



## 2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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Partnership, Prevention, and Services Division

Approved for distribution by Amy Matchett Wagner and Sidse Nielsen, Data Analyst

The federal reporting unit within DCYF extends many thanks to the staff, program managers, administrators, and executive leadership for contributing to the completion of the 2025 Annual Progress and Services Report. The subject matter expertise provided about child welfare practice in Washington state is invaluable and has built a report that is an accurate reflection of the great work occurring with children, youth, and families. Thank you again for your commitment and contribution toward this report while protecting children and strengthening families so they flourish.

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## General Information

The federal Administration for Children and Families (ACF), Program Instructions ACYF-CB-PI-24-02 requires that all state agencies responsible for administering or supervising the administration of child welfare (CW) programs under Title IV-B subparts 1 and 2, and Title IV-E of the Social Security Act to submit an Annual Progress and Services Report (APSR). This is the final APSR related to the 2020 – 2024 Child and Family Services Plan (CFSP).

In 2017, Washington State enacted [HB 1661](#), which led to the creation of the Department of Children, Youth and Families (DCYF). DCYF encompasses programs and services previously offered through the state Children’s Administration, Juvenile Rehabilitation Administration (JR), Department of Early Learning (DEL), Office of Juvenile Justice (OJJ), and Working Connections Child Care (WCCC). The combining of these programs and administrations allows for an opportunity for a unified effort that all of Washington State’s children and youth grow up safe, healthy and thriving. HB 1661 also established the Office of Innovation, Alignment and Accountability (OIAA). OIAA is tasked with reviewing and recommending implementation of advancements in research; supporting the agency to implement data-driven and research-based efforts to improve outcomes for children, youth and families; and support continuous quality improvement.

DCYF is the lead agency for state-funded services that support children, youth, and families to build resilience and health, and to improve educational outcomes. The focus is to support children, youth, and families at their most vulnerable points, giving them the tools they need to succeed with a focus on prevention and early intervention.

### Mission

Protect children and strengthen families so they flourish.

### Vision

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

### Values

- Inclusion
- Respect
- Integrity
- Compassion
- Transparency

### Guiding Principles

- A relentless focus on outcomes for children. A commitment to collaboration and transparency

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- A commitment to using data to inform and evaluate reforms, leveraging and aligning existing services with desired child outcomes
- A focus on supporting staff as they contribute to the agency's goals and outcomes

### Strategic Priorities

In Spring 2023, DCYF Leadership reviewed the original 2020 Strategic Priorities and revised them to more accurately incorporate new challenges and goals for DCYF. The seven focused priorities are:

1. Safely reduce the need for child abuse and neglect intakes. Reduce entries and re-entries into CW and JR.
2. Safely reduce the number of children in out-of-home care by 50%.
3. 80% of Washington State children will be ready for kindergarten.
4. High quality child care is available and affordable to all in Washington State.
5. Youth exiting DCYF systems will graduate from high school at the same rate as all Washington State youth.
6. Youth exiting DCYF systems will be employed and/or enrolled in post-secondary at the same rate as all Washington State youth.
7. Reduce by half the number of youth who experience homelessness within one year of exiting the DCYF system.

These strategic priorities were made with representation from CW and JR staff's input. For each of these outcomes a theory of change is being identified.

In addition, DCYF released an additional [Strategic and Racial Equity Plan](#). This plan incorporates the agency strategic plan and racial equity plan and includes the top six agency priorities in three categories of practice that will guide the work of the agency over the next five years.

#### *Equity*

- Eliminate racial disproportionalities and advance racial equity.

#### *Intention*

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

#### *Capacity*

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

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

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## Organizational Changes

There were organizational structure and leadership changes that occurred to better support families in their communities as well as the DCYF workforce:

- The Office of Strategic Initiatives and Collaboration (OSIC)
  - OSIC was developed in 2023 and is led by John Tuttle-Gates. This is a revisioning of the former Organizational Change Management Office within DCYF. OSIC is responsible for building capacity in Enterprise Project Management, leading business transformation initiatives, and advancing agency integration. The office will also provide support and structure to cross-agency collaborations. OSIC coordinates a portfolio of specified agency projects identified by the Leadership Team. The office looks for opportunities to streamline and integrate those projects through the development of a consistent governance structure. Additional Division projects may still be managed within Divisions with the hiring of Division project manager positions that can liaison with OSIC to coordinate projects that may be occurring outside of the agency portfolio. OSIC has developed a Community of Practice for project managers within the agency that meets twice a month. This office is still under development, and it is expected it will evolve over time.
- Child Welfare (CW) Division
  - Dorene Perez became the Deputy Assistant Secretary of Child Welfare (CW) in Fall 2023 and supervises the Regional Administrators in six regions.
  - February 2022 Adrienne Franklin became the Director of Child Welfare Programs and Practice which has brought the eight primary child welfare program managers, the Family Practice Model Implementation, Child Welfare Policy, QA/CQI, Data Integrity, and Training for Child Welfare Staff with the Alliance under Assistant Secretary Natalie Green.
  - Dr. Joel Odimba began a temporary role in May 2022 focusing on CW staff recruitment and retention and was made permanent Fall 2023. In addition, a Child Welfare Targeted Recruiter, Steven Loduha was hired to assist with recruitment efforts and brainstorm ways to increase applicant pools.
  - Additional changes have occurred in regional offices to better support programs and staff. For example, Regions 4 and 5 have a Retention and Recruitment manager who directly report to the Regional Administrator.
- Partnership, Prevention, and Services (PPS) Division
  - Vickie Ybarra became the interim Assistant Secretary of PPS in Fall 2023. This transition was made permanent in 2024.
  - Barb Geiger was redeployed from the Director of Practice Support and Quality Improvement to lead DCYF's D.S. Settlement work in Fall 2023. She also is the Director of Placement Continuum and Stability.
  - MaShelle Hess became the interim Director of Practice Support and Quality Improvement in Fall 2023.
- Early Learning (EL) Division
  - Nicole Rose was appointed as the Assistant Secretary of Early Learning. Teams from the previous Early Learning Programs division and the Eligibility team are now under the overarching umbrella of EL. To better connect early intervention programs that

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focus on social-emotional learning, the Early Childhood Intervention and Prevention Services program (ECLIPSE), Infant and Early Childhood Mental Health Consultation (IECMHC) and Trauma Informed Care Teams moved from the Family Support Programs Division to EL.

- In January 2022, ECLIPSE was officially combined with Early Childhood Education and

Assistance Program (ECEAP). At that time, the original two contractors were located in King and Yakima counties with the ability to serve 172 children. In the 2021-23 biennium EL received additional funds for expansion. Through three Request for Application (RFA) cycles DCYF awarded slots to nine new contractors and will start the 2024-25 year with the ability to serve 521 children. They are now located in all six DCYF regions and 15 counties.

- The Administrative Services Division
  - The Provider Supports unit, led by Chris Parvin, moved to the Administrative Services Division under Director Jennifer Williams.
  - The Administrative Services Division hired a Legal Officer (Assistant Director) in April 2022 to lead and grow the Legal Services Office which will help support the agency in litigation, records management, public disclosure and other program legal supports.
  - The Peer Support program has changed its name to Resilience Support Team and has expanded its services to better support staff through experiences of primary and secondary trauma. A Clinical Supervisor and clinical practitioners have been hired who can work with staff beyond the critical event and provide added support.
- The Office of Racial Equity and Social Justice (ORESJ)
  - There are nine Racial Equity and Social Justice Administrators who have been hired to address RESJ issues in the regions and other areas of DCYF. LD is currently recruiting for a RESJ administrator. The RESJ Administrators report to their respective divisional and regional units.
- Licensing Division (LD)
  - Ruben Reeves became permanent as the Assistant Secretary for the Licensing Division. The LD has worked extensively in revising licensing requirements for relatives in 2023.
- Office of Professional Learning and Practice
  - The Office of Professional Learning and Practice was created in August 2023 to provide an overarching strategic direction for all learning and preparation initiatives, including standards and principles for professionals, and adult learning vendor contractors. This will reduce siloed or settings-based approaches that can reinforce barriers and inconsistent implementation across agency initiatives. It presently sits under the Office of Transformation.
- Office of Innovation, Alignment, and Accountability (OIAA)
  - Sarah Veele became the interim Director of OIAA in Fall 2023. This transition was made permanent in 2024.



## Point of Contact

The point of contact for the CFSP and APSR is:

Roxanne Cates, Child Welfare Performance Improvement and  
Federal Reporting Manager  
Washington State Department of Children, Youth, and Families  
1500 Jefferson St SE, Olympia, WA 98501  
Phone: 360-890-2848  
Roxanne.Cates@dcyf.wa.gov

## Collaboration

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

## Agency Advisory Groups

DCYF has [advisory groups](#) that provide a vital connection and voice to various communities. Just a few of these advisory groups include:

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

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- [Foster Parent 1624 Consultation Team](#) – meetings that bring together caregivers and DCYF to discuss issues of concern to foster parents. These meetings are regionally based.

In addition, there is the [DCYF Oversight Board](#). This board provides monitoring and ensures DCYF achieves the stated outcomes as intended by [HB 1661](#) and that DCYF complies with administrative acts, statutes, rules and policies pertaining to EL, JR, juvenile justice (JJ), and children and family services. The board includes membership from DCYF, foster parents, legislators, physicians, representatives from youth, tribal, and parent system partner groups, in addition to community subject matter experts in EL, JJ, and CW. The Oversight Board focuses on contributing factors influencing agency performance such as internal shifts in the operations, priorities, and staffing of an agency evolving into its fifth full year of operating an entire continuum of care for children, youth and families. The Oversight Board submitted a [legislative report](#) in 2022 reviewing the performance outcomes listed above.

### Court Improvement and Collaboration

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

- The [Family Well-Being Community Collaborative](#) (FWCC). This was formally known as the Innovative Dependency Court Collaborative (IDCC). This collaborative consists of DCYF and [Administrative Office of the Courts](#) (AOC) (co-facilitators) along with representation from the judiciary, tribes, parent allies, youth, caregivers, [Office of Public Defense](#) (OPD), child representation, [Attorney General's Office](#) (AGO), Court Appointed Special Advocate (CASA), Guardian Ad Litem (GAL), Juvenile Court Administrators, [Family and Juvenile Court Improvement Programs](#) (FJCIP), [Casey Family Programs](#), and [Partners for Our Children](#) (P4C). The FWCC continues to focus on supporting effective implementation of the [Keeping Families Together Act \(HB 1227\)](#) and the [Strengthening Parent-Child Visitation Law \(HB 1194\)](#), with particular attention paid to ensuring courts understand and apply the new laws. There are four multidisciplinary workgroups that were created to help support this work.
- DCYF partnered with AOC and additional judicial and community representatives and system partners (AGO, CASA, OPD, the Mockingbird Society, Parents for Parents (P4P), FJCIP Coordinators, [The Alliance for Professional Development, Training and Caregiver Excellence](#) (Alliance), tribes, etc.) in implementation of PIP strategies. The primary focus was the development and implementation of [Safety Summits](#), half-day multidisciplinary training events that focus on helping dependency court systems develop a shared understanding of how safety is assessed.
- Implementation of the PFD1 grant, AOC, additional judicial and system partners (as mentioned above) are part of the External Advisory Committee that meets quarterly to discuss implementation of the grant initiatives. In addition to the statewide advisory committee, there are local office/regionally based committees in grant intervention offices to discuss implementation and barriers to permanency. The PFD1 Grant ended March 31, 2024 and is presently in its evaluation phase of the data.
- Washington state assembled a team of court and CW system leaders and system partners to create strategies in response to the [Ensuring Justice in Child Welfare virtual summit](#). This team met multiple times in 2021 and identified three priority strategies. There is one workgroup working on the third strategy which is related to providing meaningful

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representation prior to shelter care hearings; research how and when counsel is being appointed and how discovery is occurring in each county; and develop best practices and possible court rule to implement practice standards statewide.

### State And Local Tribal Advisory Committees

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

See additional information on how DCYF collaborates with tribes in the [Consultation and Coordination Between State and Tribes](#) section.

### Racial Equity and Social Justice

The [ORESJ](#) was established within DCYF in July 2020. Some of the primary opportunities ORESJ provides include the following:

- Training – ORESJ hosts a number of trainings on racial equity and social justice practices and provides recommendations for external facilitators and consultants.
- Racial Affinity Group Spaces – ORESJ offers monthly healing-centered spaces for staff to connect, reflect and collaborate in racial affinity group gatherings to address institutional and systemic racism.
- DCYF Inclusive Racial Equity Change Team (DIRECT) – DIRECT is a team of DCYF representatives from each division and program that impacts children, families and professionals. DIRECT is a leadership team that assists in designing, coordinating and organizing DCYF's Racial Equity Plan and systems change efforts.
- ORESJ organizes cohorts to move through a shared framework, partnering with the community to co-create racial equity strategies and implementation plans.
- Representatives from ORESJ participate in the Race Equity Collaboration through [Casey Family Programs](#).
- ORESJ will be re-launching the LGBTQIA+ Advisory Workgroup, providing monthly Lunch and Learn series for all DCYF staff. In addition, an equity statement will be added to all job postings in addition to the existing EEO statement. Workgroup activities will continue to eliminate disproportionalities.

In March 2022, [Executive Order 22-04](#) was established by Washington state Governor, Jay Inslee. This order referenced the implementation of the [Washington State Pro-Equity Anti-Racism \(PEAR\) Plan and Playbook](#). Each Washington state agency identified a PEAR team to identify strategies and develop a strategic plan by fall 2022. The [Washington State Office of Equity](#) provided support and technical assistance in this process. ORESJ continues to lead this effort for DCYF.

The DCYF PEAR team was established in Spring of 2022 and held orientation sessions and meetings from May 2023-August 2023. The intent of this team is to hold DCYF accountable for accomplishing goals to

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eliminate racial and ethnic disparities in child, youth, and family outcomes. This included over 40 PEAR team members representing diverse community partners and DCYF staff. The PEAR work was put on hold until they were able to hire new staff. The Washington State Office of Equity had limited capacity to support state agencies in recent months but now has capacity to provide support. ORESJ is working with DCYF Leadership to resume PEAR work within the next few months. The PEAR teams will be redesigned and expanded hopefully in the second quarter of 2024. DCYF developed an agency leadership team that designs, coordinates, and organizes RESJ system change efforts to support culture change.

Some of the RESJ strategic priorities are:

- Improve Kindergarten readiness for Native American/Alaskan Native (NA/AN), Hispanic/Latino, and Native Hawaiian children.
- Reduce disproportionality in child welfare.
- Reduce disparity in child welfare particularly in out-of-home care and length of stay.
- Reduce over representation in ECEAP and subsidy child care.

### Continuous Quality Improvement and Feedback Loops

Through implementation of the CFSP and development of the APSR, DCYF created capacity to consult with staff, tribes, partners and lived experts. In addition, DCYF is using the [Family Practice Model \(FPM\) Framework](#) as the organizing structure to prioritize and integrate practice standards that includes professional development, support, and workforce resources. Other transformational projects that address legislative requirements, court decisions, and practice improvement are PFD1 grant, [FFPSA](#), ICWA, and service expansion. DCYF continues to look for opportunities to enhance and improve collaborative efforts such as including youth and parents in listening sessions regarding policies and practices that impact them. Throughout the APSR, there are examples of system partner involvement and feedback in the [Assessment of Current Performance](#), the [Update on Plan for Enacting the State's Vision](#), in working with youth and young adults through the [John H. Chafee program](#), and in [Consultation and Coordination Between State and Tribes](#).

## Assessment of Current Performance in Improving Outcomes

### Safety Outcomes 1 and 2

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

*Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment*

This item determines whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes.

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Central Case Review Team (CCRT) Program Improvement Plan (PIP) Case Review Data

ITEM 1: Timeliness of Initiating Investigations of Reports of Maltreatment							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	85% (131 of 154)	86% (31 of 36)	78% (7 of 9)	86% (25 of 29)	83% (30 of 36)	92% (12 of 13)	83% (26 of 31)
CY 2019	91% (135 of 149)	94% (15 of 16)	90% (37 of 41)	89% (34 of 38)	*	100% (15 of 15)	87% (34 of 39)
CY 2020	83% (84 of 101)	95% (18 of 19)	25% (1 of 4)	83% (5 of 6)	79% (38 of 48)	93% (14 of 15)	89% (8 of 9)
CY 2021	84% (129 of 154)	91% (32 of 35)	100% (5 of 5)	100% (8 of 8)	77% (51 of 66)	83% (25/30)	80% (8 of 10)
CY 2022	82% (110 of 134)	79% (22 of 28)	86% (6 of 7)	86% (6 of 7)	86% (51 of 59)	73% (16 of 22)	82% (9 of 11)
CY 2023	87% (101 of 116)	91% (29 of 32)	100% (4 of 4)	100% (5 of 5)	81% (34 of 42)	89% (16 of 18)	87% (13 of 15)
*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)							

The PIP target for this item is 91%. DCYF met the PIP goal.

Washington state remained consistent on this measure from CY 2022 to CY 2023, with an improvement in performance. Five of the six regions saw improvement while one region saw a decline in performance on this measure:

- Region 1: +12% from CY 2022 to CY 2023
- Region 2: +14% from CY 2022 to CY 2023 (please note small sample size in each year)
- Region 3: +14% from CY 2022 to CY 2023 (please note small sample size in each year)
- Region 4: -5% from CY 2022 to CY 2023
- Region 5: +16% from CY 2022 to CY 2023
- Region 6: +5% from CY 2022 to CY 2023

Statewide, in CY 2023, the CCRT found:

- The reasons for delays in initiation of Child Protective Services (CPS) investigations (INV) or Family Assessment Response (FAR) and/or initial face-to-face (IFF) contact was due to circumstances beyond the control of the agency in 32% (7 of 22) of the cases.

Circumstances beyond the agency’s control can include an inability to locate the alleged victim or victims despite multiple attempts at various locations where the child is believed to be located, and concerted efforts were made to locate a child. During CY 2023 the agency updated the policy and removed extensions.

Case review data of cases rated area needing improvement (ANI) highlighted housing instability of families as a significant barrier to timely IFFs when school was not in session, or the children were not school aged. The agency recognizes this is an issue and is using tools and collaterals to locate children

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and assist unhoused families with resources when appropriate. The agency implemented the housing and homeless prevention program that is working with commerce and impacted community partners.

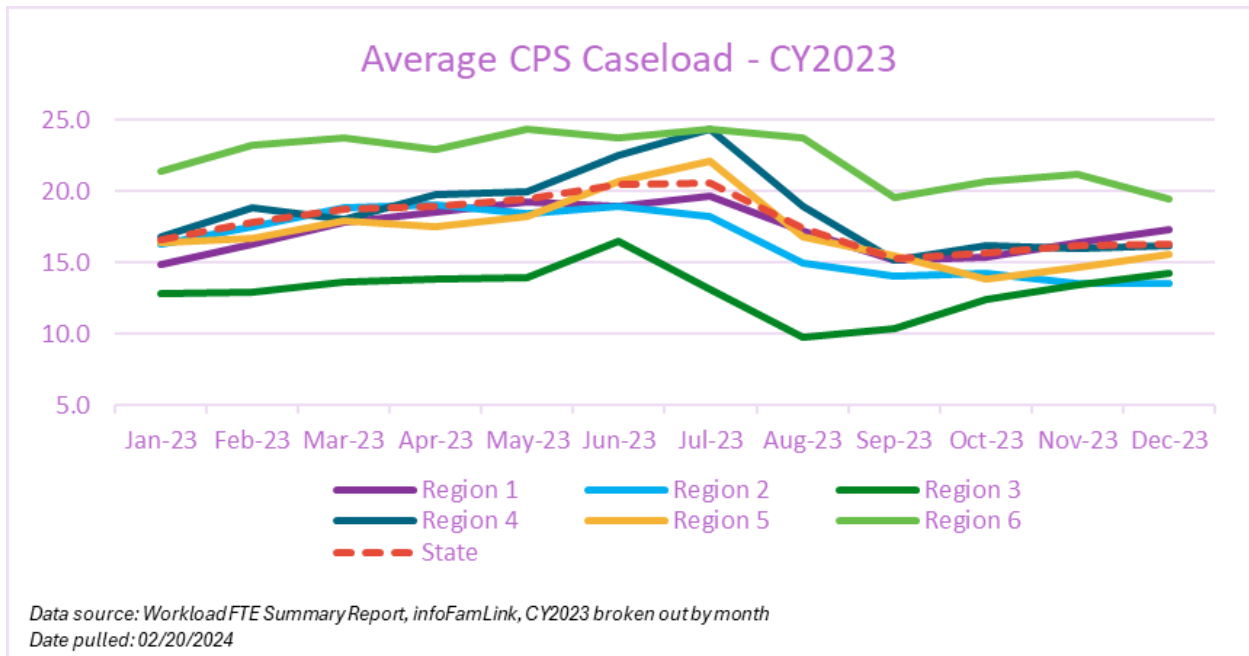
The data highlights a trend of emergent 24-hour intakes that ongoing efforts were not made to complete the IFF per [agency policy](#). It was apparent that the caseworker made multiple attempts in the first 24 hours, however, did not continue these attempts. Based on previous reviews the agency made the policy change and removed extensions. As a result, caseworkers have a sense of urgency to complete ongoing efforts to ensure that children are, first and foremost, protected from abuse and neglect.

*infoFamLink Administrative Data*

Intake Rates

In CY 2023, 132,470 intakes were received, an increase of 8% from CY 2022<sup>1</sup>. Of those:

- 55,486 were screened-in for CPS response, an increase of 3% from CY 2022
- 15,132 were screened-in for CPS INV, a decrease of 2% from CY 2022
- 20,459 were screened-in for CPS-FAR, an increase of 3% from CY 2022
- 2,191 were screened-in for CPS Licensing Division (LD) – Investigation/Risk Only, an increase of 15% from CY 2022



<sup>1</sup> Data Source: infoFamLink, Intakes by Category and Decision Type Report

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CPS caseload rates across the state remained relatively stable from 2022 to 2023. The data indicates that CPS caseload size is inconsistent across the state and there are various reasons this is occurring:

- Discrepancies in practice across the state in screening decisions at the intake and office levels for risk-only and screening-out of intakes.
- Screening decision discrepancies across the state between the FAR and INV pathway
- CPS cases remaining open while case is open for services in another child welfare program
- CPS staff vacancies
- Timeliness of case closure

### IFF Timeliness

The tables below illustrate timeliness of IFF contact, by type and region.

Timeliness of IFF's by Case Type and Region							
	R1	R2	R3	R4	R5	R6	State
CPS-FAR	5,260	2,937	3,957	4,704	4,366	6,204	27,431
IFF Within Timeframe	4,792 (91.1%)	2,598 (88.5%)	3,637 (91.9%)	3,990 (84.8%)	3,871 (88.7%)	5,393 (86.9%)	24,282 (88.5%)
Attempted IFF Within Timeframe	321 (6.1%)	240 (8.2%)	264 (6.7%)	532 (11.3%)	354 (8.1%)	517 (8.3%)	2,229 (8.1%)
Late IFF/No or Attempted IFF	147 (2.8%)	98 (3.3%)	56 (1.4%)	178 (3.8%)	141 (3.2%)	291 (4.7%)	912 (3.3%)
CPS-Investigation	3,905	3,338	2,769	3,392	3,731	4,023	21,159
IFF Within Timeframe	3,371 (86.3%)	2,744 (82.2%)	2,425 (87.6%)	2,703 (79.7%)	3,152 (84.5%)	3,333 (82.8%)	17,728 (83.8%)
Attempted IFF Within Timeframe	413 (10.6%)	379 (11.4%)	280 (10.1%)	529 (15.6%)	436 (11.7%)	476 (11.8%)	2,513 (11.9%)
Late IFF/No or Attempted IFF	120 (3.1%)	212 (6.4%)	64 (2.3%)	159 (4.7%)	143 (3.8%)	206 (5.1%)	905 (4.3%)
CPS-Risk Only	938	916	1,004	1,186	1,344	1,546	6,937
IFF Within Timeframe	748 (79.7%)	681 (74.3%)	837 (83.4%)	823 (69.4%)	978 (72.8%)	1,127 (72.9%)	5,197 (74.9%)
Attempted IFF Within Timeframe	141 (15%)	138 (15.1%)	124 (12.4%)	260 (21.9%)	239 (17.8%)	260 (16.8%)	1,162 (16.8%)
Late IFF/No or Attempted IFF	49 (5.2%)	97 (10.6%)	43 (4.3%)	99 (8.3%)	127 (9.4%)	158 (10.2%)	573 (8.3%)

*Data Source: Initial face-to-face timeliness report, infoFamLink, CY2023*

Regional Quality Assurance (QA)- Continuous Quality Improvement (CQI) leads, safety leads, and intake area administrators (AAs) identified strengths and barriers to performance in this area. DCYF anticipates that performance on this item will improve by using afterhours caseworkers to make additional attempts to locate children outside of normal business hours and including weekends and holidays. Caseworkers and supervisors have access to IFF data for documentation and compliance. Attempts to locate children and monitor the assessment and documentation of safety when initial contact with

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children is made during regular staffing between the caseworker and supervisor. The QA-CQI leads provide IFF data regularly to their regional and office-based leadership teams to support training and compliance in this area. Timely IFF's are also an agency priority with monthly data discussions at the Child Welfare Leadership Team.

- Due to the shorter time frames for INV versus FAR, the rate of timely IFF's for INVs is lower. This does not explain the difference between the rate of incomplete timely IFF's with Investigations of 9.6% and the lower rate of incomplete timely IFF's with Risk-Only intakes of 14.1%. Regional leads identified several barriers to completing timeliness of initiating reports of child maltreatment. Barriers include:
  - Timeliness of screening decisions at intake and changes to screening decisions at the intake supervisor and office level.
  - Limited after-hours staff to meet the need to make additional attempts to see children during the IFF timeframe.
  - Lower sense of urgency toward 72-hour timeframes and timely/accurate documentation of the completion of the initial contact with children.

Risk-Only Intakes are an ongoing focus of DCYF Intake Reviews and consensus discussions. DCYF is actively assessing screening and response to Risk-Only Intakes as there is recognition of discrepancies in practice across the state and the potential for inequity and disproportionality with screening and response procedures. Statewide Intake/CPS leads participated in an initial discussion in February 2023. The conversation surrounding this screening pathway continues to determine the most appropriate training or process-change to strengthen consistency and equity in screening and response to high-risk situations.

This project was delayed due to the reorganization of child welfare programs in April 2023 and the intake program manager position was hired September 2023. DCYF anticipates that performance on this item will improve through the analysis and evaluation of the current screening assessment and practices for intake. The intake redesign workgroup outlined the strengths and challenges of the current intakes assessment in September 2023. [Chapin Hall](#) partnered in the DCYF Intake/hotline assessment redesign, providing consultation and literature review for best practice. During Consensus discussions, Risk-only intakes are reviewed, as well as [Plan of Safe Care](#) (POSC) work and will continue to be a focus during the Intake Review scheduled in summer of 2024. This will include gathering information about a practice profile developed through the [Family Practice Model](#). Of note, LD/CPS uses Risk- Only INVs differently than Child Welfare (CW)/CPS. LD/CPS commonly investigates facilities that have residents up to age 21 or 24. In these situations, if an intake is received alleging potential abuse to an 18–24-year-old, in the same residence as a minor, LD/CPS will conduct the INV as Risk-Only , due to CAPTA limitations, a finding of child abuse cannot be made. This INV still allows for action to be taken on staff or the facility if deemed necessary.

An [IFF extension policy memo](#) discontinued the use of IFF extensions for CW/CPS. This change via memo made it difficult for staff to understand and implement the policy changes during the July 2022- June 2023 reporting period. LD/CPS limited extensions instead of discontinuing all extensions. For facility investigations where a child is not in the legal care and authority of the state, LD/CPS must get parental permission prior to interviewing a child. This extension was kept as parent permission is a US

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Constitutional right according to the 4<sup>th</sup> and 14<sup>th</sup> amendments. This is the most commonly used extension or exception for LD. Removing the other extensions did impact timeliness similarly to CW/CPS.

From January to May of 2023, the data appears to show that timeliness of IFF's was significantly reduced. This is erroneous as prior to the elimination of extensions the data showed children who were seen within the timeframes and cases where an extension was entered as compliant. The data now shows the children who were seen within the timeframe. This data is more consistent with the CCRT sample data. LD/CPS timeliness has remained fairly stable in the 90-100% range with the exception of the implementation of the new extension policy. This accounts for the dip in December 2022.

### *Safety Outcome 1: Strengths, Concerns and Practice Improvements*

#### Strengths

The removal of extensions highlighted the agency's commitment to urgency for early engagement and contact in the IFF process. Caseworkers were able to make contact at times within hours of the intake screening-in on 24-hour response times. Many 72-hour responses had initial contacts within the first day the intake was received with contact with all children within the 72-hour window.

Regional QA teams continue to monitor late IFFs and provide leadership briefings on current causes of late IFFs.

#### Concerns

Statewide, CCRT data indicates housing instability impacting families especially when school is not in session when the caseworker is attempting to locate the child, or the child is not school aged.

#### Practice Improvements

The data highlights a trend that ongoing efforts to complete the IFF for emergent 24-hour intakes were not made to complete the IFF per agency policy. Based on previous reviews the agency made the policy was changed and extensions were removed. As a result, caseworkers have a sense of urgency to complete ongoing efforts to ensure that children are, first and foremost, protected from abuse and neglect.

Timely IFF contact with children is a priority of CW leadership. A Statewide qualitative review was done May 2024 with regional and headquarter (HQ) staff reviewing for the quality contacts, data related to timeliness of the contact will be included in the final report and recommendations for developing strategies to support the work if necessary.

- IFF data is published monthly and shared through regional leadership
- Updating mandatory reporter training for internal and external partners to decrease racial disproportionality in intakes

DCYF anticipates that performance on this item will improve by using afterhours caseworkers to make additional attempts to locate children outside of normal business hours and including weekends and holidays. The QA-CQI leads provide IFF data regularly to their regional and office-based leadership teams

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to support training and compliance in this area. Timely IFF's are also an agency priority with monthly data discussions at the Child Welfare Leadership Team.

DCFY recognizes that screening decisions are not consistent across the state. There is a targeted review scheduled for late 2024. Intake Administrators and intake supervisor will participate in the review which will include consensus discussions regarding screening consistency and application. Additional improvements will be developed based on the findings from the targeted review.

Risk-Only Intakes are an ongoing focus of DCYF Intake Reviews and consensus discussions. DCYF is actively assessing screening and response to Risk-Only Intakes as there is recognition of discrepancies in practice across the state and the potential for inequity and disproportionality with screening and response procedures. Statewide Intake/CPS leads participated in an initial discussion in February 2023. The conversation surrounding this screening pathway continues to determine the most appropriate training or process-change to strengthen consistency and equity in screening and response to high-risk situations.

#### System Partner Involvement and Feedback Loops

Internal partners include CPS leads and intake leads; safety leads; regional QA-CQI leads and teams; Child Welfare HQ QA/CQI; and early learning program manager.

- Monthly CPS & Intakes leads meeting including internal and contracted training providers
- QA-CQI data sharing and informing trends and patterns in practice
- Early learning/infant safety regional support and training for intake and CPS
- Intake substance use disorder (SUD) pregnancy pilot for screened out intakes referral to community pathway
- Intake consensus staffing with Intake AAs, intake staff and child welfare programs HQ staff
- Intake assessment redesign work with Office of Innovation, Alignment and Accountability (OIAA)

External partners include: Child Advocacy Centers (CAC), [Washington State Patrol](#), tribes, schools, [Seattle Children's Hospital](#), the provider community (child care, foster care, and residential private schools), birthing hospitals and bordering state agencies.

- External training and presentations at the state, regional and office levels
- Multidisciplinary staffing and roundtable meetings with law enforcement, advocates, DCYF staff and prosecuting attorneys.
- Partnering with law enforcement, hospitals, schools and tribes to complete timely initial contact with children.
- Collaboration with bordering state agencies and collaboration and creation of a Memorandum of Understanding (MOU) between states.
- Regular meetings/collaboration with the Provider Supports Subcommittee and the [Foster Parent 1624 Consultation Team](#).
- Trainings offered to facilities and foster families on mandated reporter requirements.

