates areas for growth in documentation and ongoing case planning. CA does not consider long-term foster or kinship care a permanent plan. In response to the Preventing Sex Trafficking and Strengthening Families Act, the Department's permanency planning policy was updated to limit the use of long-term foster or kinship care to youth ages 16 years and older. Long-term foster care is only considered when it's been determined through the shared planning decision making process that other permanent plans are not in the best interest of a child. This decision must be reviewed at each court hearing.

In addition to the OSRI being utilized for central case reviews, Washington's CCRT conducts a review of specific programs using a CA created central case review tool. One of the additional questions relates to a shared planning meeting to address permanency occurring every six months until the child achieved permanency. For cases reviewed January through September 2017, 41% (68 out of 167) of the cases had the appropriate shared planning meetings. The meeting should address the safety, permanency, and well-being needs of the child and should include attendance from important participants beyond the assigned caseworker and supervisor. Shared planning meetings to address permanency may include the following topics:

- Multi-Disciplinary staffing for youth exiting care (for youth 17.5 years and older)
- Permanency Planning staffing (aka Prognostic Staffing)
- Family Team Decision-Making (FTDM) staffing at placement change when the FTDM comprehensively addressed permanency
- Adoption Planning review
- Behavioral Rehabilitation Services (BRS) staffing
- Multi-Disciplinary Team staffing
- Mental Health/Chemical dependency treatment planning
- Local Indian Child Welfare Advisory Committee staffing
- Tribal staffing

Another part of the case review process includes interviews with foster parents and caregivers related to the child who is in their home and their case. Since January 2017, 106 foster parents and caregivers have agreed to

¹⁴ A total of nine (9) cases had a permanency plan of other planned permanent living arrangement; however, eight (8) of the cases were determined not applicable for OSRI question 6B, did the agency and court make concerted efforts to achieve permanency in a timely manner.

participate in the interview process. Foster parents expressed frustration with the timeframes for achieving permanency for the children and it seemed that the dependency cases were open too long.

Across the state, caseworkers remark on the impact of staff turnover in achieving timely permanency outcomes. In addition to impacts previously cited, specific concerns include new caseworkers waiting to file for termination of parental rights because they want to complete their own assessment of the family and the parents' progress. Workers are often concerned about returning children home until parents have completed all services.

In October 2016, Children's Administration Quality Assurance and Continuous Quality Improvement section facilitated a 90-minute workshop at the statewide CASA Conference in Spokane, Washington. The conference was attended by CASA volunteers, program staff, and attorneys from across Washington state. The workshop was titled "Quality begins with you: Child and Family Services Review" which CA shared our CQI structure and presented an overview of how we are assessing the public child welfare system in Washington. Content included an explanation of the Child and Family Services Plan (CFSP), the Annual Progress and Services Review (APSR) and the Child and Family Services Review (CFSR). Additionally, the forum provided an opportunity to collect stakeholder feedback to further improve processes within Children's Administration which will be assessed in the 2018 CFSR. The feedback focused on the attendees' perspective regarding permanency and stability for children in out-of-home care. The following input was provided:

- Guardianship in ICW cases get push back
- Adoption workers have to carry a caseload and complete all the redaction duties which causes delays
- The policy/law requiring attorneys for youth is not helping, just adds another party that delays the process
- Criminal cases bump dependency fact findings and termination of parental rights hearings. In some communities, the judge travels between multiple jurisdictions and is only in the specific community once a month which causes delays in establishing or amending permanency plans
- The child's return home is delayed due to lack of services
- Parents not talking to their lawyers and vice versa causes delays
- Many caseworkers are not critically thinking through case situations, instead they are taking parents at face value and believing what the parent shares

Home study referral and completion is another area impacting timely achievement of permanent plans. Multiple areas noted the number of court ordered placements and corresponding home study issues. Many of the caregiving families are not able to pass a home study but the court will not allow the Children's Administration to move the child to another home. Field staff have noted the influence of socio-economic and other cultural considerations commenting that some of the home study requirements do not take into account the "cultural" needs of families. Similarly, some offices note culturally based opposition to adoption.

Other barriers include challenges related to the court. Some jurisdictions have commented on the court granting continuances when parents reengage around the time the termination petition is filed. Caseworkers also expressed frustration with meeting timelines given court limitations to accommodate trials and hearings.

CA partners with Washington State Center for Court Research and utilizes their data which is matched from FamLink with court data from SCOMIS. This data provides monthly and/or quarterly data counts on fact-findings, review hearings, permanency hearings, type of permanency achieved, and termination of parental rights by county. The Washington State Legislature has set a goal of achieving permanency for children in out-of-home care within 15-months of entering care. January through September 2017, 88% (722 out of 2,822) of children were in out-of-home care less than 15-months when reunification occurred.

Exits by Length of Stay

January – September 2017

	Less than 15 months Percent / Count	15 – 24 months Percent / Count	More than 24 months Percent / Count	Total Percent / Count
Reunifications	88% (722)	60% (433)	31% (401)	55% (1,556)
Adoptions	2% (20)	28% (199)	52% (671)	32% (890)
Guardianships	4% (36)	9% (64)	9% (118)	8% (218)
Age of Majority/ Emancipation	1% (6)	3% (21)	7% (88)	4% (115)
Transfer of Custody	4% (29)	1% (4)	0% (3)	1% (36)
Deceased	1% (5)	0% (1)	0% (1)	0% (7)
Total	100% (818)	100% (722)	100% (1,282)	100% (2,822)

Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – September 2017; January 3, 2018

The unified home study simplified the adoption home study process in Washington state. Since implementation of the unified home study in 2012, the number of finalized adoptions continued to increase each year through 2015. Based on FamLink data, the number of finalized adoptions decreased 8% in calendar year 2016 when compared to the previous calendar year. In calendar year 2017, 1,376 adoptions were finalized statewide, a slight increase over adoptions finalized in 2016 (1,356 finalized adoptions).

CA faces many issues which impact the Department’s ability to meet the federal requirement for adoption within 24 months. Based on feedback from the three regional adoption area administrators, the following statewide barriers impacted the completion of adoptions in 2017.

- Appeals of orders terminating parental rights.
- Caregivers who struggle with caring for children who have experienced trauma based on physical and medical neglect.
- An increase in the number of relatives opting to complete a guardianship over adoption.
- ICW cases in which the tribes are opposed to adoption.
- Attorneys now being assigned to every child legally free over six months has increased the workload of adoption workers. The attorneys request discovery on each case which requires redaction and disclosure of a file that can take days to complete.
- Caseworker turnover.
- Cases are transferred into adoption units when they have denied home studies. The denial is not addressed until the case resides in the adoption unit and it becomes a contested adoption.
- Cases are being transferred into adoption units where permanency planning staffings have not taken place and children are not in stable or appropriate placements. As a part of this, the needs of the caregivers and children are not being assessed and the adoption units must then address them before an adoption can be finalized.
- Delayed case transfers between CFWS and Adoptions, which directly impacts finalization.
- A significant amount of time between filing of a termination of parental rights petition and termination hearing.

In addition to statewide barriers, the three regional adoption area administrators noted the following regionally specific issues which impacted the timely completion of adoptions:

- Region 2, and to a lesser degree Regions 1 and 3, are experiencing a shortage of available homes for adoption. There has also been a decrease in the number of available adoptive homes for sibling groups.

- The Region 2 Adoption Area Administrator attributes the decrease in finalization of adoptions in the region to fewer resources and placements for youth, which results in children being placed in ill-equipped homes, from which they disrupt. The workers must then manage the crisis rather than focus on permanency.
- Cases are transferred into adoption units without completed home study referrals or tribal inquiries. (Region 2 and Region 3)
- Staff vacancies in all three regions.
- Some adoption units now retain legally free youth who are in the extended foster care program and are no longer able to be adopted through CA. Adoption workers are focused on maintaining these children rather than completing adoptions for them. (Region 2)
- Children or youth who are in Behavioral Rehabilitation Services (BRS) group care with severe behavioral and/or mental health issues and are legally free are transferred into adoption units which impacts the focus of the adoption caseworker. Instead of focusing on facilitating adoptions of children in adoptive homes, the adoptions caseworkers are reacting to the significant issues of these youth who are not stable and may run from placements. (Region 2 and some parts of Region 3)
- There has been an increase from prior years in the number of children entering out-of-home care who appear to have significant behavioral, mental health and medical issues. This may be correlated to a rise in opiate use in the state. (Region 3)

Legally free data from FamLink is reviewed periodically to identify barriers to adoption completion and timely permanency. As of September 2017, 1,765 children and youth were legally free statewide; Region 1 had 530, Region 2 had 591 and Region 3 had 644 children and youth. 866 of those children have been legally free less than

Children/Youth Legally Free More than One Year

As of September 30, 2017

	Age 0-5	Age 6-11	Age 12-17	Total
Region 1	28	67	122	217
Region 2	27	57	102	186
Region 3	41	43	106	190
State Total	96	167	330	593

Data source: Children's Administration, FamLink PQR 360; November 2017

six months. Statewide, 34% of children (593 out of 1,765) have been legally free for over one year.

Statewide, 419 children have been legally free over 18 months with children ages 11 and under accounting for 34% of children (141 out of 419) and the remaining 66% (278 out of 419) of children aged 12 to 17 years old. CA is unable to

identify the percentage of legally free children in permanent placements through FamLink, however through periodic reviews completed in 2017 for this population indicates that approximately 30% of children legally free over one year are not in permanent placements. Targeted reviews to look at all children 2 to 5 who have been out of the home for 18 months and longer are currently being reviewed statewide to identify systemic barriers. Additionally, targeted recruitment efforts were increased in 2017 to locate permanent homes for legally free youth.

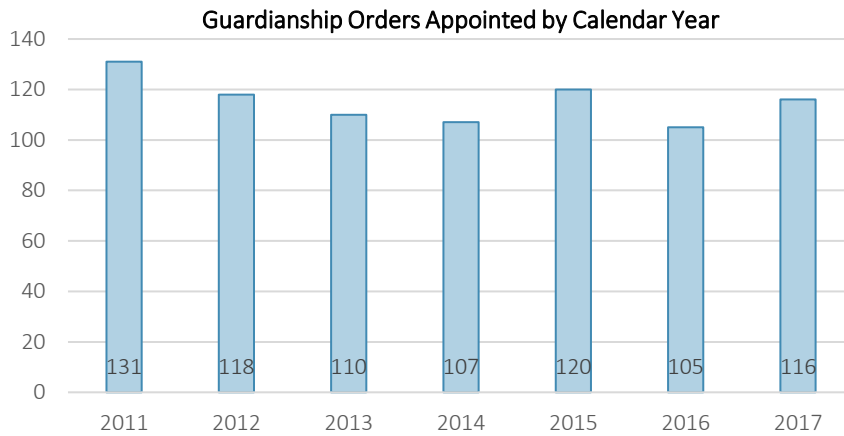
In 2010, Washington State eliminated dependency guardianships and initiated Title 13 guardianships under RCW 13.31. Dependency guardianships established a legal guardian for a child while the Department maintained the underlying dependency. Title 13 guardianships establish a legal guardian for a child and require dismissal of the dependency. The Relative Guardianship Assistance Program (R-GAP) was initiated under Title 13 guardianships to eliminate barriers to permanency with relatives. The R-GAP program provides a subsidy to qualified relatives who become guardians of children in dependent care and have been licensed for a minimum of six (6) months.

At this time, CA is unable to validate statewide guardianship, non-parental custody agreements and reunification data due to inconsistencies in how case closures are documented in FamLink. Currently, the drop down selections provide more options to caseworkers than needed or appropriate which leads to confusion and documentation errors. The inconsistencies impact data in the following ways:

- Invalid legal results due to caseworker inputting errors.

- Unreliable numbers for exit from care reasons, which impacts reunification data.
- Case closure reasons entered vary from actual reasons for case closure.

In October 2017, CA was able to make changes to FamLink so that the legal entry selections are specific to the correct legal options. This is expected to increase the accuracy of data entry. Data integrity review of all guardianship cases began in September 2017 and should be completed in 2018. The outcome of this review should provide accurate guardianship data in the FamLink system.



Data Source: SCOMIS Washington Courts Database and FamLink data match; March 31, 2017

CA currently relies on data from Washington State Center for Court Research to gather guardianship and reunification information. Based on Washington Court data, in calendar year 2017, 116 Title 13 guardianships were established in juvenile court. This is a 9% increase from the previous calendar year when 105 Title 13 guardianships were established.

CA is able to provide data on Title 13 guardianships receiving R-GAP subsidies by tracking payment

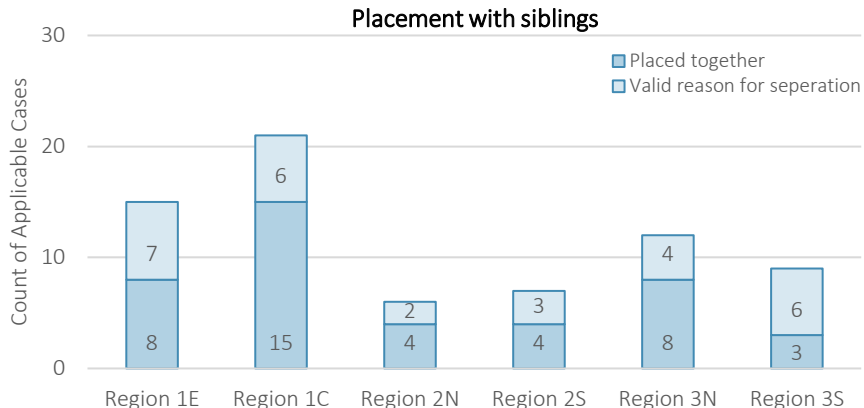
codes. As of October 2017, 295 Title 13 guardianships with an R-GAP subsidy in Washington State, an increase from the 266 that were open in 2016. Title 13 guardianships with subsidy are limited in Washington state because subsidy is only available to kinship caregivers who meet the definition of relative as defined in RCW 74.15.020(2)(a) or who are defined by tribal code and custom as a relative for Indian children. Cases experience delays in permanency because kinship caregivers must be foster licensed and have placement in their licensed home for a minimum of six (6) months. The decision of guardianship as a permanent plan is typically determined at twelve months from out-of-home placement, and then the relative is requested to start the licensing process which can take up to six additional months. There are relatives who struggle to meet foster license regulations although Washington State does have a relative waiver that can be used for certain licensing requirements. CA provided training in 2017, which will continue in 2018, regarding concurrent planning and recommending that if guardianship is a possible outcome that relatives are referred to licensing early in the life of the case. There is no state funding of R-GAP subsidies; therefore, only families that meet the federal requirements are eligible. Based on payment data, there are 108 dependency guardianships established prior to 2010.

In 2018, CA will be creating a policy specific to non-parental custody agreements as the use of these agreements as a permanency option has been increasing. The policy will provide caseworkers information on effective and correct use of non-parental custody agreements when used as a permanent plan. Non-parental custody agreements require a waiver of exclusive jurisdiction to be filed in juvenile court as the agreements are established in Superior court. Non-parental custody agreements require the petitioning party to pay for legal fees, while guardianships, which are established in Juvenile court, do not have legal fees.

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

Item 7: Placement with siblings

CCRT data found that in 79% (70 out of 89) of cases reviewed, the identified child was placed with siblings who also were in out-of-home care. When siblings were not placed together (47) during the entire period under review, 60% (28 out of 47) indicated a valid reason for the child's separation from the siblings.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	71%	84%	100%	78%	71%	82%	79%
Total applicable cases	21	25	6	9	17	11	89
Siblings placed together	8	15	4	4	8	3	42
Valid reason for separation	7	6	2	3	4	6	28
Area Needing Improvement cases	6	4	0	2	5	2	19

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Case review data regarding placement with siblings shows a significant amount of variability between sub regions with Region 2 North being the highest at 100%; the regions with the lowest number of siblings not placed together were Region 1 East, 71% (15 out of 21) and Region 3 North at 71% (12 out of 17).

Region 2 North indicated during the regional semi-annual deep dives that the sub region has been focused on documenting cases when siblings are unable to be placed together. In Region 1 East, the regional semi-annual deep dives revealed that in this area there is a higher population of very large and complex sibling groups that foster homes or kinship providers do not have the capacity to take. Foster parents also ask for children to be moved because of behaviors, partially due to a lack of services in the area for behaviorally challenged children, but want to keep some of the other children in the sibling group. In Region 3 North, documentation of the valid reason for the child's separation was listed as the primary reason for the lower percentage. This was addressed during Comprehensive Family Evaluation training that occurred across the region.

When siblings are not placed together, caseworkers are required to document an exception within FamLink in the visit plan page and the supervisor and area administrator must approve all visit plans. In 2016, visit plans were implemented through our statewide case management system, FamLink, versus on a word document. The tool directs the caseworker to describe the reasonable efforts made to place siblings together. These visit plans are required every 6 months according to policy and CA contracted providers are required to have a new visit referral before continuing to provide visitation services. Visit plans are required even if a parent is not visiting and visit plans may also be used for the sole purpose of sibling visitation. This ensures that the caseworker is reminded at least every six months to further examine barriers to siblings being placed together.

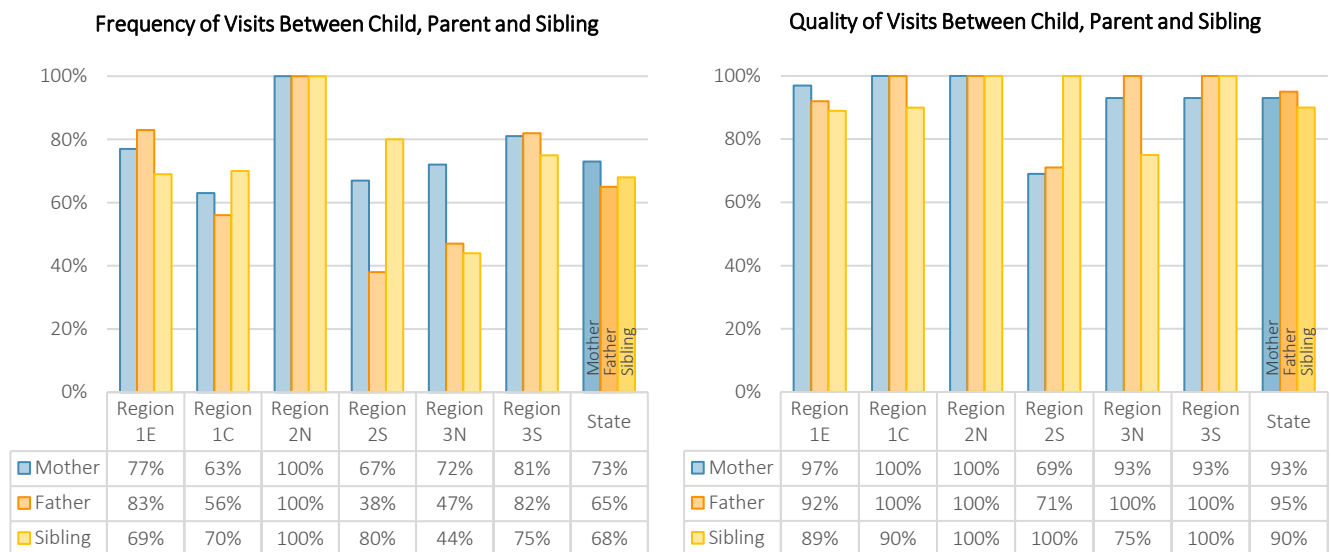
In October 2016, the policy roll-out, that is mandatory policy training for all caseworkers, included information around caseworker approval for sibling placement exceptions. This provided a safeguard in which the vast majority of caseworkers were reminded that sibling placements were a priority, where to document the exception to sibling placement within FamLink and who needed to approve the exception should the children be unable to be placed together.

Given that circumstances often change throughout the life of the case; policy was updated in October 2017 to direct caseworkers to address placement of siblings at every shared planning meeting. Shared planning meetings cover a variety of topics and must occur at least every six months or more, depending on the circumstances of the case.

Factors affecting sibling placements are regularly discussed at a monthly CFWS/Permanency Leads group meeting. Representation from all of the regions and sub regions are included. In November 2017, the leads indicated that one of the barriers to sibling placement involves external partners, such as CASA/GAL’s and the courts, making contrary decisions and recommendations that prevent siblings being placed together and courts not considering the adoptive parents of an adopted blood sibling as a relative. The leads indicated that some specific efforts are underway to recruit families who may be willing to adopt sibling groups, if reunification is not achieved. A Value Stream Mapping process to analyze the process around placement coordination is being scheduled for February of 2018. As part of this process sibling placement will be discussed.

Item 8: Visiting with parents and siblings in out-of-home care

Child visitation with parents and siblings in out-of-home care was found to be sufficient to maintain or promote the continuity of the relationship in 63% (98 out of 155) of the cases reviewed by CCRT. Concerted efforts were made to ensure the frequency of visitation with the mother in 73% (101 out of 138) of the cases and the quality of visitation in 93% (112 out of 121) of the cases was sufficient. The frequency of visits with the father was sufficient in 65% (49 out of 75) of the cases and visitation quality was sufficient to maintain or promote the continuity of the relationship in 95% (55 out of 58) of the cases reviewed. Additional work is needed to ensure concerted efforts are made to ensure the frequency of sibling visits is sufficient. For the cases reviewed in 2017, CCRT noted that sibling visit frequency was sufficient in 68% (32 out of 47) of the cases reviewed. For the sibling visits that did occur, in 90% (36 out of 40) of cases, the quality of visitation between the sibling(s) was sufficient to maintain or promote the continuity of their relationship.



Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

A statewide theme regarding parent-child and sibling visits pertains to the availability and quality of documentation and data. The limited documentation may not include visit frequency, visit duration and rationale as to why visitation is supervised, monitored or unsupervised.

Currently there is not a uniform method of data entry in FamLink permitting the extraction of qualitative data. Visits can be supervised or facilitated by a visit contractor or the child’s caregiver. When visits are conducted by a contractor, the visit report is most likely uploaded into FamLink in the file upload section. For visits conducted by caregivers or kinship providers, details are captured during monthly health and safety visits and documented in a

case note in FamLink. Likewise, these visits may not get documented at all or the quality of the documentation might not be sufficient.

An additional challenge for kinship care providers is around the initial steps taken to explain expectations and needed actions around visits. Across the state, caseworkers report that relatives frequently do not understand their role or the expectations of them during visits. Unclear expectations and roles layered with complex family dynamics can cause some kinship caregivers to be reluctant around direct involvement with visitation.

In Region 2 North, caseworkers and families face challenges with initiating visits. In Region 1 East, caseworkers report some challenges in partnering with their regional network contract manager. In reviewing case review data, it appears that the offices within smaller communities either reflect performance norms of the region at large, or they have stronger performance. The regions report that this may be because some of the smaller, more isolated communities are more organized out of necessity. Having fewer resources, the community has pulled together to find other supports. Observations of Region 1 Central, as well as self-reports, indicate that the offices and communities have come up with more creative ways of managing visit plans and rely on relatives and people known to the family to support visitation.

An additional challenge impacting the frequency of visits is related to placement location. While the Children's Administration makes concerted efforts to place children in close proximity to their parents, the current placement resource shortage has caused a number of children to be placed with caregivers further away from the parents' locales. This, in turn, has created transportation challenges that impact visit frequency. When developing visitation plans, caseworkers consider the duration of transportation. While it feels appropriate for a child to spend a long car ride seeing a parent once a week, caseworkers express concern about the impacts on the child when there are multiple long car rides in a week. This is further complicated by the child's age and if they have special physical or behavioral health care needs. Some of the concerns identified include impacts on the child's education through school day disruptions and limiting the child's ability to engage in extracurricular events.

Children's Administration continues to work to improve and grow visitation practice and resources. In 2017, a visitation forum was held in partnership with the Office of Public Defense, Office of the Assistant Attorney General, Administrative Office of the Courts, Washington CASA, and the Court Improvement Training Academy. The forum brought together child welfare team members and clarified policy requirements and sought to provide education about the safety framework. Over the next year, Children's Administration will continue to utilize this approach to develop partnership, common language and policy and practice expectations. Additional forums have been held at the 2017 Children's Justice Conference, 2017 Washington CASA Conference, a regional court meeting and local offices. A new infoFamLink report was developed and released in November 2017. The report is being utilized by regional QA leads and parent child visits leads to track supervised, monitored, and unsupervised parental visits, as well as the frequency and duration of the visits. Initial feedback regarding the report has been positive with the regions reporting it has helped to see their usage of visit supervision levels and types.

Children's Administration is currently reviewing opportunities to enhance early visits. These efforts would be aimed at changing the way providers approach visits and would include enhanced coordination and engagement. Other efforts that are being evaluated include the introduction of parent coaching and the creation of visit settings that allow for multiple monitored visits and more natural settings.

Item 9: Preserving connections

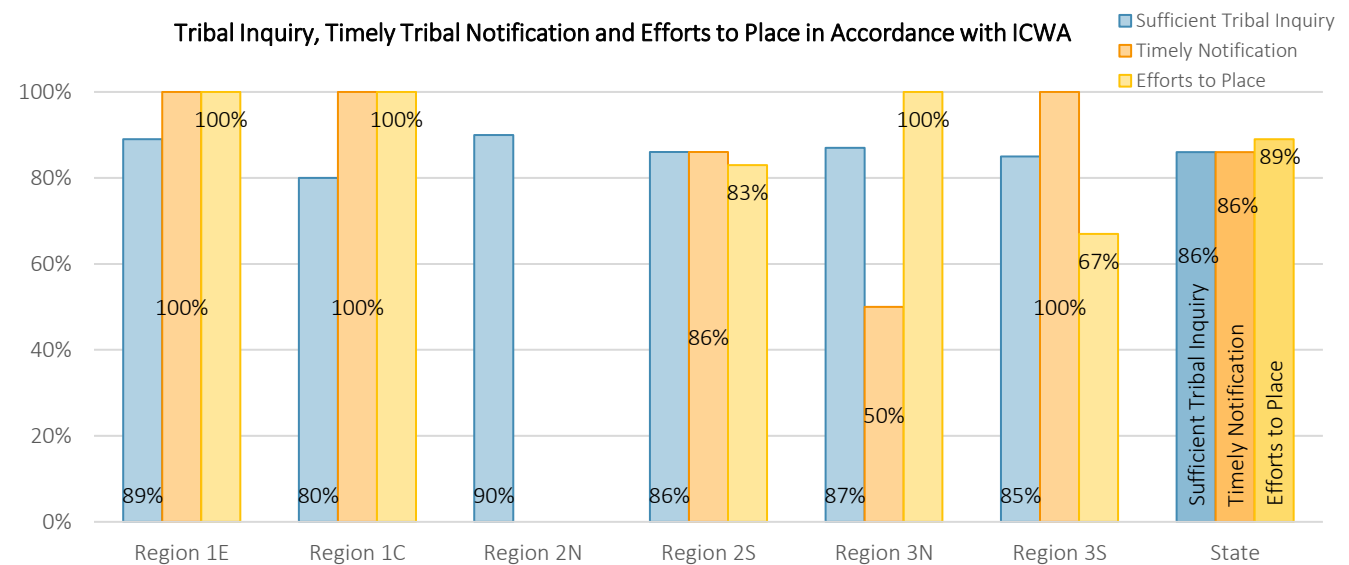
The Department's performance regarding concerted efforts to maintain important connections the child had prior to his or her placement was a strength in 84% (145 out of 173) of the cases reviewed. Important connections could include maintaining the child in the same school the child attended prior to placement in out-of-home care, connections with siblings who are not in out-of-home care, connections with extended family members, and maintaining the child's connection to the neighborhood, community, faith, language, tribe, and/or friends.

CA has multiple policy and procedures that reference preserving a child's connections to his or her neighborhood, community, faith, extended family, tribe, school and friends. Specifically, the Education policy requires that children and youth who enter out-of-home care have the right to remain at the school they were attending when

they entered care, whenever it is practical and in the best interest of the child (RCW 74.13.550). Numerous permanency related trainings held in 2017 stress the importance of these ongoing connections and has encouraged caseworkers to shift perspective from only thinking about connections as placement resources to also considering their overall impact on child well-being.

When discussing permanency during a shared planning meeting, shared planning policy requires addressing and reviewing, when applicable, relative search efforts, status of tribal affiliation, involvement and notification to relatives and tribes and the plan to maintain community and cultural connections. Additionally, youth age 14 and older are encouraged to invite two support people of their choice. While these supports may be child welfare professionals, it is also likely that these individuals represent other connections. Participation in shared planning meetings strengthens their ability to support the youth and may encourage ongoing support based on raised awareness of the youth’s needs. Finally, CA’s placement priorities policy requires diligent efforts to identify and notify all grandparents, all adult relatives and tribe(s) of child’s entry into out-of-home care.

In 86% (19 out of 22) of the cases where the child was a member of, or eligible for membership, in a federally recognized Indian tribe, the tribe was provided with timely notification of its right to intervene in state court proceedings seeking involuntary out-of-home care placement or termination of parental rights. CCRT found that when the child was a member of, or eligible for membership in a federally recognized Indian tribe, he or she was placed in out-of-home care in accordance with the placement preferences of the Indian Child Welfare Act or concerted efforts were made to place in accordance with placement preferences in 89% (16 out of 18) of the cases statewide.



Sufficient tribal membership inquiry conducted	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	89%	80%	90%	86%	87%	85%	86%
<i>Total applicable cases</i>	45	40	10	21	38	20	174
<i>Strength cases</i>	40	32	9	18	33	17	149
<i>Area Needing Improvement cases</i>	5	8	1	3	5	3	25
Tribe provided timely notification	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	100%	100%	-	86%	50%	100%	86%
<i>Total applicable cases</i>	4	4	-	7	4	3	22
<i>Strength cases</i>	4	4	-	6	2	3	19
<i>Area Needing Improvement cases</i>	0	0	-	1	2	0	3

Efforts to place child in accordance with ICWA	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	100%	100%	-	83%	100%	67%	89%
Total applicable cases	4	3	-	6	2	3	18
Strength cases	4	3	-	5	2	2	16
Area Needing Improvement cases	0	0	-	1	0	1	2

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

CCRT data found that timely tribal notification and efforts to place in accordance with ICWA were strongest in Region 1 East and Central at 100%.

During the regional semi-annual deep dives, Region 3 indicated a regional ICW plan has been created and includes qualitative case reviews which occur quarterly to monitor ICW compliance; tribes are included in these reviews. The Region 3 ICW program manager is working to ensure cases are being referred to the Native American Inquiry Request (NAIR) unit as timely as possible and the creation of an in-service training on parent engagement is being developed. The training will include information on father engagement, ICW practice standards, and focusing on disproportionality.

CA has seen some systemic improvements to the process of identifying if a child is a member of, or eligible for membership, with a federally recognized tribe since centralization of tribal membership inquiries moved to the NAIR unit. Additionally, centralization of this process helps drive consistent practice statewide. Examples of improved consistency include:

- Tribal membership inquiries are completed and documented the same way and Ancestry charts include appropriate family history which results in a more accurate search
- Results of the search are returned to caseworker timely

CA continues to improve the process for contacting the identified tribes to determine membership or eligibility for membership. The NAIR unit sends two inquiries to an identified out-of-state federally recognized tribe(s) and three inquires to Washington state federally recognized tribes. If CA does not receive a response from the tribe(s), the assigned caseworker will make ongoing attempts to contact the tribe(s) to determine membership. CA continues to emphasize the importance of inquiring with families about tribal membership or eligibility for membership at every opportunity. Caseworkers are required by policy to complete the Indian Identity Request (DSHS 09-761) during initial contact with the parents on all screened in cases for each child, including those not identified as victims. Caseworkers are also required to routinely inquire with parents and relatives, as well, during shared planning meetings.

In addition to the OSRI being utilized for central case reviews, Washington's CCRT conducts a review of specific programs using a CA created central case review tool. Three of the questions relate to Indian ancestry inquiry and preserving the child's tribal connections.

A. *The family was asked if the child(ren) has Indian ancestry.*

When they were available, the mother and the father were asked if the child had Indian ancestry. This inquiry included asking relatives or other persons who could reasonably be expected to have information when the parent was unavailable.

	Total Cases	Compliant	Non-Compliant	Percentage
Region 1E	65	57	8	88%
Region 1C	57	47	10	82%
Region 1 total	122	104	18	85%
Region 2N	14	13	1	93%
Region 2S	26	19	7	73%
Region 2 total	40	32	8	80%

	Total Cases	Compliant	Non-Compliant	Percentage
Region 3N	51	41	10	80%
Region 3S	27	23	4	85%
Region 3 total	78	64	14	82%
Statewide total	240	200	40	83%

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

B. *The tribe(s) was contacted to determine Indian status.*

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

	Total Cases	Compliant	Non-Compliant	Percentage
Region 1E	25	23	2	92%
Region 1C	23	21	2	91%
Region 1 total	48	44	4	92%
Region 2N	7	6	1	86%
Region 2S	13	12	1	92%
Region 2 total	20	18	2	90%
Region 3N	17	14	3	82%
Region 3S	9	9	0	100%
Region 3 total	26	23	3	88%
Statewide total	94	85	9	90%

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

C. *Ongoing collaboration with the child's tribe in case planning.*

There was ongoing collaboration with the child's federally recognized tribe(s) in case planning. Collaboration with the child's tribe in case planning included the following when applicable:

- Identifying services for family to prevent placement of the child or reunify child with the family
- Recommending placement and permanency goals
- Managing risk and safety threats
- Meeting the cultural needs of the family

	Total Cases	Compliant	Non-Compliant	Percentage
Region 1E	4	3	1	75%
Region 1C	4	4	0	100%
Region 1 total	8	7	1	88%
Region 2N	-	-	-	-
Region 2S	7	4	3	57%
Region 2 total	7	4	3	57%
Region 3N	1	1	0	100%
Region 3S	3	2	1	67%
Region 3 total	4	3	1	75%
Statewide total	19	14	5	74%

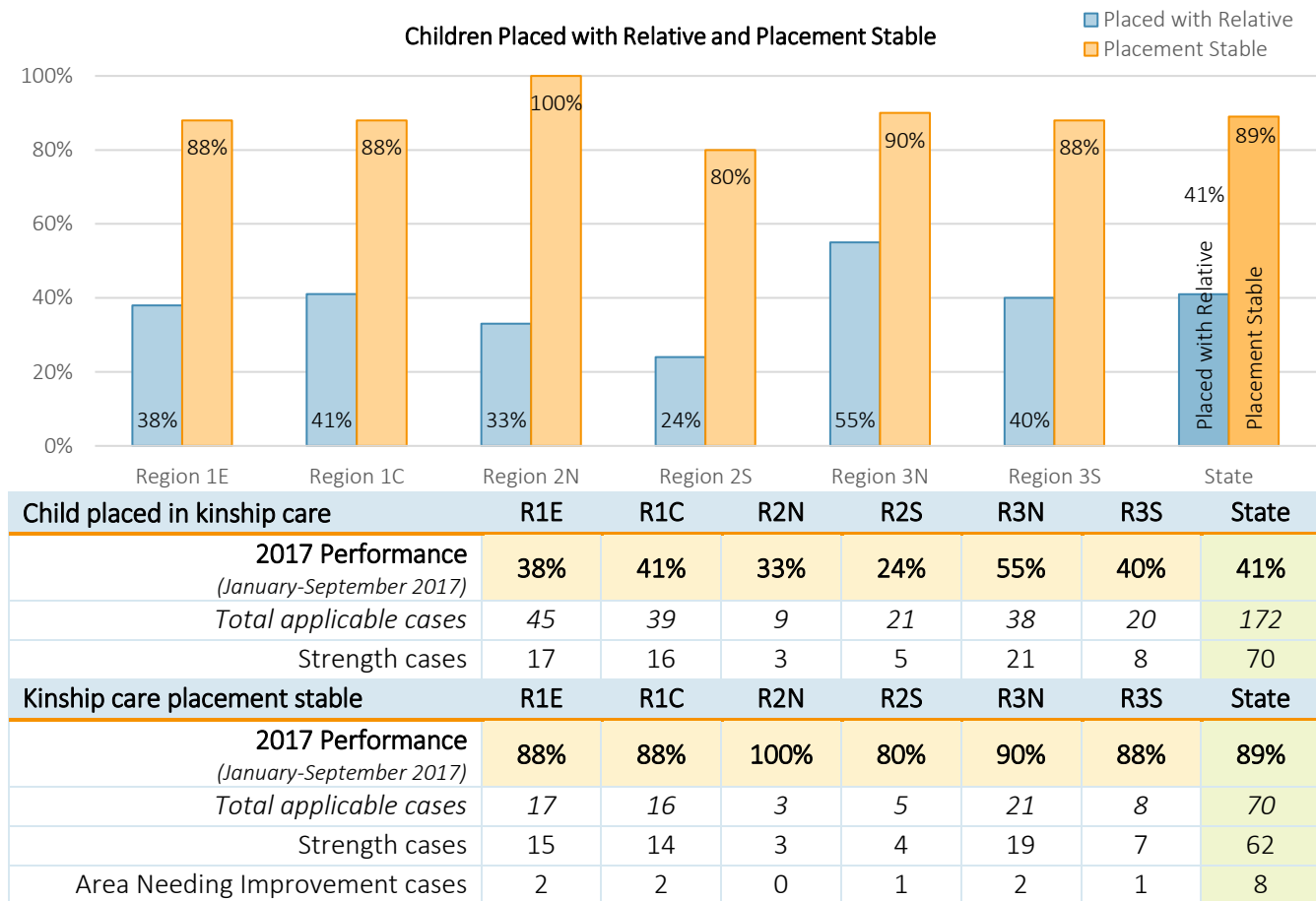
Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Item 10: Relative placement

Case review found that in 41% (70 out of 172) of the cases reviewed, the child’s current or most recent placement was with a relative (kinship care). Of those placements in kinship care, 89% (62 out of 70) were stable and appropriate for the child’s needs.

Placement with a kinship caregiver varies statewide across sub regions. Region 3 North found that 55% of children reviewed were placed with in kinship care and 90% of the placements were stable. In contrast, Region 2 South noted only 24% of children reviewed were placed with in kinship care while 80% of those placements remain stable.

Region 2 had the lowest percentage of children placed with siblings. During regional semi-annual deep dives, Region 2 noted that efforts were made to identify and evaluate relatives as a possible placement option, however after completion of the background check and additional assessment of the relative, the placement was determined to not be in the best interest of the child. Region 1 noted that when a FTDM is held early in the case, the identification of family or other suitable adults is made easier and helps move the process along faster.



Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

The CCRT interviews caseworkers as part of the case review process to gathering additional information regarding the child and case activity. January through September 2017, 194 caseworkers participated in these interviews, which revealed relative search work was occurring, though it was not being documented in the case file.

Challenges related to kinship placement noted by Region 2, as well as statewide, primarily relates to caseworkers lack of follow-up with relatives who have identified interest in providing placement and assessing them as a placement resource. While a relative search is regularly conducted upon a child’s entry into out-of-home care,

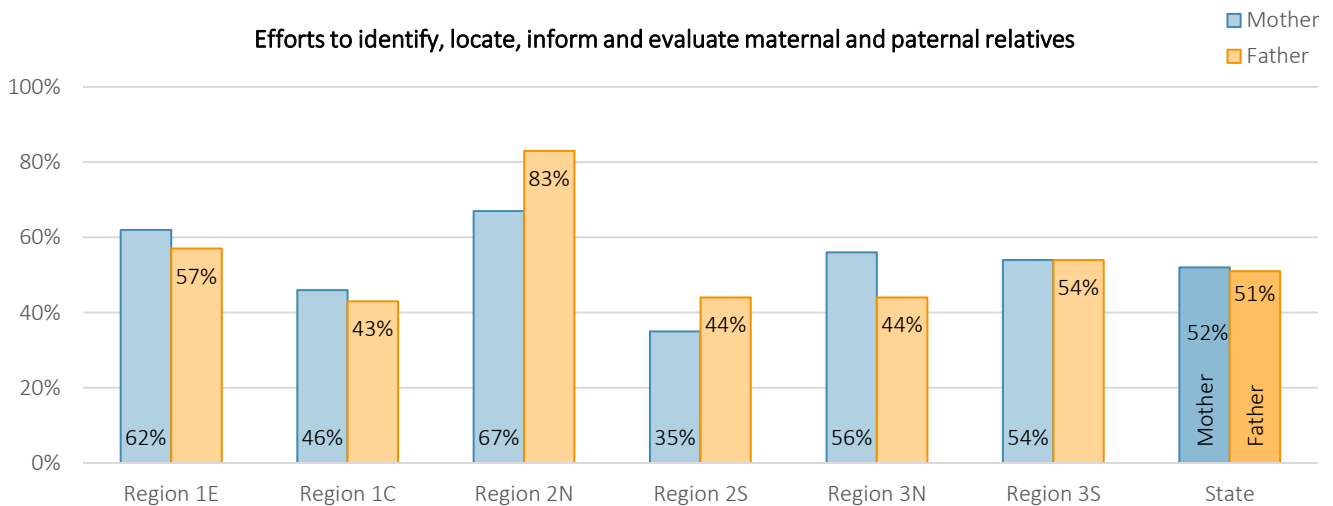
caseworkers are not conducting ongoing searches for relatives throughout the case. The lack of ongoing relative search efforts by caseworkers has much to do with the time it takes caseworkers to contact and assess a relative. In addition, the statewide relative search unit is overwhelmed with the amount of relative search requests required and is currently experiencing a delay of four months in completing the requests due to the lack of staffing resources. This delay hinders immediate response, placement with relatives and permanent planning. More relative search specialists are needed to complete the required search for relatives which could improve the probability of stabilizing children by placing with kin or suitable others.

Current state law defines a relative to a degree that includes second cousins and persons of preceding generations such as great-great. It is not uncommon to have a single relative search result in hundreds of letters sent to persons who are unaware of their relation to this family or do not reside in the state or proximity of case services to provide support or placement. The Department is also required to complete these searches for potential relatives within 30 days of a child’s removal from home. In an effort to meet the 30-day requirement, the relative search unit has made adjustments to when the process is completed; however legal requirements are often unmet due to the volume of work and steps required to complete the process.

CA’s relative search unit is also struggling with technology to effectively and timely complete their required work. The high volume of work related to relative searches is complicated by an inefficient way to enter results into FamLink which could require hundreds of clicks to enter results from one case search into FamLink. A request has been submitted to improve FamLink documentation, however it has been pending for more than two years; this delay relates to the prioritization of other competing requests.

The Federal Parent Locator System (FPLS) administrator signed an agreement allowing CA access to the U.S. Department of Health and Human Services Administration for Children and Families Office of Child Support Enforcement database to aid in the search for relatives. While the agreement was signed in September 2014, access to this system continues to be pending with Washington Technology Solutions (WaTech).

Another area needing improvement relates to referrals being submitted once paternity has been established and/or confirmed. CA is not authorized to send letters to alleged parents. Once paternity is established, the caseworker must submit a relative search request to the statewide unit for the identified father. This is supported by policy and Fatherhood Engagement efforts of the Department.



Maternal relatives	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	62%	46%	67%	35%	56%	54%	52%
Total applicable cases	29	24	6	17	18	13	107
Strength cases	18	11	4	6	10	7	56
Area Needing Improvement cases	11	13	2	11	8	6	51
Paternal relatives	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	57%	43%	83%	44%	44%	54%	51%
Total applicable cases	23	23	6	16	16	13	97
Strength cases	13	10	5	7	7	7	49
Area Needing Improvement cases	10	13	1	9	9	6	48

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

The CCRT results noted that for children not placed with in kinship care, documentation regarding concerted efforts to identify locate, inform and evaluate maternal relatives was found in 52% (56 out of 107) of the cases. For the cases where the agency did not make concerted efforts to identify, locate, inform, and evaluate maternal relatives, 59% statewide (30 out of 51) had no documentation regarding caseworker's efforts.

When looking at efforts to identify locate, inform and evaluate paternal relatives, 51% (49 out of 97) of the cases included caseworker efforts. The majority of cases without documentation, 65% (31 out of 48), no efforts to identify, locate, inform and evaluate were located.

Statewide, several areas needing improvement were noted regarding kinship placement, including:

- follow-up with relatives once they have been identified through the relative search process
- initiating relative search at key points in the case, such as when paternity is established, when a permanent plan changes, when a child is not placed with a relative, and after a placement disruption

In addition to case review results, the percent of children in out-of-home care placed with relatives or kin (licensed and unlicensed) are shared with CA Leadership through the *Monthly Informational Report*. The *Monthly Informational Report* is a point in time percentage as of the last day of the reporting period and counts court-ordered unlicensed placements as a kinship placement. As of December 1st, 2017, infoFamLink indicates 47.5% of children in out-of-home care were placed with relatives or kin (licensed and unlicensed) statewide.

In July 2017, a kinship care policy consolidated information around relatives, suitable others, and placement requirements into one document for field staff. In August 2017, a Kinship Care Advisory Committee with external stakeholders was convened, and now meets quarterly to review kinship care practice and make recommendations for practice improvement.

On November 6, 2017, the HQ Kinship Care Program Manager held a statewide advisory committee with internal and external stakeholders in attendance. Committee members include field representatives from each region, kinship caregivers and youth in kinship care, as well as community partners. During this meeting, strengths and challenges related to kinship care for caregivers, youth and parents were discussed. Consistent themes were the challenge of caring for kinship children in a complex child welfare system with inadequate information about resources available to assist, as well as difficulty understanding and completing background and home study processes. Kinship caregivers, youth raised in kinship care, and stakeholders at the table agreed that these barriers impact permanency for kinship placements.

Participants identified seven (7) challenges and voted to identify the top three priorities for addressing and developing strategies for improvement. The top three challenges were:

- Immediate information for relatives: a) financial, b) other resources, c) licensing
- Kinship 101 Coaching for relatives and for youth soon after placement; consider requiring Kinship 101

- Look into barriers/issues in background check/home study process, trends. Areas to improve, information sharing

Challenges prioritized by Kinship Care Advisory members mirror barriers to kinship care reported by caseworkers across the state, and reflect concerns frequently reported by kinship caregivers within Children’s Administration. These concerns are consistently heard by stakeholders during interactions with kinship caregivers within the system. Workgroups were formed on December 14, 2017 within the Kinship Care Advisory Committee in order to fully understand the leading challenges and develop strategies to address them. These workgroups groups are:

- Immediate Information for kinship caregivers; financial, licensing, and other resources to support placement
- Home study and background check processes for kinship caregivers

Experts will be identified to educate the committee about current practices in these areas in order to move forward with improvement strategies. Data reports around kinship placement, home studies, and background checks will inform this work at every step.

Children’s Administration continues to believe that much of the increase in kinship placement statewide is due to the emphasis on identifying and supporting kinship placements. This focus, in addition to prioritizing home studies for relatives, has positively impacted the rate of placement with kin. The rate of growth in kinship placement has also highlighted that consistent searches and follow-through in locating relatives throughout the life of a case is an area of improvement.

Kinship Care for Youth

Strength
<ul style="list-style-type: none"> ▪ Being with family ▪ Cared for and known ▪ Kinship care preferred over foster care
Challenges
<ul style="list-style-type: none"> ▪ Lack of financial support for kinship caregivers, debt ▪ Parents having access to caregiver homes ▪ Lack of transparency about foster care and removal reasons ▪ Changing placements, trauma

Kinship Care for Parents

Strength
<ul style="list-style-type: none"> ▪ Knowing where your kids are and who they are with ▪ Reduced fear for the children
Challenges
<ul style="list-style-type: none"> ▪ Family conflict resulting from the placement ▪ Parents having to choose between disclosing information about the kinship caregiver or accepting foster care ▪ Strained relationships post reunification ▪ Loss of supports for parents during kinship care if this was their support ▪ Visitation challenges

Kinship Care for Caregivers

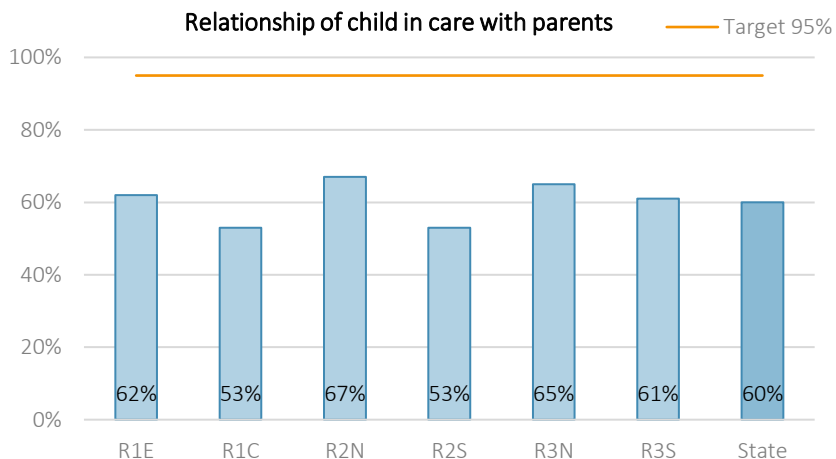
Strength
<ul style="list-style-type: none"> ▪ Increased open communication ▪ More print materials for kin ▪ Advisory group
Challenges
<ul style="list-style-type: none"> ▪ Trauma of caregivers ▪ Challenging child behaviors and lack of resources ▪ Supervising visits ▪ Lack of timely information about resources ▪ Lack of transparency about processes, including permanency options ▪ Lack of financial resources ▪ Barriers to asking for help ▪ Lack of respite

Kinship Care for Caseworkers

Strength
<ul style="list-style-type: none"> ▪ Natural supports ▪ Known caregivers ▪ Increased support (Olive Crest and EWU) for caregivers
Challenges
<ul style="list-style-type: none"> ▪ Policies and procedures around home studies and licensing ▪ Greater financial supports needed for kin ▪ Assistance with permanency options ▪ Staff turnover impacts the communication of information to caregivers due to lack of knowledge for new caseworkers. ▪ Lack of respite options ▪ Kin not following court orders ▪ Support for challenging behaviors lacking

Item 11: Relationship of child in care with parents

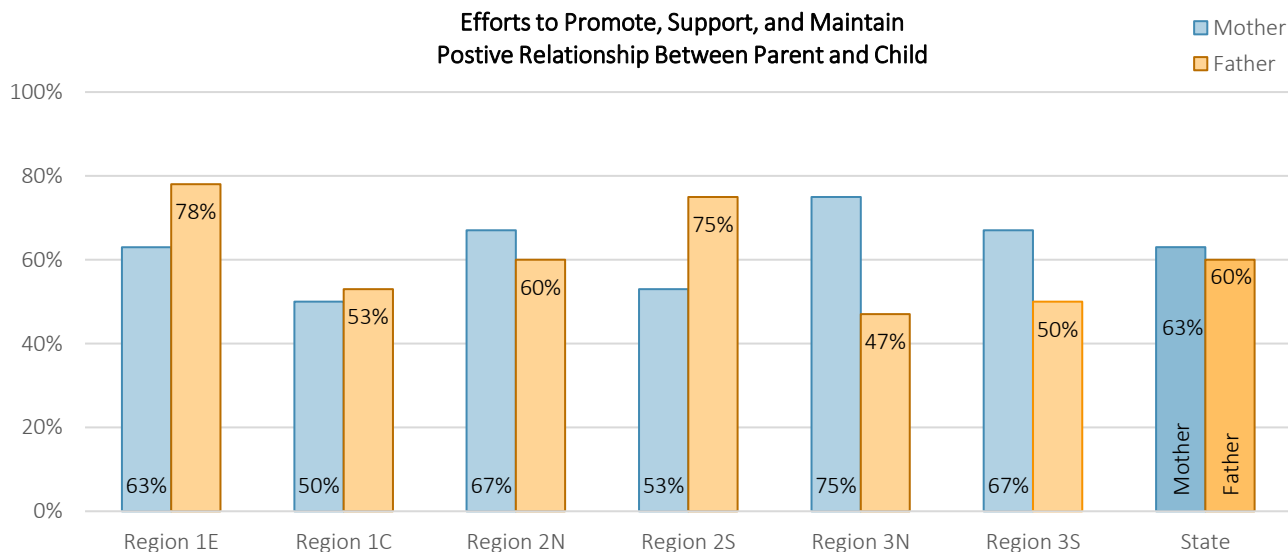
January to September 2017, CCRT results confirmed that concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in out-of-home care and his or her mother and father is an area needing improvement. Statewide, 60% (87 out of 145) of cases were a strength; which is a 19% improvement since 2016.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	62%	53%	67%	53%	65%	61%	60%
Total applicable cases	37	30	9	17	34	18	145
Strength cases	23	16	6	9	22	11	87
Area Needing Improvement cases	14	14	3	8	12	7	58

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

While caseworkers understand the importance of parental relationships, concerted efforts were made with the mother in 63% (84 out of 134) of cases reviewed and 60% (44 out of 73) of the cases with the father.



Mother	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	63%	50%	37%	53%	75%	67%	63%
Total applicable cases	35	26	9	17	32	15	134
Strength cases	22	13	6	9	24	10	84
Area Needing Improvement cases	13	13	3	8	8	5	50

Father	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	78%	53%	60%	75%	47%	50%	60%
Total applicable cases	18	15	5	8	17	10	73
Strength cases	14	8	3	6	8	5	44
Area Needing Improvement cases	4	7	2	2	9	5	29

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

The CCRT noted the following additional types of involvement between the child, mother and/or father. Encouraged the mother and/or father to participate in school activities and case conferences, attend doctors' appointments with the child, or engage in the child's after-school or sports activities.

	Mother	Father
Encouraged participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after-school or sports activities.	68% <i>(55 out of 84)</i>	57% <i>(25 out of 44)</i>
Provided or arranged for transportation or provided funds for transportation so that the parent could attend the child's special activities and doctors' appointments.	19% <i>(16 out of 84)</i>	7% <i>(3 out of 44)</i>
Provided opportunities for therapeutic situations to help the parent and child strengthen their relationship.	27% <i>(23 out of 84)</i>	23% <i>(10 out of 44)</i>
Encouraged the foster parents to provide mentoring or serve as role models to the parent to assist his or her in appropriate parenting.	32% <i>(27 out of 84)</i>	25% <i>(11 out of 44)</i>
Encouraged and facilitated contact with a parent not living in close proximity to the child.	15% <i>(13 out of 84)</i>	11% <i>(5 out of 44)</i>

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

The regional semi-annual deep dives highlighted state and regional promising practices regarding ongoing parent engagement, including:

- Foster parents that are willing to be mentors
- Caseworkers believe parents should be more involved in these activities, especially when the plan is reunification
- Parent is provided with transportation assistance and therapeutic services to support parenting of children with high needs
- Parent attended church with the foster family and the child

Performance among the sub regions is fairly consistent ranging from a low of 53% in Region 1 Central (16 out of 30) and Region 2 South (9 out of 17) to a high of 67% (6 out of 9) in Region 2 North. While Washington continues to see improvement related to promoting, supporting and maintaining a relationship between the child and parent, there is still room for growth. Case review results and regional semi-annual deep dives identified several challenges that continue to impact this item, including:

- Many foster parents are not willing or have fears about meeting parents in settings other than supervised visits
- Caseworkers feel they do not have the time to facilitate these additional activities or be the neutral party
- New caseworkers are not sure how to address involvement of parents in additional activities with foster parents
- A continued shift in culture is necessary by both caseworkers and foster parents
- Caseworkers are not affording parents out of the area with opportunities to call, skype, or write letters

- No documentation of visitation or any extra visits occurring

When it is safe and appropriate, invitations for mothers and fathers to participate in the child's activities such as medical appointments, educational activities, and extracurricular activities, is essential. CA policy and procedure emphasize the need to place children in close proximity to their parents and the importance of ongoing contact and involvement with the child. The caseworkers discuss ways and opportunities to engage in normalizing activities with parents, child, youth, and caregivers during shared planning meetings and monthly visits. The importance of including parents in additional activities is also included as part of training and practice materials provided to caseworkers and caregivers.

A frequently cited barrier to contact between children and parents outside of formal visitation is foster parent reluctance. Statewide, caseworkers have noticed a need to focus foster parent recruitment and retention efforts on caregivers who are interested in supporting reunification. Some caseworkers have surmised that efforts to promote permanency alternatives to reunification amongst foster parents has led to a cohort of foster parents who are focused on adopting a child from care and who are less invested in children returning home. This may contribute to the reluctance of certain foster parents to involve parents in activities. To address this, Children's Administration is exploring "icebreaker" meetings between foster parents and legal parents. These introductions may help initiate or grow relationships between parties and promote interactions.

Caseworkers, especially newer staff, express confusion and are not always sure when parents can be involved in activities. Likewise, there has been recognition that some caseworkers need support developing parent engagement skills necessary to initiate and maintain relationships with parents. The Children's Administration launched a parent engagement campaign in November 2017 to grow caseworker engagement with mothers and fathers. The campaign includes training, tip sheets, general reminders, and regional and state messaging. In addition to growing parent engagement practice, the campaign supports a culture shift that focuses on parent involvement in case planning and normalizing experiences for children during their time in out-of-home care.











In October 2016, Children's Administration Quality Assurance and Continuous Quality Improvement section facilitated a 90-minute workshop at the statewide CASA Conference in Spokane, Washington. The conference was attended by CASA volunteers, program staff, and attorneys from across Washington state. The feedback focused on the attendees' perspective regarding the continuity of family relationships and connections are preserved. The following input was received:

- Foster parent support in maintaining connections between child and parents is problematic since foster parents can choose whether or not they have contact with parents
- Foster parent often do not tell caseworkers about doctor appointments
- Parents are not aware they can go to the school and get their child's report card; they only know what they are told
- Out-of-home care placements are happening outside the family's community, which impacts parent and sibling visits when siblings arrive at different times. Transportation problems only compound issues with visitations

Well-Being Outcomes 1, 2 and 3

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

- For each of the three well-being outcomes, include the most recent available data demonstrating the state’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2 and 3.

	Federal Target	Jan-Sep 2017 Performance	Status
Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs	95%	36% 4% improvement since CY2016	
Item 12: Needs and services of child, parents and foster parents	95%	53% 1% decrease since CY2016	
Item 13: Child and family involvement in case planning	95%	54% 4% improvement since CY2016	
Item 14: Caseworker visits with child	95%	61% 4% improvement since CY2016	
Item 15: Caseworker visits with parents	95%	27% 1% improvement since CY2016	
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs	95%	95% 6% improvement since CY2016	
Item 16: Educational needs of the child	95%	95% 6% improvement since CY2016	
Well-Being Outcome 3: Children receive adequate service to meet their physical and mental health needs	95%	58% 15% improvement since CY2016	
Item 17: Physical health of the child	95%	58% 15% improvement since CY2016	
Item 18: Mental/behavioral health of the child	95%	79% 9% improvement since CY2016	

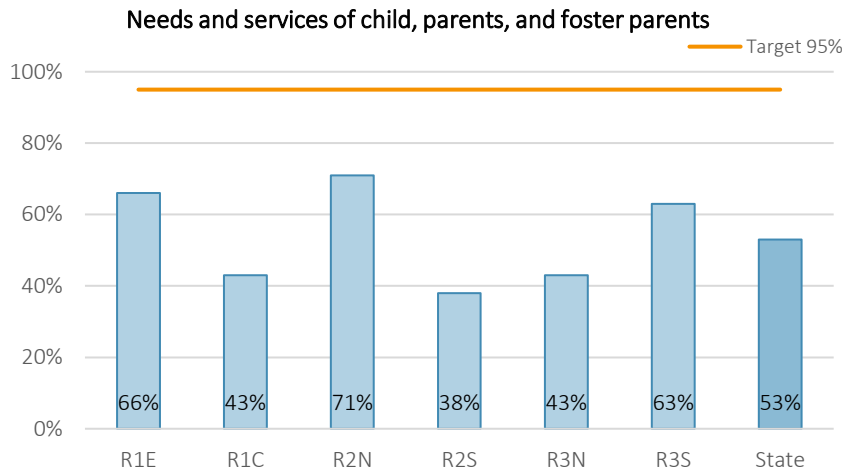
 Federal Target Achieved  Within 10% of Federal Target  Greater than 10% of Federal Target

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

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

CCRT results for 2017 demonstrate that the majority of children and the caregiver or kinship caregiver receive appropriate needs assessment and services.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	66%	43%	71%	38%	43%	63%	53%
Total applicable cases	65	56	14	26	51	27	239
Strength cases	43	24	10	10	22	17	126
Area Needing Improvement cases	22	32	4	16	29	10	113

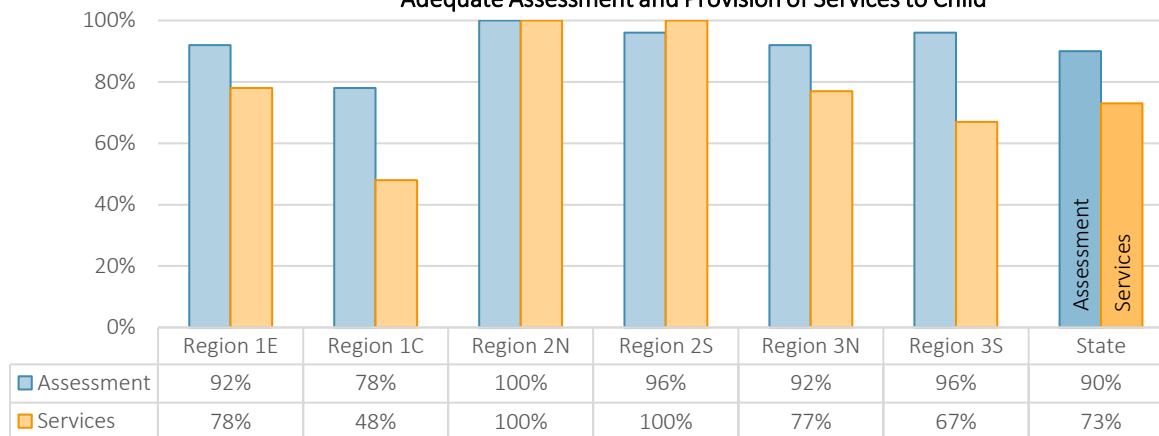
Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results & January-September 2017 Case Review Results; October 6, 2017

Needs and Services to Children and Youth

The Department conducted a formal or informal initial and/or ongoing comprehensive assessment which accurately assessed the children’s social/emotional development needs in 90% (201 out of 224) of the cases reviewed. In 73% (63 out of 87) of the cases where needs were identified, appropriate services were provided to meet the children’s identified social/emotional development needs.

Policy states that children in CA custody or receiving voluntary services (FVS and FRS) must receive private, individual, face-to-face health and safety visits every calendar month and the majority of health and safety visits must occur in the home where the child resides. The policy also states that they must assess the child’s needs, wants and progress during monthly visits. Caseworker monthly health and safety visits with children are tracked at both region levels and statewide. Because the frequency of monthly visits with children is tracked so closely, the assessment of the child’s needs, especially in out-of-home care, can be considered a strength. Caseworkers are also able to meet with caregivers during these visits who may also identify a need for the child.

Adequate Assessment and Provision of Services to Child



Assessment	R1N	R1S	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	92%	78%	100%	96%	92%	96%	90%
Total applicable cases	59	54	14	25	49	23	224
Strength cases	54	42	14	24	45	22	201
Area Needing Improvement cases	5	8	0	1	4	1	23
Services	R1N	R1S	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	78%	48%	100%	100%	77%	67%	73%
Total applicable cases	23	21	8	4	22	9	87
Strength cases	18	10	8	4	17	6	63
Area Needing Improvement cases	5	11	0	0	5	3	24

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Independent Living (IL) Services and Collaboration Efforts

In Washington state, CA contracts with 12 IL providers and 16 tribes to provide support and IL services to eligible youth. IL services are available in most areas with limited services in some remote areas. The caseworker provides IL services in those areas.

CA caseworkers refer youth at age 15 years or older to the IL program and the IL provider must make at least three attempts to engage the youth in this voluntary program. If the provider is unable to engage the youth, the CA caseworker and caregiver are contacted and a letter is sent to the youth informing them that they may contact the program in the future if they wish to participate.

CA and IL providers recognize that youth engagement relies heavily on establishing relationships that can bring about trust. Youth prefer to meet one-on-one with providers and providers meet with them frequently to develop relationships. IL providers also hold workshops focused on specific skill sets and provide professional guest speakers from the community.

The IL contract includes services required by the federal Chafee Act, including the National Youth in Transition Database (NYTD) elements. Contracted IL, Tribal IL and Responsible Living Skills Program (RLSP) providers have access to FamLink to input services. This allows CA to collect better data on youth needs and the services provided.

Participation in contracted IL services is voluntary for youth. If a youth declines services, the CA caseworker is responsible for ensuring they receive IL skills, complete the Casey Life Skills Assessment (CLSA) and develop a Learning Plan. The CA caseworker and foster parent must provide opportunities for the youth to practice life skills

in the home or within the community. The CA caseworker is responsible for documenting services provided to a youth by the caseworker and foster parent related to the NYTD elements.

Implementation of Commercially Sexually Exploited Children (CSEC) Legislation

In January 2016, CA began to pilot the CSEC screening tool (DSHS 15-476) with the Missing from Care (MFC) Locators and the Child Health and Education Tracking (CHET) screeners for children 11 years and older. Data is being collected to better understand the numbers and trends CA is seeing regionally. CA's CSEC program manager, hired in January 2017, is responsible for ensuring the implementation of federal requirements related to CSEC.

In July 2017, new and updated CSEC policies and procedures were in place, including Intake, CHET, MFC, CFWS, and DLR applicable programs. The statewide database for CSEC migrated to an updated platform integrated into FamLink for easier mobile access, data collection and reporting. Also in July 2017, mandatory statewide CSEC training rolled out offering two trainings per CA Region per month. Additionally, The CSEC HQ Program Manager also strengthened relationships with key partners in 13 different county CSEC Task Forces and the Center for Children & Youth Justice (CCYJ). Beginning in 2018, the CSEC HQ program manager will begin working with Regional CSEC Leads for case consultation, policy and procedural review, and quality assurance in regards to screening and documentation.

Lesbian, Gay, Bisexual, Transgender, Questioning+ (LGTBQ+)

Currently there are no policies or requirements for foster parents, adoptive parents, workers in group homes and case managers to receive training on supporting and affirming LGTBQ+ youth and/or addressing the unique issues confronting LGTBQ+ youth. CA is committed to strengthening our work related to this population. CA is currently in the process of identifying and developing a structure to support improved policy, procedure, practice, training, services, and supports related to LGTBQ+ youth involved in the child welfare system. In January 2017, CA hired a LGTBQ+ program manager to bring an increased focus to this work.

CA LGTBQ+ Advisory Committee

CA has postponed identifying and convening the LGTBQ+ Advisory Committee due to the transition to DCYF. In lieu of the committee, LGTBQ+ Regional Leads are being identified to provide support to the field and work closely with the LGTBQ+ program manager as policies are developed and practice norms are more inclusive in recognizing LGTBQ+ youth. In addition, CA has identified an alumni of care to consult and provide feedback on the work that is developing on LGTBQ+. Currently, the LGTBQ+ program manager has provided attention and consultation in the following areas:

- Language used to refer to gender on documents/forms
- Consultation on legally changing gender on birth certificate
- Service array: Identification and development of services to meet LGTBQ+ youth needs
- Addressing the legal and medical needs of transgender youth
- Providing field office training and consultation
- Building and strengthening partnerships with community providers and external stakeholders
- CA Staff: identifying training needs, reviewing curriculum, and identifying training resources

LGBTQ+ Training

The Alliance for Child Welfare Excellence offers an elective training for caseworkers and caregivers who are assisting LGTBQ+ youth and families of LGTBQ+ youth; *Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) Youth*. It is an interactive training that offers caseworkers, foster parents, adoptive parents, kinship caregivers and youth providers information and tools to provide LGTBQ+ youth with appropriate and informed care including terminology, risks and resiliency, supporting families, and practical suggestions for working with LGTBQ+ youth. The training also explores:

- Healthy sexual development in children and youth
- Helping children and youth with development of a healthy sexual identity
- Impact of sexual abuse on child's behaviors
- How to access service to assist a child who has been sexually abused
- How to care for a child who is experiencing the behavioral, emotional and or developmental effects of sexual abuse
- How to identify and access services/supports to best meet the needs children and youth who may be questioning their sexual identity

Washington State Safe and Affirming Care Pilot Project

In 2013, the eQuality Project at the CCYJ began the first comprehensive research effort on the experiences of Washington's LGBTQ+ youth in the child welfare and juvenile justice systems. This resulted in the eQuality Protocol for Safe & Affirming Care (PSAC). During the development process, more than half of the participants were CA staff who attended focus groups and provided feedback. In 2016, the Spokane office was identified to pilot the implementation of the PSAC. Both the HQ LGBTQ+ Program Manager and an identified Spokane office staff are co-leads for CA on this implementation. This includes involvement with the PSAC Core Team, providing leadership with CCYJ staff, and ongoing consultation with field staff.

- In May 2017 the Spokane office and the Spokane Juvenile Court, attended the PSAC implementation training including additional training provided by Youth Odyssey Movement, a local LGBTQ+ community partner
- In September 2017, Passion to Action (P2A) reviewed and gave feedback on the PSAC Questionnaire. The feedback was incorporated into the questionnaire
- In October 2017, the Spokane lead participated in the LGBTQ Certification program with Georgetown University with other Core Team members
- November 2017, the PSAC Questionnaire began being offered for completion to all youth ages 12 and older in CA

The PSAC pilot is estimated to run through June 2018. Completed questionnaires will be evaluated and used to help develop resources for LGBTQ+ identified youth and assist systems in determining needs of LGBTQ+ youth and staff.

In the number of youth served the IL program has decreased from 2013 to 2017. Several factors continuing to contribute to the drop in youth served over the years include:

- CA staff turnover
- Regional IL Leads have multi-program responsibilities
- New CA staff without the history or a knowledge of IL
- Contracted provider staff turnover
- Youth declining or not engaging in IL services
- Changes in the way IL providers report status of active, inactive and youth exiting the IL program
- Delays in regional eligibility approvals

CA developed the following strategies to increase IL awareness in 2016 and 2017:

- Created new IL brochures that give descriptions of IL/TL and ETV programs and services. The brochures have been distributed to local offices and IL agencies across the state. The PDF version of the brochure has been placed on the foster youth's website www.independence.wa.gov and on the foster parent web page.

- Passion 2 Action board members include the importance for getting youth involved in support services such as ILS in various venues; caregiver trainings, CASA conference, permanency summits and trainings.
- Utilizing the On-Going Mental Health (OMH) screeners to include ILS in the discussion of services available to youth.
- Collaborating with the Alliance to develop a suite of adolescent trainings.
- Revised the quarterly reports for contracted providers.
- Revising and restructuring the adolescent policies to align with responsibilities and functions by age.
- IL HQ program manager and Regional IL program managers will be visiting local offices and presenting IL services at staff meetings.
- Regional IL Leads will be sending reminder emails to caseworkers on how to refer youth to the IL program.
- Regional IL Leads will provide a list of eligible youth to the IL provider as an outreach effort to engage youth into participating in IL services.
- The RDA NYTD survey team will discuss IL/TL services with survey participants. If a youth is not engaged in services, RDA staff will inform the IL Program Manager and will direct TL youth to TL providers.
- Contracted providers conducting outreach to local DCFS offices, other programs within their agencies, newsletters, community forums, foster parent meetings etc.
- Regional leads develop a plan with providers for approving IL referrals.

Efforts to increase IL services to youth is ongoing. The contracted IL providers have seen an increase in the number of referrals they are receiving. They have also reported that they are seeing more self-referrals for the program for youth 18 years old and over. It is reported that youth involved in Extended Foster Care are more likely to engage in services than younger youth who have more competing priorities.

Education and Training Vouchers (ETV) Collaboration Efforts

CA continues to coordinate with the College Success Foundation (CSF), the Washington Student Achievement Council (WSAC), and other agencies in an effort to maximize former and current foster care youth access to financial aid assistance (e.g., federal student financial aid programs, grants, scholarships, and ETV services). ETV staff and staff from these agencies work cooperatively ensuring students receive the necessary supports to successfully complete their post-secondary education. They also connect students to staff on college campuses who can help file a financial aid appeal in the event they are suspended from financial aid participation. Conference calls take place as needed between ETV staff and the two Program Officers for the Foster Care Initiatives program to problem solve any barriers for ETV students. A Passport Conference was held in Yakima, WA on May 10, 2017 with participation from educators, post-secondary programs, CA caseworkers, CASA, youth and foster parents. The Make It Happen event, hosted by CSF took place June 27-29, 2017 at the University of Puget Sound with over 90 youth attending the event. The ETV team was present for all three days assisting CSF staff and doing an ETV presentation for the incoming Freshmen group. The ETV Program Manager stayed in the dorms for two evenings assisting with supervision, connecting with student participants and providing ETV program information to the younger students not attending the ETV presentation. The ETV team attends the Governor's Scholarship Luncheon in Seattle, which affords us the opportunity to meet the eligible ETV program participants and their caregivers as well as providing support for the work that CSF does in support of foster youth. The ETV Program Manager is on the CSF Passport Leadership team which meets quarterly. These meetings are attended by college education staff and IL providers along with CSF and WSAC staff. The work accomplished in these meetings positively affect the students participating in post-secondary education and the ETV program. The ETV manager is also a member of the Foster Care Collaboration Team facilitated by WSAC with participation by the Office of the Superintendent for Public Instruction (OSPI) and the CA Education Program Manager. This group meets quarterly. The Foster Care Collaboration Team developed a publication to be given out to foster youth and

their caregivers entitled, “Fostering College Knowledge: Planning and Paying for Higher Education for Youth in Care”. The ETV Program Manager checks for Passport Scholarship eligibility and provides the information to the Passport Scholarship Program Manager on a daily basis.

ETV program staff continues to collaborate with community partners statewide to coordinate youth access and promote education success. This included a joint presentation at the Children’s Justice Conference in May 2017 with two (2) ETV students and an ILP supervisor. In attendance at the presentation were attorneys, educational advocates, CASA/GAL’s, caseworkers, independent living skills providers, and foster parents. ETV and adolescent services had a resource table at the event for the first time which provided information to all participants regarding resources to support the unique needs of older youth in care. In May 2018, the ETV team will present at the Children’s Justice Conference in Spokane. We have confirmed the participation of two ETV students to assist with the presentation. In efforts to connect with caregivers, ETV staff participated in the annual Seattle Mariners “We Are Family” event held at Safeco Field in May 2017. Each caregiver who attended the event was given a resource packet which contained information about the ETV program. The ETV program was highlighted in the Caregiver Connection, an online newsletter for foster parents and kinship families. For those families who adopt or enter into a relative guardianship with youth 16 and older, the ETV Program Manager sends them a thank you letter and encloses an ETV brochure for reference.

There are ongoing efforts to connect with and inform CA staff about the ETV program. In-person presentations were made in seven field offices. Questions from the field are answered by phone and email. The ETV Program Coordinator also participated in a Resource Fair sponsored by the Vancouver CA office. Community providers and college staff were in attendance and provided up-to-date information to Vancouver CA staff.

Contact was made with caseworkers who had youth in the EFC program who were not participating in ETV. Contact was also made with caseworkers who had youth on their caseloads graduating High School or getting their GED in June 2017.

There is frequent collaboration with the other Program Managers in the Adolescent Services unit to brainstorm ideas, improve efficiencies and decrease program barriers for students as well as findings ways to represent our programs at different events throughout the state.

Collaborating with IL Providers is important in our outreach efforts. Presentations were given to three IL programs as well as frequent phone and email correspondence. The ETV Program Coordinator attended 2 Resource Fairs, sponsored by IL Programs. These events were attended by youth and their caregivers.

Feedback from ETV participants is important to the success of the program. Students share their views with us in a variety of ways; emails, phone calls, and in community events. ETV sent an email survey to over 300 youth who were eligible for the program in the 2016-2017 academic year and 22 youth responded. From the survey, we learned that 74% found the independence.wa.gov site a useful tool, 86% found the on-line application process to be easy, and 82% reported confidence in how to utilize their funds. One suggested improvement has already been implemented via the partnership with Amazon. Students would like more face-to-face contact with program staff. We will continue to seek venues to provide that opportunity.

Needs and Services to Parents

Case review results indicate performance is stronger with mothers than fathers. In 81% (176 out of 216) of the cases, a formal or informal initial and/or ongoing comprehensive assessment was conducted which accurately assessed the mother’s needs and in 88% (174 out of 198) of the reviewed cases, appropriate services were provided to address the mother’s identified needs. When looking at cases in which a formal or informal initial and/or ongoing comprehensive assessment of the mother’s needs did not occur, 60% (24 out of 40) were foster care cases, while 23% (9 out of 40) were in-home cases and 17% (7 out of 40) were CPS FAR cases.

In comparison, the father had a formal or informal initial and/or ongoing comprehensive assessment of needs in 66% (128 out of 195) of the cases. When the father had identified needs, appropriate services were provided in 84% (117 out of 140) of the cases. Eighty-one percent (54 out of 67) of the cases where an assessment of the

father did not occur where noted to be foster care cases. The remaining were in-home, 12% (8 out of 67) and CPS FAR, 7% (5 out of 67) cases.

CA policy states that caseworkers are to have a minimum of one face-to-face visit with mother's and father's monthly. The purpose of this visit is to conduct an ongoing assessment of services and needs and

involve parents in case planning. An appropriate assessment of mothers and fathers is directly related to item 13, involvement in case planning and item 15, caseworker visits with parents. When caseworkers are not having regular visits or contact with mothers and fathers, it is difficult to fully assess needs and involve them in case planning.

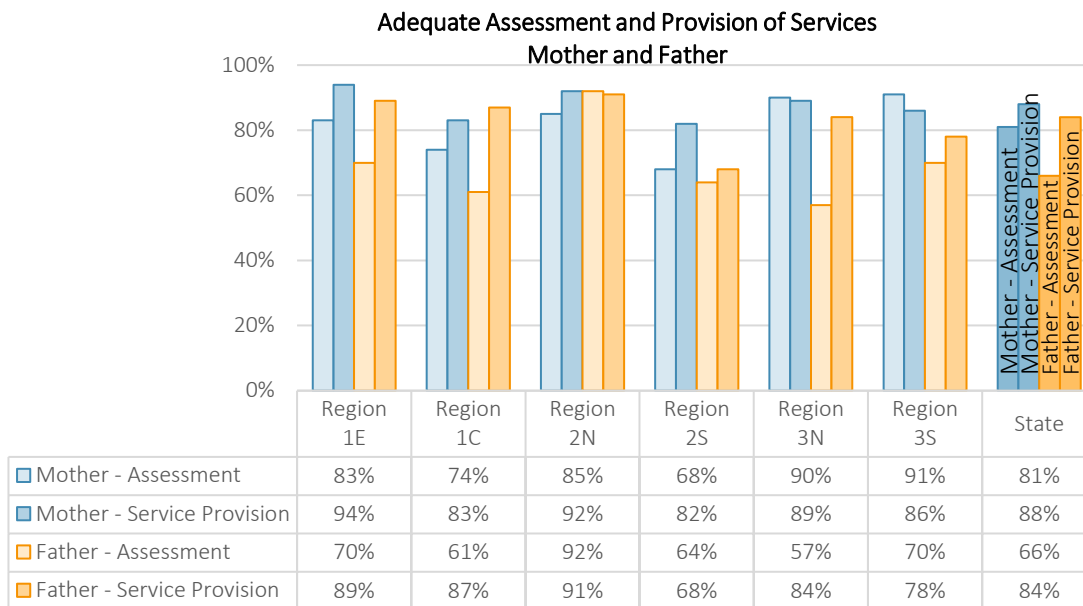
Several challenges which impact performance related to the assessment of services and needs were identified during the regional semi-annual deep dives. The challenges were noted statewide.

- Caseworkers are not documenting or insufficiently documenting their visits with parents during the month.
- Caseworkers were unaware that mailing monthly service letters to the parent, in particular for hard to find or hard to reach parents, did not meet the practice standards for this measure.
- Efforts to locate a missing parent, which is often the father, could not be located. When fathers were located and contacted by the caseworker, their needs were not fully assessed.
- Ongoing assessment of family needs were lacking and when needs were identified, often the services did not match the family's needs.

Beginning in January 2017, the CCRT began interviewing parents are part of their case review process in preparation for our state led CFSR review. Since the start of these interviews, 58 mothers and 34 fathers agreed to speak with the case reviewer. Comments from these interviews vary from positive to areas needing improvement and largely depend on the office location. Themes from these comments relating to needs and services for mothers and fathers include:

- Parents consistently expressed having a good working relationship with their service providers.
- Some of the parents expressed a lack of understanding why some of the services were ordered. The parents felt like the services which were being ordered were the same that would be provided to every family and not specific to their family's needs or situation.
- Service referrals occurred timely and they received all of the necessary services they needed. One parent expressed that the caseworker saved her life due to the intervention she received.

In addition, Region 2 and Region 3 utilize a survey following FTDM meetings to gather family feedback regarding their involvement and understanding of the process. In 2017, family members who participated in a FTDM meeting completed and returned 784 (R2: 475 surveys and R3: 309 surveys) surveys. Both surveys are short and



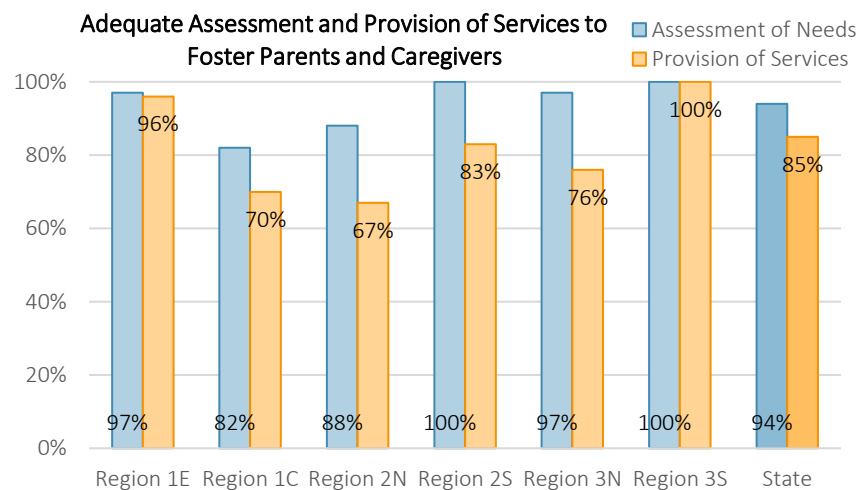
asks four questions rated on a Likert scale. Respondents are also provided an opportunity to include additional comments. Answers rated as strongly agree and agree are considered a strength. Region 1 has recently begun to collect the same information and results will be reflected in upcoming progress reports.

1. 98% (769 out of 784) responded the FTDM was facilitated in a manner that was genuine and respectful.
2. 98% (766 out of 780)¹⁵ noted the meeting process was explained clearly.
3. 97% (747 out of 771)¹⁶ felt listened to, and his or her ideas and suggestions were used in developing an appropriate family plan.
4. 98% (689 out of 706)¹⁷ responded he or she understand what is needed to keep their child(ren) safe.

Once service needs are identified, caseworker efforts to address identified needs should include timely referrals. After implementation of services, appropriate follow-up with the service provider and recipient is needed. Documentation is limited to support the caseworker’s assessment of needs, provision of services to mothers and fathers, or follow-up information once such services are provided. Caseworker turnover and caseload size are also contributing factors. This is an area in need of improvement.

Needs and Services to Foster Parents and Caregivers

Needs of foster parents and caregivers were adequately assessed on an ongoing basis to ensure their capacity to provide appropriate care and supervision to the child in their care was a strength in 94% (140 out of 149) of the cases reviewed. When a need was identified, 85% (77 out of 91) of foster parents and caregivers were provided with appropriate services to address identified needs to provide appropriate care and supervision of the child in their care.



Assessment	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	97%	82%	88%	100%	97%	100%	94%
Total applicable cases	38	34	8	17	36	16	149
Strength cases	37	28	7	17	35	16	140
Area Needing Improvement cases	1	6	1	0	1	0	9
Services	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	96%	70%	67%	83%	76%	100%	85%
Total applicable cases	26	20	3	12	17	13	91
Strength cases	25	14	2	10	13	13	77
Area Needing Improvement cases	1	6	1	2	4	0	14

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

¹⁵ Question #2: 4 respondents selected Not Applicable or did not answer the question.
¹⁶ Question #3: 13 respondents selected Not Applicable or did not answer the question.
¹⁷ Question #4: 78 respondents selected Not Applicable or did not answer the question.

Foster parents, caregivers and caseworkers in rural areas reported that a lack of service availability is sometimes a barrier to meeting their needs. Lack of consistently available day care, particularly for infants, is a barrier statewide. In-home services to support both licensed and unlicensed caregivers in meeting the needs of the children in their care are being evaluated. Children's Administration is partnering with the Department of Early Learning to identify areas where childcare is lacking for particular age groups statewide.

During the case review process, foster parents and caregivers are contacted to participate in an interview related to the child's case who is in their home. Since January 2017, 106 foster parents and caregivers have agreed to participate in the interview process. Like with mothers and fathers, the responses varied based on the office location. Themes and comments from these interviews included:

- One kinship caregiver was very appreciative of the caseworker utilizing a certified interpreter for meetings.
- Some foster parents expressed frustration that children were initially brought to their home without adequate clothing or items in order to meet the child's basic needs. Other foster parents expressed frustration with not receiving reimbursements in a timely manner.
- Foster parents noted a concern regarding unclear communication from the assigned caseworker. Caregivers stated they had trouble distinguishing between what was being required of them versus communication with them for informational purposes.
- Foster parents expressed a lack of support from the caseworker, feeling overwhelmed, and receiving inaccurate information regarding the child's case.
- Some of the foster parents expressed not having their needs met by the caseworker. The foster parents did not seem to have an understanding of what resources might be available to them and what was not. The foster parents were under a belief that the lack of resources was a system issue and not related to the caseworker's ability to meet their need.
- Foster parents stated they felt like their caseworkers listened to them and that their needs were being met. Caregivers spoke positively about their caseworkers and shared that the caseworkers were very responsive.
- Caregivers expressed frustration with the caseworker turnover.
- Some caregivers expressed a frustration with not receiving return phone calls from the caseworkers.
- The foster parents stated there is inconsistency regarding the caseworker's responses to requests for services, such as child care, change of placement, and receiving a voucher for the child. Some of the caseworkers respond timely and others require being asked multiple times.

CA contracts with the Department of Social and Health Services Research and Data Analysis Division to conduct a survey¹⁸ of foster parents in Washington. September 2015 through September 2016, DSHS surveyed 1,350 licensed foster parents about their satisfaction with support, training and information provided by Children's Administration and private agencies contracted by the agency to provide services to foster parents. They were also asked to offer recommendations for change. The majority of foster parents continue to express satisfaction with the support and training they receive, and with the caseworkers assigned to their cases. Key survey findings regarding support for foster parents were:

- Most foster parents are satisfied with the support they receive. Positive responses about the adequacy of support increased in 2016, reversing the negative trend we observed in 2015.
 - 79% of foster parents said that support was "more than adequate" or "somewhat adequate", a statistically significant increase of four percentage points from 2015.
 - Of the 385 general comments about support, 67% were positive (up from 55% in 2015).
- Perceptions of caseworkers remain mostly positive. Responses to questions about caseworkers did not change significantly from the 2015 survey.

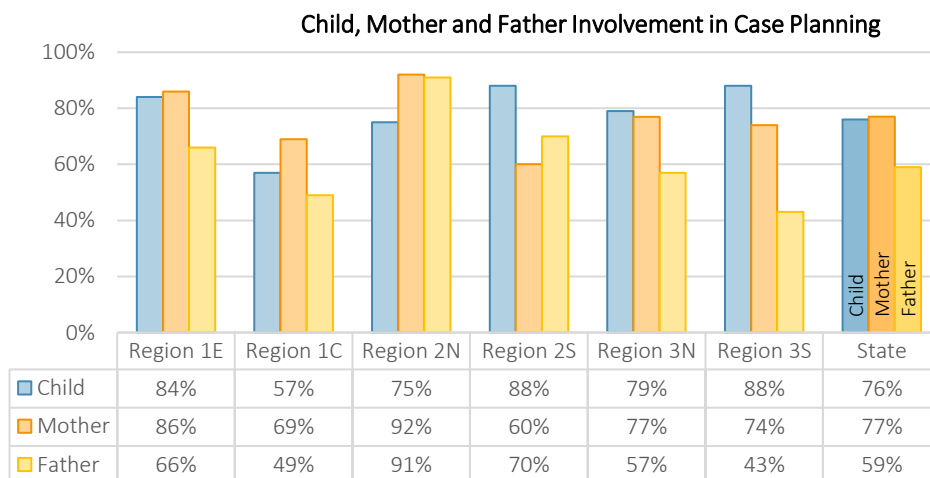
¹⁸ The complete FY 2016 Survey of Foster Parents in Washington State can be viewed on the Children's Administration foster parenting [website](#).

- 81% of respondents said that caseworkers always or usually listen to their input.
- Of the 1,151 who commented about caseworkers, 43% made mixed or neutral comments, many including statements that some workers are better than others.
- Most comments were positive in the areas of caseworker support (59% of 446 comments), courtesy (63% of 188 comments), and listening/understanding (62% of 233 comments).
- Of the 226 comments about caseworkers' inclusiveness, 62% were negative or suggestions for improvement.
- Responsiveness and communication are important to foster parents. Most respondents said they can get help when they ask for it, but complaints about responsiveness continue to be a concern.
 - 80% of respondents said they can always or usually get help when they ask for it.
 - Of the 627 foster parents commenting on access to caseworkers, 57% were positive.
 - 13% of all respondents expressed concerns that insufficient numbers of caseworkers, high caseworker caseloads, and turnover contribute to a variety of problems (177 comments).
- Foster parents value consistent and fair processes, and smooth coordination of efforts. Although most foster parents said they feel included in the care team, some foster parents described challenges rooted in processes and coordination.
 - 74% said they are always or usually treated like part of the team; and 72% agreed that they are included in meetings about the child in their care.
 - Of the 272 foster parents who commented about processes, 93% offered negative comments or suggestions for improvement.
- Most foster parents were satisfied with the information they receive about the children in their care, but many expressed concern about the consequences of inadequate information sharing. The number of comments on this topic highlights the importance of information for foster parents.
 - 70% of respondents agreed that they always or usually get adequate information about the needs of the children placed with them.
 - There were 740 comments related to information in 2016 (55% of all respondents). Of these, 51% were negative or suggestions for improvement.
 - Foster parents are most concerned when they do not receive information about medical needs and behavioral problems at the time of placement, and when they do not receive information about court hearings or developments in a foster child's biological family.

Item 13: Child and Family Involvement in Case Planning

Concerted efforts to actively involve the child, mother and father in the case planning process was noted as a strength in 54% (125 out of 231) of the cases reviewed by the CCRT.

Between January through September 2017 there were 138 cases reviewed in which the child was considered old enough to be involved in case planning. Statewide, 76% (105 out of 138) of the cases were rated as a strength. Data indicates that children in out-of-home care are more involved in case planning. Out-of-home care cases accounted for 67% (92 out of 138) of the sample population with 88% (81 out of 92) rated a strength. The remaining 33% (46 out of 138) of the sample population were in-home and



CPS FAR cases; 52% (24 out of 46) were rated a strength. The child's involvement was through consultation regarding his or her goals and services, the plan was explained in terms the child could understand, and the child was included in periodic case planning meetings.

Child	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	84%	57%	75%	88%	79%	88%	76%
Total applicable cases	37	37	4	8	28	24	138
Strength cases	31	21	3	7	22	21	105
Area Needing Improvement cases	6	16	1	1	6	3	33
Mother	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	86%	69%	92%	60%	77%	74%	77%
Total applicable cases	50	48	13	10	48	34	203
Strength cases	43	33	12	6	37	25	156
Area Needing Improvement cases	7	15	1	4	11	9	47
Father	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	66%	49%	91%	70%	57%	43%	59%
Total applicable cases	44	39	12	10	37	30	172
Strength cases	29	19	11	7	21	13	100
Area Needing Improvement cases	15	20	1	3	16	17	72

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

Caseworkers are more consistently involving youth in case planning. Documentation indicates that caseworkers and children are discussing permanency, well-being and safety. Generally, older youth are more involved in case planning than younger children. In some cases, involving young children, the caseworker visited with the child each month, but could improve practice by asking for the child's input into case planning issues. Some caseworkers expressed concern about how to involve younger children (as developmentally appropriate) in their case planning. This assertion was reiterated by Region 1 during the regional semi-annual deep dives and contributed to the lower sub regional data at 57% (21 out of 37) in Region 1 Central. Additionally, while caseworkers ask children and youth about their education, placement, visitation, and sense of safety, practice could be improved by providing children and youth with education about permanency and supporting them in voicing their preferred permanency plan.

CA continues to be more involved with mothers than with fathers.

- Mothers were actively involved in case planning by identifying strengths and needs, identifying services and service providers, establishing goals in case plans, evaluating progress towards goals, and discussing the case plan in 77% (156 out of 203) of the cases reviewed.
 - Out-of-home cases were rated as a strength in 79% (110 out of 140) of the cases.
 - Mothers were involved in nearly three quarters, 73% (46 out of 63), of the in-home and CPS FAR cases reviewed.
- The father's involvement included identifying strengths and needs, identifying services and service providers, establishing goals in case plans, evaluating progress towards goals, and discussing the case plan. Fifty-nine percent (100 out of 172) of the cases were rated a strength.
 - 55% (66 out of 119) of out-of-home cases reviewed were identified as a strength.
 - 64% (34 out of 53) of in-home cases were rated as a strength.

The CCRT interviews caseworkers as part of the case review process to gathering additional information regarding the child and case activity. Between January through September 2017, 194 caseworkers participated in these

interviews. Themes from the caseworker interviews related to child and family involvement in case planning include:

- If the parent was actively participating in their services, the case was moving forward timely. In situations where the parent was not actively participating in the case plan, the case would linger.
- Newer caseworkers tended to be more progressive and forward thinking in their social work practice.
- Caseworkers focus their efforts on working with the parents who are actively involved and meeting with the caseworker on a regular basis. They do not have time to actively search for parents who are not involved with the case plan.

Mothers and fathers, as well as foster parents and caregivers, are also interviewed by the *CCRT*. Since January 2017, 58 mothers and 34 fathers have agreed to participate in interviews with the case reviewer. Comments from these interviews vary from positive to areas needing improvement and largely depend on the office location.

Themes from the parent interviews include:

- Parents expressed being happy and liking their caseworker. The parents expressed that their caseworkers were responsive to phone calls, emails, and messages.
- In contrast, some parents also expressed being unhappy with their caseworker and noted a lack of collaboration by the caseworker and her or she was not working with the parent towards reunification. The parent also indicated a lack of communication and frequent miscommunication with the caseworkers.
- Some fathers stated the caseworkers would return their calls in a timely manner and were easy to have a conversation with.
- Parents expressed that it was nice to have the same caseworker during the time their case was open without having to change caseworkers and feel like their case was starting over again.
- Some mothers reported the process was slow and they felt their case did not move along fast enough for their children to return home or for their case to close.
- Parents interviewed raised their concern regarding the continual turnover of caseworkers assigned to the case. Parents expressed a frustration with having multiple caseworkers assigned to their case and that it would be like starting over each time a new caseworker was assigned.
- Parents expressed liking the caseworkers more as he or she became more familiar, but when a new caseworker was assigned, a new relationship needed to be established.
- Other parents stated they did not have contact with their caseworker on a regular basis.
- Parents stated the caseworker was working their own plan and not a plan that was developed together.
- Overall, parents expressed they were not working together with the caseworker to develop their case plan.

Since January 2017, 106 foster parents and caregivers have agreed to participate in case review interviews. Like with mothers and fathers, the responses varied based on the office location. Themes and comments from these interviews included:

- Lack of communication from the caseworker regarding case direction and what was occurring on the case. Multiple caregivers stated their *CASA* was really good and responsive in communication, but the caseworker was not.
- Foster parents consistently stated they were not included in the case planning process for the children in their care.

In order to meet the practice standards for this item, there must be concerted efforts by the agency to locate and maintain contact with the parents, including incarcerated parents and parents who have not been involved with

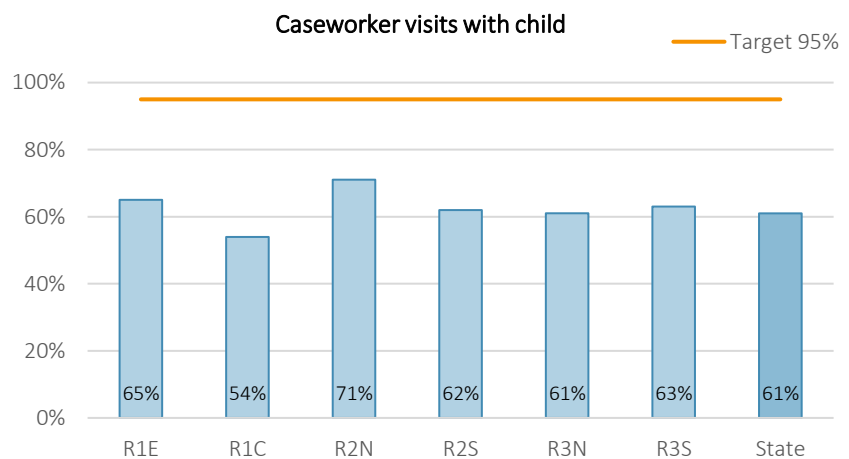
their children. Cases rated a strength in relation to a parent or the child had evidence that the mother, father, and/or child was invited to participate in Shared Planning Meetings (specifically FTDM meetings) held during the period under review and had periodic substantive conversation with the assigned caseworker, or the caseworker made concerted efforts to have these conversations.

In some cases, there were insufficient efforts to locate and remain in contact with a non-custodial father. Some of the fathers who were not involved in case planning had no recent contact with the child or were incarcerated. Some cases have evidence of contact with the mother or father, but greater efforts were needed to elicit the parent’s thoughts and feelings about case planning issues (the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.). Another consistent theme indicated that if parents are separated, planning and involvement is generally only happening with one parent, the most engaged parent, the majority of the time.

The Department is committed to continually improving practice and services so positive outcomes are achieved for all children and families served. One strategy under consideration is to duplicate a unique parent locator staff position in Region 1 and Region 3, such as the one that currently exists in Region 2 North. This caseworker is charged specifically with searching for parents and documenting associated efforts. It is likely that this individual’s activities contributed to the higher rates of compliance in Region 2 North. Engaging parents in the development of the family’s case plan supports improved child safety and achievement of timely permanency. As with other measures, identification, and location of parents is a critical first step. Likewise, child and youth involvement in case planning offers opportunities for youth development, critical thinking and buy-in. During monthly visits with the parents and child, caseworkers focus on a number of topics, one being case planning. Broadly, the case review data connected to this item demonstrates inconsistencies in practice. Improvements to parent and child involvement in case planning for in-home and CPS FAR cases is needed. To encourage ongoing development of parent engagement skills, Children's Administration is actively providing resources and reminders about core engagement skills. This includes training, written materials, regional and statewide communication, and messaging from leadership.

Item 14: Caseworker Visits with Child

The frequency and quality of caseworker visits with the child was determined a strength in 61% (147 out of 240) of cases reviewed January through September 2017 to promote the achievement of case goals and ensure the safety, permanency, and well-being of the child(ren). There is variability between sub regions with a high in Region 2 North at 71% (10 out of 14) and the lowest in Region 1 Central at 54% (31 out of 57).



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	65%	54%	71%	62%	61%	63%	61%
Total applicable cases	65	57	14	26	51	27	240
Strength cases	42	31	10	16	31	17	147
Area Needing Improvement cases	23	26	4	10	20	10	93

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

The *CCRT* found that the frequency of visits between the caseworker and child was a strength in 82% (196 out of 240) of the cases reviewed, with 86% (168 out of 196) accounting for out-of-home care cases and the remaining 14% in-home cases (in-home 19 out of 196; CPS FAR 9 out of 196). The quality of the caseworker visits with the child only met practice standards in 68% (163 out of 238) of cases reviewed. Quality of visits remained strongest for out-of-home care cases with 79% (128 out of 163), with 21% accounting for in-home cases (CPS FAR 11 out of 163; In-home 24 out of 163). Improvement in practice and documentation of an individual, private conversation with a verbal child each month will increase the quality of caseworker visits with children.

As part of the case review process, caseworkers are interviewed to gather additional information regarding the child and case activity. In January through September 2017, 194 caseworkers participated in these interviews. During the interviews, it was clear the caseworkers were spending an ample amount of time during their health and safety visits to thoroughly assess the case circumstances.

During the case review process, foster parents and caregivers are also contacted to participate in an interview related to the child's case who is in their home. Since January 2017, 106 foster parents and caregivers have agreed to participate in the interview process. The foster parents stated during the interviews that they were informed of the need to complete private conversations with the children and the reason that this needed to occur.

CA policy for health and safety visits with children requires that all visits must be conducted by the assigned CA caseworker or another qualified CA staff. The number of visits conducted by another qualified CA staff must not exceed four times per year. The qualified CA staff person cannot conduct visits in consecutive months. Children in CA custody or receiving voluntary services (FVS and FRS) must receive a private, individual face-to-face health and safety visit every calendar month and the majority of health and safety visits must occur in the home where the child resides. For children, age 0-5, two in-home visits must occur every calendar month for the first 120 calendar days of an established in-home dependency or trial return home. Children with an open CPS investigation or CPS FAR case beyond 60 days must receive a private, individual face-to-face health and safety visit every calendar month.

Frequent and quality visits with children are recognized as critical for assessing child safety, well-being, and supporting permanency. In order to provide support in the tracking and completion of monthly health and safety visits, CA utilizes two additional data reports to regularly monitor performance related to monthly caseworker visits with children. While these reports do not address the quality of visits, the reports do allow CA to ensure the frequency of visits is sufficient to ensure the safety, permanency and well-being of the child.

The first report is an infoFamLink monthly health and safety visits report which is utilized by supervisors, Area Administrators and Regional Quality Assurance staff. This report is accessible to all CA staff with access to FamLink and can be run at any time. Part of the infoFamLink report includes weekly case management report emails which are sent to CFWS caseworkers, supervisors, and area administrators. The weekly emails include the names of children who have not had a documented caseworker visit during the current month. Proper documentation in FamLink populates these reports. The ongoing monitoring and email notifications has been greatly successful in CFWS cases. January 2017 to November 2017, 97.63%¹⁹ (113,539 out of 116,301) of children in out-of-home care with an open CFWS case were seen at least once a month.

In order to equally support FVS caseworkers in tracking required in-home monthly visits, a FVS health and safety visit monitoring report was developed in response to feedback from field staff and supervisors. A pilot of the newly developed report was launched in February 2017 in select offices²⁰ from each region. These offices provided feedback to ensure the validity of the report. In July 2017 the FVS health and safety visit monitoring report was launched statewide. In reviewing completion of required FVS monthly health and safety visits between August through November 2017, 58% of children were seen once or twice per month. CA policy requires children

¹⁹ Data Source: Monthly Social Worker Visits report; infoFamLink; January 3, 2018

²⁰ FVS monthly visit pilot offices were Wenatchee (R1C), Bellingham (R2N), Puyallup (R3N), Lakewood (R3N), Aberdeen (R3S), and South Bend (R3S).

ages 0 to 5 years old to be seen twice a month. There is also a greater focus on timely completion of CPS and FRS cases, in compliance with CA policy, so children and families receive timely services and unnecessary interventions are discontinued. These cases are also being tracked and reported monthly to regional leadership by regional QA leads.

The second report CA utilizes to monitor frequency of monthly caseworker visits with children mirrors the current federal monthly caseworker visit measure and looks at performance for the current federal fiscal year. The report is generated monthly and provided to CA Leadership, including Regional Administrators, Deputy Regional Administrators, and Executive Leadership staff. By monitoring performance on a monthly basis, it allows CA to ensure the frequency of caseworker visits with children continues to meet the federal target of 95%, which is reported annually in December.

To improve the quality of health and safety visits with children, a statewide monthly health and safety visit campaign launched in September 2016. This campaign sought to improve CA’s documentation and performance related to:

- Item 16: Educational needs
- Item 17: Physical/dental health
- Item 18: Mental/behavioral health

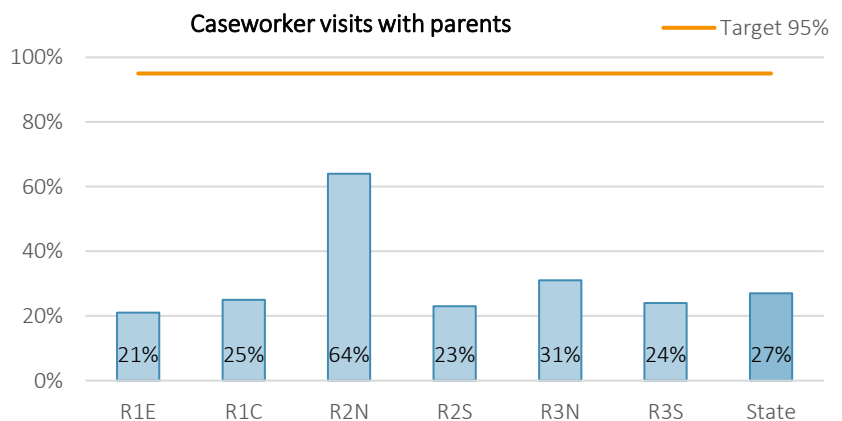
A grass roots campaign was started in Region 1 Central, where they noticed that improvements in the three above topics could be made through improving information gathering and documentation during health and safety visits. Over the Summer of 2016, the office focused on a specific topic each month. Their success led to a statewide initiative which began in September 2016 and continued through September 2017. The initiative involved giving extra consideration to the monthly theme during monthly health and safety visits with children and documentation. Caseworkers and supervisors received monthly emails which included a topic specific discussion guide, visit tip sheet, and documentation tip sheet. In addition, caregivers were notified of the monthly topic by email and advised to be prepared to discuss the topics during monthly health and safety visits with children.

The March 2017 policy roll-out, that is mandatory for all caseworkers to be trained in, included updates to the health and safety visit guidelines to be more clear for caseworkers on what areas need to be addressed during visits with children, to remind caseworkers to meet with children privately, and complete required documentation.

Factors affecting caseworker visits with children are regularly discussed at a monthly CFWS/Permanency Leads group. Representation from all of the regions and sub regions are invited. In November, 2017 the leads indicated one barrier regarding monthly health and safety visits with children relating to Interstate Compact Cases. When a child is placed in another state, that state often has requirements to meet with the child every 90 days which is not consistent with Washington standards to meet with children every 30 days.

Item 15: Caseworker Visits with Parents

Case review data reveals that visits and contact with mothers is higher than with fathers. There is variability between sub regions with a significant outlier being Region 2 North with the highest performance at 64% (9 out of 14). The other sub regions are much more consistent with Region 1 East being the lowest at 21% (12 out of 58).

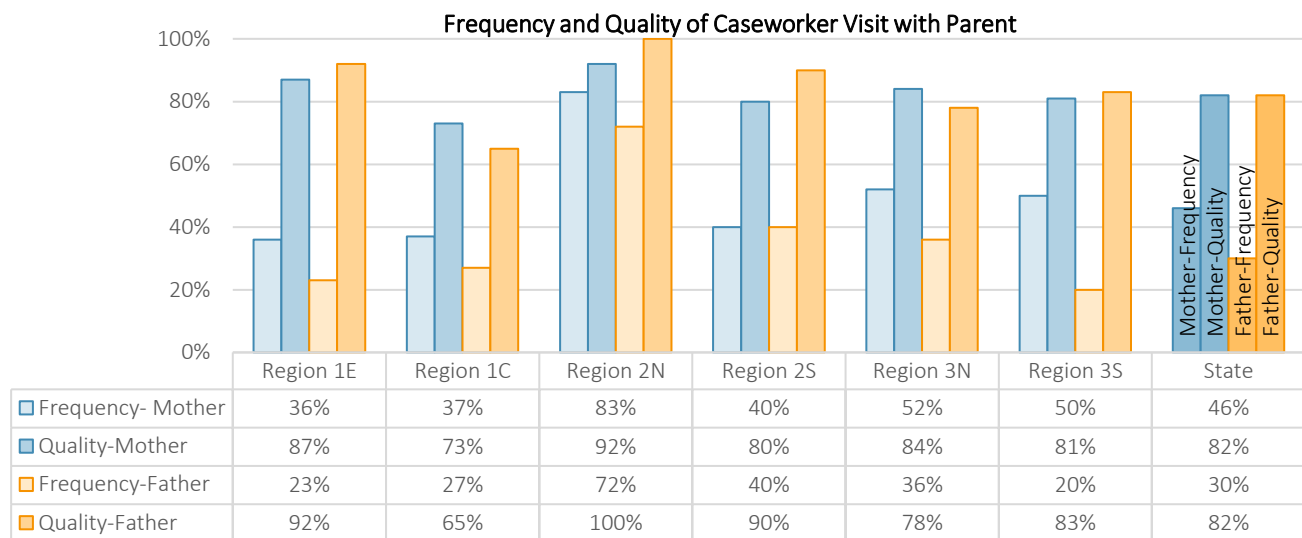


	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	21%	25%	64%	23%	31%	24%	27%
Total applicable cases	58	51	14	22	49	25	219
Strength cases	12	13	9	5	15	6	60
Area Needing Improvement cases	46	38	5	17	34	19	159

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

CCRT results for cases reviewed between January through September 2017 noted that caseworker visits with mothers were found to be a strength in 46% (88 out of 193) of the cases; with 33% (64 out of 193) of these cases being out-of-home cases and the remaining 13% (24 out of 193) for in-home and CPS FAR cases. Caseworker visits with father were found to be a strength in only 30% (50 out of 165) of cases reviewed. Out-of-home cases accounted for 21% (34 out of 165) of the cases rated a strength, while 9% (16 out of 165) were in-home and CPS FAR cases.

The frequency of in-person visits between the father and caseworker was found to be sufficient in only 31% (84 out of 272) of the cases reviewed to address issues pertaining to the safety, permanency, well-being of the child and promote achievement of case goals. For visits that did occur, the quality was sufficient in 77% (172 out of 224) of the cases. The data indicates that if we could increase the frequency of visits, specifically targeting fathers, we could significantly increase this measure.



Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

Utilizing the infoFamLink Caseworker Parent Visit report²¹, 233,899 visits with mothers (176,855) and fathers (57,044) were required January 2017 through November 2017. Documentation indicates that 11% (25,660 out of 233,899) of required visits occurred during this time: 16,722 visits with mothers and 8,938 visits with fathers. The remaining 89% (208,239 out of 233,899) of mothers and fathers did not receive the required caseworker monthly visit.

Despite policy and the work being completed around father engagement, monthly visits with mothers and fathers continues to be an area needing great improvement, which has a large impact on other items. During the regional semi-annual deep dives, the areas that were identified as barriers included:

- incarcerated parents
- parents that avoid contact with the Department

²¹ Data Source: Social worker parent visit report; infoFamLink; January 8, 2018

- caseworker's belief that parents should contact the Department, instead of caseworker making efforts to contact mothers and fathers
- parents residing out of the area
- accurate documentation of visits and efforts to locate parents
- workload

CA has begun making a considerable effort to improving monthly caseworker visits with mothers and fathers. In September 2017, two quick tips regarding parent engagement were launched. Quick tips are brief communications for CA staff regarding policy and or practice which pop up on staff's computer upon logging in and support continuous quality improvement. Each quick tip remains active for one week. Additional quick tips are scheduled for release between February and April 2018. In October of 2017, the Children's Administration's Acting Assistant Secretary produced a [YouTube video](#) for staff that described future efforts to train, mentor, and support staff and improve parent engagement efforts. These resources included information relevant to populations who experience more challenges in working with the Department due to cultural, ethnic, or religious backgrounds.

Parent Engagement training curriculum was developed for CA field staff. This training was provided in four Region 1 offices as pilots in October and November 2017. Statewide training will be completed by February 2018. Additional training opportunities in 2018 will be available upon request.

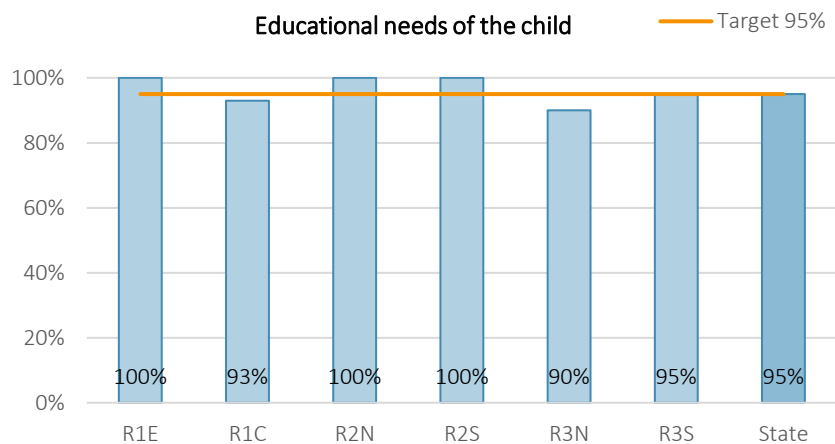
The curriculum includes targeted information around resistant parents, absent parents, fathers, developmentally delayed parents or parents with learning disabilities, incarcerated parents, and parents with substance abuse or mental health disorders. After completing training, the regional permanency leads will mentor CA field staff, including meeting with the caseworker and the supervisor to demonstrate effective engagement skills, as well as, developing individual strategies with each caseworker.

Outside of parent engagement activities sponsored by headquarters, all three CA regions have hired or allocated staff to locate absent parents. Region 2 North already had this strategy in place which contributes to the data which shows a higher percentage of caseworker visits in that sub region. Region 2 North also has a Family Treatment Court site which has an entire unit that meets with parents weekly.

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

Item 16: Educational needs of the child

The Department is performing well in addressing the educational needs for children and has made performance improvements over the last year. CA considers well-being outcome 2 a strength with statewide performance at 95% (146 out of 153) for cases reviewed January through September 2017; which is an improvement of 6% since 2016.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	100%	93%	100%	100%	90%	95%	95%
Total applicable cases	39	40	7	18	29	20	153
Strength cases	39	37	7	18	26	19	146
Area Needing Improvement cases	0	3	0	0	3	1	7

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

When looking at individual questions for this item, the CCRT rated 99% (152 out of 153) of the cases a strength regarding concerted efforts to accurately assess the child's educational needs. In-home cases, including CPS FAR, accounted for 14% (21 out of 153) of the cases reviewed while the remaining 86% (131 out of 153) were out-of-home cases. If an educational need was identified, 93% (83 out of 89) of the cases identified concerted efforts were made to address the child's educational needs through the provision of appropriate services.

In September 2016, a statewide monthly health and safety visit campaign was launched in collaboration with the HQ Education Program Manager, regional education leads and regional leadership. This campaign sought to improve CA's performance related to:

- Item 16: Educational needs
- Item 17: Physical/dental health
- Item 18: Mental/behavioral health

A grass roots campaign was started in Region 1 Central, where staff noticed that improvements in the three above topics could be made through improving information gathering and documentation during health and safety visits. Over the Summer of 2016, the office focused on a specific topic each month. Their success led to a statewide initiative which began in September 2016 and continued through September 2017. The initiative involved giving extra consideration to the monthly theme during monthly health and safety visits with children and better document those activities. Caseworkers and supervisors received monthly emails which included a topic specific discussion guide, visit tip sheet, and documentation tip sheet. In addition, caregivers were notified of the monthly topic by email and through the agency's Caregiver Connection Newsletter to be aware and more involved in the discussions occurring during monthly health and safety visits with children.

Education has been one of the targeted focus areas with information distributed to staff and caregivers in March 2017 and June 2017. The information included practice tips and examples of how to improve educational assessments of children, as well as age-appropriate questions to ask children, youth and caregivers about education during health and safety visits. An emphasis was placed on documentation of efforts.

In addition to the campaign, the HQ Education Program Manager, HQ CFWS Program Manager, and Regional Education Leads worked with the HQ QA/CQI team to update education information posted on the CA intranet, allowing caseworkers easy to find access to policy, practice tips, and resources.

In July 2017, CA education policy 4302 was revised and strengthened to match current practice which includes requiring all children in foster care to attend public school versus homeschool or online school programs unless they receive approval from CA and the courts. Policy also requires caseworkers to use the [School Notification Form DSHS 27-093](#) to alert schools of all placement changes.

Each region continues to monitor and discuss practices to strengthen educational needs of children. Areas of strength noted include:

- Region 1 East and Region 2 South have historically been high achievers in the number of education related trainings provided to caseworkers, involvement in community workgroups, and utilization of resources supporting education. The King county school district, located in Region 2 South, and Spokane county school district, located in Region 1 East, have a higher population of students and available resources. Regional education leads for Region 1 East and Region 2 South are active in community workgroups to increase early learning for children birth to 5 years old, educational success of children grades K-12 and post-secondary enrollment. The Education Leads in these regions are the most seasoned and have strong ties to their communities, provide coordination for graduation events, education summits, and are strong mentors for caseworkers.
- Region 2 North showed a significant increase in performance in 2017. A second regional lead was appointed toward the end of 2016. With this addition, outreach and training for caseworkers, as well as collaboration with community education partners, increased.
- Region 3 North had a compliance rate of 90%, which was an increase from 73% for calendar year 2016. Staff in this region report school districts, foster parents and community providers are engaged in education planning.

Education assessment and referrals for supports improved during 2017, in large part, to the reauthorization of the federal Every Student Succeeds Act 2015 (ESSA), which was enacted December 2016. ESSA provided additional provisions for students in foster care and new mandates that the school and child welfare strengthen collaborations.

CA and the Office of Superintendent of Public Instruction (OSPI) worked diligently to implement new provisions and communicate updates through combined bulletins, cross training and community meetings. The CA HQ Education Program Manager was invited and participated in the Washington State ESSA Implementation Team led by OSPI.

A noted accomplishment was the development of a joint process to facilitate payment for shared transportation cost to school districts. ESSA requires child welfare and the school districts to collaborate on transportation to keep children in their same school when it is in the child's best interest. There is not always an additional cost incurred, but when one occurs, ESSA requires the school district and the child welfare agency to collaborate and share costs. OSPI identified contact points at the schools for foster care students. All 295 Washington school districts appointed school district employed Foster Care Liaisons, which has increased communication and collaboration for individual students.

In January 2017, the CA Assistant Secretary met with the new OSPI Superintendent to clarify goals toward a bi-directional education data share. Throughout 2017, OSPI leadership, their Foster Care Program Supervisor and their student data management team met with CA leadership, staff and data team to clarify authority to exchange data, determine business reason for data, discuss contract requirements, and develop and implement a work plan.

In October 2017, the bi-directional education data share agreements were signed. This data will populate statewide education information into CA's case management system for individual children and youth. Under the

Family Educational Rights and Privacy Act (FERPA), caseworkers will be able to access the education information specific to the children on their caseload. With education information more readily available to caseworkers, they will be able to better discuss a child's educational status at each monthly health and safety visit. The intention is that with readily available information, caseworkers will have an improved capacity to act promptly in supporting a child's education needs and make appropriate referrals for education services that support improved educational outcomes for children and youth in out-of-home care. The user interface is currently being developed and information should be available to caseworkers by early 2018. The signed data share agreements also allow OSPI to share lists of foster care students with school districts for coordination and development of educational supports, allow OSPI to complete state and federal reporting mandates and to provide lists of eligible youth to their contractor, Treehouse, to provide Graduation Success Services.

In addition to the data share agreements, CA and OSPI spent the summer updating the Regional Education Agreement. The agreement was completed and released for signatures October 2017. The agreement emphasizes collaboration and coordination between 45 local child welfare offices and 295 school districts and addresses enrollment, record transfers, transportation, and joint education planning. The agreements are signed by the individual school districts and their local CA office.

The month of September was National School Attendance Month. OSPI and DSHS collaborated to create a campaign to share the importance of regular school attendance. Both agencies created and collected campaign materials to include posters, fliers, PSAs with the Governor and robo-call messages for parents and students recorded by Seattle Seahawk player Jermaine Kearse. OSPI and DSHS have invited individual administrations within DSHS to participate. CA participated by providing information about the importance of school attendance to children/youth, caseworkers, caregivers and the Administrative Office of the Courts (AOC).

Throughout the year, the CA HQ Education Program Manager coordinated with the CA Foster Care Recruitment and Retention and Kinship Care Program Managers to post articles in the Caregiver Connection Newsletter and various caregiver listserves to communicate with a broad group of caregivers. In July 2017, CA posted articles about the revised CA Education policy and in September posted articles about back to school tips and the importance of regular attendance.

In October 2017, Washington Student Achievement Council (WSAC) and CA finalized a data sharing agreement increasing the frequency of information exchanges, which allows WSAC to provide the Supplementary Education Transition Program (SETuP) contractors with more accurate and timely information to support outreach to foster youth.

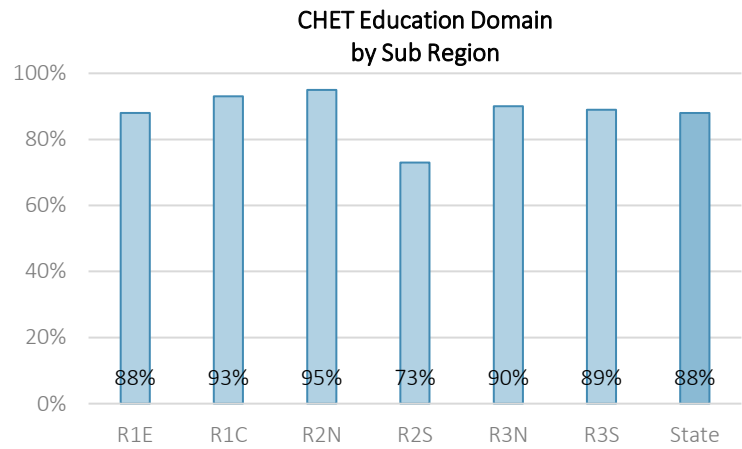
CA utilizes additional sources of information that demonstrate whether the child's educational needs are being addressed upon initial entry into out-of-home care. The Child Health and Education Tracking (CHET) program is responsible for identifying each child's long-term needs at initial out-of-home placement by evaluating his or her well-being. A complete CHET screening includes five domains: Physical Health, Developmental, Education, Emotional/Behavioral, and Connections.

Under this program, a CHET screening must be completed within 30 days of placement into out-of-home care, which includes the education domain. Completion rates for the education domain across the sub regions range from 95% in Region 2 North to 73% in Region 2 South.

Completion of the CHET education domain is impacted by difficulties in accessing and receiving educational records during school breaks and longer holidays such as the winter break, regional differences in school district procedures in fulfilling the request for educational records, or difficulties accessing records for children who have moved frequently either prior to or after entering out-of-home care. In addition, during this reporting period, Region 2 South had extensive staff and supervision turnover, which dramatically impacted completion rates within 30 days for their CHET reports and domains. Region 2 South has filled the vacant supervisor position and

has hired for all but one of their vacant staff positions. Training is underway and CA HQ will offer additional supports and technical assistance with the on-boarding of new caseworkers.

The creation of Foster Care Liaison positions within the Office of Superintendent of Public Instruction across the state has increased accessibility to educational records during the CHET screening process. The CHET worker forwards any identified education needs or recommendations for follow-up to the caseworker and caregiver.



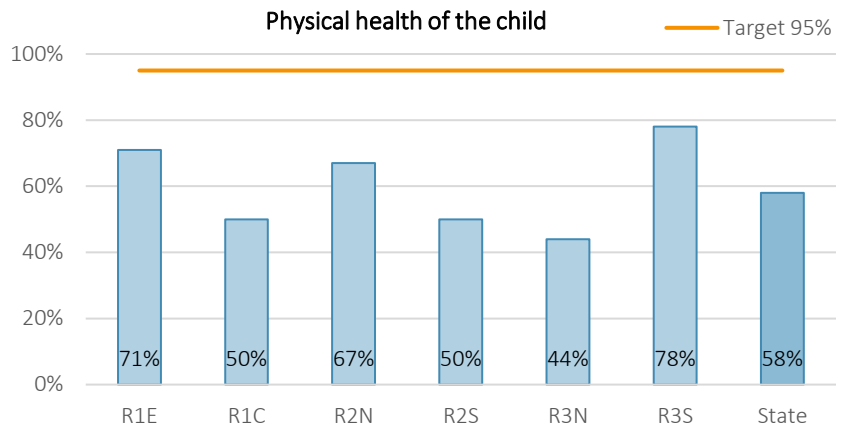
	R1E	R1C	R2N	R2S	R3N	R3S	State
CHET Education Domain <i>(October 2016-September 2017)</i>	88%	93%	95%	73%	90%	89%	88%
<i>Total applicable domains</i>	258	303	277	286	457	458	2,039
Completed within 30 days	227	283	263	210	410	406	1,799
Completed 31 days or more	31	20	14	76	47	52	240

Data Source: Children’s Administration; CHET Statewide database; December 20, 2017

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

Item 17: Physical Health of the Child

CA has made performance improvements addressing the physical health needs of the children, including dental health needs, over the last year. Statewide, 58% (118 out of 202) of cases reviewed between January 2017 through September 2017 were rated a strength; this is an improvement of 15%.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	71%	50%	67%	50%	44%	78%	58%
Total applicable cases	52	48	12	24	43	23	202
Strength cases	37	24	8	12	19	18	118
Area Needing Improvement cases	15	24	4	12	24	5	84

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

Case reviewers found that in 87% (176 out of 202) of the reviewed cases, the child's physical health care needs were accurately assessed and appropriate services were provided to the child to address all identified physical health needs in 87% (151 out of 173) of the cases. The physical health needs assessment included ensuring the child received annual well-child examinations.

For cases reviewed January through September 2017, 64% (110 out of 172), found the dental health care needs of the children were accurately assessed and appropriate services were provided to the children to address identified dental needs in 87% (151 out of 173) of the cases. An analysis of cases reviewed indicated the child's second dental appointment continues to be an issue statewide. This is an improvement of 35% in the assessment and 39% in provisions of services.

For children in out-of-home care who require medication for physical health needs, 79% (55 out of 70) received appropriate oversight of his or her prescription medications.

CA also saw significant improvement in the accurate assessment and provision of appropriate services to address all the child's identified physical health needs. This improvement can be attributed to a statewide monthly health and safety visit campaign launched in September 2016. This campaign seeks to improve CA's performance related to:

- Item 16: Educational needs
- Item 17: Physical/dental health
- Item 18: Mental/behavioral health

A grass roots campaign was started in Region 1 Central, who noticed that improvements in the three above topics could be made through improving information gathering and documentation during health and safety visits. Over the Summer of 2016, the office focused on a specific topic each month. Their success led to a statewide initiative which began in September 2016 and continued through September 2017. The initiative involves giving extra consideration to the monthly theme during monthly health and safety visits with children and documentation. Caseworkers and supervisors received monthly emails which included a topic specific discussion guide, visit tip

sheet, and documentation tip sheet. In addition, caregivers were notified of the monthly topic by email and to be aware of the discussion occurring during monthly health and safety visits with children.

Strengths identified during the regional semi-annual deep dives noted that the completion of CHET reports are a huge help as they often identify what children need and help identify initial referrals for case planning. In addition, it was noted that medical records are being requested and documented in the child's file.

While there has been observed improvement, continued efforts are still needed in several areas, specifically:

- Caseworkers and caregiver's awareness of the child receiving twice a year dental visits
- Caseworkers following through with referrals after a need has been identified
- Caregivers following through with identified recommendations, such as mental health appointments
- Caseworkers documentation of follow-up results
- Oversight of prescription medication
- Updating policies to align with practice expectations
- Quick Tips to improve awareness
- Internal and external collaboration to enhance practice improvement

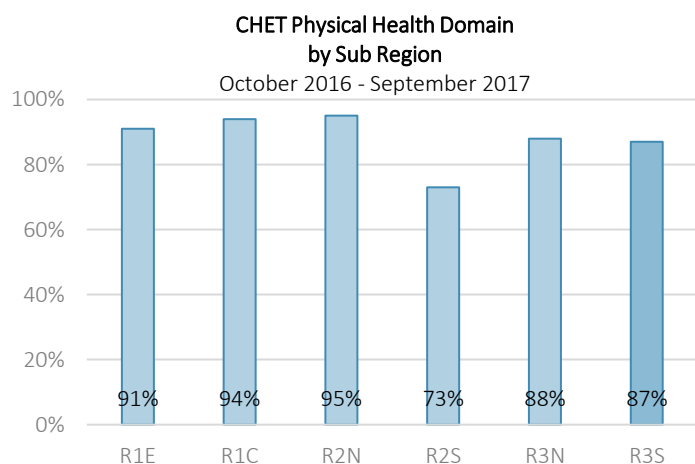
As part of the case review process, caseworkers are interviewed to gather additional information regarding the child and case activity. In January through September 2017, 194 caseworkers participated in these interviews. When caseworkers were interviewed regarding their oversight of the child's medical care, they routinely stated they were not gathering medical information regarding the children. The caseworkers stated they made an assumption that the foster parent was taking care of that aspect of care for the child. The interviews with the caseworkers revealed that much more work was occurring than was being captured in the electronic file. Reviewers were able to fill in many gaps in documentation based on the interviews with the caseworkers.

In addition to OSRI data, CA utilizes additional sources of information that demonstrate whether the child's medical needs are being addressed.

Medicaid billing and encounter data identifies medical and dental appointments the child attended. These medical and dental appointments may not be documented in FamLink. A review of billing records can provide verification that the child received physical and behavioral health care services, an annual EPSDT, and dental services. Medicaid billing data also assures accuracy of when appointments occurred and which provider the child visited.

Every child that enters and remains in out-of-home care for 30 days or more receives a CHET screen which includes an assessment of physical health. Results from the assessment are used to develop an appropriate case plan and assist in placement decisions for the child.

The physical health domain includes an initial EPSDT exam and results are documented in the completed CHET report. Statewide in January through September 2017, 86% of children had a completed physical health domain within 30 days of placement into out-of-home care. Completion rates for the physical health domain (within 30 days of out-of-home placement) across the sub regions range from 94% in Region 2 North to 70% in Region 2 South.

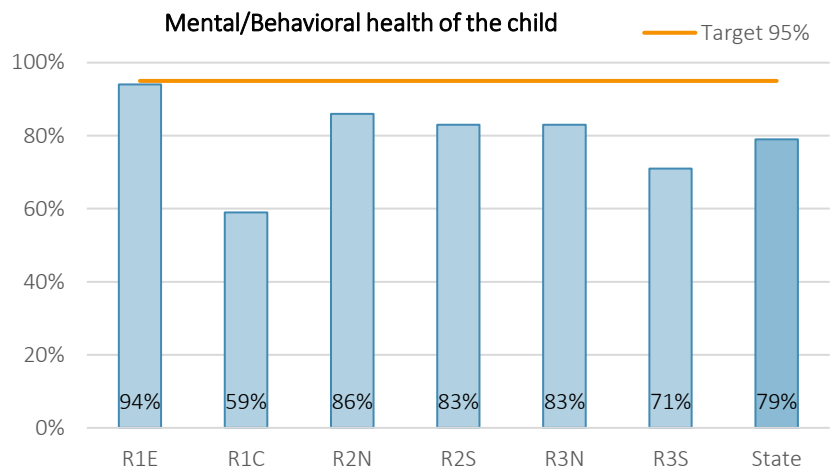


Data source: Children's Administration; CHET Statewide database

Completion of the CHET physical health domain is impacted by difficulties in timely completion of the initial EPSDT exam and delays in CA receiving requested medical records, children who are on the run, and children returning home prior to the completion of the CHET process. During this reporting period, Region 2 South had extensive staff and supervision turnover, which dramatically impacted completion within 30 days for their CHET reports and domains. Region 2 South has filled the vacant supervisor position and has hired for all but one of their vacant staff positions. Headquarters is offering training and technical assistance to support on-boarding of new staff.

Item 18: Mental/Behavioral Health of the Child

January through September 2017, 79% (99 out of 126) of reviewed cases were rated a strength which reflects a significant improvement of 12% over 2016 performance. Much like the improvement to items 16 and 17, this improvement can be attributed to the statewide monthly health and safety visit campaign launched in September 2016.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	94%	59%	86%	83%	83%	71%	79%
Total applicable cases	34	32	7	12	24	17	126
Strength cases	32	19	6	10	20	12	99
Area Needing Improvement cases	2	13	1	2	4	5	27

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

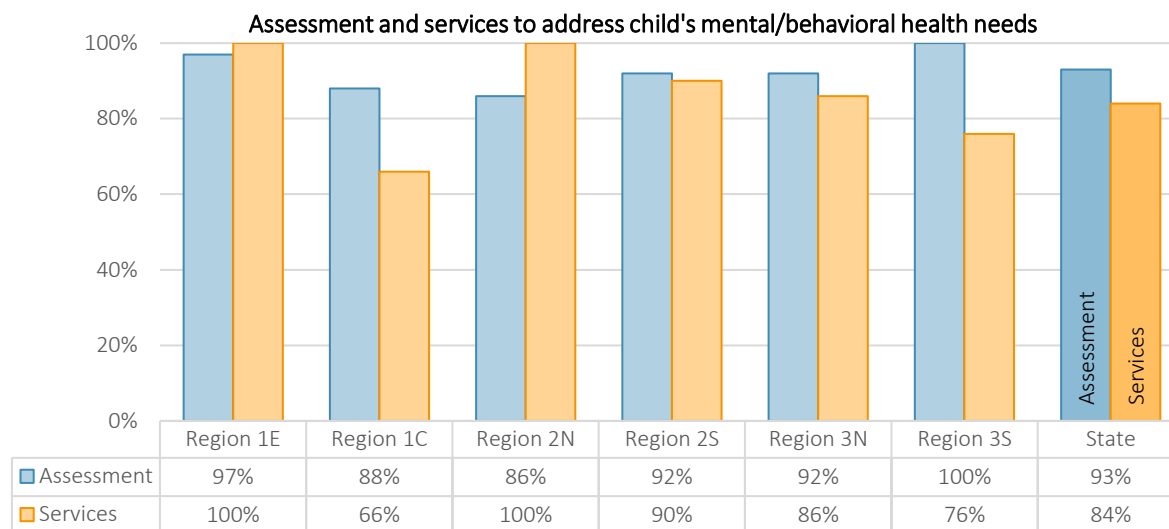
Statewide, 93% (117 out of 126) of the cases reviewed by CCRT included an accurate initial and ongoing assessment of the child’s mental/behavioral health needs to inform case planning decisions. All regions unanimously indicated that for the out-of-home placement cases, the CHET report gets things off to a great start and difficulties identified were mainly for in-home and front end (CPS Investigation and CPS FAR) cases especially for specialized evaluations such as domestic violence and substance use disorder. It is more difficult to track and assure completion of evaluations and assessments for these cases. Strategies identified to address these gaps include: educating caseworkers about the community resources and services available through Medicaid, increasing communication and connection between caseworkers and biological parents, and increasing CPS supervisors’ focus on completion of mental health related evaluation and assessment prior to authorizing a case closure. Although Region 2 North, had the lowest performance for this item, it also had the smallest number of applicable cases and missing one case out of seven cases reviewed lowered their percentage to 86%.

When mental/behavioral health needs were identified, 84% (102 out of 121) of the cases reviewed were provided appropriate services. This data is consistent with findings from the other two questions and reveals two notable challenges:

1. Appropriate services to address the children’s mental/behavioral health needs are more likely to be provided in metropolitan area (Region 1 East: Spokane, Region 2 North: Everett, Region 2 South: Seattle) with higher concentrations of the mental/behavioral health service providers.

2. Services are more likely to be provided in out-of-home) cases than in-home cases.

As part of the monthly health and safety visit campaign, statewide strategies to address these issues include caseworkers and supervisors consistently paying close attention to the specific needs of the children and youth and knowing the available community resources and how to access them in addition to the systemic strategies outlined below.



Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; October 6, 2017

The case review results indicated that statewide, 74% (20 out of 27) of the out-of-home cases received appropriate oversight of prescription medications related to the child or youth’s mental/behavioral health issues. The regions consistently reported more often finding documentation of the initial assessment or information regarding prescribed medications. It was more difficult to find documentation of medication management, monitoring and appropriate oversight.

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

HCA’s ProviderOne Medicaid payment system has built in alerts to automatically trigger a second opinion by a child psychiatrist contracted through Seattle Children’s Hospital for children:

- Ages 0-5 years old, who are prescribed any medication to treat ADHD
- Of any age with more than one atypical antipsychotic prescribed
- Of any age with more than four mental health medications prescribed
- Of any age who have been prescribed sedative-hypnotics
- Who have been prescribed antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by HCA’s Pediatric Mental Health Stakeholder Workgroup

In addition, a secondary review of children who are prescribed psychotropic medications is completed through the AHCC Psychotropic Medication Utilization Review (PMUR) process. Children are referred to PMUR when they are prescribed a psychotropic medication and information suggests²² the need for an additional review of the child or youth’s clinical status. The PMUR is a retrospective review of medications prescribed to the child or youth to ensure the appropriate dosage is administered and evaluate whether the child is connected to appropriate therapeutic non-medication mental/behavioral health interventions. The

²² Specific details on when an additional review is suggested can be found in CA’s Health Care Oversight and Coordination Plan.

AHCC PMUR process uses specific criteria to indicate where there is a need for further review of a child's clinical status.

For a child who is prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient's clinical status:

- Absence of a thorough assessment for a DSM-5 diagnosis(es).
- Four (4) or more psychotropic medications prescribed concomitantly.
- Prescribing of:
 - Two (2) or more concomitant stimulants
 - Two (2) or more concomitant alpha agonists
 - Two (2) or more concomitant antidepressants
 - Two (2) or more concomitant antipsychotics
 - Three (3) or more concomitant mood stabilizers
- The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
- Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
- The psychotropic medication dose exceeds usual recommended doses.
- Stimulants: Under age 3-years old
 - Alpha Agonists Under age 4-years old
 - Antidepressants: Under age 4-years old
 - Mood Stabilizers: Under age 4-years old
 - Antipsychotics: Under age 5-years old
- Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis other than the following (unless recommended by a psychiatrist consultant):
 - Attention Deficit Hyperactive Disorder (ADHD)
 - Uncomplicated anxiety disorders
 - Uncomplicated depression
- Antipsychotic medication(s) prescribed continuously without appropriate monitoring of glucose- and lipids at least every 5 months.

Through the semi-annual regional deep dives, regions and offices evaluated their performance and identified strengths and areas for improvement. Overall, statewide strengths include:

- Accurate screenings and assessments to identify the mental health needs of children and youth were consistently completed.
- Caseworkers ability to follow-up on CHET recommendations, provide mental health services on-site in schools, and improved access to community Wraparound with Intensive Services (WISE).

The identified areas needing improvement are:

- Transportation for children and youth to access mental health services outside their immediate area in the more rural areas of the regions where there are limited service providers.

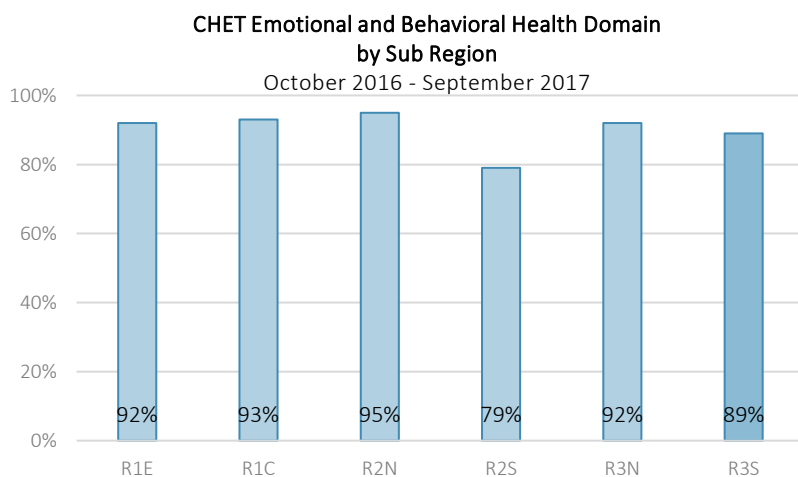
- Documentation regarding the follow-up and outcome of mental/behavioral health services the child received and the oversight of prescription medication.
- More consistent follow up and follow through with identified needs of mental health/behavioral health services with children and youth who are involved in front end (CPS Investigation and CPS FAR) or in-home cases.

Creating Connections

CA utilizes additional sources of information that demonstrate whether the child’s emotional and behavioral health needs are being addressed.

Every child that enters and remains in out-of-home care for 30 days or more receives a CHET²³ screen which includes an assessment of emotional and behavioral health needs. Results from the assessment are used to develop an appropriate case plan and assist in placement decisions for the child.

The regional differences in the percentage of completed mental/behavioral health domain assessed and documented within 30 days, are likely attributed to: the number of CHET Emotional/Behavioral Domains that are



Data source: Children’s Administration; CHET Statewide database

not required due to a child or youth already receiving mental health services or being hospitalized.

The percentage of children whose emotional and behavioral health needs were assessed within 30 days of entering out-of-home care statewide between October 2016 through September 2017 is 90%. Completion rates for the emotional and behavioral health domain within 30 days of entering out-of-home care across the sub regions range from 95% in Region 2 North to 79% in Region 2 South.

During this reporting period, Region 2

South had massive staff and supervision turnover, which drastically impacted completion within 30 days for their CHET reports and domains. Region 2 South has filled the vacant supervisor position and has hired for all but one of their vacant staff positions.

Utilizing the Creating Connections (ACF - Children’s Bureau) grant, CA continues to collaborate with the University of Washington, DSHS Division of Behavioral Health and Recovery, Health Care Authority and the Harborview Center for Sexual Assault and Traumatic Stress. The grant has supported the continued delivery of training to CA caseworkers and community mental health professionals titled *Mental Health: In-Depth Applications for Child Welfare*. This skill-based training increases participant’s knowledge and ability to identify, address, and refer a child or youth to address his or her mental/behavioral health needs. In calendar year 2016, approximately 450 CA caseworkers, both newly hired and existing staff, completed training.

The grant continues to support the OMH screening program. OMH screeners telephonically re-administer three mental health screening tools for children ages 3-17 years old who received a CHET screen and who remain in out-of-home care for at least 6 months. The OMH screening uses the same tools initially administered in the CHET emotional/behavioral assessment. The screening includes the following tools:

- Ages & Stages Questionnaires: Social Emotional (ASQ:SE) for children 3 years to 65 months

²³ 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.

- Screen for Child Anxiety Related Emotional Disorders (SCARED) for children and youth 7 – 17 years
- Pediatric Symptom Checklist -17 (PSC-17) for children and youth 66 months - 17 years

In calendar year 2016, the OMH screeners completed 1,594 re-screens for children and youth who remained in care at least 6 months. Since the program began in 2014, a total of 3,208 children and youth have been re-screened.

In June 2016, three PTSD symptom related questions from the Child Behavioral Health Screener (CBHR) developed by the Oklahoma Trauma Assessment & Service Center Collaborative (OK-TASCC), were introduced as a pilot into the OMH program. The pilot is called *Plus 3* and is administered to all children and youth in the OMH target population. The *Plus 3* pilot will be used to determine if the questions are a viable alternative to the SCARED; accomplishing symptom identification while reducing the overall number of screening tools used in the CHET and OMH programs. The University of Washington (UW) is evaluating the use of *Plus 3* for all OMH children and youth, including those ages 3-7 years old who are currently not able to be screened with the SCARED. Data analysis for efficacy is still underway, however, if validated, the *Plus 3* questions could replace the SCARED for both the CHET and OMH programs. The *Plus 3* would offer a more comprehensive trauma screening by expanding the age of children and youth screened for trauma from 7–17 years old, to all children and youth ages 3-17 years old.

Working Across Systems

In order to achieve targeted well-being outcomes, it is important to consider the Washington state mental/behavioral system as a whole, recognizing that CA operates within a larger system to enhance families’ capacity to provide for the child’s mental/behavioral health needs and ensure children receive adequate services.

In 2016, the Children’s Mental Health Workgroup²⁴ was established in Engrossed Second Substitute House Bill 2439 (E2SHB 2439), relating to increasing access to adequate and appropriate mental health services for children and youth. The workgroup established to identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this population. The workgroup was required to review the barriers that exist to identifying and treating mental health issues in children with a particular focus on birth to age five and to conduct specific tasks.

There workgroup identified consistent themes across the three subcommittees in both the identified challenges and potential solutions for meeting the behavioral health needs of children and youth in Washington, including children and youth in foster care. Common themes were identified.

- System Capacity - shortage of mental health providers at all levels
 - HCA to explore with the legislature regarding increasing Medicaid funding rates, tuition loan repayment program or other incentives to support increasing workforce in child psychiatry and school based behavioral health services
 - HCA to explore increasing network adequacy in contracted Medicaid Managed Care Organizations
 - Work with foster care MCO provider to increase capacity and continue to build network for both health and mental health services
- Lack of culturally and linguistically appropriate services and assessments
 - HCA to lead statewide workgroup to address concerns
- Cross systems collaboration- increase collaboration across health care, mental health, behavioral health, education, and other child serving agencies and systems

²⁴ The [Children’s Mental Health Work Group final report and recommendations](#) submitted to the Governor and the Legislature can be viewed online.

- Increase referrals for screening and participation in the WISE program for intensive community based mental health services to stabilize and treat youth
 - According to the WISE Implementation Status Report produced on November 15, 2017, between July 1, 2014 and June 30, 2017 total of 6,861 WISE screens were conducted with the one of the largest referral source being the CA at 12%. Currently, averaging over 200 children and youth served by CA per month are receiving WISE
- Design and implement fully integrated managed care that includes health, mental health and substance abuse by October 2018. Planning team includes Health Care Authority, Division of Behavioral Health and Recovery and MCO provider, Coordinated Care of Washington (CCW)

Health Care Oversight and Coordination Plan

During this review period, CA has made significant improvements in effort to address the mental/behavioral health needs of the children.

- How health needs identified through screenings will be monitored and treated:
 - A six-hour in-service training for CA staff regarding mental health needs and trauma identification is available statewide throughout the year. In 2016, this training was provided to 478 CA staff.
 - Four Ongoing Mental Health (OMH) screeners telephonically conduct mental health screenings, at six month intervals, for children ages 3-17 years old. OMH screens are completed for children who received a CHET upon entering out-of-home placement after January 2014. Tools used in the OMH screen are the:
 - Ages and Stages Questionnaire-Social/Emotional (ASQ-SE); for children 3 years to 65 months
 - Pediatric Symptoms Checklist-17 (PSC-17); for children 66 months through 17 years
 - Screen for Child Anxiety and Related Emotional Disorder (SCARED) – trauma tool for children 7 years old through 17 years old
 - The OMH screening program completed 1,594 screens in calendar year 2016. An average of 44 percent of the children who received an OMH screen scored in the clinically significant range. This information and recommendations for appropriate evidence-based services are forwarded to the caregiver and caseworker.
 - The OMH program is piloting a trauma screen for children ages 3-7 years old (known as the Plus 3 pilot). The pilot was designed and implemented as a response to the gap in validated trauma screening tools for this age group. In coordination with University of Washington evaluation team, the pilot was expanded to include children and youth up to age 17 to test the feasibility of this tool as a potential replacement for more burdensome procedures in the OMH and CHET programs.
 - Completed case review of 150 individual children who screened above the clinical range on the SCARED Trauma Tool to observe implementation of the new SCARED tool and its impact on receiving mental health services. Of the 150 children, 148 received a recommendation for a mental health assessment and 138 completed a mental health assessment (92%).
 - AHCC calls caregivers of all children newly placed into foster care to discuss caregiver questions and concerns about the child and identify any urgent physical or behavioral health care needs.
 - The Fostering Well-Being Care Coordination Unit (FWB CCU) continued to provide care coordination services to children and youth in foster care during 2016 and assisted in the transition to managed care with AHCC. FWB CCU continues to provide care coordination services for children and youth in foster care who remain in the Apple Health fee for service program.

- How medical information for children in care will be updated and appropriately shared which may include the development and implementation of an electronic health record.
 - The OMH screeners upload the results of the mental health screening tools into FamLink, and the caseworker is notified by email that the report has been uploaded. A copy of the OMH report is mailed to the child's caregiver.
 - By March 2018, the OMH report will be shared with AHCC via a secure file transfer site. AHCC will use the OMH report to assure children are accessing appropriate behavioral health services.
 - Completed CHET reports are shared via a secure file transfer site with AHCC. AHCC uses the CHET report to assess the child for care coordination needs.
 - In calendar year 2016, AHCC provided training to 1,124 CA staff and 1,438 caregivers regarding trauma, resiliency, managed health care for foster children, personal health information, and consent.
 - By summer 2018, CA will complete at least one of the two data share agreements, memorandums of understanding, and business associate agreements in order to establish data and information sharing protocols with CCW, the Health Care Authority (HCA), and other DSHS administrations. The second data share agreement between CA and CCW will be completed in late 2018. This information sharing is necessary to ensure children served through the AHCC plan receive timely, appropriate, and coordinated physical and behavioral health care services.
 - 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:
 - Upon the implementation of AHCC in April 2016:
 - 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
 - Completed CHET screens are uploaded to an sFT site for retrieval by AHCC staff. AHCC reviews the CHET reports and assigns the child to a care coordination level and contacts the caseworkers of children who are assigned for the more intensive levels of care coordination
 - CHET screeners send an "expedited referral" to AHCC for care coordination if there are concerns about medically complex or medically fragile children during the CHET screening process
 - As a quality assurance mechanism, CA HQ observed the Alliance trainers who provide the Mental Health: A Critical Aspect to Permanency and Well-Being training to ensure fidelity of the model.
 - Training opportunities for CA staff and caregivers are available through AHCC. These trainings include:
 1. Trauma 101
 2. Resiliency
 3. Hope for Healing
- AHCC will continue to expand their training topics and opportunities for CA staff and caregivers in 2017.

In October 2016, Children's Administration Quality Assurance and Continuous Quality Improvement section facilitated a 90-minute workshop at the statewide CASA Conference in Spokane, Washington. The conference was attended by CASA volunteers, program staff, and attorneys from across Washington state. The feedback focused

on the attendees' perspective regarding children receiving adequate services to meet their physical and mental health needs. The following input was provided:

- Disappointing that a CHET evaluation is only completed when the child is placed into out-of-home care.
- Smaller communities do not have appropriate service providers to help kids, such as therapists with the appropriate skills to address mental/behavioral health needs of the child. In order for the child to receive adequate services, transportation to larger communities is a necessity.
- Foster parents do not see or recognize that children in their care require mental/behavioral health care service or they discount service needs advocated for by the child's CASA.

Section IV: Assessment of Systemic Factors

Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status (whether the child is in out-of-home care), demographic characteristics (child's date of birth, sex, race, and ethnicity), location (physical address of placement), and goals for the placement (identification of permanency goals [reunification, adoption, guardianship, other planned permanent living arrangement]) of every child who is (or within the immediately preceding 12 months, has been) in out-of-home care?

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

FamLink is used currently for all case management services and data, supporting approximately 2,800 CA employees. In addition to CA staff, over 1,400 external partners and/or stakeholders have access to FamLink, some with input capability; others with view only access based on identified business needs. These external entities include:

- Tribes
- Independent Living Services Providers
- Office of the Children and Family Services Ombuds
- Child Support
- Attorney General's Office
- Community Services
- Foster Care Med Team
- Foster Care Trainers and Recruitment

FamLink is the source for Washington's Adoption and Foster Care Analysis Reporting System (AFCARS) extracts, which includes data specific to location, status, goals, and

2017B AFCARS Submission Data Elements

Data Element	Errors
FC-06 Date of Birth:	0 missing records
FC-07 Sex:	0 missing records
FC-08 Race:	154 missing records (1.07% failing)
FC-09 Hispanic Origin:	362 missing records (2.53% failing)
FC-18 First Removal Date:	0 missing records 0 errors
FC-20 Last Discharge Date:	0 missing records, 53 errors (.40% failing)
FC-21 Latest Removal:	0 missing records, 54 errors (.38% failing)
FC-22 Removal Transaction Date:	0 missing records, 10 errors (.07% failing)
FC-41 Current Placement:	0 missing records
FC-42 Out-of-State:	137 missing records (.96% failing)
FC-43 Most Recent Goal:	210 missing records (1.58% failing)
FC-56 Date of Discharge from Foster Care:	0 missing records, 28 errors (.20% failing)
FC-57 Foster Care Discharge Transaction Date:	0 missing records, 28 errors (.20% failing)
FC-22 Removal Transaction Date:	73 total errors (.51% failing)
FC-57 Foster Care Discharge Transaction Date:	184 total errors (6.31% failing)

Data Source: Children's Administration AFCARS 2017B Submission; September 2017

demographic characteristics of every child in out-of-home care.

The Department just completed its 2017B AFCARS submission and had no elements with error rates above 10%, which meets the “exceeds standards” threshold. Washington runs regular data checks and quality reports using the AFCARS data elements throughout the year. Data is monitored and sent to regional QA leads who work with field staff to complete or correct data entry and data integrity issues. AFCARS data elements specific to systemic factor item 19 from the most recent AFCARS submission demonstrate Washington’s ongoing commitment to accurate data collection.

Timeliness Errors

Washington is within the acceptable AFCARS threshold for timeliness errors; however, CA policy requires entry of placement information be completed within 3 calendar days. CA continues to work towards reducing

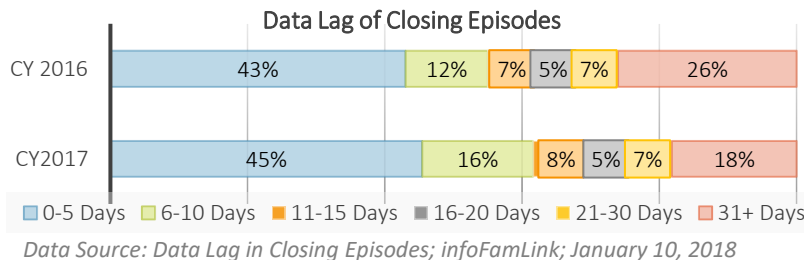
the lag on data entry of closing placements. Comparing calendar years there was an increase of 6% in documenting closing episodes within 10 days since 2016. There was also a decrease of 8% in closing episodes documented 31 days or more after closing. CA continues to use the infoFamLink *Data Lag in Closing Episodes* report to provide clarity in the status of documentation and to support all-staff in reducing the time lag of closing episodes. Emphasis remains a priority as late data entry may lead to overpayments, cause late payments to providers, and means that the system of record (FamLink) has less accurate information regarding the current placement settings for children in out-of-home care.

In addition to the above infoFamLink report, the CA quality assurance team developed ad hoc queries over the last year to look at placement entry timeframes on initial removals and placement changes since the inception of FamLink.

CA has continued to make improvements in timely documentation of out-of-home placements since the inception of FamLink in 2009. In 2009, the average days for entry of initial placements was 25 days, which has reduced to 8 days in 2017. The entry timeframe for placement changes improved from an average of 30 days in 2009 to an average of 11 days in 2017.

In the fall of 2016, CA began implementation of the Placement Entry Tool (PET) to support the placement documentation process. The PET form was developed through a Lean problem solving event which included caseworkers, supervisors, regional QA staff, and HQ staff to support more timely documentation of placement, as well as, more consistency with the payment process. To date, user feedback regarding the PET form indicates a difficult transition to the new process. Feedback to improve the tool is currently being reviewed and implemented.

Review of the business work flow, as well as, the fiscal and reporting needs, provided a solution to allow workers to document the whereabouts of the child; separate from payment. CA is currently developing a technical solution to support timely documentation of a child’s placement location through the use of a mobile device based application. Caseworkers will be able to document the child placement location in FamLink without completing the PET. The child location application will seamlessly integrate with the payment module ensuring a single point of record to a child’s placement location. The Minimal Viable Product (MVP) is targeted for release in



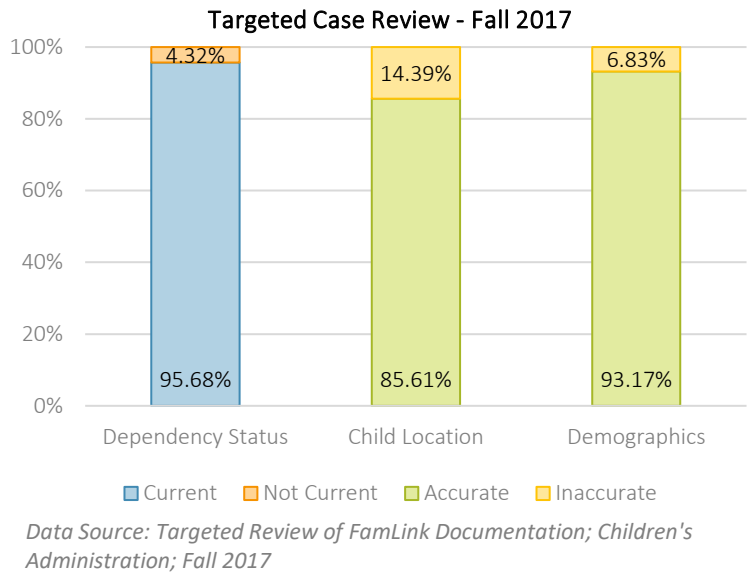
Placement Entry Timeframes

Year	Initial Removals	Placement Move Events
	Average Days to Entry	
2009	25	30
2010	17	15
2011	19	15
2012	13	15
2013	12	15
2014	12	14
2015	11	14
2016	9	13
2017	8	11

Data Source: Placement Entry Timeframes Report; infoFamLink; January 10, 2018

spring of 2018. This release date will provide the ability for early placement documentation while some of the enhancement features to streamline existing workflow process are slated for development following the release of the MVP application.

CA utilizes targeted case reviews to assess data quality in areas such as child demographics, placement location and permanency. In the fall of 2017, a targeted case review of 278 children placed statewide in out-of-home care reviewed the accuracy of documentation regarding the child’s legal status, permanency goal, placement location, and basic demographic information. For permanency goal, reviewers compared the documented goal in FamLink legal to the goal identified in the court report. Targeted review results identified 54 out of 278 children had differing permanency goals and five (5) did not have a permanency goal documented within the legal pages of FamLink. CA will continue data improvement efforts through targeted case reviews, field reviews, and supervisory reviews. Reports and analysis will continue to promote high data quality standards.



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. These same demographics are also utilized in online logic within FamLink for functionality to include areas such as:

- Intake screening – physical abuse of a child under the age of four (4); and
- Overcapacity/waivers – foster home licensing when a child is being placed that is outside the demographics of the license capacity.

The new AFCARS rules modify race/ethnicity to align with NYTD values for race/ethnicity. This was already an area that Washington had identified as needing to be addressed in our SACWIS compliance plan. How Washington documents ethnicity information is a specific area for which technical assistance will be sought to develop a plan to modify race and ethnicity values under the *Comprehensive Child Welfare Information System*.

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, case, and permanency planning. Documenting a child’s status in the care and custody of the state is necessary for IV-E eligibility, legal actions/timelines, ensuring health and safety requirements are met, and ensuring 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 we are well within the federal allowable error rate, this is an area that CA can continue to focus on for improvement by reducing the number of missing records/goals.

Case Review System

Item 20: Written Case Plan

How well is the case review system 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?

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

Washington participated in a title IV-E foster care eligibility primary review during the week of January 27, 2014. According to the report issued by the U.S. Department of Health and Human Services:

"The primary review encompassed a sample of the state's foster care cases that received a title IV-E maintenance payment for the six-month period under review (PUR) of October 1, 2012-March 31, 2013. A computerized statistical sample of 150 cases (80 cases, an initial 20 oversample cases, and an additional 50 oversample cases) was drawn from state data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) for the above period. Eighty (80) cases were reviewed. Thirty-four (34) cases were excluded from the sample as there were no title IV-E foster care maintenance payments made for a period during the PUR."

Washington was found to be in substantial compliance and the report identified the state's collaboration with courts and ability to ensure all necessary components are included in written court orders as a strength and promising practice.

"The Department of Social and Health Services continues to work with the state Attorney General's office to develop templates, provide training, and implement processes that have resulted in timeliness of court hearings and court orders. Washington has in place a process to review and update court order templates that serve as guides to make sure all necessary components are included in written court orders. During this review, we found court orders had findings that were child-specific and case-specific."

Case plans are required to be completed within 60 days of a child's removal and are updated at a minimum every 6 months. The CFE captures key individual and family information in FamLink that is used to prepopulate the court report. The initial court report is to be filed with the court prior to the fact finding hearing (75 days from the date the dependency petition is filed with the court) and is used to inform the dispositional hearing once the court makes a finding the child is dependent. This process assures that the required information is captured and available for assessment and planning. The court may order an extended shelter care which will push out the fact finding hearing. While this may delay the filing of the court report, the case plan continues to be implemented with parent, child and caregiver involvement.

In order to improve the quality of the written court report and ensure that the necessary information is included, CA developed a Court Report Mapping and Guidance Tool. This tool instructs the caseworker on what needs to be included in each section of the CFE, as well as where the information is pulling from within FamLink. The guidance tool was developed in 2017 and has been incorporated into caseworker trainings to assist in their everyday work. Training utilizing the tool has been provided at:

- Regional Core Training (RCT) for newly hired caseworkers
- Regional CFWS/Permanency Leads meetings
- Office or unit meetings by regional staff or upon special request by HQ program staff

CA does not have accurate FamLink data regarding the percentage of cases with a written case plan developed or updated within the required timeframes. However, while our ability to monitor performance is limited by FamLink, CA is required to submit a written case plan to all parties, including the court, no less than fourteen (14)

days prior to the scheduled hearing date. Local court jurisdictions hold the Department and caseworker accountable to these timeframes and will not allow a hearing to move forward without the completed written case plan.

FamLink does provide the ability to capture the launch or creation date of a CFE, but the CFE does not require approval in order to generate the court report; as a result, very few CFEs are approved timely in FamLink. The Department is planning to update our statewide information system to FamLink Pro. FamLink Pro will serve as the primary location for the new court report which will track the completion date of case plans/court reports. Unfortunately, a release date for FamLink Pro has not been identified.

Both Region 1 and Region 3 conduct their own quality assurance processes to ensure all the required information is included within the written court plan. Region 1 conducts quality case reviews which includes determining if parents were involved in developing the written case plan. Region 1 also discusses written court plans during stakeholder meetings with attorneys and court partners.

Region 3 provides in-service training to caseworkers on the completion of the written case plan (CFE) and importance of engaging mothers, fathers, and children in its development. They also utilize a reminder system to ensure a shared planning meeting occurs at least one month prior to the periodic review hearing date.

CA policy requires development and updates of case plans involve mothers, fathers, and children. The family's involvement can be captured through individual meetings using the following shared planning meeting processes:

- Family Team Decision Making (FTDM) meetings
- Dependency case conferences
- Permanency Planning staffing
- 17.5 Transitional staffing

While Region 1 does not have a formal mechanism to collect family feedback following FTDM meetings, Region 2 and 3 utilizes a survey following FTDM meetings to gather family feedback regarding their involvement and understanding of the process. In 2017, family members who participated in a FTDM meeting completed and returned 784 (R2: 475 surveys and R3: 309 surveys) surveys. Both surveys are short and asks four questions rated on a scale of strongly agree, agree, disagree, and strongly disagree. Respondents are also provided an opportunity to include additional comments. Strongly agree and agree are considered a strength.

1. 98% (769 out of 784) responded the FTDM was facilitated in a manner that was genuine and respectful.
2. 98% (766 out of 780)²⁵ noted the meeting process was explained clearly.
3. 97% (747 out of 771)²⁶ felt listened to, and his or her ideas and suggestions were used in developing an appropriate family plan.
4. 98% (689 out of 706)²⁷ responded he or she understand what is needed to keep their child(ren) safe.

Region 2 and 3 FTDM Satisfaction Surveys

Sub Region	Office	Surveys Returned
R2N	Everett	266
R2S	King East	77
R3N	Tacoma	73
R3S	Kelso	60
R3N	Lakewood	49
R2N	Oak Harbor	35
R3S	Centralia	34
R2N	Sky Valley	26
R3S	Shelton	24
R2S	King West	18
R3S	Tumwater	17
R3S	Vancouver	16
R2N	Lynnwood	15
R3N	Bremerton	13
R2S	King South	13
R3N	Puyallup	11
R2S	White Center	9
R2N	Mount Vernon	8
R3	Office Unknown	7
R2S	Office of Indian Child Welfare	6
R3S	Port Townsend	5
R2N	Friday Harbor	2

Data Source: Region 2 and Region 3 FTDM Family Feedback Surveys; January 4, 2018

²⁵ Question #2: 4 respondents selected Not Applicable or did not answer the question.
²⁶ Question #3: 13 respondents selected Not Applicable or did not answer the question.
²⁷ Question #4: 78 respondents selected Not Applicable or did not answer the question.

The majority of parents who responded from Region 2 indicated they agree or strongly agreed that they felt listened to, their ideas were used, they understood safety for their child, that the FTDM was facilitated respectfully and the process was clearly explained.

In December 2017, Region 1 began utilizing a survey to gather family feedback regarding mother's and father's involvement in case planning. Preliminary results will be included in the 2019 APSR which will be submitted in June 2018.