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## 2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

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

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

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

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	74% (70 of 94)	77% (20 of 26)	75% (3 of 4)	84% (16 of 19)	63% (12 of 19)	75% (6 of 8)	69% (13 of 18)
CY 2019	85% (62 of 73)	80% (4 of 5)	90% (19 of 21)	85% (17 of 20)	*	83% (5 of 6)	81% (17 of 21)
CY 2020	68% (44 of 65)	75% (9 of 12)	50% (1 of 2)	67% (2 of 3)	59% (17 of 29)	69% (9 of 13)	100% (6 of 6)
CY 2021	73% (54 of 74)	88% (14 of 16)	0% (0 of 4)	80% (4 of 5)	78% (21 of 27)	65% (13 of 20)	100% (2 of 2)
CY 2022	54% (21 of 39)	56% (5 of 9)	0% (0 of 4)	N/A	69% (11 of 16)	50% (3 of 6)	50% (2 of 4)
CY 2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only reviews didn't cover this item*

*Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)*

The PIP goal for this item is 77%. DCYF met the PIP goal in Measurement Period (MP) 4 of PIP reporting Jan. 1, 2021 - June 30, 2021.

During the previous reporting period, DCYF, with approval from ACF, completed item-only case reviews in order to focus on the six remaining PIP goals during calendar year 2023. Items 1, 3, 12, 13, 14, and 15 were reviewed. The rationale behind this decision was that the case review team captured three years of review information regarding the 12 PIP items which have either been achieved or approved for strategy implementation. The gathering of additional data regarding these 12 items, at that time, was not beneficial to improving outcomes. This change allowed HQ program managers, Child Welfare (CW) leadership, caseworkers, supervisors, QA/CQI staff, and data analysts to focus on those six remaining practice areas for improvement.

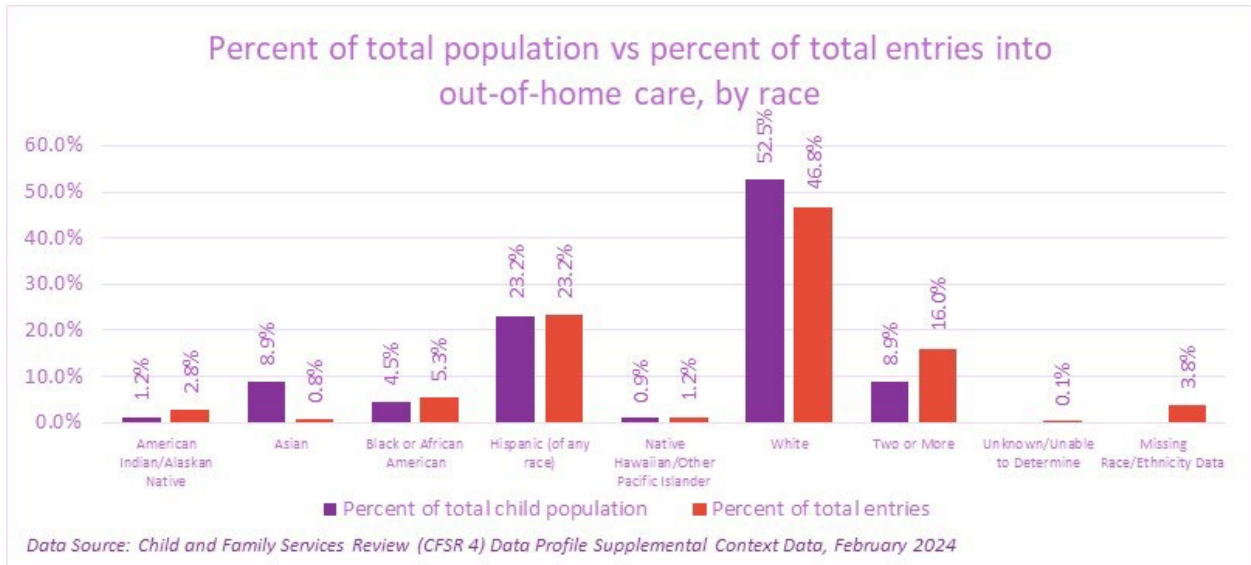
### *CFSR Data Profiles*

#### Entry Rates and Entries into Out-of-Home Care

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

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Re-Entry to Foster Care

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

CFSR Round 3 Federal Data Indicators are measured using the following criteria:

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

CFSR Round 3 Federal Data Indicator: Re-Entry to Foster Care								
	National Performance	Data Period Used	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Re-entry to Foster Care	5.6%	Washington Risk Standardized Performance (RSP)	4.8%	4.5%	4.6%	5.0%	4.7%	4.3%
		RSP Interval	4.1%-5.5%	3.9%-5.3%	3.9%-5.4%	4.3%-5.8%	4.0%-5.5%	3.7%-5.1%

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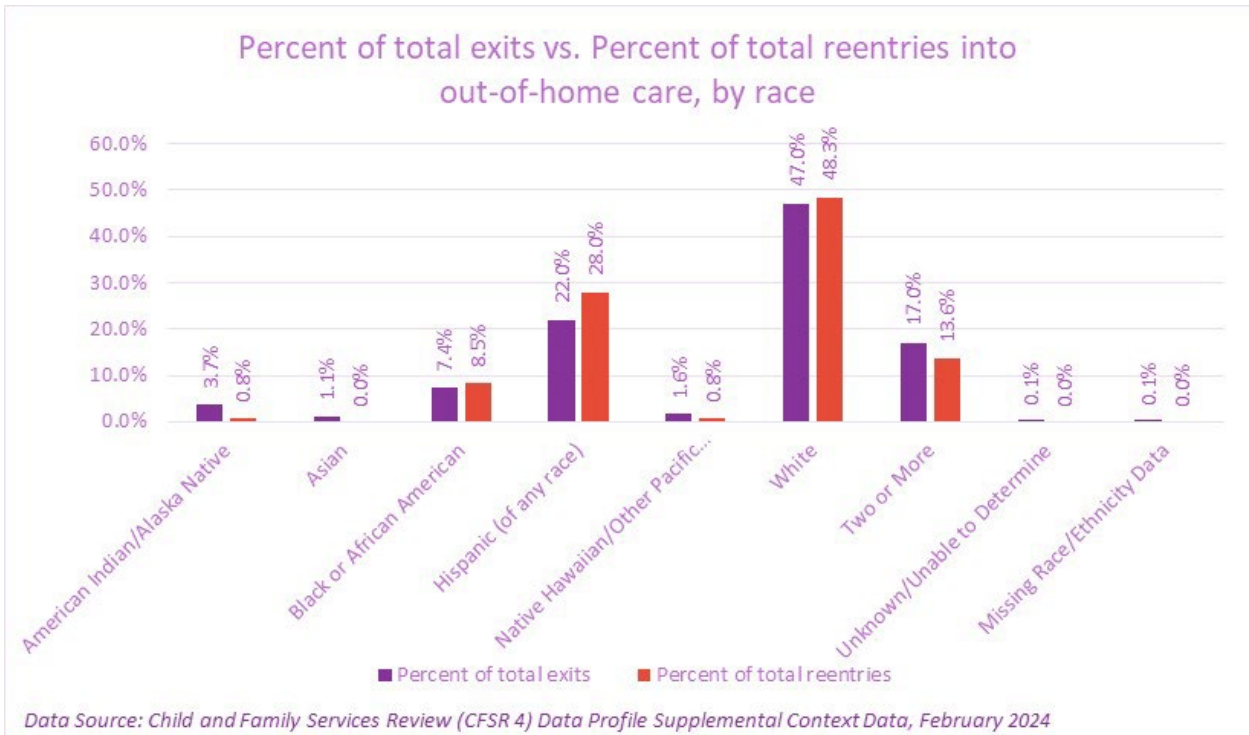
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	Washington Observed Performance	4.4%	4.2%	4.3%	4.7%	4.4%	4.0%
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Data Source: Child and Family Services Review (CFSR 4) Data Profile, Submissions as of 2/20/24

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

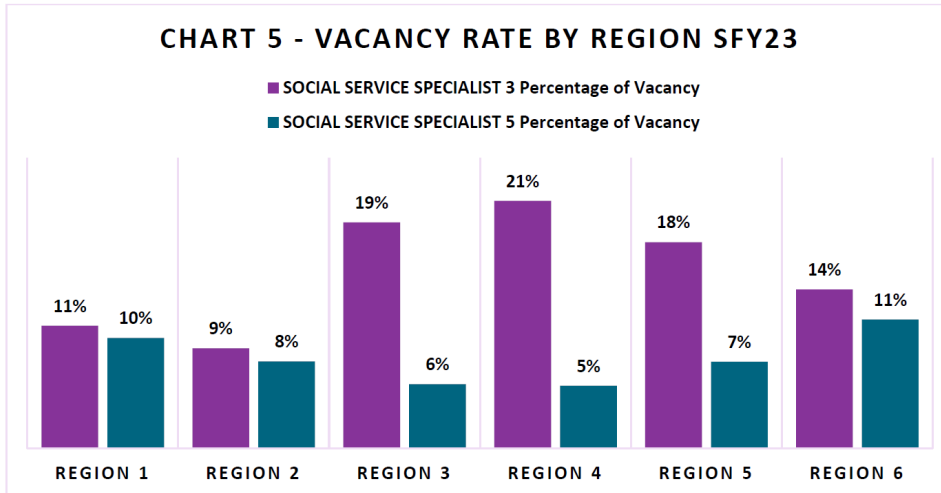
This Data Profile from October 2022 shows Washington’s re-entry rate at 4.6%, which is statistically better than the national performance standard. In review of the supplemental context data, children ages zero to three months and one to five years of age had a higher proportion of reentries into care. In addition, there are racial disparities in the percent of total children who exit out-of-home care compared to the percent of total children who re-enter out-of-home care (see chart below).



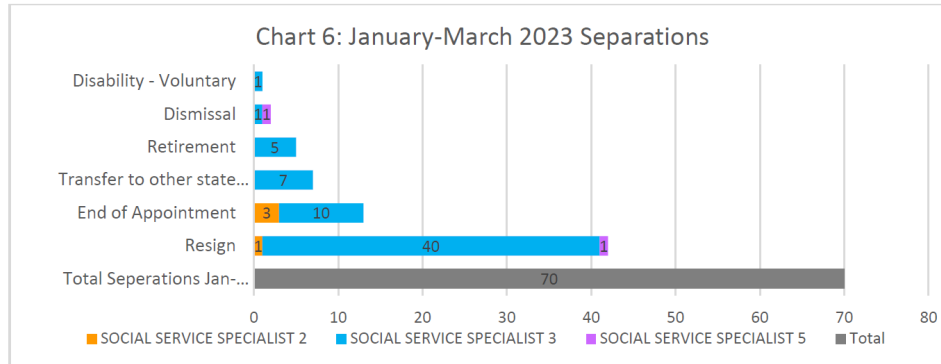
DCYF targeted efforts to support assessment and service matching for cases with young children. One example includes expansion of the Child Welfare Early Learning Navigator (CWELN) Program in which CPS INV/FAR cases are connected to community based early learning resources. For additional information about DCYF’s efforts to support the 0-5 population in CW, please see the [Services for Children Under the Age of Five](#) and [Populations at Greatest Risk of Maltreatment](#) sections of this report.

*Administrative infoFamLink Data*

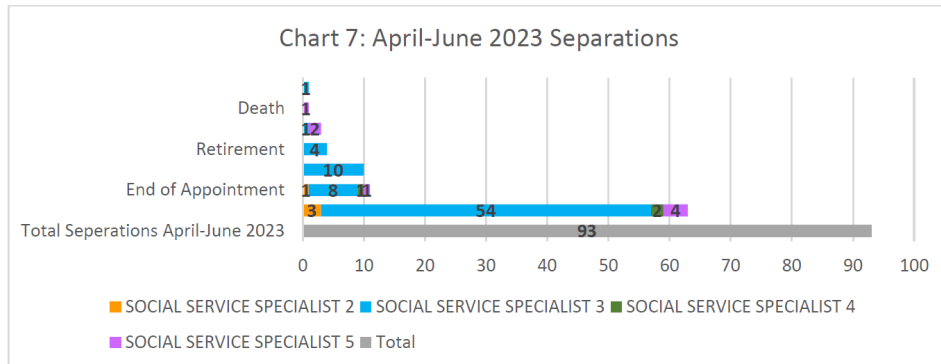
The data shows there has not been a significant change in the CPS and Child and Family Welfare Services (CFWS) case load averages from January 2023 - January 2024 statewide. The following graphs indicate the vacancy rate which impacts caseload size as well as quality of practice.



Data Source; DCYF SOCIAL SERVICE SPECIALISTS COUNT Report to the Legislature for SFY July 2022 - June 2023



Data Source; DCYF SOCIAL SERVICE SPECIALISTS COUNT Report to the Legislature for SFY July 2022 - June 2023



Data Source; DCYF SOCIAL SERVICE SPECIALISTS COUNT Report to the Legislature for SFY July 2022 - June 2023

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In the [DCYF Social Service Specialists \(SSS\)](#) report to the Legislature for SFY July 2022 - June 2023, the office vacancy rates are high, especially for the SSS3 job class compared to SSS5. DCYF does not have any permanent positions in the SSS1 classification. Due to high vacancies, regions are hiring more SSS1 entry level positions in those SSS2-SSS3 positions.

Additionally, resignations continue to be the dominant reason code for staff exits for DCYF SSS3s. Resignations accounted for 95.2% of the staff exits during the first quarter, and 88.5% of staff exits during the second quarter. In sum, the SSS3 class accounted for 91.3% of all the resignations during this period.

With these two elements combined, caseworkers have higher caseloads; and being in units with high turnover impacts the ability to respond timely. Having adequate time to respond and engage in meaningful conversations that are required to complete a global assessment and the ability to identify, refer and support service matching is imperative. These barriers are being addressed at workforce retention level; but it is important to understand the impact of this high level of turnover of case carrying staff and the impacts on meeting this measure.

[Child Welfare and Indian Child Welfare Workload Study](#) finalized in June 2023; and the subsequent memorandum on Dec. 11, 2023 to Governor Jay Inslee and members of the Washington state Legislature from Ross Hunter, Secretary of the Department of Children, Youth and Families provided clear next steps to address the recommendations from the study.

DCYF convened the technical workgroup required under Revised Code of Washington ([RCW 43.216.750](#)), which included one staff from eastern Washington and one staff from western Washington. . DCYF annually convenes this workgroup to develop and update a workload model including standardized ratios for CW caseworkers depending on the types of cases that they carry. The workload study that informed the workload model had previously not been updated in decades. This new workload study is a first step toward improving the staffing model. The workload study, tools provided by [Public Consulting Group](#), data analysis by The Kempe Center and input from staff will all help to inform how DCYF determines workload, which will then inform appropriate staffing levels, caseload ratios, and staffing structure improvements to better support caseworkers by considering time needed for activities and complexities in a case rather than all being equal.

The new Workload Model Report will be published in 2024 to inform child welfare staffing needs for the 2025-27 biennium.

#### Family Team Decision Making (FTDM) Meeting Data

Through DCYF's PIP, a report was developed in infoFamLink to track FTDM meetings and outcomes. In CY 2023, 32.7% (3545 of 10854) of FTDMs were for imminent risk of placement and 20.1% (2181 of 10854) were for emergency placement or Voluntary Placement Agreement (VPA). Of the FTDMs for Imminent Risk of Placement, the most common outcome of the meeting was a child remaining or returning to a parent, reported in 69% of the meeting outcomes. For FTDMs for emergency placement or VPA, that number dropped to 27% of meetings resulting in a child remaining or returning to a parent as an outcome. Of all of the FTDMs completed in CY 2023 (for any type), the meeting outcome documented was a child remaining or returning to a parent in 39% of the meetings. For more specific

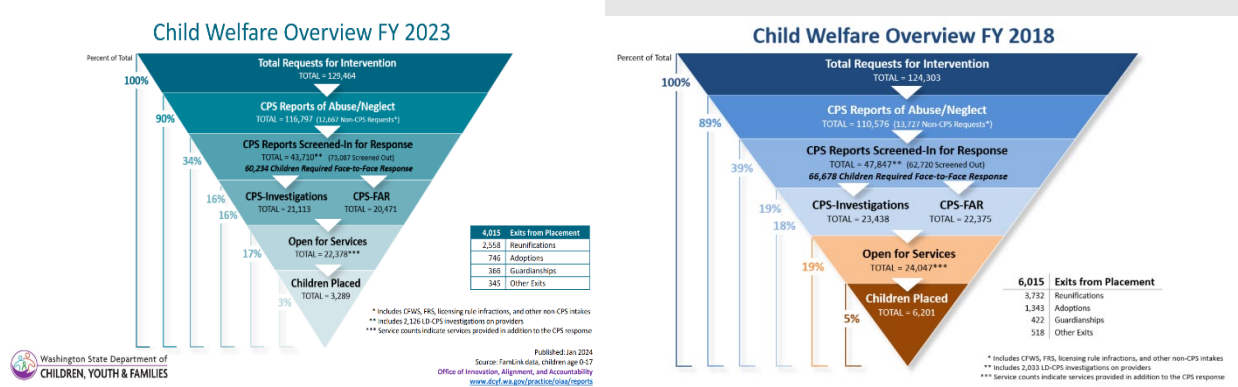
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information about how shared planning meetings including FTDMs are used to prevent or eliminate the need for removal see the [Update on Plan for Enacting the State Vision – Goal 3](#).

### Intakes Opened for Services

When looking at the visuals below providing an overview of the last five years in the child welfare there were over 24,000 cases open for some type of service in 2018, with 6,201 entries into out-of-home care to ensure child safety.



In the 2023 data above, 90% of intakes are reports of abuse/neglect. Out of those, only 34% are screened-in for response. That means the screening tool based on [RCW 26.44](#) for abuse/neglect screens-out over 50% of intakes. Out of those that screen-in, 17% are offered services and only 3% of the intakes resulted in a child placement. This shows the number of cases open for services remains steady and DCYF removed fewer children from their homes over this five-year period.

While requests for interventions have increased by approximately 6,000 screened-in intakes, the need for services remains consistent, while child removals are decreasing. Washington state has a [large array of evidence-based services](#) to address child abuse and neglect that are available through contracted providers and community-based pathways. DCYF made efforts to invest in these services including funding to build capacity and train providers. DCYF staff have reasonable access to consultants and written material to help them match the correct service to the identified needs of the family. All contracted evidence-based service providers are required to complete an evidence-based initial assessment of the family utilizing either the [North Carolina Family Assessment Screening](#) (NCFAS) or the [Child and Adolescents Needs and Strength Screen-Family](#) (CANS-F), DCYF caseworkers have access to these assessments to enhance their knowledge of family functioning.

DCYF expanded its use of concrete funds to prevent entry or re-entry into care and to support reunification. In FY 2023, CW distributed \$13.1 million in concrete goods and services to families with an open case in any program area. This included goods and services such as infant safety items, basic household materials, cleaning products, groceries, hygiene items, transportation supports, and short-term housing assistance. DCYF provided an additional \$2 million in prevention-based funding to community-based nonprofits for the purchase and delivery of concrete goods to low-income families. More than 55,000 requisitions for goods (grocery cards, gas cards, baby items, household supplies, and more) were distributed to 19,000 families prior to any CW involvement.



DCYF anticipates that performance on this item will improve as the agency adjusts to meet the standards required in [HB 1227 Keeping Families Together Act](#). This bill requires that the agency make efforts to prevent entry and requires that the child or youth remain in the home if the parent or guardian agrees to prevention services. Because [HB 1227](#) raises the requirements to seek out-of-home placement, in most circumstances, DCYF caseworkers must try more services and prevention efforts prior to seeking removal. However, there also is the unintended consequence of this law having a negative affect when responding to families whose risk level is high, declining services.

*Item 3: Risk and Safety Assessment and Management*

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

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 3: Risk and Safety Assessment and Management							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	65% (168 of 257)	60% (39 of 65)	60% (6 of 10)	74% (28 of 38)	63% (41 of 65)	70% (19 of 27)	67% (35 of 52)
CY 2019	68% (193 of 282)	90% (27 of 30)	65% (40 of 62)	69% (47 of 68)	*	59% (19 of 32)	67% (60 of 90)
CY 2020	61% (122 of 201)	78% (38 of 49)	0% (0 of 4)	60% (6 of 10)	51% (42 of 83)	61% (25 of 41)	79% (11 of 14)
CY 2021	63% (168 of 268)	77% (48 of 62)	17% (1 of 6)	63% (10 of 16)	59% (65 of 110)	52% (28 of 54)	80% (16 of 20)
CY 2022	61% (159 of 261)	72% (39 of 54)	44% (4 of 9)	64% (9 of 14)	56% (58 of 104)	56% (30 of 54)	73% (19 of 26)
CY 2023	68% (147 of 217)	75% (41 of 55)	67% (4 of 6)	63% (5 of 8)	59% (51 of 87)	76% (31 of 41)	75% (15 of 20)

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)*

The PIP goal for this item is 69%. DCYF met the PIP goal in Measurement Period (MP) 13 of PIP reporting April 1, 2023 – Sept. 30, 2023.

Washington state’s overall performance increased by 7% on this measure from CY 2022 to CY 2023. Five of the six regions saw improvement and one region saw decline in performance on this measure:

- Region 1: +3% from CY 2022 to CY 2023
- Region 2: +23% from CY 2022 to CY 2023 (please note small sample size in each year)
- Region 3: -1% from CY 2022 to CY 2023 (please note small sample size in each year)
- Region 4: +3% from CY 2022 to CY 2023
- Region 5: +20% from CY 2022 to CY 2023
- Region 6: +2% from CY 2022 to CY 2023

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Statewide, in CY 2023, the CCRT found:

- The agency conducted an initial assessment that accurately assessed all risk and safety concerns in 82% (47 of 57) of the cases.
- The agency conducted ongoing assessments that accurately assessed all risk and safety concerns in 71% (153 of 217) of the cases.
- When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed in 44% (7 of 16) of the cases.
- There were no concerns for the child’s safety in foster care during visitation with the parent(s)/caretaker(s) or other family members that were not adequately or appropriately addressed by the agency in 77% (30 of 39) of the cases.
- There were no concerns for the child’s safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency in 100% (126 of 126) of the cases.
- Item 3 data broken down by case type:
  - Foster care – 76% (121 of 160)
  - CPS-FAR – 39% (9 of 23)
  - In-Home – 50% (17 of 34)

CFSR Data Profiles

Maltreatment in Foster Care

This indicator measures whether the agency ensures that children do not experience abuse or neglect while in the State’s foster care system and holds the State accountable for keeping children safe from harm while under the responsibility of the State, no matter who perpetrates the maltreatment while the child is in foster care. This includes, but is not limited to, general foster placements such as foster homes and group care, kin placements, and trial return home (TRH) to a parent. Maltreatment in foster care has a national performance of 9.07 or less victimizations per 100,000 days in care. CFSR Round 3 Federal Data Indicators use [National Performance, Risk Standardized Performance, and Observed Performance](#) to measure conformity to measurement standards.

CFSR Round 3 Federal Data Indicator: Maltreatment in Care (Victimization/100,000 Days in Care)						
		Data Period Used	FY18*	FY19*	FY20*	FY21
<b>Maltreatment in Care (Victimization/100,000 Days in Care)</b>	9.07	Washington Risk Standardized Performance (RSP)	9.34	11.30	11.09	11.07
		RSP Interval	8.29-10.53	10.12-12.61	9.87-12.46	9.78-12.5
		Washington Observed Performance	6.96	8.33	8.19	8.14
Data Source: Child and Family Services Review (CFSR 4) Data Profile, Submissions as of 2/20/24						

This Data Profile from February 2024 shows Washington state’s maltreatment in care rate at 11.07 or less victimizations per 100,000 days in care which is statistically worse than the national performance standard. Washington state’s rates have been increasing over the last several years.

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Based on context data (FFY 2020), maltreatment in care rates are highest for children four to 11 months old and one to five years old. In addition, although maltreatment in care rates dropped for most races, it increased for children of two or more races.

In early 2023 DCYF conducted a targeted review of all identified incidents of maltreatment in care which occurred between April 1, 2021 and March 31, 2022. During that time there were 252 incidents of maltreatment in care, 193 of the 252 incidents (77%) had an incident date the same as the intake report date. A targeted review of the 193 incidents with matching intake and incident dates occurred to determine if the maltreatment occurred while the child was in care. Forty-Six of the 193 intakes (18% of the population and 24% of incidents reviewed) incorrectly identified the maltreatment as occurring while in care. Through analysis, OIAA was able to identify that if these incidents were not identified as maltreatment in care the statewide rate would reduce from 8.5 to 7.0. Of the 193 incidents reviewed, 72 incidents (37%) occurred while the child was on a trial return home. This information was shared with the statewide intake area administrators and strategies are being developed for implementation to address the error rate.

Recurrence of Maltreatment

This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a substantiated or indicated report of maltreatment. Recurrence of maltreatment has a national performance of 9.7% or less of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period and were victims of another substantiated or indicated maltreatment report within 12 months. CFSR Round 3 Federal Data Indicators use [National Performance, Risk Standardized Performance, and Observed Performance](#) to measure conformity to measurement standards.

CFSR Round 3 Federal Data Indicator: Recurrence of Maltreatment							
		Data Period Used	FY18*	FY19*	FY20*	FY21*	FY22
<b>Recurrence of Maltreatment</b>	9.7%	Washington Risk Standardized Performance (RSP)	10.4%	12.2%	10.5%	11.0%	11.6%
		RSP Interval	9.4%-11.4%	11.2%-13.4%	9.5%-11.6%	9.9%-12.3%	10.4%-12.8%
		Washington Observed Performance	8.1%	9.6%	8.2%	8.4%	8.8%

*Data Source: Child and Family Services Review (CFSR 4) Data Profile, Submissions as of 2/20/24*

This Data Profile from February 2024 shows Washington state’s recurrence of maltreatment rate at 11.6% which is worse than the national performance standard. DCYF would like to conduct a targeted review regarding this population in CY2024 in order to identify themes and trends.

In 2023, DCYF began using [Safe Child Consults](#) (SCCs), a specialized internal staffing model, to engage in shared decision making for all cases where a safety threat is identified, and caseworkers struggle to develop an adequate safety plan, or believes there is an inability to safety plan. This mandatory staffing requires attendance by the caseworker, supervisor, and an administrator or their designee. The staffing

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can be used on any complex case but must be used when DCYF considers removal from a parent or kinship care placement. The model for this staffing is shared decision making based upon DCYF's Safety Framework to identify if the threat is active and whether an in-home safety plan can be developed or what must change to be able to develop an in-home safety plan.

Across the state, regional safety leads and QA-CQI leads identified safe child consultations as highly beneficial to improve performance on assessing and addressing risk and safety for children. The identified benefits include increased shared decision making; increased use of the Safety Framework; and improved skills in using the Safety Framework. The safe child consults provided staff with ongoing coaching opportunities for caseworkers on the Safety Framework as well as allowing the staff opportunities to practice verbally articulating how they reached conclusions regarding their safety assessments. The shared decision-making model allows administrators additional opportunities to see first-hand how caseworkers and supervisors are making safety decisions and to directly intervene, if necessary, early in the process.

All six regions have regional QA-CQI leads who gather quantitative and qualitative data on key assessments and performance measures for quality assurance and continuous quality improvement. The QA-CQI leads provide this data on a monthly and/or quarterly basis to their regional and office-based leadership teams to support training and other strategic initiatives to improve performance.

### *Safety Outcome 2: Strengths, Concerns and Practice Improvements*

#### Strengths

Most of the regions' QA-CQI and safety teams identified an improvement in caseworkers' performance on safety assessments and specifically on their ability to articulate the presence or absence of safety using the threshold criteria. The improved performance on safety assessments may be related to additional safety assessment training provided in preparation for using SCCs, filing dependency petitions and implementation of HB 1227 that went into effect on July 1<sup>st</sup>, 2023.. In addition to training, another strategic goal is timely safety assessments within 30 days of the intake. Each region also does monthly monitoring and quality checks regarding Health and Safety Visits.

DCYF worked closely with the training partners at the Alliance to update training curricula for:

- Trauma Informed Engagement
- Regional Core Training (RCT) – Workforce Core pilot
- Understanding and Responding to Chronic Neglect
- Applying Critical Thinking in Child Welfare
- Shelter Care Simulation:
  - Build confidence in court at shelter care hearing
  - Respond to new legal requirements for HB 1227
    - Imminent Physical Harm
    - Causal Relationship
    - Harm of Removal
    - Prevention Services
    - Reason to Know
  - Articulate clear testimony in court

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Additionally, Child Welfare created Foundations of Practice – four-part module training (Imminent physical harm, harm of removal, kinship care, preparing for the shelter care hearing) that occurred from May 2023- August 2023.

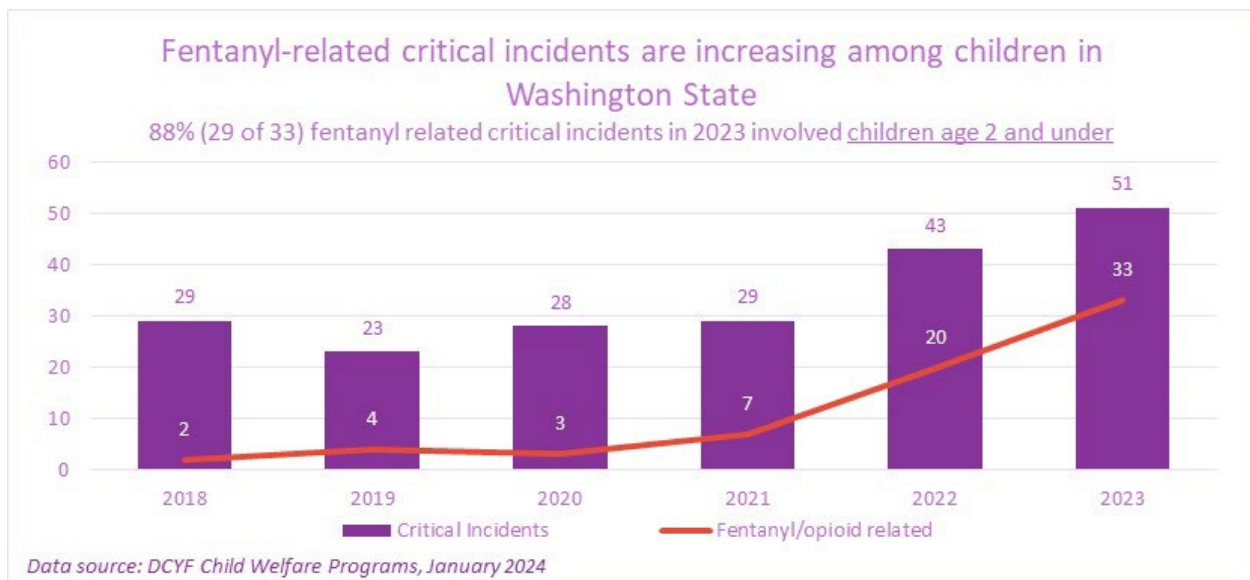
Child Welfare maintained weekly office hours to provide additional guidance to child welfare staff; and in 2023 these specific office hours were related to Item 3:

- Imminent Physical Harm
- In-home Dependencies and Pre-Fact Finding
- Safety Planning
- Safe Child Consultations
- Removal Decisions
- Fentanyl and Safety Planning
- Services

Office Hours have been well liked by staff as they can join live or watch the recording. They are mini trainings with the opportunity for questions. Sessions have ranged with attendance. From May to June 2023 (just prior to House Bill 1227 going into effect on July 1, 2023) 10 sessions were held with a total of 821 attendees, for an average of 82 participants attending per session.

### Concerns

Across all the regions, staff, supervisors, AAs, and safety consultants have all identified significant challenges with assessing and addressing risk and safety for children in fentanyl-related cases.



Fentanyl-related critical incidents (fatality or near-fatality when the case was open within the 12 months preceding the event and the critical incident is suspicious for CA/N) in Washington state increased ten-fold in the last four years. This caused the overall level of critical incidents to double over the same

period. Fentanyl is highly lethal and has taken over as the leading cause of drug overdoses in Washington state.<sup>2</sup>

Regional QA-CQI leads, safety leads, and service-array leads identified several barriers to provision of services to prevent entry or re-entry into care. Caseworkers sometimes don't choose the correct service to meet the family's need. There are several causes including insufficient engagement with the family to get to the root cause of problem; the correct service is not available, so another service is provided instead; or development of cookie-cutter case plans instead of individually tailoring plans.

Some regions identified a concern that based on recent legal changes, including [HB 1747 Child Welfare Proceedings—Relative Placements](#), [HB 1227](#), and [supreme court decisions](#), staff report difficulty obtaining court approval for placement changes for children or youth who are placed in kinship homes that are unable to provide for the child's safety, permanency, and well-being. In these situations, caseworkers are supposed to conduct a SCC and complete a placement support plan, however, CW reports these two requirements are not consistently understood or completed. SCC and placement support plans are required when there are concerns with the placement's ability to meet the basic needs of the child. DCYF continues to train staff in the use of these consultations and addressing concerns regarding kinship homes.

Regional leads identified that caseworkers continue to struggle to differentiate risk from safety. The high turnover of staff impacts their ability to develop the advanced skills necessary to understand these two concepts and determine the appropriate response to each. Safety plans at times can look more like case plans or don't adequately control the threat. To address this concern, regions are continually training all staff, both new and experienced, on the Safety Framework.

### Practice Improvements

HB 1227 changed the legal requirements for removal. These new legal requirements are pushing DCYF to improve the ability to identify and access the correct services to prevent removal. DCYF anticipates that performance on Item 2 will improve as the agency learns how to meet the new standards.

DCYF hired additional consultants to focus on resource development and to support staff in identifying and accessing the correct services to prevent entry into out-of-home care. See [Service Array](#) for more information.

### System Partner Involvement and Feedback Loops

Internal partners include CPS leads, intake leads, CFWS leads, safety leads, regional QA-CQI leads and teams, and service array consultants.

External partners include contracted service providers; Administrative Office of the Courts (AOC); Parents for Parents (P4P); [Office of Public Defense](#) (OPD); [Parent Advisory Group](#); [Washington Child](#)

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<sup>2</sup> Source: [Washington State Department of Health Opioid Dashboard](#)

[Advocacy Program](#); Citizen Review Panels; [Office of the Family and Children’s Ombudsman](#); Child Advocacy Centers (CAC); and county-based Child Death Review committees.

FFPSA proposes to engage lived experts in understanding safety related service needs for pregnant/parenting foster youth and JR youth receiving home visiting services as part of SB 6109 work with Strengthening Families. Listening Sessions will occur to identify needs and pathways for community-based services late 2024 through mid-2025. Discussion will include safety assessment (risk included), initial and on-going service planning and reporting expectations between community-based entities, DCYF, and the Children’s Bureau. Listening sessions will be marketed to lived experience of candidacy groups. Sessions are planned to occur with one in each Region and additional high-risk areas, which are still to be determined.

DCYF works closely with court partners through the Safety Summit work; see the state plan for [Safety Summits](#). In addition to this work, DCYF is actively engaged in ongoing workgroups with court partners around the following topics that are related to Item 3:

- [Family Well-Being Community Collaborative \(FWCC\)](#)
- [Safety Summit State Advisory Committee](#)
- [Harm of Removal Workgroup](#)

DCYF targeted efforts to support assessment and service matching for cases with young children. One example includes expansion of the CWELN Program in which CPS INV/FAR cases are connected to community based early learning resources. For additional information about DCYF’s efforts to support the 0-5 population in child welfare, please see the [Services for Children Under the Age of Five](#) and [Populations at Greatest Risk of Maltreatment](#) sections of this document.

In May 2024, a collaborative qualitative statewide review led by CW HQ and regional QA-CQI, QPS and HQ program staff focused on the Initial Assessment of Safety during the IFF contact. While this review relied on documentation as the source of information, it also evaluated the workforce development resources, prep and support establishing a baseline of the agency’s tools, resources and training already in place to support caseworkers when they are completing their initial assessment of safety. Using the data from this systemic review, the agency can discuss any gaps in practice and supports and determine steps to support the workforce using the [Family Practice Model Framework](#). DCYF will continue to use this review process to assist with gathering qualitative data to discuss practice and implement strategies.

## Permanency Outcomes 1 and 2

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

### *Item 4: Stability of Foster Care Placement*

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

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2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

Central Case Review Team (CCRT) Performance Improvement Plan (PIP) Case Review Data

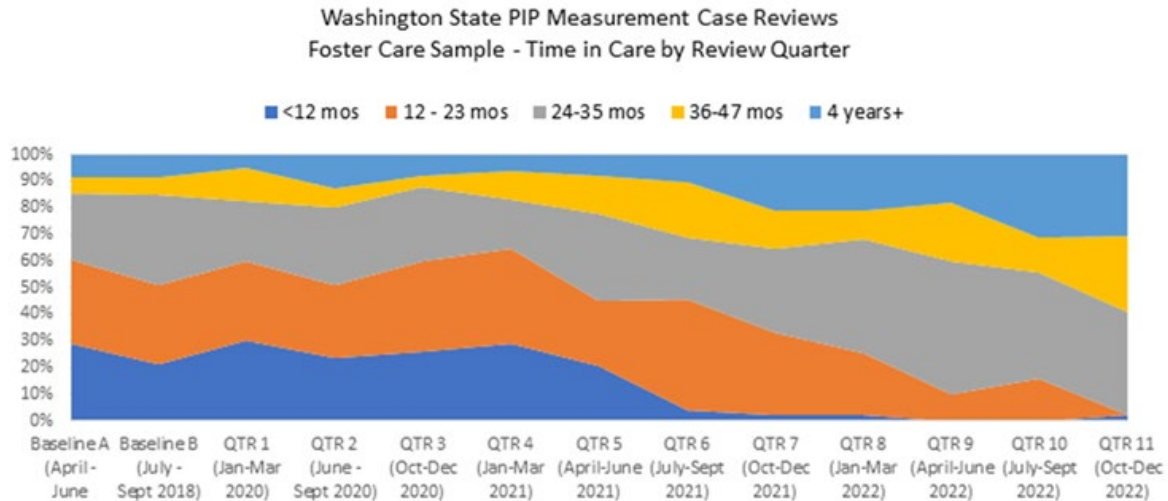
ITEM 4: Stability of Out-of-Home Care Placement							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	65% (120 of 184)	65% (31 of 48)	67% (4 of 6)	67% (16 of 24)	67% (31 of 46)	73% (16 of 22)	58% (22 of 38)
CY 2019	74% (151 of 204)	68% (15 of 22)	70% (30 of 43)	76% (37 of 49)	*	63% (15 of 24)	82% (54 of 66)
CY 2020	75% (109 of 145)	78% (29 of 37)	50% (1 of 2)	60% (3 of 5)	74% (43 of 58)	79% (45 of 57)	70% (7 of 10)
CY 2021	72% (138 of 193)	74% (34 of 46)	75% (3 of 4)	88% (7 of 8)	74% (57 of 77)	59% (26 of 44)	79% (11 of 14)
CY 2022	82% (157 of 191)	85% (35 of 41)	67% (4 of 6)	57% (4 of 7)	93% (70 of 75)	68% (30 of 44)	78% (14 of 18)
CY 2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only reviews didn't cover this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/24)*

During the previous reporting period the CCRT confirmed a sampling error that was originally brought to the attention of the Office of Innovation, Alignment and Accountability (OIAA) in March 2022; no cases were reviewed during the entire CY 2022 where the child entered foster care during the period under review. OIAA was contacted regarding concerns that the sampling tool was not performing properly. A review of the sampling tool occurred in January 2023, and it was discovered the data the sampling tool was pulling from was based off the child welfare (CW) population served by DCYF in September 2020. The out-of-home sampling tool was not connected to live data and the data had not been refreshed since September 2020. The federally reported Measurement Periods (MP) were impacted by a skewed sampling population as seen below in the chart titled, Washington state PIP Measurement Case Reviews. There is a drop in children in care under 12 months being pulled into the sample from quarter four (29%) to quarter six (4%) and the increase of children in care over four years from 6% in quarter four to 31% in quarter 11. A meeting was held with federal partners at the Administration for Children and Families (ACF) on Feb. 2, 2023 to inform them of the sampling error and discuss next steps moving forward. There is potential impact to previously achieved outcomes which were met using the skewed sampling data.



As a result of the sampling error, the data reported on Permanency Outcome 1 items were impacted. The shortest length of time that a child was in foster care during all case reviews for CY 2022 was 15 months.



During the previous reporting period, DCYF completed [item-only case reviews](#) for Item 4 as the department had already achieved the PIP goal for this item.

To improve placement stability, DCYF has implemented the following measures:

#### Kin-First Culture

- DCYF supports and advocates for kinship placements.
- DCYF provides immediate access to concrete goods to allow families early stabilization and low financial impact.
- Kinship Caregivers are offered an initial foster care license in 10 days, which allows the board rate payment to start the first month of placement.
- Kinship Caregivers are provided a multitude of training options to help placement stability.
- Placing youth in kinship care balances stability with the risk of trauma related to removal from family, community, and culture.

#### Co-Design with Kinship Caregivers

- DCYF conducted [research](#) to define a kin-first culture in Washington state.
  - The report highlights successful practices and challenges within the current system.
  - Actionable [recommendations](#) aim to improve kinship care.

#### Kinship Project

- Part of [DCYF's Thriving Families campaign](#).
- Focuses on prevention, supporting families, and strengthening CW practices.

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### Initial Licenses

- Launched in July 2023.
- Alleviates financial strain for unlicensed caregivers when a new child joins their home.
- Revised [RCW 13.34.065](#) mandates an assessment for initial licenses within 10 calendar days if ordered by the court during the shelter care hearing.
- Caregivers can claim reimbursement of the foster care rate once the Initial License is issued.

### Increased rates of initial licenses for kinship caregivers

- In 2024, DCYF replaced the previous four-level foster care rate assessment system with a [Seven-Level Caregiver Support System](#) based on the child's or youth's diverse needs.
- The monthly foster care maintenance reimbursement to caregivers has increased under this new system.
- The additional finances and support provided aim to enhance the stability of homes where children and youth are placed.

### Placement Supports - Caregiver Support Contracts (*Launching in July 2024*)

The support through the [Caregiver Supports Project](#) will be available to all caregivers, whether licensed or unlicensed. Areas of support include:

- **Education Advocacy:** Assisting caregivers in navigating educational resources for the child or youth.
- **Health and Well-Being Coordination:** Supporting caregivers in accessing health services and coordinating care.
- **Finding Local Child Care:** Helping caregivers find suitable child care options.
- **Culturally and Developmentally Appropriate Care:** Ensuring that caregiving practices align with the child's or youth's cultural and developmental needs.
- **Transition to Adulthood:** Supporting youth as they transition out of foster care.
- **Crisis Supports:** Assisting during challenging situations.
  - The caregiver support level (ranging from 1 to 7) determined by DCYF, or a tribe will set the level of service for Placement Supports provided by the contractor.
- Case Aide hours for Levels 3 to 7 are pre-authorized up to a certain number, with additional hours available through special requests.

### Timely and Accurate Placement Entry Guide and updated practice forms

- Ensures accurate placement information.
- Crucial for caregivers receiving support.

### Training

- Through the [Alliance Caregiver Retention, Education, and Support](#) (CaRES) Program with the purpose of providing Caregiver Retention, Education, and Support.
- There is an outreach component where staff reach out to all kinship caregivers within four

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days of placement with an offer of peer mentoring.

- Staff are comprised of current/past/alumni kinship caregivers or foster parents.
- Services provided include general resources, assistance with the licensing process, and emotional support.

#### Other Programs

- Alliance Training Program called "[Inherent Strengths of Kinship Families.](#)"

#### CFSR Data Profiles

##### Entry Rates and Entries into Out-of-Home Care

The number of children and youth under 18 in out-of-home care continues to decline year over year since 2017.

#### Children Entering and Exiting Out of Home Placement, SFY 2010-2023



Source: DCYF. (October 2023). Out of home exits and entries [July 2009-June 2023]. infoFamlink.

Notes: Entries identify the number of children who entered out-of-home care and were in the Placement and Care Authority (PCA) of DCYF. Exits identify each child that achieved permanency within each year, dismissing them from the PCA of DCYF.

#### Placement Stability

This indicator measures whether the agency ensures that children and youth who the agency removes from their homes experience stability while they are in foster care. Placement stability has a national performance of 4.48 or less placement moves per 1,000 days in care. CFSR Round 3 Federal Data Indicators use [National Performance, Risk Standardized Performance, and Observed Performance](#) to measure conformity to measurement standards.

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CFSR Round 3 Federal Data Indicator: Placement Stability (Moves/1,000 Days in Care)												
	National Perform	Data Period Used	18A-18B*	18B-19A*	19A-19B*	19B-20A*	20A-20B*	20B-21A*	21B-22A	22A-22B	22B-23A	23A-23B
<b>Placement Stability (Moves/1,000 Days in Care)</b>	4.48	Washington Risk Standardized Performance (RSP)	6.71	6.93	7.53	7.38	6.24	5.80	5.66	5.80	6.65	6.12
		RSP Interval	6.51-6.91	6.73-7.13	7.32-7.74	7.17-7.6	6.03-6.46	5.58-6.02	5.44-5.89	5.58-6.03	5.42-5.90	5.86-6.36
		Washington Observed Performance	6.04	6.26	6.88	6.77	5.57	5.07	5.07	5.26	5.23	5.66
<i>Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 2/20/24</i> <i>*NCANDS data period explanation</i>												

This Data Profile from February 2024 shows Washington state’s placement stability rate at 6.12, which is statistically worse than the national performance standard.

### Placement Exceptions and Night-to-night Placements

While this item is specifically concerned with placement stability, one aspect that influences performance is when DCYF is unable to locate a placement for a child and they have night-to-night placement (the caregiver only agrees to overnight placement) or placement exception (the child is placed in a hotel or leased facility overnight due to lack of identified placement). Generally, children and youth 11-17 years of age make up the population of children and youth who experience placement exceptions and night-to-night foster care stays. However, 40% of the children/youth who experienced placement exceptions and night-to-night stays in 2023 were 10 or younger.

In CY 2023, there were 4,897 entries documented for placement exceptions or night-to-night foster care placements for 352 children. This is an approximately 5% reduction in total number of placement exceptions from the previous year CY 2022 having 5,167 placement exception entries for 298 children.<sup>3</sup> In CY 2023, approximately 220 of these children and youth had four or fewer nights in a placement exception or night-to-night placement and almost 50% of them had only one or two nights in placement exceptions or night-to-night placements. Region 6 had 3,210 of the placement exception/night-to-night placement entries (66%) and Region 4 had 1,322 (27%).

In November 2023, DCYF child welfare implemented a process requiring leadership approval, including a review of efforts to prevent a placement exception or night-to-night placement, for each night the setting was being considered. Initial data indicate this process positively impacted the number of placement exceptions.

In January 2021, [Disabilities Rights Washington](#) filed a lawsuit on behalf of Washington state children in foster care who have behavioral health needs and/or developmental disabilities. A Settlement Agreement between Disabilities Rights Washington and DCYF was reached on June 6, 2022. In order to

<sup>3</sup> Data source: AIRS Placement Exception Summary, infoFamLink, CY2023

address placement exceptions and night-to-night placements, DCYF developed an [implementation](#) plan for the requirements of the [D.S. Settlement Agreement](#) including case staffing procedures, pre-placement supports, development of additional placement resources for children and youth with intensive needs, create and expand placement options for 16–21-year-olds, reduce barriers for providers, and data tracking/quality assurance. Development of the plan included contracted system partner engagement for three of the required system improvements and an opportunity for public review and comment before the plan was finalized. Progress toward achieving the outcomes in the Settlement Agreement is [reported semi-annually](#) to the court monitor and posted on the DCYF website.

#### Family Team Decision Making Meetings (FTDM)

The FTDM is a primary strategy DCYF uses to engage in shared decision-making regarding placement with parents, youth, caregivers, and legal parties. Policy requires an FTDM is held anytime a placement change is being considered, has, or will occur.

In CY 2023, 33.2% (3,601 of 10,854) of FTDMs were for change of placement. The remaining FTDMs occurred for an imminent risk of placement, exit from placement or an emergency placement. Of the FTDMs that occurred due to a change of placement the following outcomes were noted:

- Change to same level placement – 31.2%
- Maintain child in present placement – 29.3%
- Change to less restrictive placement – 23.3%
- Change to more restrictive placement – 11.5%
- Unable to reach consensus - 4.7%

For FTDMs to be most effective, parents, youth, and caregivers need to be invited and encouraged to attend. In CY 2023, on average:

- Children and youth attended FTDMs only 12% of the time, with some regions reporting an attendance rate as low as 7%.
- Mothers attended FTDMs only 56% of the time, with some regions reporting an attendance rate of mothers below 40%.
- Fathers attended 40% on average with some regions seeing attendance rates as low as 23%.

Strict timelines on FTDM completion (within 72 hours of placement) and competing priorities can impact a caseworker's ability to invite all relevant participants. In the [Permanency from Day One](#) (PFD1) intervention implemented in Regions 1, 4, and 6 from January 2021 to March 2024, FTDMs were combined with Permanency Planning Meetings (PPMs) when possible. In those meetings, youth attended 16% of the time on average, with one region seeing a 25% participation rate, an improvement on statewide performance. Overall, in PFD1 meetings, youth participation was 5.5 to 6.7 times greater than in the control group meetings. This is attributed to the PFD1 facilitator ensuring that youth are not only invited to meetings but understand beforehand the meeting's purpose and importance of their voice in the meeting. One aspect of the [D.S. Settlement](#) centers around youth engagement and empowerment in case planning. Inclusion of youth is a necessary step to ensuring that they can effectively partner in shared decision-making. Having dedicated meeting facilitators assist with inviting

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key participants and explaining why their participation is important, demonstrated better rates of participation compared to controls where the assigned caseworker is required to complete this task among their many other duties.

### Foster Homes and Kinship Placement

At the end of CY 2023, there were 4,538 licensed foster homes which is an increase in the number of foster homes from CY 2022. This combined with the increased number of kinship homes and the decreasing total number of children in care is resulting in improved placement matching. Although there is an increase of licensed foster homes, there continues to be a shortage of skilled homes that can support behaviorally complex children/youth and as a result the caseworker has limited ability to support placement stability thereby leading to hotel stays and short-term placements.

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

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

Foster Homes by identified BIPOC Status		
No	3,067	67.6%
Yes	1,471	32.4%
All	4,538	100%

*Data Source: Caregiver Recruitment and Retention Report (RDS) for CY2023*

As of 2023, DCYF had 32.4% of providers identified as Black Indigenous, People of Color (BIPOC) placements. Race/ethnicity information is available to casework staff to aid in the decision of placement to better match the cultural needs of each child. Data on race and ethnicity is collected for each primary and secondary provider in each home. A home is considered a BIPOC home if at least one primary or secondary contact associated with the provider during the licensed period has a race that is any race other than White/caucasian.

Race/Ethnicity of Primary and Secondary BIPOC Foster Homes		
AI/AN	181	6.3%
AI/AN-Multi	154	5.4%
Asian/PI	258	9.0%
Black	513	18.0%
Black-Multi	92	3.2%
Hispanic	704	24.7%
Multi-Other	75	2.6%
White	707	24.8%
All (Duplicated)	2,853	100.0%

*Data Source: Caregiver Recruitment and Retention Report (RDS) for CY2023*

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The [D.S. Settlement](#) requires DCYF to implement new statewide placement models for supporting youth and their families involved in foster care. Recognizing that foster children are often survivors of complex trauma and disproportionately identify as BIPOC and LGBTQIA+, the agreement includes system improvements that will be trauma-informed, culturally responsive, and LGBTQIA+ affirming. The [D.S. Data Addendum](#) was completed in February 2024.

The Licensing Division (LD) began the process of amending [group care WAC 110-145](#), [foster care WAC 110-148](#), and [child placing agency WAC 110-147-1595](#) as part of the D.S. Settlement using Negotiated Rule Making (NRM). NRM develops rules by seeking consensus from delegates representing groupings made up of similar parties that are impacted by the rule. Changes to licensing standards will address developmentally appropriate access to mobile phones and other resources necessary to engage in normal social activities with peers; facilitate connections to immediate, extended, and chosen family members. Additional changes include, in accordance with the youth’s case plan, maintaining youth in their school of origin; provide culturally responsive, LGBTQIA+ affirming, and trauma-informed care; provide education, training, and coaching to families of origin and other potential long-term or permanent placements about how best to support the child; and ensure sufficient nutrition and satisfaction of dietary needs. Additionally, language was added in Child Placing Agency in Group Care WAC, Child Placing Agency (CPA) WAC and foster family WAC to require safe and affirming environments for children who identify as LGBTQIA+. More information can be found on the DCYF website regarding the NRM process for [foster care](#) and [group care](#).

*Item 5: Permanency Goal for Child*

This item determines whether appropriate permanency goals were established for the child in a timely manner.

Central Case Review Team (CCRT) PIP Case Review Data

<b>ITEM 5: Permanency Goal for Child</b>							
<b>On Site Review Instrument (OSRI)</b>							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	57% (104 of 184)	54% (26 of 48)	67% (4 of 6)	63% (15 of 24)	43% (20 of 46)	73% (16 of 22)	61% (23 of 38)
CY 2019	69% (140 of 204)	59% (13 of 22)	77% (33 of 43)	69% (34 of 49)	*	46% (11 of 24)	74% (49 of 66)
CY 2020	66% (95 of 143)	78% (28 of 36)	100% (2 of 2)	100% (5 of 5)	46% (26 of 57)	79% (44 of 56)	80% (8 of 10)
CY 2021	43% (82 of 191)	59% (27 of 46)	50% (2 of 4)	50% (4 of 8)	30% (23 of 77)	45% (19 of 42)	50% (7 of 14)
CY 2022	25% (48 of 191)	22% (9 of 41)	17% (1 of 6)	43% (3 of 7)	24% (18 of 75)	27% (12 of 44)	28% (5 of 18)
CY 2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Items only reviews didn't cover this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/24)*

Original Date: June 30, 2024

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The [sampling error](#) impacted Item 5 in terms of the achievement of timely and appropriate permanency goals given the population of cases and children identified within the sample.

During the previous reporting period, DCYF completed [item-only case reviews](#) for Item 5 as the department had already achieved the PIP goal for this item.

#### InfoFamLink Administrative Data

Children and youth who are in out-of-home care for 15 of the last 22 months meet the Adoption and Safe Families Act (ASFA) threshold for filing a termination of parental rights petition or documentation of a compelling reason not to file. DCYF Policy [43061.Termination of Parental Rights \(TPR\) – Compelling Reasons](#) requires a TPR referral to be submitted to the [Attorney General’s Office](#) (AGO) when a child is in out-of-home care 12 of the last 19 months or sooner, unless compelling reasons/good cause exists. This allows time for the AGO to review the information and draft and file the TPR petition with the court to meet the ASFA 15-month timeframe. As of February 2024, 3,241 children and youth are within the timeline qualifying them for ASFA, and of those, 79.9% (2,590) are compliant with ASFA. Below is the breakdown by region:

- Region 1 – 65.4% (369 of 564)
- Region 2 – 84.3% (386 of 458)
- Region 3 – 74.4% (258 of 347)
- Region 4 – 78.3% (398 of 508)
- Region 5 – 88.1% (479 of 544)
- Region 6 – 85.4% (700 of 820)

Of the 2,590 considered compliant with ASFA as of February 2024, 13% were on a trial return home (TRH), 60% had compelling reasons documented, and 25% had filed a TPR referral with the AGO and/or a TPR petition is filed with the Court<sup>4</sup>.

DCYF found that compelling reasons are often not documented in FamLink timely or consistently. Regional QA leads can track entry of compelling reasons through infoFamLink reports. Some regions regularly report this information to leadership teams, who then are responsible for addressing non-compliance. With intentionality, some regions identified substantial improvement in accurate and timely documentation of compelling reasons.

DCYF also found that delays in establishing dependency as to all parents continues to be a systemic barrier to timely permanency. The Administrative Office of the Courts (AOC) reports on timeframes for establishing dependency, however this does not include establishing dependency as to all parents which is necessary for future permanency considerations.

Per DCYF Shared Planning Meeting [Policy 1710](#), shared planning meetings continue to occur until the child's permanent plan is achieved. These meetings aim to identify a child or youth's concurrent

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<sup>4</sup> Data Source: ASFA Compliance Detail Report, infoFamLink, date in time data pull as of 03/21/2023



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permanency planning goals and steps needed to achieve the plan. The PFD1 intervention enhanced PPMs by completing PPMs more frequently and assigning a neutral facilitator to the family at the time of dependency who not only completed pre-meets prior to the PPM with parent(s), youth, and caregiver(s), but also completed all invitation and documentation with the meeting participants. Preliminary data shows that this slight change to process ensured that more youth, parent(s), caregiver(s), and relative(s) attended PPMs.

PFD1 Meeting Details for All PFD1 Offices		
	Control	Treatment
<b>Meetings</b>	2503	5459
<b>Youth Attended</b>	138 (6%)	745 (14%)
<b>Mother Attended</b>	1051 (42%)	2488 (46%)
<b>Father Attended</b>	637 (25%)	1765 (32%)
<b>Relative Attended</b>	966 (39%)	2910 (53%)
<i>Data Source: InfoFamLink, January 2021-February 2024</i>		

There continues to be documentation issues that impact this data. Many offices only document those participants who attended, and do not document those who were invited but did not attend. In many offices, the caseworker is responsible for inviting participants or, in some offices, to fill out a form which indicates for the facilitator who should be invited, resulting in the person documenting often not knowing who was invited. Further, incorrect timeframe selection in the Shared Planning Meeting (SPM) form on FamLink can result in a PPM showing as overdue.

Overdue PPMs by Region	
<b>Region 1</b>	51.89% (578)
<b>Region 2</b>	24.73% (182)
<b>Region 3</b>	10.69% (71)
<b>Region 4</b>	41.83% (420)
<b>Region 5</b>	34.58% (297)
<b>Region 6</b>	62.78% (936)
<b>Statewide Total</b>	42.33% (2484)
<i>Data source: InfoFamLink, March 2024</i>	

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

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

Original Date: June 30, 2024

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Central Case Review Team (CCRT) PIP Case Review Data

ITEM 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	28% (52 of 184)	33% (16 of 48)	50% (3 of 6)	38% (9 of 24)	13% (6 of 46)	23% (5 of 22)	34% (13 of 38)
CY2019	35% (73 of 204)	18% (4 of 22)	51% (22 of 43)	31% (15 of 49)	*	29% (7 of 24)	36% (24 of 66)
CY2020	30% (44 of 145)	38% (14 of 37)	50% (1 of 2)	60% (3 of 5)	17% (10 of 58)	36% (12 of 23)	40% (4 of 10)
CY2021	18% (34 of 193)	20% (9 of 46)	25% (1 of 4)	0% (0 of 8)	12% (9 of 77)	30% (13 of 44)	14% (2 of 14)
CY2022	7% (13 of 191)	5% (2 of 41)	17% (1 of 6)	0% (0 of 7)	5% (4 of 75)	5% (2 of 44)	22% (4 of 18)
CY2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only reviews didn't cover this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/24)*

The sampling error impacted Item 6 in terms of the timely achievement of permanency goals for the associated reporting periods. The sampling error routinely resulted in cases being rated as an area needing improvement (ANI) as concerted efforts were not being made in most of these cases to achieve timely permanence. This was a result of the length of stay for the population of children identified in the case sampling tool; however, there was also a lack of concerted efforts identified by the agency and/court during this timeframe. The error within the sampling tool did allow Washington state to identify issues with this subset of the foster care population in Washington state. The case review results were accurate to the cases reviewed and identified a lack of concerted efforts to achieve timely permanence for children in foster care over the 20- month timeframe.

During the previous reporting period, DCYF completed item-only case reviews for Item 6 as the department had already achieved the PIP goal for this item.

During targeted reviews that occurred as part of the PFD1 permanency grant, twelve Treatment cases were randomly selected and reviewed in region 6. Of those twelve (12) cases, six (6) received a Strength rating in Item 6. A 50% achievement rating is higher than the regional performance reported on since 2018 (as shown in the table above).

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

This indicator measures whether the agency reunifies or places children in safe and permanent homes as soon as possible after removal. Permanency in 12 months for children entering care has a national performance of 35.2% or more children will achieve permanency within 12 months of entering foster care. CFSR Round 3 Federal Data Indicators use National Performance, Risk Standardized Performance, and Observed Performance to measure conformity to measurement standards.

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**CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (Entries) in percentages**

	National Perform	Data Period Used	16A-18B*	16B-19A*	17A-19B*	17B-20A*	18A-20B*	18B-21A*	20A-22A	20B-22B	21A-23A	21B-23B
<b>Perm. in 12 Months (Entries)</b>	35.2%	WA Risk Standardized Performance (RSP)	34.7	35.9	35.3	35.7	37.7	39.5	42.0	42.2	42.3	43.7
		RSP Interval	33.4-36.0	34.6-37.3	34.0-36.6	34.3-37.0	36.3-39.1	38.1-41.0	40.3-43.7	40.4-44.0	40.5-44.1	41.9-45.5
		Washington Observed Performance	34.3	35.4	34.9	35.2	36.9	38.9	39.5	39.3	39.5	40.6

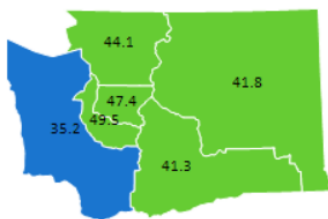
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 2/20/24

\*NCANDS data period explanation

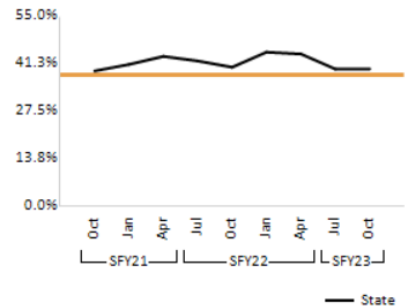
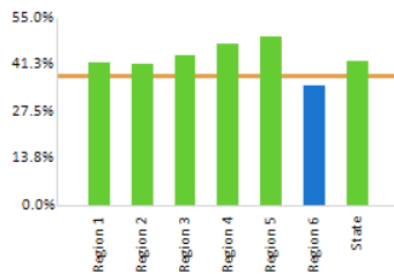
This Data Profile from February 2024 shows Washington state’s permanency in 12 months rate at 43.7%, which is statistically better than the national performance standard; the measure is moving in the right direction over the last three reporting periods.

Five of the six regions met expectations for permanency within 12 months of placement entry. Region 6 lagged behind the other regions on this permanency measure. Their performance on other permanency measures, including permanency within 12 months for children in care 12-23 months and children in care 24+ months is average compared to the other regions. Region 6 is stabilizing after a couple of years of restructuring and turnover of leadership and program staff, as well as field staff. As leadership and program staff stabilize, they are standing up quality assurance (QA) reviews and continuous quality improvement (CQI) plans, efforts that had lapsed during times of instability. Field staff levels are starting to stabilize or has stabilized in most offices, which has allowed caseload size to reduce for Child and Family Welfare Service workers the last 5 months. Of note for this performance measure is that if the child is on a trial return home for more than 30 days during the initial 12 month period, the federal measurement considers permanency achieved, despite DCYF continuing to have placement and care authority over the case for a minimum of six months post-trial return home, as required by [RCW 13.34.138](#).

 **Permanency Within 12 Months of Placement Entry**  
 State: **42.3%** | Federal Target: **38.0% or more**  
 Jan 2022 - Dec 2022



DCFS office service area boundaries:  
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Source: infoFamLink, Priority Performance Measure

Original Date: June 30, 2024

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

This indicator measures whether the agency reunifies or places children in safe and permanent homes in a timely manner if permanency was not achieved during the first 12 months of foster care. Permanency in 12 months for children in care 12 to 23 months has a national performance of 43.8% or more children will achieve permanency within 12 months of the first day of the reporting period. CFSR Round 3 Federal Data Indicators use [National Performance, Risk Standardized Performance, and Observed Performance](#) to measure conformity to measurement standards.

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (12 – 23 Months) in percentages												
	National Perform	Data Period Used	18A-18B*	18B-19A*	19A-19B*	19B-20A*	20A-20B*	20B-21A*	21B-22A*	22A-22B	22B-23A	23A-23B
<b>Perm. in 12 Months (12-23 Months)</b>	43.8%	WA Risk Standardized Perform (RSP)	35.0	36.7	37.5	38.1	36.7	34.7	35.8	34.4	29.5	28.9
		RSP Interval	33.5-36.6	35.1-38.3	36.0-39.1	36.5-39.7	35.1-38.4	33.0-36.4	34-37.7	32.5-36.4	27.6-31.4	26.9-30.9
		WA Observed Perform	37.8	39.6	40.3	41.0	39.6	37.3	37.3	36.3	37.0	37.0
<i>Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 2/20/24</i>												
<i>*NCANDS data period explanation</i>												

This Data Profile from February 2024 shows Washington’s permanency in 12 months for children and youth in out-of-home care 12 – 23 months rate at 28.9%, which is statistically worse than the national performance standard. This rate declined over the last two reporting periods. These timeframes coincide with COVID-19 pandemic impacts on the Washington state court system. Other recent changes in Washington that impact permanency include major legislative changes (e.g. [HB 1747](#), [HB 1227](#)) and judicial decisions (e.g. [K.W.](#) and [L.C.S.](#)). Collectively, they have pushed Washington to put additional emphasis on reunification and keeping children with kin, even when kin are unable to provide legal permanency.