Case plans are also developed jointly during the caseworker's monthly contact with the parents. CA policy requires that caseworkers are to have a minimum of one face-to-face visit with mothers and fathers monthly, unless an exception exists. However, when caseworkers are not having regular visits or contact with mothers and fathers it is difficult to fully assess needs and involve them in case planning. *CCRT* results for cases reviewed between January through September 2017 noted that caseworker visits with mother was found to be a strength in 46% (88 out of 193) of the cases; with 72% (64 out of 88) of these cases being out-of-home and the remaining 27% (24 out of 88) being in-home and CPS FAR cases. Caseworker visits with father was found to be a strength in only 30% (50 out of 165) of cases reviewed. Out-of-home cases accounted for 68% (34 out of 50) of the cases rated a strength, while 32% (16 out of 50) of the cases rated as a strength were in-home and CPS FAR cases. CA recognizes that performance related to caseworker monthly visits with mothers and fathers is a vital component to involve parents in case planning and recognizes there is much room for improvement. As noted in item 15: caseworker visits with parents, CA has implemented several strategies to bring focus to the importance of these visits.

The conversation with parents includes discussing the court process, the needs of the child, the progress the parents have made, and any barriers that need to be addressed. Caseworkers utilize the information discussed to develop and update the case plan. Court reports contain each child's case plan and are distributed to all parties, including mothers and fathers. This process assures that the required information is captured and available for assessment, planning, and to inform the court of the progress and CA's plan.

Efforts to actively involve the mother in the case planning process was determined to be a strength in 77% (156 out of 203) of cases reviewed by the *CCRT*. Foster care cases accounted for 71% (110 out of 156) of the strength cases and 29% (46 out of 156) of the strength cases were in-home and CPS FAR cases. Fathers were found to be actively involved in the case planning process in 59% (100 out of 172) of reviewed cases; 34% (34 out of 100) of fathers involved in case planning were in-home and CPS FAR cases; the remaining 66% (66 out of 100) of fathers involved were a party to an out-of-home case.

Currently, other than documentation and information gathered through participant interviews, CA does not have a process to consistently track parent involvement in the development of the case plan. When FamLink Pro becomes available, enhancements to the shared planning meeting form will assist in the tracking of participants at shared planning meetings. The Department is currently exploring a way to track parent involvement in case planning within FamLink Pro.

The Department is committed to continually improving practice and services to achieve positive outcomes for all children and families served. In October 2016, Children's Administration Quality Assurance and Continuous Quality Improvement section facilitated a 90-minute workshop at the statewide CASA Conference in Spokane, Washington. The conference was attended by CASA volunteers, program staff, and attorneys from across Washington. The workshop was titled "Quality begins with you: Child and Family Services Review" which CA shared our CQI structure and presented an overview of how we are assessing the public child welfare system in Washington. Content included an explanation of the Child and Family Services Plan (CFSP), the Annual Progress and Services Review (APSR) and the Child and Family Services Review (CFSR). Additionally, the forum provided an opportunity to collect stakeholder feedback to further improve processes within Children's Administration which will be assessed in the 2018 CFSR. The feedback focused on the attendees' perspective regarding parent's involvement in the case plan process. The following input was provided:

- Some court reports are not written with the parent’s involvement and are not written including the parent’s perspective; but rather the recommendations from the assigned worker.
- Parents have opportunities at FTDMs to collaborate with the caseworker and other’s in attendance.
- Barriers to involvement include:
 - Parent’s understanding
 - Caseworkers being overwhelmed
 - Parent/Family Advocacy (attorney not present)
 - Parents not coherent or an inability to be cognitively involved

Currently, CA is underway with the development of a Parent Engagement Campaign to improve how caseworkers engage parents in all aspects of the case. CA utilized pop up messaging (Quick Tips) in September 2017 followed by training and mentoring co-facilitated with regional and HQ staff. Additional pop up messages, a video and supportive tools include tip sheets for parents and caregivers are ready for a communication push in February and concluding in April 2018.

The Washington State Office of Public Defense (OPD) is the agency responsible for administering state-funded programs including managing contracts with attorneys and public defender agencies who represent parents in dependency and termination cases. OPD utilizes an advisory committee which includes members appointed by the Chief Justice of the Washington State Supreme Court, the Governor, the Court of Appeals, the Washington State Association of Counties, the Association of Washington Cities, and the Washington State Bar Association, in addition to two Senators and two Representatives selected from each of the two largest caucuses by the President of the Senate and Speaker of the House of Representatives, respectively. OPD’s advisory committee also contacted and provided the following input:

- A barrier is that some caseworkers do not have the higher skill level necessary to speak with parents about development of their case plan and engagement with the plan.
- Development of case plans with parents is occurring more than documented.
- Caseworkers have high caseloads and have time constraints.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Washington State law and CA policy requires that every dependent child’s case be reviewed by the juvenile court no less frequently than once every six months and is a strength.

In Washington; review hearings, initial permanency hearings, permanency hearings, and administrative reviews all meet the requirements of periodic review hearings and therefore are counted as such. The purpose of these hearings is to assess the progress of the parties and determine whether court supervision should continue. This assessment, also required by CA policy and procedures, is conducted through a comprehensive discussion which includes child safety, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward mitigating the needs for out-of-home care. Permanency hearings additionally include discussion to determine the child’s permanency plan.

CA policy dictates that an administrative review must occur when court procedures or hearings have not met the required guidelines or timeframes for a periodic review. Administrative reviews may be used for other purposes as determined appropriate by the Regional Administrator. When an administrative review is necessary, the caseworker must provide reasonable advance notice of the date, time, and location of the review to:

- Child's tribe, in accordance with the ICW Manual
- Relative caretakers
- Treatment Providers
- Other professionals who play a significant role with the family
- Individuals with responsibilities identified in the safety plan
- The family, if appropriate. If not present, their perspective should be represented
- Foster Parent
- Child, if over 12 years of age

With the exception of the Guardian ad Litem (GAL) and parents' attorney, parents must give written consent to the attendance of others at the administrative review. Caseworkers may encourage such permission; caregivers often have valuable information about the child's daily life, medical, educational, and emotional condition. The caregiver may be invited into the review without parental permission but only for the purpose of giving information about the child's adjustment to out-of-home care and to give the reviewers information on the child's current condition. The use of administrative reviews is currently not tracked at the state or regional level. The statewide CFWS-FVS program manager plans to discuss who may be using administrative reviews and the purpose of the reviews at an upcoming statewide CFWS/Permanency Leads meeting.

CA utilizes data compiled by The Administrative Office of the Courts (AOC)²⁸ to monitor timeliness standards by county jurisdiction for periodic reviews. The Family and Juvenile Court Improvement Plan (FJCIP) coordinates court effort to strategically implement principles of the Unified Family Court which were adopted as best practices by the Board for Judicial Administration in 2005. CA receives monthly and quarterly updates to interactive dependency reports. The monthly updates include information from the Superior Court Management Information System (SCOMIS) and quarterly updates include information from SCOMIS that has been linked with Children's Administration FamLink data.

In November 2017, the Washington State Center for Court Research created a new online easy to use tool to assist Superior Court Judges, Court Commissioners, Court Administrators, Juvenile Court Administrators and FJCIP Coordinators in tracking performance regarding several dependency timelines measures, including periodic reviews. The new online tool has been named the [Dependency Dashboard](#) and is an interactive web-based application, which allows users to view current, point-in-time dependency data by state or county. The user specifies data filter criteria and level of detail, allowing the user to view data all along the spectrum, down to case level. In addition to this tool being a public-facing web-based application, the link will be included in monthly Dependency Practice Tips sent out by the AOC.

²⁸ Court records from AOC's information system, SCOMIS are matched with information from CA's statewide information system, FamLink. The margin of error within this data is ≤4% as of 2016.

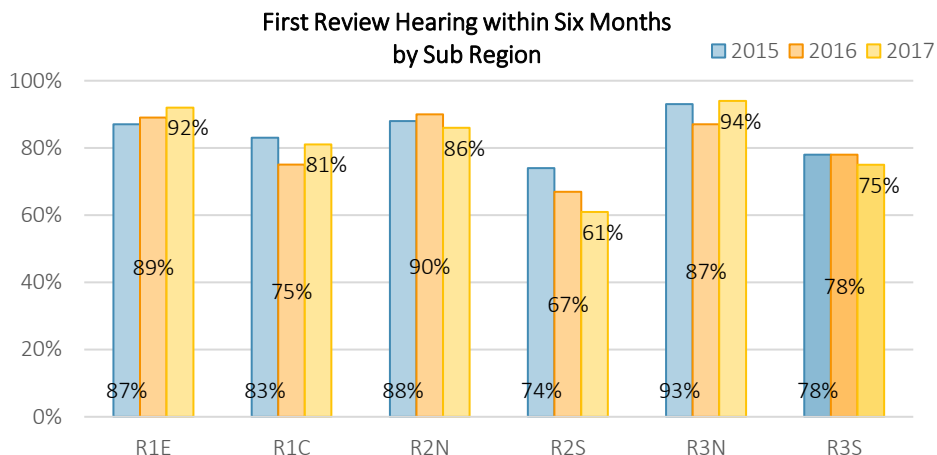
First Review Hearing within Six Months by County

	2017	2016
Adams	100%	91%
Asotin	100%	15%
Benton	100%	87%
Garfield	100%	
Chelan	98%	100%
Clallam	97%	93%
Grant	96%	89%
Whatcom	94%	94%
Pierce	94%	91%
Pend Oreille	94%	91%
Kitsap	93%	76%
Whitman	92%	95%
Thurston	88%	69%
Stevens	84%	11%
Wahkiakum	83%	0%
Snohomish	83%	88%
Skagit	83%	94%
Pacific	83%	68%
Okanogan	83%	68%
Island	83%	97%
Franklin	83%	34%
Yakima	82%	88%
Lewis	81%	97%
Cowlitz	81%	89%
Jefferson	80%	100%
Clark	80%	83%
Douglas	76%	96%
Kittitas	73%	74%
Ferry	71%	14%
Lincoln	67%	100%
Walla Walla	63%	61%
Spokane	61%	63%
King	61%	67%
Mason	60%	60%
Skamania	50%	30%
Grays Harbor	31%	38%
Klickitat	30%	13%
San Juan		0%
Columbia		73%

Data Source: Washington State Center for Court Research Dependency Interactive Data; December 21, 2017

As of November 2017, Washington had 8,518 children and youth in out-of-home care for 60 days or greater. Of the children in Washington’s care during this time, 83% (3,333 out of 4,032) had their first dependency review hearing within six months of the child’s original placement date into out-of-home care.

January through October 2017, the Washington State Center for Court Research Interactive Dependency Data indicated that statewide, 83% (3,333 out of 4,032) of cases had their first dependency review hearing within six months of the child’s original placement date into out-of-home care. This is a 1% increase from 2016 and is relatively consistent over the last three years (2015, 2016, 2017).



	R1E	R1C	R2N	R2S	R3N	R3S
2015	87%	83%	88%	74%	93%	78%
Total hearings	814	426	625	592	853	774
Compliant hearings	710	353	551	440	792	602
Non-compliant hearings	104	73	74	152	61	172
2016	89%	75%	90%	67%	87%	78%
Total hearings	731	406	640	661	891	844
Compliant hearings	647	303	575	440	779	660
Non-compliant hearings	84	103	65	221	112	184
2017	92%	81%	86%	61%	94%	75%
Total hearings	783	346	607	545	887	864
Compliant hearings	718	279	525	334	833	644
Non-compliant hearings	65	67	82	211	54	220

Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – October 2017; November 30, 2017

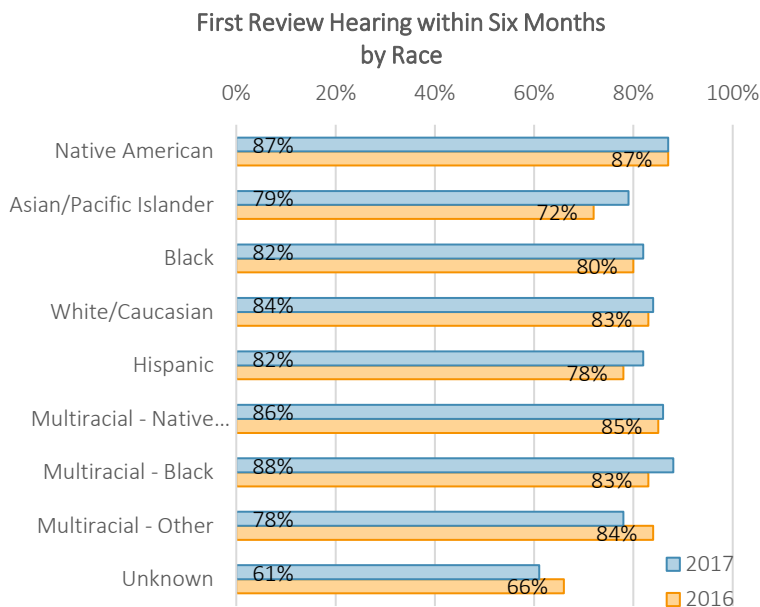
Ongoing work between CA and external stakeholders has shown a slight increase in the percentage of first review hearings held within 6 months of the child entering out-of-home care statewide. Half of the sub regions saw an increase in 2017; Region 3 North had an increase of 7%, Region 1 Central increased by 6%, and Region 1 East increased by 3%. The median days to a child’s first dependency review hearing within six months improved January 2017 through October 2017 to 144 days; which is a decrease of 3 days over 2016 (147 days).

In contrast, the first review hearing being held within six months decreased in Region 2 South by 6%, Region 2 North by 4% and by 3% in Region 3 South.

The decrease for Region 2 South (King County) was impacted by court congestion, turnover within the Attorney General’s Office, and high CA caseworker turnover. Since court reports are required for review hearings, when there is a high caseworker turnover, there can be a delay in the completion or quality of the court report which then required the hearing to be continued. This delay impacts the court congestion. Turnover within the Attorney General’s Office can have this same affect.

This decrease for Region 2 North can be attributed to delays in three of the five counties; Island, Skagit and Snohomish. The sub region reported a meeting between Region 2 QA staff and Island, Skagit and Snohomish

counties occurred in early 2017 to discuss the counties performance relating to periodic and permanency planning review hearings. CA staff reported each county took notes and discussed how they could improve performance; specific strategies have not been shared with CA.



Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – October 2017; November 30, 2017

Region 3 South decreased from 78% to 75% in 2017 with delays in six out of eleven counties; Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, and Mason. The largest decrease in the first review hearing being held within six months of entry into out-of-home care occurred in Jefferson (80% from 100%), Lewis (down 16%), and Mason (from 93% in 2016 to 76% in 2017) counties. The median days to the first review hearing in Mason County increased from 134 days in 2016 to 153 days in 2017, while the median days in Lewis county increased to 132 days from 115 days in 2016. The sub region reported reasons for the decrease in review hearings can be attributed to the turnover of Assistant Attorney General staff and an overhaul in the Family Drug Court system in Lewis county. Review hearings were

postponed so they could be handled in the new Family Drug Court which was restarted in September 2017 and the turnover in Attorneys who represent the Department also lead to hearings being postponed. Jefferson county has experienced turnover in caseworkers and supervisors which can influence timely court reports and hearings. It is also important to note, that in more rural counties with limited judicial resources, hearings may get continued due to criminal matters taking precedence.

The Court Improvement Training Academy (CITA), sited at the University of Washington School of Law, provides training for the courts and child welfare community. CITA has supported Tables of Ten (multidisciplinary groups of ten individuals from a given county interested in improving the local child welfare system) in several counties across Washington. These Tables bring together child welfare professionals and key stakeholders to reach solutions that improve outcomes for families. Many of the Tables of Ten continue to use this format to improve case resolution timeframes and develop local initiatives to improve the local child welfare legal systems.

Item 22: Permanency Hearings

How well is the case review system 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?

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

The Department is required to submit a written permanency plan to the court no later than ten (10) working days prior to the scheduled permanency planning hearing date. At the permanency planning hearing, the court shall conduct an inquiry regarding the following topics:

- a) For children with a goal of long-term foster or kinship care which has been achieved, the court is to review the child’s status to determine whether the placement and the plan remains appropriate to meet the child’s needs.
- b) For children where the primary permanency planning goal has not been achieved, the court will inquire regarding the reasons why the primary goal has not been achieved and determine what needs to be done to make it possible to achieve the primary goal.

At the permanency planning hearing, the court may order the filing of a petition seeking termination of parental rights if the child has been in out-of-home care for fifteen (15) of the last twenty-two (22) months since the date the dependency petition was filed unless the court makes a good cause exception as to why the filing of a termination of parental rights petition is not appropriate. Any good cause finding will be reviewed at all subsequent hearings pertaining to the child.

Following the first permanency planning hearing, the court shall hold further permanency planning hearings at least once every 12-months until the permanency goal is achieved or the dependency is dismissed, whichever occurs first.

Washington participated in a title IV-E foster care eligibility primary review during the week of January 27, 2014. According to the report issued by the U.S. Department of Health and Human Services:

“The primary review encompassed a sample of the state's foster care cases that received a title IV-E maintenance payment for the six-month period under review (PUR) of October 1, 2012-March 31, 2013. A computerized statistical sample of 150 cases (80 cases, an initial 20 oversample cases, and an additional 50 oversample cases) was drawn from state data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) for the above period. Eighty (80) cases were reviewed. Thirty-four (34) cases were excluded from the sample as there were no title IV-E foster care maintenance payments made for a period during the PUR.”

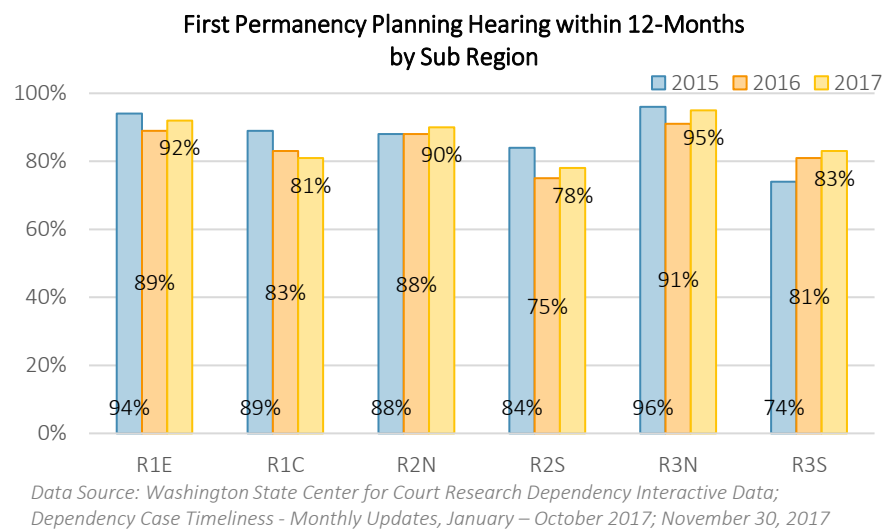
Washington was found to be in substantial compliance and the report identified the state’s collaboration with courts as a strength and promising practice.

“Reviewers noted that permanency planning hearings were not only timely, but often early. There were no continuances on the cases reviewed. These hearings provided the basis for the court's findings related to the efforts of the agency in achieving the permanency plan for the child. There were no error cases as a result of late court findings.”

CA utilizes data compiled by AOC to monitor timeliness standards by county jurisdiction for permanency hearings.

Statewide in 2017, 88% (2,854 out of 3,247) of children in out-of-home care had a timely first permanency planning hearing. This is a 3% increase from the previous reporting period. For the first permanency planning hearing to be considered timely, a hearing must occur no more than 12-months of the child’s initial placement begin date in FamLink.

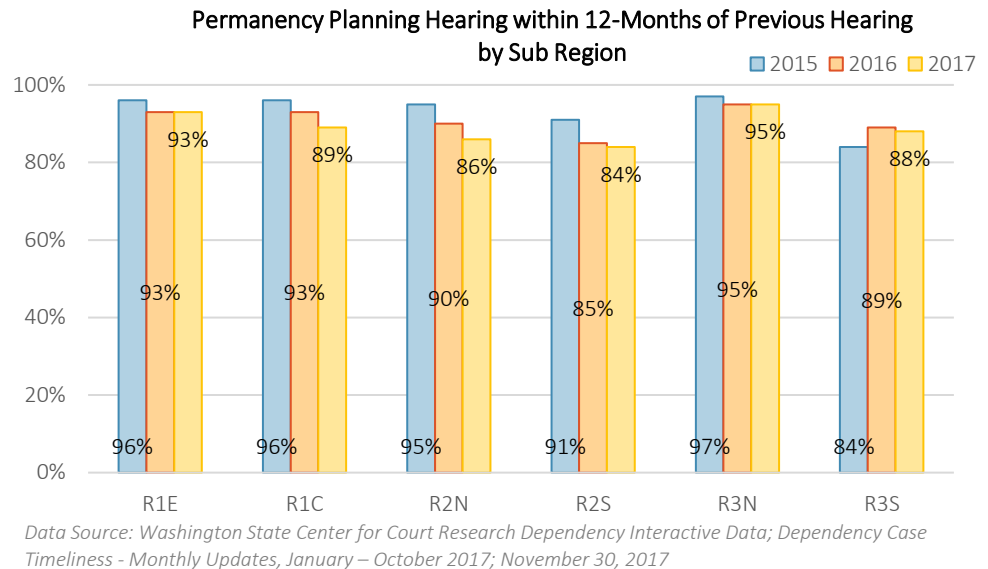
The majority of sub regions saw an increase in the first permanency planning hearing being held within 12-months of entering care during



2017. The median number of months to the child’s first permanency planning hearing was 9.8 months in 2017; which has remained stable since 2012.

Following the child’s first permanency planning hearing within 12-months of entering out-of-home care, a permanency planning hearing must occur every 12-months until the child achieves permanency. Statewide in 2017, 90% (8,490 out of 9,481) of children had the required permanency planning hearing held in the subsequent 12-months they were in out-of-home care and the median number of days for subsequent permanency planning hearings increased to 306 days.

The completion of ongoing permanency planning hearings within 12-months of the previous hearing date decreased in four of the sub regions and remained stable in the remaining two sub regions.



Region 1 Central and Region 2 North both experienced a 4% decrease in ongoing permanency planning. Region 1 Central includes seven court jurisdictions (counties). Kittitas County experienced an increase of 20% since 2016 and was the only region to see an increase. Performance remained stable in two (Benton and Klickitat) of the counties while no permanency planning hearings were required in one (Columbia) of the counties. The remaining three counties noted a decrease in the timely completion of ongoing permanency planning hearings. Performance decreased by 1% in Yakima County, 7% in Walla Walla County and 16% in Franklin County from 2016. The sub region reported that the court commissioner for Franklin County has been covering Benton County since retirement of the Benton County court commissioner in 2017. Franklin and Benton Counties are in the process of creating a more streamlined system and expect to see improvement in 2018. The reason for the decline in Walla Walla was reported due to the public defenders requesting continuances when a shared permanency planning staffing has not occurred and the judge granting the continuance. The Walla Walla office is struggling to fill vacant CFWS positions which contributes to completion of required staffings and increases the workload of other CFWS caseworkers.

Three of the five counties in Region 2 North (San Juan, Skagit, and Whatcom) experienced an increase or remained stable when compared to performance in 2016. The remaining two counties saw a decrease; Island County decreased 5% and Snohomish county decreased 9% in 2017. Snohomish County accounts for the largest population of children in out-of-home care in Region 2 North.

There are many ongoing regional activities that support timely hearings (initial and ongoing review and permanency hearings) for children in out-of-home care.

Region 1

- Clerical staff in all offices are trained to enter court documents and hearing dates under the legal tab of FamLink. After entry, court documents are returned to the assigned caseworker following clerical entry into FamLink.

- Ellensburg and Wenatchee offices hold regular Table of Ten meetings and utilize court data to identify areas for improvement.
- Presentations, including AOC data, on Spokane County dependency filings and reunifications have been provide to court workgroups which include court commissioners.
- Caseworkers receive periodic reminders of upcoming hearing dates to ensure court hearings are completed timely.

Region 2

- Skagit and Island County court teams utilize AOC data to identify strengths and areas needing improvement.
- Snohomish County has a strong Table of Ten which utilizes AOC data to identify areas for improvement.
- County courts, court commissioners and regional QA leads receive updated AOC data either monthly or quarterly regarding various hearing topics.

Region 3

- Various court improvement groups such as:
 - Aberdeen office Table of Ten
 - Clallam County Court Improvement Team
 - Jefferson County Court Improvement Team
 - Tribal and Court Relations for Clallam and Jefferson Counties
 - Family Recovery Court policy meetings in Tumwater and Shelton
 - Vancouver Court Talk
 - Puyallup (Pierce East) office Court Improvement Team
- Regional QA leads utilize updated AOC data, either monthly or quarterly, to monitor performance.
- The completion of a shared planning meeting occurring one month prior to periodic review hearing dates are monitored.

In October 2016, Children’s Administration Quality Assurance and Continuous Quality Improvement section facilitated a 90-minute workshop at the statewide CASA Conference in Spokane, Washington. The conference was attended by CASA volunteers, program staff, and attorneys from across Washington state. The feedback focused on the attendees’ perspective regarding permanency hearings for children in out-of-home care. The following input was provided:

- Most permanent planning hearings occur within the required timeframe
- Geography makes a difference (county court jurisdiction)
- Permanency timelines are impacted by external parties’ communication
- Placement instability impacts the child’s permanency plan

Item 23: Termination of Parental Rights (TPR)

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

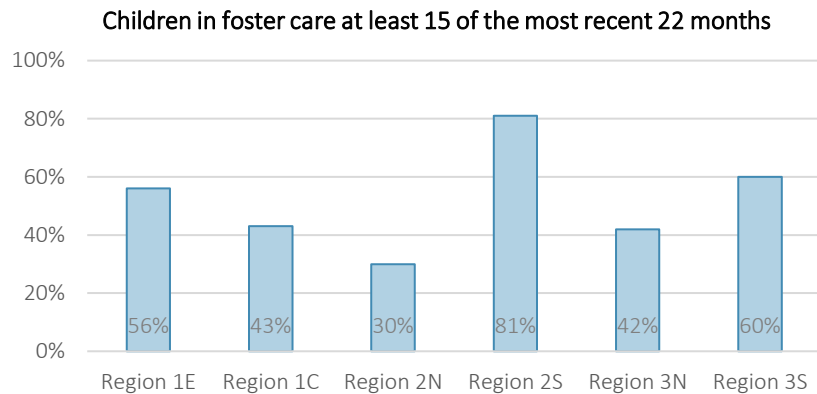
CA policy requires a referral be made to the Attorney General’s Office (AGO) for the filing of a termination of parental rights (TPR). Following that referral, a petition is filed by an Assistant Attorney General (AAG) if a child has been in out-of-home care for 12 of the last 19 months. A TPR referral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

assigned caseworker. The most common referral for TPR is the completion of a form and large packet. The referral method varies within each county and is dependent upon the AAG’s process.

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

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

Of the cases reviewed by the CCRT between January-September 2017, statewide 52% (85 out of 162) of the children were in foster care for at least 15 of the most recent 22 months.

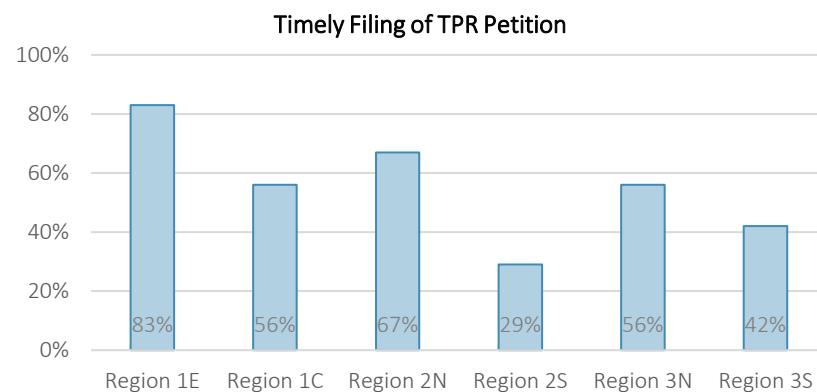


	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-October 2017)</i>	56%	43%	30%	81%	42%	60%	52%
Total applicable cases	45	28	10	21	38	20	162
Strength cases	25	12	3	17	16	12	85
Area Needing Improvement cases	20	16	7	4	22	8	77

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

The CCRT results identified in 60% (70 out of 116) of the cases reviewed statewide, when the child was in out-of-home care at least 15 of the most recent 22 months, or met other ASFA criteria, a TPR petition was filed in a timely manner; or a compelling reason not to file was documented.

Of the children (85) in foster care at least 15 of the most recent 22 months, or met other ASFA criteria, CCRT results indicated the agency filed a timely termination of parental rights petition during the period under review or before the period under review 53% (45 out of 85).

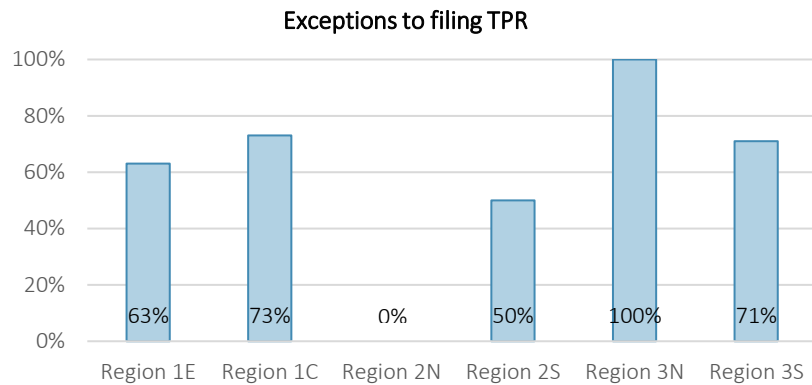


	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-October 2017)</i>	83%	56%	67%	29%	56%	42%	53%
Total applicable cases	12	25	3	17	16	12	85

	R1E	R1C	R2N	R2S	R3N	R3S	State
Strength cases	10	14	2	5	9	5	45
Area Needing Improvement cases	2	11	1	12	7	7	40

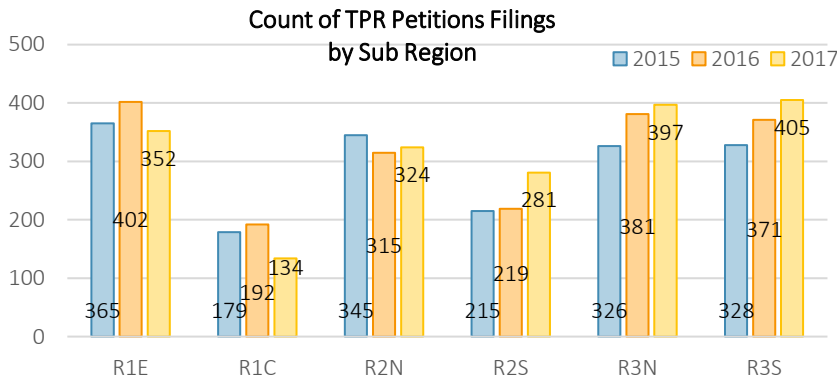
Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

The CCRT results noted that an exception to the requirement to file or join a termination of parental rights petition existed in 67% (31 out of 46) of the cases reviewed between January-September 2017.



	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-October 2017)</i>	63%	73%	0%	50%	100%	71%	67%
Total applicable cases	8	11	1	12	7	7	46
Strength cases	5	8	0	6	7	5	31
Area Needing Improvement cases	3	3	1	6	0	2	15

Data Source: CFSR Onsite Review Instrument; January-September 2017 Case Review Results; November 21, 2017

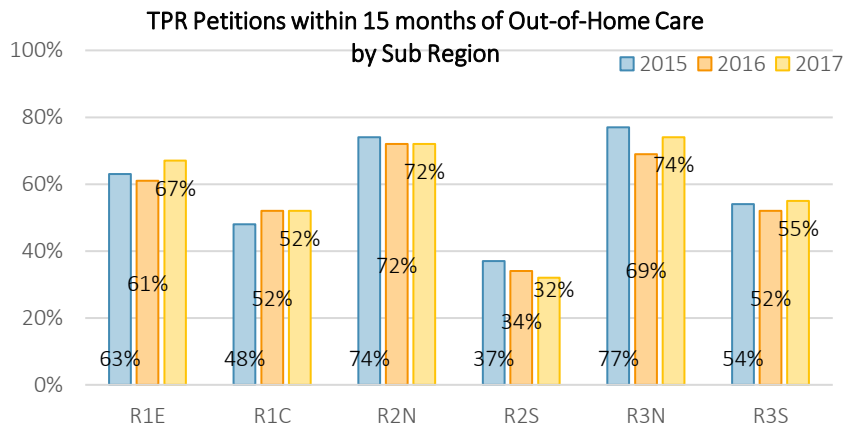


Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – September 2017; January 3, 2018

In addition to CCRT results, CA utilizes data compiled by AOC, which follows ASFA requirements, to monitor the filing of TPR petitions. The Administrative Office of the Courts Interactive Data Report includes the percent of children with a TPR petition filed within 15-months of entering out-of-home care. Statewide, 60% (1,423 out of 2,369) of TPR petitions were filed timely for children within 15-

months of entering out-of-home care or documentation of a good cause to not file. This is a 3% increase from calendar year 2016.

Region 1 East experienced the largest increase of 6%. The sub region reported that completion of ad hoc, pre reviews and CCRT case reviews helped in this area. The reviews focused on the caseworkers need to timely enter compelling reasons and file TPR petitions. Regional leadership also messages to caseworkers the



Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – September 2017; January 3, 2018

importance of achieving permanency for the child and supervisors are focusing on these items during monthly case supervision meetings.

In contrast, timely filings of TPR petitions or documentation of compelling reasons within 15-months of entering out-of-home care decreased by 2% in Region 2 South. Region 2 identified several reasons which could have contributed to the decrease in timely filing of TPR petitions or documentation of compelling reasons including:

- Continuances of termination trials
- Concerted efforts by caseworker are lacking in order to obtain termination
- Termination referrals submitted to AGO not being processed timely, which leads to the petition not being filed timely
- Court ordering a delay of the TPR when a parent starts to engage after the case being open 15-months

Five out of six sub regions remained stable or saw an increase in filing of TPR filings within 15-months of entering out-of-home care. In addition, the number of TPR petitions filed in 2017 increased in four out of the six sub regions; Regions 2 North and South and Regions 3 North and South. The median number of months spent in out-of-home care prior to the filing of a TPR petition is 11.3 months for 2017. AOC reported that in 2017, 26% (369 out of 1,423) of cases had proper documentation of a good cause to not file a TPR petition within 15-months of entering out-of-home care. The below table includes the good cause reason documented by AOC. Because a case can have more than one good cause to not file a TPR petition, the count of individual reasons will not total the number of cases with documentation of a good cause.

Cases with timely good cause documented	R1E	R1C	R2N	R2S	R3N	R3S	State
2017 Performance <i>(January-September 2017)</i>	9%	2%	17%	75%	26%	41%	26%
Total applicable cases	265	117	256	114	388	283	1,423
Good cause documented	23	2	43	85	100	116	369
Child Placed with Relatives	2	6	20	20	62	16	126
Services not Provided	0	0	3	0	1	0	4
Compelling Reason Documented	13	0	9	44	26	14	106
Incarcerated Parent Maintain Relationship	0	0	3	8	1	0	12
Parent In/Compliant-Treatment	0	0	0	0	1	0	1
No Financial Ability	0	0	0	3	0	0	3
Good Cause Found	5	0	24	36	14	97	176

Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – September 2017; January 3, 2018

Each region utilizes various methods to monitor timely filing of TPR petitions and accurate documentation of compelling reasons to not file a TPR petition. Region 1 utilizes a monthly report to monitor specific ASFA requirements to ensure appropriate and timely documentation. The report is distributed to caseworkers, supervisors, area administrators, and deputy regional administrators which includes cases and children with:

- Compelling reasons documented to ensure they remain appropriate
- No petition for TPR documented or no compelling reason documented for cases open 10-12 months and over 12-months
- Referral for TPR submitted to AAG but no documentation of a petition being filed

Both Region 2 and Region 3 monitor TPR petitions using the *TPR within 15 months* infoFamLink report. The report is distributed monthly to supervisors and area administrations for:

- Cases open 10-12 months without documentation of a petition of TPR or documentation of a compelling reason

- Cases open 12 or more months without documentation of a petition of TPR or documentation of a compelling reason
- Cases referred to for TPR but no documentation of a petition being filed

Region 3 is also reviewing documented compelling reasons monthly to ensure the reason is still accurate and appropriate.

The filing of a TPR petition is complex and involves multiple parties including CA and legal system partners. Timely filing and documentation of compelling reasons not to file a TPR petition continues to be an area needing improvement. CA anticipates this to be an area of focus in the upcoming year as work continues on improving the quality and quantity of shared planning meetings, permanency and concurrent planning, as well as, CQI activities with court partners.

Regional strategies to improve permanency outcomes have included hiring staff to focus on permanency planning and related outcomes.

- Eastern Washington has two CFWS/Permanency Leads that are Social and Health Program Consultant (SHPC) 3 positions. There are also a few shared planning meeting facilitators in Region 1 Central that do some permanency work. (Region 1)
- Quality Practice Specialists, Quality Assurance team and adoptions staff are utilized to support permanency planning. Collectively, these staff support and provide education to caseworkers about efforts, such as termination petitions and identifying compelling reasons not to file, that support permanency planning. In addition to having a Permanency and Well-being administrator, there are two additional positions that are helping in this area. (Region 2)
- In Region 3 there are Permanency Outcome Facilitators in five major offices (Vancouver-Cascade, Vancouver-Columbia, Tacoma, Puyallup, and Lakewood) with one more for the Bremerton office in 2018. These positions are helping to identify internal barriers to achieving timely permanency and are working in partnership with the caseworker to achieve reunification, guardianship, and terminations timely.

In 2015, CA created a Permanency CQI Team made up of key external stakeholders to help identify practice improvements to support:

- timely filing of TPR petitions or identification of compelling reasons
- identify contributing factors to racial disparities
- maintain cross-agency perspective on permanency and permanency improvements
- develop a CQI action plan

The team composition includes representatives from the Administration of the Courts (AOC), Children's Administration, CASA, Attorney General's Office, Judge, Casey Family Programs, University of Washington Court Improvement Training Academy, and Office of Public Defense. The majority of the members have statewide responsibility; with exception of the regularly participating Court commissioner who represents Spokane (Region 1 East), however can advise the team on a statewide capacity.

One barrier identified by the team was high staff turnover which impacts timely permanency and increased the lengths of stay in out-of-home care. To assist in addressing identified permanency barriers and to foster a cross-system, partnership approach to permanency, permanency summits were held. These summits invite Judges, CA staff, CASA/GAL, Office of Public Defense, Parent Allies, and former Foster Care Youth Advocates from the identified areas. In 2016, the first permanency summit occurred in Cowlitz and Clark County (Region 3 South) and provided a greater opportunity, at a local jurisdictional level, to address barriers to meeting court timelines and develop strategies to improve performance. A second permanency summit was held in Grant County (Region 1 South) for May 2017 and a third summit was held in Benton and Franklin Counties (Region 1 South) in early fall 2017. Each permanency summit includes a parent panel, youth panel, a discussion of roles and responsibilities,

and permanency planning options. Additional sections are tailored to the local court and community. These have included parent-child visitation, shared planning meetings, and kinship placements.

CA continues to maintain an open dialogue with AOC, the Attorney General's Office and Office of Public Defense to discuss and troubleshoot challenges around termination petitions. A primary point of discussion has included the number of termination appeals and the difference in filing practices of TPR petitions between offices and regions throughout the state. In some offices, caseworkers put together large termination "packets", whereas in other offices caseworkers write termination petitions and legal documents that are then provided to the AAG's office.

As policies and staff trainings are updated, CA continues to identify improvements that will support timely filings and permanency for children in out-of-home care.

In October 2016, Children's Administration Quality Assurance and Continuous Quality Improvement section facilitated a 90-minute workshop at the statewide CASA Conference in Spokane, Washington. The conference was attended by CASA volunteers, program staff, and attorneys from across Washington state. The feedback focused on the attendees' perspective regarding filing of termination of parental rights (TPR). The following input was provided:

- Filing of TPR petitions varies based on the county including the interpretation and application of compelling reasons
- There are many family circumstances that delay timely filing of TPR petitions:
 - Criminal proceedings supersede TPR hearings
 - Geographic locations
 - Community cultural concerns AAG has influence on whether or not TPR petitions are filed

Item 24: Notification of Hearings and Right to be Heard

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

The main challenge to accurately tracking adequate and timely notification of hearings to caregivers is the lack of appropriate documentation in FamLink. While FamLink does allow for tracking of this information, the location of the data point is not intuitive for caseworkers and the check box is very rarely marked. The infoFamLink Caregiver Notification Report²⁹ indicates that for January 2017 through November 2017, only 7% (3,412 out of 50,988 hearings) of caregivers received adequate and timely notification of hearings and were documented in FamLink. As a result, CA does not have reliable quantitative data that reflects statewide practice.

During the 2016 legislative session, Engrossed Substitute House Bill 2591 (ESHB 2591) was passed which requires the Department to provide notification of all upcoming dependency hearings to foster parents, pre-adoptive parents, and kinship caregivers regarding foster children in their care. In addition, providers are provided notice of upcoming hearings at the time of placement when appropriate. Notification of hearings is also provided to other parties, such as parents. The bill requires the court to:

- make written findings regarding whether foster parents were notified of dependency court hearings
- indicate whether the court received a caregiver's report
- indicate whether the court provided the foster parent, pre-adoptive parents or kinship caregivers an opportunity to be heard

²⁹ Data Source: Caregiver Notification Report; infoFamLink; January 8, 2018

CA policy was updated and caseworkers were provided training in July 2016 and October 2016 regarding the legislative changes. The importance and expectation of notification to caregivers is communicated in the [foster parent and kinship caregiver frequently asked questions](#) section on CA's foster parent webpage. The *Caregiver Connection*, a monthly newsletter for caregivers, has included reminders to caregivers to inquire about upcoming court hearings during monthly health and safety visits. The newsletter is distributed by mail and email to over 8,000 people. The process to sign up is simple and can be completed on the foster parent webpage.

As part of the practice expectation, the Health and Safety Visits with Children and Monthly Visits with Caregivers and Parents policy, caseworkers are required to discuss case activities with the caregiver, including hearings and permanency plans. CA policy also dictates that caregivers are given the opportunity to be heard by the court, in addition to the hearing date. Caregivers can utilize the "Caregiver Report to the Court" form which is provided by the caseworker. Upon completion, the caregiver is asked to return the form to the caseworker or the child's GAL to be filed with the court. The court can then review the caregiver's feedback. Unfortunately, these forms are not often returned by the caregiver even though they are regularly sent out. CA currently does not have the capability to track when the form is provided to or returned by caregivers, however, some data is available and included within this item.

As part of the legislation, the Washington Administrative Office of the Courts (AOC) was charged with including data in their annual report regarding adequate and timely notification of hearings to caregivers and the number of caregivers who returned a report to the court. This requirement is expected to increase the number of caregivers who are notified of hearings, as caseworkers are being asked by the court if the caregiver was notified of the hearing. This new requirement will also provide a way for caregiver notification to be documented within the court order and tracked for reporting purposes. AOC completed changes to forms used for dependency hearings to allow for the tracking of adequate and timely notification to the caregiver.

Eight counties in Washington began collecting and reporting data to AOC regarding adequate and timely notification to the caregiver beginning in June 2016. As of November 2017, 21 out of 39 Washington counties are now collecting and reporting data to AOC regarding adequate and timely notification of hearings to caregivers. The majority of the counties currently not collecting and reporting data are smaller court jurisdictions and located in Region 1 East and Central. AOC gathers updated data each month and continues to request data from the non-reporting counties. Currently there is no time table for these counties to begin reporting data.

The 21 counties reported 22,877 court hearings were scheduled January to November 2017. The type of hearing included in this count are:

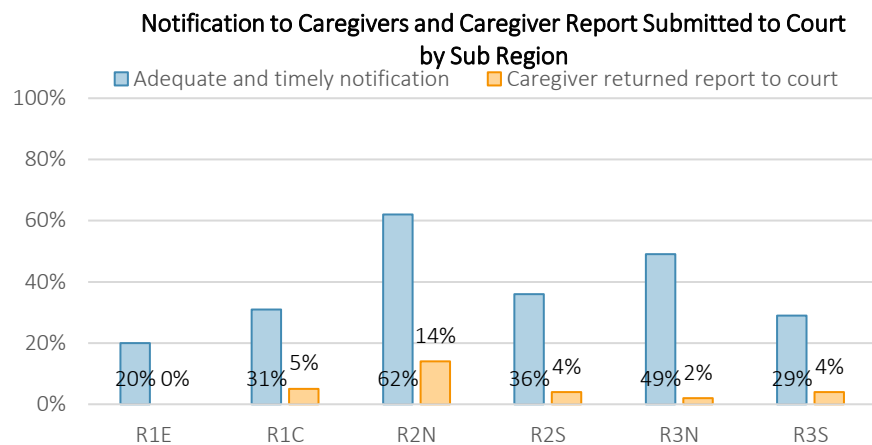
- First dependency review hearing
- Dependency review hearing
- Permanency planning hearing
- Review hearing

Washington Counties Not Collecting or Reporting Notification of Hearings to Caregivers

County	Sub Region
Adams	1E
Asotin	1E
Douglas	1E
Garfield	1E
Grant	1E
Lincoln	1E
Okanogan	1E
Whitman	1E
Columbia	1C
Kittitas	1C
Klickitat	1C
Island	2N
Whatcom	2N
Clark	3S
Pacific	3S
Pend Oreille	3S
Skamania	3S
Wahkiakum	3S

Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – November 2017; January 3, 2018

Statewide in 2017, 38% (8,637 caregivers out of 22,877 hearings) of caregivers received adequate and timely notification of hearings and 4% (1,011 caregiver reports out of 22,877 hearings) of caregivers returned a report to the court.



	R1E	R1C	R2N	R2S	R3N	R3S
Adequate and timely notification	20%	31%	62%	36%	49%	29%
<i>Total reported hearings</i>	2,906	2,025	2,564	6,104	4,816	4,462
Count of caregivers	574	627	1,587	2,170	2,366	1,313
Caregiver returned report to court	0%	5%	14%	4%	2%	4%
<i>Total reported hearings</i>	2,906	2,025	2,564	6,104	4,816	4,462
Count of caregivers	4	109	356	254	98	190

Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – November 2017; January 3, 2018

Although the Department currently has limited quantitative data regarding caregiver’s notification of hearings, CA contracts with the Department of Social and Health Services Research and Data Analysis Division to conduct a survey³⁰ of foster parents in Washington. September 2015 through September 2016, DSHS surveyed 1,350 licensed foster parents about their satisfaction with support, training, and information provided by Children’s Administration and private agencies contracted by the agency to provide services to foster parents, including notification of court hearings.

The survey includes several opportunities for the respondent to provide comments about inclusion of court hearings. When questioned about caseworkers, foster parents indicated they wanted their caseworker to include them in meetings and court appointments. Foster parents appreciate when caseworkers collaborate and share information. One respondent said, “They keep us informed about meetings and court dates and medical issues.” Foster parents also attributed a variety of issues to the need for additional caseworkers such as high turnover negatively affects caseworker competency and case knowledge which can slow the progress of cases in court.

When questioned about information provided to foster parents, some expressed appreciation for timely and accurate information about upcoming steps in the foster care process, especially court dates. Just over half of respondents commenting described concerns about the provision of information. One respondent indicated, “I would like clearer understanding of court hearings, timeliness for petition, adoption application process. More information on legal side; defining some terms.”.

The foster parent survey is a good resource to gather strengths and areas needing improvement from foster parents, however the survey is limited as it does not include kinship caregivers. Kinship caregivers are not as likely to receive the foster parent newsletter (although they are not precluded from signing up) or list serve messages, however kinship caregivers often do not go through foster parent training to hear about these resources.

³⁰ The complete fiscal year 2016 Survey of Foster Parents in Washington State can be viewed on the Children’s Administration foster parenting [website](#).

Due to the lack of appropriate documentation in FamLink and limitations in the availability of caregiver type (foster parent or kinship caregiver) from the AOC data, CA is unable to identify kinship caregivers. This limits the kinship caregiver's awareness of their right to be heard at hearings or that they need to ask for court dates if these are not provided. However, kinship caregivers are arguably more likely to know about court dates than foster parents as they are more likely to have a relationship with one of the parents or other supportive relatives. A Kinship Program Manager was hired in 2016 to develop ways in which to specifically address the support and training for kinships caregivers. Since this time, there has been a focus on expanding and increasing attendance in an existing class through the Alliance for Child Welfare Excellence, Kinship 101. This class provides kinship caregiver information about navigating the child welfare system, including information about the right to receive notification of court hearings and to complete the Caregiver's Report to the Court. This class was expanded from traditional classroom format to include a webinar version in November 2017. Two webinars have been held to date, with the goal of holding monthly webinars.

In October 2016, Children's Administration Quality Assurance and Continuous Quality Improvement section facilitated a 90-minute workshop at the statewide CASA Conference in Spokane, Washington. The conference was attended by CASA volunteers, program staff, and attorneys from across Washington. The feedback focused on the attendees' perspective regarding parent's involvement in the case plan process. The following input was provided:

- Some foster parents don't receive notification in advance of the court hearing, they receive last minute notice or are provided notice by the CASA's
- Foster parents may not feel welcome at court hearings
- Foster parents are uneducated about the court process
- Availability of the "Caregiver Report to the Court" is dependent upon the county and the caseworker
- Foster parents who work outside the home can't make it to hearings
- There are foster parents who don't want contact with bio-parents

Some of this information indicates that the issue with foster parents not participating in court hearings may be due to other barriers than notification; however anecdotal information seems to indicate a need for improvement in notifications of court hearings. The notification of court hearings should be consistent; either through providing the court report or through other forms of communication, such as in-person conversations, by phone or by email. To address this barrier, the issue of caregiver notification has been a topic at the monthly CFWS/Permanency Leads meetings. The notification policy and a monthly newsletter has been distributed by the regional permanency leads that gives directions on how to print a confidential court report specifically for caregivers.

Caregiver notification is also a topic at regional and statewide 1624 meetings, that include CA staff, foster parents, and the Foster Parent Association of Washington State (FPAWS). In 2017, state 1624 video conference meetings occurred on January 23, April 17, July 17, and October 23, 2017. Regional 1624 meetings occur approximately 6-weeks prior to the state meeting; from these meetings issues with statewide impact are scheduled on the agenda of the state meeting.

Various issues regarding communication between the caseworker and the foster parent are addressed and the issue of caregivers receiving notification of hearings comes up regularly. At the January 2017 meeting, foster parent representatives from Region 2 North identified the lack of timely notice to foster parents for the child's court hearing. Representatives from other areas agreed this was a concern in their areas as well. The topic has been mentioned in other 1624 meetings during 2017. In CA's 2016 Foster Parent Survey foster parents commented they are concerned when they don't receive information about court hearings. Complaints and concerns raised at 1624 meetings regarding caregiver notification of court hearings include:

- lack of notice or timely notice

- being told they don't need to attend by the caseworker
- lack of knowledge about use and submission of the Caregiver Report to the Court
- receipt of court report after the hearing has already been held

CA has acknowledged a need for increased training of caseworkers on the sharing of information in advance with caregivers about court hearings. Caregivers are encouraged to ask caseworkers at monthly health and safety visits when the next court hearing is scheduled. The Alliance has developed, and now offers, updated training and coaching classes to help caregivers understand and complete the caregivers report to the court.

Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

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

System Functioning - Operating where services are provided

Washington's QA and CQI processes are operating across the state in each of the regions and sub regions. The HQ QA/CQI section consists of one central case review team (one supervisor and six staff), four QA/CQI managers, an administrative support staff, and the Statewide QA/CQI Administrator.

This past year the QA/CQI section expanded to add project staff dedicated to a Targeted Permanency Review initiative through a partnership of Casey Family Programs. Currently there are two program managers to support that work.

Each regional QA/CQI team, like the HQ QA/CQI section, gather and analyze data from a variety of sources. The regional teams work with their local field offices, analyze qualitative and quantitative data, and develop and carry out improvement strategies identified in their Regional Improvement Plans. This practice is consistent statewide.

CA's Central Case Review Team is fully operational around the state and is currently active in all regions and sub regions. In calendar year 2017, the CCRT reviewed cases statewide from 24 field offices. Results from case reviews are utilized by local offices to develop plans and strategies to implement practice improvement strategies. Practice improvements related to child safety have the highest priority.

The CCRT began utilizing the Online Monitoring System (OMS) and reviewing cases according to the federal Onsite Review Instrument (OSRI) standards in January 2016. In 2017, the CCRT began integrating key case participant interviews into the review process. Key case participant interviews include, but are not limited to, the mother, father, caseworker, and caregiver. Interviews of the child will be integrated as the process is improved.

System Functioning - Standards to evaluate the quality of services

Washington's QA/CQI system has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their safety and health).

Washington's practice and service standards are defined through federal law, state law, and CA policy and procedures. Practice standards are evident in our policy, procedures, and licensing standards. Timelines for service delivery are identified in the policies and procedures as well. Additionally, as mentioned above in item 1, Children's Administration has been using the OMS system to evaluate the quality of services.

This past year, the regions updated their CQI process to focus more on the qualitative data identified by the OSRI. Additionally, regions changed their improvement approach from focusing only on office level improvement plans to also including regional improvement plans, using central case review results to determine regional strengths and areas needing improvement. Looking at improvement from a regional level allows for the identification of regional patterns and allows the data to help develop regional strategies for improvement. This practice is consistent statewide.

In 2016, the HQ QA/CQI section adopted a new approach to continuous feedback and improvement by holding regional semi-annual deep dives with regional QA/CQI teams to complete a root cause analysis regarding strengths and challenges the local offices and/or region may be experiencing on the 18 CFSR items.

The deep dives discuss the previous six months of performance data and local offices where a central case review occurred. Over the last year, through a continuous improvement process, the deep dives have become a regular part of feedback from the regions. Participants in these meetings include the appropriate HQ program managers via video conference. This engagement allows for conversation between the region and headquarters regarding an identified strength or challenge and possible identification of a strategy for improvement. In 2018, members from the Alliance will be invited to participate in regional semi-annual deep dives which will assist in making any necessary revisions to training or coaching based on statewide patterns and trends.