DCYF is still evaluating how these changes influence judicial decisions and legal requirements to proceed with alternative permanency (adoption or guardianship) when reunification is not viable in the foreseeable future. In addition, the requirement that kin placement must be licensed for six months prior to finalization of guardianship if guardianship subsidy was requested also impacts length of stay and permanency. It is worth noting that Washington state law requires a court supervised trial return home period of at least six months once a dependent child is reunified. This means that children must be home by the 17<sup>th</sup> month, in order to complete the six-month period and obtain a dismissal order by the 23<sup>rd</sup> month. Washington state is unique in the length of its trial return home period while maintaining placement and care authority compared to other states in the nation.

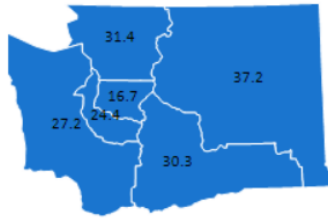
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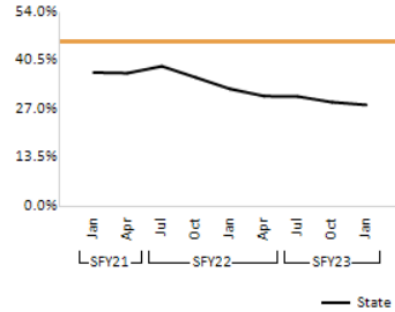
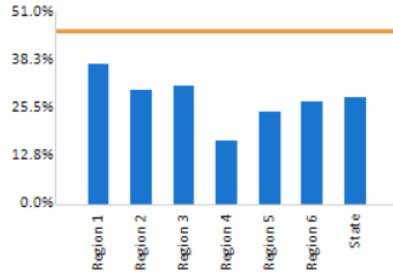
**Permanency Within 12 Months for Children in Care 12-23 Months**

State: 28.3% | Federal Target: 46.0% or more

Jan 2023 - Dec 2023



DCFS office service area boundaries:  
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Source: infoFamLink, Priority Performance Measure

Permanency in 12 Months for Children in Out-of-Home Care for 24 Months or Longer

This indicator measures whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time. Permanency in 12 months for children in care for 24 months or longer has a national performance of 37.3% or more children will achieve permanency within 12 months of the first day of the reporting period. CFSR Round 3 Federal Data Indicators use [National Performance, Risk Standardized Performance, and Observed Performance](#) to measure conformity to measurement standards.

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (24+ Months) in percentages												
	National Perform	Data Period Used	18A-18B*	18B-19A*	19A-19B*	19B-20A*	20A-20B*	20B-21A*	21B-22A*	22A-22B	22B-23A	23A-23B
Perm in 12 Months (24+ Months)	37.3%	WA Risk Standardized Performance (RSP)	30.0	30.5	32.4	33.9	33.7	31.7	36.7	35.2	32.6	32.1
		RSP Interval	28.8-31.1	29.3-31.6	31.2-33.5	32.8-35.0	32.6-34.9	30.5-32.9	35.3-37.1	33.7-36.6	31.2-34.1	30.7-33.6
		WA Observed Performance	39.2	39.9	42.8	45.0	44.6	41.6	41.6	39.7	37.0	37.0

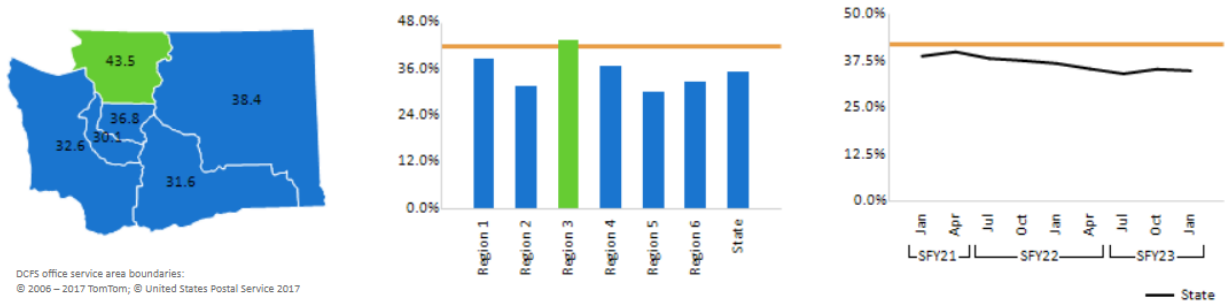
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 2/20/24  
\*NCANDS data period explanation

This Data Profile from February 2024 shows Washington state’s permanency in 12 months for children and youth in out-of-home care 24+ months rate at 32.1%, which is statistically worse than the national performance standard. This rate increased until the last two reporting periods. These timeframes coincide with COVID-19 pandemic impacts on the Washington state court system.

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**Permanency Within 12 Months for Children in Care 24+ Months**  
**State: 35.1%** | Federal Target: **42.0% or more**  
 Jan 2023 - Dec 2023



Source: infoFamLink, Priority Performance Measure

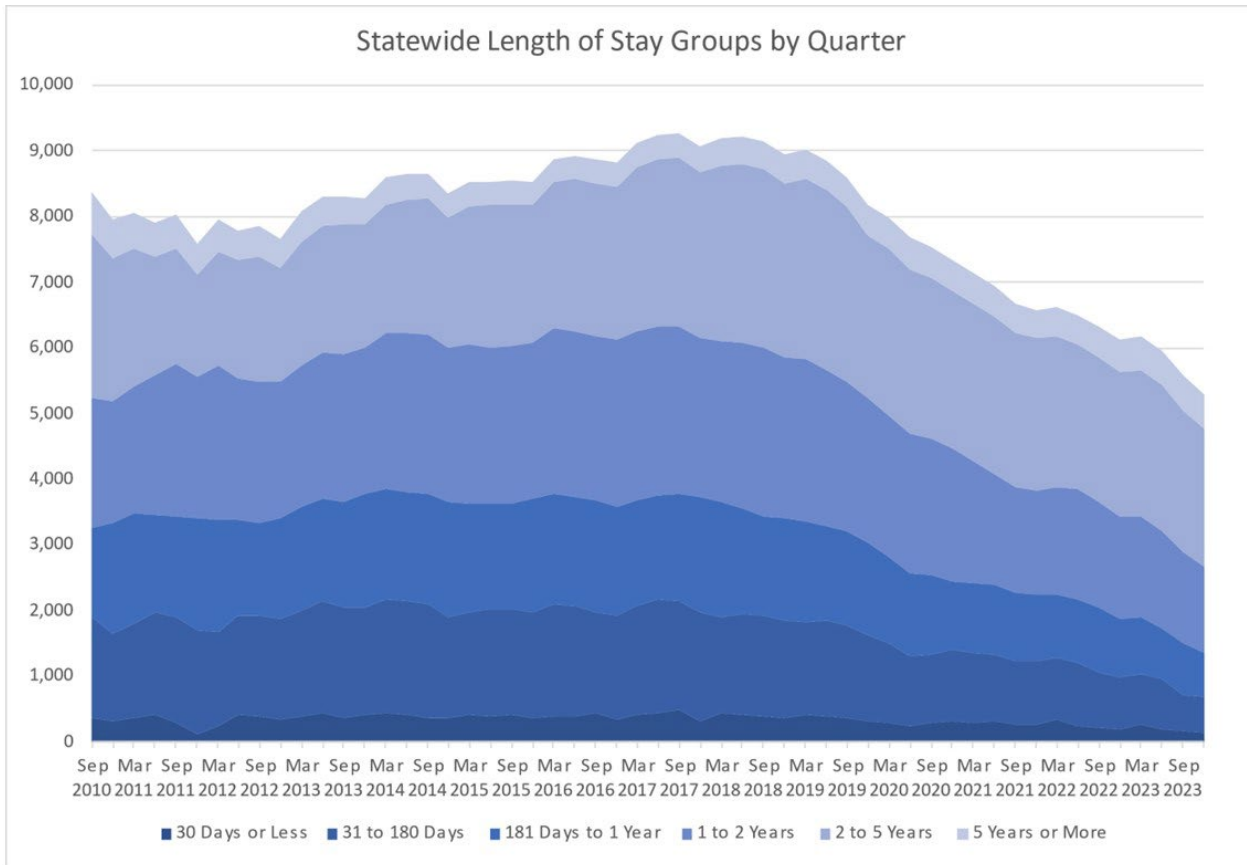
InfoFamLink Administrative Data

Length of Stay

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

Median Length of Stay (in days) in Out-of-Home care	
CY 2020	574
CY 2021	605
CY 2022	612
CY 2023	685
<i>Data source: infoFamLink, Relative vs Non-relative</i>	

There has been an increase in the median length of stay over the last four years. As the number of children in out-of-home care continues to decrease, the length of stay for those children remaining in care is increasing. The children who are coming into care tend to have more complex situations that are harder to resolve. DCYF appears to be doing better at safely returning children who are newly entering the child welfare system; however, those who have been in the system for longer periods of time have more difficulty to achieve permanency. There may also be a shadow from permanency delays that occurred due to the COVID-19 pandemic, including limited access to services, and delays in resolving termination and guardianship cases.



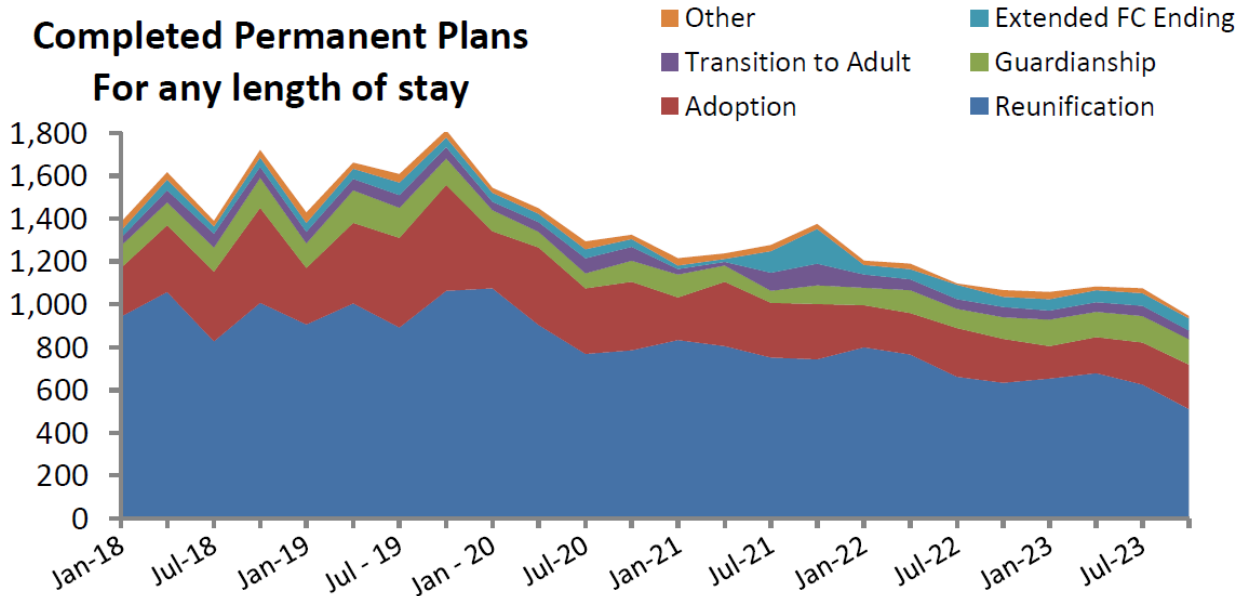
Source: DCYF, OIAA, CW reporting portal, relative vs. nonrelative

### Exits From Out-Of-Home Care

As of December 2023, there were 5,294 children and youth in out-of-home care. This is an approximate 15.7% reduction of children and youth in out-of-home care since December 2022. [DCYF’s Strategic and Racial Equity Plan](#) contains the priority of safely reducing the number of children and youth in out-of-home care by half. The number of children and youth in out-of-home care has not been this low in Washington state since the 1980s.

The figure below illustrates the completed permanent plans for any length of stay from 2018 – 2023. As the number of children in out-of-home care has decreased, so has the number of completed permanent plans. The proportion of adoptions has decreased, and the proportion of reunifications and guardianships have increased.

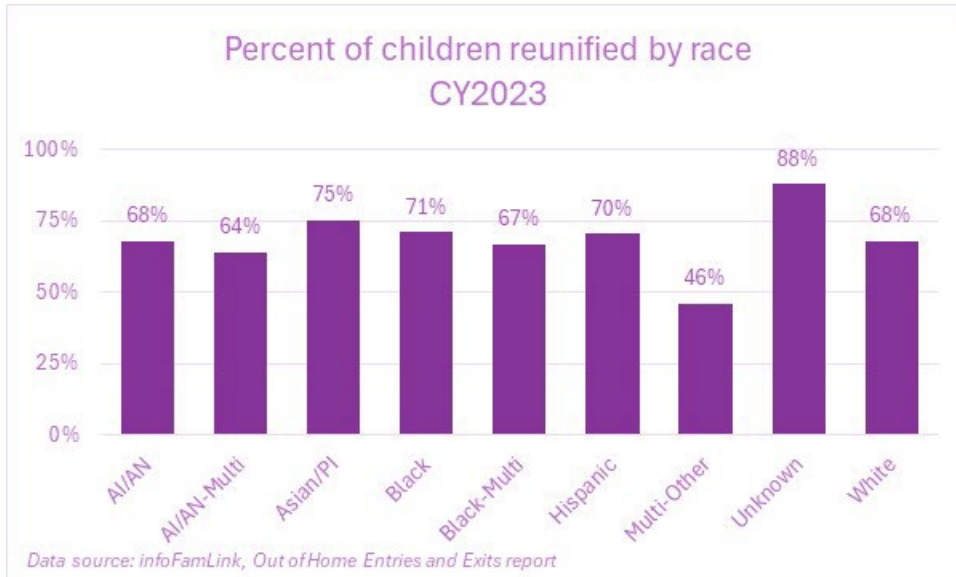
### Completed Permanent Plans For any length of stay



Data Source: Child Welfare Monthly Informational Report, February 2024, infoFamLink

#### Reunification

Many children and youth who enter out-of-home care are reunified with their parents/guardians. In CY 2023, 68% (2,463 of 3,625) of the completed permanent plans were reunifications. DCYF saw a decrease in the percentage of reunifications from CY 2022 (71%, 2,768 of 3,868). There appears to be a correlation with increased guardianships.



Data source: infoFamLink, Out of Home Entries and Exits report

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Guardianship

The Washington state Court data differs from DCYF’s FamLink data as they are separate data sources. Washington state Court data does not capture cases in which tribes have jurisdiction, are IV-E tribes and are seeking Relative Guardianship Assistance Program subsidy for a Title 13 case.

Children and youth in guardianship as a primary or secondary plan					
	Children in Out-of-home Care*	Children in Out-of-Home Care w/ Guardianship as Primary Plan in Legal Section*	Children in Out-of-Home Care with Guardianship as Alternate Plan in Legal Section*	Children in Out-of-Home Care w/ Guardianship as Primary Plan in CFE*	Children in Out-of-Home Care with Guardianship as Alternate Plan in CFE*
<b>Region 1</b>	1118	135	182	140	333
<b>Region 2</b>	711	154	243	125	246
<b>Region 3</b>	633	110	1	110	120
<b>Region 4</b>	930	116	96	136	134
<b>Region 5</b>	853	159	208	168	168
<b>Region 6</b>	1428	242	257	268	289
<b>Statewide</b>	5673	916	987	947	1290

*Data Source: Permanency Monitoring Summary, infoFamLink, as of 02/21/2024*  
*\*This reflects a point in time count as of data pull date of 02/21/2024.*

The number of children and youth coming into care is decreasing. For the children and youth that are in care, there continues to be an increase in the use of guardianship as a primary or alternative plan. When comparing CY 2022 data to current data, there is a 24% increase in DCYF recommended guardianship as a primary or alternative plan. Furthermore, when comparing CY 2022 data with existing data there was an increase (33%) in children and youth who are in out-of-home care with court-ordered plans of guardianships.

Washington recently compared the 2022 child population census data with the 22A22B entries into care as reported in the Washington Child and Family Services Review Data Profile. The table below represents this comparison.

	2022 Child Population	22A22B Entries	Rate of Entry per 1000 child population
<b>Region 1</b>	223,014	532	2.38
<b>Region 2</b>	187,375	419	2.24
<b>Region 3</b>	274,374	328	1.19
<b>Region 4</b>	445,849	425	0.95
<b>Region 5</b>	269,317	520	1.93
<b>Region 6</b>	276,193	783	2.84

*Source: Washington Child and Family Service Review Data, February 2023*

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Washington is just beginning to analyze this information and formulate possible hypotheses why the rate of entry in Region 6 is more than double the rate of entry in Region 4. Some improvements in this area have been the addition of meeting facilitators, which can be an intervention that prevents children from coming into care.

Region 6 has some unique challenges when compared to other regions. Region 6 has the most tribes to collaborate and coordinate with; 15 different field offices, including, five small/rural offices with limited resources and remedial services in those counties; and 11 different court jurisdictions. They have some of the highest [child poverty rates](#) in the state along with [reduced health outcomes](#). As indicated previously, Region 6 is stabilizing after a period of restructuring and turnover. This has allowed the region to re-engage and enhance their quality assurance reviews, and continuous quality improvement plans to support better performance outcomes.

Children and youth exiting in guardianship			
	T11 Guardianship of a Minor in CY 2023	Total T13 Guardianships in CY2023	Total Guardianships in CY 2023 (any type)
<b>Region 1</b>	21	63	84
<b>Region 2</b>	14	31	45
<b>Region 3</b>	21	42	63
<b>Region 4</b>	16	56	72
<b>Region 5</b>	13	83	96
<b>Region 6</b>	40	39	79
<b>Statewide</b>	125	314	439

*Data Source: Out-of-Home Exits and Entries, infoFamLink, CY2023*

Washington state has two paths to complete guardianship: [Title 11 Guardianship of a Minor](#) and [Title 13 Guardianship](#). Washington state adopted a new Minor Guardianship law on Jan. 1, 2021 that replaced third party custody or non-parent custody statutes. Although the new Title 11 guardianship is considered a type of permanency plan for DCYF, it is not as frequently used by DCYF. Title 11 does not require a home study. There was a 34% increase in Title 11 Guardianship of a Minor completed in Superior Court outside of juvenile court. The more traditional Title 13 guardianship used for dependent youth, which is completed through juvenile court, saw an increase of 32% between 2022 and 2023. Overall, there was a 33% increase in the finalization of guardianships between FY 2022 to FY 2023.

During this reporting period there was both an increase in guardianship as a primary/alternative plan and the finalization of guardianship when exiting care. This increase represents the initial results of DCYF’s implementation of a kin-first agency initiative and recent kin-first legislation as well as statewide efforts to consider guardianship as an alternative plan to adoption.

- Recent legislation [HB 1747](#) and [HB 1227](#) elevated the urgency of placement with a kinship caregiver which is supported by the agencywide kin-first philosophy. If children need to be removed from their homes, DCYF seeks to place a child with either a relative or a suitable person.
- HB 1747 requires DCYF to discuss guardianship as an alternative plan with both parents and caregivers before discussions of adoption and the filing of a TPR petition. This elevated

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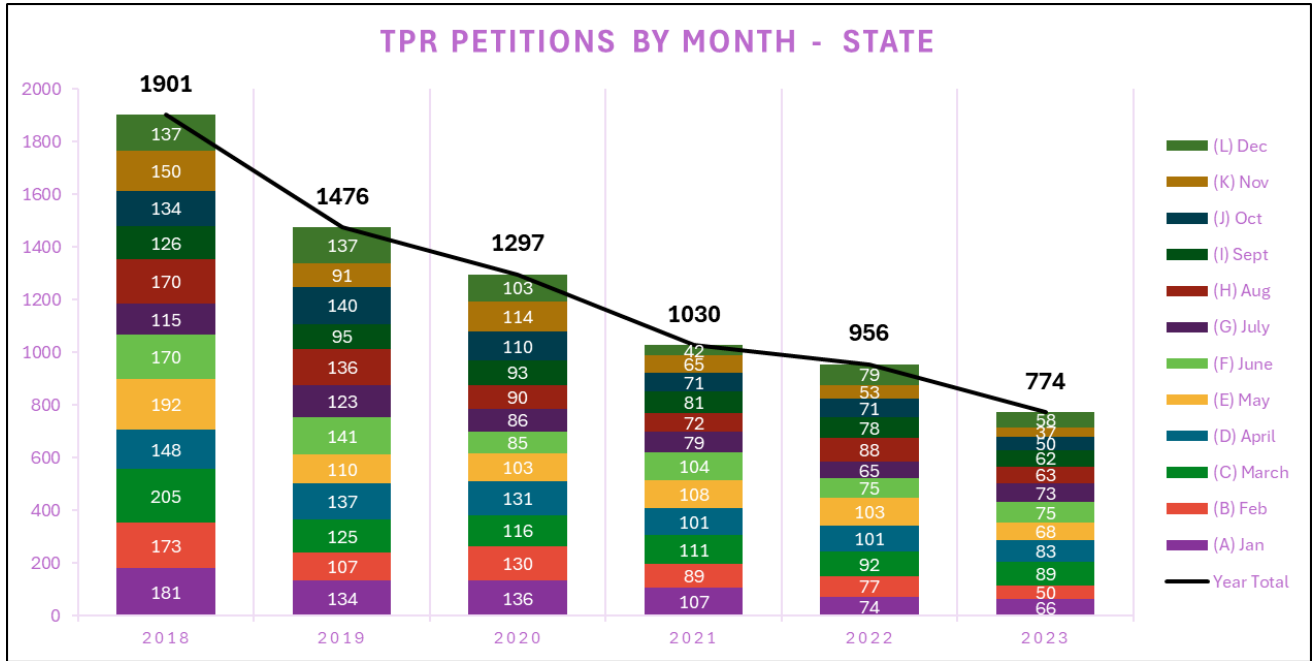
- guardianship in the conversation for DCYF caseworkers and caregivers, which likely contributed to the increase in guardianships.
- In July 2023, DCYF implemented [HB 5124](#) a state funded guardianship assistance program (GAP) subsidy that meets the same financial subsidy as the federal GAP subsidy. Both programs are equitable but to qualify for a state funded GAP subsidy any of the following must occur:
    - Youth is not eligible for federal foster care reimbursement and all other eligibility standards are met.
    - Suitable other persons and general foster parents may receive a GAP subsidy when all other eligibility standards are met.
    - Guardians of an Indian Child under [RCW 74.13](#) in Tribal Courts are eligible when all other eligibility standards are met.
  - In July 2023, [Initial Licenses](#) were launched. The initial license is a way to alleviate the financial strain of having a new child join the home of an unlicensed caregiver. Since the launch of the initial licenses there has been an increase in the number of kinship caregivers going through the licensing process which will increase the number of people eligible for a guardianship incentive payment if guardianship is the permanent plan for the child or youth.
  - DCYF anticipates a continued increase in guardianships in the upcoming years with the new kinship licensing standards, caregiver supports program, and commitment of the Legislature to rule out guardianship prior to filing for termination of parental rights.

With the expectation of continued growth in guardianships comes the obligation of planning and preparation. DCYF is committed to a kin-first culture and guardianship plays a significant role while children and youth are unable to return home safely. It is anticipated that new licensing standards for kinship caregivers will be in place by 2025.

This work is grounded in equity and awareness of the need to address racial justice in the child welfare system. The guardianship program is updating resources, tools, and training to align with the underlying values of a kin-first culture. In addition, written policies and processes are being examined to ensure families are engaged and supported to remove barriers that may impede placement or guardianship.

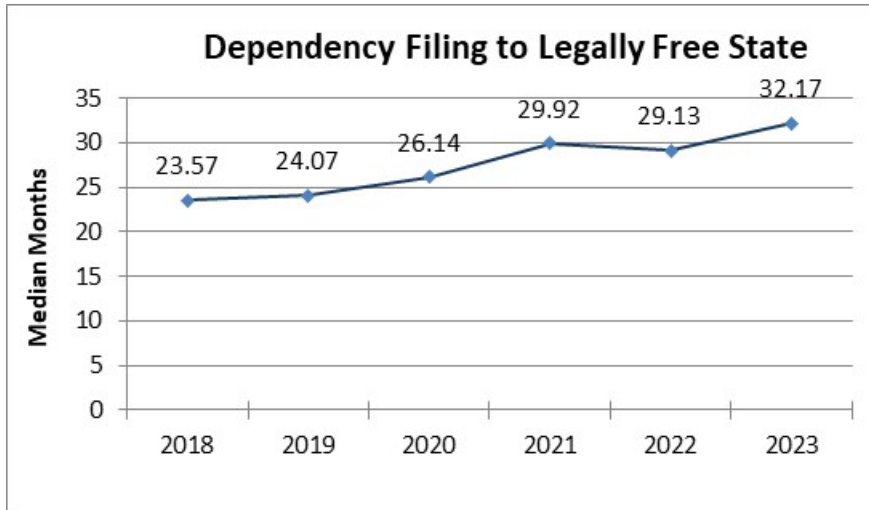
#### Termination of Parental Rights (TPR) and Adoption

The number of TPR petitions filed statewide declined over the last six years. Much of this can be explained by the overall reduction of the number of children in out-of-home care. Some of this can also be attributed to the COVID-19 pandemic when some courts found compelling reasons to not order the Department to file TPR petitions when services could not be offered to families during that time. The decline is also impacted by legislation, judicial findings, and practice changes including a renewed focus on guardianship and efforts to reunify.



Data Source: Washington State Center for Court Research

DCYF identified that in several counties across the state there remains significant delays in referring for TPR to screening, as well as from screening to filing. Some counties also see higher rates of referral rejection by the AAG, resulting in higher workloads for DCYF caseworkers and further delays to permanency. King County, for instance, had a 39% rejection rate. Statewide, the time from dependency filing to a child becoming legally free continues to increase.



Data Source: Washington State Center for Court Research, Case Processing and Status report, Median DPP Filing 2 Legfree

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Of children and youth under the age of 18 who were legally free in CY 2023, 66% (1136 of 1715) were legally free for more than six months.<sup>5</sup>

- 0-5 years – 24% (411 of 1715)
- 6-11 years – 19% (331 of 1715)
- 12-17 years – 23% (394 of 1715)

Of children and youth under the age of 18 who were legally free in CY 2022, 35% (595 of 1715) were legally free for more than 12 months.<sup>3</sup>

- 0-5 years – 6% (102 of 1715)
- 6-11 years – 11% (185 of 1715)
- 12-17 years – 18% (308 of 1715)

Of the children and youth who were legally free in CY 2023, 788 are now adopted (as of Feb. 20, 2024). Of those children and youth who were adopted, the following is the age group breakdown by region:

Legally Free Youth in CY 2023 that are Now Adopted, by Age Group and Region							
Age Group	Statewide	R1	R2	R3	R4	R5	R6
0-5 years	429 (54%)	96	64	54	78	50	87
6-11 years	223 (28%)	57	22	18	62	20	44
12-17 years	111 (14%)	29	11	12	32	10	17
18+	25 (3%)	5	1	6	5	2	6
TOTAL	788	187 (24%)	98 (12%)	90 (11%)	177 (22%)	82 (10%)	154 (20%)
<i>Data Source: Legally Free report, infoFamLink, CY2023</i>							

#### Legal Permanency Achieved by Race

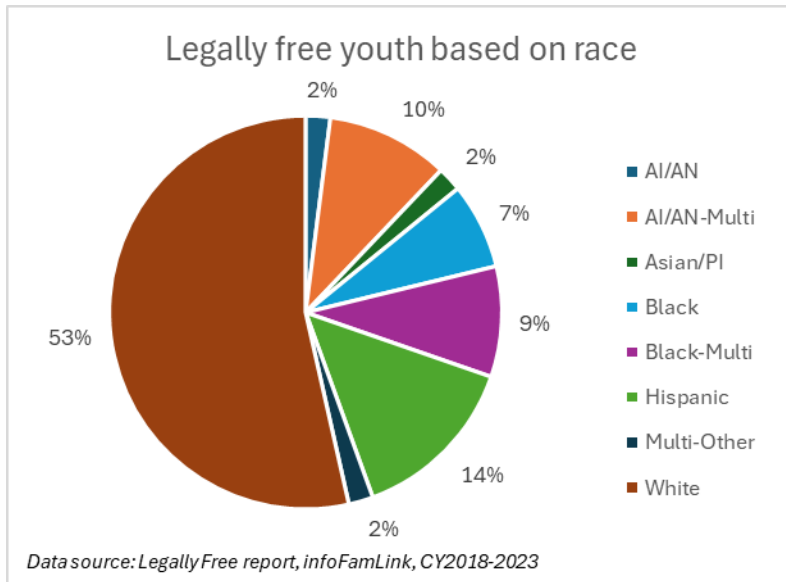
Addressing racial disproportionality continues to be a priority for systemic change. As previously outlined in the chart titled, [“Completed Permanent Plans for Any Length of Stay”](#), the data indicates reunification occurs at a much higher rate than other legal permanent outcomes<sup>6</sup>. Although legally free youth constitute a small demographic of dependent youth, a review of racial differences within this population provides data to determine if youth of color experience a longer overall length of stay.

#### Racial Classification of Legally Free Youth

Data suggests that, over the course of five years, the percentage of youth made legally free based on race remains relatively consistent. During the five-year period, White legally free youth averaged 53% of the total legally free population with the remaining 47% consisting of all other racial demographics.

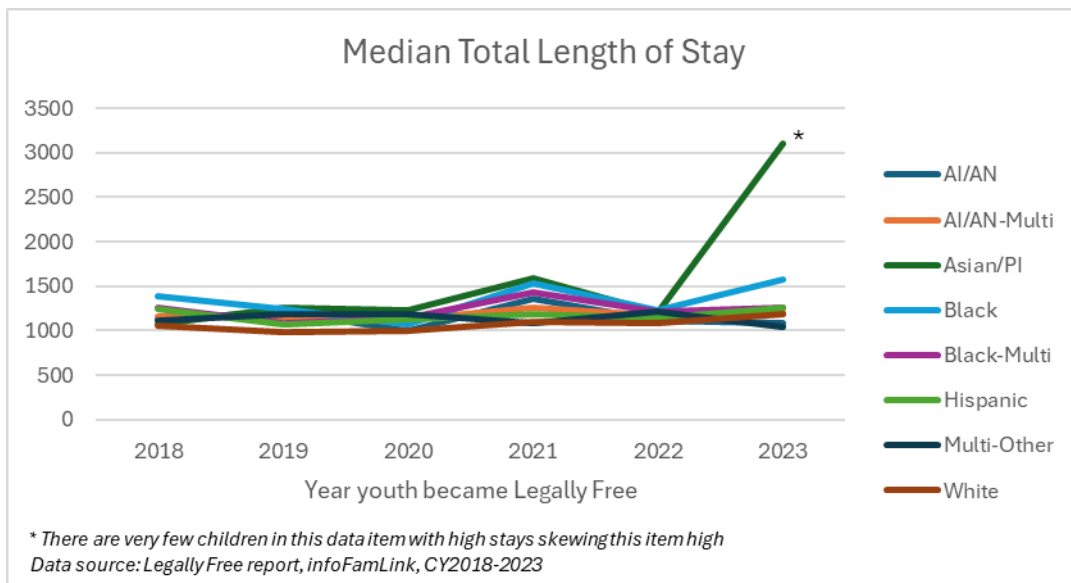
<sup>5</sup> Data Source: Washington State Center for Court Research, TPR adoption report, Median Adoption 6mnth

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



Length Of Stay

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

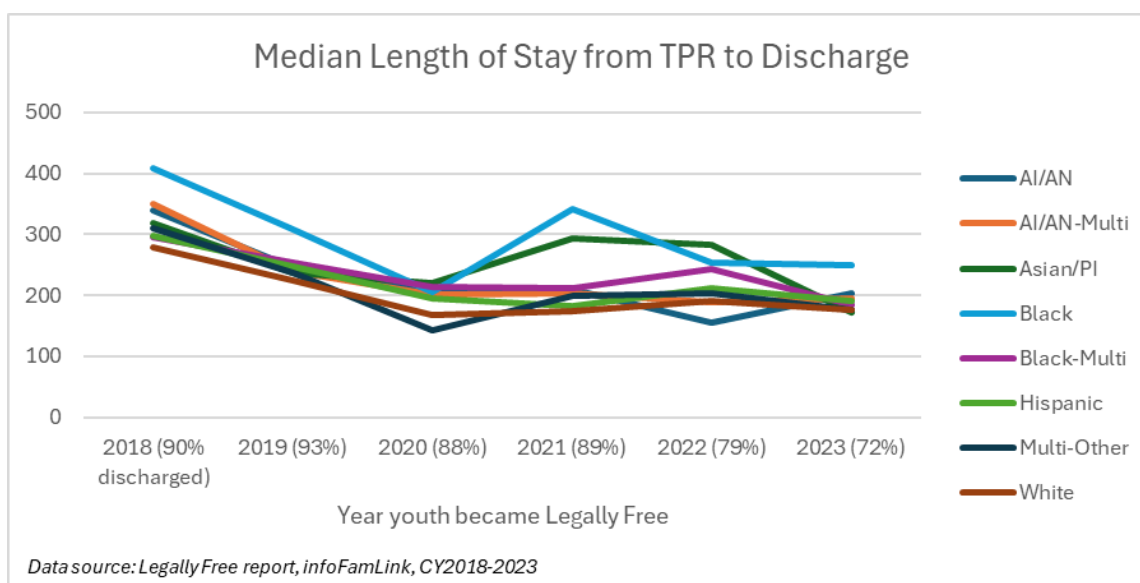


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### Median Total Length of Stay

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



### Permanency Outcome 1: Strengths, Concerns and Practice Improvements

#### Strengths

DCYF continues to prioritize and improve multiple indicators of permanency.