In preparation for the regional semi-annual deep dives, following the *CCRT* case review, regional QA/CQI staff meet with the local office to help identify strengths and challenges impacting outcomes, as well as reviewing case review results. This information is shared with HQ to identify statewide trends so that adjustments can be made to strategies for improvement or policy. Examples of statewide patterns and trends for the seven (7) CFSR outcomes noted in each region during the deep dives included:

- Safety Outcome 1
 - Sufficient number of attempts are not completed or documented when an extension has been entered.
- Safety Outcome 2
 - Assessment of other adults in the home are not occurring or are not properly documented.
 - Safety of all children was not initially assessed or assessed on an ongoing basis.
- Permanency Outcome 1
 - Lack of documentation to identify reason for placement change.
 - Staff turnover leads to multiple workers on a case and each time the process starts over while new worker learns case details.
- Permanency Outcome 2
 - When siblings were not placed together, documentation could not be found to as to reason placed apart.
 - Lack of documentation that attempts were made to encourage one or both parents to visit child(ren) when not engaged.
 - Once relatives have been identified, caseworkers are not following up with relatives.
 - Lack of documentation to encourage or engage parents beyond visits.
- Well-Being Outcome 1
 - Lack of documentation regarding efforts to locate, assess and engage or re-engage parents.
 - Lack of engagement with one of the parents; such as meeting regularly with mother, but not father.
- Well-Being Outcome 2
 - Lack of documentation regarding if and how educational needs are addressed.
- Well-Being Outcome 3
 - Lack of documentation regarding one or both of the required dental exams. Staff unaware that two dental exams are required each year.
 - Lack of documentation regarding oversight of child's prescription medication.

In addition to the OSRI tool, each sub region utilizes identified core metrics to assist in the QA process. Each month, regional QA specialists run core metric reports on statewide and regional areas of focus for regional leadership which allows for the identification strengths and challenges at the sub region and office level. These

core metrics include process measures to ensure adherence to policy related to timely face-to-face contacts and health and safety visits with children. The stability and improvement over the past several years in measures such as timely investigations and health and safety visits with children, can be partially attributed to the regular monitoring of the process data at the sub region and office levels.

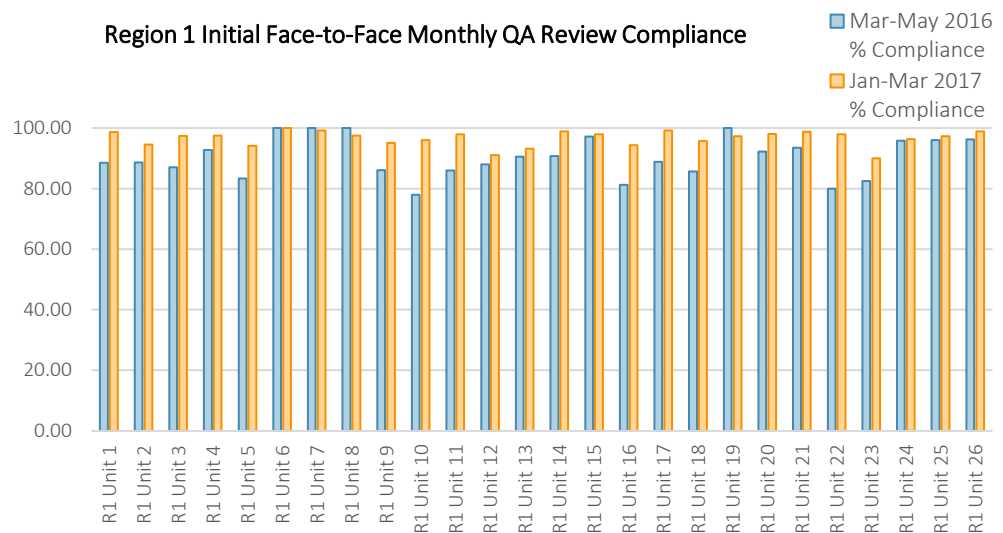
While the quantitative review is a regular part of feedback to evaluate service delivery for regional leadership, from the Regional Administrator to the supervisor level, the adoption of the ORSI in 2016 has assisted in the ability to see the complete story behind the data and give a deeper perspective. By using both quantitative and qualitative data CA can better identify strategies to shift practice and ultimately outcomes. An example of how regions are using data is how they took a deeper look at safety outcome 1. Quantitative reports for Item 1 indicated that initial face-to-face contacts hovered around 97.7% compliance while our performance was lower when qualitative reviews were conducted. Each region developed their own monthly quality assurance process to review how the field was using extensions and exceptions when the required timeframe for the initial face-to-face was not achieved.

One example of how a QA process improved practice can be found in Region 1. After comparing the quantitative and qualitative results and noting the disparity between the % of compliance, they reviewed 100% of the extensions and

exceptions for several months and learned that supervisors were incorrectly using the extensions and exceptions. The QA/CQI section in Region 1 trained supervisors, provided training and policy tip sheets for the region and used other communications strategies to inform improved practice around this challenge.

Region 1 continued to

conduct 100% reviews and noted overtime the use of extensions and exceptions were reduced and when supervisors did use the extensions and exceptions, they were used correctly. When initial results for March through May 2016 were evaluated, regional performance was 90.33% with only eight (8) out of 26 units achieving the 95% target. When results for January through March 2017 were evaluated regional performance increased to 97.14%, with 20 out of 26 units achieving the 95% target.



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System Functioning – Identifies strengths and needs of service delivery system

Through our QA/CQI processes, Washington regularly identifies strengths and needs of the service delivery system including the analysis of data, feedback surveys, workgroup meetings, Lean, and other process improvement activities, stakeholder feedback, and contract monitoring. The following are examples of how CA identifies strengths and improvement areas in our delivery of services.

- **Case Review:** As previously mentioned, Washington began using the OSRI in 2016 and through that tool is able to identify the strengths and needs of the system looking specifically at the service delivery and case practice by assessing the 7 CFR outcomes (18 Items) in the tool. The CCRT reviewed 308 cases statewide and conducted 821 stakeholder interviews in the review of the case during calendar year 2017.

- *Ad hoc Reviews/targeted reviews:* Each of the three regions have been conducting ad hoc reviews. The process is regionally driven and implemented differently depending on staff resources and specific office or regional needs. Regions 1 and 3 have used the process to follow up approximately 6 months to a year after the Central Case Review Team (CCRT) has been on site to determine if strategies implemented as a result of the Central Case Review (CCR) have impacted targeted areas. Adjustments can then be made to the Regional Action Plan or practice expectations. Not every office receives an ad hoc review, the reviews are determined by the region. Over the past year Regions 1 and 3 combined, have conducted approximately 25 ad hoc reviews. Region 2 has conducted quarterly qualitative reviews of one case per unit supervisor in the region providing feedback to that supervisor. In addition, Region 2 has conducted approximately five offices ad hoc reviews with the assistance of the Central CQI Team.

The process is not a parallel process to the CCRT. Due to time constraints and limited resources interviews are not conducted during the ad hoc reviews and the reviews are used as a training for field staff. The agency has learned the following through use of the ad hoc process:

- It allows the local office and region to approximate progress in regard to implemented strategies.
 - It exposes a broader range of field staff to best practice and the federal outcomes.
 - Staff receive hands on training on CQI processes and practices.
 - Staff who have participated in ad hoc reviews report extensive learning in case practice requirements they did not have before participating in the review.
 - Staff have indicated the information learned through hands on use of the tool will enhance their technical skill in the field.
 - The reviews have reinforced learning provided through other agency training venues.
 - The reviews have increased statewide practice consistency.
 - Statewide CQI managers indicate that the ad hoc and CCRT reviews dove tail on one another to provide focused practice outcomes.
- *Monthly Supervisory Reviews:* Supervisors meet monthly with each caseworker to complete a qualitative review and provide clinical direction on all cases assigned to the caseworker. CA has standardized tools developed for CPS, DLR CPS, CFWS, and FVS supervisors to gather consistent information during these reviews. Depending on the identified program are, the monthly reviews include, but are not limited to:
 - Caseload management
 - Safety
 - Investigation
 - Placement considerations
 - Family and community connections
 - Assessment and case planning
 - Well-being of the child(ren)
 - Permanency
 - Adolescent activities
 - Special needs for the child
 - Case closure

Monthly supervisor reviews are documented in FamLink through case notes or the integrated supervisor review tool. Regional QA/CQI leads are able to generate a monthly report to monitor trends regarding the completion of supervisor reviews and results are distributed to regional leadership. In addition, regional

QA staff in each region conduct both quantitative and qualitative reviews of completed supervisory reviews. The review process and what each region evaluates is described below.

- *Region 1* reviews the monthly supervisory review report to determine the percentage of completed supervisory reviews. A more in depth look at completed supervisory reviews is conducted during ad hoc reviews which includes a detailed review of supervisor notes and feedback is provide to supervisors. Training has been provided to all Region 1 supervisors detailing the expectations of supervisor reviews.
- *Region 2* conducts quarterly qualitative reviews of completed supervisor reviews by regional QA staff pulling a random case sample from one supervisor per sub region. Results from the qualitative reviews are kept in an excel spreadsheet and determine whether or not each supervisor review included the required expectations. An example of items reviewed by program type include:

CFWS

Education: Current status and unmet needs/referrals

Medical: Current status and unmet needs/referrals/meds

Dental: Current status and unmet needs/referrals

MH: Current status and unmet needs/referrals and medication management

SW contact with mother - quantity and quality and attempts to locate/contact

SW contact with father - quantity and quality and attempts to locate/contact

SW contact with child - H&S visit date and private conversation and any concerns noted

SW contact with caregiver - date of in person contact

Discussion with SW about assessment of parent(s), child and caregiver needs, services, progress and permanency: What are services, have they been referred, compliance with services, permanency movement.

Assessment of Other Adults in the Home: Was there discussion of other adults in the home and did assessment occur?

Visitation: Level of supervision (who and why), frequency, strengths/concerns, sibling. If visits not occurring, why? Is sibling visit exception documented?

Relative Search: Was initial search completed and has follow up with interested individuals occurred. Has relative search been revisited, as appropriate for both maternal and paternal family.

Discussion of current child safety threat/risk: Is child safe in placement home? Why safe or unsafe to return home?

ASFA Compliance: Has child been in out of home care 12 months? Has TPR been filed? Compelling reasons documented?

Discussion of next steps: Are next steps consistent with identified needs noted

CPS/FAR

Discussion with SW of Assessment of Services, Progress, and steps to achieve Safety & Case Closure (FAR Only): Did SW assess need for services? What services are being offered/progress?

IFF Timeliness: Did sup and SW discuss timeliness of IFF. If not, why and is extension appropriate?

Diligent efforts to locate child if not seen timely:

Were all allegations addressed?

Collaterals: Discussion about who has been or needs to be contacted as collateral resource

Was there a discussion about safety between SW and sup?

LEP row was eliminated

Direction for SW as to next steps. What are they based on?

- *Region 3* highlights the importance of focusing on all 18 federal CFSR items through supervisory reviews. In 2017 the region completed targeted ad hoc reviews in four offices, which provided supervisors with specific feedback regarding the areas that could use more focus to ensure all 18 items are being addressed during supervisor reviews. Through these reviews, the region was able to narrow feedback for each supervisor and identify specific areas for the supervisor to address. The goal in 2018 is to implement this approach to all region 3 offices.

In addition, the regional QA/CQI staff run the monthly supervisory review report each month to determine the percentage of completed supervisory reviews. For the last three years, the region has also provided certificates to supervisors who completed 90% or more of required supervisor reviews for the entire calendar year.

- *Deep Dives:* The deep dives are a prime example of an analytical approach to data review. The OSRI allows the user to run reports which provide detail on the areas of strength and challenges. Through this approach, the regions and HQ partner to look at patterns and trends across the region and across the state. As mentioned above, the deep dive team is adding members of the Alliance to the regional semi-annual deep dives to better inform training and additional participants will be invited as need is identified.
- *CFSR Data Profile:* The CFSR Data Profile CA receives from the Children’s Bureau is an example of a report used which identifies areas of strength and challenges in our system.
- *Core Metrics:* As previously discussed, core metrics is another example of how data is used to identify strengths and needs. Statewide and regional specific core metrics are provided monthly to inform regional administrators and the CA leadership team. Core metrics are used regionally to inform leadership of areas of strength and challenge. Regional leadership use core metric data to identify areas of focus and planning. HQ uses core metric data to compare regions and to identify statewide patterns and trends.
- *Office of the Administration of the Courts:* Children’s Administration partners with court personnel, judicial representatives, defense attorneys, and other legal representatives in a monthly external Permanency CQI team. The team reviews data from CA, as well as current data and annual reports from the [Office of the Administration of the Courts](#). Through this team, strengths and challenges are identified and an action plan is developed to address service delivery and system challenges using this data. (see Permanency section)
- *Employee Turnover:* Children’s Administration has faced a growing employee retention problem and utilizes data from Human Resources that shows employee turnover, including exits and whether or not workers are leaving for other state agencies or leaving state service altogether. CA is using exit interviews to further analyze the reasons workers are leaving. In 2017, Children’s Administration used this data to apply for, and was awarded a 5-year grant, focused on worker retention through the Quality Improvement Center with the University of Nebraska.
- *Feedback Surveys:*
 - Employee Engagement Survey
 - Foster Parent Satisfaction Survey
 - Customer Feedback Survey
 - Internal

Feedback surveys are another method CA uses to assess strengths and needs of services. The Employee Satisfaction Survey is done every two years. In 2016, the CA Extended Leadership team met on three occasions to discuss and develop action plans on employee retention, as well as the Employee Engagement Survey. Although retention and employee engagement are not directly measured in the CFSR, having a competent and engaged workforce is directly related to the quality of services and impacts many areas of the child welfare system.

In late 2017, CA received results from the latest employee satisfaction survey that showed statistically significant positive change from 2015 on nearly half of the questions (9 of 20). The largest increase was for “*I have the tools and resources I need to do my job effectively*” (61%, up from 53% in 2015).

Others surveys such as the Foster Parent satisfaction, Customer Feedback, and other internal surveys are good examples of ways CA measures strengths and needs of the system.

- *Children’s Administration Leadership Meetings*: The Children’s Administration Leadership Team is comprised of Regional Administrators (three [3] statewide), Regional Deputy Administrators (nine [9] statewide), Division of Licensed Resources Administrator (one [1] statewide), Division of Licensed Resources Deputy Administrator (two [2] statewide), Office Chiefs of Program and Policy (two [2] statewide), and the CA EMT (eight [8] statewide). This team meets monthly for a day and a half to discuss global issues to the agency which includes discussion of quantitative and qualitative data.
- *Extended Management Meetings*: In 2016, CA started holding Extended Management Meetings three (3) times a year. This is a great opportunity for regional leadership to share their questions and concerns with some of the executive management team, including our Assistant Secretary. The agenda is developed to empower regional leadership participation and includes the review of data and discusses areas of strength and challenges. The main areas of focus in 2017 were:
 - March 2017: Promotion Focused Leaders
 - July 2017: Leading with a Heart of Purpose
 - November 2017: Focus on Permanency

Each meeting allows participants to consider changes to regional strategies for improvement or action plans. Specifically, the Focus on Permanency in November, allowed participants to discuss current strategies and identifying how they will know if something is working. Some of the discussion questions for the day included:

- *Why is this topic important?*
- *Why do we struggle in this area?*
- *What are some of the barriers we encounter or create?*
- *What are strategies or ideas that will help us grow or improve in this area?*
- *How will we know our strategies are working?*
- *Supervisor Conference*: In 2017, all CA supervisors were invited to participate in a two-day supervisor’s conference. One popular attraction during the conference is the Wish Bowl. During the conference, a bowl is set out with cards for anyone to write a “wish” for the agency. Wishes are collected, grouped by topic, and read at the end of the conference. Wishes may include resource needs, IT assistance, updates on current events within CA, or other supports for field staff and supervisors. This seemingly simple way of gaining feedback was well received and attendees submitted nearly one hundred wishes, which were compiled and assigned to HQ division directors to manage and address. This list is periodically reviewed at CA executive team meetings to ensure feedback from the field continues to move forward.
- *Clerical Conference*: In 2017, CA held a clerical conference for all support staff in CA. Three break-out sessions were held as focused problem solving workshops for clerical to share feedback on system issues. These facilitated sessions were well received and allowed participants to share process and work barriers

and problem solve during the workshop. Additionally, participant responses were tracked and provided to management for further review and support in improving processes.

- *Workgroups and Committees:* As identified in [item 31](#), CA partners with both internal and external stakeholders through many avenues including workgroups and committees. These include, but are not limited to the following: Field Advisory Board (FAB), Permanency Leads, Intake Leads, Contracted Services Leads, CQI committees (local and statewide), statewide foster parent committees, Children’s Advisory Board, Superior Court Judges, and Critical Incident and Fatality Review teams. Each of these teams use data to inform discussions and identify recommendations for practice improvement.
- *PIP Kick-off:* In November 2017, this one-day event was specifically designed to discuss CA’s current performance in the seven (7) CFSR outcomes and eighteen systemic factors. This event was designed to bring a multidisciplinary group together to discuss Washington’s current performance, the state’s five-year plan, our upcoming state-led CFSR, and the direction for stakeholder involvement in the upcoming PIP. Internal and external stakeholders in attendance included: line staff, supervisors, program managers, leadership at both the regional and HQ level, Alliance staff representing training, curriculum developers, and coaches, tribal members, parent ally, Office of Public Defense, Administrative office of the Courts, Casey Family programs, service providers, and caregivers. During the daylong event the 115 participants were arranged according to their area of expertise and seated at a table with other stakeholders. Each table represented at least one outcome area or systemic factor. Data for that particular outcome or systemic factor was provided and a discussion was led by the HQ program expert (owner) and a member of the CQI team. For the seven (7) outcomes, the CQI members were experts in the OSRI tool so they could answer questions about data and provide more information about what compliance looks like in practice. The discussion included feedback from the table participants.

CA will continue to engage this group in 2018, as well as other stakeholders. Engagement will include the use of MailChimp, an automated communication tool with flexibility to target stakeholder groups and deliver routine communication. In addition to this “push” method of communication CA will have a “pull” method that includes the ability to share information or questions.

- *Individual Performance Evaluation Plans:* The Department of Social and Health Services implemented a new system of performance reviews for all agencies. Performance reviews are directly related to identified expectations for each employee and for Children’s Administration. Frontline workers are measured on the services they provide to children and families. Strengths and needs of individual workers are identified annually to support the work CA does in transforming lives by providing a quality service delivery system.
- *Contract Monitoring:* Children’s Administration has worked over the last few years to improve contract monitoring. With a dedicated focus on improvements, for fiscal year 2017, the contract unit reported in The Annual Contract Monitoring Report the following:

After a full year of renewed effort, following the new Comprehensive Monitoring Program, it is easy to see the effects of the changes. With a dedicated Headquarters Contract Monitoring Manager...an overall increase in interactions with our provider community, milestones have been accomplished. Overall, there has been a 64% increase in on-site monitoring activities. Agency wide, over 719 Annual Risk Assessments were completed, 1087 background checks processed and 133 visits were made to contractors at their place of business. Additionally, 152 Survey Monkey complaints from the field were investigated. Regional Contract Managers also completed 33 Comprehensive Reviews with our partners from the Division of License Resources (DLR).

The quality of contracted services delivery is primarily assessed through onsite monitoring activities which often includes the regional or HQ program manager and also through the Survey Monkey tool that gives caseworkers a venue to immediately provide feedback or concerns about a service provider. In fiscal year 2017, 57% of the contract complaints were related to the Parent Child Visitation program.

Strengths: Overall, Children’s Administration has a functioning quality assurance system that uses data in a variety of capacities and uses improvement plans to identify strategies for improving the system. CA also noticed, through a consistent focus on using the federal items as a framework for our feedback with staff, there has been a better understanding of the federal requirements. Additionally, internal and external stakeholders are involved across the department in a variety of ways including partnering on workgroups, committees, and providing feedback to the department.

Challenges: CA continues to struggle with closing the feedback loop. Although deep dives are one-way CA can capture feedback and present to HQ program managers, CA can improve how it handles feedback from parents and families. While CA collects feedback from families and parents at Family Team Decision Making meetings and through a customer feedback survey administered by the DSHS Research Data Administration, CA needs to identify a better system of obtaining feedback from older children and families involved with the Department to make system improvements. Individual program managers are, as a regular part of their work, collecting feedback from clients and stakeholders. Improvement could be made by developing an integrated system approach so that we capture this information in a consistent way and feedback to the clients and stakeholders when we make changes. Again, this happens at the individual program level, but making it a complete system approach is desired.

System Functioning – Provides relevant reports

As part of the CQI process, Children’s Administration 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.

- *Local office case review reports:* As the CCRT completes and finalizes a local office case review, a narrative qualitative and quantitative report is provided to regional Leadership, Children’s Administration Leadership team, and is posted on CA’s intranet site for staff. This report includes office level results from the onsite central case review utilizing the OSRI. This report also includes information about the area served, staffing levels, and service availability to families and children.
- *Core metric reports:* As previously discussed, core metrics is another example of relevant data used by regional QA/CQI leads to inform internal and external stakeholders.
- *Monthly Informational Report:* The Children’s Administration Data unit produces a monthly informational report which is provided to Regional Administrators on a regular basis. At a minimum, this report details the following information:
 - Number of CPS intakes requiring face-to-face response
 - Number of children residing in out-of-home care
 - Number of licensed foster homes
 - Number of children who exited in out-of-home care
 - Percent of children placed with relatives
 - Median length of stay for children in out-of-home care greater than 60 days
 - Average caseloads
- *Permanency Profile Report:* CA, in partnership with Casey Family Programs and the Office of the Administration of the Courts, is working with an aim at increasing permanency for children in out-of-home care across Washington. Following an examination of permanency data for children in Washington’s child welfare system by an external CQI team, permanency summits were developed. The team identified counties across the state with the longest length of stay and the first summit was held in one of the lower performing areas. In 2016, the first permanency summit occurred in Cowlitz and Clark County (Region 3 South) and provided a greater opportunity, at a local jurisdictional level, to address

barriers to meeting court timelines and develop strategies to improve performance. A second permanency summit was held in Grant County (Region 1 South) in May 2017 and a third summit was held in Benton and Franklin Counties (Region 1 South) in early fall 2017. Each permanency summit includes a parent panel, youth panel, a discussion of roles and responsibilities, and permanency planning options. Additional sections are tailored to the local court and community. These have included parent-child visitation, shared planning meetings, and kinship placements. Data was used throughout the day to help inform action planning and strategy development aimed at reducing children's length of stay in out-of-home care in these counties.

- *CA "State of the State" Meetings:* In 2017, the Children's Administration EMT visited the three regions and sent out invitations to all external stakeholder groups inviting them to a discussion about the "State of the State". Direct reports to the Assistant Secretary shared both quantitative and qualitative data across all areas of the system, including: budget, staffing and caseload ratios, child related outcome metrics, new legislation, changes in policy and recent policy, updates in technology and mobility, background check changes, risk management, federal outcomes and systemic factors, and the upcoming CFSR.

In addition to the new stakeholder outreach at the executive level, each region conducted their own stakeholder meetings with the focus of sharing current performance data, engaging discussion of improvements, and informing participants about the upcoming CFSR. In Region 1, regional leadership and the QA/CQI leads broke up the stakeholder meetings by court teams in the Spokane office. There are five court teams in Spokane County and each court team participated in separate meetings to review and discuss the dependency data from their own team. Participants included members of the bench, defense attorneys, CASA, guardians' ad litem, caseworkers, and AAGs. In addition to reviewing their dependency data, they reviewed case review data and discussed strengths and challenges currently facing the teams. Each team left with action plans for improvement. Region 1 intends to expand this model to other counties in 2018.

Strengths: CAs strength related to the provision and use of relevant reports can be directly connected to the OSRI. Use of the OSRI tool, has allowed CA to better identify strengths and areas needing improvement in our system. Because the Department is using the seven (7) outcomes to better frame our work, the language is becoming part of CA culture and with the shared language, we can better communicate our findings at both the leadership level and the front line level, allowing more visibility and understanding of our data, as well as, an understanding of our performance and underlying issues. The increased use of reports with the level of detail at the case level allows us to better identify strategies.

Challenges: Because the child welfare system is extremely complex, CA cannot focus on just one report. CA utilizes data from multiple sources and the more data you offer, the more complicated understanding the data can be. To mitigate this risk, the QA/CQI team is partnering with the Children's Administration Data unit, Program and Policy, the Office of the Administration of the Courts, and regions to identify a standardized data that allows the user to customize the report based on the audience. In late 2017, the Data Unit completed a dashboard for CA staff providing performance data at the office level. In 2018, HQ QA/CQI is partnering with program managers and regional QA/CQI leads to identify a strategy for best utilizing the dashboard and providing supervisors and regional leadership with the support they need to utilize the dashboard for improvements. As part of the Department's CQI process, ongoing evaluation of implemented program improvement measure to improve practice and service delivery for children and families is conducted.

[System Functioning – Evaluates implemented program improvement measures](#)

In early 2016, the HQ QA/CQI team, in partnership with the statewide CQI committee, reviewed statewide case review data to assess how well CA is doing in the 18 federal practice items and seven (7) outcomes. Through a process of assessment and discussion, the committee identified several areas to focus on in 2016 and 2017. Three of these areas were:

- Well-Being Outcome 2: item 16
- Well-Being Outcome 3: item 17
- Well-Being Outcome 3: item 18

Beginning in September 2016 and continuing through August 2017, CA initiated the statewide Monthly Health and Safety Visit Campaign in partnership with regional CQI leads and HQ program managers. Each month focused on one of the identified areas of focus, either item 16, 17, or 18. The campaign involved giving extra consideration to the monthly theme during monthly health and safety visits with children and documentation. Caseworkers and supervisors received monthly emails which included a topic specific discussion guide, visit tip sheet, documentation tip sheets, and a specific campaign intranet site. The campaign also included what level of detail is required to be documented in FamLink on each item. In addition, caregivers were notified of the monthly topic by email and through the agency's Caregiver Connection Newsletter to be aware and more involved in the discussions occurring during monthly health and safety visits with children.

Following the first four months of the campaign, a large group of HQ program managers and regional QA/CQI staff came together in December 2016 to assess the effectiveness of the campaign through a targeted review of case notes for a specified time period. While the results from the targeted review were not conclusive, upon further discussion it was decided to continue with the campaign into through August 2017 by cycling through the identified items each month. The decision to continue the campaign could be considered a success though comparing performance from calendar year 2016 to calendar year 2017. Item 16: educational needs of the child improved by two percent from 89% to 91% and statewide performance on item 18: mental/behavioral health of the child, improved from 67% to 74% in 2017. The largest improvement over 2016 performance was related to item 17: physical health of the child, with a 15% increase statewide (43% in 2016 to 58% in 2017).

In addition to the example above, ongoing evaluation continues to occur at the regional level through case review results, targeted reviews, and ad hoc reviews. As the campaign has continued, documentation regarding children's education, health and mental health have improved. Regions continue to conduct random evaluations of case notes to ensure proper documentation of these federal items.

Strengths: Overall, CA has made significant improvement in this area over the last year. Evaluation of program improvement measures is focused on both statewide and regional strategies. The main strength is the development of strategies which focus on a specific item, rather than broad sweeping strategies, and the use of a consistent tool to evaluate progress. Due to this deliberate and focused approach, CA has seen an increase in the familiarity with the 18 federal items and 7 federal outcomes.

Challenges: While CA utilizes a consistent tool to evaluate progress of implemented strategies, the results are not always documented on the tool. Because information is collected in various ways for other activities, such as deep dives, results regarding progress are captured in many places. This can lead to duplicate efforts of documentation and work. CA is continuing to streamline the documentation process to minimize the duplication of efforts.

Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, out-of-home care services, adoption services, and independent living services pursuant to the state's CFSP.

Children's Administration 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 (RCT)

The initial staff training is known as Regional Core Training (RCT) and is provided through a contract with The Alliance for Child Welfare Excellence. RCT is Washington's six-week pre-service training designed to prepare newly hired social service specialists (caseworkers) 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 curriculum consists of cohesive instruction materials that provide newly hired caseworkers with broad and deep knowledge and skills. RCT provides participants with blended learning opportunities, including classroom instruction, field activities, and coaching totaling 240 hours of training. RCT is organized into three distinct learning modules, each with a subset of dedicated instruction. Caseworkers spend their first six-weeks on the job completing RCT and are supported by an Alliance coach and their assigned CA supervisor. RCT cohorts begin twice a month in each of the three regions, to align with the hiring and start dates for newly hired caseworkers. The location for the classroom sessions for each cohort is based on the office location for the majority of the newly hired caseworkers.

Following classroom training, new employees complete and/or observe field training activities. The field training activities include viewing the Washington Mandatory Reporting Toolkit, observing a fellow caseworker by shadowing and observing critical case activities, gradual case assignment and completing the period of purple crying training. Critical case activities include:

- Review an intake
- Observe and practice an initial face-to-face or health and safety visit

Interim RCT Classroom Courses Provided through October 2017

- Organizational Structure and Legal Foundations
- Introduction to Agency Intervention
- Introduction to FamLink
- Assessing Child Safety Day 1
- Assessing Child Safety Day 2: FamLink learning lab/Safety Assessment
- Safety Framework eQuiz
- Structured Decision Making Risk Assessment: FamLink learning lab/SDM
- Dynamics of Physical Abuse, Sexual Abuse and Neglect
- Effects of Abuse & Neglect on Child Development
- Introduction to Indian Child Welfare
- Gathering Questions
- Engaging and Interviewing around Child Safety
- Interviewing and Gathering Information on Child Safety
- Using FamLink to Document Initial Assessment/Investigative Assessment and FARFA
- CFE and Court Report
- Trauma Informed Placement
- Mental Health Screening and Referral
- Chemical Dependency
- Domestic Violence
- Case Planning and Monitoring Progress
- Permanency Planning from Day One
- FamLink Lab/Documenting Child Well-being in FamLink
- Legal Training

Data Source: The Alliance for Child Welfare Excellence; December 2017

- Observe and practice a subject interview, initial family meeting or monthly visit with parents
- Observe a Family Team Decision Making Meeting (FTDM)
- Attend a court hearing or case conference
- Introduction to ICWA
- Review prior case history
- Observe or supervise a parent-child visit
- Meet with legal partners
- Understand Court report distribution
- Permanency planning from day one
- Worker Safety Assignment
- Identifying community resources

By completing the field training activities caseworkers continue to learn agency policies and procedures, as well as how to practice applying them. Newly hired caseworkers graduate from regional core training when all classroom sessions are complete and all field training activities have been conducted.

Launch of Redesigned RCT

Over the last year, Children’s Administration and the Alliance have been working to redesign the RCT curriculum for newly hired social support specialists. The primary reasons identified for the redesign included concerns about newly-graduated caseworkers lacking field readiness and RCT was lacking the inclusion of practical training on:

- completing assessments
- case planning
- service delivery
- FamLink
- working with families and family support networks
- use of the Shared Planning Model to engage families in case planning
- placement decisions
- court process and procedures
- safety planning
- permanency planning

To provide detailed information to assist with the redesign of RCT, a comprehensive online survey was developed in partnership between CA, the Alliance, and Partners for Our Children. The survey was administered between December 15, 2015 and January 12, 2016 and completed by caseworkers who recently graduated from RCT and their respective supervisors. The survey focused on their experiences and perspectives regarding training.

On January 27, 2016 CA and the Alliance hosted a statewide problem solving meeting to develop a road map and identify the content priority for the redesigned curriculum. Results from the caseworker and supervisor survey were shared with participants.

In February 2016, the Alliance met with CA and a decision was made to implement an interim RCT, while the curriculum revisions occur. As part of the interim RCT, the training was reduced from eight weeks to six weeks. In addition, nine training topics were removed from the interim RCT curriculum which was launch on April 1, 2016.

In July 2016, an internal workgroup, the CA Training Committee, convened to review proposals submitted by the Alliance and to provide the Alliance with additional detail of the content areas to be include in RCT and

recommendations on components of design. The Training Committee is comprised of caseworkers, supervisors and program managers representing all regions, headquarters and all program areas.

The Alliance had an internal RCT redesign workgroup that met five times. These workgroup meetings focused on collecting and synthesizing feedback from Alliance coaches and curriculum developers based on both the experience of delivering RCT curriculum and direct feedback/experiences of RCT participants. Briefly during this period, Alliance curriculum developers maintained contact with CA Content Experts – feedback received from CA was also reviewed and discussed during these workgroup meetings. The result of these meetings was a compilation of recommendations for curricular revisions, which Alliance curriculum developers used as one component informing the development of redesigned RCT curriculum.

The Alliance continued to utilize an interim RCT curriculum until the redesigned RCT was launched in November 2017. The redesigned RCT consists of a cohesive developmental curriculum in which knowledge and skills are increased and expanded. RCT provides participants with blended learning opportunities, including classroom instruction, field activities, simulation, and coaching. RCT is organized into three distinct learning modules, each with a subset of dedicated instruction:

1. General Instruction
 - a. The Population You Serve
 - b. Dynamics of Child Abuse and Neglect
2. Through the Life of a Case
 - a. Safety Focused Practice
 - b. Getting to Know Your Caseload
3. Program Tailored Learning
 - a. Program-Specific Assessment and Planning
 - b. Managing Your Caseload

Woven throughout the redesigned 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 in Child Welfare
- Cultural Competency/Cultural Humility
- Recognizing Bias and Confirmation Bias
- FamLink Skills
- Program Specific Job Skills

[Interim RCT Attendance Provided by the Alliance](#)

The Alliance provided 34 interim RCT training sessions which were completed by 285 newly hired social service specialists statewide between December 2016 and July 2017.

Registration for RCT is completed online through the Washington DSHS Maestro Learning Management System (LMS). The primary instructor/coach generates a sign in sheet for each training session to document who was in attendance. For courses that cover multiple days, the Alliance uses a Passport document to track participation in each session. Using the sign in sheet or passport, each trainee must sign they were in attendance. On occasion, trainees may miss a session due to illness or other circumstances and the trainee must make arrangements with the primary instructor/coach to make-up the session missed. Upon completion of the training session, the

primary instructor/coach documents the trainee’s completion in both the Washington DSHS Maestro Learning Management System and the Alliance Learning Management System. Each month and quarterly, Alliance program manager reviews all course completions in the Washington DSHS Maestro Learning Management System and the Alliance Learning Management System. The purpose of this review is to ensure correct documentation and generate reports. If a training requirement is not met, the Alliance notifies the appropriate Children’s Administration Regional Administrator (RA) that training has not been completed and the RA determines next steps.

Satisfaction Data on Interim RCT

The Alliance utilizes Partners for Our Children (POC), a research organization based in the University of Washington School of Social Work, to evaluate the effectiveness of training activities for Washington state child welfare workers. The research is used to identify training innovations to improve the workforce.

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

Evaluation measures the trainings impact and supports continuous improvement. It includes:

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

The evaluation of initial staff classroom training, e-Learnings, and coaching sessions are completed through satisfaction surveys. The Alliance evaluates the perceived learning of newly hired employees who complete RCT through a series of two surveys. Among the 285 interim RCT trainees who completed RCT between December 2016 through September 2017, 155 (54%) responded to the interim RCT survey #1 administered half-way through the training and 116 (41%) responded to the survey administered at the end of the training.

An average of 94% of respondents agreed or strongly agreed that their coach supported them in developing the knowledge and skills they will need to be successful in the field. Regarding field activities, RCT survey respondents noted that an average of 74% agreed/strongly agreed that the activities they completed supported their application of knowledge and skills in the field. Survey questions and results by are provided in the following tables.

Interim RCT Survey #1
Administered at end of the training

	December 2016- February 2017	March 2017- June 2017	July 2017- September 2017
The primary trainer/coach supported me in developing the knowledge and skills I will need to be successful in the field.	91%	96%	95%
This training has helped me get oriented to my job.	83%	87%	69%
The field activities I completed allowed me to apply my knowledge and skills in the field.	75%	79%	68%

Interim RCT Survey #1
Administered at end of the training

	December 2016- February 2017	March 2017- June 2017	July 2017- September 2017
It helped me to have both an e-learning and an in-class session on Indian Child Welfare.	79%	79%	75%
It helped me to have the three e-learning be facilitated in the classroom	87%	88%	84%
The in-class session on Interviewing helped prepare me for interviewing in the field	85%	83%	77%
The in-class session on Gathering Questions supported my knowledge and skills to get organized through assessment	89%	89%	90%
The activities on Assessing Child Safety helped me to understand my role in assessing safety	94%	93%	92%

Data Source: The Alliance for Child Welfare Excellence; Workforce and Caregiver Training Quarterly Reports; March 15, 2017, June 15, 2017, July 20, 2017, October 2017

Interim RCT Survey #2
Administered at end of the training

	December 2016- February 2017	March 2017- June 2017	July 2017- September 2017
The primary trainer/coach supported me in developing the knowledge and skills I will need to be successful in the field.	100%	98%	98%
The field activities I completed allowed me to apply my knowledge and skills in the field.	72%	80%	79%
Having program specific activities (CPS, CFWS, etc) supported my learning	83%	85%	81%
The session on Using FamLink to Document initial Assessment prepared me to follow the procedures in FamLink on my own	72%	68%	70%
The session on Children's Mental Health increased my skills and knowledge to assess and refer for children's mental health needs	67%	76%	77%
The session on Chemical Dependency increased my ability to assess and refer for chemical dependency needs	72%	76%	77%
The session on Domestic Violence increased my knowledge and skills relating to screening, identifying, and referrals for domestic violence services	89%	94%	86%
The activities on Permanency Planning from Day One supported my knowledge of	72%	83%	86%

Interim RCT Survey #1
Administered at end of the training

	December 2016- February 2017	March 2017- June 2017	July 2017- September 2017
how to support child safety and permanency planning			
The FamLink trainings helped increase my knowledge and skills around documentation in FamLink	71%	74%	74%

Data Source: The Alliance for Child Welfare Excellence; Workforce and Caregiver Training Quarterly Reports; March 15, 2017, June 15, 2017, July 20, 2017, October 2017

Data to support if the interim RCT provided by the Alliance through October 2017 is effective in providing new caseworkers the knowledge and skills to assume case management responsibilities is limited to the above mid and post survey results.

To provide detailed information to assist with the redesign of RCT, a comprehensive online survey was developed in partnership between CA, the Alliance, and Partners for Our Children. The survey was administered between December 15, 2015 and January 12, 2016. Caseworkers who recently graduated from RCT and their respective supervisors were asked about their experiences and perspectives regarding training.

While this survey provided valuable information to assist with the RCT redesign, it was not continued as the interim RCT curriculum did not change and would not provide any new information. Instead, the decision was made to postpone the use of similar surveys until the redesigned RCT curriculum was launched.

Plan for Ongoing Quality Improvement

The newly redesigned RCT curriculum launch in November 2017 includes updates to the evaluation process. For caseworkers who attend the redesigned RCT, there are plans to conduct a follow-up online survey with caseworkers and their supervisors in Spring 2018 to assess the training effectiveness. Those who respond to the survey will also have the option of a follow-up phone interview to provide additional information. The data from these surveys and interviews will be brought to the RCT workgroup which is a collaboration between Children’s Administration, the Alliance, and Partner’s for Our Children and will be reported in the 2019 APSR.

Role of Quality Practice Specialist (QPS)

Over the past few years, DCFS has created QPS positions in each region. QPS managers are experienced staff with expertise in child safety, permanency and well-being, as well as knowledge on practical skills and how to complete required tasks in each program. QPS managers provide support, coaching and training to new caseworkers and supervisors, as well as experienced staff, who require additional coaching and training. During the last year, QPS have provided new caseworkers with additional program specific training in their initial program area, provide one-on-one and small group coaching. The training provided by QPS managers is developed at the regional level and therefore differs from region to region based on need. QPS managers provide a critical role to supplement training and support staff while new caseworkers attend interim RCT.

Region 1 has five (5) QPS managers who have completed the following trainings and activities:

- Trained Safety Boot Camp over 25 times
- Provided health and safety visit training to every unit throughout Region 1
- CPS FAR Training
- FVS training
- Individual case consultation on complex cases
- One-on-one coaching for caseworkers regarding completion of an Investigative Assessment, CPS FAR Family Assessment, case documentation and field coaching

- New policy roll-out training
- Individualized training requested by units specifically addressing safety assessments and collateral contacts
- Assist supervisors with review of CPS, CPS FAR and CFWS cases for closure
- Assist caseworker and supervisors by reviewing open CPS FAR cases to identify outstanding work that needs to be completed prior to moving the case for closure
- Training regarding appropriately documenting initial face-to-face visits and extensions
- Training on existing policy and helping caseworker understanding
- Created a new employee manual for CPS, CPS FAR and CFWS caseworkers
- Provide intake consultation regarding whether or not to screen in or out the intake
- Provide trainings for office and units on the central case review process
- Conduct ad-hoc quality case reviews in every Region 1 office which includes reviewing an in-home or out-of-home case with the assigned caseworker using the OSRI tool. These reviews have been completed in all offices multiple times since is 2016

In addition to the above activities, beginning in October 2017, all caseworkers who have recently completed RCT will be contacted by a QPS manager to: 1) welcome them to CA, 2) schedule a time to meet and go over the new employee manual which includes tips sheets, guides and instructions, and 3) introduce the QPS to new caseworkers and share how they can assist. At three (3) month, six (6) month and twelve (12) months following completion of RCT, a QPS manager will complete an ad hoc quality case review on one of the caseworker's cases utilizing the OSRI tool.

Region 3 has two (2) QPS managers and one (1) supervisor whose primary activities include:

- Triage and consultation staffings (approximately 180 staffings have been held over 24 months)
- Community presentations regarding Safety Framework, Risk Assessment and Mandatory reporting
- Unit meeting in-service/discussions which are non-curriculum based
- County Protocol Training provided twice a year
- Facilitated 11 Safety Through the Life of a Case trainings since November 2016
- Facilitated 11 Safety Planning trainings since June 2017
- Facilitated six (6) after hours trainings since May 2017
- Facilitated four (4) CQI trainings in January 2016
- Facilitated 18 Safety Boot Camp trainings since October 2016
- Facilitated three (3) CPS FAR trainings June 2017 through November 2017
- Facilitated one (1) AIRS training in March 2017

Initial Staff Training for Tribal Staff

Washington State is home to 29 federally-recognized Indian tribes. In 1978, Congress passed the Indian Child Welfare Act in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies and placed with non-Indian families. Tribal caseworkers support families in tribes and help Tribal communities protect Indian children in the spirit and letter of the Indian Child Welfare Act. The Alliance is dedicated to providing training for Tribal caseworkers, along with any caregivers, caseworkers, or Administrators who need to understand the needs of Tribal communities and Indian children.

Tribal caseworkers are encouraged to attend any available trainings and participate along with CA caseworkers and supervisors.

Contracted Staff

Washington does not utilize contracted providers to perform case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state’s CFSP.

Item 27: Ongoing Staff Training

How well does Washington’s staff and provider training system work so that the workers conducting Child Protective Services investigations, or those providing family preservation and support services, out-of-home care and adoption services, or independent living services receive ongoing training to give them the knowledge and skills they need to do their work? How well does the training system work for their supervisors?

How well does the staff and provider training system work so that the front line and supervisory staff of the contracting agencies – or the staff in child placement agencies the state uses to place children – receive ongoing training that addresses the skills and knowledge that they need to provide contracted services?

Children’s Administration contracts with the Alliance for Child Welfare Excellence to offer ongoing or in-service training to caseworkers and supervisors. In 2014, CA’s policy regarding staff training was revised to outline ongoing training to be completed by caseworkers and supervisors within the first year of employment, the second year of employment, annually, and voluntary training opportunities.

Following the completion of RCT, CA caseworkers must successfully complete specific trainings within the first and second year of employment or existing caseworkers must complete specific trainings within one year of transferring to a new position. The below table outlines the specific courses that must be completed.

In addition to CA policy, the Department of Social and Health Services requires the following trainings be completed annually. The completion of these trainings are aligned with the employee’s annual performance evaluation and are e-learning courses completed through LMS. Upon completion, the employee must complete the DSHS Employee Annual Review Checklist. The checklist is signed by the employee and supervisor with a copy placed in the employee’s personnel file.

Annual Mandatory Training
▪ Domestic Violence & the Workplace
▪ Blood Borne Pathogens & HIV/AIDS
▪ Diversity
▪ Harassment Prevention
▪ HIPAA
▪ Ethics Test
▪ IT Security Awareness

First Year of Employment or Transfer Mandatory Training
▪ Program Specific Training:
○ Intake
○ CPS Investigations or Family Assessment Response (CPS FAR)
○ Division of Licensed Resources (DLR)/CPS
○ Family Voluntary Services (FVS)
○ Family Reconciliation Services (FRS)
○ Child and Family Welfare Services (CFWS)
○ Interstate Compact on the Placement of Children (ICPC)
○ Adoption
○ Licensing and Unified Home Study
▪ Indian Child Welfare
▪ Basics of Substance Abuse
▪ Permanency Planning
▪ Engagement and Partnership with Caregivers
▪ Child Development Well-Being; Education, Health, and Adolescence
▪ Risk and Safety Assessment
▪ Worker Safety
▪ Racial Disproportionality and Disparities
Second Year of Employment or Transfer Mandatory Training
▪ Mental Health and Child Abuse and Neglect
▪ Domestic Violence and Child Abuse and Neglect
▪ Advanced Substance Abuse and Child Abuse and Neglect
▪ Diversity - Building Bridges
▪ Indian Child Welfare Cross Cultural Skills
▪ Collaboration/Customer Service
▪ Supervisors

Attendance for Ongoing Staff Training Provided by the Alliance

Registration for caseworker and supervisor in-service training is completed online through the Washington DSHS Maestro Learning Management System (LMS). The primary instructor/coach generates a sign in sheet for each training session to document who was in attendance. For courses that cover multiple days, the Alliance uses a Passport document to track participation in each session. Using the sign in sheet or passport, each trainee must sign they were in attendance. Upon completion of the training session, the primary instructor/coach documents the trainee’s completion in both the Washington DSHS Maestro Learning Management System and the Alliance Learning Management System. Each month and quarterly, the Alliance program manager reviews all course completions in the Washington DSHS Maestro Learning Management System and the Alliance Learning Management System. The purpose of this review is to ensure correct documentation and generate reports. If a training requirement is not met, the Alliance notifies the appropriate Children’s Administration Regional Administrator (RA) that training has not been completed and the RA determines next steps.

Ongoing Staff Training

Currently, the Alliance offers over 75 in-service trainings through a traditional classroom setting or through e-Learning. Classroom training is provided by Alliance staff or contracted trainers consistently across the state.

Contracted Trainings
Critical Thinking
Decision to Place
Managing Parent-Child Visitation when Domestic Violence is a Concern
Reunification
Racial Microaggressions: Developing Cross Cultural Communication Skills
NCAST Feeding Recertification
Harm Reduction Planning with Substance Using Families
NCAST Certification – Feeding Scales
NCAST Certification – Teaching Scales
NCAST Teaching Recertification
Secondary Trauma: Impact and Solutions (3 hours)
Right Response - Level 4
Suicide Prevention: safeTALK
Understanding Neglect
Washington State ICW Training
Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth

Ongoing Staff Training for Tribal Staff

Washington State is home to 29 federally-recognized Indian tribes. In 1978, Congress passed the Indian Child Welfare Act in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies and placed with non-Indian families. Tribal caseworkers support families in tribes and help

Classroom Trainings
Assessing Child Safety in the Context of Domestic Violence
Case Consultation
Coaching for Ad Hoc Needs
Coaching for Assessments
Contract for Services: Part 2 – Contract Monitoring
Early Childhood Development in Child Welfare: Supporting Lifelong Healthy Outcomes
Effects of Abuse and Neglect on Child Development: Section 3
Faculty Led Workshop: Personality Disorders and Parenting
Infant Safety and Care
Intake - Session 1.3 Interviewing for Assessment in Intake
Intake - Session 1.6 Screening Provider Related Intakes
Mental Health: In-Depth Applications for Child Welfare
NAIR - Creating and Monitoring your Native American Inquiry Request
Relative Search - Creating and Monitoring your Request
Assessing Parents, Caregivers and Others in the Home For Child Safety
Child Information and Placement Referral (ChIPR)
Coaching for Child Safety
Coaching for Case Organization and Prioritization
Domestic Violence – Understanding and Responding to its Many Layers
Effects of Abuse and Neglect on Child Development: Section 1
Effects of Abuse and Neglect on Child Development: Section 4
Family Preservation Services (FPS)
Intake - Session 1.1 Welcome to Intake
Intake - Session 1.4 Disproportionality and Cultural Competence for Intake
Intake - Session 2.1 Special Circumstances in Intake – Substance Exposed Infants
Monthly Visits with the Child, Parent and Caregiver
Parent-Child Visitation
Structured Decision Making & Risk Assessment (SDM-RA)
Coaching for Permanency

Tribal communities protect Indian children in the spirit and letter of the Indian Child Welfare Act. The Alliance is dedicated to providing training for Tribal caseworkers, along with any caregivers, caseworkers, or administrators who need to understand the needs of Tribal communities and Indian children.

Tribal caseworkers are encouraged to attend any available trainings and participate along with CA caseworkers and supervisors.

Indian Child Welfare (ICW) Training

ICW training remains mandatory for all caseworkers. The two-day ICW training was redesigned in 2016. The

Alliance contracted with the National Indian Child Welfare Association (NICWA) who, in collaboration with the Indian Policy Advisory Committee (IPAC) and CA, developed a curriculum that includes laws, policy and practical application of skills and knowledge. ICW training is delivered consistently throughout the state and has been well attended.

Between December 2016 to February 2017, the Alliance offered a total of 50 instructor led in-service sessions, with 35 topic areas for the Children’s Administration workforce. During this time period, there were 726 in-service training completions and two new courses were introduced; *Assessing Child Safety in the Context of Domestic Violence for CPS Program* and *Assessing Child Safety in the Context of Domestic Violence for CFWS and FVS*. The 3-hour trainings provide a basic review of the safety framework and an overview of the program tailored specialized Domestic Violence Assessment, focusing on the most salient issues in screening and assessment. Attendance at these new in-service courses were strong with 191 completions. Other well attended courses included Basics in Domestic Violence.

From March 2017 to May 2017, 979 participants completed classroom based in-service training, on 37 topic areas with an emphasis on Assessing Child Safety in the context of Domestic Violence, WA State ICW, and Child Abuse Interviewing and Assessment.

In June 2017, 144 staff completed classroom based in-service training for 11 topics including Assessing Child Safety in the context of Domestic Violence, Racial Macroaggressions, Infant Safety, and Intake: Commercially Sexually Exploited Children (CSEC) training.

July through September 2017, 11 training topics were provided with 383 participants who completed in-service training. Training sessions provided during this period include: Domestic Violence in Child Welfare, Understanding Neglect, and Critical Thinking. The following table includes satisfaction surveys results from in-service classroom trainings provided December 2016 through September 2017.

From March 2017 to May 2017, 979 participants completed classroom based in-service training, on 37 topic areas with an emphasis on Assessing Child Safety in the context of Domestic Violence, WA State ICW, and Child Abuse Interviewing and Assessment.

Classroom Trainings
Child Abuse Interviewing and Assessment
Child and Family Welfare Services (CFWS)
Contract for Services: Part 1 – Understanding the CA Contract Process
Domestic Violence and Child Welfare
Effects of Abuse and Neglect on Child Development: Section 2
Effects of Abuse and Neglect on Child Development: Section 5
Identifying and Supporting Commercially Sexually Exploited Children (CSEC)
Intake - Session 1.2 Screening in Intake and the Intake SDM Tool
Intake - Session 1.5 Working with Law Enforcement and Collateral Contacts at Intake
Intake - Session 2.2 Special Circumstances in Intake – Domestic Violence
Multiethnic Placement Act (MEPA)
Partners Make Better Decisions: Caregivers and Caseworkers Working Together
Worker Safety
e-Learning Trainings
Basics of Domestic Violence in Child Welfare
Drug Testing
NAIR - Creating and Monitoring your Native American Inquiry Request
Extended Foster Care
Working with Clients with Limited English Proficiency (LEP)
Interstate Compact on the Placement of Children
Interviewing for Assessment in Intake
Mandatory Reporting Toolkit
Keys to a Successful Termination Referral
Youth Missing from Care
Prudent Parenting
Medication Management and Administration
Paquete de Herramientas para Denunciadores de Abuso Infantil por Mandato

In June 2017, 144 staff completed classroom based in-service training for 11 topics including Assessing Child Safety in the context of Domestic Violence, Racial Macroaggressions, Infant Safety, and Intake: Commercially Sexually Exploited Children (CSEC) training.

July through September 2017, 11 training topics were provided with 383 participants who completed in-service training. Training sessions provided during this period include: Domestic Violence in Child Welfare, Understanding Neglect, and Critical Thinking. The following table includes satisfaction surveys results from in-service classroom trainings provided December 2016 through September 2017.

Classroom Trainings Satisfaction Survey Results

Conflict Awareness and De-escalation Techniques <i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>	March 2017- June 2017
Prior to this training how knowledgeable would you say you were in this area	4.2
After this training how knowledgeable would you say you are in this area	3.8
Content relevance and usefulness to your job	4
Content was well organized	4.6
Training materials helpfulness	4.2
Instructor's knowledge of the subject matter	4.6
Instructor's delivery and facilitation ability	4.6
Critical Thinking <i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>	December 2016- February 2017
Prior to this training how knowledgeable would you say you were in this area	3.0
After this training how knowledgeable would you say you are in this area	4.1
Content relevance and usefulness to your job	4.5
Content was well organized	4.5
Training materials helpfulness	4.4
Instructor's knowledge of the subject matter	4.9
Instructor's delivery and facilitation ability	4.5
Decision to Place <i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>	December 2016- February 2017
Prior to this training, how knowledgeable would you say you were in this area	4.0
After this training, how knowledgeable would you say you are in this area	4.4
Content relevance and usefulness to your job	4.7
Content was well organized	4.8
Training materials helpfulness	4.7
Instructor's knowledge of the subject matter	5
Instructor's delivery and facilitation ability	4.7
Domestic Violence and Child Welfare <i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>	December 2016- February 2017
To what extent did training further your skills related to the following competencies:	
Ability to identify domestic violence in families, Understand dynamics of domestic violence, and Implement safety plans for survivors and their children	4.5
Ability to screen assess plan and coordinate services to children and family members who have been maltreated as a result of domestic violence	4.3
Ability to collaborate with community partners to remove safety concerns and increase safety for children and non-offending parents	4.2
Ability to engage plan and coordinate services and accountability processes for DV perpetrators	4.2
Ability to use DSHS tools and resources on behalf of children and adult victims	4.2

Family Assessment Response In-Service Training <i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>	March 2017- June 2017
Prior to this training, how knowledgeable would you say you were in regard to Family Assessment Response	3.1
After this training, how knowledgeable would you say you are in regard to Family Assessment Response	4.1
Following this training I understand the similarities and differences between the two CPS pathways	4.6
Following this training I feel confident in my understanding of managing a CPS FAR case from Safety Assessment through Case Planning	4.1
Following this training I feel confident in my understanding of managing a CPS FAR case from Safety Assessment through Case Planning	4.4
Following this training I feel confident in my ability to present one of my cases during statewide CPS FAR case consultation	3.6
Content relevance and usefulness to your job	4.5
Content was well organized	3.9
Training materials helpfulness	4.1
Instructor's knowledge of the subject matter	4.9
Instructor's delivery and facilitation ability	4.5
Harm Reduction <i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>	March 2017- June 2017
Prior to this training, how knowledgeable would you say you were in this area	3.8
After this training, how knowledgeable would you say you are in this area	4
Content relevance and usefulness to your job	3
Content was well organized	3.2
Training materials helpfulness	3.2
Instructor's knowledge of the subject matter	4.2
Instructor's delivery and facilitation ability	3.4
Partners Make Better Decisions: Caregivers and Caseworkers Working Together <i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>	March 2017- June 2017
The instructor related training to practice	5.0
The instructor was engaging in the delivery of this training	5.5
This training will make a difference in the way I do my job	5.0
I had the opportunity to practice new skills in this training	3.5
My supervisor expects me to use this material	5.5
As a result of the training, I increased my knowledge on this topic	4.5
As a result of the training, I have strengthened my skill in this topic area	4.5
Overall, I am satisfied with this training I received	5.0
Planning for Safe Reunification <i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>	March 2017- June 2017
Prior to this training, how knowledgeable would you say you were in this area	3.3
After this training, how knowledgeable would you say you are in this area	4.3
Content relevance and usefulness to your job	4.9
Content was well organized	4.6
Training materials helpfulness	4.7
Instructor's knowledge of the subject matter	4.9
Instructor's delivery and facilitation ability	4.7

Right Response – Level 4		July 2017- September 2017	
<i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>			
What is your current level of safety in your environment?		3.9	
Do you now have the skills to keep yourself safe?		4.2	
Do you know have the skills to keep others safe?		4.2	
Do you know how to respond in any situation?		3.9	
Do you know how to create a safety plan?		4.2	
Do others in the environment know the plan?		3.1	
Overall average		3.9	
Understanding Neglect		March 2017- June 2017	
<i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>			
Prior to this training, how knowledgeable would you say you were in this area		3.2	
After this training, how knowledgeable would you say you are in this area		4.3	
Content relevance and usefulness to your job		4.9	
Content was well organized		4.8	
Training materials helpfulness		4.6	
Instructor’s knowledge of the subject matter		4.9	
Instructor’s delivery and facilitation ability		4.8	
Washington State ICW Training		December 2016- February 2017	March 2017- June 2017
<i>Ratings from 1 to 5, 5 indicating the highest satisfaction</i>			
Prior to this training, how knowledgeable would you say you were in this area		3.0	3.2
After this training, how knowledgeable would you say you are in this area		4.0	4.3
Content relevance and usefulness to your job		4.3	4.8
Content was well organized		4.3	4.9
Training materials helpfulness		4.3	4.9
Instructor’s knowledge of the subject matter		4.5	5.0
Instructor’s delivery and facilitation ability		4.3	4.9

Data source: The Alliance for Child Welfare Excellence; Workforce and Caregiver Training Quarterly Reports; January 2018

Coaching sessions provided by the Alliance are skill based and are an effective method in responding to and providing immediate attention to the Children's Administration workforce. Individual coaching sessions include:

- Coaching for Ad Hoc Needs
- Coaching for Child Safety
- Coaching for Permanency
- Coaching for Assessments
- Coaching for Case Organization and Prioritization

The use of coaching sessions continues to grow throughout the state. Satisfaction surveys were completed by 62 participants (out of 670 participants) and indicate coaching is able to meet the participant’s specific need and will make a difference in the way the participant does their job. A complete list of questions from the individual coaching session satisfaction survey and ratings is in the following table.

Individual Coaching Session Satisfaction Survey

	December 2016- February 2017 <i>24 surveys completed (12.5% response rate)</i>	March 2017-June 2017 <i>13 surveys completed (13.5% response rate)</i>	July 2017- September 2017 <i>25 surveys completed (13% response rate)</i>
The coach was able to meet my specific needs.	100% agree/strongly agree	100% agree/strongly agree	100% agree/strongly agree
As a result of this coaching session I have increased my knowledge	96% agree/strongly agree	100% agree/strongly agree	98% agree/strongly agree
I expect that I will seek coaching sessions in the future	96% agree/strongly agree	75% agree/strongly agree	100% agree/strongly agree
This session will make a difference in the way I do my job.	100% agree/strongly agree	100% agree/strongly agree	98% agree/strongly agree

Data source: The Alliance for Child Welfare Excellence; Workforce and Caregiver Training Quarterly Reports; January 2018

An analysis of the e-learning data shows that e-learning that are short (20 to 30 minutes) and focused on a specific skill are likely to be utilized for learning. Examples of e-learning that staff complete with regularity are the Interstate Compact for the Placement of Children (ICPC), Creating and Monitoring your Native American Inquiry Request (NAIR) and the Limited English Proficiency (LEP). E-learning longer than 30 minutes, cover broad categories or are not instructional or skills-based are being reviewed, updated or eliminated.

Child Welfare Training and Advancement Program (CWTAP)

CWTAP is a state-funded partnership between Washington's Children's Administration, Alliance for Child Welfare Excellence, and participating public universities include Eastern Washington University, University of Washington School of Social Work (Seattle), and University of Washington School of Social Work and Criminal Justice (Tacoma). CWTAP promotes training excellence for Washington state's child welfare workforce through the financial support of social work students and professionals by providing qualified participants with specialized field education focused on casework in select Children's Administration offices. The field experience centers on topics such as abuse-and-neglect prevention, protective services, permanency planning, solution-based casework and competency in working with diverse populations. Once students complete their MSW studies, they commit to seeking employment with the Children's Administration and agree to work for a time period equal to the time they received assistance.

Supervisor Core Training (SCT)

Supervisor Core Training (SCT) is administered through a contract with the Alliance for Child Welfare Excellence and is Washington State's foundational training designed to prepare newly-hired supervisors with the basic knowledge, skills, and understanding to enhance and grow their careers in public child welfare. SCT must be completed within the first six months of hire and consists of classroom instruction and e-learning. There are seven (7) in-person classroom instruction days that occur over a three (3) month period of time.

SCT is organized into the following four components:

Supervisor Core Training Knowledge and Skills

Administrative
Hiring
Assigning cases
Leadership and management
Documenting employee performance
Coordination with community partners and tribes
Reporting on unit data
Conflict management
Managing complaints
Supportive
Ensuring a diverse workforce is respected
Talking with staff about cultural humility and competence
Building a team
Staff retention activities
Supporting staff through critical incidents
Making adjustments for staff's personal lives while maintaining excellent work
Identifying and responding to secondary trauma
Educational
Updating staff on policy changes
Providing constructive feedback
Understanding how staff learn/adult learning models
Providing information on practice skills
Orienting new employees and coordination with RCT

- Administrative Supervision
- Educational Supervision
- Clinical Supervision
- Supportive Supervision

Supervisor Core Training Knowledge and Skills

Clinical
Leading case staffings
Monthly case consultation
Providing case-specific consultation
Reviewing cases for case closure to ensure safety
Monitoring cases for compliance with ICWA and ASFA
Decision Making
Overview of Torts by AAGs

SCT is delivered three times per year and based on participant feedback from initial cohorts, SCT curriculum was updated in 2016.

2015 Statewide	2016 Statewide	2017 Statewide
44	51	36

Data source: The Alliance for Child Welfare Excellence; January 2018

POC, in collaboration with the Alliance, designed a qualitative evaluation of SCT. The evaluation was conducted through phone interviews with supervisors after they had opportunities to implement new skills and knowledge from SCT. The interviews were scheduled three months following SCT completion

Two cohorts of SCT were included in the sample, one held in the summer of 2015 and another in the spring of 2016. On the last day of SCT, Alliance coaches recruited supervisors to volunteer to be contacted three months later for a phone interview by POC. There were 18 supervisors who volunteered for the study. POC evaluators contacted the volunteers via e-mail three months following SCT to schedule a phone interview. Seven supervisors agreed to participate and completed a phone interview.

The supervisor sample was representative of the CA regions with the following distribution: Region 1, n=2; Region 2, n=2; Region 3, n=3. The CA program affiliations of this sample included: CFWS, n=3; CPS Investigations, n=2; Adoptions, n=2; CPS FAR, n=1; Intake, n=1. Two supervisors had dual program assignments.

Supervisor Core Training Evaluation Response Rates

SCT Cohort	# of Participants	# of Volunteers	Interviews Completed	Response Rate
September 2015	21	11	3	14%
May 2016	17	7	4	24%
September 2017	15	-	-	-
Total	38	18	7	18%

Data source: Partners for Our Children; January 2018

The evaluation interview included eight questions on the following four main content areas:

- What sessions, topics or modules of SCT had the most impact on your work?
- What were the supports and barriers that you experienced when trying to implement your learnings on the job?
- Have you observed any improved outcomes due to your training?
- What are other suggestions you would have to improve SCT?

The SCT evaluation identified the following key themes:

- Understanding Human Resources policies procedures and strategies for managing personnel issues are top priorities
- Opportunities for networking and peer support was helpful
- Area Administrators and other supervisors provide important supports
- Office culture, personnel management and high caseloads are common barriers
- Supervisors are unsure how to measure their own performance

Supervisors cited that the sessions that had the most impact on their work focused on personnel issues and human resources. A number of supervisors indicated the following sessions were the most helpful:

- Human Resources
- Conflict Management
- Supervisor as Performance Monitor
- Supervisor as Leader
- Education Supervision

Supervisors provided various ways that SCT could be improved including the following:

- Prior to training, conduct a brief assessment to get a better understanding of what skills participants are hoping to focus on.
- More emphasis on the transition from peer to supervisor.
- More opportunities for networking and getting support from peers.
- More focus on HR, managing personnel issues and understanding what is allowable under the union contract. Responses indicated that dealing with conflict was much harder to do in “real life” versus the training. This suggests that additional opportunities to practice skills within SCT or in follow up training could be beneficial.
- Not focusing as heavily on CFWS and CPS, and expand content to Adoption and other programs.
- Focus on client-centered values that should lead conversations between the supervisor and caseworker.
- Continue having more refresher courses after the training.
- Find ways to condense the training. One participant indicated it was difficult to have the training over several days for several months.

Technology Training

In March 2017, a new Children’s Administration Technology Services (CATS) training unit was initialized for all CA staff, caseworkers, and caregivers (foster parents and fictive kin) to deliver new and ongoing technology training, immersive learning through coaching and support. This aligned technology training with child welfare business needs and critical job duties. The goal of the unit is to support improved practice, service and enhance child welfare outcomes.

CA is working to provide caseworkers and caregivers with access to real time information and increased service delivery through the ability to complete work from any location using mobile and web applications, large format iPhones, tablets and providing access to referral resources, forms, regulations, policies and administrative functions. The technology training unit co-trains with the Alliance for Child Welfare Excellence to provide new caseworkers with technology training and support as part of RCT.

Given new innovations in technology, modernization efforts are underway to update the statewide case management system to a more modular, interactive, interfacing, intuitive, modifiable, flexible and still very secure system. As new technology rolls out, CATS development teams and training unit works collaboratively to support positive change management, knowledge transfer and skill mastery throughout the development and implementation process.

Regional Advisory Group

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

The purpose of these advisory groups is to:

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

Each group meets quarterly and is led by the Children's Administration regional administrator and the corresponding university partner. Other members may include:

- Foster Parents
- Children's Administration caseworkers
- Children's Administration supervisor
- Children's Administration area administrator
- Alliance for Child Welfare trainers for caregiver's coach
- Child Welfare Training Advancement Program (CWTAP) representatives
- University faculty

CA Staff provide vital input in Regional Advisor Group meetings to ensure that the Alliance is supporting the development of caseworkers, supervisors, and area administrators.

Training Under Development

Requests for new training and updates for the last year have included the following:

Training Topic	Status
Creating and Monitoring your Native American Inquiry Request (NAIR)	Developed: e-learning format
Creating and Monitoring you Relative Search Request	Developed: e-learning format
Indian Child Welfare (ICW)	Developed: classroom by contracted provider
Impacts of Substance Abuse on Child Safety and Harm Reduction Planning	Developed: classroom by contracted provider
Decision to Place	Developed: classroom by contracted provider
Critical Thinking	Developed: classroom by contacted provider
Understanding Neglect	Developed: classroom by contracted provider
Reunification	Developed: classroom by contracted provider
Assessing Adults in the Home	Updated
After Hours Core Training	Developed: classroom training launched 1/2018
Assessing Safety Throughout the Life of the Case – CPS	Developed: classroom training launched 1/2018
Assessing Safety Throughout the Life of the Case – FVS and CFWS	Developed: classroom training launching 2/2018
Kinship 101 (Webinar)	Developed: webinar format
Right Response: De-escalation and Worker Safety	Developed: classroom by contracted provider
Permanency Planning	Requested
CPS In-service	Requested
FVS in-service	Requested
Making the Most of Shared Planning Meeting: Engaging Families and Community Partners	Requested
Supporting Kinship Placements	Requested
Adolescent Training	Requested
Trauma Informed Engagement	Requested
Infant Safety and Care	Requested
Education Policy Training	Requested
Debriefing with Good Judgement for Supervisors	Requested

Training Topic	Status
Out-of-home Placement Policy	Requested
Kinship 101 Coaching for Caregivers	Requested
So You Have a New Placement, Now what? (Webinar)	Requested

Data source: Children's Administration; January 2018

Contracted Staff

Washington does not utilize contracted providers to perform case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state's CFSP.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

The Alliance for Child Welfare Excellence is contracted by Children's Administration to provide pre-service training known as caregiver core training (CCT) and ongoing in-service training for both licensed foster parents, adoptive parents and unlicensed caregivers.

For current or prospective unlicensed adoptive parents, there are no specific trainings required, but all current or prospective unlicensed and licensed applicants must complete the unified home study process. This process covers everything from the applicant's criminal history check, family background, experience and training related to being a parent, discipline methods, medical and psychological, financial and potential for permanency. As part of the home study the home study writer or licenser will assess the applicants to see whether or not the applicant has the skills and ability to provide care to children or if they could gain the necessary skills through additional training. If trainings are recommended, the unified home study will not be completed until the applicant has completed the trainings.

Prospective foster parents do not have to complete required foster parent trainings prior to the completion of the unified home study, which is part of the foster care license application process; however, required trainings must be completed before the issuance of a foster care license. These required caregiver pre-service trainings are explained later in this item. The DLR licenser utilizes a checklist as a quality assurance tool to confirm that all training requirements have been completed prior to issuance of a foster parent license. Private child placing agencies also attest to the completion of appropriate pre-service training.

Caregiver Pre-Service Training

Foster parent pre-service training is required for licensed foster parents, it is not required for unlicensed kinship caregivers, suitable others, or adoptive parents. Caregiver pre-service training is provided statewide and includes three main components: foster parent orientation, caregiver core training, and First Aid/CPR training.

Foster Parent Orientation

Orientation is available either in-person or online and is part of the foundational training required in order to become a licensed foster parent. The in-person orientation is provided by DLR licensers within the local area, provides the opportunity to ask questions of a licenser as well as meeting other potential foster parents. The licensing process and necessary forms are covered during the orientation. The online orientation allows the potential foster parent to view the same materials available through the in-person experience, however lacks the opportunity for questions. Verification of orientation is made via the in-person sign-in sheet or provision of a certificate of completion with the licensing application.

First Aid/CPR Training

The minimum licensing requirement requires all licensed caregivers to obtain First Aid/CPR training, as well as Blood-Borne Pathogens training. This training is provided through a statewide contract. Completion of First Aid/CPR training is confirmed by submission of written documentation by the caregiver that is maintained in the hard file, entered on the File Checklist maintained by the DLR licensor, and required before a license is issued.

Caregiver Core Training (CCT)

CCT is a competency-based training available to all potential foster parents, kinship caregivers and suitable other caregivers. CCT is mandatory in order to become a caregiver licensed directly by the Department and totals 24-hours of training. The CCT curriculum was developed after a review of other foster parent pre-service trainings nationally. The review determined there was no pre-service training program in use that was evidence-based regarding outcomes. The DLR administrator and other field staff collaborated with the Alliance for Child Welfare Excellence to develop the current required curriculum. Private child placing agencies are allowed by statute to use or develop their own pre-service training curriculum, if it includes the content areas contained in the statute. However, most child placing agencies are either training to the Department's curriculum, or sending foster parents to CCT.

CCT is divided into eight sessions, each three hours long. The curriculum is designed to help the caregiver understand how the system works, his or her role as a team member, how to effectively work with birth families in order to best support the child, how caregiving may impact their own family, child development and the impact of trauma, attachment, how to incorporate and honor a child's culture into the family, and more. The sessions include the voices of former foster youth, current caregivers and birth parents who have been involved with the system, available to the class through different panels. Mid-way through CCT, participants have the opportunity to complete a field experience which provides him or her with more awareness of the experience of children in foster care or the role of a caregiver of a child in foster care. This experience may involve networking with other families, additional training, foster parent events, support groups, etc. Completion of all eight training sessions is tracked through a training passport, which is maintained and verified by each instructor. At the conclusion of CCT, confirmation of successful completion of CCT is provided to the family's licensor and maintained in the FamLink system.

The Department is currently not able to draw a correlation between CCT attendance and the annual rate of licensing revocations and founded findings, as the number of revocations and founded findings for foster homes is relatively low, and CCT is required for all Department-licensed families.

Caregiver core training and caregiver in-service training attendees must register for classes using the University of Washington Alliance Learning Management System, which allows the instructor to generate a sign in sheet for each session which the training attendees sign at the complete of the class. For courses over multiple days, the Alliance also uses a training passport to track attendees' participation in each session. Upon completion of training, the instructor updates the Learning Management System to indicate the attendee was present and meet all course requirements. Information entered into the Learning Management System is reviewed by the Alliance management monthly or quarterly to ensure accuracy and for reporting purposes.

The Alliance utilizes a satisfaction survey to determine the effectiveness of caregiver core training. During fiscal year 2017, CCT was attended by 2,343 participants statewide with an evaluation response rate of 47% (1,094 participants). Participants provide satisfaction ratings using a 5-point Likert scale. Of the survey respondents, 97% indicated the training was relevant, useful and provided enough information for them to begin as a caregiver. Attendees are asked to rate their knowledge prior to and following the training. Attendees rated pre training knowledge at 3.2, and post training knowledge at 4.6 on the 5-point scale; indicating a 1.4-point increase in knowledge and skills from pre and post training.

Caregiver In-Service Training

Once licensed, foster families are required to complete additional training hours known as Caregiver In-Service Training. Licenses are issued for a three-year period. In the first licensing period, 36 hours of in-service training are required. In the second licensing period, foster parents are required to complete 30 hours of in-service training and in the third and all subsequent licensing periods, 24 hours of in-service training is required. During the first two licensing periods, the foster family must select at least one training from each of the core competency categories (Understanding and Working within the Child Welfare System, Child and Family Management and Caregiver Self-Awareness and Development) and one training must be focused on cultural issues. Newly licensed foster parents are provided the Foster Parent Continuing Education Tool which identifies the number of caregiver in-service trainings hours required and the acceptable types of trainings. In-service training requirements are the same for Department-licensed and child placing agency licensed homes, though child placing agencies may have increased training requirements for specific programs.

Adherence to completion of caregiver in-service training requirements is tracked and monitored by the DLR licensor. The DLR licensor collaborates with the foster parent to complete an [individual training plan](#) to identify specific trainings and hours of training the foster parent must complete prior to their license renewal. The foster parent is responsible for providing copies of the training certificate, training agenda, or completed training worksheet to the DLR licensor, who then enters the completed training information into FamLink under the training tab for the specific caregiver. At the time of license renewal, the DLR licensor utilizes the foster home re-assessment to complete the renewal and ensure all requirements have been met.

If a foster home does not complete their required caregiver in-service training hours, the foster parent will be issued a compliance agreement at the time of renewal. Compliance agreements are managed by the individual DLR licensor and currently there is no electronic way to monitor the completion of individual compliance agreements. Starting January 2018, the DLR licensor now create a provider action along with the compliance agreement. The completion of a provider action allows the licensing supervisor to track and document the completion of the compliance agreement on a spreadsheet saved in a statewide shared drive. For the next APSR, DLR anticipates providing initial data on the completion rate of caregiver in-service training hours at the time of renewal.

As with caregiver core training, the Alliance utilizes a satisfaction survey to determine the effectiveness of caregiver in-service training. During fiscal year 2017, 1,603 caregivers attended caregiver in-service training statewide; with an evaluation response rate of 39% (633 respondents). Participants provide satisfaction ratings using a 5-point Likert scale. Of the survey respondents, 98% (620 respondents) agreed the training was relevant, useful and easy to apply in their role as a caregiver. Attendees are asked to rate their knowledge prior to and following the training. Attendees rated pre-training knowledge at 3.1 and post-training knowledge at 4.5 on the 5-point scale; indicating a 1.4-point increase in knowledge and skills from pre and post training. In addition, private child placing agencies offer additional training to their licensed families.

DLR is unable to compare the total number of licensed caregivers with the number of foster parents that completed Alliance evaluations, because DLR allows caregivers to complete trainings outside of the Alliance, such as community trainings, trainings from their employer, and by attending college classes as long as the trainings and classes meet one of the three core competencies. Also, the outside training entities do not provide any survey information from the foster parents that attended their trainings. Licensed caregivers have options to take non-Alliance trained courses. For these types of trainings, a certificate of completion is received by CA as proof of attendance. Many times it is unknown if both caregivers in a home attended or if only one caregiver attended. In addition, other data from these types of trainings are not tracked such as evaluations or feedback. All Alliance trained courses have complete data available including evaluations and a complete individual caregiver profile of trainings attended.

Another issue with trying to gather this data is that DLR also gives in-service training hours to both caregivers when attending the same training. In those situations, the number of training hours would be duplicated and the

training hours can be completed by one or a combination of hours from both caregivers. Therefore, there would be no way to get a valid number.

CA contracts with the DSHS Research and Data Analysis unit under the Services and Enterprise Support Administration. This survey includes a random sample of foster parents who had a child placed in their home within five (5) months of the interview date. The survey includes questions about the foster parents training experience (both pre-service and in-service, depending on licensing date) and whether the training provided was adequate to prepare them for their role as a licensed foster parent. For the 2016 foster parent survey, 1,350³¹ foster parents were contacted for the survey and asked about their training experiences. Foster parents are asked to consider all training completed in the last three years, and identify how adequate the training prepared them to care for the basic needs of foster children placed in their home. Eighty-seven percent (1,157 of 1,330) noted the training was more than or somewhat adequate. Foster parents were also provided opportunities to make comments about the training, including suggestions for improvement. The survey found that although increased access to training through the internet is appreciated, difficulties remain with access to in-person training due to schedules, locations, travel costs, and the need for child care. Feedback identified the need for increased training options and flexibility in training choices. Foster parents also noted the interaction with trainers and other participants through in-person training is greatly valued. All feedback and comments are provided to the Alliance for Child Welfare Excellence, who is contracted to provide the pre and in-service caregiver trainings and reviews the feedback to make adjustments to the array of training and to determine the best training approach for foster parent trainings.

Group Care Staff Training

The Washington Administrative Code related to licensing regulations for group care facilities requires a specific number of hours (16) of pre-service training for staff and volunteers, including a list of content areas that training usually will include (depending upon the particular facility and the population served). These content areas are selected based on the knowledge and skills necessary for the group care staff to provide quality care to children in out-of-home care. Annually, a minimum of 24-hours of in-service training is required for staff and volunteers of group care facilities, which includes suggested content areas specific to the program. In 2017, there were 155 group care facilities that were actively licensed. Documentation of completed training must be kept by the facility. During license renewals or comprehensive reviews, personnel files are audited by DLR licensors to determine whether the program is meeting the minimum licensing requirements related to training. DLR recently reviewed compliance for both pre-service and in-service training requirements for the licensed group care programs statewide that had either completed their renewal or a comprehensive review in the calendar year of 2017. Fifty-two (52) facilities were reviewed for either a renewal or comprehensive review during the year. Of the 302 individual staff files reviewed, 94% (283 out of 302) were compliant for the pre-service training requirements. Of the staff requiring in-service training, 82% (247 out of 302) were compliant for in-service training. Seven (7) facilities entered into compliance agreements regarding staff training, all of these compliance agreements have now been completed. Because of concerns that facilities were out of compliance with staff training requirements, a new requirement was added for twice-yearly health and safety reviews of all BRS facilities. Policy was changed in the spring of 2017 that mandated a review of staff training records at each health and safety review. DLR has already seen an increase in compliance of the training requirements for group care facilities in 2017. DLR leadership has also made staff training and compliance with requirements a focus of supervisory meetings, and have added regional licensor meetings to increase consistency and improve practice.

³¹ Foster parents may choose not to respond to all questions asked in the Foster Parent Survey. Because of this, the number of foster parents who responded to individual questions, may differ from the total number of foster parents interviewed.

Service Array

Item 29: Array of Services

How well is the system working to ensure that the following types of services are available and accessible to children and families served by Children's Administration in all places in Washington State?

Services to assess the strengths and needs of children and families and help identify what services they need; services that help families and children create a home that is safe; services that help children stay safely with their families whenever possible; and services that help children in out-of-home care either go back to their families, be adopted or under a guardianship, or some other planned permanent living arrangement.

Washington provides child abuse and neglect intervention and treatment services, foster care, family support services, family preservation services, time-limited reunification services and services to support adoption, kinship care, independent living and other permanent living arrangements. Overall, CA provides an array of services for children, families and youth. CA provides family and child welfare services through a continuum of public and private services representing a wide range of agencies and funding sources. These services are designed to reduce the risk of abuse, to safely maintain children in their home, to find safe alternatives to out-of-home placement, and to ensure safety and permanency for children in out-of-home care.

CA Programs

Intake and Assessment

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

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

Based upon the information obtained during the call, any collateral information that is obtained, a review of CA intake and intervention history, and a secondary review by an intake supervisor, a screening decision is made for one of the following program pathways: Child Protective Services Family Assessment Response (CPS FAR), Child Protective Services (CPS) Investigation, Family Voluntary Services (FVS), Family Reconciliation Services (FRS), or Child and Family Welfare Services (CFWS). After the appropriate program is selected, a determination is made regarding whether the intake is screened in or screened out based upon whether or not the information reported meets the minimum Washington Administrative Code (WAC) criteria for child abuse and/or neglect or whether or not the service request is appropriate and CA has the service available. If an intake is screened out, it is maintained in the agency database for an allotted period of time and no contact is made with the family. If the allegations in the screened out intake involve a crime against a child, then the intake is referred to the law enforcement agency with jurisdiction. If an intake is screened in, then it is assigned a response time of 24 or 72-hours, depending on the information reported and if there is an emergent need for child protection.

Washington State CA utilizes both regional and centralized intake systems. All three CA regions have centralized their intake staff into regional hubs and are responsible for day time calls within their coverage areas. Central intake, located in region 2, operates on a 24/7 basis and receives intakes during the day for their local region and for the entire state between the hours of 4:30 pm and 8:00 am Monday through Friday and on all weekends and holidays.

CPS Investigations and CPS Family Assessment Response (CPS FAR): CPS cases include both investigations and alternative response services (CPS FAR). A CPS investigation is conducted when an intake is screened in with allegations of child abuse or neglect or a child is believed to be at imminent risk of harm. CPS FAR is a Child Protective Services alternative to investigations of low to moderate risk screened-in reports of child maltreatment. This creates a different pathway for Children's Administration and an advancement in our work with families.

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

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

Family Reconciliation Services (FRS) supports families on a voluntary basis to address issues of family conflict. Time-limited services are provided to families with adolescents where there are no allegations of abuse or neglect.

Family Voluntary Services (FVS) supports families on a voluntary basis following a CPS investigation. Services for families are designed to address child safety and remediate issues of child abuse and neglect to help prevent chronic or serious problems which interfere with their ability to protect or parent their children. This program serves families where the children can safely remain home while the family engages in services through a Voluntary Service Agreement or for children who are temporarily placed in an out-of-home care through a Voluntary Placement Agreement. Services are aligned with case plan goals such as improving caregiver protective factors and reducing or controlling child vulnerability, thereby ensuring that the child remains safely in the home. Services include assessment, safety interventions, linkages to formal and informal supports, including referrals for services, and case monitoring.

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

Child and Family Welfare Services (CFWS): When children have been placed into the care and custody of CA through a court order, CFWS caseworkers work with the families and children to reunify the children or to find other permanent families for them. Case management responsibilities include:

- ongoing assessment of parents and children under CA's placement and care authority
- monitoring placement and addressing caregiver needs
- providing appropriate services for children and parents
- establishing permanency and reducing time in out-of-home care

Division of Licensed Resources (DLR): DLR licenses foster homes and investigates alleged violations of licensing standards by licensed providers, as well as, allegations of abuse or neglect by licensed providers such as group homes, residential institutions, and facilities. DLR staff also conducts home studies for licensed, unlicensed, and adoptive homes.

Caseworkers have access to the following services to help assess the strengths and needs of children and families, to help families and children create a home that is safe, that help children stay safely with their families whenever possible, and can either go back to their families, be adopted or under a guardianship; or some other planned permanent living arrangement.

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

Extended Foster Care (EFC): Washington state has implemented all five (5) eligibility categories for extended foster care. To be eligible for EFC, a youth on his or her 18th birthday must be dependent, in foster care and be:

- Enrolled in high school or high school equivalency certification program
- Enrolled or intends to enroll in vocational or college program
- Participating in activities designed to remove barriers to employment
- Employed for 80 hours or more per month
- Have a documented medical condition that prevents participation in one of the four prior categories

Youth 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 kinship care. Washington State law allows eligible youth who choose not to participate at 18 years old to exit EFC prior to turning 19 years old to re-enter the program once before their 19th birthday.

Youth in EFC receive the same case management services and supports as youth under the age of 18 years old in out-of-home care. Case plans are specific to the needs and level of functioning of the young adult, and focus on obtaining the needed skills to successfully transition from care to independent adulthood. Areas of focus typically include: educational goals, employment, and learning independent living skills. IL services and supports play a key role in developing these skills. EFC allows Washington State to claim IV-E reimbursement for non-minor dependents ages 18-20 years old. FamLink includes an EFC eligibility page that captures detailed information on youth who are participating in the program.

Services

The following services are available throughout the state; however, availability and utilization may differ based on service location. Information regarding available contracted services by region is located later in this item. Statewide service utilization information can be found under item 30.

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

- Family Preservation: 90 to 120-day intervention, for children birth to 18 years of age. A general therapeutic intervention, focused on improving safety in the home.
- Crisis Family Intervention (CFI): 30-day intervention, for families in conflict with youth 12 years and older, focused on establishing connections with community resources.
- Intensive Family Preservation Services (HomeBuilders): 30-day intervention, working with any age child or youth, focused on restoring safety in the home when out-of-home placement is imminent.
- Triple P: 10 to 16-week intervention, children 2 to 18 years old, parenting skills.
- Promoting First Relationships (PFR): 10 to 16-week intervention, birth to 5 years old, supporting parent attachment and infant mental health.

- Incredible Years: 8 to 16 weeks, for children birth to 8 years old, parenting skills targeting behavior management and healthy child development.
- Parent Child Interaction Therapy (PCIT): 12 to 16-week intervention, for ages 2 to 7 years old, one-on-one parent skills training.
- SafeCare: 10 to 16-week intervention, for children birth to 5 years old, supporting new parents or parents with very little parenting understanding basics of household safety, meeting child emotional needs, and basic health management.
- Functional Family Therapy (FFT): 10 to 14-week intervention, for youth 12 to 18 years old. Family therapy focused on families where youth faces emotional and behavioral challenges.

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

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

Specific services provided by FCAP include:

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

Follow up activities performed by FCAP include:

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

Children's Advocacy Centers (CAC): Children's Advocacy Centers are child-focused, child-friendly facilities where children and their families feel safe enough to get the help they need to stop abuse and begin the process of healing. Representatives from many disciplines meet to discuss and make decisions about investigation,

treatment and prosecution of child abuse cases. They also work to prevent further victimization of children. This multidisciplinary team approach brings together all the professionals and agencies needed to offer comprehensive services: law enforcement, child protective services, prosecution, mental health, the medical community and advocacy. This comprehensive approach, with follow up services provided by the CAC, ensures that children receive child-focused services in a child-friendly environment.

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

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

Psychiatric Services: Provides evaluation and treatment services by licensed MD or ARNP. Services are first attempted to be obtained through public mental health.

Psychological Services: Provides evaluation and treatment services by a licensed Ph.D. or Psy.D. Services are first attempted to be obtained through public mental health.

Parent Child Assistance Program (PCAP): Service for high-risk substance abusing pregnant and parenting women and their young children.

Early Intervention Program (EIP): EIP is a home visiting nurse program for cases with medically complex children. Nurses provided families with medical guidance and training in the home and helping families access necessary services in the community. EIP is currently being evaluated as services duplicate those provided through Apple Health, Washington’s Medicaid program for children and establishing services through Apple Health will provide for more consistent care coordination.

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

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

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

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

Pediatric Interim Care (PIC): PIC offers specialized services to drug/alcohol affected children under the age of three (3) years, to enhance the family's ability to be caregivers for drug/alcohol affected children and provides necessary specialized services to drug/alcohol affected children to enhance the child's development and lower risk factors. PIC support services to a family may include specialized group care, specialized foster care, family support, caregiver training and support, aftercare services, wraparound services, and/or other services.

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

Special CPA Group Receiving Care: Short-term, temporary placements for children who are in need of emergency housing care, who have no longer term placement option identified.

Respite Care and Foster Care Child Case Aide Services: Temporary, planned arrangement for substitute parenting (respite) and services to augment supervision for children with behavioral or developmental needs (case aide). Respite is provided for children placed with CA. Case aide services can be provided for any Children's Administration child/youth.

Emergent Placement Services (EPS): Short-term, emergent, temporary placements for children, who do not have an identified placement resource or are awaiting a placement opening.

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

Services for Children under the Age of Five: CA caseworkers use the following services for children birth to five to address the well-being needs and support a permanency plan.

- Early Support for Infants and Toddlers (ESIT): Washington State's IDEA Part C Program that serves children birth to three when developmental concerns are identified.
- ChildFind: Referrals are made for children age three to five when developmental concerns are identified.
- Head Start: Federally funded program available to children age three to five. The program addresses the child's social-emotional and developmental needs and also provides family support and community resource referrals.
- Early Head Start: Federally funded program available to children birth to three that addresses children's social-emotional, behavioral and developmental needs. The program provides family support and community resource referrals.
- Early Childhood Education Assistance Programs (ECEAP): State funded pre-school program for children three to five years of age. ECAP provides a comprehensive family and individual child assessments, support and community resource referrals as needed. If developmental concerns are identified, support and interventions are provided.
- Medicaid Treatment Child Care (Title XIX)/ ECLIPSE: Provides assessment and therapeutic interventions for developmental and mental health needs in a daycare environment. This service is no longer federally funded and has been renamed ECLIPSE. Health Care Authority is working with Department of Early Learning to reestablish the program's ability to draw down Medicaid dollars.
- Home Visiting: State and federally funded programs that provide home-based child and family assessment, support and community resource referrals.

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

In-state and out-of-state Intensive Residential Child Specific Contracts: Intensive, residential, and individualized services for youth with service needs beyond what BRS can provide.

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

Sexually Aggressive Youth (SAY) Services: Provides a set of services focused on supporting youth identified as sexually aggressive, treatment interventions designed to reduce or eliminate their sexually aggressive behavior. Services include evaluations, polygraph, and treatment.

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

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

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

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

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

Psychotropic Medication Review for 0 – 5 Year Olds: The Washington State Health Care Authority’s ProviderOne Medicaid payment system has built in alerts to automatically trigger a second opinion by a child psychiatrist contracted through Seattle Children’s Hospital. The alerts are automatically triggered for children:

- Ages 0-5 years old, who are prescribed any medication to treat ADHD
- Of any age prescribed more than one atypical antipsychotic
- Of any age prescribed more than four mental health medications
- Of any age prescribed sedative-hypnotics
- Who are prescribed antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the Health Care Authority’s Pediatric Mental Health Stakeholder Workgroup

Education Advocates: The Educational Advocacy Program provides direct advocacy, consultation, information and referral services for youth in out-of-home care. All youth who are in out-of-home care with educational needs are eligible. Educational Advocacy Coordinators (EACs) are located throughout the state. EACs provide information and referral services designed to help keep foster youth engaged in school and progress toward graduation.

Advocates may:

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

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

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

Critical Incident Case Reviews: The critical incident case review unit reviews cases across Washington State when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. The deceased or severely injured child must also have received services from CA within the previous 12 months to meet the statutory requirement for a review. State law also mandates that fatality and near-fatality review committees are comprised of community professionals who are experts in fields relevant to the dynamics of the case under review. These fields include: law enforcement, pediatrics, child advocacy, parent education, mental health, chemical dependency, domestic violence, Indian child welfare, and infant safe sleep. The review team carefully examines the Department's practice, policies, and relationships with service providers and community professionals. Results from the review, along with consultation with tribal partners, the Office of the Ombuds, advisory groups and federal reviews, are used to improve practice. Final reports are published on the [internet](#) and recommendations are shared quarterly for consideration for implementation.

Interpreter Services: CA staff have access to interpreters for non-English speaking families through Limited English Proficiency (LEP) interpreter services and translation services to provide clients access to CA 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.

Foster Youth Driver Licenses and Insurance (ESHB 1808): To assist foster youth and Extended Foster Care (EFC) youth in the access and completion of driver education courses and provide support for obtaining driver license and automobile insurance coverage.

Education and Training Vouchers (ETV): The ETV program supports eligible current and former foster youth in pursuing their post-secondary education. ETV provides funding and guidance to help youth successfully navigate and graduate the post-secondary education system. Students are eligible for up to \$5,000, depending on unmet need, to pay for expenses related to their education. Guidance may include providing resource information on financial aid, help with completion and submission of required documents, or advocacy and contacts at college campuses to help youth who are struggling academically or financially.

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 is 16 to 20 years old, currently involved in dependency action in a Washington state or tribal court, in the care and custody of CA or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care (EFC).
- Youth is 18 to 20 years old and has 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 kinship caregiver on or after the age of 16 years old.

ETV program staff regularly coordinate with college financial aid administrators and staff to ensure awards given to eligible youth do not exceed the total cost of attendance as set by their institution. If a revision is found to be necessary, this is communicated to the student and an award adjustment is made. In addition, youth who

participated and received ETV funds prior to age 21 years old may be eligible to continue to receive funds until age 23 years old.

Independent and Transitional Living Services: Washington state is divided into six regions for purposes of the Individual Living (IL) program. Four CA regional IL coordinators support and monitor eligibility, financial records and program compliance. Coordinators are responsible for establishing IL program contracts with local providers. To be eligible for the IL Program, youth must be at least 15 years old, under the age of 21 years old, and in foster care in an open dependency action through CA or a tribal child welfare agency for at least 30 days after their 15th birthday. Once youth are determined eligible, they remain eligible until age 21, even if they have achieved permanency (such as adoption, kinship guardianship and reunification). Washington State may provide IL services to youth who are in the care and custody of another state. If the youth is eligible to receive IL services in their home state, the youth is eligible for services in Washington. CA contacts the IL lead in the youth's home state to determine eligibility status.

Washington contracts with 12 IL providers and 16 tribes provide support and IL services to eligible youth. IL services are available in most areas with limited services in some remote areas. The local CA office provides IL services in those areas. Tribal youth are assured access and availability of IL services across the state. Tribal youth may choose tribal IL contracted services or non-tribal providers. Once the tribal youth ages out of foster care, the tribal youth is eligible for TLS until age 21 years old. To date, every tribe that applied for Chafee funds for an IL program received approval. These tribes who provide support and IL services to eligible youth are:

- Confederated Tribes of Chehalis
- Cowlitz Indian Tribe
- Kalispel Tribe
- Lower Elwha Klallam Tribe
- Makah Tribe
- Yakama Indian Nation
- Nooksack Indian Tribe
- Squaxin Indian Tribe
- Puyallup Tribe of Indians
- Quileute Tribal Council
- Quinault Indian Nation
- Muckleshoot Indian Tribe
- Sauk Suiattle Tribe
- Tulalip Tribe
- Suquamish
- Upper Skagit

CA caseworkers refer youth at age 15 years or older to the IL program and the IL provider must make at least three attempts to engage the youth in this voluntary program. If the provider is unable to engage the youth, the CA caseworker and caregiver are contacted and a letter is sent to the youth informing them that they may contact the program in the future if they wish to participate. Participation in contracted IL services is voluntary for youth. If a youth declines services the CA caseworker is responsible for ensuring they receive IL skills, complete the Casey Life Skills Assessment (CLSA) and develop a Learning Plan. The CA caseworker and foster parent must provide opportunities for the youth to practice life skills in the home or within the community. IL Services include:

- Casey Life Skills Assessment (CLSA): CA uses the nationally recognized web based Casey Family Programs CLSA tool. The tool assesses life domains and calculates a score based on the youth's answer to the assessment questions. CLSA reports are developed from the score, identifying the youth's greatest strengths and challenges. The assessment is administered annually to youth participating in the program and is used to develop a learning plan to address their individual needs.
 - Youth ages 15 – 16 years old receive training on a variety of skills including life skills and educational services.
 - Youth ages 16 – 18 years old receive training on a variety of skills including life skills, educational services and transition planning.
 - Young adults ages 18 – 20 years old receive training on a variety of skills including life skills, education supports and services, housing assistance and employment supports and services.

- Transitional Living Services (TLS): The IL Program delivers TLS to current and former foster youth ages 18 to 21 years old through contracts with community service providers and tribes. Most youth remain with the same IL case manager if the youth was participating in IL services prior to turning age 18. Funding is available to eligible youth ages 18 to 21 years old on an individual basis for housing and incidental expenses. Funding can be provided to youth to assist with a variety of needs and is related to their independent living goals.

“Room and Board” is defined as assistance provided to current and former foster youth from age 18 to 21 years old in the form of payment for rent, utilities, deposits and related housing costs that will ensure maintaining housing stability. Room and board or housing costs are budgeted and tracked separately by CA to ensure that no more than 30% of the state’s Chafee IL funds are used for this purpose. TLS case managers help youth locate affordable housing, negotiate leases and make rent and utility payments. Housing assistance is available for youth who are working on IL goals, employed, or enrolled in an educational or vocational program. Youth who are participating in the extended foster care (EFC) program are eligible to receive help with housing costs. If a contracted service agency is not readily available, youth may still apply for transition funds for housing through a CA office.

- Responsible Living Skills Program (RLSP): The RLSP program provides dependent youth, ages 14 to 18 years old in the custody of the state or tribe who are not returning to their families, and who have been unsuccessful in traditional foster care, with long-term housing, assessment and life skills training to help transition to adulthood. Legal Permanent Plan criteria for RLSP:
 - Youth ages 14 and 15 must have a legal permanent plan of adoption, guardianship, or third party custody
 - Youth ages 16-18 must have a legal permanent plan of adoption, guardianship, third party custody, or another planned permanent living arrangement

This program has 32 beds statewide. In Region 2 North, Cocoon House has an RLSP placement for youth who are pregnant or a parenting mother.

Adoption and Legal Guardianship Incentive Payments: As authorized under Title IV-B and Title IV-E of the Social Security Act, CA may use the adoption incentive funds for a variety of services that includes, but are not limited to:

- Technical assistance to promote more adoptions out of the foster care system, including activities such as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families.
- Training of staff and adoptive and foster families on adoption issues to support increased and improved adoptions.
- Recruitment of foster/adoptive homes.
- Services that fall under the CA Child Welfare Plan.

Post Adoption Supports: CA provides four support types to families that receive services through adoption support. These supports include:

- Medical coverage (Medicaid)
- Up to \$1,500 per child for reimbursement of adoption related expenses
- Pre-authorized counseling, which includes evidence-based practices, in-home treatment, or individualized counseling
- A monthly cash payment, if applicable

Children Adopted from Other Countries: DSHS provides services and supports to families of children adopted from other countries in a way that is consistent with those provided to all Washington State families. Examples of agencies that provide these services are: Children’s Administration, Developmental Disability Administration, Behavioral Health Administration’s Division of 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 CA 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.

Identifying Service Needs and Availability

Starting in April 2016, a statewide community-based assessment of Washington’s service array was conducted to gather feedback from stakeholders on the current functioning of the array of services. The assessment included service needs for children and families, as well as the availability and utilization of services and service gaps. CA HQ and regional staff held 30 in-person meetings with a wide variety of stakeholders in attendance including: foster and birth parents, youth, tribal partners, community partners, court stakeholders, and CA staff. Meetings occurred in each of the six sub regions.

Feedback from these meetings were rolled up to create a statewide assessment of services. The results suggest that CA provides an extensive array of statewide services (strength); however statewide themes regarding needs and barriers to contracted services were also identified.

Statewide themes related to service needs and barriers:

- Additional help for families in accessing housing
 - Support parents in identifying housing options
 - Help parents with applications and concrete support to establish housing

While CA partners with local housing authorities and organizations to assist families in accessing housing, all areas of the state identified challenges related to safe, stable and affordable housing as an area for additional focus. CA is able to provide some limited financial assistance to help families get into housing such as paying for first/last month’s rent.

- Consistency in how CA services and resources are made available to families
 - Increase clarity on when services can be offered
 - Improve consistency on what services are available

While CA provides guidance for staff regarding accessing services, given the staff turnover rate, increasing clarity and accessibility of information will improve consistency in service referrals. Continuing to develop providers that can serve underserved areas is a key component of further developing CA’s service array.

- Increase the number and diversity of service providers statewide which may result in:
 - Reduced wait times for services
 - Improved cultural responsiveness

Washington Stakeholder Service Array Meetings

Stakeholder Group	Meetings Held
Office of the Public Defender	5
Indian Policy Advisory Committee (IPAC)	1
CA caseworkers and staff	10
Family Juvenile Court Improvement	1
Parent Allies	1
Foster Parents	3
WA Association of Children and Families	1
DSHS, Division of Behavioral Health and Recovery	1
Local Courts	6
Passion to Action (youth advisory board)	1

Data Source: Tim Kelly, HQ Program Manager; November 2017

- Increased number of providers who work within the families' communities
- Improve timely access to services to ensure timely referrals and address delays due to wait-lists or limited providers
- Service availability in rural parts of the state
 - Counties without any service coverage (e.g. Ferry County) or very limited (e.g. Clallam)
 - Access to transportation for parents to participate in required services

CA continues to explore ways to help sustain contracted services in rural, underserved areas and to explore alternatives for providing services such as online Triple P.

Recommendations received during the statewide assessment of services aligned with many areas CA is actively engaged in improving such as:

- Better matching a family's needs with the services offered and available
 - CA has developed an online services guidance tool for available Mental Health Evidence Based Practices to help caseworkers better match family based on need to offered services. This resource currently focuses on contracted services offered within the family home. CA anticipates expanding this resource to cover placement supports and other services in February 2018.
 - CA has implemented a first step of comprehensively gathering contextual data of families in a format that supports systemic analysis. The results will provide a first time statewide view of family issues across 55 individual areas of children and families, helping inform availability of services matching to family needs.
 - CA has established a method to electronically gather data from the treatment planning assessment used with in-home services.
 - First adopters of the new process began testing in December 2017. CA anticipates full implementation for in-home services by summer of 2018.
- Availability of community-based and culturally responsive services.
 - Working with service providers, CA identified the model of Cultural Humility as a specific strategy to improve the cultural responsiveness of service providers. CA is implementing the requirement of Culturally Humility for in-home service contracts. To date CA has:
 - Established contract requirements (2015)
 - Established seven community based trainers statewide to provide training and support on Cultural Humility (2017)
 - Implementation of family satisfaction survey in January 2017 to understand key impacts of services from a family perspective. CA will start using this survey within in-home services and expand as needed. Items to be assessed include: service helpfulness, respecting family culture, services offered at convenient times, and other items connected to required service delivery.
- Systemic understanding of the service capacity needs. CA is exploring methods to work with CA 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

Ongoing work continues as CA reviews both the systemic service needs of CA families and the service capacity needed to respond to those needs. Included in this work is developing a process for capturing when a specific service is needed but not available and why it is not available.

CA, in partnership with DSHS Research and Data Analysis (RDA), continues to complete research and analysis related to service effectiveness to understand the impact of service provision on outcomes for children and families. Once the research and analysis is complete, the results will be included in future rounds of information gathering. This will include the tracking of feedback by location and stakeholder group, thereby completing the feedback loop and identifying root causes of any barriers to services.

The next step regarding additional recommendations is to compile and evaluate them to identify overlap with current improvement efforts or initiatives. When there is an existing improvement effort or initiative, the recommendation will be combined with ongoing work. For recommendations currently not being addressed, the list will be provided to CA leadership for selection and authorization to implement recommendations for improvement. Stakeholder groups that generated the recommendation will be utilized to develop action steps for improvement.

CA contracts for services to address the core needs of children and families throughout the state. There are a few very rural counties where it has proven difficult to sustain service providers and some services are only offered in select counties, but are available within the region. Some service providers may cover multiple counties so the total number of providers includes some duplication.

The gaps within most service categories are known areas of need where CA regional program and contract managers work with local CA offices, stakeholders, and community members to identify new or expanded service capacity to fill the need.

In-home services to support both licensed and unlicensed caregivers in meeting the needs of the children in their care are being evaluated. Children’s Administration is partnering with the Department of Early Learning to identify areas where childcare is lacking for particular age groups statewide.

Category and Contracted Services available in Washington state

<u>Child and Youth Safety:</u>	Children’s Advocacy Centers of WA, Crisis Family Intervention Services, Early Intervention Program, Intensive Family Preservation Services (IFPS), Functional Family Therapy (FFT), Triple P, Promoting First Relationships (PFR), Incredible Years Parent Training, Family Preservation Services (FPS), Parent Child Interaction Therapy, SafeCare, Diagnosis of Physical Neglect, Physical and Sexual Abuse by Specialized Practitioners
<u>Placement Supports:</u>	Behavioral Rehabilitation Services, Child Placing Agency (CPA), In-State Intensive Residential Child Specific, Resource and Assessment Center (RAC), Responsible Living Skills, Special CPA Group Receiving Care
<u>Reunification:</u>	Visit Services
<u>Education:</u>	Educational Advocacy for Foster Children
<u>Substance Affected Newborn:</u>	Pediatric Interim Care Providers
<u>Independent Living:</u>	Independent & Transitional Living Services
<u>Well-being:</u>	Foster Care Assessment Program, Professional Services, Psychiatric Services, Psychological Services, Sexually Aggressive Youth Services

Contracted Service Providers by County State Fiscal Year 2017

County	Child and Youth Safety	Placement Supports	Reunification	Education	Substance Affected Newborn	Independent Living	Well-being
Region 1	138	32	19	38	0	18	105
Adams	6	2	1	2		1	6
Asotin	4		1	2		1	5
Benton	9	3	1	2		1	6

Contracted Service Providers by County State Fiscal Year 2017

County	Child and Youth Safety	Placement Supports	Reunification	Education	Substance Affected Newborn	Independent Living	Well-being
Chelan	8	2	1	2		1	6
Columbia	2	2		1		1	5
Douglas	7	2	1	2		1	5
Ferry	5	1	1	2		1	6
Franklin	8	3	1	1		1	6
Garfield	2	1	1	2			4
Grant	8	2	1	2		1	6
Kittitas	8		1	2		1	6
Klickitat	8	1	1	2		1	4
Lincoln	7	1	1	2		1	5
Okanogan	8	1	1	2		1	5
Pend Oreille	8	1	1	2		1	4
Spokane	10	2	1	2		1	5
Stevens	8	2	1	2		1	4
Walla Walla	7	2	1	2			6
Whitman	7	2	1	2		1	5
Yakima	8	2	1	2		1	6
Region 2	56	18	6	12	3	6	36
Island	9	3	1	2		1	6
King	11	3	1	2	1	1	7
San Juan	5	3	1	2	1	1	5
Skagit	10	3	1	2		1	6
Snohomish	10	3	1	2	1	1	6
Whatcom	11	3	1	2		1	6
Region 3	103	14	10	15	13	10	51
Clallam	8	1	1	1	1	1	4
Clark	9	3	1	1	1	1	6
Cowlitz	9		1	1	1	1	6
Grays Harbor	8		1	1	1	1	3
Kitsap	9	2	1	1	1	1	6
Jefferson	10		1	1	1	1	5
Lewis	8	1	1	1	1	1	3
Mason	8	1	1	1	1	1	3
Pacific	6			1	1		1
Pierce	11	3	1	2	1	1	6
Skamania	8			1	1		2
Thurston	9	3	1	2	1	1	6
Wahkiakum				1	1		
State Total	297	64	35	65	16	34	192

Data Source: Regional Program and Contracts Managers; Children's Administration; December 2017

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency. Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

The service array and resource development system is an area in which Washington is not functioning well and continues to work on improving. Based on the results of the statewide service array assessment completed in 2016, specific service needs and barriers were identified in [item 29](#).

General barriers to services that limit accessibility to families and children throughout the state included funding limitations, cost of services and transportation. Washington contracts with various providers to ensure reasonable access to all services across the state. However, some services may not be available in every county (e.g., mental, emotional, and behavioral health services). Although there are funds to assist families with transportation to counties where the service is available, there may not be transportation services available to purchase.

In reviewing results from the Central Case Review team, parents and caregivers who indicated that a needed service was not received were asked why during the interview process. The main reasons identified by parents and caregivers included lack of awareness, lack of service providers, transportation and delay in service provision due to waiting lists.

Based on service utilization, the greatest service needs for children and families is: in-home services to improve family functioning; evaluation and treatment for professional, psychiatric, and psychological services to assess and address mental health and behavioral needs; and education advocacy services.

Based on FamLink payment information as of December 2017, the following number of children and youth utilized the following services.

Statewide Utilization of Services by Service Category for State Fiscal Year 2017

Child and Youth Safety	Service Utilization
Children’s Advocacy Centers of WA	6,376
Crisis Family Intervention Services	289
Early Intervention Program	Not available
Intensive Family Preservation Services (IFPS)	1,193
Functional Family Therapy (FFT)	1,234
Triple P	4,359
Promoting First Relationships (PFR)	1,956
Incredible Years Parent Training	1,862
Family Preservation Services (FPS)	8,112
Parent Child Interaction Therapy	628
SafeCare	2,072
Diagnosis of Physical Neglect, Physical and Sexual Abuse by Specialized Practitioners	Not available
Placement Supports	Service Utilization

Statewide Utilization of Services by Service Category for State Fiscal Year 2017

Behavioral Rehabilitation Services	1,154 <i>includes duplicate counts</i>
Child Placing Agency (CPA)	2,572
In-State Intensive Residential Child Specific	27
Resource and Assessment Center (RAC)	342
Responsible Living Skills	48
Special CPA Group Receiving Care	975
Well-being	Service Utilization
Foster Care Assessment Program	150
Professional Services	2,557
Psychiatric Services	25
Psychological Services	890
Sexually Aggressive Youth Services	63
Reunification	Service Utilization
Visit Services	Not available
Education	Service Utilization
Educational Advocacy for Foster Children	1,114
Substance Affected Newborn	Service Utilization
Pediatric Interim Care Providers	
▪ Kent	70
▪ CCS	55
▪ Providence	81
Independent Living	Service Utilization
Independent & Transitional Living Services	1,856

Data Source: DSHS ACD database, FamLink, and Provider Reports; December 2017

Assessing Service Needs

Children and families who receive a screened in decision for one of the program pathways receive a comprehensive assessment of needs in the form of a Comprehensive Family Evaluation (CFE). A CFE provides the best opportunity to thoroughly evaluate the family situation, strengths and needs of children and families and determine other service needs. Assessments include all available medical and behavioral health, trauma-specific and educational and family information. Based on the needs identified in the CFE, services are coordinated with families and placement providers and provided to the children and families. All services are designed to assess the strengths and needs of the families, the vulnerabilities of individual children, and address the capacities of families to create a safe home environment, enable children to remain safely with parents when reasonable, and/or help children in foster and adoptive placements achieve permanency. The CFE is designed to provide an individualized plan for each child and family member to address their specific individual needs.