- The number of children and youth under 18 in out-of-home care continues to decline year after year since 2017.
- DCYF increased the number of licensed foster parents and kinship homes.
- Having a statewide established process and expectations for referring a case for a TPR petition allows DCYF to see regional variations and do a root cause analysis to determine factors influencing outcome differences. In general, TPR petitions are being screened and have a similar process for filing with the AGO offices across the state. There is still considerable variation between counties in how quickly referrals are processed, and the number of referrals rejected as legally insufficient.
- Washington state's permanency in 12 months rate is statistically better than the national performance standard; the measure is moving in the right direction over the last three

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reporting periods.

- Data shows DCYF is having incremental success in reducing disproportionality in the overall length of stay for youth of color compared to white youth.
- The median number of days between becoming legally free and a legal permanent outcome has decreased since 2018.
- DCYF completed an update to the FTDM reporting from InfoFamLink. The update to the previous report included the ability to report on child level demographics including race and ethnicity, the child's age at the time of the meeting, child's date of birth and if the child attended the meeting.
- DCYF uses [Wendys Wonderful Kids \(WWK\)](#) which is an evidence-based model for finding homes for children who are statistically more likely to age out of foster care. This includes children over the age of 9, sibling sets of three or more, and those with significant disabilities. This model is discussed at length in [Item 35: Diligent Recruitment of Foster and Adoptive Homes](#).

### Concerns

- DCYF is not consistently holding and/or documenting PPMs according to policy time frames.
- The current meeting structures are not consistent in practice and areas of focus for the family. Addressing multiple family level situations can often require additional meetings and requiring additional time for scheduling and facilitating. DCYF acknowledges that one standardized family focused meeting is needed and is being developed.

DCYF continues to need a pool of racially and culturally diverse caregivers that can meet the unique needs of children and youth experiencing foster care. DCYF especially needs foster families who have the skills, ability, and desire to care for adolescents (12+) and youth with complex needs (emotional, behavioral, physical, and developmental). DCYF's Targeted Recruitment Specialists have developed Regional Recruitment Plans with specific strategies to work toward addressing this. It is not that DCYF has a lack of non-kinship foster homes, it is that DCYF has a lack of non-kinship foster homes providing care to older youth, children and youth with higher needs, and sibling sets.

- Across the state, approximately 25% of TPR petitions are rejected by the AGOs for legal insufficiency.
- Statewide, the time from dependency filing to a child becoming legally free continues to increase.
- The median length of stay from becoming legally free to discharge is 9% higher for children of color compared to white children.
- Washington state's permanency in 12 months for children and youth in out-of-home care 12 – 23 months rate is 28.9%. This rate has declined over the last two reporting periods.
- As of 2023 Washington state's placement stability rate was at 6.12. This rate is worse than 2018.

### Practice Improvements

- The CFSR, APSR and the [Washington State Center for Court Research](#) all identify early family engagement in child welfare proceedings as an improvement opportunity. The [PFD1 project](#)

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- aimed to impact both [Permanency Outcome 1](#) and [Well-being Outcome 1](#) by implementing two strategies: enhanced [PPMs](#) and [Enhanced Youth Recruitment \(EYR\)](#). PFD1 focused on enhancing and supporting a holistic family engagement model. Supporting a holistic family engagement model allows for case plans to be individualized with youth needs identified thereby increasing the likelihood of reunification or, in cases where reunification is not possible, concurrent planning occurs early in the case.
- Future CQI activities should aim to ensure that all key participants, including youth, parents, and caregivers, are invited to attend FTDMs and understand why their attendance is important. Caseworkers are primarily responsible for this task. Given the high turnover of caseworkers, and their many competing priorities, this task can be overlooked, rushed, or completed at the last minute. Moving this task from caseworkers to a meeting facilitator is shown to improve participation rates from youth and parents.
  - The Enhanced PPM strategy and the Enhanced Youth Recruitment strategy were designed to impact Permanency Outcome 1 as noted below:
    - Children/youth have permanency and stability in their living situations because of the individualized case plans with clear and appropriate permanency goals.
  - During the PFD1 project, a qualitative review of Item 5 was completed by the CQI Program Manager with the assigned PFD1 Permanency Outcome facilitators. The following themes were identified:
    - It is common practice for reunification to remain part of a concurrent plan until termination of parental rights. Item 5 is often rated as an “ANI” because the agency and court maintained the permanency goal of reunification “inappropriately” during the PUR.
    - Similarly, if parents are making progress toward returning home a concurrent goal of adoption will often be rated as an improvement opportunity.
  - The PFD1 team also identified the following systemic barriers to achieving timely permanency:
    - Caseworker turnover
    - Financial supports for relative caregivers
    - Delays establishing dependency as to all parents, especially unknown or absent fathers
    - Delays in filing for termination of parental rights, court continuances
  - The PFD1 project ended on March 31, 2024, and has moved into the evaluation phase to be completed by the [University of Colorado’s Kempe Center](#).
  - DCYF developed an implementation plan for the requirements of the [D.S. Settlement](#). Progress toward achieving the outcomes in the Settlement Agreement is reported semi-annually to the court monitor and posted on the DCYF website.
  - Since the launch of the [Initial Licenses](#) in July 2023, there is a dramatic increase in the number of kinship caregivers going through the licensing process. This increases resources for kinship caregivers and supports placement stability. It also opens the option of subsidized guardianship as a permanent plan for the children or youth placed there.
  - In 2024 DCYF replaced the previous four-level foster care rate assessment system with a [Seven-Level Caregiver Support System](#) based on the child’s or youth’s diverse needs. It is anticipated that this will increase placement options and placement stability for children and youth with exceptional needs.

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- DCYF is currently in the process of updating the termination policy and procedures to better support our staff in the steps to identify and submit a legally sufficient referral for termination as well as how to correctly identify and document compelling reasons to not file a TPR petition. We anticipate the revised policy and procedures going live in Fall 2024 and have a training planned for staff in September 2024.
- In 2024 DCYF developed a permanency workgroup made up of headquarters subject matter experts and regional permanency leads. This workgroup meets monthly. The purpose of the group is to break-down silos between subject matter experts and to invite regional leads in to assist with reviewing data and developing policy and practice changes to improve permanency performance.

#### System Partner Involvement and Feedback Loops

- In the PFD1 Grant interventions, system partners included parents, youth, caregivers, relatives, court partners, Dependency GALs, tribes, family supports and providers. They noted the following concerns:
  - Caseworkers listing service compliance as the determination to make case decisions rather than specific, observable behaviors and/or conditions that impact safety. Mandating that parents do services that are beyond the identified safety issue.
  - Accurate safety assessments are not being done at key points in the case and/or are not capturing current safety information.
  - Resistance to alleged fathers attending meetings because paternity is not established, or they have not contacted the caseworker (including involving the kin of alleged fathers).
  - Resistance to allow relatives to attend meetings if they are not placement resources.
  - Resistance to families presenting case plans and offering alternative ideas.
  - Adversarial stance with other case participants who disagree with the agency's plan.
  - Misunderstanding of the difference between managing risk versus addressing safety. This leads to children and youth in out-of-home placements for longer timeframes than necessary.
  - Using these meetings as the only point of contact with parents.
- [Kinship Caregiver Oversight Committee](#) (KCOC): The KCOC was formed by the Legislature with [RCW 74.13.621](#) in 2003 to provide guidance to the Legislature in identifying, supporting, and strengthening kinship care families. This is a collective made up of kinship caregivers, multiple state agencies, caregiver advocates, non-profit service providers, tribes, and legal community representatives who support and strengthen kinship families.
- The KCOC meets monthly, providing a forum to exchange information about state policy changes, local initiatives, and concerns and monitor, guide, and report on kinship care recommendations and implementation activities. The KCOC has provided input on all matters impacting guardianship.
- It is important for kinship caregivers and kinship alumni to weigh in on issues and offer suggestions for improvements. However, kinship caregivers are asked to do this without compensation for their time. The KCOC members are hopeful their lived experience will be acknowledged and compensated. Compensating the lived experience voice is indicated in new guidelines and funding sources are still being determined.

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- DCYF regional leads for CFWS and QA-CQI were consulted in reviewing and interpreting the data in this report. This group meets bimonthly to share information and make joint efforts to work on permanency and placement stability. The group is made up of leaders across the state to allow input and experience to be gathered. Regional leads work with local court systems and legal partners to address permanency issues across the system. Regional leads also regularly meet with their local assistant attorneys general to address concerns related to the dependency court process and permanency.
- DCYF leaders who are managing the D.S. settlement also contributed to the report. Several DCYF representatives from across the divisions within the agency are jointly working on efforts to address the settlement with internal and external partners.

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

*Item 7: Placement with Siblings*

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

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 7: Placement With Siblings							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	80% (98 of 122)	89% (32 of 36)	80% (4 of 5)	82% (9 of 11)	79% (23 of 29)	88% (15 of 17)	63% (15 of 24)
CY 2019	80% (103 of 129)	93% (13 of 14)	79% (22 of 28)	76% (22 of 29)	*	74% (14 of 19)	82% (32 of 39)
CY 2020	76% (75 of 99)	71% (20 of 28)	100% (2 of 2)	75% (3 of 4)	76% (29 of 38)	83% (15 of 18)	67% (6 of 9)
CY 2021	75% (96/128)	57% (17 of 30)	100% (2 of 2)	71% (5 of 7)	79% (42 of 53)	81% (21 of 26)	90% (9 of 10)
CY 2022	78% (100 of 129)	64% (18 of 28)	100% (6 of 6)	83% (5 of 6)	90% (43 of 48)	72% (21 of 29)	58% (7 of 12)
CY 2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only reviews didn't cover this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/24)*

During the previous reporting period, DCYF completed [item-only case reviews](#) for Item 7 as the department had already achieved the PIP goal for this item.

Administrative InfoFamLink Data

The Sibling Visit report in infoFamLink helps us identify the number of children in DCYF custody and out-of-home care that are not placed with one or more of their siblings. As of February 2024, there were 1,272 DCYF cases with sibling groups in out-of-home care or on TRH. There are 3,165 children in the placement and care authority of DCYF who have at least one sibling in care. Of those, 2,596 are currently

in out-of-home placement (the remaining are on TRH, had a prior discharge, or on the run). Of those children, 2,150 (83%) are placed with at least some or all their siblings.

DCYF efforts to support placement with siblings includes:

- Supporting kinship caregivers as they are often more likely to take a sibling set compared with non-related foster parents. See [Item 10: Relative Placement](#) for more details.
- Conducting FTDMs at every placement change, or consideration of a placement change, to identify the least restrictive placement option for children, including placement with siblings.
- Assessing harm of removal for a child when they are placed outside of their family home and making efforts to mitigate the [harm of removal](#) by placing children in the same home with their siblings.

*Item 8: Visiting with Parents and Siblings in Foster Care*

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

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 8: Visiting With Parents and Siblings in Foster Care							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	60% (88 of 146)	59% (24 of 41)	60% (3 of 5)	59% (10 of 17)	63% (22 of 35)	61% (11 of 18)	60% (18 of 30)
CY 2019	63% (111 of 177)	71% (10 of 14)	76% (29 of 38)	51% (24 of 47)	*	62% (13 of 21)	61% (35 of 57)
CY 2020	57% (63 of 110)	65% (17 of 26)	100% (2 of 2)	60% (3 of 5)	43% (19 of 44)	67% (16 of 24)	67% (6 of 9)
CY 2021	58% (85 of 147)	65% (24 of 37)	75% (3 of 4)	33% (2 of 6)	58% (34 of 59)	57% (17 of 30)	45% (5 of 11)
CY 2022	54% (74 of 138)	57% (16 of 28)	60% (3 of 5)	25% (1 of 4)	58% (31 of 53)	53% (19 of 36)	33% (4 of 12)
CY 2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only reviews didn't cover this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/24)*

During the previous reporting period, DCYF completed [item-only case reviews](#) for Item 8 as the department had already achieved the PIP goal for this item.

Administrative InfoFamLink Data

On July 25, 2021, [HB 1194 Strengthening Parent-Child Visitation Law](#) went into effect. This statute requires DCYF to conduct an initial family time visit within 72 hours once a child is removed from their

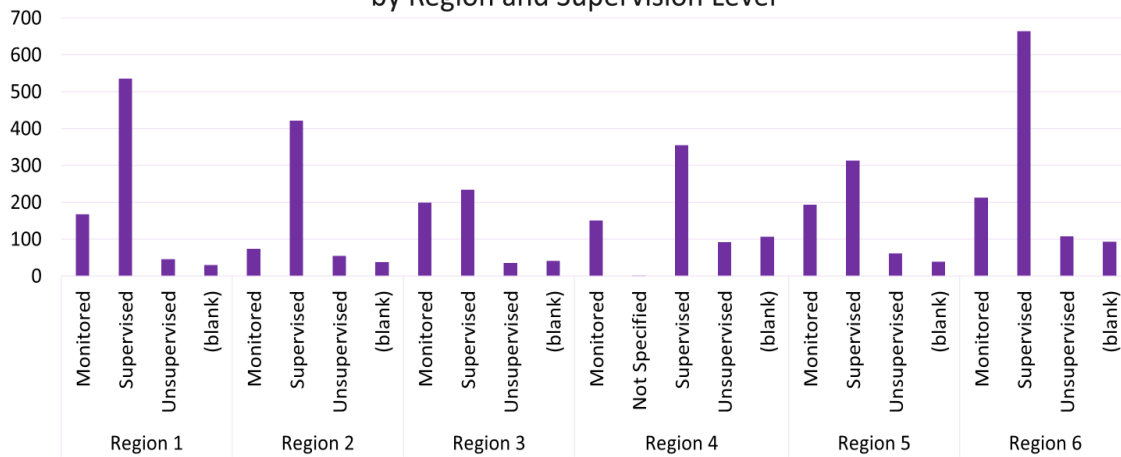
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parent’s home and placed into out-of-home care. This bill also addresses the supervision levels of visitation. The intent of the legislation is that all visits will be unsupervised unless DCYF brings safety concerns forward to the courts to support monitored or supervised visitation. This will be at the judge’s or commissioner’s discretion to make a ruling based on the safety related information provided to the court. If the department does not bring concerns forward, the court may require the visits to be unsupervised. Changes were made to practice and policy to implement the new requirements of the legislation. To support continued implementation of this legislation, DCYF maintains separate contracts for 72-hour visits to ensure a provider has the capacity and infrastructure to serve families timely. DCYF is in the process of validating 72-hour visit data. Additionally, there are some practice changes being actively assessed and addressed to ensure that this data provides an accurate picture of what is occurring. The biggest difficulties in achieving these visits continue to be:

- Parents/guardians are unresponsive to contact requests
- Cancelled or no show by the parents/guardians
- Parent/Guardian or child refused visitation

### Family Time Visitation Population by Region and Supervision Level



Data Source: OIAA, InfoFamLink  
 Visit Plan Data  
 Total N=4268  
 Accessed March 20, 2024

The chart above shows the visit supervision level, broken down by region. This data is point-in-time data, meaning that the data shown indicates the supervision level of visitation on the date it was accessed, March 20, 2024. As of February 2024, of the visitation plans in FamLink in the “Visitation Plan Parent Child Visits” report, the level of supervision is:

- 63.5% supervised
- 26.0% monitored
- 10.4% unsupervised

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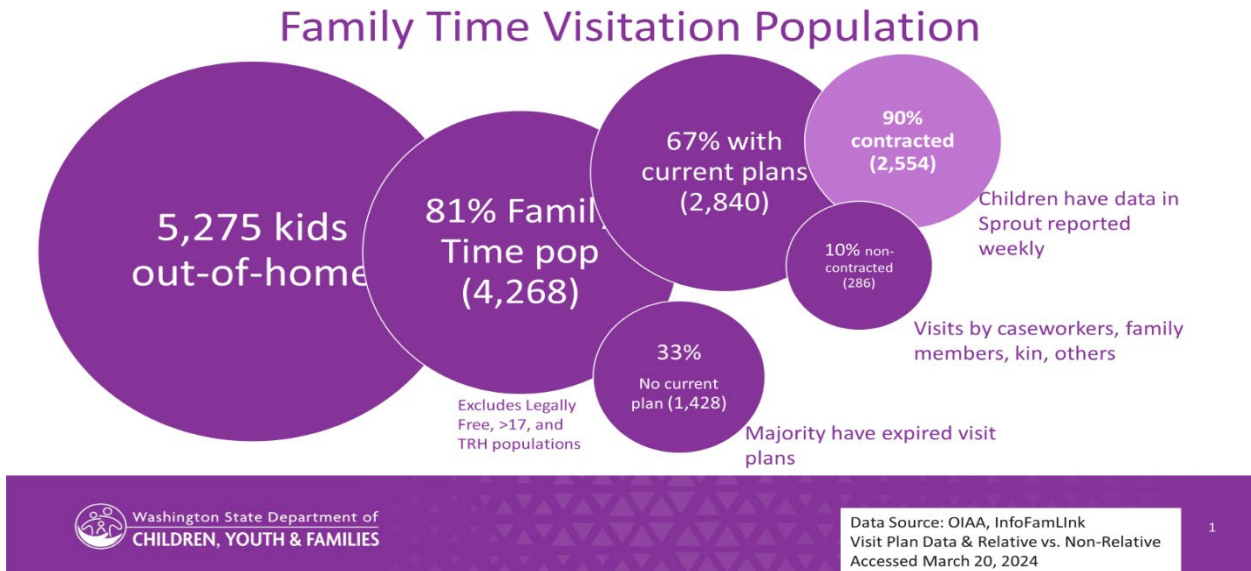
For comparison to previous years:

Visitation Levels			
	February 2024	March 2023	January 2022
<b>Supervised</b>	63.5%	57.9%	58%
<b>Monitored</b>	26.0%	25.2%	27%
<b>Unsupervised</b>	10.4%	7.2%	6%
<b>Not Specified</b>	0.1%	9.7%	9%

*Data source: infoFamLink, Visitation Plan Parent Child Visits, point in time for each year*

Quality Considerations

When HB 1194 went into effect, additional training and support was provided to guide caseworkers and supervisors on how to assess the appropriate level of monitoring. Parents and youth with lived experience identified that closely monitored visits and visits held at DCYF offices feel intrusive and make visitation less fulfilling than more natural settings and situations where visitation is liberalized from supervised (supervisor documents all observations) to monitored (periodic check-ins) or unsupervised. Policy was updated to require the completion of the safety assessment to determine the appropriate level of supervision. The comparison data over the last three years shows an increase in the percentage of supervised visits and unsupervised visits, with monitored visits remaining consistent. Also worth mentioning is the reduction in “not specified” supervision level as indicated in the table above.



Family Time Visitation Population

Family time visitation is primarily done by contracted services (90%) with 62 contractors providing around 12,000 visits a month as of June 2023. To obtain services through a contracted provider, caseworkers create a visit plan and referral in FamLink. The contracted provider will be provided a FamLink documented visit plan and referral. It is possible that this is an underrepresentation of

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practice due to lack of documentation. If caregivers, relatives, suitable adults, or caseworkers are the ones providing visitation, or offering additional visitation beyond what the contractor does, caseworkers can and should document this in a visit plan. Although required by policy, it may not occur, or the plan is created outside of FamLink and not uploaded into FamLink. This may also be true for unsupervised family time. Unless the caseworker is requesting a contractor to assist with transportation, they may not use visits plans in FamLink to document unsupervised visits.

Sprout Data

DCYF is beginning to receive Sprout Data to collate, review, and validate. Once OIAA reviews and feels the data quality and validity is sufficient it will be made available. Progress has been made in requiring contractors to review the information they enter into Sprout. This helps improve the data integrity of the data entered into Sprout and lessens billing errors. Dashboard development is also underway to help the contractors download data for their agency. This will help contractors with internal quality assurance and performance.

*Item 9: Preserving Connections*

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

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 9: Preserving Connections							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	77% (139 of 181)	65% (31 of 48)	80% (4 of 5)	92% (22 of 24)	84% (38 of 45)	77% (17 of 22)	73% (27 of 37)
CY 2019	85% (172 of 203)	82% (18 of 22)	90% (38 of 42)	78% (38 of 49)	*	83% (20 of 24)	88% (58 of 66)
CY 2020	76% (110 of 145)	73% (27 of 37)	50% (1 of 2)	80% (4 of 5)	76% (44 of 58)	82% (27 of 33)	70% (7 of 10)
CY 2021	77% (148 of 192)	72% (33 of 46)	75% (3 of 4)	88% (7 of 8)	82% (63 of 77)	65% (28 of 43)	100% (14 of 14)
CY 2022	71% (135 of 191)	49% (20 of 41)	83% (5 of 6)	86% (6 of 7)	77% (58 of 75)	77% (34 of 44)	67% (12 of 18)
CY 2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only reviews didn't cover this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/24)*

During the previous reporting period, DCYF completed [item-only case reviews](#) for Item 9 as the department had already achieved the PIP goal for this item.

Native American Inquiry Request (NAIR)

DCYF must identify and verify whether a child meets the definition of an Indian child early in the case to preserve the child's culture. Caseworkers are required to inquire about Native American ancestry for both parents during the first contact for each screened-in intake. If either parent (or other persons who

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could reasonably be expected to have information when the parent was unavailable) reports "yes" to tribal heritage, caseworkers must send a referral to the Native American Inquiry Referral (NAIR) unit within 10 working days. The NAIR Unit sends Inquiry letters to each identified federally recognized tribe in an attempt to confirm the child's status with the tribe and the level of involvement the tribe may elect to have in the case.

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

Relative Search Inquiries with Native American heritage or Indian ancestry						
	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
<b>Case determined to have Native American heritage or Indian ancestry based on relative response</b>	64	95	184	105	157	117
<i>Data Source: Administrative Services Division, Provider Supports: Relative Search and Native American Inquiry</i>						

Inquiry Referrals submitted to NAIR						
	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
<b>Referrals received from caseworkers</b>	7,854	4,911	4,941	5,517	4,884	5,258
<b>Unable to process because referral received when case is closing or closed</b>	878	1,148	1,014	789	893	1,306
<b>Inquiries completed</b>	3,560	3,176	2,822	5,065	3,538	3,953
<i>Data Source: Administrative Services Division, Provider Supports: Native American Inquiry</i>						

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

Inquiries Completed by NAIR						
	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
<b>Total letters sent to Tribes (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> letters)</b>	22,574	21,447	19,110	29,070	18,894	22,290
<b>Children determined to be members based on Tribal response</b>	543	283	168	290	143	150
<b>Children determined to be eligible for membership based on Tribal response</b>	864	353	101	362	166	162
<i>Data Source: Administrative Services Division, Provider Supports: Native American Inquiry</i>						

### Educational Connections

Washington state has several laws to support educational stability and attainment for children placed in out-of-home care. [Washington Office of Superintendent of Public Instruction](#) (OSPI) is charged with tracking and supporting these requirements. There are two laws in particular that support maintaining a

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child's connections to their school, and by extension their neighborhoods and friends. [RCW 28A.225.350](#) requires the department to come together with school officials to hold a best interest determination meeting after a child's removal and before changing a child's school placement. These meetings continue to be required throughout the child's time in out-of-home care whenever there is consideration of changing the child's school placement. [RCW 74.13.550](#) declares whenever practical and in the child's best interest, they shall remain enrolled in their schools of origin. FamLink has modules to indicate if a child remains at their school of origin or if they have changed schools. It's not currently possible to track whether best interest determination meetings are being held using FamLink. .

#### Harm of Removal

[HB 1227](#) introduced a requirement that whenever DCYF files a petition for dependency and requests out-of-home placement, the court must consider whether the harm that the child may suffer remaining in their home outweighs the harm the child will experience because of removal. DCYF worked together with the AOC and other legal partners to define, understand, and train CW professionals on the [harm of removal](#). Historically CW underestimated the detrimental impacts of separation and has not adequately invested in efforts to mitigate the harm when removal is necessary. Some primary strategies Washington state is using to reduce harm of removal are: placement with kin; placing sibling groups together; placing children in geographic proximity to their communities of origin; maintaining children at their school of origin; supporting early and frequent visitation with parents, guardians, and siblings; and encouraging continuity of connections to the activities, traditions, and religious and social practices that are important to the child and their family.

#### Sibling Strong

DCYF sponsors an annual summer camp for siblings separated due to foster, relative, guardianship, or adoptive care. This camp is organized by [Sibling Strong](#), a local non-profit organization. The camp held in the summer of 2024 will be the 16<sup>th</sup> year this camp has operated. Since 2009, more than 1,200 siblings have been reunited at camp. This year the Camp will serve up to 150 campers, ages eight to 18. DCYF provides the necessary fees for campers including dependent and non-dependent children, and tribal-involved children who have been separated from their siblings because of CW involvement.

#### Family Connections Program

The [Family Connections Program](#) provides support and coaching to help build relationships between all the important people in the lives of children in foster and kinship care. They provide opportunities for parents and caregivers to meet and talk about the needs of children in out-of-home care outside of family time visitation. Peer mentor support is provided to participants before, during, and after they communicate and is available on an ongoing basis to help support the parent/caregiver relationship. Peer mentors facilitate interactions, so they are focused on the children's needs, strengths, and interests. The program is designed to be supportive for parents and caregivers.

#### *Item 10: Relative Placement*

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

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### Central Case Review Team (CCRT) PIP Case Review Data

ITEM 10: Relative Placement							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	74% (135 of 183)	73% (35 of 48)	100% (6 of 6)	83% (20 of 24)	76% (34 of 45)	73% (16 of 22)	63% (24 of 38)
CY 2019	79% (161 of 203)	73% (16 of 22)	88% (38 of 43)	78% (38 of 49)	*	83% (20 of 24)	75% (49 of 65)
CY 2020	75% (108 of 144)	68% (25 of 37)	50% (1 of 2)	100% (5 of 5)	72% (42 of 58)	84% (27 of 32)	80% (8 of 10)
CY 2021	75% (144 of 193)	72% (33 of 46)	100% (4 of 4)	63% (5 of 8)	79% (61 of 77)	66% (29 of 44)	86% (12 of 14)
CY 2022	77% (146 of 190)	73% (30 of 41)	83% (5 of 6)	57% (4 of 7)	81% (61 of 75)	77% (33 of 43)	72% (13 of 18)
CY 2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only reviews didn't cover this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/24)*

During the previous reporting period, DCYF completed [item-only case reviews](#) for Item 10 since the department had already achieved the PIP goal for this item.

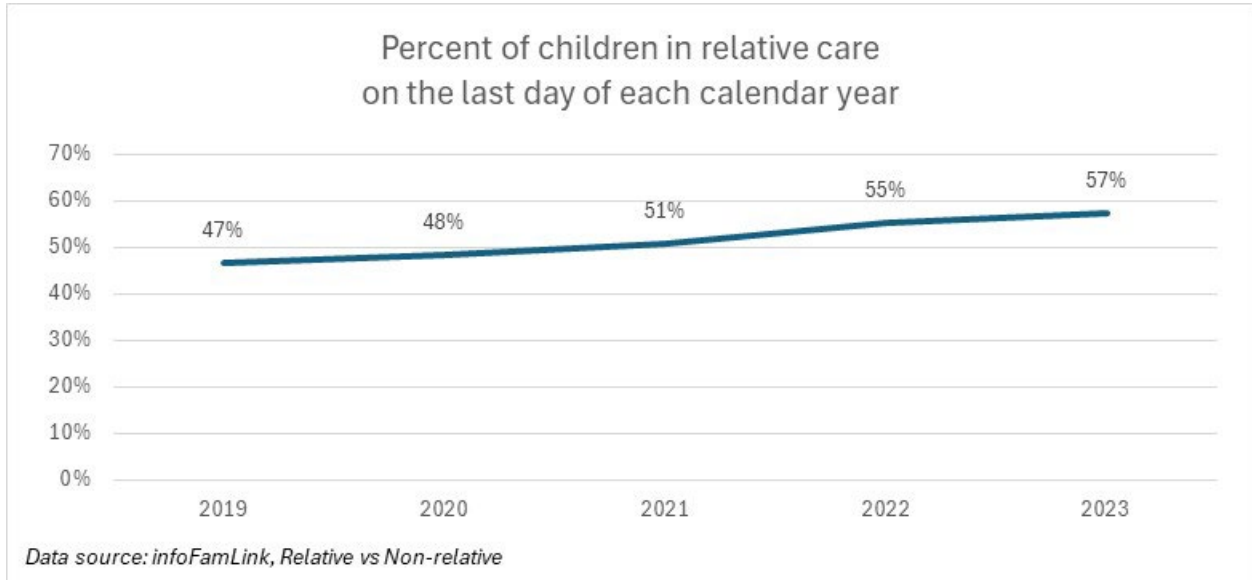
As of Dec. 31, 2023, 56% of all children and youth in out-of-home care in Washington state were placed with kin or relatives. This percentage continues to increase each year as Washington state places a strong emphasis on placement with kin or relatives.

Kinship Placement by Region	
Region 1	54.3% placed with kin or relatives
Region 2	62.1% placed with kin or relatives
Region 3	55.1% placed with kin or relatives
Region 4	58.6% placed with kin or relatives
Region 5	56.6% placed with kin or relatives
Region 6	52.2% placed with kin or relatives

*Data source: infoFamLink, Relative vs Non-relative, placements as of 12/31/2023*

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DCYF had continuous incremental growth in the placement of children with relatives over the last five years.

Relative Search

When a child or youth is removed from their home and enters state care, DCYF is required to notify all adult relatives within 30 days. When a relative search is conducted by the RSU, every identified adult family member receives a letter regarding their relative child or youth who is placed in out-of-home care. Relatives are asked to respond within 10 days of receipt and to indicate the level of support they desire to provide.