To assist in the individualization of services for children and families, CA has 72 dual language employees located in various offices statewide. The majority are located in Region 1 Central with 48; 13 staff are in the Yakima office and 12 are located in Richland.

In addition to dual language staff, CA staff have access to Limited English Proficiency (LEP) interpreter services and translation services to provide clients access to CA 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.

As part of the case review process, the CCRT conducts a review of specific programs utilizing a CA created central case review tool, in addition to the OSRI. One of the questions looked at relates to translation and interpreter services. January through September 2017, 16 cases statewide were found to require these services. The review found that translation and interpretive services were provided to comprehensively meet all of the communication needs of families who were Limited English Proficient (LEP) or used American Sign Language (ASL) in 63% (10 out of 16) of the cases. Region 1, who also had the largest utilization for these services, had the highest performance at 88% (7 out of 8). In Region 3, the use of translation and interpreter services was 50% (2 out of 4) while Region 2 only utilized these services in 25% (1 out of 4) of the cases reviewed

While the quality of completed CFEs are evaluated as part of the central case review process, there is additional work to be done to ensure that what is assessed is actually what is needed. Based on [item 12 CCRT](#) results for January through September 2017, the majority of children, mothers, and caregivers (foster parents and kinship caregivers) received an appropriate assessment and services to address identified needs. Appropriate assessment of fathers continues to be an area requiring improvement. Success in adequately and appropriately assessing child and family needs will increase the likelihood that the needs of children and families are met with appropriate and timely services.

**Children’s Administration
Dual Language Staff**

Region	Office and Employee Count
Region 1 East	Yakima - 13 Richland - 12 Sunnyside - 9 Wenatchee - 5 Omak - 3 Toppenish - 3 Ellensburg - 2 Walla Walla – 1
Region 2 North	Mount Vernon – 1 Everett - 1
Region 2 South	Seattle - 3 Bellevue - 1 Kent - 1
Region 3 North	Tacoma – 5 Lakewood – 2
Region 3 South	Aberdeen – 2 South Bend – 1 Vancouver – 1 Kelso – 1

*Data Source: CA HQ LEP Program
Manager; December 2017*

Agency Responsiveness to the Community

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

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with: tribal representatives, consumers, service providers, foster care providers, juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Washington has a strong culture and structure of collaborating, coordinating and partnering with a wide variety of internal and external stakeholders, tribes, courts, and community partners at both the regional and state level. CA also works with the regional service networks administering mental health services, community-based service providers, and community networks to provide quality services to meet the unique needs of families. Purposeful engagement occurs through the continuous improvement cycle which includes defining the problem, assessing the problem, planning strategies for improvement, implementing improvement strategies, and monitoring results.

To support meaningful collaboration within the Department's framework, outcome and additional data is shared with staff and external stakeholders. The Department publishes the *Children's Administration Annual Quality Assurance Report to the Legislature* and the *Strategic Plan*. These reports and the Department's CFSPs and APSRs are available to staff and stakeholders on the Department's internet site³². The Department presents data to staff and external stakeholders during committee, workgroup, and other meetings. For example, the Department has developed a monthly report for use by CA Leadership and program managers that includes results, by office, from the central case review team on the CFSR Round 3 data measures.

Additional areas of collaboration include:

Strategic Plan

Children's Administration is committed to keeping children safe while supporting children and families. CA's strategic plan was updated in October 2017 and the plan focuses on commitment to continual quality improvement and is in alignment with federal performance measures. Development of the plan included robust communication with external partners and their feedback is routinely used to inform changes throughout the administration. Major work includes:

- Strengthening collaborations: establishing more robust and responsive communication with staff, stakeholders, and partners such as tribes and courts.
- Strengthening use of data-driven decisions, including use of the Plan-Do-Check-Act cycle, as well as other forms of routinized accountability.
- Make CA an employer of choice by improving our engagement in employee-centered equity, diversity, and inclusion.

Citizen Review Panels

Washington has three (3) Citizen Review Panels statewide whose purpose is to evaluate the extent to which the Department is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act state plan. Feedback from the three Citizen Review Panels are shared with the appropriate HQ program managers (ICW, CPS and Safety/DV/Intake) and the Office Chiefs for the Program and Policy division. In addition, CAs Assistant Secretary attends the Children, Youth and Family Advisory Committee meetings and the information obtained is shared with the CA executive team and the CA leadership team. The feedback is utilized to ensure appropriate improvements are implemented for the Department to provide quality and comprehensive services to children and families.

³² Children's Administration Internet site: <https://www.dshs.wa.gov/ca>

The *Children's Administration Indian Policy Advisory Subcommittee CAPTA Citizen Review Panel* meets monthly in Olympia and utilizes video conferencing to allow for statewide participation. The function of CA Indian Policy Citizen Review Panel is to assure quality and comprehensive service delivery from the Department of Social and Health Services to all American Indians and Alaska Natives in Washington State. The panel is comprised of delegates representing 29 federally recognized tribes in Washington, the five Recognized American Indian Organizations, and staff from other DSHS Administrations.

The *Children, Youth and Family Services Advisory Committee Citizen Review Panel* examines policies, procedures, and practices of state and local child protection agencies, reviewing specific cases where appropriate, and examining other criteria that are important to ensure the protection of children. The panel meets multiple times throughout the year and has 20 members from stakeholder and community groups including: Office of Public Defense, Treehouse, Court Appointed Special Advocate's Office (CASA), Veteran Parents, Washington Association of Prosecuting Attorneys, and Casey Family Programs.

Children's Administration Region 1 South Citizen Review Panel serves as a member of the community and advocates for the needs of children and families across the region. This committee reviews and evaluates state and federal performance measures and offers suggestions or provides recommendations to overcome internal or external barriers for families. The panel is facilitated by a CA staff member within the region and includes members from local community groups, such as Yakima Police Department, Kittitas County CASA Program, and Yakima Valley Farmworker's Clinic.

Continuous Engagement Initiatives

The Department, at the headquarters and regional levels, consult with a large and diverse group of stakeholders through advisory groups, oversight committees, provider meetings, and collaborative groups, as well as, many other improvement initiatives. Regularly scheduled meetings are held with specific stakeholder groups including, but not limited to, courts, tribes, behavioral health representatives, youth and internal staff to assess the needs of children and families and monitor progress towards achieving identified outcomes and measures. Through the input provided by these groups, the Department is able to identify areas for improvement, develop strategies for improvement, and discuss best practices.

External stakeholder input is obtained throughout the year during monthly or quarterly committee meetings, inter-agency executive committee meetings, and other advisory groups at the state level. These include, but are not limited to, the following:

- *Washington State Racial Disproportionality Advisory Committee (WSRDAC)* – This committee includes representatives from around the state and works with CA to integrate awareness of disproportionality in child welfare practices and policies. WSRDAC is regularly updated with data and information and provides advice and consultation. Specific initiatives include: support of race relations training (Micro-Aggressions provided by Cultures Connecting) with additional training for CA and DLR field staff, disproportionality leads, and HQ program managers on Facilitating Courageous Conversations; and advising disproportionality leads on how to use statewide and regional data to influence key decision points to reduce racial disproportionality. Ongoing initiatives include: evaluating current supports, processes, and programs to discuss and evaluate unintended racial inequities in child outcomes.
- *Indian Policy Advisory Committee (IPAC)* – Members of this committee are delegates appointed through resolution by the 29 federally recognized tribes in Washington State and by letter for the five (5) Recognized American Indian Organizations. IPAC meets quarterly and has representatives on CA workgroups, advisory committees, and ad hoc committees to represent tribal input and concerns. IPAC children's subcommittee meets monthly and works closely with CA on issues and policies that affect Indian Child Welfare and programs impacting Indian children and their families.
- *Foster Youth Advisory Board "Passion to Action"* – This board consists of 20 current and former youth statewide who have been recipients of CA services supported by an oversight committee, CA representatives, Casey Family Programs and the College Success Foundation. The youth provide valuable

ongoing input to improve CA's ability to effectively meet the needs of children and adolescents. Feedback from Passion to Action is provided to program and policy manager as new policies and materials are developed. They also provide feedback to community stakeholders who utilize the information to create programs which support children and youth in out-of-home care.

- *Parents Advisory Committee* – CA continues to meet regularly with this Veteran Parents group, comprised of parents from around the state who have successfully reunified with their children. This parent group has reviewed CA policies and practices and provided advice and insight into CA practices. In addition, veteran parents have met with CA executive leadership about their experiences in the child welfare system and provided feedback about the challenges faced by parents who are served by CA.
- *Washington State Parent Ally Committee (WSPAC)* – The WSPAC is an association of parent allies who have successfully navigated the child welfare system and who collaborate to improve outcomes for families entering system. The WSPAC brings the parent voice into the development of child welfare policy and practice; promotes improved and equitable outcomes for all children and parents; and advocates for parent leadership in the direct service, training and public awareness activities that strengthen and support those families. We do this by networking, training and developing parent ally leaders, and educating policy-makers about issues of relevance to families in the child welfare system. Parent Ally members are empowered to use their voices to create change in the systems that support families and also within their own lives.
- *Foster Parent Consultation Meeting (1624 Meetings)* – This consultation group was established by legislation in 2007. Statewide and regional meetings occur quarterly and allow foster parents an opportunity to provide input on recruiting foster homes, reducing foster parent turnover rates, effective training for foster parents, and strengthening services for the protection of children, as well as, any other identified issues. Meeting participants include CA HQ staff, regional staff, foster parents, and representatives from Olive Crest and Fostering Washington. The committee works cooperatively to address issues including those raised in the foster parent survey conducted each year.
- *Foster Parents Association of Washington (FPAWS)* – The Foster Parents Association of Washington State is a non-profit corporation chartered in 1973 providing support and services to foster families throughout the State of Washington. Our Association has evolved over the years to develop direct support for adoptive, foster and kinship parents as well as initiating legislative action for the betterment of foster and adoptive families.
- *Kinship Care Oversight Committee* – This oversight committee was formed in 2003 to provide guidance in identifying, supporting, and strengthening kinship care families. The oversight committee is comprised of three public administrations including Children's Administration, Economic Services Administration, and Aging & Long-Term Support Administration. Participation in the committee provides an opportunity to hear directly from kinship caregivers about areas of strength as well as areas for improvement. It also supports coordination between formal and informal kinship services and resources to improve access for caregivers.
- *Casey Family Programs* – CA and Casey continue their long time collaboration with Casey staff providing technical assistance and funding in many areas of CA's work. Highlights include efforts to reduce racial disproportionality through training and hosting WSRDAC events, permanency related efforts particularly focused on finding permanent placements for long-term foster children by planning for technical assistance to increase kinship care and subsidized guardianship, targeted reviews aimed at identifying systemic barriers, improving service support for foster children in education and early childhood development, tribal/state best practices and support for CPS FAR training.
- *Alliance for Child Welfare Excellence* – The Alliance unites the resources of five organizations committed to improving child welfare in Washington State. This collaboration is comprised of three higher-education institutions—University of Washington, University of Washington Tacoma and Eastern Washington

University—as well as the state's Children's Administration and Partners for Our Children, a policy and analysis group. CA contracts with the Alliance to provide initial and ongoing caseworker and supervisor training and pre- and post-service training for licensed foster parents.

- *Partners for Our Children (POC)* – Supported by the UW's School of Social Work, POC focuses on discovering innovative social work solutions to improve outcomes for vulnerable children and families. As part of the Alliance, POC integrates research and evaluation components to help guide curriculum development and pinpoint the effectiveness of training in delivering positive outcomes. This unique approach allows current research results and best practice information to be communicated consistently and effectively to child welfare staff throughout the state.
- *Children's Justice Interdisciplinary Task Force (CJITF)* – The CJITF was created pursuant to the Children Abuse Prevention and Treatment Act (CAPTA) and operates under Children's Administration. Members of the task force include law enforcement, judges, attorneys, child advocates, CASA, health and mental health professionals, parent groups and child protective agency staff. The role of the task force is to review and evaluate handling of cases of child abuse and neglect and suspect cases of child maltreatment fatalities and recommend policy, training and funding that reduces additional trauma to child victims and victims' families. The task force also plans and participates the annual Children's Justice Conference.
- *Office of Family and Children's Ombuds (OFCO)* – The Ombuds investigates complaints in Washington State about agency actions or inaction that involve any child at risk of abuse, neglect, or other harm and/or a child or parent involved with child protection or child welfare services. OFCO intervenes in cases in which have been determined that an agency's action or inaction is unauthorized or unreasonable. In addition to addressing complaints, OFCO works to identify system-wide issues and recommend appropriate changes in public reports to the Governor, the Legislature and agency officials.
- *Office of Public Defense (OPD)* – OPD was established by the Legislature in 1996 and is an independent agency of the judicial branch. The Parents Representation Program is administered by OPD and contracts with attorneys to represent indigent parents, custodians and legal guardians involved in child dependency and termination of parental rights proceedings. The program operates in 31³³ of Washington's 39 counties and key elements of the program include: caseload limits and professional attorney standards; access to expert services and independent caseworkers; OPD oversight; and ongoing training and support.

In partnership with local courts, court partners, and other stakeholders permanency summits were held in 3 locations around Washington state. Locations were determined based on their long lengths of stay and the local court willingness to look at improvements in permanency outcomes for children and youth in the child welfare system. Summit activities focused on a deeper discussion of data, and identifying strategies to achieve timely permanency. Action plans were developed which included decreasing the length of stay for children in out-of-home care and better engagement in permanency planning. One of the barriers of timely permanency identified is the delay in setting a termination of parental rights trial date. As a result of the permanency summit, the local court, Attorney General's Office and CA leadership have established a process to set trial dates in a timelier way. Four more permanency summits are scheduled in other counties around Washington in 2018.

- *OPD Court Improvement Advisory Committee* – OPDs Advisory Committee includes members appointed by the Chief Justice of the Washington State Supreme Court, the Governor, the Court of Appeals, the Washington State Association of Counties, the Association of Washington Cities, and the Washington State Bar Association, in addition to two Senators and two Representatives selected from each of the two

³³ Parents Representation Program operates in the following Washington counties: Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grant, Grays Harbor, Jefferson, King, Klickitat, Kitsap, Kittitas, Mason, Pacific, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Whatcom, Whitman, and Yakima.

largest caucuses by the President of the Senate and Speaker of the House of Representatives, respectively. OPDs Director is appointed by the Washington State Supreme Court.

- *Supreme Court Commission on Children in Foster Care* – The mission is to provide all children in foster care with safe, permanent families in which their physical, emotional, intellectual, and social needs are met. The commission goal is to improve collaboration between the courts, child welfare partners and the education system to achieve the mission. DSHS CA Assistant Secretary serves as the co-chair of this commission.
- *Superior Court Judges Association Family and Juvenile Law Committee* – This committee is comprised of Judges and Commissioners from various county courts in Washington State. They provide leadership and advocacy to assure the family and juvenile court system is responsive, accessible and accountable. The committee reviews and recommends changes to family and juvenile substantive and procedural law and leads the Court Improvement Program (CIP) Steering Committee which oversees federal grant funding for improvements to dependency courts.
- *Washington State Court Appointed Special Advocates (CASA)* – CASAs ensure all dependent children in Washington State who need court appointed special advocates have one available by promoting, supporting, and developing programs in Washington. Washington State CASA supports local programs through training, networking and awareness, and capacity building support.
- *State Interagency Coordinating Council (SICC)-Birth-to-Three* – The mission of the SICC is to coordinate and foster development of a comprehensive statewide system of accessible local early intervention services for children birth to age 3-years old who have disabilities or are at risk for developing disabilities and their families, and to coordinate transition into programs these children ages 3- to 6-year-olds. In order to carry out this mission, SICC advises and assists the Department of Early Learning (DEL) and other state agencies on the broad range of early intervention policy and coordination issues.
- *Washington Association of Children & Families (WACF)* - WACF is a growing association of large and small providers working toward a safer, happier future for the kids and families in Washington. Together, we promote safety, permanency and well-being for children and families who are involved or at risk of involvement with the child welfare system.
- *Washington State Coalition Against Domestic Violence (WSCADV)* – The coalition is a non-profit, statewide network of 64 member programs that serve victims of domestic violence in rural, urban and Indian Country communities of Washington, plus 119 individual and organizational associates. The mission of WSCADV is to end domestic violence through advocacy by improving how communities respond to domestic violence and through social change by create intolerance for abuse.
- *Child Fatality and Near Fatality Review Committees* – When a child who has been served by DSHS CA and a child death or near death occurs, review teams are convened. Membership includes community representatives, as well as, CA specialists who have not worked with the family. The review team carefully examines the Department’s practice, policies, and relationships with service providers and community professionals. Results from the review, along with consultation with tribal partners, the Office of the Ombuds, advisory groups and federal reviews, are used to learn from our practices. Final reports are published on the [internet](#) and recommendations are shared quarterly for consideration for implementation.
- *Private Child Placing Agencies* – CA has developed contracts with private agencies to help meet the growing demand of homes for the children in out-of-home care. Olive Crest serves Western Washington and Fostering Washington serves Eastern Washington. The Department maintains licensing requirements for both state and private agency foster homes. Private agencies often specialize in serving certain types of children, provide case management support to homes and offer other services to foster children and foster parents.

- *Contracted Service Providers* – CA contracts with various service providers to deliver services to children and families involved with DSHS CA. The [service array section](#) of the statewide assessment includes detailed information regarding contracted services.
- *Washington Federation of State Employees/American Federation of State, County and Municipal Employees (WFSE/AFSCME)* – WFSE/AFSCME Council 28 is the union who represents Washington State employees employed by state agencies, state colleges and universities, and public service workers. CA represented employees includes the Social Service Specialists job classification (caseworkers).

Additional stakeholder input and ongoing consultation is obtained throughout the year during internal and or external program or committee meetings and other advisory groups at the state and regional level. These include, but are not limited to:

- **Local Disproportionality Committees**
 - *King County Coalition on Racial Disproportionality* – CA staff partners with local service providers, the Center for Children and Youth Justice, and Mockingbird to reduce race-based disparities in the child welfare system. The primary focus is to reduce disparity in one region 2 office per year.
 - *Local Disproportionality Workgroups* – Region 2 has both regional and local disproportionality workgroups in several offices throughout the region including: Everett, Lynnwood, Martin Luther King Jr, and Sky Valley. The primary focus is to increase awareness, educate, and reduce disproportionality in public child welfare. The workgroups include members from the local office and community members. Information regarding disproportionality is presented at all-staff meetings.
- **Local Tribal Advisory Committees**
 - *Region 1 7.01 Meeting* – Meetings occur quarterly with four (4) tribes and two (2) Recognized American Indian Organizations to review goals and activities outlined in the local 7.01 plan. The primary goal of these meetings is to collaborate in the development and implementation of goals between CA and tribes, as well as, ensure compliance with administrative policy 7.01. Local tribes include Spokane, Yakamas, Kalispels, and Colville Confederated Tribes. Both of the RAIOS are located in Spokane and provide health care, counseling and other support services to Native and Non-Native families living the Spokane urban area.
 - *Region 1 Local Indian Child Welfare Advisory Committee (LICWAC)* – This group completes case staffing for tribal cases and makes recommendations regarding tribal identification, assistance, and culturally appropriate case planning.
 - *Region 2 Local Indian Child Welfare Advisory Committee (LICWAC)* – King County, Snohomish County, Skagit County and Whatcom County each have LICWAC advisory committees which staff tribal cases and make recommendations regarding tribal identification, assistance, and cultural case plans. Committee participants include local office staff, tribally connected volunteers from the local community, and tribal representatives from the Snoqualmie, Samish, Swinomish, Nooksack, Tulalip, and Lummi Tribes.
 - *Region 2 Tribal Coordinating Council* – The council meets to collaborate and share programs, services, and information with tribes in the region. Participants include CA, DSHS Division of Vocational Rehabilitation, DSHS Rehabilitation Administration Juvenile Justice, DSHS Home and Community Services, Employment Security Department, county agencies, local Behavioral Health organizations, and tribes in the region (Lummi, Nooksack, Samish, Upper Skagit, Swinomish, Sauk Suiattle, Stillaguamish, Tulalip, and Muckleshoot)
 - *Region 2 Tribal Child Protection Teams* – Teams are located in Bellingham and Mount Vernon and ensure the safety of tribal children by helping with case planning and staffing cases for closure. Tribes involved with the child protection teams include Lummi, Nooksack, and Upper Skagit.

- *Region 2 7.01 Meeting* – Meetings occur quarterly with 10 tribes and 3 Recognized American Indian Organizations (RAIOS) to review goals and activities outlined in the local 7.01 plan. The primary goal of these meetings is to collaborate in the development and implementation of goals between CA and tribes, as well as, ensure compliance with administrative policy 7.01. Local tribes include Muckleshoot, Snoqualmie, Tulalip, Stillaguamish, Sauk-Suiattle, Swinomish, Upper Skagit, Lummi, Nooksack, and Samish.
- *South King County Native Youth Coalition* – Meetings occur quarterly with school districts and community partners in south King County to support the development of resources, services, and ongoing activities for tribal youth and families living in south King County. The primary focus is to identify and prioritize needs, design strategies for building supports, and services to meet those needs. Participants include Federal Way and Highline Indian Education Programs, Green River Community College, Highline Community College, Seattle Indian Health Board, Cowlitz Tribe, and other community partners.
- *Region 3 Local Indian Child Welfare Advisory Committee (LICWAC)* – Forks, Port Angeles, Port Townsend, Puyallup, Clallam County, Jefferson County, and Thurston County each have LICWAC advisory committees which staff tribal cases and make recommendations regarding tribal identification, assistance, and cultural case plans. Committee participants include local office staff and tribal representatives from Hoh, Quileute, Makah, Lower Elwha, and Jamestown S'Klallam.
- *Luggage of Love* – The Aberdeen office collaborates with the Quinault Tribe to increase availability of concrete goods for children and families.
- *Region 3 Clallam and Jefferson County Tribal and Court Relations Meeting* – This group consists of five local tribes, county court commissioner, representatives from the AAG's office and local office staff who discuss ICW court issues. Meetings started out as an educational process for the court commissioner and turned into identifying how to improve tribal court involvement for the client, attorney, or Department. ICW staff from local tribes include Hoh, Quileute, Makah, Lower Elwha, and Jamestown S'Klallam.
- Local Parent Support Groups
 - *Region 1 Spokane Parent Advocacy Network (SPAN)* – SPAN is a group of veteran parents who seek to provide hope to other parents who currently struggle with CPS issues, and change the child welfare culture from fear and isolation, to connections and trust. A Department representative attends the meetings and brings their input back to share with the regional chain of command.
 - *Region 2 Sno-PAC- Parent to Parent* – This group supports parents who have open cases with the Department and is supported by parents who have successfully completed the dependency process.
 - *Region 3 Housing Authority* – CA staff participate in monthly meetings to discuss clients housing needs in Clallam County, Jefferson County, Bremerton and Aberdeen.
 - *Region 3 Wellsprings Community Network (Long Beach and South Bend)* – WellSpring is a multi-faceted coalition with individuals representing 12 different areas including: youth, parents, business, media, schools, youth-serving organizations, law enforcement, faith-based organizations, civic organizations, healthcare professionals, local government, and substance abuse prevention. The mission of the Wellsprings Community Network is to support community wellness in South Pacific County through active collaborations.
 - *Region 3 Peninsula Poverty Response (Long Beach and South Bend)* – Peninsula Poverty Response seeks to reduce the consequences related to poverty in the Long Beach by raising awareness of the needs of people living in poverty in the community, increasing access to and utilization of

existing resources, decreasing short and long term homelessness on the Peninsula, and increasing employment opportunities and job skills.

- *Local Fatherhood Engagement Committee* – The goal of local fatherhood engagement committees is improving dependency outcomes for children and families through actively engaging fathers in the process. Local offices with committees include: Bremerton, Kelso, Centralia, Tumwater, and Shelton.
- *Region 3 Homeless and Housing Advisory Committee (Stevenson)* – Assist homeless in Skamania County through the collaborative work of CA, local food banks and public health organizations.
- *Columbia Gorge Action Board (Stevenson)* – Improve availability of social services in the Columbia River Gorge area of Washington. The board includes representatives from CA, local food bank, and public health organization.
- *Skamania County Family Network (Stevenson)* – This network includes CA, community mental health providers, community education, and community public health representatives. The purpose of the Skamania County Family Network is to develop programs for families, provide classes, and address training needs for families and children.
- Local Foster Parent and Kinship Care Groups
 - *Region 1 Foster Parent Stakeholder Groups* – The purpose of these meetings is to improve communication between the agency and the foster parent community and collaboratively resolve issues. It also serves as a forum where foster parents come together to present concerns on issues not being resolved through other means and identify trends or ongoing issues.
 - *Region 1 Foster Parent Consultation Meeting (1624 Meetings)* – Legislatively mandate quarterly regional meetings began in 2007. The meeting covers issues identified from foster parent’s region wide that cannot be resolved at the local level during foster parent stakeholder group meetings. Agenda items are submitted by Foster Parent representatives and two regional issues move forward to the Statewide 1624 meeting.
 - *Region 2 Recruitment, Development, and Support (RDS) Teams and Foster Parent Support Groups* – The purpose of these meetings is to provide support to foster parents, increase resource and retain availability of existing resources for local foster parents. Local RDS teams and support groups are available in the following offices: Centralized Services, Bellingham, Everett, King South, King West, Mt Vernon, Oak Harbor, Office of Indian Child Welfare, and Sky Valley.
 - *Mockingbird Family Model (MFM)* – MFM is available in King East (Bellevue), King South, King West, and Sky Valley offices. This group reviews procedures and recruitment efforts for the Mockingbird hubs in order to maintain a constellation of Seattle homes.
 - *Communities Helping Children* – Goal is to help recruit short term emergency placement options at Olympic Hills School which serves the King West and Martin Luther King Jr. offices. The group Recruiting at Olympic Hills School.
 - *Helping Hands Foster Parent Support Alliance (King East [Bellevue])* – This is a community networking group focused on enhancing support services and assistance to caregivers and children in their communities, as well as, increase retention of caregivers. In addition to CA staff, the group includes representatives from the Union Gossip Mission and multiple representatives from local eastside churches.
 - *Region 2 Office Moms/Dads* – Community and local foster parents providing support to children in foster care while at the local office awaiting placement. Offices include: Lynnwood and Office of Indian Child Welfare.

- *Region 2 Native American Foster Parent Support Group (Office of Indian Child Welfare)* – Group provides support non-native families caring for Native children in their home. Representatives include CA, DLR, Olive Crest and United Indians of All Tribes Foundation.
- *Region 3 Office Moms/Dads (Bremerton)* – Local volunteers who provide support to children in foster care while at the local office awaiting placement.
- *Region 3 Recruitment, Development, and Support (RDS) Meetings (Clallam and Jefferson Counties, Pierce County, Vancouver and Thurston County)* – The purpose of these meetings is to provide support to foster parents, increase resource and retain availability of existing resources for local foster parents.
- *Region 3 Contracted Provider's Monthly Meeting* – Focus of these meetings are to improve the working relationship between CA and contracted providers serving Clallam County and Jefferson County. Discussions include sharing of information, coordination of services and how to improve and develop available services.
- *Adoptive Parent Support Group in Lewis County* – Support group for region 3 adoptive parents residing in Lewis County.
- Local Court Improvement Groups
 - *Region 1 Table of Ten (Grant County, Spokane County, and Yakima County)* – Table of Ten is a focused effort to review the local dependency system as a whole and provides an opportunity for those involved to make meaning of what they see and intentionally design a process to change it for the better. It is an effort aimed at continuous quality improvement on a local level.
 - *Region 1 Family Treatment Court (Okanogan County, Walla Walla County, and Yakima County)* – A family dependency treatment court is a juvenile or family court docket of which selected abuse, neglect, and dependency cases are identified where parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.
 - *Region 2 Family Treatment Court (Island County, King County, Skagit County, Snohomish County, and Whatcom County)* – A family dependency treatment court is a juvenile or family court docket where selected abuse, neglect, and dependency cases are identified when parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.
 - *Whatcom County Prosecutor's Meeting* – Purpose of meetings is to improve victims access to services and perpetrator accountability. Participants include CA, Whatcom County Prosecutor, Whatcom County Sherriff's office, Bellingham Police Department, and Domestic Violence and Sexual Assault Services of Whatcom County
 - *Region 2 Table of Ten and Court Improvement Teams (Skagit County, San Juan Count, Snohomish County and King County)* – Table of Ten is a focused effort to review the local dependency system

as a whole and provides an opportunity for those involved to make meaning of what they see and intentionally design a process to change it for the better. It is an effort at continuous quality improvement on a local level.

- *Region 3 Table of Ten and Court Improvement Teams (Clallam County, Jefferson County, Grays Harbor County, Clark County, Skamania County, Klickitat County and Kitsap County)* – Table of Ten is a focused effort to review the local dependency system as a whole and provides an opportunity for those involved to understand what they see/experience and intentionally design a process to change it for the better. It is an effort at continuous quality improvement on a local level.
- *Region 3 Family Treatment Court (Clallam County, Clark County, Jefferson County, Cowlitz County, Lewis County, Kitsap County, Mason County, Pierce County, Skagit County, and Thurston County)* – A family dependency treatment court is a juvenile or family court docket of which selected abuse, neglect, and dependency cases are identified where parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.
- **Local Domestic Violence Committees**
 - *Region 1 Domestic Violence Task Force* – Address areas of improvement between the Department and local agencies that work collaboratively with families that have history of domestic violence.
 - *King County Special Assault Network (King Southeast, King West, and Martin Luther King Jr.)* – Agencies part of the core team include law enforcement, Children's Administration, Attorney General's Office, Harborview Center for Sexual Assault and Traumatic Stress, King County Sexual Assault Resource Center, Seattle Children's Hospital, and Swedish Medical Center. The purpose of the network is to accomplish more effective and efficient responses by agencies and to ensure that the actions of one agency do not compromise the goals of another. Furthermore, agencies should coordinate their responses to minimize possible negative outcomes to the victim and to ensure that all victims have access to appropriate services.
 - *King County Domestic Violence Best Practice Group* – The Department attended the King County Special Assault Network and the King County Domestic Violence Best Practice Group to discuss strengths, promising practices and areas needing improvement related to timeliness of investigations.
 - *Whatcom County Domestic Violence and Sexual Assault Commission* – Supports individuals affected by domestic violence, sexual assault, and commercial sexual exploitation and leads the community towards ending these abuses of power.
 - *Domestic Violence Oversight Committee (King West and Island County)* – Collaboration between law enforcement, court judges and commissions, and community domestic violence programs to discuss and improve issues related to domestic violence.
 - *Region 3 Domestic Violence Task Force (Kitsap County, Skamania County, Clark County)* – Collaboration between Children's Administration, law enforcement, mental health providers, and community domestic violence programs to assist victims of domestic violence, coordinate services, and improve issues related to domestic violence.

- Local Education and Youth Collaboration
 - *Region 2 Early Learning Teams (King East [Bellevue], King West, Martin Luther King Jr., and Office of Indian Child Welfare)* – Team conducts case staffings which involve children ages 0 to 5 years old to assess and provide early learning resources.
 - *East Whatcom Regional Resource Center* – Purpose is to serve homeless and low-income families and individuals. The mission is to help people improve their lives through education, support, and direct assistance while advocating for just and equitable communities.
 - *King County Passport Consortium* – Work includes providing assistance to youth in foster care around the process for getting support and information on higher education. Partners includes Seattle University, University of Washington, Seattle Central Community College, YMCA of Greater Seattle, College Success Foundation and Treehouse.
 - *Snohomish County Regional Education Partnership* – Professional partnerships with community partners and children welfare agencies to coordinate services for Snohomish County students, homeless, at risk youth, special education and foster youth.
 - *Whatcom County Consortium* – Professional partnerships with community partners and children welfare agencies for coordinated services for Whatcom County students, homeless, at risk youth, special education, and foster youth.
 - *King County Foster Care Regional Network* – Professional partnerships with community partners and children welfare agencies for coordinated services for King County students, homeless, at risk youth, special education and foster youth.
 - *Region 3 Teen Advocacy Coalition (TAC) (Long Beach and South Bend)* – TAC is a coalition of teens and adults who are dedicated to making Willapa Harbor a healthier and safer environment for kids and teens to grow. Coalition partners include youth, parents, schools, businesses, medical professionals, law enforcement, local government, civic/volunteer groups, faith based organizations, and community based organizations substance abuse prevention organizations.
 - *North Pacific County Know and Grow Early Learning Coalition (Long Beach and South Bend)* – Parents and children learn skills and gain knowledge and to support their child’s learning and development, and they will become acquainted with their local school district and Timberland Regional Library branches located in South Bend and Raymond. Target populations includes low-income, English language learner families and teen parents. create connections, promote pro-social activities and avenues for teen involvement that will strengthen mental health and reduce substance abuse. Coalition includes foster parents, medical staff, law enforcement, probation counselors, CASA’s, guardian ad litem’s, and court personnel.
 - *Headstart Advisory Board (Stevenson)* – Board consists of mental health staff, education personnel, public health personnel and CA who are responsible for recruiting families and confirming qualification for Headstart.
- Children’s Administration Employee Workgroups
 - *Region 1 Child Protection Teams* – Teams ensure the safety of children involved with the Department by helping with case planning and staffing cases for closure. Participants include community stakeholders such as medical providers, mental health professionals, school representatives, nurses and other as needed.
 - *Region 2 Child Protection Teams* – Teams at the King East (Bellevue), King South, Lynnwood, Martin Luther King Jr., Mount Vernon and Sky Valley offices ensure the safety of children involved with the Department by helping with case planning and staffing cases for closure. Participants

- include community stakeholders such as medical providers, mental health professionals, school representatives, nurses and other as needed.
- *Harborview Case Staffings (King West and Martin Luther King Jr.)* – Purpose is to staff cases where the child has experienced trauma.
 - *Region 3 Children's Advocacy Center of Grays Harbor* – Promotes and facilitates a multi-disciplinary, child-focused, culturally sensitive approach to the prevention, investigation, intervention, prosecution and treatment of child abuse and neglect. (Committee/Team)
 - *Region 3 Child Protection Teams* – Teams at the Puyallup, Vancouver, Tacoma, Lakewood, Clallam County, and Jefferson County offices ensure the safety of children involved with the Department by helping review cases pending prosecution or forensic interviews, assisting with case planning, and staffing cases for closure. Teams include law enforcement, medical providers, AAG's, and local prosecutors.
 - *Field Advisory Board (FAB)* is a statewide workgroup comprised of field representatives selected by Regional Administrators and Administrator of the Division of Licensed Resources. There are between 25 and 30 members on the FAB which includes 80% front line caseworkers and supervisors; the remaining 20% are representatives from headquarters. The purpose of the FAB is to act as a sounding board and provide feedback to the CA Executive Management Team (EMT) on emerging issues in the field related to statewide child welfare practice and workload. The FAB provides a critical voice on the impact of initiatives, draft policies and practice changes under consideration. CA EMT meets with the FAB quarterly and the ongoing communication between them provides a forum for the exchange of ideas and recommendations that may improve staff recruitment and retention, and quality and effectiveness of practice.
 - *Regional Medical Consultants (RMC) Meeting* – DSHS employs six part-time, practicing physicians who provide consultations to CA caseworkers by phone and in-person meetings in the CA regional offices. The HQ Health Program Manager participates in quarterly meetings with the RMCs to discuss issues and topics relevant to foster care and access to appropriate health care services. In 2017, quarterly meetings focused on continued implementation of AHCC and addressing impacts to the healthcare provider community to reduce barriers experienced by caseworkers and caregivers. The RMCs also provide consultation and clinical oversight in the development of health care policies for the Children's Administration.
 - *Statewide CPS and Intake Leads meeting* is held monthly and facilitated by the HQ safety program manager. The group includes representatives from each region and the primary focus is on improving safety outcomes for children and families. Regional leads share information with caseworkers regarding best practices and areas for improvement via e-mail, all-staff meetings, regional leadership meetings, individual consultations with staff, and office training. This group has provided insight and assistance related to safety outcomes 1 and 2.
 - *CFWS/Permanency Leads monthly meetings* that include representatives from all regions, headquarters, and quality assurance. In 2017, this group reviewed statewide data from the case review and identified statewide strategies to impact permanency outcomes. One example of an identified strategy is a statewide family engagement campaign designed at teaching and providing tips to better engagement with parents involved in the dependency process.

Targeted Engagement Initiatives

At times, CA will identify targeted, time-limited engagement strategies aimed at achieving a specific purpose. As specific topics and initiatives arise, the Department may require input from a specific group of subject matter

experts within the Department and community to participate in focus groups, workgroups, Lean improvement events, and other activities. Examples include:

- CA collaborated with the Office of the Superintendent of Public Instruction, Treehouse, and Texas Education Agency to develop a resource guide for teachers and caseworkers. The purpose of the *Educator's Guide To Supporting Students in Foster Care*³⁴ is to empower education professionals with information, resources, and tools to positively impact the educational experience for students in foster care. While the guide is primarily designed for education professionals, it will also benefit caregivers, child welfare workers, child advocates, and others who work with students to help them achieve success in school and in life.
- CA staff met with regional Law Enforcement jurisdictions to discuss Memorandums of Understanding and the Departments response timeframes for allegations of abuse and neglect.
- Multidisciplinary Team Meetings were held in each office catchment area to discuss strengths, promising practices and areas needing improvement related to timeliness of investigations. These meetings were included representatives from the prosecutor's office, area law enforcement agencies, victim advocates, mental and medical health providers.
- CA Family Voluntary Services workgroup reviewed and updated the FVS policy and CPS investigation policy to clarify practices and procedures for service delivery to cases determined to be moderately high and high risk of maltreatment.
- Development and distribution of a Permanency Leads monthly newsletter distributed throughout the regions by regional permanency and CFWS leads. The newsletter focuses on practice tips and strategies, including placement stability.
- CA is updating the permanency planning training to improve the focus on identification of permanency plans, concurrent planning, timelines, and strengthening the use of best interest considerations in case planning.
- An external stakeholders Permanency CQI Team meets monthly to help identify practice improvement to support timely filing of TPR petitions or identification of compelling reasons; identify contributing factors to racial disparities; maintain cross-agency perspective on permanency and permanency improvements; and develop a CQI action plan. Members of the team is made up of court partners, including: Children's Administration, Judges, Administrative Office of the Courts, AAG, Office of Public Defense, Children's Representation Program, Parent Allies, CASA, tribes and Casey Family Programs.
- A core group of staff from Coordinated Care of WA, Health Care Authority, Fostering Well-Being, and CA meet monthly to strategize and address issues with implementation of the AHCC managed care plan.
- Statewide CHET Supervisors meet monthly throughout the year by conference call, video conference, and in-person. While these meetings are specific to the operation of the CHET program, the CHET screen is key to the development of an initial case plan that addresses the well-being of the child when he or she first enters foster care. The CHET supervisor meetings were an important arena to gather feedback on the impact to staff and caregivers regarding the implementation of AHCC.
- CA collaborates with medical providers and other public health experts to develop and implement services and supports that meet the needs of individual children. CCW is the contractor for the single managed care health organization to service children in the Washington foster care system; this health plan is called AHCC. The goal of the AHCC is to improve coordination, access, availability, and oversight of the physical and behavioral health care services and treatment provided to children and youth in out-of-home care. AHCC assigns all children to a primary care provider upon enrollment in the plan. AHCC also provides care coordination for children with ongoing medical needs.

³⁴ http://www.treehouseforkids.org/wp-content/uploads/2016/06/Educators-Guide-Final_Digital-Version.pdf

- CA convenes and participates in a variety of workgroups that focus on identifying and addressing barriers to accessing behavioral health services for children and families. Some of the workgroups include: Children’s Mental Health Workgroup, Washington State Behavioral Health Advisory Council, Washington System of Care: Statewide Family Youth and System Partner Round Tables, Children’s Administration Psychological Services Advisory Team, Children’s Multi-System Acute Resource Solutions Team, ACF Creating Connections Core Team and Behavioral Health Full Integration workgroup.
 - These workgroups have a diverse membership including, but not limited to: Washington State Senate, Washington House of Representatives, Department of Early Learning, DSHS Behavioral Health Administration, Health Care Authority, Department of Health, Office of the Governor, Office of Superintendent of Public Instruction, tribal council representative, Behavioral Health Organization, behavioral health community providers, foster parents, youth, and alumni of care, CA management, supervisors, and caseworkers.
- CA has supported legislation to help address systemic issues regarding the child welfare system and provision of health and behavioral health services for children in foster care. Legislation includes the Washington Blue Ribbon Commission on the Delivery of Services to Children and Families (Executive Order 16-03), Children’s Mental Health Workgroup (E2SHB 2439), and Integrated managed health and behavioral health services for foster children (SHB 1879).
- CA supported Washington state legislation, SB 5241, which was signed by the Governor on April 17, 2017. This bill requires school districts to consolidate credits or grant partial credit for unresolved or incomplete coursework due to transfers while in foster care placement. Legislation will be coupled with funding support for educational advocacy and expansion of a program aimed at improving graduation rates for youth in out-of-home care.
- In January 2017, the CA Assistant Secretary met with the new OSPI Superintendent to clarify goals toward a bi-directional education data share agreement. Throughout 2017, OSPI leadership, their Foster Care Program Supervisor and their student data management team met with CA leadership, staff and data team to clarify authority to exchange data, determine business reason for data, discuss contract requirements, and develop and implement a work plan. In October 2017, the bi-directional education data share agreements were signed. This data will populate statewide education information into CA’s case management system for individual children and youth in the care and custody of the state. The user interface is currently being developed and information should be available to caseworkers by early 2018. The signed data share agreements also allow OSPI to share lists of foster care students with school districts for coordination and development of educational supports, allow OSPI to complete state and federal reporting mandates and to provide lists of eligible youth to their contractor, Treehouse, to provide Graduation Success Services.
- At the beginning of the 2016-17 school year, Treehouse, a subcontractor of OSPI, expanded their Graduation Success Program. The program serves middle and high school youth in foster care in all King County school districts and Spokane and Tacoma School District. CA has a data share agreement with OSPI to help facilitate Treehouse’s direct outreach to engage eligible youth. The renewal of this school year’s data share agreement was delayed, so the program did was not completely utilized until mid-2016-17 school year.
- The Treehouse contract includes training caseworkers on education laws and systems process. With an increased understanding of the education process and additional education supports for middle and high school youth, it is anticipated that caseworkers will increase documentation of education activities within FamLink. This collaboration with Treehouse is part of the strategy to help CA increase performance 6% to achieve the federal target of 95% in the next year.

- As required by the federal Every Student Succeeds Act, OSPI has identified Foster Care Liaisons, in each school district. CA is working collaboratively with OSPI regarding training and communication strategies to strengthen work at the office/regional level between the district liaisons and caseworkers.
- The Alliance offers coaching sessions to individual caseworkers that focus a child's safety, permanency, and well-being.
- In April 2016, CA and Generations United presented a session at the annual Children's Justice Conference in Bellevue, WA. The presentation included national and Washington state data regarding kin, benefits and challenges to kinship care and supports for CA kinship caregivers.
- In October 2016, Washington, along with representatives from 7 other states and the District of Columbia participated in the Kin First National convening in Washington, D.C. This event, hosted by Generations United, the American Bar Association, and Child Focus provided an opportunity to share CA's successes and learn about other promising practices and policies for supporting kin.
- CA facilitated several workshops at the Statewide CASA Conference in May 2016. Workshop topics included ETV services, Permanency Consideration, and an overview of CFSR outcomes related to safety, permanency, and well-being.
- Washington State has reached out to the Capacity Building Center for States in regard to technical assistance around CFSR preparation. The Center for States Library was also used as a resource to gather information regarding other states work with children who run from out-of-home care.
- Casey Family Programs provided financial assistance, consultation and professional guidance regarding strategies to CA to improve permanency outcomes for youth in out-of-home care.

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

The Departments statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs is functioning well. 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 title II (SSA) of the Social Security Act in accordance with all appropriate provisions of federal law. Examples of this coordination include:

- Title IV-E eligibility and Temporary Assistance to Needy Families (TANF) child-only eligibility for children placed with kinship caregivers is coordinated with DSHS Economic Services Administration. When a child is removed from a parent receiving TANF benefits, CA coordinates concurrent benefits with ESA to continue the parent's eligibility for 180 days of ongoing TANF benefits when the permanency plan is reunification. The concurrent benefits form must be completed within 7 days of placement in out-of-home care by the caseworker and is emailed to ESA for processing. If it appears the child will remain in care for more than 180 days, the CA caseworker can request an extension of these benefits. When a child is placed with a kinship caregiver, he or she can apply for a child-only TANF grant directly from ESA.
- The Division of Child Support Services assists the Department in locating missing parents and is sometimes able to provide documentation of paternity. Also, if child support payments for being made for a child in out-of-home care, an electronic alert is sent to DCS with notification of the placement. Child support payments are then routed to Children's Administration until the child returns home.
- The state supports tribes in their delivery of child welfare services through IV-E agreements. Three tribes Quinault, Makah (not active) and Lummi currently have pass through IV-E agreements with CA. Washington State was the first in the nation to have a federally recognized tribe (Port Gamble S'Klallam) apply and receive approval for direct Title IV-E funds for foster care, adoption assistance and guardianship

assistance. Other tribes who have expressed a strong interest and are known to be working with the federal government on direct IV-E agreements are Colville Confederated Tribes, Muckleshoot Tribe and Lummi Nation.

- CA has an approved inter-governmental agreement with the Administrative Office of the Courts (AOC) that allows for collaboration and sharing of data. An interface between the AOC's SCOMIS are matched with FamLink to allow for data to be gathered on juvenile dependency and termination cases filed in Washington's courts.

AOC actively participates and collaborates with CA on various workgroups and trainings. AOC was a key participant in the review, revisions, and development of tools to improve the quality of parent child visits. Membership on the CA statewide permanency CQI team includes representatives from AOC to improve permanency outcomes. They also partnered with CA to hold permanency summits in specific counties around Washington and supported the 2016 Indian Child Welfare Summit which was attended by tribal caseworkers, tribal judges and attorneys, as well as, CA caseworkers.

- The Department is continuing to implement, in coordination with the Behavioral Health Administration, a statewide service for youth with complex mental and behavioral health needs. Wraparound with Intensive Services (WISe) is designed to provide comprehensive and intensive behavioral health services and support, provided in home and community settings, for Medicaid eligible individuals up to 21 years of age with complex behavioral health needs and their families through the publically funded mental health system. The goal of the program is for eligible youth to live and thrive in their homes, schools, and communities reducing the need for out-of-home placement. WISe uses an array of intensive mental health services that can include care coordination which develop shared goals and coordinate services and supports from multiple systems including CA. Roll-out of the program has been staged by DSHS and Health Care Authority and services are currently available in most counties of the state. Only San Juan County is pending implementation of services and it is expected that the statewide WISe roll-out will be completed by July 2018.
- CA obtains information from federal and state databases through approved data-sharing agreements. The Department uses data from ACES (determines eligibility, issuing of benefits, management support, and sharing of data between agencies), SEMS (DSHS Division of Child Support), UTAB (Unemployment Tax and Benefit system), Department of Health Vital Statistics, eJAS (Basic Food and Employment System), Client Registry (facilitate client care and case coordination across all DSHS client services and programs), VIPS (vehicle registration database), and Federal Bureau of Prisons Inmate Locator for dependency, placement, adoption and case management purposes.
- Ongoing joint DSHS meetings between Economic Services Administration (ESA), RA, CA and Aging and Long-Term Support Administration (AL TSA) are held to more fully collaborate across administrations, work on systemic level issues such as policy and practice that cross administrations and impact one another. For example:
 - Joint staffings across administrations to ensure cross system linkages.
 - Participate in System of Care efforts to increase coordination of mental health services for children and youth in foster care.
 - Work with Health Care Authority on the Fostering Well-Being Program to build medical provider capacity to provide EPSDT exams for foster children and coordinate services for children who are medically fragile or have special needs.
 - Partner with the Health Care Authority to develop Request For Proposal and contract with a single Managed Care Organization to serve children and youth in foster care and adoption support programs.

- The Fostering Well-being Program transferred to the AL TSA where they implemented many activities around EPSDT/Well-child exams for foster children. Current activities include a focus on Medically Fragile children who come into care and their care coordination needs.
- An Intra Agency Agreement between CA and JJRA was revised and jointly signed which is designed to enhance discharge planning for youth. The MOU provides clarification of roles and responsibilities, including:
 - Clearly identify who has lead responsibility;
 - Begin discharge planning at entry to JJRA facilities and county detention facilities; and
 - Create opportunities for joint involvement in shared planning meetings and family contact efforts.
- In 2015, The Washington State Homeless Youth Act (HYPP Act, SSB 5404) created the new Office of Homeless Youth Prevention Programs (OHYPP) within the Department of Commerce. The contracts for management, oversight, guidance and direction of the CRC, Street Youth and HOPE Centers were transferred from CA to OHYPP as of July 1, 2016. In 2016, new legislation increased the amount of program funding for beds and services that are linked to homeless students, further expanding the resources available for all homeless youth. Youth are referred to community providers for housing needs. Many of Washington State's IL providers are also recipients of federal grants for transitional housing.
- CA collaborates through a MOU with the Economic Services Administration and statewide Housing Authorities to promote housing stability among families and young adults served by both of the DSHS agencies. This collaboration continues to combine resources for families and young adults aging out of foster care who meet the criteria for the Family Unification Program as specified by the US Housing and Urban Development Administration. The MOU commits the agencies to combine efforts in providing housing assistance through a variety of programs including: Housing Choice Vouchers (Section 8), Family Unification Program vouchers, Moving to Work Program participation and transitional housing assistance.
- In April 2016, use of FUP vouchers through the Seattle Housing Authority in King County (the most populated urban area in Washington State) was the first to reach 100% utilization. Of the 21 counties involved in the MOU, all utilization is above 90%. Some of the smaller rural counties such as Walla Walla, Franklin, and Benton, do not have more vouchers available and have not received additional vouchers from the federal government. Utilization of the vouchers is highly dependent on housing, and there is limited housing available in King, Pierce and Clark counties. Therefore, although we have a high rate of voucher delivery, there continues to be a lack of affordable housing for youth and families
- CA collaborates with DSHS Economic Services Administration, the Department of Commerce and contracted providers by participating in task forces, and committees that promote ending youth homelessness including: The Youth Advocates Ending Homelessness program, YMCA Young Adult Services King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness, The Foster Teens to College Program, The Statewide Advisory Council on Homelessness and the Interagency Council on Homelessness. In 2015, WA State enacted the Washington State Homeless Youth Act (HYPP Act, SSB 5404) to match the efforts of the federal Runaway and Homeless Youth Act and created the Office of Homeless Youth Prevention and Protection Programs in the state of Washington. CA works closely and with the new Office in making sure all runaway and homeless youth in the child welfare system are receiving the necessary support and services they need, and providing the Office with guidance, referrals and contact information to aid in the prevention of homelessness among youth in Washington State.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards are Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

The Children's Administration Division of Licensed Resources (DLR) ensures state standards are applied equally to all foster family homes and child care institutions through the use of standardized materials, standardized processes, consensus-building within DLR, as well as CQI activities.

Only fully licensed foster homes and child care institutions are claimed by the State for federal funding reimbursement. Standards are applied equally to all licensed homes and facilities. Placements in approved, unlicensed kinship caregiver homes are important to maintain family connections but 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, and pass a background check that includes FBI fingerprints and, if applicable, an out-of-state child abuse and neglect check. The home study referral process was modified approximately two-years ago, in order to initiate the home study assessment for unlicensed kinship caregivers earlier. This home study referral is now initiated as early as the initial FTDM. Kinship caregivers are asked to submit a home study application within the first thirty days of placement.

The last IV-E Federal Review for Washington was conducted in January 2014. The Children's Bureau of the Administration for Children and Families noted in their final report that *"The Washington State Division of Licensed Resources has a strong licensing process that ensures the safety of children. This review found no concerns and no cases in error due to a licensing issue."*

Washington currently has 31 IV-E Specialists and six (6) Federal Funding Supervisors statewide. The role of the IV-E Specialist is to ensure that paid placements for which CA is claiming IV-E reimbursement, are fully licensed and in accordance with the full licensing standards. Paid placements include family foster homes, and a variety of group care facilities. IV-E Specialists also verify that if child care is required, the child care is necessary to maintain the foster parent(s) employment. This allows CA to claim IV-E reimbursement on child care payments.

Within 60 days of a child's initial placement into out-of-home care, the IV-E Specialist will conduct a review to determine the child's eligibility for funding. The review verifies that the paid out-of-home placement is fully licensed, and assesses the income/resources of the child's removal home to determine AFDC financial need and deprivation factors required for IV-E eligibility. The majority of initial IV-E determinations are completed within 30 days of the child's initial placement into out-of-home care.

Children determined to be IV-E eligible, have a review every 6-months to verify ongoing eligibility. The out-of-home paid placement is also reviewed at this time. If the IV-E Specialist receives an automated email indicating the child's placement has changed, the case may be reviewed earlier. Notification of placement is especially important when a child moves from a licensed out-of-home placement to an unlicensed placement to ensure IV-E funds are appropriately ended.

If the initial determination identifies that a child is ineligible for IV-E funding, the IV-E Specialist will not review that child's case for the duration of that out-of-home care placement episode. Eligibility is reevaluated each time a child enters or re-enters out-of-home care.

Foster Parent Licensing

Washington State general licensing standards for families submitting an initial application requires the following for each individual 18 years of age and older residing in the home: background check conducted by DSHS Background Check Central Unit, which includes a FamLink check for child abuse and neglect history, an FBI fingerprint-based background check from the national crime identification database, and a Washington State Patrol criminal background check. For persons who have lived outside of Washington State in the preceding five

years, an out-of-state child abuse and neglect history check from all other states where the individual lived during that time is also required. For household members age 16 through 17, a Washington State Patrol criminal background check is required. Additional general licensing requirements include: an approved home study/family home inspection, CPR training, First Aid training, HIV/AIDS training, and completion of orientation and caregiver core training.

CA DLR Licensed and Approved Homes as of December 31, 2017

2014	2015	2016	2017
4,705	4,660	4,883	5,015

Data Source: Children's Administration infoFamLink; December 2017

DLR completes all licensing and relicensing of families for children placed in out-of-home care. For private agency foster homes, the private agency licensor assesses the family and submits documentation, certifying that the family meets all licensing requirements. Applicant families seeking licensure directly by the Department submit an application and are assigned a social service specialist in the DLR Assessment section. This Assessment worker provides support to the family throughout the licensing process as well as post-licensure. The Assessment section has 47 FTEs primarily assigned foster home licensures, and 48 FTEs primarily assigned unlicensed kinship caregivers and adoption home studies. These staff are supervised by 20 supervisors.

When a family reapplies for renewal of their license, a social service specialist from the DLR Safety and Monitoring Section is assigned to complete the renewal. The DLR Safety and Monitoring section is comprised of workers who complete DLR CPS investigations and licensing investigations in licensed care facilities. They also complete health and safety reviews and renewals. The Safety and Monitoring staff serve as a secondary check and balance system on the placement resource at time of renewal, health and safety monitoring and investigations. This allows a fresh perspective on the family in order to determine that they continue to meet all licensing requirements. There are 18 Safety and Monitoring workers, supervised by 3 supervisors.

Number of Department and Private Agency Homes Licensed by Year

Calendar Year	2014	2015	2016	2017
Number of licensed homes (end of calendar year)	4,705	4,660	4,883	5,015
Number of first new licenses issued (in calendar year)	1,214	1,266	1,229	1,187
Number of renewal licenses issued (in calendar year)	594	594	515	533

Data Source: Count of CA Licensed Providers by Location and Type and Licensing Timeliness Report; infoFamLink; December 2017

Since 2011, the completion of home studies has been centralized

under DLR and allows for completion of a single unified home study that evaluates the family's ability to be both a foster family as well as a permanent resource. The unified home study ensures consistent application of assessment standards across the state for both general foster family or specific child homes. The DLR unified home study process allows for rapid placement of a child with a person known to them, either kinship caregiver or a suitable other person, while supporting consistent standards for child safety and well-being.

Washington Administrative Code establishes minimal licensing standards for all licensed foster homes. Prior to a license being issued, 100% of home studies are reviewed and approved by the DLR licensing supervisors. All families being licensed by DLR or certified by a private agency, experience a standard licensing process established by CA. This standard licensing process includes interviews, written narrative, and reference checks, including contact with minor and adult children of the applicant.

All new DLR home study staff attend a week long specialized home study training offered once a year, using curriculum developed and standardized by DLR. On a space available basis, private agency and tribal staff are invited to attend the same training; most training classes are comprised of a significant number of private agency/tribal staff. The training ensures home study staff from both state and private agencies, receive a consistent message regarding best practice on the process to complete the home study and the application of licensing standards statewide. Additional information about ongoing staff training can be found under [item 27](#).

Application and assessment materials maintained and utilized by DLR are consistent statewide. A file checklist is used by 100% of all home study licensors to ensure that licensing standards are applied equally to all family foster homes, including kinship homes, going through the licensing process. The checklist identifies all licensing requirements based on rules, regulations, federal law, and guidelines. The checklist is used to confirm that the application form, background information, and collection of additional information is complete. The home study licensor remains in contact with the applicant through the entire process and works closely with the family to ensure the application does not have any missing or invalid information. When the checklist and all application materials are complete, the home study licensor finalizes the written home study using the standard template. All of these materials are forwarded to the DLR licensing supervisor who must review and approve 100% of all files prior to the foster family's approval for licensure. This approval must be completed, with a signature on the license itself, and an approval in FamLink before a family can receive placement and payment. The FamLink system will not allow a family to have a license finalized, or payment made to a family prior to receiving supervisory approval in the FamLink system. This review ensures standards are being applied equally across the region. Homes that do not meet standards are denied a license (new applications) or their license is revoked (existing licenses). In 2017, 29 families were denied, and 36 families were revoked.

The Division of Licensed Resources implemented strategies to improve timeliness of licensure. With an increased number of applications received, timeliness of application to licensure in 2015 was 149.33 days. These strategies appeared to be successful in moving the needle; in 2016, the average number of days decreased to 131.95. The Department seeks to complete 70% of licensures in 120 days or less. In 2017, the average number of days decreased to 130.78.

Child Care Institutions

Application and assessment materials maintained by DLR are consistent statewide through the utilization of a standardized application packet and facility checklists that identifies all licensing requirements based on rules, regulations, and federal law and guidelines. DLR has developed standardized checklists for each type of group care facility, depending upon the specific license being issued (group home, crisis residential, etc.).

There are six supervisors statewide, one in each sub region, who oversee 22 regional licensors who regulate group care facilities in each sub region. Supervisors review all checklists and application materials prior to licensure approval or denial which ensures standards are being applied equally across the region. All checklists and application materials are maintained in a hard copy file for each agency and are available for review at any time to verify any questions or disputes about the licensing or relicensing process.

In order for a facility to become licensed, the applicant agency must submit an application and work with the regional licensor to develop all other program, policy, and supplemental materials. Every group care facility must pass a fire inspection and Department of Health inspection, with the exception of staffed residential homes licensed for five or fewer. In addition, each applicant must provide evidence of financial stability and that staff will receive proper screening and training to safely and adequately perform their jobs. After the licensor has reviewed the application and all supplemental materials to verify full compliance, all group care applications are reviewed and approved by a single supervisor in each sub region to verify the agency is in compliance. Group care facility licenses must be signed by the supervisor, and approval by the supervisor made in FamLink before the FamLink database will allow a placement or payment to the facility.

All group care facilities contracted for Behavioral Rehabilitation Services (BRS) receive a biannual health and safety monitoring visit from the regional licensor, as well as a comprehensive program review midway through their three-year licensing period. The comprehensive review includes a standard review tool used statewide. The review team consists of, at a minimum, representatives from Division of Licensed Resources, Division of Children and Family Services, contracts, and Behavioral Rehabilitation Services. The team may also include other agencies as appropriate (Developmental Disabilities Administration, Fostering Well-Being nursing staff, etc.). In 2017, twenty comprehensive reviews were completed. Of those twenty, fourteen were completed at group care

facilities with 86% (12) issued a compliance agreement. The remaining six comprehensive reviews were completed at Child Placing Agencies (CPA) with 83% (5) issued a compliance agreement.

Any deficiencies found are managed through compliance agreements. The compliance agreements note the specific WAC violations, the requested remediation, and required completion date. The regional licensors monitor the compliance agreement until all the issues identified have been remediated.

In the summer of 2016, DLR developed a QA process in which final reports and compliance agreements for the comprehensive reviews are reviewed and the data is collected at HQ. The data is reviewed for trends and practice improvements. Trends are analyzed and help inform future policy changes and practice directives on a statewide level. Issues related to individual facilities or agencies that did not reflect problems with statewide practice were addressed at the regional level.

In 2016, DLR licensing requirements regarding medication management was the number one issue identified in group care facilities. In April 2017, the DLR licensing requirement for medication management training was required and completed for all regional licensors and group care facilities staff. The regional licensing policy was also revised to require a complete review of storage, administration, and documentation related to medication during the comprehensive reviews and bi-annual health and safety reviews. In 2017, the comprehensive review results showed a decrease in agency related medication issues. DLR staff and agencies are focused on keeping medication issues to a minimum.

In 2017, up to date management of private agency personnel files was identified as a statewide issue due to files missing several required documents and not reflecting completed required staff training hours. While improvements were noted since 2016 in the number of staff who completed required training hours, the completion of specific required trainings, such as first aid and CPR and mandated reporting training, continue to not be documented. In 2017 there was a policy change that requires regional licensors to review personnel files during all bi-annual health and safety reviews to verify the required documents and trainings are noted in the file. During 2017, regional licensing staff sent out, at minimum, a quarterly email with new or updated training information or training requirement reminders to all licensed agencies. All agencies have also been provided the checklists on the requirements for the personnel files. In 2018, the regional licensors will continue to closely monitor the personnel files.

The second statewide issue identified was related to incomplete client file documentation. The files were missing documentation of the child's consent to treat, missing educational plan, missing medical or dental records for the youth, failure to report to CA or the child's worker as required by WAC, and other paperwork issues. Staff were notified of these issues and again when the policy was changed it became more specific on the requirements for a bi-annual health and safety review. The policy now requires a review of client files at all health and safety reviews. The agencies have been provided the client file checklist and are aware of the requirements. There is frequent turn-over at the private agencies, so the regional licensors are providing this information more often for greater consistency.

In order to establish greater practice consistency statewide, DLR held bi-annual statewide regional licensing meetings. The first meeting was held in September of 2016, followed by a meeting in March and September of 2017. These meetings included all regional licensors and regional licensing supervisors statewide, but because there were so many staff, and travel was cumbersome, the all-staff meetings have been replaced with a bi-monthly meeting with the six regional licensing supervisors. The meetings focus on current licensing practice, updated policies and procedures, remediation of issues found during the comprehensive reviews, investigations, or other visits to the agencies. The regional licensing supervisors bring back the information obtained at the meeting and discuss it during their unit meetings.

[Renewal of Foster Family Home License](#)

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 age 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 also collaborates with the family to develop an individualized training plan for the next licensing period to ensure the caregiver’s training needs are met.

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. The application and materials are again 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. The number and types of files reviewed are based on the size of the agency, the number of children being served, and information from prior reviews. In order to ensure consistency of adherence to all licensing requirements, agency and file reviews are conducted with checklists created by DLR based on the requirements in Administrative Code. 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. To complete the licensing renewal, the licensor compiles all checklists and required information, and provides this to the regional licensing supervisor for review and approval before a renewed license will be issued. 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

In 2012, DLR initiated an annual internal quality assurance review of provider home studies to improve the quality and consistency of home study assessments completed throughout the state, promoting accountability and improved outcomes for children and families.

The provider home study review is conducted annually through a random sample of provider files selected from the total population of home studies completed by DLR during the six-month period under review. Teams of three DLR staff review the provider file independently, rating on a standardized tool. Staff do not review providers for whom they have had responsibility for assessment. Questions on the tool relate to adequate exploration of the applicant(s) ability to provide care or specific issues arising on the application, proper completion of required background checks, etc. After individual scoring, the three team members meet to reach consensus on each item.

The provider home study review tool is comprised of 15 questions which:

- Evaluate the caseworkers practice by measuring compliance with key elements of Children’s Administration (CA) policy
- Identify and analyze practice trends, both strengths and areas needing improvement
- Make recommendations based on the results of the review in an effort to improve practice
- Monitor progress with action plans based on the review results

Each question is rated individually and performance is reported on all 15 questions. The provider home study review occurred in July 2017 and the period under review was October 1, 2016 through March 31, 2017. The provider home study review evaluated 80 approved home studies, which accounted for 6% of home studies approved during the period under review.

DLR Provider Home Study Review
October 1, 2016 through March 31, 2017

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Approved Home Studies Completed	261	174	192	260	221	285	1,393
Approved Home Studies Reviewed	17	11	11	13	10	18	80

DLR Provider Home Study Review
October 1, 2016 through March 31, 2017

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Percentage of Home Studies Reviewed	7%	6%	7%	5%	5%	6%	6%

Data Source: Children’s Administration, DLR Provider Home Study Review Results; March 2017

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

Were background checks completed for all persons’ age 16 and older listed as household members on the Family Home Study Application AND referenced in the home study?

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	88% (15)	100% (11)	90% (10)	92% (12)	70% (7)	94% (17)	90% (72)
Non-compliant	12% (2)	0% (0)	10% (1)	8% (1)	30% (2)	6% (1)	10% (8)

Data Source: Children’s Administration, DLR Provider Home Study Review Results; July 2017

Home studies were rated as non-compliant when:

- Not all individuals ages 16 and over were listed on the Family Home Study Application or referenced in the home study as a member of the household had the required background checks, or
- The required documentation could not be found in either the file or FamLink

Region 3 North made progress from 60% in 2016 to 70% in 2017, but this region is again focused on greater improvement in this area. Region 2 North developed additional strategies for their action plan to improve the completion of background checks for all household members 16 years of age and older.

Were administrative approvals or waivers obtained for background checks as required per the Overview of Approval Process for Crimes and Negative Actions?

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	50% (1)	100% (2)	N/A	N/A	100% (3)	100% (4)	91% (10)
Non-compliant	50% (1)	0% (0)	N/A	N/A	0% (0)	0% (0)	9% (1)

Data Source: Children’s Administration, DLR Provider Home Study Review Results; July 2017

The administrative approval process was centralized in November of 2016, in two divisions of Children's Administration(CA), which included the Division of Child and Family Services (DCFS) and the Division of Licensed Resources (DLR). The intent of centralizing the administrative approval process was to create a better managed process and statewide consistency. As part of this statewide centralization, a specific criterion was created that identifies whether or not an administrative approval is required. The practice of DCFS and DLR prior to the centralized unit was guided by the supervisors, and there was variance from region to region as to whether or not an administrative review was required. The DLR supervisors would often have staff complete administrative reviews, even when they were not required by policy. Therefore, there was a drop in administrative reviews completed between 2016 and 2017 by DLR as noted in the home study review results. In 2016, twenty-four (24) administrative reviews were completed and eleven (11) were completed in 2017.

The one home study in Region 1 North that was rated as non-compliant was because the applicant was not cleared at the required level. The supervisor approved it, when it required an Area Administrator to approve it. This administrative approval is in the process of being completed by the Administrative Review Unit (ARU). Region

1 North did not meet the expected 80%, but because the sample size was too small; (they only missed one out of the total of two) they were not required to complete an action plan for this question. Although, this issue was discussed at a DLR all-staff meeting to remind staff of the importance of the Administrative Reviews.

The centralized administrative approval process includes the background authorization form being sent to the centralized Children’s Administrative Background Check (CABC) unit. This unit follows the criteria set by the DSHS Secretary’s list of

Disqualifying Crimes and Negative Actions and the Overview of Approval Process for Crimes and Negative Actions. If the results from the background check require an administrative review, this information is sent to the centralized ARU that works with the DLR management to approve or deny the administrative reviews.

Administrative Review Data
January 1, 2017 to November 30, 2017

	Referrals from CABC to ARU	Completed	Approved	Withdrawn	Not Approved
DCFS	1,497	1,275	21%	66%	12%
DLR	560	485	55%	32%	12%
Total	2,057	1,760			

Data Source: Children’s Administration, Administrative Review Unit; December 2017

When the applicant(s) identified adult children, did all adult children of the applicant(s) provide a reference? If not, were diligent efforts (at least two attempts) to contact those children documented?

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	88% (7)	88% (7)	100% (3)	100% (9)	83% (5)	100% (9)	93% (40)
Non-compliant	12% (1)	12% (1)	0% (0)	0% (0)	17% (1)	0% (0)	7% (3)

Data Source: Children’s Administration, DLR Provider Home Study Review Results; July 2017

Three home studies were determined non-compliant because not all adult children provided a reference and no documentation of diligent efforts existed when a reference was not obtained. The 2017 results were an improvement of 10% from 2016, and because each of the three regions had only one non-compliant they were not required to complete an action plan for this item. The Area Administrators did address this at their all-staff meetings as a reminder to staff to contact or provide diligent efforts to contact all adult children.

Were each of the requirements met on either the Foster Home Inspection Checklist or the Household Safety Inspection for unlicensed placements?

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	94% (16)	91% (10)	100% (11)	85% (11)	90% (9)	83% (15)	90% (72)
Non-compliant	6% (1)	9% (1)	0% (0)	15% (2)	10% (1)	17% (3)	10% (8)

Data Source: Children’s Administration, DLR Provider Home Study Review Results; July 2017

The 8 home studies rated as non-compliant were due to:

- The incorrect home inspection checklist being completed
- No checklist completed
- At least one of the individual check boxes on the checklist were not completed

The 2017 state-wide results showed a 9% improvement from 2016. Also, the three regions that were non-compliant in 2016 with this issue, all improved and were not required to complete an action plan regarding the checklist for 2017.

The annual home study review rates each question. The questions are rolled up for each region. Compliance is achieved on a particular question, when the region achieves compliance at 80-100% for that question. When performance is below 80% due to the failure of more than one case, an action plan with strategies for improvement is developed and monitored by the region. Results of the provider home study review are shared with the DLR management team, who in turn, meet with regional staff to discuss results and develop strategies for improvement. Regions with an action plan, report progress on each of the strategies for improvement quarterly or until their action plan is completed. The updates are reviewed by the DLR Administrator and deputy administrators. All action plans for the 2017 home study review will be completed in January 2018.

Stakeholder Feedback

There are various methods in which stakeholder feedback is solicited.

Foster parent representatives bring forward issues related to Children's Administration, including licensing regulations and consistency of practice, to a quarterly foster parent consultation workgroup. Meetings are held quarterly in every region, and foster parents at that meeting then identify two issues to bring forward to a quarterly statewide meeting with CA management.

Community providers also have a feedback loop regarding licensing standards. There is a quarterly meeting with the Washington Association for Children and Families, in which private child placing agencies and group care providers present issues related to consistency of practice. Issues addressed in the last year have included the consistency of background check processes, families transitioning between agencies, and interpretation of licensing regulations. Issues presented by this group are reinforced with ongoing meetings with staff, in order to ensure application of standards are applied equitably across the state.

Amendments or new administrative codes can be requested by foster parents, DSHS agency staff, group care facilities, and CPA's. Gathering feedback from both internal and external stakeholders is a crucial part in the process and is focused on clarity of the rules to minimize differences in interpretation and maximize application of consistent standards.

DLR proposed amendments to thirty-two WACs in 2017, with three different filings. Of the thirty-two proposed WAC amendments, seven have been finalized and made permanent. The remaining twenty-five proposed WACs remain in process to become permanent in 2018. Every WAC change is an opportunity to respond to feedback from the provider community related to potential inconsistency or confusion as to interpretation of standards. The proposed amendments were shared and feedback was requested through:

- Presentation at Indian Policy Advisory Committee (IPAC) meetings
- Presentation at the Foster Parent 1624 Statewide Consultation meetings
- Presentation at the Regional Medical Consultation meetings
- Presentations at DLR management and statewide supervisors' meetings
- Email notification, that also requests feedback was sent to the 243 CPA's or group care facilities, all DLR staff, and both internal and external stakeholders
- Email survey sent to over 9,400 foster parents or external stakeholders through the CA foster parent listserv distribution list
- Public hearing held for gathering of comments and feedback. This hearing is held in Olympia, but written comments may be submitted in lieu of attendance

The WAC filing process has several steps and timeframes that are required when amending a WAC. The first step is the filing of the CR-101, then the CR-102, which sets the date for a public hearing, and finally the CR-103, which makes the WAC permanent. This process at a minimum takes about five months. If there is feedback, the process

will take longer. Feedback was received from both internal and external stakeholders on the WACs and was incorporated prior to the filing of the CR-102. There was no public comment received for the CR-102 filing for the seven WACs that have been made permanent. The remaining twenty-five WACs are in process and the public hearings will be held in 2018.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Washington considers the requirements of criminal background checks to be a strength. The Department must adhere to the federal standards found in the Adoption and Safe Families Act of 1997 (ASFA) when reviewing an individual's criminal, negative action, and child welfare history prior to contracting with, licensing of, placing a child in, or authorizing any individual to have unsupervised access to children. State law and Department policy require Children's Administration (CA) to assess an individual's character, competence and suitability prior to authorizing an individual to have unsupervised access to a child. This assessment must determine if placement is in a child's best interest and review the criminal and negative action histories as they relate to child safety, permanence or well-being. CA staff must not contract with, license, place a child, or authorize unsupervised access to a child if an individual has a:

- Permanent disqualifying crime
- Five year disqualifying crime and it has been less than five years from date of conviction
- Crime or negative action that may relate directly to child safety, permanence or well-being

Background checks are required for all caregivers and household members over the age of 16 years old. Effective October 19, 2017, CA may require a background check for persons who are younger than 16 in situations where it may be warranted to ensure the safety of a child in out-of-home care ([RCW 43.43.832\(2\)\(a\)](#)).

In calendar year 2017, CA completed 43,510 background checks; 24,963 in-state and 18,547 national background checks. An in-state background check is a background check through the Washington State Patrol (WSP) and a national background check is a fingerprint-based background check through the WSP and the Federal Bureau of Investigation (FBI). Both include:

- Founded findings of child abuse or neglect made by CA
- Current and previous self-disclosed crimes or negative actions
- Conviction information from the WSP, Administrative Office of the Courts, Department of Corrections and new or prior Federal Bureau of Investigation results received by the Department
- Negative actions issued by CA, Department of Health and the Department's Aging and Long-Term Support Administration
- Sex offender registry check
- Out-of-state child abuse or neglect, when applicable
- Western Identification Network (WIN) conviction information shared by nine western states

A national background check is required for individuals over 18 years of age prior to a child being placed in their care. CA staff are able to access the National Crime Information Center (NCIC) database in emergent situations when there is not sufficient time to complete the national fingerprint-based background check prior to placement with kinship caregivers or suitable others. State law requires NCIC fingerprint submission to the Washington State Patrol within 15 calendar days of the background check request or the child must be removed. CA NCIC background check staff work directly with each NCIC applicant and schedules their fingerprint appointments and monitors compliance for these background checks. All other non-emergent fingerprint-based background checks

require the applicant to schedule their own fingerprint appointment. The average turnaround time for fingerprint results (emergent or non-emergent) is approximately five to seven calendar days after fingerprint submission.

The FBI Criminal Justice Information Services (CJIS) policy prohibits the dissemination of criminal history record information (CHRI) to anyone outside of CA and to anyone within CA who is not certified to access CHRI. In July 2016, CA consolidated its background checks processes to a centralized unit to comply with CJIS requirements. This unit processes all background checks for the purposes of adoption, contracting, licensure, placement and unsupervised access to a child.

CA also conducts internal administrative reviews of crimes or negative actions that are not disqualifying, but may relate directly to child safety, permanency or well-being. The Department consolidated its administrative review process to a centralized unit in November 2016. Prior to November 2016, these administrative reviews were completed by local offices and were not tracked. In calendar year 2017, CA completed 1,585 administrative reviews. Centralized, CJIS certified background check and administrative review units make a determination of fitness of the individual for which the purpose of the background check was requested by assessing an individual's criminal history, child abuse and neglect history from Washington and other states, and negative actions. Information regarding background check reviews and decisions are documented in FamLink under each applicant's person management page. The background check unit tracks all background check requests, administrative reviews, and outcomes.

Centralizing all background check processes, including administrative reviews, creates statewide consistency in the completion of background checks throughout all CA programs. Background check staff routinely provide training to new staff, programs, and offices upon request.

Background checks are necessary for gathering an individual's history of criminal and negative actions which are vital to assessing an individual's character, competence and suitability, but are not the only assessment utilized to determine child safety. There are federal categories of crimes that are automatically disqualifying, but CA has more discretion than most programs in how it reviews all other crimes. After comparing the individual's history to the federal and state criteria and the individual is determined to have passed the background check, the assigned caseworker or licensor must continue to assess the individual along with the submitted information as it relates to the child's safety and best interest. CA must not authorize unsupervised access or place a child with any individual who has not passed a background check. State law allows a court to place a child prior to the completion of a background check, but the background check is still required. In July 2017, the Department included administrative reviews when the court orders placement. Administrative reviews determine if the history relates to child safety, permanency or well-being. An individual with an ASFA crime is not eligible for an administrative review and will not pass the background check. CA staff must notify the court of any issues that relate directly to child safety, permanency or well-being revealed in a criminal, child welfare history check, or through a character, competence and suitability assessment, so the court can review its initial decision to place a child prior to the completion of a background check. For example, if the identified individual has a history of multiple DUIs, they would not be automatically disqualified as a placement option based on state or federal law. However, if this individual was to provide transportation for the child, the caseworker must complete an assessment or implement an appropriate safety plan that aligns with the purpose and results of the background check and is in the best interest of the child.

CA updated its background check policy on October 19, 2017, to provide clarification and outline a more streamlined process for completing background checks. Background checks completed for unlicensed caregivers can be used by CA's Division of Licensed Resources (DLR) in the licensing or adoption process if the child remains in the home and the caregiver chooses to become licensed or adopt the child.

CA must identify and document all household members for each placement within FamLink. CA is in the process of modifying FamLink to ensure all placements have completed the required background checks by cross-checking each household member, age 16 and older, named in the placement home to ensure a recent background check

was completed for that purpose. CA anticipates this system change to be completed by the second quarter 2018, however, this is subject to change due to any unforeseen technology delays that may arise.

In 2017, CA provided training to the office of the Assistant Attorney General, Washington State Office of Public Defense, private CPA's, and various court commissioners, judges and officials regarding background check processes and requirements. The outcome of this information sharing has increased awareness of safety issues when a background check is not completed or an individual does not pass a background check and the court orders the placement or unsupervised access regardless.

Washington participated in a title IV-E foster care eligibility primary review during the week of January 27, 2014. According to the report issued by the U.S. Department of Health and Human Services:

“The primary review encompassed a sample of the state's foster care cases that received a title IVE maintenance payment for the six-month period under review (PUR) of October 1, 2012-March 31, 2013. A computerized statistical sample of 150 cases (80 cases, an initial 20 oversample cases, and an additional 50 oversample cases) was drawn from state data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) for the above period. Eighty (80) cases were reviewed. Thirty-four (34) cases were excluded from the sample as there were no title IV-E foster care maintenance payments made for a period during the PUR.”

The report states that:

“In accordance with federal provisions at 45 CFR 1356.71, the state was reviewed against the requirements of title IV -E of the Act and federal regulations regarding...

- Safety requirements for the child's foster care placement as required at 45 CFR 1356.30.”

“The foster care provider's file was also examined to ensure the foster family home or childcare institution where the child was placed during the PUR was fully licensed or approved and that safety requirements were appropriately documented.”

Washington was found to be in substantial compliance. All 80 of the cases reviewed were found to have a criminal background check in full compliance with federal requirements. In addition, the report identified the state's foster home licensing and safety requirements as a strength and promising practice.

“During this review we found foster family homes are regularly licensed and renewed with no gaps between licensing renewals. Licensing files were well organized, complete, and current. Washington has implemented a clear review process for residential care facilities. Licenses were not issued until the criminal background checks had been completed. The Washington licensing information system is integrated into the SACWIS system, enabling correct and timely claiming by the Washington Title IV-E Specialists.

For children in out of state placements, reviewers found clear documentation in the case files that the homes were fully licensed for the period the child was in the home.

Except for one non-error case (OS-10), criminal background checks and safety requirements were met in accordance with the background check requirements that covered the period of licensure for the foster family home and for childcare institutions.

Since the last review, Washington has implemented an online "Children's Administration Background Check Application" (CAB) system. This system provides licensing and eligibility staff instant access to the status and results of criminal background check for foster parents as well as staff working in child care institutions. Documentation for all criminal background checks, including every employee of residential care facilities, are entered into the CAB system.

Washington utilizes a specialized criminal records background check unit (the BCCU) to ensure completion of all records check requirements. Documentation regarding the criminal background checks is located both in the new electronic CAB system as well as in the licensing files. Reviewers noted the

Background Clearance Notification Form (BAF) provided clear documentation of the results of each of the required elements of the criminal background check and included space for narrative, if needed.”

After the implementation of the Unified Home Study, DLR initiated a QA review process. The provider home study review occurred in July 2017 and the period under review was October 1, 2016 through March 31, 2017. The provider home study review evaluated 80 approved home studies, which accounted for 6% of home studies approved during the period under review. The sample is randomized and stratified as to geographic regions.

One of the questions used in the QA review is the following: “*Were background checks completed for all persons’ age 16 and older listed as a household member on the Family Home Study Application and referenced in the home study?*”. The teams are all provided technical guidance that background checks for youth age 16 and 17 years of age must include a FamLink records check and a background check conducted by the Department. Adults age 18 and older must have these checks, as well as an FBI fingerprint check and an out-of-state child abuse registry check if the person has lived outside the state in the preceding five years. During the 2017 review, this item was rated at 90% (72 out of 80) statewide. The QA review also assesses whether administrative approvals for criminal history were properly processed according to policy. Compliance in 2017 was 91% (10 out of 11).

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

CA has a fully functional statewide process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children which need a foster and adoptive home. In addition, Washington’s statewide diligent recruitment plan is fully operational. The Department utilizes two foster parent recruitment and retention providers; Eastern Washington University’s (EWU) Fostering WA program who serves Region 1 and Olive Crest’s Fostering Together program serving Regions 2 and 3. Recruitment activities completed by these contractors include general recruitment, targeted recruitment, child-specific recruitment and collaboration with community, faith-based organizations and local business. The recruitment and retention contractors are regionally located to better align with local communities and based on the needs identified by the procurement development workgroup.

CA’s recruitment efforts focus on foster and adoptive families who:

- Reflect the ethnic and racial diversity of children in care
- Are committed to the safety and well-being of children placed in their care
- Celebrate and respond to each child’s unique characteristics
- Care for children of all age, gender, sexual orientation, sibling groups and children with special developmental, behavioral or medical needs

Fostering Together and Fostering WA continue to recruit for diverse families to meet the unique needs of children who enter the foster care system in Washington. Priority populations in our recruitment efforts to address the needs of racially and ethnically diverse children are: Native American, African American and Hispanic families.

Other specific populations identified for recruitment efforts are:

- Sibling groups
- Youth ages 13 and older
- Young adults in extended foster care
- Children ages 0-3 years
- Children with more intensive supervision needs
- Medically fragile children

- LGBTQ children and youth

Examples of recruitment activities include:

- CA, Olive Crest, and EWU provide ongoing recruitment efforts supported by the State Recruitment Information Center (SRIC). The SRIC tracks prospective foster and adoptive families from the point of inquiry through completion of the foster care license. These contracts utilize current or former foster parents as recruiters. Olive Crest Liaisons and EWU Resource Peer Mentors (RPM) work with potential foster families and provide support for caregivers to complete the required pre-service training, licensure requirements, and assistance understanding and navigating the child welfare system.
- Olive Crest continued to forge recruitment partnerships with tribal, Hispanic, African American, and LGBTQ community partners and stakeholders. New partnerships have been developed with the Union Gospel Mission, School Districts, community business, and churches. Existing partnerships have been strengthened through continued partnerships with Hispanic newspaper, radio, faith, and business leaders. Olive Crest continues to utilize its African American, Hispanic, Native American, sibling groups, and LGBTQ recruitment videos effectively in ongoing recruitment.
- EWU has established a strong online presence and growing caregiver participation on their website, as well as several private Facebook pages to support foster parents and kinship caregivers. An additional Facebook page serves families interested in applying to become a foster parent. Online Facebook ads targeting specific recruitment efforts continue to reach specific populations in identified communities across Region 1.
- The partnership developed between CA and the Office of Deaf and Hard of Hearing (ODHH) continues to offer consultation and resources to benefit families and children across Washington. Deaf and American Sign Language proficient families submit applications and tell their friends about the need in response to the recruitment presentation. Another recruitment evening is planned in eastern Washington this next year. Deaf/ASL proficient foster parents connect on line via Olive Crest's Deaf/ASL Facebook page. The partnership with the ODHH has built an improved working relationship between the two agencies. CA submitted information to ODHH's newsletter and ODHH has shared information on communication and language needs for children in the child welfare system.

The number of newly licensed foster parents in 2017 has continued to show measurable increases, yet retention of existing foster parents continues to be a challenge. The number of newly licensed homes increased by nearly 200 in 2017, bringing CA's foster home total to approximately 5,000. The number of inquiries has remained at the same pace as last year and 2017 is expected to replicate, if not exceed the 6,747 inquiries during 2017. CA worked to address systemic challenges this year in moving families from inquiry to licensure through a Value Stream Mapping (VSM) effort. This new data may reflect that some of the identified goals and outcomes of the VSM may be bringing positive results. Systemically, the VSM process identified the necessary coordination of efforts between CA Division of Children and Family Services, CA Division of Licensed Resources, the Alliance, the SRIC, and the recruitment and retention contractors.

Prospective foster families who respond to recruitment messages are allowed to choose the licensing agency that best fits the needs of their family. Families can be licensed through DLR, a private CPA or a Tribal agency. During 2017, the CPA's have increased their efforts to license more foster homes to support the needs of all children entering out-of-home care. Each CPA that licenses a new foster home, receives a small incentive. Of the 27 CPAs participating in this effort, there have been 356 new foster homes licensed during 2017. Of those 356 foster homes, 28% (99 out of 356) are reported with a racial or ethnic background other than Caucasian.

In a prior recruitment contract, CA required a quarterly diversity report from the contractors detailing efforts to recruit homes that mirrored the population of children in care. The impact of targeted recruitment efforts is not typically seen for three or more months given the amount of time it takes to get licensed and the difficulty in pinpointing which effort led the family to decide to become licensed. As CA explored restoring this requirement during contract amendment, we learned this requirement could not be added to the pending amendment. As CA

issues the release of a new procurement for foster parent recruitment and retention services in 2018, we will reassess how reporting is captured for those foster homes that represent the minority backgrounds of the children who are in out-of-home care.

The table gives a picture of the increasing number of newly licensed and total numbers of licensed foster parents over the last four years. The reduction in newly licensed foster homes in 2016 could be reflective of the contract change for foster parent recruitment and retention.

Number of Department and Private Agency Homes Licensed by Year

Calendar Year	2014	2015	2016	2017
Number of licensed homes (end of calendar year)	4,705	4,660	4,883	5,015
Number of first new licenses issued (in calendar year)	1,214	1,266	1,229	1,187
Number of renewal licenses issued (in calendar year)	594	594	515	533

Data Source: Count of CA Licensed Providers by Location and Type and Licensing Timeliness Report; infoFamLink; December 2017

CA also contracts with Northwest Resource Associates who operates the Department’s SRIC. The SRIC allows prospective foster and adoptive families to submit an inquiry online or call the state’s toll-free recruitment line at 1-888-KIDS-414. The prospective foster and adoptive families contact information is automatically entered into the SRIC, with no additional work required by the contractor. Inquiries from prospective foster and adoptive families remain strong with increases in some regional areas. SRIC works well to track families through the inquiry and application process when properly entered.

In 2017, CA identified contact points that do not generate an automated entry into SRIC; rather, they require notification to the recruitment contractor to initiate follow-up. Potential foster and adoptive parents are not entered into SRIC when:

1. An individualized inquiry is made directly to a CA staff member
2. Completion of the DLR online orientation
3. Direct contact with DLR Licensing staff

These system “holes” leave prospective foster and adoptive families without important connections and support needed to navigate the foster parent training and licensing process; which leads to the loss of prospective foster and adoptive families.

In February 2017, a Lean problem solving event was convened to identify barriers and develop action steps to assist with foster parent recruitment and supporting prospective foster and adoptive parents through the training and licensing process. Participants included CA staff, DLR licensing staff, Recruitment, Development and Support Leads, the Alliance for Child Welfare Excellence, and representatives from Fostering WA and Fostering Together. Current caregivers were invited to participate but were unable to attend due to scheduling conflicts. CA was able to gather direct feedback regarding successes and challenges through the process were obtained prior to the event and shared with participants. During this event, an action plan was developed that identified barriers and action steps to improve the process. Workgroups for individual action steps were created from attendees with a target completion date of 90 days following the event. Below is the list of identified barriers and action steps developed and addressed in 2017.

Identified Barrier	Action Step
Communication with all parties (DLR, regional program managers, the Alliance, and recruitment and retention contractors) is not consistent and allows for misunderstandings and gaps in info sharing.	Create ongoing group membership with regional support, team members who are knowledgeable of the system and work to establish open lines of communication that are streamlined and predictable; information distributed to all key parties.

Identified Barrier	Action Step
	The Recruitment and Retention Communication group was formed and now meets quarterly to improve communication with all key parties.
Return envelopes provided in application packets are not large enough to hold all materials.	DLR to distribute the correct size to support inclusion of all application materials. DLR has distributed the correct size envelopes for return of application materials.
Prospective Foster Parents need consistent process/response to know their application has been received.	DLR will update and ensure a 7-day response letter is sent to prospective Foster Parents. DLR updated the 7-day response letter, updated staff on its utilization and is now in active use.
Names and licensure dates of newly licensed foster parents are not provided to recruitment and retention contractors for follow up.	DLR will create a monthly report for recruitment and retention contractors that includes names by region and local office of newly licensed families. Additional report will provide names of prospective Foster Parents who submit application and/or withdraw from the application process. This effort will take more coordination than fully anticipated. It has been postponed for another year.
Current names and dates of prospective Foster Parents and current training status is not provided by the Alliance to the recruitment and retention contractors (Confidentiality issue between contractors).	Alliance is now providing a monthly report to CA statewide recruitment and retention program manager who shares the report with the recruitment and retention contractors. CA regularly receives the monthly report on current training status from Alliance. This report is shared with the contractors.
Lack of ability to track prospective Foster Parents who completes DLR's on-line orientation; recruitment and retention contractors can't track and support prospective Foster Parents. Online Orientation also is difficult to follow, links need to be updated and resources for help need to be on same page.	Online orientation will be updated to request contact info for each prospective Foster Parents who completes. The SRIC I-Frame will be embedded in the on-line Orientation to allow easy access for prospective Foster Parents. Online Orientation page will be updated to make page more user friendly CA's website containing the on-line orientation material has been streamlined and is more user friendly. The I-Frame has been embedded and is active to collect information from prospective foster parents.
Create follow-up for walk-ins and call-ins to DLR that must be manually entered in SRIC.	DLR staff will be informed on how to share info with recruitment and retention contractors on prospective Foster Parents who make direct contact with DLR staff. The DLR staff has received updated information and training on how to share info on prospective foster parents with the recruitment and retention contractors.

Identified Barrier	Action Step
DLR's application process can be confusing and prospective Foster Parents may not be aware of all requirements.	Develop a road map for prospective Foster Parents that outlines the process. The road map has been completed and is now fully utilized by prospective foster parents.
Model Olive Crest's successful Liaison prospective Foster Parents application support held at Caregiver Core Training in Vancouver.	Pilot project launched at 6 sites to model successful Liaison support; track applicants who use the support. The pilot was launched and completed. This project offered an opportunity to engage prospective foster parents who need additional assistance in completing the application. Nearly all sites reported prospective caregivers did not avail themselves of this support. CA may revisit this process to determine if the sites lacked necessary privacy for prospective foster parents to feel comfortable in sharing private information.
The Alliance's web registration page is confusing for prospective Foster Parents. It requires the creation of a profile and is combined with social work staff user registration.	Create separate registration pages for caregivers and professional staff. Streamline caregiver user profile. The Alliances' site has been updated and separated to assist caregivers in easily registering for classes.
The Alliance's training schedule is cumbersome; Caregiver Core Training and caregiver in-service are mixed together by date.	Alliance will streamline published schedules; separating Caregiver Core Training and in-service trainings. All schedules for training have been streamlined and separated to help families with registering for classes.
No data exists on prospective Foster Parents who visit on CA's foster parent website.	Submit request for monthly user report to webmaster on view to CA's foster parent pages. Completed. CA is now able to assess the analytics of users on the foster parent pages.

The SRIC question regarding racial and ethnicity background queries families regarding numerous backgrounds and also allows individuals to select "prefer not to disclose". For calendar year to date 2017³⁵, the SRIC currently reflects increased inquiries in the following categories:

- African American
- Latino/Hispanic
- Middle Eastern

Reduction in inquiries were noted in the Asian and Caucasian populations. The Native American inquiry rate has remained constant. Individuals who chose not to disclose their racial or ethnic background has decreased from 33% in calendar year 2016 to 31% in calendar year to date 2017. With 2017 not yet complete, any final changes should be re-evaluated and shared with the RDS teams for updated recruitment planning compared with local placement data to determine if on-going recruitment efforts are being focused on families who reflect the diversity and unique needs of children coming into out-of-home care. Because families can report more than one ethnicity, the totals in the chart below will be higher than the total number of families reported in SRIC for calendar year 2017.

³⁵ Calendar year 2017 year to date: January 1, 2017 to November 30, 2017

Race/Ethnicity for Prospective Foster Families

Calendar Year to Date 2017

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Spanish Speakers	Grand Total
African American	32	19	55	127	116	104		455
Asian/Pacific Islander	17	11	32	63	56	40		219
Caucasian	538	308	494	550	619	859		3,414
Latino/Hispanic	76	144	70	100	76	75	15	559
Middle Eastern	6	2	7	9	6	9		35
Native American	33	16	28	28	29	48		182
Prefer Not to Disclose	623	193	359	380	257	344		2,156
Grand Total	1,324	693	1,049	1,257	1,159	1,514	15	7,020

Data Source: Northwest Resource Associates, State Recruitment Information Center (SRIC) data system; Inquiries by prospective foster parents, 2017 YTD 11/30/17

Minority Foster Home Report

January 1, 2017 – December 31, 2017

Multi Race/Ethnicity	Foster Homes
Asian	116
American Indian/Alaskan Native	112
Black	185
Hispanic	270
Native Hawaiian/Other Pacific Islander	40
Total	723

Data Source: FamLink Children's Administration; Minority Foster Home Report; This report only includes licensed foster homes where at least one primary or secondary contact has a documented race that is listed in the table. Providers can be counted in more than category; December 2017

Approximately 46% of children in out-of-home care are placed with kinship caregivers. The percentage of kinship caregiver placements does impact the level of actual foster homes needed. Many prospective foster parents choose not to disclose their race and ethnicity information when they initially inquire. The DLR licensing application does ask for this information, but the application can be processed without it. The duplicated count of children placed and minority foster home report charts illustrate how CA has performed towards this goal over the last calendar year.

In partnership with the recruitment and retention contractors, the Department coordinates with many groups and organizations to improve recruitment outcomes and continuously strengthen, improve, and diversify recruitment of potential foster and adoptive families. Some of these groups and organizations include CA's Foster

The goal is to have at least one home available for each child or sibling group entering out-of-home care that would represent their racial and ethnic background, in addition to being able to meet other needs. CA has demonstrated a strong and ongoing commitment to placing children with relatives.

Duplicated Count of Children Placed Initial Placement Foster Home

January 1, 2017 – December 31, 2017

Race/Ethnicity	Foster Home/ Receiving Home
White/Caucasian	953
Black	145
Multiracial - Black	126
Hispanic	338
Native American	53
Multiracial - Native American	177
Asian/Pacific Islander	49
Multiracial - Other	32
Unknown	42
Total	1,915

Duplicated count of children refers to children who may enter out-of-home care more than once during the reporting period. Foster home/receiving home count is not duplicated.

Data Source: Children's Administration, FamLink Data Warehouse; DCFS Youth <18 Removed during calendar year 2017 by Race/Ethnicity; January 8, 2018

Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence, and Washington's many CPAs and tribes. Each region and many local offices have also developed Recruitment, Development and Support (RDS) teams to assist in this work. These teams bring together a variety of agencies and individuals committed to diverse caregiver recruitment and support.

Over the past year, CA's RDS teams have increased to approximately 30 statewide. Teams have worked to broaden their membership to include representatives from community partners such as CPAs, faith based groups, foster alumni, different racial/ethnic groups, tribes, LGBTQ populations, business leaders, foster and adoptive parents, placement staff, recruitment and retention contractors, and Quality Assurance – Continuous Quality Improvement staff.

Building diversified and inclusive recruitment teams has improved recruitment opportunities within local areas. Recruitment and retention contractors have active participation in these teams and receive data at quarterly team meetings. The teams use child removal and placement data in concert with DLR foster home data. This allows individual teams to identify local child removal and placement trends, existing and available placement resources, and the need for additional foster homes that can meet the ethnic and racial diversity of children placed in out-of-home care.

Data from DLR and local child removals allows each team to develop their priority recruitment efforts. RDS teams brainstorm possible recruitment efforts and activities that may bring positive outcomes aimed at the recruitment priorities, based on local demographics of age, racial/ethnic background, gender, sibling status, and special needs. Teams request monthly follow-up on the contractor's recruitment efforts. Successes are celebrated; strategies are developed when challenges and barriers are encountered. Data is updated and reviewed quarterly to allow for adjustments to recruitment, as needed. The HQ Recruitment and Retention program manager continues to work with the regions on focusing their RDS teams, setting goals, using data (removals, placements, and foster home licensing) and developing a CQI process.

Current RDS team efforts include:

- Region 1 North: The Wenatchee team has built a strong partnership with the local community in hosting foster parent recruitment events. The team identified recruitment goals for one quarter, which included the need for two Hispanic, bilingual foster homes. Recruitment messaging was timed with CA's scheduled Spanish radio recruitment program. The message about the need for these families was shared broadly in the community and several families came forward. Their need has been filled.
- Region 1 South: Started RDS teams in the Toppenish and Sunnyside offices. These offices serve a high Hispanic and Native American population. RDS team facilitators are bi-lingual which encourages greater participation from the bi-lingual community.
- Region 2 North and South: Begun a partnership with the Union Gospel Mission through the Foster Support Faith Alliance. Small, local churches with racially diverse and nontraditional congregations have developed a mission to help support children in out-of-home placement, foster care recruitment, and the local caseworkers who serve Washington's child welfare system.
- Region 3 North: An LGBTQ family joined a local foster parent support group where they found a strong and supportive community. They now partner with Recruitment and Retention staff in providing recruitment efforts within the LGBTQ community. The family is an exceptional resource for children as well as staff in helping them step out of their comfort zone in working with LGBTQ families and transgender youth.
- Region 3 South: Made connections with the Vancouver Cross Roads Community Church; a racially diverse church interested in supporting foster parents, foster care recruitment and the Office Moms and Dads program, because "ordinary people can be used in extraordinary ways." Several foster parents of varied racial/ethnic backgrounds attend this church and one of the foster parents from this church has become

active in leading several of the local support groups. The church offers their facilities on a regular basis for a foster parent night out while the children are cared for by their staff.

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

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Washington State Children's Administration utilizes a statewide process outlined in policy for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. As of October 1, 2017, 1,765 children were legally free in Washington state. Beginning June 2016, the HQ Adoption Program Manager initiated a monthly review of children who have been legally free over one year without achieving permanency. The data is reported monthly to the adoption management team and used to ensure recruitment efforts are being followed to track barriers to permanency and work with the adoption management team to strategize solutions. CA is unable to identify the number of children who are legally free and not in their permanent placement due to inconsistent data entry in FamLink. Changes to FamLink are required in order to utilize an electronic report for accurate tracking and identification of legally free children placed in their permanent placement.

CA is unable to identify the percentage of legally free children in permanent placements through FamLink, however, through periodic reviews completed in 2017 for this population indicates that approximately 30% of children legally free over one year are not in permanent placements. This supports the conclusion that approximately 70% of legally free children are in their permanent home of choice and do not require recruitment or cross-jurisdictional resources. The other barriers to adoption are court appeals, home studies, ICPC issues and concerns with the placement resource.

Recruitment efforts for a permanent placement begin prior to the child becoming legally free. Washington's statewide policy requires if a child is not in a potential permanent placement, he or she must be registered with the Washington Adoption Resource Exchange

(WARE), a resource only available to families who live in Washington State, within 30 days after a termination of parental rights petition has been filed. Between January and June 2017, there were 314 children registered on WARE; of those, 56% (176 out of 314 children) were aged 12 or older and 42% (132 out of 314 children) were minority youth. In addition, 62% (195 out of 314 children) were males, 37% (99 out of 314 children) were females and 0.64% (20 out of 314 children) identified as transgender. CA is unable to calculate the number of children eligible to be registered on WARE with the current FamLink data system. A workaround utilizing the revised court report is being established to access this data, however, there is no completion date identified due to program needs and prioritization of other requests.

Children Legally Free Over One Year

	Region 1	Region 2	Region 3	Total
January 1, 2017	196	196	166	558
February 1, 2017	178	187	164	529
March 1, 2017	166	198	157	521
April 1, 2017	174	200	164	538
May 1, 2017	182	197	165	544
June 1, 2017	190	205	163	558
July 1, 2017	188	209	178	575
August 1, 2017	209	267	203	679
September 1, 2017	173	230	166	569

Data Source: Children's Administration FamLink; PQR 360; October 2017

Children registered on WARE can also be presented at monthly statewide adoption consortiums. In June 2016, CA initiated monthly statewide adoption consortium meetings. Consortiums provide an opportunity for adoption caseworkers, CFWS caseworkers, DLR staff, guardian ad litems, CASAs, private agency staff (caseworkers, supervisors, or directors), and families to meet and present information on children who are in need of permanent homes. The families presented or in attendance have an approved home study and are awaiting a child placement. Video conference sites are located across the state in specific CA offices and a conference call line is available for those private agencies and families who reside out-of-state. In 2016 and 2017, five out-of-

state agencies consistently participated in our monthly consortium. In June and October 2016, and May and October 2017, CA hosted consortium events where in-person attendance was encouraged to allow caseworkers to meet private agency workers and families face-to-face. In addition, CA used these events as an opportunity to provide cross-training. Training topics included permanency considerations, team building, and best practice ideas when assessing families for placement.

As a results of consortiums, Region 1 has reported an increase in home studies of families interested in the placement of legally free children and has reported successful placements. Region 1 has fewer local adoption agencies than Region 2 and Region 3, so the ability to connect with agencies across the state has contributed to the placement increase. Both Region 2 and Region 3 also report placement matches as a result of consortium presentations. CA is not able to measure placement outcomes from consortiums as reporting relies on caseworker response. The hope is to build a mechanism for reporting in the future; until then, CA is tracking anecdotal data.

When a child becomes legally free, recruitment efforts also include registration with Northwest Adoption Exchange (NWAE), AdoptUSKids, WACAP Waiting Child and other exchanges; in addition to WARE registration and monthly consortiums. CA contracts with Northwest Resources to manage NWAE, as well as, all exchange registrations for a legally free child. Northwest Resources recruitment also includes a Specialized Recruitment Program (SRP) which provides focused, intensive recruitment efforts for each child enrolled in the program. Children typically enrolled in SRP have been legally free for over a year and/or have significant behavioral and/or emotional issues. Enrollment in SRP is capped at 20 children and is the number served in 2017. Northwest Resources also provides photographers from across the state to take professional photos of the child for recruitment profiles. Child recruitment efforts also include the Wednesday’s Child program (available in Western Washington), Saturday’s Child program (available in Eastern Washington), and assignment of a worker from Wendy’s Wonderful Kids (WWK) (available in King, Pierce and Thurston counties).

For children placed out-of-state who require contracted services and his or her permanent plan is adoption, CA has a Purchase of Services (POS) program. The program and contracts are negotiated and created by the HQ Adoption Program Manager for consistency; funding for services comes from CA HQ budget. To apply for POS funds, caseworkers must present a copy of the shared planning meeting notes to support the transition and placement stability of the child. The meeting notes must identify that the matched family is able to meet the child’s needs. The caseworker must also include a transition plan, a copy of the family’s home study and a list of any necessary services the family and/or child is in need of to support transition and placement stability. As of October 2017, there are 16 out-of-state agencies contracted under the POS program. Those agencies provide monthly health and safety visits, as well as, reports and adoption finalization services for a fee. The POS program can be used to address barriers to adoption finalization. These include, counseling to stabilize the placement, completion of home studies and other supports in the adoptive home. January 2017 through October 2017, three (3) children placed out-of-state with a POS contract were adopted and one (1) placement disruption occurred. Twelve children placed out-of-state with POS funding remain in placement in 2017.

January through September 2017, CA made 128 (out of 760 referrals) ICPC referrals for adoptive placements out-of-state. There were 79 Washington children placed in out-of-state permanent adoptive placements. During this same time period, 120 Washington children placed in out-of-state adoptive homes prior to January 2017 achieved permanency. The Interstate Compact on the Placement of Children (ICPC) program works together with the HQ Adoption and Permanency Program Managers. The ICPC unit provides guidance and support to field staff and other states in all matters related to interstate placements. When Washington is the receiving state, the ICPC unit

Count of ICPC Placement Referrals

Race and Ethnicity	Referrals
Asian/Pacific Islander	12
Black	85
Hispanic	108
Multiracial-Black	78
Multiracial-Native American	59
Multiracial-Other	16
Native American	37
White/Caucasian	391
Unknown	3

*Data Source: Children’s Administration
FamLink; PQR 1438; December 2017*

works with DLR staff to complete the unified home study process. The DLR completes ICPC relative, foster licensing, and adoptive home studies, Department of Children, and Family Services complete the ICPC parent home studies and provide courtesy supervision. WA uses the Unified Home Study to assess kinship, foster parents, and adoptive homes. The unified home study is completed on caregivers to assess the potential for permanency from the initial home study process so permanency can be achieved without delay.

ICPC is a specialized topic and to meet the needs of staff, an ICPC e-learning was developed in 2015. This learning format is accessible to staff at all times. The e-learning provides a general overview of the ICPC process for both incoming and outgoing requests and placement process. ICPC staff is available to train in-person as needed and to problem solve with staff and stakeholders (court, caregivers, and other states).

[Barriers to the use of cross-jurisdictional resources](#)

One barrier to the use of cross-jurisdictional resources is lack of knowledge by staff about resource availability. Training on the use of cross-jurisdictional resources for children in need of permanent placements is provided to CA staff during RCT, ICPC e-Learning, and twice yearly at adoption specialized track training which is required training for statewide adoption staff. At adoption specialized track training, the HQ ICPC Supervisor provides a two-hour session on the ICPC process and rules. Information is also provided to staff regarding those states requiring a private contract with agencies for placement, monthly supervision and adoption finalization.

Another barrier is CFWS caseworker's inconsistent knowledge about recruitment strategies and policy. Some CFWS caseworkers are not informed about the policy related to WARE registration for children who are not in permanent placement or the ability to present a child at consortium after the termination of parental rights petition has been filed. In some regions, CFWS caseworkers retain the cases after the child becomes legally free and have not taken the specialized adoption training offered by CA. This training is required for adoption staff but attendance is voluntary for CFWS staff. The specialized adoption training ensures that caseworkers have the necessary information, resources and skills to meet the children's permanency needs for children in need of permanent placements who are not returning home. Strategies to increase knowledge of available resources include having adoption staff attend all permanency planning meetings and including some generalized information in RCT. Adoption staff are specifically trained on permanency options and recruitment strategies. They are also asked to attend shared planning meetings as the permanency experts to help educate staff and community members. Permanency leads in each region are notified when a child is identified as not in a permanent placement. The permanency leads follow-up with the caseworker and supervisor to ensure CAs recruitment policy is followed and will assist with the consortium presentation.

Timely completion of home studies through ICPC is another identified barrier. WA is required to have a home study and placement approval from another state prior to placement. Washington has limited control over how quickly another state provides a home study.

January 2017 through September 2017, Washington received 671 interstate requests to place a child from another state. Potential permanent placements were identified for 93 (out of 671 received) of the requests and 87 adoptions were completed January 2017 through September 2017. The HQ ICPC Program Manager will continue to strategize with DLR and the CA data team regarding the reasons for delays, identify issues, and create a plan to increase the completion rate of timely placement decisions. There are many factors which impact the timeliness of permanency across state lines. Several of the challenges are the data can span multiple years and differences in policy between sending and receive states affects when home studies can be requested or completed.

Overall, cross-jurisdictional placement across the state is a practice strength because it allows CA to place children in potential permanent homes much sooner than the typical ICPC transition times. While Washington state is experiencing a placement crisis for children in out-of-home care, the use of cross-jurisdictional resources is limited by CA policy and best practice for children and families. First out-of-home placement priority for children is within their locale, then county, then within WA state before caseworkers would consider out-of-state placement, unless the placement was with a kinship caregiver and continued contact with biological parents was

not in the child's best interests. Use of out-of-state resources is limited because of the CA goal of keeping family members within close proximity and connected. Placement out-of-state does not align with that practice unless it is in the child's best interest to do so.

Cross-jurisdictional resources in general are used for kinship placements, legally free youth, and/or those youths not requiring reunification services with their biological parents. CA has a centralized relative search unit that works to locate relatives for every child through family interviews and computer search. CA has expanded its efforts for cross-jurisdictional placement of legally free youth through the advancement of monthly consortium events. In 2015, CA also improved the vetting process for children placed out-of-state so that agency's ability to support placement and the appropriateness of the match between child and family are closely assessed. This has dramatically decreased the number of out-of-state adoptive placement disruptions.