Relative Search Unit						
	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
<b>Relative Search Referrals</b>	5,361	5,061	4,477	3,682	4,052	3,974
<b>Relative Searches Completed</b>	2,302	3,527	4,198	3,658	3,217	3,555
<b>Letters Sent to Potential Relatives</b>	93,309	145,318	137,374	121,791	141,157	163,220
<b>Relatives Interested in Placement</b>	3,405	5,934	4,511	4,113	3,677	4,475
<b>Relatives Interested in Providing Family Support</b>	2,545	4,278	4,229	3,375	3,140	4,059
<b>Relatives not able to help at this time</b>	3,580	7,735	6,191	4,226	4,621	5,945
<b>Telephone Calls/Emails Received from Relatives</b>	8,653	14,093	15,744	11,232	10,659	9,976

*Data Source: Administrative Services Division, Provider Supports: Relative Search*

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Relative placement begins with identifying, locating, and informing. At DCYF, those that are involved with identifying relative placements include:

- **Shared Planning Meeting Staff:** DCYF uses a collaborative model of SPMs (FTDM and PPM) to engage family, youth, supports, tribes, and key participants early and often throughout the life of a case.
- **Relative Search Unit (RSU):** The requirement for conducting a Relative Search is supported by [Public Law 110-351, Fostering Connections to Success](#). This federal law requires that child welfare agencies throughout the United States notify all adult relatives when a child is removed from parental custody. Each relative, within three degrees of relationship of the child, receives a Relative Inquiry Letter and is asked to complete a short questionnaire confirming their relationship to the child and to express the level of support they are interested in providing. When an interested relative responds to the Inquiry Letter, their contact information is documented and provided to the caseworker and supervisor. The caseworker then responds to the relative to identify opportunities for immediate and ongoing support such as providing placement now or in the future, providing respite care, assisting in family time (visitation), celebrating milestones and holidays, or completing family medical history when the parent is unavailable. As applicable, relatives are referred to complete a background check to determine appropriateness and suitability for placement consideration. The RSU completes subsequent relative searches upon caseworker request in the following situations: whenever a child is in an exceptional placement night-to-night foster placement; when a child re-enters care from a trial return home; once paternity is established; annually if all previous relative searches have been exhausted; and for legally free children when their proposed adoptive home is not with relatives.
- **Caseworker:** The assigned caseworker is required to continue to search for relatives for placement, support, and connections for children and youth throughout the life of the case. This requirement is explicitly revisited at key points including any placement changes, including emergency placement disruptions; when a child or youth doesn't have an identified placement; during shared planning meetings; and during permanency planning unless there is a sole plan of reunification.
- **Relative Engagement Unit (REU):** As of August 2023, a specialized child welfare unit responsible for engaging with relatives for placement, support, and connections for children and youth when not placed with relatives was created to address system improvement. DCYF created three Relative Engagement Specialists (RES) on the CW Programs and Practice Team, whose primary tasks are to implement requirements from [HB 1747](#) and conducting searches and engagement with relatives. The Relative Engagement Specialists can complete informal initial relative searches and when a case is in crisis. The RES contact, engage, and educate relatives on various ways they can support a child who is in DCYF care. This includes but is not limited to inviting relatives to SPM, FTDMs, assisting prospective kinship caregivers on completing background checks, FamLink checks, providing education on the licensing process, and suitability of the home. Additionally, RES can provide information to kinship placements regarding responsibilities such as abiding by the case and Family Time plan, concurrent planning, and different permanency options/outcomes such as adoption and guardianship.

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**Training:** Training is developed to assist staff with family finding methods. Training includes tools for having critical conversations (i.e., questions to ask young people who they would like to support them or be a placement, using social media, or asking relatives if they know other potential adults for placement).

**Policy:** Leadership ensures kin-first policies and protocols exist that emphasize placements with relatives, flexible licensing policies, parent training, and general financial support.

**Courts:** Barriers still occur even with the above stated improvements to place with relatives. The courts hold DCYF accountable for placing children with their family regardless of barriers.

Parental preference sometimes is not to place with a relative which carries weight in courts and is often granted. At such times, DCYF, parents (and their attorneys) as well as the Courts have different opinions on placement that does not prioritize placement in relative care. This causes a barrier to relative placement.

The background check process no longer appears to be a significant barrier to relative placements. Since the revision of the [DCYF Secretary's List](#) and the development of the suitability assessment process, denials are uncommon. The data table below shows the amount of background checks processed, how many passed, and how many did not pass due to federally disqualifying crimes or suitability assessments. For emergent placements and other child welfare purposes that encompass relative placements, less than one percent did not pass. The main barrier DCYF faces when processing background checks is the lack of a standalone system independent of the Department of Social and Health Services (DSHS) Background Check Central Unit, and Background Check System.

Child Welfare Background Checks						
	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
Completed	16,951	29,855	29,254	21,783	18,964	16,336
Passed: No SA required	Data not available	Data not available	Data not available	Data not available	17,940 (94.6%)	15,243 (93.3%)
Passed: SA required	631	674	232	795	931 (5%)	988 (6%)
Did not pass: Federally disqualifying crimes	Data not available	Data not available	Data not available	Data not available	24 permanent 9 five-year (0.1%)	31 permanent 19 five-year (0.3%)
Did not pass: SA required	1166	709	261	80	60 (0.3%)	55 (0.3%)
Suitability Assessments (SA) are individualized character, suitability, and competence assessments						
<i>Data Source: Administrative Services Division, Provider Supports: Background Check Unit</i>						

As part of an effort to support kinship caregivers in obtaining foster care licensure for kin children placed in their homes, the Washington state Legislature passed [SB 5151 Child Specific License](#). The bill led to the amendment of [RCW 74.15.125](#), system and tribal partner engagement sessions, and the creation of [WAC 110-148-1326](#) which went into effect in 2022. The WAC allows DCYF's LD and CPA agencies to:

- License more kinship caregivers and support keeping siblings together.
- Remove barriers to licensing and encourage kinship and relatives to volunteer for placement of relative children.
- Enable children to receive the needed financial support through foster care reimbursements.
- Create an opportunity to keep more children and youth with their own families, culture, and community while being supported by the agency through licensing.

DCYF's LD began issuing [child-specific licenses](#) on Aug. 1, 2022, to relatives or suitable persons to provide foster care services to a specified child and that child's siblings or relatives in DCYF's care and authority.

As part of the child-specific license process, additional exceptions to [Foster Family Home WACs \(110-148\)](#) were approved for kinship caregivers to remove barriers that may prevent or discourage caregivers from getting licensed. DCYF will continue to assess and find ways to address ongoing barriers.

DCYF is committed to making licensure easier for kinship caregivers and over the last five years DCYF demonstrated growth and interest in this area by its continuous reassessment and improvement of RCWs. In July 2023, as part of the [RCW 13.34.065](#), DCYF began the process for [Initial Licenses](#) for relative and suitable other (kinship) caregivers who passed minimal requirements and had a court-order for the license at shelter-care hearings. By the end of 2023, this RCW was again reviewed and updated to include all caregivers with placement of a relative/kin child, regardless of court status. This review was driven by the feedback given by DCYF staff and caregivers. In SFY 2023, over 50% of children experiencing out-of-home care were placed with kin, expanding the likelihood of siblings being placed together.

DCYF builds upon the research on kinship care that shows children who are placed together in kinship foster homes are more likely to maintain stability, experience better behavioral and mental health outcomes supporting the overall goal of DCYF keeping families together. In the upcoming year, DCYF is working on multiple projects to increase placement with kinship caregivers:

- File a new WAC chapter specific for kinship caregivers as well as creating a kinship home study to better support licensed caregivers.
- The Kinship Engagement Unit (KEU) will pilot a family finding model that engages in multiple strategies aimed at conducting initial and on-going family engagement methods that use individualized communication methods to enlist support of extended family members and family friends that the child and/or family have identified as trusted and familiar individuals.

The Washington state Legislature does not show a preference for relative care over suitable adult care. [RCW 13.34.130](#) defines "suitable person" as someone the child or family has a preexisting relationship with, and the person has completed all required criminal history background checks and otherwise

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appears to the department to be suitable and competent to provide care for the child. DCYF policies require that the agency continue to search for relatives and consider placement with relatives throughout the life of the case, even if a child is placed with a suitable person. DCYF policies provide all the same supports to suitable other placements as are available to relative placements.

*Item 11: Relationship of Child in Care with Parents*

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

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 11: Relationship of Child in Care With Parents							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	63% (85 of 134)	62% (23 of 37)	50% (2 of 4)	59% (10 of 17)	69% (22 of 32)	59% (10 of 17)	67% (18 of 27)
CY 2019	64% (103 of 160)	63% (5 of 8)	66% (23 of 35)	64% (29 of 45)	*	63% (12 of 19)	64% (34 of 53)
CY 2020	65% (60 of 93)	74% (14 of 19)	50% (1 of 2)	40% (2 of 5)	57% (21 of 37)	77% (17 of 22)	63% (5 of 8)
CY 2021	75% (86 of 115)	81% (22 of 27)	75% (3 of 4)	80% (4 of 5)	72% (31 of 43)	71% (20 of 28)	75% (6 of 8)
CY 2022	76% (84 of 110)	91% (21 of 23)	20% (1 of 5)	100% (1 of 1)	88% (36 of 41)	58% (18 of 31)	78% (7 of 9)
CY 2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only review didn't include this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/24)*

During the previous reporting period, DCYF completed [item-only case reviews](#) for Item 11 since the department already achieved the PIP goal for this item.

In 2023, DCYF issued a policy memo to align policy and procedure requirements with [HB 1227](#), the [K.W. Decision](#), and the [L.C.S. Decision](#). The memo instructed caseworkers to notify all parents and guardians that they are allowed to attend and participate in medical and dental appointments for their children unless prohibited by a court order. It was anticipated that this policy change supported continued culture change whereby caseworkers and caregivers more readily support and encourage parental involvement in appointments for children who are in out-of-home care.

Over the last several years, the agency invested resources to support Family Time (parent-child visitation). Washington state raised payment rates for contracted family time providers, which increased the number of providers and their capacity to cover outstanding need. Washington invested in the creation and enhancement of the Sprout database to allow contracted family time providers and the department to electronically communicate regarding available contract, bids, awarding contracts, status of implementing the contract, and the ability for providers to submit family time reports to the

caseworker. These investments decreased workload requirements for caseworkers to be the ones directly providing the family time and simplified the process for them to receive and review family time reports. This freed them to assist with the coordination and provision of additional visitation opportunities beyond the court-ordered minimum. DCYF increasingly recognized the importance of relatives and the resources they can provide to support additional visitation opportunities for parents and siblings during special events and cultural and religious activities.

A positive outcome of the COVID-19 pandemic was the facilitation of electronic communication between children in out-of-home care and their families. When lockdowns prohibited in-person visitation, the agency shifted to video visits. This included providing technology for parents and caregivers to facilitate electronic communication. The [Concrete Goods Policy](#) continues to make this resource available to families to support positive relationships between children in out-of-home care and their parents or guardians.

The Family Connections Program, as detailed in [Item 11: Relationship of Child in Care with Parents](#), provides opportunities for parents and caregivers to meet and talk about the needs of children in out-of-home care outside of family time visitation.

### *Permanency Outcome 2: Strengths, Concerns and Practice Improvements*

#### Strengths

Within the last few years, Washington state judicial rulings and legislative changes prioritized keeping families together, including the immediate nuclear family as well as preserving and supporting relative connections for children involved in the dependency system. This led to department policy and practice changes that support the continuity of family relationships and connections for children placed in out-of-home care.

- [HB 1227](#) -
  - Parents have a right to attend medical appointments for children in out-of-home care unless prohibited by a court order.
  - The department must demonstrate efforts to support kinship caregivers and address barriers they have to being placement resources.
- [HB 1194](#) -
  - Parent-child visitation must be unsupervised unless the court determined a safety reason requires more restrictive conditions.
  - Initial parent-child visitation must occur within 72 hours of removal unless prohibited by a court order
- [HB 1747 and the K.W. Decision](#) -
  - The court must consider relational permanency as well as legal permanency when making decisions about whether to remove a child from a stable kinship placement to achieve a legal permanent plan.
  - The department must demonstrate that a kinship caregiver cannot ensure a child's basic safety, permanency, or well-being, or that the placement is interfering with reunification, for the court to grant removal.

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DCYF received new funding to support kinship care. There are multiple initiatives and pilots that have recently started or have been expanded to identify and support kinship placements.

- The RSU sends thousands of inquiries for relatives who may be possible placement options. They have expanded the key points when they automatically conduct searches and expanded their capacity to provide additional relative searches when they are needed.
- Beginning in 2023, for children and youth not placed with relatives, the REU uses the searches generated from the RSU and other leads to find relatives. Staff contact relatives and assist with paperwork, and reduce, or eliminate barriers to placement for relatives.
- The Kinship Notification Unit (KNU) assists unlicensed caregivers accessing the licensing portal and starting on their home study.
- Initial Licenses—Kinship caregivers that meet minimum criteria can obtain an initial license and foster care reimbursements for up to 90 days while they complete the full licensing process. This provides quicker access to financial and other support resources to assist them in meeting the needs of the children placed in their care.

### Concerns

- When children are removed from their home due to abuse or neglect, federal law requires that CPS give preference to relative over a non-relative when determining placement. Immediate placement with a relative is at times challenging for staff for a multitude of reasons including:
  - High caseloads and turnover of staff both contribute to insufficient time or knowledge to support kinship caregivers including conducting comprehensive needs assessments, identifying necessary resources, and making referrals for relative caregivers.
  - When emergent placement needs occur outside of regular business hours, there are no identified staff who can perform emergency relative searches.
  - Sometimes parents do not share information with caseworkers regarding potential kinship caregivers.
  - If a relative was previously a placement or part of a safety plan, and they demonstrated they could not prioritize the child’s safety, the agency cannot immediately rely on them as a placement resource until it is determined whether their situation has changed.
  - A number of the children who need placement have exceptional medical, behavioral, or intellectual needs. Kinship caregivers may lack the knowledge, experience, time, or confidence to immediately accept placement of a child or youth with exceptional needs.
  - Insufficient resources are a barrier to preserving continuity of family relationships and connections.

Siblings, at times, are not placed together because there are no identified placements with the ability to provide for the whole sibling set. Separate placements for siblings can also occur when one or more siblings have exceptional needs. DCYF is seeking opportunities to provide more resources to caregivers and to match the level of resources to the needs of the child or youth to overcome this barrier.

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## Practice Improvements

**KEU-** is a cross-divisional collaboration pilot that will be implemented in the summer of 2024. The purpose of the KEU is to use a family finding model to identify and engage specified children and youth, extended family members and friends to support families to safely reunify or stay together. The KEU will be responsible for performing or coordinating five main functions such as conducting initial and on-going family engagement methods that use individualized communication methods to enlist support of extended family members and family friends that the child and/or family have identified as trusted and familiar individuals. In addition, the KEU will provide information about available supports and resources for immediate and extended families, including family reconciliation services, evidence-based practices, and the Emerging Adult Housing Program, Hub homes, and Professional Therapeutic Foster Parent options and more. Until additional funding is obtained for the expansion of the KEU with dedicated staff the agency will continue to identify funds by collaboratively working together in a cross-collaborative effort to continue to provide relative search for children and youth in care.

Harm of removal is a term that encompasses the ways a child may be negatively impacted by being placed in out-of-home care. [HB 1227](#) requires the courts to weigh whether the harm of removal is greater than the harm the child may suffer if they remain in their home. This is a new inquiry for Washington state courts. As DCYF and legal parties become more familiar with this term and its implications, more emphasis will be placed on preserving the continuity of family relationships and connections.

## System Partner Involvement and Feedback Loops

The [KCOC](#) is a collective of community partners that can support and strengthen kinship families.

- Multiple state agencies and the kinship community participate in the KCOC, with kinship caregivers, child and caregiver advocates, non-profit service providers, tribes, and legal community representatives.
- Monthly meetings provide a forum to exchange information about state policy changes, local initiatives, and concerns. It also is an opportunity to monitor, guide, and report on kinship care recommendations and implementation activities.

DCYF continues to partner with the [AOC](#) and [Family and Juvenile Court Improvement Program \(FJCIP\)](#) to improve outcomes for dependency cases. This collaboration with system partners allows the department to work with parent attorneys, youth attorneys, child advocates, and judicial partners to evaluate how parents and children are impacted by DCYF and to work together on improvements.

DCYF increasingly values and consults those with lived experiences, to include parents and youth who have experienced the Child Welfare system, to seek feedback. DCYF relies on a [parent advisory group](#) and a [youth advisory group](#) who are consulted on topics related to the work to provide input. Program managers can also request opportunities to present to the group(s) for input. The [Harm of Removal workgroup](#) is an example of system partners informing and impacting DCYF practice and policy.

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DCYF seeks feedback from tribal partners both through the Office of Tribal Relations (OTR) and the ICW Subcommittee. DCYF’s tribal partners review potential policies and practice changes and provide input on impacts for Indian children and their families.

DCYF also collaborates with the OSPI, local school districts and their foster care liaisons. Meetings occur monthly on regional and statewide levels, both internally between the education program manager and education leads, and externally with OSPI and local school districts to share information, address barriers to achieving educational outcomes and providing continuity of school placements for children in foster care.

### Well-Being Outcomes 1, 2, and 3

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

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

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

Central Case Review Team (CCRT) Program Improvement Plan (PIP) Case Review Data

ITEM 12: Needs and Services of Child, Parents and Foster Parents							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY 2018	52% (132 of 256)	54% (35 of 65)	50% (5 of 10)	47% (18 of 38)	49% (32 of 65)	35% (9 of 26)	63% (33 of 52)
CY 2019	51% (144 of 282)	67% (20 of 30)	53% (33 of 62)	49% (33 of 68)	*	41% (13 of 32)	50% (45 of 90)
CY 2020	42% (83 of 200)	59% (29 of 49)	25% (1 of 4)	50% (5 of 10)	24% (20 of 82)	46% (19 of 41)	64% (9 of 14)
CY 2021	45% (120 of 268)	55% (34 of 62)	17% (1 of 6)	44% (7 of 16)	43% (47 of 110)	35% (19 of 54)	60% (12 of 20)
CY 2022	38% (98 of 261)	48% (26 of 54)	22% (2 of 9)	43% (6 of 14)	33% (34 of 104)	30% (16 of 54)	54% (14 of 26)
CY 2023	53% (116 of 217)	58% (32 of 55)	67% (4 of 6)	63% (5 of 8)	45% (39 of 87)	56% (23 of 41)	65% (13 of 20)

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)*

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## 2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

<b>ITEM 12: Needs and Services of Child, Parents and Foster Parents, Sub-Items, State Level Data</b>			
	Item 12-A (Needs Assessment and Services to Children)	Item 12-B (Needs Assessment and Services to Parents)	Item 12-C (Needs Assessment and Services to Foster Parents)
<b>CY 2018 CFSR</b>	79% (102 of 129)	58% (69 of 118)	70% (64 of 92)
<b>CY 2018 Non-CFSR</b>	85% (105 of 123)	53% (60 of 113)	85% (67 of 79)
<b>CY 2019</b>	83% (233 of 282)	55% (146 of 267)	79% (157 of 200)
<b>CY 2020</b>	70% (140 of 200)	41% (72 of 174)	80% (109 of 136)
<b>CY 2021</b>	66% (177 of 268)	49% (102 of 208)	69% (126 of 183)
<b>CY 2022</b>	66% (172 of 261)	34% (69 of 201)	76% (138 of 182)
<b>CY 2023</b>	77% (168 of 217)	51% (89 of 175)	84% (130 of 154)
<i>Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)</i>			

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

Washington state's overall performance increased 15% from CY 2022 to CY 2023. All six regions saw improvement in performance on this measure:

- Region 1: +10% from CY 2022 to CY 2023
- Region 2: +45% from CY 2022 to CY 2023 (please note small sample size in each year)
- Region 3: +20% from CY 2022 to CY 2023
- Region 4: +12% from CY 2022 to CY 2023
- Region 5: +26% from CY 2022 to CY 2023
- Region 6: +11% from CY 2022 to CY 2023

Statewide, in CY 2023, the CCRT found:

- Needs assessment and services to children
  - The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the child's needs in 81% (176 of 217) of the cases.
  - Appropriate services were provided to meet the child's needs in 68% (102 of 151) of the cases.
- Needs assessment and services to parents
  - The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs in 61% (98 of 160) of the cases.
  - Appropriate services were provided to meet the mother's needs in 57% (91 of 160) of the cases.
  - Concerted efforts were made both to assess and address the needs of mothers in 56% (90 of 160) of the cases.
  - The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs in 59% (55 of 94) of the cases.
  - Appropriate services were provided to meet the father's needs in 54% (51 of 94) of the cases.

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- 94) of the cases.
  - Concerted efforts were made both to assess and address the needs of fathers in 54% (51 of 94) of the cases.
  - The agency adequately assessed the needs of the foster or pre-adoptive parents related to caring for children in their care on an ongoing basis in 88% (136 of 154) of the cases.
  - The agency provided appropriate services to foster and pre-adoptive parents related to caring for children in their care in 81% (102 of 126) of the cases.
- Item 12 data broken down by case type:
  - Item 12A (needs assessment and services to children)
    - Foster care – 86% (138 of 160)
    - Child Protective Services (CPS) Family Assessment Response (FAR) – 39% (9 of 23)
    - In-Home – 62% (21 of 34)
  - Item 12B (needs assessment and services to parents)
    - Foster care – 51% (60 of 118)
    - CPS-FAR – 43% (10 of 23)
    - In-Home – 56% (19 of 34)

DCYF has a stronger performance in making efforts to assess the needs and provide services to children and caregivers compared to efforts made to assess the needs and provide services for parents. This is due in part to DCYF's performance on monthly health and safety visits with children as seen in [Item 14: Caseworker Visits with Child](#). DCYF continues to struggle with achieving monthly visits with parents which plays a role in the continued lower CCRT results seen in the chart *ITEM 12: Needs and Services of Child, Parents and Foster Parents, Sub-Items, State Level Data* above. DCYF continues to highlight the need for frequent and sufficient visits with parents as an area of improvement at both statewide and regional levels. Some of the barriers DCYF recognizes to meaningful engagement with parents include parents' distrust of the system thereby leading them to minimize contact with the department. Workload pressures also contribute to staff triaging which meetings to prioritize. For example, monthly health and safety visits with children are prioritized over monthly parent meetings when children are in out-of-home care. When parents are not actively engaged with the caseworker, it is challenging for the caseworker to prioritize continued attempts at monthly parental contact. DCYF, however, recognizes the importance of engagement with parents, even those who appear uninterested in working with the department. DCYF is training staff in motivational interviewing to better equip staff to successfully engage with distrustful parents.

Parents with lived experience are also partnering and supporting parents through the Parents for Parents program throughout the state. Parent for Parent peers act as liaisons for parents to collaborate with DCYF on case plans. See [Update on Plan for Enacting the State Vision – Goal 2](#) for additional information.

In 2022, the agency sought to enhance its ability to provide appropriate and relevant services by creating a new Service Array team. The team is comprised of one supervisor and six consultants. The supervisor was hired in December 2022 and consultants were hired in mid-2023. Please [Service Array](#) for

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additional information on the Service Array team and the progress they have made toward increasing service capacity and utilization.

The agency developed procurement strategies for the Culturally Responsive and Specific Services pilots. The procurement strategies are designed to create the opportunity for providers from the Native and Black communities to identify culturally responsive and specific services that they believe will be effective in their communities. DCYF partnered with three tribes, two RAIOS, and intends to partner with an additional three to six proximate providers serving the Black communities for the purpose of this pilot. DCYF intends to use the input from these partnerships to implement and expand community-based solutions to prevent the disproportionality amongst Native and Black Families while strengthening the capacity of proximate providers to deliver culturally responsive and specific services.

See [Service Array](#) for data regarding how many children and families received a combined in-home service (CIHS).

In the last year, DCYF saw improvement in performance on assessing and providing necessary services. This performance improvement follows a decline in performance during the years of the COVID-19 pandemic and the [sampling error](#) which impacted the population of cases reviewed during CYs 2021 and 2022. The performance improvement is likely due to a combination of factors including increased contact with case participants and availability of services as COVID-19 restrictions relaxed. Along with the development of the service array team was the development of the combined in-home services dashboard that provides nearly real-time information regarding availability of contracted service providers across the state. The expansion of both contracted and community services that provide virtual services has also increased accessibility for clients.

*Item 13: Child and Family Involvement in Case Planning*

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

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 13: Child and Family Involvement in Case Planning							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	61% (153 of 250)	59% (38 of 64)	70% (7 of 10)	68% (25 of 37)	56% (35 of 62)	67% (18 of 27)	60% (30 of 50)
CY2019	53% (146 of 276)	64% (18 of 28)	59% (34 of 58)	47% (32 of 68)	*	50% (16 of 32)	51% (46 of 90)
CY2020	46% (86 of 189)	63% (29 of 46)	0% (0 of 4)	40% (4 of 10)	28% (21 of 76)	55% (22 of 40)	77% (10 of 13)
CY2021	48% (115 of 238)	56% (30 of 54)	17% (1 of 6)	50% (8 of 16)	47% (45 of 96)	44% (21 of 48)	56% (10 of 18)
CY2022	39% (99 of 251)	44% (22 of 50)	11% (1 of 9)	31% (4 of 13)	41% (41 of 99)	31% (17 of 55)	56% (14 of 25)
CY2023	56% (110 of 198)	61% (31 of 51)	60% (3 of 5)	50% (3 of 6)	50% (40 of 80)	53% (20 of 38)	72% (13 of 18)

\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)

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

Washington state's overall performance increased 17% from CY 2022 to CY 2023. All six regions saw improvement in performance on this measure:

- Region 1: +17% from CY 2022 to CY 2023
- Region 2: +49% from CY 2022 to CY 2023 (please note small sample size in each year)
- Region 3: +19% from CY 2022 to CY 2023
- Region 4: +9% from CY 2022 to CY 2023
- Region 5: +22% from CY 2022 to CY 2023
- Region 6: +16% from CY 2022 to CY 2023

Statewide, in CY 2023, the CCRT found:

- The agency made concerted efforts to actively involve the child in the case planning process in 70% (69 of 98) of the cases.
- The agency made concerted efforts to actively involve the mother in the case planning process in 59% (100 of 170) of the cases.
- The agency made concerted efforts to actively involve the father in the case planning process in 54% (52 of 96) of the cases.
- Item 13 data broken down by case type:
  - Foster care – 61% (84 of 137)
  - CPS-FAR – 33% (8 of 24)
  - In-Home – 49% (18 of 37)

Like Item 12, DCYF made improvements in performance in the last year after several years of declining performance that coincided with the COVID-19 pandemic, though have not recovered to the performance levels achieved prior to the pandemic. The loosening of COVID-19 restrictions in conjunction with system improvements increased engagement with parents and children in the making of their case plan.

#### Administrative info FamLink Data

As part of the PIP, a new case note dropdown contact code was added to FamLink to document case planning engagement efforts for FAR and In-Home cases. To track the use of this code, a summary section was added to the FAR & Investigation Intake Summary report to identify cases that have a case plan. This was developed to support revisions to [Policy 1150](#) that further emphasized child and family engagement and new requirements about having a meeting with the child and family in development of the case plan goals. This requirement was implemented Dec. 31, 2021.

The case planning meeting contact code has not been used by staff. Barriers identified include:

- Lack of awareness by staff that the code exists.
- The code is only available for Family Voluntary Services (FVS) and FAR, is not an option for INV or Child and Family Welfare Services (CFWS) case notes.
- Because of FamLink limitations, the code is part of a specific sub-category. It is not

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documentation friendly as caseworkers may have to separate a contact/visit into two different case notes to capture the case planning meeting from all the other topics discussed at a visit.

- There are too many codes to remember.
- Staff use the parent/guardian contact code because they receive “credit” for in-person parent contact when this code is used vs. the case planning meeting code.

See [Item 20: Written Case Plan](#) and [Update on Plan for Enacting the State Vision – Goal 4](#) for efforts to address and improve case planning.

### *Item 14: Caseworker Visits with Child*

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

#### Central Case Review Team (CCRT) PIP Case Review Data

ITEM 14: Caseworker Visits with Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	80% (205 of 257)	71% (46 of 65)	80% (8 of 10)	89% (34 of 38)	80% (52 of 65)	81% (22 of 27)	83% (43 of 52)
CY2019	74% (201 of 282)	83% (25 of 30)	74% (46 of 62)	79% (54 of 68)	*	72% (23 of 32)	69% (62 of 90)
CY2020	69% (138 of 201)	82% (40 of 49)	50% (2 of 4)	60% (6 of 10)	58% (48 of 83)	73% (30 of 41)	86% (12 of 14)
CY2021	66% (176 of 268)	76% (47 of 62)	67% (4 of 6)	63% (10 of 16)	59% (65 of 110)	61% (33 of 54)	85% (17 of 20)
CY2022	68% (178 of 261)	80% (43 of 54)	44% (4 of 9)	50% (7 of 14)	69% (72 of 104)	56% (30 of 54)	85% (22 of 26)
CY2023	76% (165 of 217)	82% (45 of 55)	83% (5 of 6)	63% (5 of 8)	70% (61 of 87)	83% (34 of 41)	75% (15 of 20)

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)*

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

Washington state’s overall performance increased 8% from CY 2022 to CY 2023. Five of the six regions saw improvement and one region saw a decline in performance on this measure:

- Region 1: +2% from CY 2022 to CY 2023
- Region 2: +39% from CY 2022 to CY 2023 (please note small sample size in each year)
- Region 3: +13% from CY 2022 to CY 2023
- Region 4: +1% from CY 2022 to CY 2023
- Region 5: +27% from CY 2022 to CY 2023
- Region 6: -10% from CY 2022 to CY 2023

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Statewide, in CY 2023, the CCRT found:

- The caseworker did not visit with the child(ren) in less than 1% (1 of 217) of the cases.
- The typical pattern of visits between the caseworker and the child(ren) was sufficient in 82% (179 of 217) of the cases.
- The quality of the visits between the caseworker and the child(ren) was sufficient in 85% (183 of 216) of the cases.
- Item 14 data broken down by case type:
  - Foster care – 86% (138 of 160)
  - CPS-FAR – 35% (8 of 23)
  - In-Home – 56% (19 of 34)

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

ITEM Comparison (Items 12A, 13 and 14)						
On Site Review Instrument (OSRI)						
	Item 12A		Item 13		Item 14	
CY2021	66% Strength	34% ANI	48% Strength	52% ANI	66% Strength	34% ANI
CY2022	66% Strength	34% ANI	39% Strength	61% ANI	68% Strength	32% ANI
CY2023	77% Strength	23% ANI	56% Strength	44% ANI	76% Strength	24% ANI

*Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)*

There is also a strong correlation between Item 14 and Item 3. If there are not frequent, quality conversations with children, then ongoing, comprehensive assessments of safety are not likely to occur.

ITEM Comparison (Items 3 and 14)				
On Site Review Instrument (OSRI)				
	Item 3		Item 14	
CY2021	63% Strength	37% ANI	66% Strength	34% ANI
CY2022	61% Strength	39% ANI	68% Strength	32% ANI
CY2023	68% Strength	32% ANI	76% Strength	24% ANI

*Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)*

**Administrative InfoFamLink Data**

Administratively, DCYF performs well in contacts with children and youth in out-of-home care. For CY 2023, 97% of children and youth had contacts, with slight variances amongst the regions<sup>7</sup>:

- Region 1 – 98%
- Region 2 – 97%
- Region 3 – 99%

<sup>7</sup> Data Source: Monthly Health and Safety Visits with Child, infoFamLink, previous calendar year, pulled 02/22/2024

- Region 4 – 96%
- Region 5 – 96%
- Region 6 – 97%

There is also an In-Home FVS Health and Safety Visit report available in infoFamLink. This report identifies if monthly visits occurred with children and youth with an FVS in-home services assignment, if two visits were documented for children under the age of six per DCYF [Policy 4420](#), and if a visit was documented within seven days of a return home. As of December 2023, statewide, DCYF met all the above-mentioned requirements 83.4% of the time. There were 6.7% of visits completed that were not compliant per the above conditions and 1.6% that were attempted only.<sup>8</sup>

Like Items 12 and 13, DCYF saw performance improvement on this item in the last year following several years of declining performance that coincided with the COVID-19 pandemic. DCYF performance is highest for foster care cases, lower for in-home cases, and lowest for CPS-FAR cases. InfoFamLink produces different health and safety (H&S) visit reports for children who are in DCYF's placement and care authority compared to children who are not in DCYF's legal care and authority, but whose family may be receiving services from the department. There is a strong emphasis and supporting infrastructure (regular reports provided to every assigned caseworker) for monthly contact with children who are in DCYF placement, care, and/or authority. The same level of reporting has not been prioritized for children who are not in DCYF custody. Another identified barrier for regular contact with children in the CPS-FAR program is that FAR caseworkers are also responsible for responding to emergent and non-emergent intakes. When workloads are high, responding to new intakes is prioritized above a routine health and safety visit. A targeted review is scheduled for 2024 to review a pilot of transferring FAR services cases to voluntary services.

#### *Item 15: Caseworker Visits with Parents*

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

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<sup>8</sup> Data Source: In-Home FVS/FRS Health and Safety Summary Report, infoFamLink, data month December 2023, pulled 02/22/2024

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 15: Caseworker Visits with Parents							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	51% (117 of 228)	53% (32 of 60)	78% (7 of 9)	53% (17 of 32)	46% (26 of 56)	48% (12 of 25)	50% (23 of 46)
CY2019	48% (126 of 265)	59% (13 of 22)	50% (29 of 58)	49% (33 of 68)	*	35% (11 of 31)	47% (40 of 86)
CY2020	40% (68 of 170)	55% (22 of 40)	0% (0 of 4)	40% (4 of 10)	22% (15 of 67)	47% (17 of 36)	77% (10 of 13)
CY2021	40% (83 of 207)	57% (25 of 44)	17% (1 of 6)	53% (8 of 15)	36% (30 of 83)	27% (12 of 44)	47% (7 of 15)
CY2022	34% (75 of 220)	42% (19 of 45)	22% (2 of 9)	30% (3 of 10)	34% (30 of 88)	23% (11 of 47)	48% (10 of 21)
CY2023	53% (97 of 183)	57% (26 of 46)	60% (3 of 5)	50% (3 of 6)	47% (36 of 76)	53% (17 of 32)	67% (12 of 18)
*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)							

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

Washington state’s overall performance increased 19% from CY 2022 to CY 2023. All six regions saw improvement in performance on this measure:

- Region 1: +15% from CY 2022 to CY 2023
- Region 2: +38% CY 2022 to CY 2023 (please note small sample size in each year)
- Region 3: +20% from CY 2022 to CY 2023
- Region 4: +13% from CY 2022 to CY 2023
- Region 5: +30% from CY 2022 to CY 2023
- Region 6: +19% from CY 2022 to CY 2023

Statewide, in CY 2023, the CCRT found:

- Visits with mother
  - The caseworker did not visit with the mother in 1% (2 of 170) of the cases.
  - The typical pattern of visits between the caseworker and the mother was sufficient in 65% (111 of 170) of the cases.
  - The quality of the visits between the caseworker and the mother was sufficient in 73% (119 of 163) of the cases.
  - Both the frequency and quality of caseworker visitation with the mother were sufficient in 56% (96 of 170) of the cases.
- Visits with father
  - The caseworker did not visit with the father in 20% (19 of 96) of the cases.
  - The typical pattern of visits between the caseworker and the father was sufficient in 55% (53 of 96) of the cases.
  - The quality of the visits between the caseworker and the father was sufficient in

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- 74% (57 of 77) of the cases.
- Both the frequency and quality of caseworker visitation with the father were sufficient in 44% (42 of 96) of the cases.
- Item 15 data broken down by case type:
  - Foster care – 55% (67 of 122)
  - CPS-FAR – 42% (10 of 24)
  - In-Home – 54% (20 of 37)

As mentioned above, there is a direct correlation between Items 12B, 13 and 15.

ITEM Comparison (Items 12B, 13 and 15)						
On Site Review Instrument (OSRI)						
	Item 12B		Item 13		Item 15	
CY2021	49% Strength	51% ANI	48% Strength	52% ANI	40% Strength	60% ANI
CY2022	34% Strength	66% ANI	39% Strength	61% ANI	34% Strength	66% ANI
CY2023	51% Strength	49% ANI	56% Strength	44% ANI	53% Strength	47% ANI
<i>Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)</i>						

There is also a strong correlation between Items 3, 6 and 15. If there is not frequent, quality conversations with mothers and fathers, then ongoing, comprehensive assessments of safety that inform conditions for return home or other permanency options is not likely to occur, impacting achievement of timely permanency.

ITEM Comparison (Items 3, 6 and 15)						
On Site Review Instrument (OSRI)						
	Item 3		Item 6		Item 15	
CY2021	63% Strength	37% ANI	18% Strength	82% ANI	40% Strength	60% ANI
CY2022	61% Strength	39% ANI	7% Strength	93% ANI	34% Strength	66% ANI
CY2023	68% Strength	32% ANI	25% Strength	75% ANI	53% Strength	47% ANI
<i>Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)</i>						

Like items 12, 13, and 14, DCYF saw performance improvement on Item 15 in the last year following several years of declining performance that coincided with the COVID-19 pandemic. In the last year, DCYF’s performance improved in terms of quality engagement with parents compared to frequency of engagement. DCYF engaged in Continuous Quality Improvement (CQI) plans and PIPs to improve this item. See [Update on Plan for Enacting the State Vision – Goal 4](#) for additional information.

Over the past year, continued efforts to use monthly administrative data to track and monitor parent and caseworker contacts were used in all regions. Regions made targeted efforts to document and focus on in-person visits with parents early and often. With the implementation of [HB 1227 Keeping Families Together Act](#), parent engagement is a critical component of assessment of parental needs and addressing safety concerns to mitigate the need for removal. Caseworkers focused on having regular contact to discuss the parents’ needs, service progress, case planning along with their child’s needs and progress.

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*Well-being Outcome 1: Strengths, Concerns and Practice Improvements***Strengths**

- In the last year, DCYF improved performance on all four items in this outcome.
- DCYF has consistent high performance in contacts with children and youth in out-of-home care.

The sampling of identified cases where services were adequately assessed and appropriately supported.

Examples included:

- Efforts to engage with caregivers through in-person and telephonic contact to assess the need and make referrals for daycare.
- Concrete support and financial support included referrals for clothing vouchers, furniture for children/youth, and gas vouchers.
- Community resources such as non-needy TANF were offered.

In an effort to ensure placements are supported, DCYF:

- Provided access to concrete goods: office inventory, e-vouchers, direct shipping, and service payments.
- Made referrals to **Caregiver Training and Alliance Caregiver Retention, Education, and Support (Alliance CaRES) Program**
- Developed Placement Support Plans used to support caregivers
- Continues to explore ways to ensure communication about services and supports available to all caregivers. New legislation passed in 2024 requires DCYF to establish a caregiver communication specialist position within the agency for the purpose of improving communication between DCYF and caregivers caring for children receiving child welfare (CW) services.

**Concerns**

- DCYF has not returned to pre-pandemic levels of performance on the four items in this outcome.
- DCYF does not consistently use reports to track compliance on health and safety visits for CPS investigation (INV) or CPS-FAR cases that are open over 60 days.
- Identification of appropriate prevention services, timely delivery of service, and development of case plans to address high-risk cases to prevent or eliminate the need for removal is challenging.
- Lack of relevant providers across the state, including culturally relevant providers.
- Lack of ability to monitor a case plan or safety plan to mitigate the threat to safety due to workload and staff vacancies.

DCYF continues to struggle with assessing and providing services for parents who are incarcerated.

DCYF can provide gas vouchers, bus passes, and assist with car repairs. However, some families lack vehicles, and in some geographic areas, bus transportation is not readily available.

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## Practice Improvements

- DCYF developed a Service Array team to support the workforce in identifying and accessing appropriate services.
- DCYF created a combined in-home services (CIHS) dashboard that provides nearly real-time information regarding availability of contracted service providers across the state
- DCYF developed procurement strategies for culturally responsive and specific pilots to target services specifically identified to support Native and Black families.
- DCYF developed an in-home FVS health and safety report to facilitate tracking compliance. Regional and office CQI teams have provided support and education to staff regarding how to use this report to improve performance.
- DCYF engaged in PIPs that focus on increasing the quality and frequency of engagement with parents.
- DCYF updated the Concrete Goods Guide developed to assist children, youth, and families with goods or expenditures to support safety, reduce risk of abuse or neglect, prevent, or support out-of-home placement, or facilitate safe reunification.
- Concrete goods are available to assist parents, guardians, unlicensed relatives, and suitable other placements, as well as limited (30 to 60 days) assistance for DCYF-licensed relatives, licensed suitable others, and initial licensed and kinship licensed placements.
- DCYF SUD programs have a strong focus on preventive services for parents. The Legislature appropriated funds for DCYF to contract with SUDPs statewide to support CW-involved families.
- DCYF adopted a harm reduction approach related to:
  - Distributing naloxone to families, youth, and staff, and conducting targeted case staffings
  - Piloting projects related to supporting parents who are pregnant and using substances with services

The Child and Family Services Review (CFSR) identifies early family engagement in CW proceedings as an improvement area. The Permanency from Day 1 (PFD1) project aimed to impact both [Permanency Outcome 1](#) and [Well-Being Outcome 1](#) by implementing two strategies: Enhanced Permanency Planning Meetings (PPMs) and Enhanced Youth Recruitment (EYR). PFD1 used holistic family engagement model so that family and youth needs were identified, and case plans were individualized thereby increasing the likelihood of reunification or, in cases where reunification is not possible, concurrent planning occurred earlier in the case. Enhanced PPMs were designed to impact Well-Being Outcome1 as noted below:

Families have enhanced capacities to provide for their children/youth's needs because they will be engaged in PPMs that involve them in case planning which results in a better alignment of children/youth and parent needs with services.

Due to the COVID-19 pandemic, the model was adapted to a virtual environment. Pre-meets and PPMs alike took place virtually, or in the case of pre-meets by phone. Since implementation in 2021, the PFD1 team learned that although a facilitator can involve more family, youth, caregivers, and relatives in the case planning process through PPMs, it is ultimately not within the facilitator's scope to make case

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decisions. Similarly, although a parent’s needs may be identified within a PPM, it is up to the caseworker and their supervisor to follow up on service needs, provide referrals timely, and adapt the services ordered, as appropriate. The PPM intervention took place in 22 offices within three regions. Throughout program implementation, the PFD1 team observed that child welfare staff may recommend services to the court based on a “one size fits all” model rather than tailoring to parent’s needs with individualized services. Some caseworkers also appeared to be reluctant to request modification of court ordered services when services are no longer indicated by a parent’s behavior. The PFD1 project ended on March 31, 2024, and has moved into the evaluation phase as of April 1, 2024, to be completed by the University of Colorado’s [Kempe Center](#).

The [Caregiver Supports Project](#) is intended to provide a continuum of new placement support resources that will:

- Increase access to caregiver supports and align supports to the diverse needs of children and youth in out-of-home placement.
- Increase resources for kinship caregivers, as all licensed and unlicensed caregivers will have access to standard supports.
- Increase placement stability by enhancing caregivers' preparedness to support children and youth placed in their care.

#### System Partner Involvement and Feedback Loops

DCYF has staff dedicated to engaging and supporting contracted partners in developing the service array.

DCYF regional leads for CFWS and QA/CQI were consulted in reviewing and interpreting the data in this report. This group meets bimonthly to share information and make joint efforts to work on permanency and placement stability. The group is made up of leaders across the state to allow input and experience to be gathered from all areas of the state.

DCYF values and collaborates with people with lived experience such as parents and youth who have been involved in a dependency action and can provide feedback on system improvements. Parent and youth advisory groups are consulted on topics related to system improvement. Program managers have opportunities to present to the advisory groups for input.

Another system partner is the P4P program in which parent allies engage with families experiencing dependency court involvement. Parent allies assist families in working toward making the dependency process more responsive to family needs. DCYF seeks feedback from tribal partners both through the [Office of Tribal Relations \(OTR\)](#) and the ICW Subcommittee. These groups help to review potential policies and practice changes to provide input on impacts for Indian children and their families.

The Kinship Caregiver Oversight Committee (KCOC) is a collective of community partners that can support and strengthen kinship families.

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

*Item 16: Educational Needs of Children*

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

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 16: Educational Needs of Children							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	93% (147 of 158)	98% (42 of 43)	83% (5 of 6)	95% (19 of 20)	95% (37 of 39)	91% (20 of 22)	86% (24 of 28)
CY2019	90% (149 of 166)	100% (20 of 20)	94% (30 of 32)	89% (33 of 37)	*	95% (21 of 22)	82% (45 of 55)
CY2020	95% (116 of 122)	100% (31 of 31)	100% (2 of 2)	100% (5 of 5)	90% (46 of 51)	96% (24 of 25)	100% (8 of 8)
CY2021	93% (142 of 153)	94% (32 of 34)	100% (4 of 4)	100% (5 of 5)	89% (57 of 64)	97% (34 of 35)	91% (10 of 11)
CY2022	95% (164 of 172)	97% (33 of 34)	100% (6 of 6)	100% (9 of 9)	94% (67 of 71)	92% (36 of 39)	100% (13 of 13)
CY2023	*	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only reviews didn't cover this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)*

During the previous reporting period, DCYF completed item-only case reviews for Item 16 as the department already achieved the PIP goal for this item.

Child Health and Education Tracking (CHET) Educational Domain

The majority of children who enter and remain in out-of-home care for 30 days or more receive a CHET screen. The 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. The education domain includes gathering and summarizing academic records for school aged children and youth, Pre-K through grade 12. The CHET screening report documents educational information and is used to understand the child’s current educational status as well as to determine if any additional services are needed. Ongoing needs are identified for further follow-up and the CHET screener makes referrals for services as needed. The statewide CHET completion rate for the education domain in CY 2023 was 99%. In addition, the CHET program obtained and uploaded 857 children’s educational records into the FamLink system in CY 2023.



Graduation Rate for Children and Youth in Foster Care

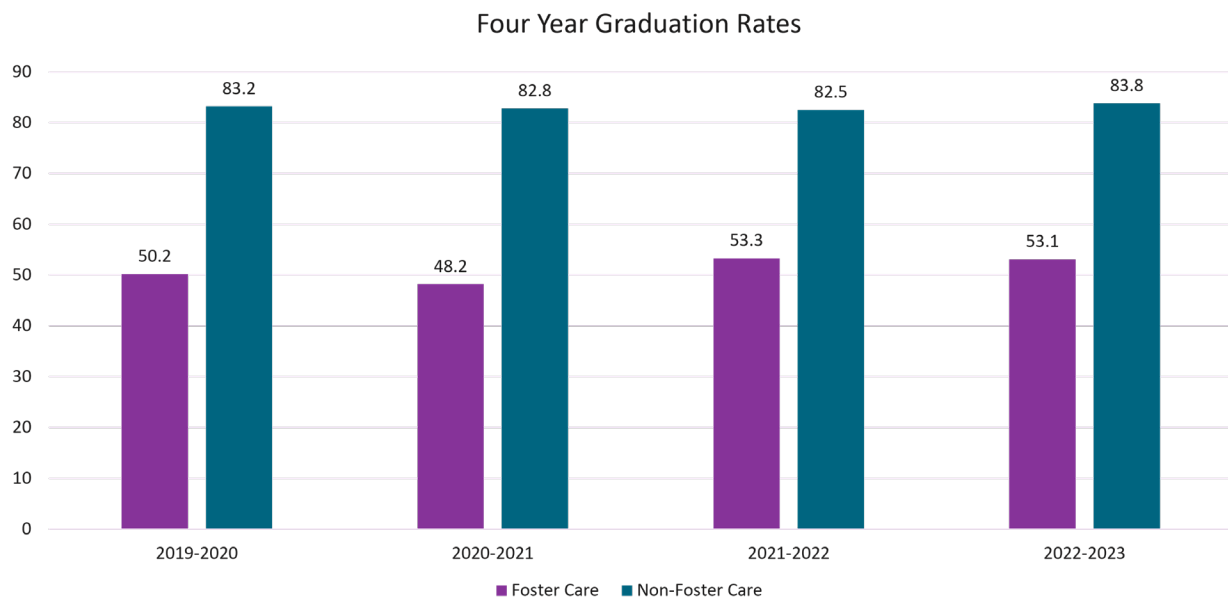
For the class of 2023, 552 students were in foster care at some point between ninth and 12th grade. Of these students:

- 53.1% graduated
- 16.8% continued to pursue their diploma
- 30.1% dropped out

In comparison, of the 84,754 students who did not experience foster care:

- 83.8% graduated
- 6.4% continued
- 9.8% dropped out

Graduation rates on the [OSPI Report Card](#) remained steady over the last few years with the rates for students in foster care consistently much lower than their non-foster peers.



Data source: OSPI Report Card, Four Year Graduation Rates

While graduation rates offer a snapshot of students’ overall success in completing high school, they may not completely reflect the current educational experiences of students in foster care. Graduation rates are based on a four-year cohort and include students who were in foster care at any point during high school, regardless of their current status. As a result, these rates may not capture the challenges and barriers that students in foster care face on a day-to-day basis.

Additional [OSPI Report Card](#) data provide more real-time insights into the educational experiences of students in foster care and are better indicators of their current well-being and engagement in school.

## Discipline

The discipline rate is a measure used to monitor the use of out-of-school exclusionary discipline actions in schools. It is calculated by counting the number of distinct students who have received an out-of-school exclusionary action divided by the number of distinct students enrolled. For the purposes of this calculation, out-of-school exclusionary actions include Short-term Suspension, Long-term Suspension, Emergency Expulsion, and Expulsion. A student may receive more than one exclusionary discipline action in a school year. This measure, however, only counts a student once even if they have more than one disciplinary action. The number of distinct students enrolled includes students enrolled at any point during the school year regardless of the length of enrollment.

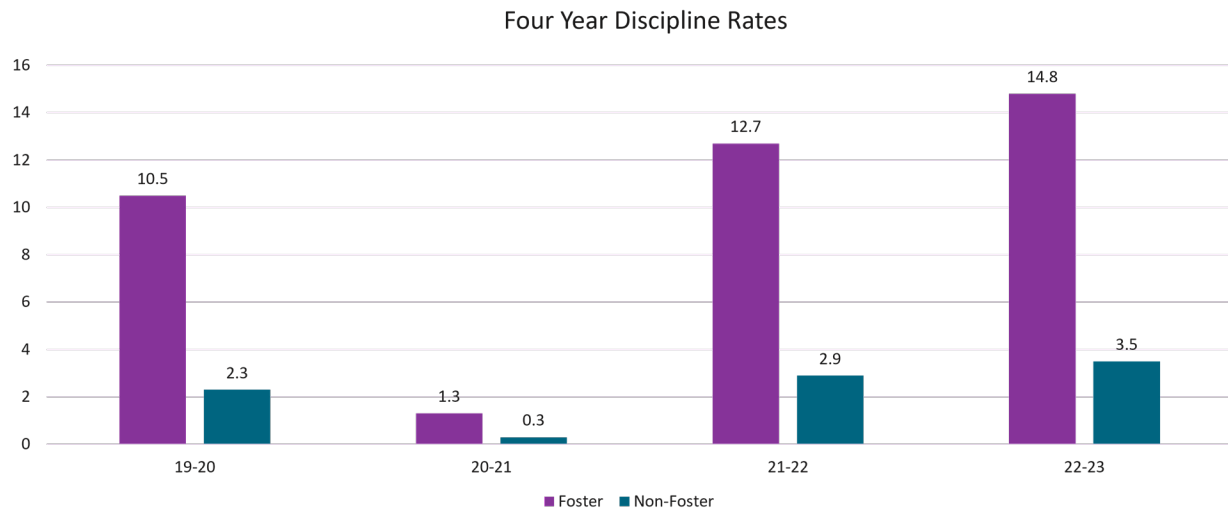
The discipline data on the [OSPI Report Card](#) reveals that for the 2022-23 school year:

- **14.8%** of students in **foster care** were excluded from school due to behavioral violations.
- **3.5%** of students **not in foster care** faced exclusion.

When broken down by length of exclusion:

- Students in Foster Care:
  - 20% excluded for one day or less
  - 26.9% excluded for two to three days
  - 16.9% excluded for four to five days
  - 19.1% excluded for six to 10 days
  - 17.1% excluded for 10 days or more
- Students Not in Foster Care:
  - 25.4% excluded for one day or less
  - 34.8% excluded for two to three days
  - 14.3% excluded for four to five days
  - 14% excluded for six to 10 days
  - 11.4% excluded for 10 days or more

This data indicates that students in foster care are not only more likely to be excluded from school, but also tend to receive longer exclusion periods compared to their non-foster peers. This prolonged absence from school can severely impact their educational progress and overall well-being.



Data source: OSPI Report Card, Four Year Discipline Rates

### Attendance

Regular attendance is a critical factor in student success, as it reflects students' consistent engagement in learning activities and their overall connection to school. Regular attendance is defined as having less than two absences per month on average. Analyzing attendance data from the OSPI [Report Card](#) provides insights into the attendance patterns of students in foster care and highlights potential areas for targeted intervention and support.

For the 2022-2023 School Year:

- 59.3% of students in foster care had regular attendance.
- 69.8% of students not in foster care had regular attendance.

For the 2021-22 School Year:

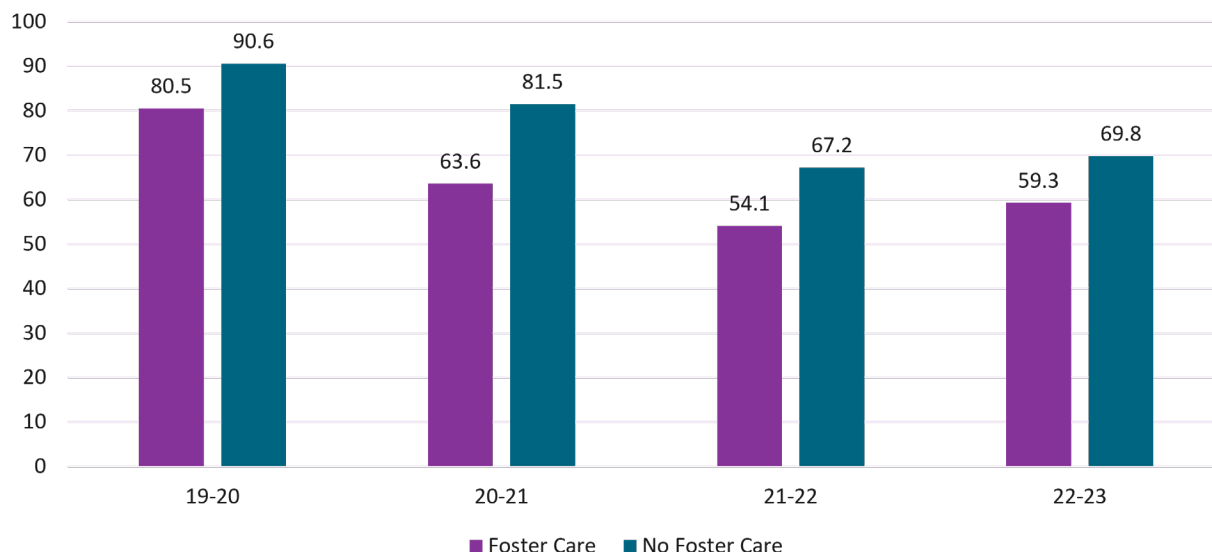
- 54.1% of students in foster care had regular attendance.
- 67.2% of students not in foster care had regular attendance.

While the recent growth in regular attendance rates for students in foster care is encouraging, the disparity between students in foster care and their non-foster peers persists. It underscores the importance of continued support and collaboration between child welfare agencies, schools, and community partners. Addressing the barriers to regular attendance requires a multifaceted approach, including providing transportation assistance, coordinating with caregivers to ensure stability, and offering support services to address the root causes of absenteeism. Collaborative efforts between child welfare agencies, schools, and community organizations are essential to identify and support students to attend school regularly.

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### Regular Attendance

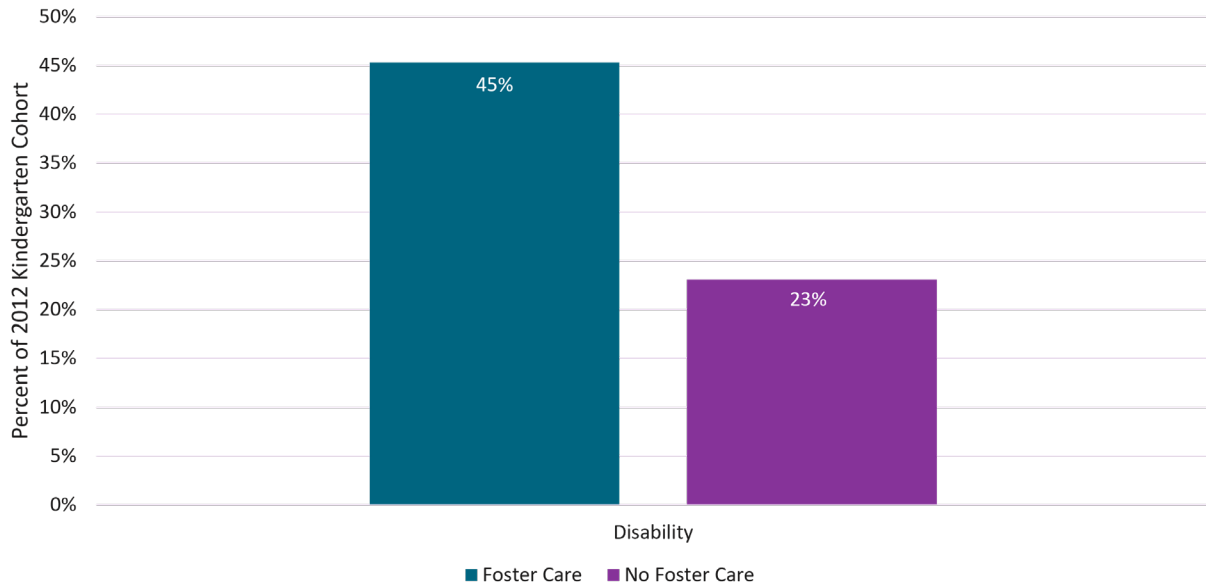


Data source: OSPI Report Card, Regular Attendance

### Special Education

Students in foster care are much more likely to receive special education services in school. Under federal law, the [Individuals with Disabilities Education Act](#) (IDEA), specific provisions outline who can make educational decisions related to special education services for students in foster care. If no parent or guardian is available, a surrogate parent must be appointed to ensure the child's educational needs are met. Caseworkers and agency staff (e.g., group home staff) are not permitted to be the educational decision-maker for special education. This can be a barrier to students receiving the support they need. DCYF is working with several agencies to develop guidance related to this issue.

## Disability Status of Students in Foster Care Compared to Peers



Data source: ERDC P20 Data System, 2012 Kindergarten Cohort

Source: [Project-Education-Impact-Report-October-2023.pdf \(treehouseforkids.org\)](#)

The graph above shows students who have an identified disability, including those students who are not receiving special education services or accommodation under [section 504](#) and [WAC 392-172A-01035](#). OSPI uses the following disability categories to indicate if a child has a disability: intellectual disability, deafness (including hard of hearing), a speech or language impairment, a visual impairment (including blindness), an emotional/behavioral disability, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, multiple disabilities, or (for children ages three through nine) a developmental delay.

#### Data Implications

The data highlights disparities in educational outcomes between students in foster care and their non-foster peers, including lower graduation rates, higher rates of exclusionary discipline, attendance challenges, and a greater prevalence of identified disabilities. These disparities underscore the importance of targeted interventions and collaborative efforts to address the unique needs and challenges faced by students in foster care.

#### Multisystem Collaborative Initiatives

**Office of Superintendent of Public Instruction (OSPI)** – DCYF meets with OSPI weekly to share resources, identify challenges, and identify solutions.

- Feedback loop: Education Program administrator meets with school districts in virtual meetings hosted by OSPI to hear feedback and address challenges.
- Collaborative (OSPI & DCYF) training and conference presentations including [Children's Justice Conference](#), [Washington Association of Child Advocates Program conference](#), [Foster Parent Alliance of Washington State conference](#), online training for school districts, and

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trainings for other system partners.

- State level data sharing agreement to identify students in foster care – DCYF is in the process of renewing this agreement which allows districts to identify students in foster care and provides educational data on students in foster care to DCYF.
- Resource Development: DCYF supported the development of new resources and guidance documents created by OSPI including:
  - [Foster Care Education Legal Guidance](#)
  - [Foster Care Transportation](#)
  - [Best Practices: Best Interest Determination Meeting Process](#)
  - [Best Practices: Considerations for Best Interest Determination Meeting](#)

**Dual System Youth** – DCYF meets with OSPI, [Treehouse](#), and the Juvenile Rehabilitation (JR) education team monthly to support dependent students who are learning in secured facilities.

**Federal Law and Special Education - Guidance Development:** DCYF worked with the special education department at OSPI to create comprehensive guidance on special education decision-making as it pertains to the [IDEA](#). The [American Bar Association](#) has provided valuable input and feedback. Once finalized, this guidance will be shared with caseworkers, school district staff, special education directors, attorneys, advocates, and others working with a young person in foster care. It is crucial for everyone involved to understand IDEA and ensure that an educational decision-maker is appointed for students receiving special education services. This collaborative effort aims to enhance the support and advocacy for students with disabilities in foster care.

**Project Education Impact (PEI):** A legislatively mandated workgroup tasked with improving educational outcomes and reducing racial disparities for students in foster care, students experiencing homelessness, and as of July 2023 – students exiting secured learning facilities. PEI is comprised of state agencies, state committees, and nonprofit organizations.

**Training and Advocacy:** DCYF prioritized training initiatives for staff, caregivers, attorneys, schools, and child advocates to ensure a comprehensive understanding of the educational rights and needs of students in foster care. Most trainings are done collaboratively with OSPI and/or Treehouse.

- DCYF Education Office Hours – this online space was created to support caseworkers with education-related issues and collaborate with the HQ Education Team & regional education leads. Recently these sessions have been added to the Learning Center, enabling regional staff to record credit for attendance.
- DCYF Regional Trainings – Education-related training for DCYF staff and/or school districts offered in-person at DCYF offices across the state.
- Education Resource Wednesdays – a collaborative training program for foster and relative caregivers. These remote trainings are coordinated by [Alliance Caregiver Retention, Education, and Support \(Alliance CaRES\)](#), OSPI, DCYF, and Treehouse. During CY 2023 the following trainings were provided to caregivers across Washington state:
  - Jan. 18, 2023 – Addressing Challenging Student Behavior
  - March 15, 2023 – Post-Secondary Resources for Education and Career Planning
  - May 17, 2023 – Understanding, Accessing, and Supporting Special Education Services

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- Sept. 20, 2023 - Education Resources and Programs for Student Success

**National Presentations:** DCYF was actively involved in national conferences such as [the National Association for Education of Homeless Children and Youth Conference](#) and the [National Association of State Program Administrators Conference](#), and presented on topics related to educational rights and advocacy for students in foster care. Together with OSPI and/or Treehouse, DCYF consistently seeks opportunities to bring together education and child welfare partners to foster collaboration and understanding of the educational needs of students in foster care.

**Administrative Office of the Courts (AOC):** DCYF is engaged in updating the education section of the bench book in collaboration with OSPI and AOC to ensure that judges and legal professionals have the necessary information to support students in foster care.

**Office of Civil Legal Aid (OCLA):** DCYF and OSPI is partnering with OCLA to provide training on educational rights for students in foster care. OCLA contracts with attorneys representing children and youth in dependencies and has offered continuing education credits for attorneys who attend training. DCYF is in the process of setting up an additional training specific to Treehouse services.

**Recurring collaborative meetings and check-ins** - The Education Team values working collaboratively with other state agencies, community partners, and regional staff. Some standing meetings include:

- Weekly check-ins with OSPI’s Foster Care Education program
- Regional Education Lead Meetings
- Education Office Hours – every other week/bi-monthly for any CW staff
- American Bar Association National Community of Practice
- JR/CW/Treehouse Check-ins
- DCYF Education/Alliance CaRES/OSPI Check-ins
- Education Advocacy Meetings – Treehouse/OSPI/DCYF Regional Education Leads
- Regional Passport Meetings
- Regional School District/Education Lead Meetings
- Quarterly check-ins with [Developmental Disabilities Administration](#) (DDA) and OSPI to discuss overlap of students served

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

- DCYF Mandatory Reporter Workgroup
- OSPI Re-envisioning Truancy
- OSPI School Safety
- AOC
- [Family Well-being Community Collaborative](#) (FWCC)
- PEI
- Passport Leadership Team
- GATE – Graduation a Team Effort facilitated by OSPI

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- [Trauma & Racism Addressed by Navigating Systemic Forms of Oppression using Resistance Methods](#) (TRANSFORM) Training. TRANSFORM is a new program that works in middle and high school and taught to students of color over an 11-week series (11 Gatherings). The program addresses systemic racism in schools and teaches core skills for students to overcome and thrive from race trauma. This program can also be taught to adults.

Targeted Interventions and Support: Treehouse

Washington state is fortunate to have [Treehouse](#) as a partner in serving students in foster care. Treehouse is a statewide nonprofit focused on the specific educational needs of youth in foster care.

**Educational Advocacy** - The [Treehouse Educational Advocacy program](#) is a public-private partnership and collaboration with [OSPI](#), DCYF and Treehouse. This statewide initiative supports school-aged children and youth who have an open State, Federal or Tribal dependency or shelter care case, as well as their caregivers, school staff and caseworkers by providing short-term interventions intended to have long-term impacts – ultimately resulting in youth graduating from high school. Educational Advocates are co-located in DCYF offices across the state. Preliminary education data for CY 2023 shows:

- Approximately 1,159 youth served
- 48.58 of youth served qualify for special education
- 8.46% of youth served have 504 plans
- In August 2023, the number of referrals increased by 95%

Treehouse is committed to sharing information, increasing knowledge, and growing the skills of the adults who support young people in foster care. This is accomplished through in-service trainings, formal presentations, and outreach. Contractually, Treehouse provides regular outreach and in-service trainings to DCYF caseworkers. In addition, they are at times asked to facilitate trainings for caregivers, community providers, schools, and other partners. The preliminary number of formal, informal, and outreach activities for CY 2023 are:

- 54 trainings
- 973 total attendees

In addition, Treehouse has a team of highly skilled educational advocates that host a virtual drop-in space bi-weekly for caseworkers, caregivers and schools called Ask an Advocate. This two-hour virtual meeting space is an unstructured time for people to come to ask questions and learn more about how to best support the youth in care. These sessions have included discussions about schools shortening school days, isolation, accessing special education supports, minimizing school transitions through best interest determination meetings, among other topics. Treehouse continues to consider ways to grow this type of support so that caseworkers, caregivers, Court Appointed Special Advocates (CASAs), schools, and other system partners can receive specialized support from an advocate when needed.

**Graduation Success** – The [Treehouse Graduation Success program](#) offers long term, individualized support for middle and high school students in foster care, with a focus on removing barriers to graduation. This program is funded by the state Legislature through a contract with OSPI. For the 2022-2023 school year, 949 youth were served in over 300 schools across the state.

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Other Treehouse programs serving students in foster care include the [Treehouse Store](#), [Just-in-Time Funding](#), [Holiday Magic](#), and [Driver's Assistance](#).

#### Concerns

**Knowledge around state/federal law and agency policy on education.** Last year, a primary concern raised by system partners was the lack of knowledge among child welfare staff regarding state and federal laws and agency policies on education.

In response to this concern, the Education Team, in collaboration with partners such as [OSPI](#) and [Treehouse](#), focused on enhancing caseworkers' knowledge through trainings, office hours, regional meetings and technical assistance.

This year, DCYF observed progress in this area. Notably, caseworkers are increasingly using correct terminology related to education policy. They are discussing important topics such as best interest determinations, school notification forms, and educational decision-maker for students receiving special education services. Feedback from school districts also suggests improvement in this area.

While DCYF is encouraged by these initial signs of progress, there is recognition of the importance of continued training and support to ensure sustained and comprehensive understanding.

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

Unfortunately, DCYF has not made any progress in this area over the past year. The absence of dedicated staff continues to be a challenge, impacting the ability to provide consistent and focused educational support across all regions.

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

While the focus on safety remains paramount, there are early indications that caseworkers are beginning to recognize the importance of education in the overall well-being of the children they support. However, education is still not a main priority within the system.

DCYF is committed to continuing efforts to balance these critical aspects and to advocate for more resources and training to better integrate educational considerations into the broader framework of CW.

**Concerns related to data access and prioritization.** System partners have highlighted DCYF's limitations in reviewing and analyzing data pertaining to students in foster care, emphasizing the need for basic education-related data. Additionally, there is a lack of prioritization for education-related data projects. An illustrative example is the Education and Training Voucher (ETV) program's engagement with an

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external contractor to develop an ETV portal, aimed at streamlining and expediting the application and management process for youth accessing ETV funds. Despite the contract being signed in June 2022, with DCYF responsible for hosting the site, the contractors have faced obstacles due to Information Technology (IT)-related delays within DCYF.

Recently, the Education Team met with the Statewide Data Team in an effort to highlight the need for education-related data. This meeting was successful, resulting in the Data Team elevating the request to high priority among the many requests they have received. DCYF anticipates having access to that data within the next year.

The IT division faced significant challenges this year, primarily due to the migration of all computers and programs to a new server. DCYF will continue to advocate for completion of the ETV portal and help the IT team understand its value in supporting students access financial aid.

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

While it seems unlikely that education-specific training will be made mandatory, the Education Team is committed to compensating for this by offering diverse and accessible training opportunities. DCYF has taken a creative approach to integrating education-related training in mandatory meetings, regional trainings in DCYF offices and consistently highlighting the importance of education in all activities. DCYF is also prioritizing timely responses to questions from child welfare, providing the knowledge and resources they need to effectively advocate for the educational needs of children in foster care.

### *Well-being Outcome 2: Strengths and Practice Improvements*

#### Collaborative Approach

One of the key strengths lies in DCYF's collaborative approach to the work. DCYF engages with a diverse array of organizations, including schools, courts, attorneys, advocacy groups, and [Treehouse](#) among others. This collaborative approach enables DCYF to address concerns from partners in real time, working collectively to improve outcomes for students in foster care.

#### Focus on Training and Technical Assistance

Another strength and practice improvement is DCYF's commitment to providing training and technical assistance for caseworkers. The collaboration with [OSPI](#) is particularly impactful, supporting the development of resources such as the [IDEA](#) guidance. DCYF provides ongoing support through phone calls, Zoom meetings, emails and other channels, ensuring that caseworkers, regional education leads, supervisors, and others in the field have the knowledge and resources they need to effectively navigate education-related challenges.

Well-Being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

*Item 17: Physical Health of the Child*

This item determines whether the agency addressed the physical and dental health needs of the children.

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 17: Physical Health of the Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	64% (141 of 222)	65% (37 of 57)	78% (7 of 9)	57% (17 of 30)	53% (28 of 53)	73% (19 of 26)	70% (33 of 47)
CY2019	64% (150 of 234)	80% (20 of 25)	57% (29 of 51)	62% (33 of 53)	*	65% (17 of 26)	65% (51 of 79)
CY2020	81% (130 of 161)	97% (38 of 39)	50% (1 of 2)	86% (6 of 7)	73% (49 of 67)	81% (29 of 36)	70% (7 of 10)
CY2021	77% (170 of 221)	85% (46 of 54)	60% (3 of 5)	90% (9 of 10)	67% (60 of 90)	80% (37 of 46)	94% (15 of 16)
CY2022	81% (168 of 207)	91% (41 of 45)	57% (4 of 7)	67% (6 of 9)	80% (65 of 81)	80% (36 of 45)	80% (16 of 20)
CY2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
\*\* Item only reviews didn't cover this item  
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)*

During the previous reporting period, DCYF completed [item-only case reviews](#) for Item 17 as the department already achieved the PIP goal for this item.

Child Health and Education Tracking (CHET) Physical Health Domain

The physical health domain includes an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) exam within the first 30 days of out-of-home placement. Records from the exam are obtained and documented in the completed CHET report. The statewide completion rate for the physical health domain in CY 2023 was 96% in the first 30 days of placement. Children who were not able to see a provider within 30 days were kept open in the CHET process until they could be seen. By day 60, 99% of children in out-of-home care received an EPSDT in CY 2023. Reasons for late EPSDT exams include late FamLink placement entry (resulting in late screener notification), providers changing scheduled EPSDT exams to other exam categories, providers unavailable for appointments within timeframes, youth on the run, and an overreliance on caregivers to schedule and follow through with the appointment. CHET screeners also encountered increased difficulty this calendar year with obtaining timely EPSDT medical records. When children and youth do not receive an EPSDT exam during the CHET process, the need for the exam is included in the “Items Needing Follow-Up” section of the CHET report. These items can then be tracked by the caseworker and the caregiver. Children and youth can be referred to [Apple Health Core Connections \(AHCC\)](#) for care coordination efforts, as appropriate.

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

*Item 18: Mental/Behavioral Health of the Child*

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

Central Case Review Team (CCRT) PIP Case Review Data

ITEM 18: Mental/Behavioral Health of the Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	67% (99 of 148)	73% (27 of 37)	86% (6 of 7)	78% (14 of 18)	73% (27 of 37)	26% (5 of 19)	67% (20 of 30)
CY2019	67% (97 of 145)	75% (12 of 16)	69% (18 of 26)	58% (19 of 33)	*	74% (14 of 19)	67% (34 of 51)
CY2020	74% (73 of 98)	91% (20 of 22)	100% (3 of 3)	80% (4 of 5)	63% (26 of 41)	71% (15 of 21)	83% (5 of 6)
CY2021	61% (67 of 109)	56% (14 of 25)	0% (0 of 1)	100% (2 of 2)	63% (30 of 48)	60% (15 of 25)	75% (6 of 8)
CY2022	62% (66 of 107)	70% (19 of 27)	75% (3 of 4)	29% (2 of 7)	61% (23 of 38)	55% (11 of 20)	73% (8 of 11)
CY2023	**	**	**	**	**	**	**

*\*No Region 4 cases were reviewed in 2019 as the region was part of the 2018 CFSR and all years of PIP reviews (2020-2023).  
 \*\* Item only reviews didn't cover this item  
 Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)*

During the previous reporting period, DCYF completed [item-only case reviews](#) for Item 18 as the department already achieved the PIP goal for this item.

Child Health and Education Tracking (CHET) Emotional and Behavioral Health Domain

The emotional and behavioral health domain includes standardized screenings for emotional and behavioral health using validated screening tools. The screening tools used screen for internalizing and externalizing behaviors, attentional behaviors, trauma concerns, overall child/infant mental health, substance use concerns, and Commercially Sexually Exploited Child (CSEC) concerns. Results from the screening tools are used to develop an appropriate case plan and assist in placement decisions for the child. The caseworker is notified when the results from the screening tools score within a possible concerns range, which indicates a need for further mental health assessment. This is documented in the “Items Needing Follow-up” section of the CHET report. The statewide completion rate for the emotional and behavioral health domain by day 30 of placement in CY 2023 was 99%.

### Ongoing Mental Health

Ongoing Mental Health (OMH) screening is a follow up to the emotional/behavioral health screening that occurs during the CHET process, and a quick check for any unmet physical health needs. A cohort of children/youth ages three through 17 who have been in out-of-home care for more than six months are eligible for OMH Screening. An OMH screener will call the caregiver and either re-administer the standardized screening tools used during the CHET process or complete a check-in call if the child/youth is currently established in mental health services. They will also ask questions about how the child/youth is doing to include physical/dental health. Starting at age 11, youth are invited to voluntarily participate in the screening process as well.

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

At this time, there is no formalized mechanism established to collect and report data regarding OMH. However, a hand count reflects that 649 children/youth placed during CY 2022 were eligible for an OMH screening. Of note, this is the most current CY data from OMH as the program completes screenings once the child/youth is in care for six months. Of the 649 children/youth, 261 (40.2%) were receiving mental health services and a check-in call was completed with the caregiver; 341 (52.5%) of the children/youth received an OMH screening where screening tools were administered, and a report was written. Of these 341 children/youth, 155 (45.4%) scored with possible concerns indicating a need for further mental health assessment.

In a further effort to support the mental health needs of youth, the OMH program is conducting a pilot where children/youth in out-of-home care for over 12 months receive another contact from the OMH program. This contact is either through re-administration of the standardized screening tools with an OMH report, or a check-in call if the child/youth is currently established in mental health services or screened with no concerns at the six-month OMH screen. The pilot is scheduled to occur from January 2024 - June 2024. Data will be reviewed at the end of this pilot to determine if the 12-month rescreening will continue.

### Substance Use Disorder Services

The Department of Children, Youth, and Families (DCYF) employs a holistic and trauma-informed care approach to assess and address the needs of children impacted by substance use disorder (SUD), whether that of their own or their parents'. This comprehensive appraisal identifies behavioral health issues and assesses the severity and impact of substance abuse on the child's overall well-being

When the assessment indicates a need, DCYF refers the child to individualized counseling or therapy, at times and as appropriate, involving Substance Use Disorder Professionals (SUDP) and other subject matter experts. These professionals not only provide treatment but also connect the family to essential resources and offer ongoing support through caseworker referrals.

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DCYF collaborates with local agencies to establish strong relationships that facilitate access to substance use treatment programs tailored for youth and their families. These programs emphasize prevention, early intervention, and family support, addressing the root causes contributing to substance use.

Moreover, DCYF prioritizes harm reduction strategies, such as the use of naloxone, a life-saving medication for opioid overdose, to protect the well-being of affected children.

Through this holistic and trauma-informed framework, DCYF endeavors that caseworkers support children by providing comprehensive care that addresses their physical, emotional, and psychological needs, fostering resilience and recovery in a nurturing and supportive environment.

#### Coordination of Care for Physical and Behavioral Health Concerns

Apple Health Core Connections (AHCC) is part of Coordinated Care of Washington State's (CCW) contract with the Health Care Authority (HCA) to provide a single, statewide, managed care plan for all eligible children and youth in foster care, extended foster care, and who are receiving adoption support. AHCC reviews all newly enrolled children and youth to determine their level of need for care management and/or care coordination services. AHCC meets regularly with regional staff regarding available resources through AHCC, to include utilization of incentive services. AHCC has assigned a liaison to each DCYF region who attends unit meetings, all staffs, and other DCYF involved events, such as the Children's Justice Conference and Supervisor Conference in order to provide visibility and training about AHCC services.

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

DCYF has a process set up with FWB for CHET to send expedited referrals while the CHET process is underway. These expedited referrals receive immediate attention from the AHCC Care Coordinators. When caregivers receive the CHET report, they are informed that CCW will be in contact to review the CHET results and get assistance with health care coordination.

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

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Apple Health Core Connections (Managed Care Plan) Children & Youth Served CY 2020 - CY 2023				
Foster Care Members - All Subgroups # of Unique Members				
Metric	CY2020	CY2021	CY2022	CY2023
Health Care Coordination Services	1,853	2,257	1,868	2,911
Care Management	1,079	1,197	936	617
Received MH Services (including telehealth)	9,981	9,772	10,044	9,904
Received TELEHEALTH MH Services	5,622	5,899	4,606	3,715
SON - Second Opinion Network				
Received SON Reviews	0	215	263	232
Early and Periodic Diagnostic and Treatment (EPSDT)				
EPSDT Services	18,261	19,026	18,020	15,881
WISe - Wraparound with Intensive Services				
Received WISe Services	1,378	1,350	1,249	1,143
<i>Data source: Coordinated Care Washington, Apple Health Core Connections</i>				

The counts for Care Coordination, Care Management, Mental Health Services, and Wraparound with Intensive Services ([WISe](#)) are run by individual member count to represent each child and youth served by the case management team. Some youth and children might have been served at multiple points in time but would be counted as an individual member.

In 2023, policy decisions impacted the overall number of children, youth, and young adults served by the AHCC program. This included members losing coverage due to the end of the public health emergency in June 2023 and a decrease of children coming into care in 2023. Based on the aforementioned, Coordinated Care saw a 10% decrease in the number of members on the AHCC program from the end of 2022 in comparison to the end of 2023. Despite the decline in membership, the AHCC program was able to support 21% more members in case management services in 2023 compared to 2022, which has a strong correlation to the partnership and case management referrals by DCYF.

*CCW Points Comparing 2022 to 2023:*

CCW experienced a 36% increase in Health Care Coordination. CCW experienced a 34% decline in Care Management services, this was due to the programmatic need to shift an FTE from care management to care coordination.

- Outreach to 724 more members in 2023 in comparison to 2022.
- 16% increase in Adoption Support members receiving case management services (care management plus care coordination).
- 24% for Alumni Members receiving case management services (care management plus care coordination).
- 22% increase in members in Out-of-Home Placement receiving case management services (care management plus care coordination).

There was a notable trend in how youth in care received services. There was a 19% *decrease* in members utilizing telehealth to receive mental health services. There was a 14% increase in in-person mental health services. . The total level of members receiving mental health services remained fairly stagnant, even as the population of members decreased.

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Fostering Well-being (FWB), Children and Youth Served				
	CY2020	CY2021	CY2022	CY2023
<b>Received Care Coordination Services for Physical, Behavioral, and Co-Occurring Concerns</b>	740	577	435	784
<b>Medicaid Fee for Service Medically Fragile Ongoing Care Coordination Case Load</b>	15	15	13	20
<b>Comprehensive Health Overviews Completed *Includes Tribal Custody</b>	139	131	120	85
<b>Medicaid Coverage/Benefit Questions Answered</b>	200	171	228	259
<b>Medicaid Fee for Service Prior Authorization Denial Issues Resolved</b>	7	21	26	99
<b>Medically Complex/Medically Fragile Clinical Determinations Made</b>	2955	2892	2516	1939
<b>Contacts Made</b>	13,701	11,076	10,739	8,949
<i>Data Source: Fostering Well-Being (FWB)</i>				

Fostering Well-being (FWB), Regional Medical Consultants, Children and Youth Served				
	CY2020	CY2021	CY2022	CY2023
<b>“At Risk Statements” – Possible Child Physical and Behavioral Risk Prior to Adoption</b>	107	58	69	42
<b>Chart Note Reviews – Medication and Treatment Plans*</b>	182	78	36	87
<b>General Consultations Provided to Caseworkers and Caregivers</b>	263	211	207	145
<b>Non-Specific Child Consultation</b>	-----	523	597	558
<i>*Completed at the request of the caseworker. Data Source: Fostering Well-Being (FWB)</i>				

### Oversight of Prescription Medications

In 2020, Coordinated Care implemented an improvement process to proactively screen pharmacy data that could potentially trigger the need for a Second Opinion Network (SON) review. This process starts at the point of sale to reject the pharmacy fill request based on the established SON referral criteria. A SON referral is triggered when there is concern around the age of the child being prescribed the medication, dosage that is being prescribed, multiple prescribed psychotropic medications, or multiple types of the same category of medication. When a SON referral is triggered, Coordinated Care’s Pharmacy Benefit Management system receives the rejection, flags the request through the need for a prior authorization review, and sends it directly to Coordinated Care’s Pharmacy Team for further evaluation. If Coordinated Care’s Pharmacy Team determines that a SON referral is needed, the team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. In 2023, there were 377 total SON referrals completed. The Foster Care Population accounted for 266, or 59 % of all SON referrals.

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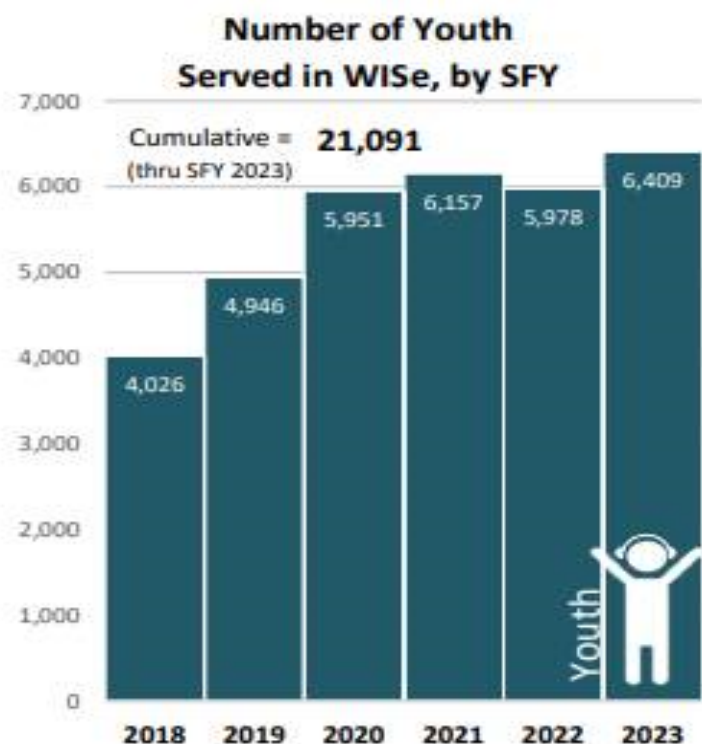
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### Wraparound with Intensive Services (WISe) Utilization

WISe is an approach to help Medicaid-eligible children, youth, and their families with intensive mental health care. Services are available in the home and community settings and offer a system of care based on the individualized needs of the child or youth. WISe is available to Medicaid-eligible children and youth 20 years of age or younger with complex emotional, behavioral, and social issues who meet medical necessity criteria for WISe services. If BRS is being provided without WISe, a screen is required every six months as shown on page 69 of the WISe manual. If the youth is getting BRS and WISe concurrently, the normal schedule of a full screen every 90 days applies. According to the AHCC 2023 data, foster youth in Washington state account for approximately one sixth of youth served through WISe.

## WISe At-A-Glance



Source: DSHS, Research and Data Analysis Division, [WISe dashboard, Quarter 1 2023](#)

### Washington State Family Youth System Partner Round Tables (FYSPRT)

FYSPRT provide a forum for families, youth, state agencies and communities to strengthen sustainable resources that provide community-based approaches to address the behavioral health needs of children, youth and families. FYSPRT also inform and provide oversight for high-level policymaking, program planning, and decision-making regarding provision of behavioral health services in Washington state. FYSPRT provide additional support for the implementation of and access to WISe. DCYF partners

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with HCA by participating in local and statewide recurring FYSPT meetings to learn about new resources for the DCYF-involved population, and to advocate for foster youth and their families' needs.

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

### *Well-being Outcome 3: Strengths, Concerns and Practice Improvements*

#### Strengths

DCYF partners with [HCA](#) and [AHCC](#) to provide oversight of prescription medications for children and youth in out-of-home care. Based on CCW data, oversight of prescription medications is a strength for DCYF.

- [CCW](#) liaisons are connecting with staff to answer questions and assist in resolving access to care issues.
- An AHCC email inbox is available to refer children and youth for care coordination.
- DCYF is utilizing the BRS and [WISe program](#) concurrently to increase service intensity for children and youth who have complex needs.
- BRS/WISe screens are being completed 90 days prior to admission/discharge or 30 days after to ensure that there is always a current screen
- The number of unique individuals who received mental health services through AHCC almost doubled last calendar year. This continues to remain constant and has impacted the continued increase in the data for item 18, addressing the mental/behavioral health needs of children.
- [Telehealth](#) continues to be accessible, which increases service accessibility. HCA continues to support the advancement of telemedicine including physical and behavioral health services.
  - Dental services are not managed through the managed care organization (MCO) in Washington state, they are processed as fee-for-service. [FWB](#) supports DCYF in care coordination for all dental needs.

AHCC teamed with local providers across the state to create [Foster Care Centers of Excellence](#). These centers have more in-depth knowledge of the needs that are specific to the foster care population.

AHCC has care coordination services available, specifically catered to the foster care population. Each region has a specific care coordinator assigned who is the subject matter expert on services and providers available in that region.

DCYF was legislatively mandated to create a [malnutrition guide](#) for Child Welfare casework staff to reference when malnutrition was a concern.

#### Concerns

Follow-up for the second (six-month) preventative dental exam is consistently an area needing improvement statewide.

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There are multiple cross system groups looking at ways to improve access and availability of mental health services for children, youth, and families involved with the child welfare system. The biggest barrier across all behavioral health service types is a lack of providers.

DCYF is experiencing a lack of contracted providers, largely due to low reimbursement rates. DCYF requested funds to align rates with Medicaid and compensation for providers when DCYF-involved individuals do not show for an appointment. This request was not funded by the Legislature for 2023/2024. An additional request is made for the next biennium.

- WISe capacity and accessibility vary county by county. Certain counties have interest lists (wait lists). There is difficulty engaging [WISe services](#) if the child is in an unstable placement.
- There is difficulty developing services and a lack of provider choice in smaller, rural communities. High-level (residential treatment) mental health and substance use disorder (SUD) services are only available through Medicaid and private insurance.

According to the SON data, youth in foster care are being prescribed psychotropic medication at a higher rate than the general Medicaid population. Contributing factors are multi-faceted and are likely linked to foster youth experiencing adverse mental health symptoms at a higher rate than the general population, behavior management/compliance, and the disproportionality of marginalized populations in the foster care population.

#### Practice Improvements

Follow-up for the second (six-month) preventative dental exam is consistently an area needing improvement statewide.

- In 2022, DCYF collaborated with [FWB](#) and [HCA](#) to create a process and guidance for staff and caregivers when care coordination is necessary to meet dental needs of children and youth in out-of-home care. This continues to be accessed by CW staff.
  - This includes support for daily dental care needs and for a secondary Medicaid review for more complex care needs.
- In order to reduce barriers to accessing physical and behavioral health services for all children, youth, and families involved with child welfare, a Memorandum of Understanding (MOU) was established with each of the five MCOs in Washington. The MOUs identify pathways to communication with individual/family consent, processes for escalation when there are barriers, and points of contact within DCYF and the MCOs in order to support collaboration.
- Created a guide to support staff as they help connect families with their MCO when there are barriers to accessing services or there are needs for new services.
- Communicated via Child Welfare to the staff about the agreements with the MCOs, the guide for supporting families to connect with the MCOs, and a link to the location of the guide online.
- DCYF adopted a harm reduction approach related to:
  - Distributing naloxone to families, youth, and staff, and conducting targeted case staffings
  - Piloting projects related to supporting parents who are pregnant and using

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- substances with services
  - Launching staff education training and resources related to SUD and naloxone

### System Partner Involvement and Feedback Loops

Current Cross-Systems Collaborations that support feedback:

- [Children’s Long-term Inpatient Program -HCA](#)-DCYF Process Improvement
- DCYF-[CCW](#) Care Coordination bi-weekly check in
- DCYF-HCA-CCW-[DDA](#) multi-system weekly case staffing meeting
- WISe Data Meeting with HCA and [Research and Data Analysis \(RDA\)](#)
- SUD collaborative contacts with system partners

DCYF regularly uses a co-design process to gain feedback from people with lived experience with the child welfare system. DCYF values the co-design process and is working to prioritize youth voice and the feedback they provide.

AHCC has established [Foster Care Centers of Excellence](#) that provide DCYF feedback on how to improve processes in order to fully meet the healthcare needs of the foster care population. DCYF has met with providers around the processes to streamline communication so that the providers receive consistent information around the needs of the child.

There are multiple cross system groups looking at ways to improve access and availability of mental health services for children, youth, and families involved with the child welfare system. The biggest barrier across all behavioral health service types is a lack of providers.

## Statewide Information System

### *Item 19: Statewide Information System*

DCYF currently uses FamLink, a system implemented in Washington from another states’ transfer system developed under the Statewide Automated Child Welfare Information System (SACWIS) guidelines. While the transfer code was received in 2007 and implemented in February 2009, the base code for the transfer system is from approximately the year 2000.

FamLink is a mission critical system used by approximately 2,700 DCYF staff (including intake, Child Protective Services (CPS) and child welfare (CW) social service specialists, foster care licensors and fiduciaries) in addition to 400 external users (including tribal partners, [Office of Children and Families Ombudsman](#), independent living providers, and others) and supports approximately 233,000 clients (children and families within Washington).

Prior to the formation of the new DCYF, Washington state had been pursuing replacement of the aging system due to ongoing challenges in operational maintenance and new development within the system. Changes to the application, modifications, and enhancements are resource intensive. In addition, the ongoing modifications and increase in data have caused the system to become slow and unstable for a 24/7 operation. DCYF is currently developing a Request for Proposal (RFP) and expects to be in procurement by summer of 2024. DCYF believes the modernized Comprehensive Child Welfare

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Information System (CCWIS) solution will support better business outcomes in a more time and cost-efficient way.

DCYF continues to lag on meeting business needs for end users in support of the children and families of Washington state, also impacting the ability to fully implement new state and federal legislation and/or reporting requirements (e.g. [HB 1227 Keeping Families Together Act](#), [Family First Prevention Services Act \(FFPSA\)](#), and Adoption and Foster Care Analysis and Reporting System AFCARS) 2.1). As indicated above, DCYF is in the process of procuring a modernized CCWIS solution to support business needs.

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

### Demographic Characteristics

Demographic characteristics are collected in FamLink within the person management page. Not only are these demographics required for federal reporting (e.g. AFCARS, National Youth in Transition Database (NYTD)), they are key components in defining logic for all other reporting that looks at a child's age, gender, and disproportionality. These same demographics are also used in online logic within FamLink for functionality to include areas such as:

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

### Adoption and Foster Care Analysis Reporting System (AFCARS)

Washington state is aware its submission using AFCARS 1.0 is noncompliant with the new 2.1 AFCARS rules. Washington is currently working on establishing resources to update the submission for 2.1 focused on shared elements from 1.0 and 2.1.

Washington has been challenged to comply with AFCARS 2020 rules because of limitations in our current SACWIS. DCYF has continued to submit AFCARS files to be sure Washington data are available for ongoing federal monitoring and reporting, although the 23A, 23B, and 24A files were submitted as AFCARS 1993 text files and were non-compliant with AFCARS 2020 rules in both format and required data elements. Washington is currently developing code to submit AFCARS in the required 2020 format, focusing on submitting the shared elements in the 1993 and 2020 rules. DCYF is targeting submission of the 24B AFCARS file in the AFCARS 2020 XML format; however, it will not be compliant, as many of the required 2020 data elements are not available in the current SACWIS and there is no capacity to add the missing data elements. Washington will not be able to submit a compliant AFCARS 2020 file until a new CCWIS solution is implemented in approximately 2028.

Prior submissions continue to reflect that Washington state had no elements with error rates above 10%, which meets the “exceeds standards” threshold. Washington runs regular data checks and quality reports using the AFCARS data elements throughout the year. AFCARS data elements specific to

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systemic factor item 19 from the most recent AFCARS submission demonstrate Washington’s ongoing commitment to accurate data collection.

AFCARS SUBMISSION TIMELINESS ERRORS						
Data Element	2021A	2021B	2022A	2022B	2023A	2023B
<b>FC-22 Removal Transaction Date</b>	58 Errors (0.49% failing)	81 (0.72%)	69 (0.63%)	68 (0.67%)	69 (0.63%)	32 (0.38%)
<b>FC-57 Foster Care Discharge Transaction Date</b>	99 Errors (4.11% failing)	105 (4.48%)	109 (4.39%)	105 (4.48%)	109 (4.39%)	72 (3.72)

*Data Source: DCYF AFCARS Submissions Reports*

An ongoing issue identified during the analysis and requirements work to implement the new AFCARS data set is that the identified data collection and mapping will continue to only support two options for mapping on gender, male and female, which does not align with Washington state’s three options for gender (male, female, and gender X) implemented on Washington birth certificates in January 2018. This is not unique to Washington and was raised as an issue by other states during the AFCARS comment period. Unfortunately, the proposed rules were not modified through the comments to accommodate this gender option for states that have more than two gender options on legal documentation.

Washington state added the option of gender X to its new [caregiver application portal](#) (WA CAP) and has a pending request to make the change in FamLink for data synchronization. Washington will continue conversations with our federal partners to determine how this gender will be mapped to AFCARS. Without an addition of a 3<sup>rd</sup> value of “other” in AFCARS to map to, Washington will be unable to submit a compliant file if a single child is documented as gender X in the system due to the 100% threshold for the child file.

### Status and Permanency Goal

Accurate documentation of a child’s status and permanency goal are important factors in identifying the population of children in out-of-home care for case and permanency planning. Documenting a child’s status in the care and custody of the state is necessary for IV-E eligibility, for legal actions and timelines, ensuring health and safety requirements are met, and ensuring inclusion in the correct reporting populations. FamLink meets all requirements for documenting a child’s status and permanency goal, both of which populate the case plan and court report.

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

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

### Documentation of Placement Entry, Changes and Closing

DCYF had an overall rating of Area Needing Improvement (ANI) for Statewide Information System during the last Child and Family Services Review (CFSR) in 2018, as the state could not readily identify the location of every child because of delays of entering placement information for children in foster care into FamLink. Although Washington state is within the acceptable AFCARS threshold for timeliness, DCYF policy requires entry of placement within three calendar days and there is lag in data entry for placement entries and closures. DCYF implemented the Child Location Application in 2018 to improve timeliness of placement entry. The Child Location Application is available through FamLink and mobile application and allows for easy access to placement entry.

Average Lag in Placement Entry, By Days			
Calendar Year	Average Lag in FamLink Services Entry	Average Lag Child Location Application	Average Lag in Placement Entry
<b>CY2018</b>	16	1	14
<b>CY2019</b>	15	1	12
<b>CY2020</b>	16	<1	8
<b>CY2021</b>	17	<1	8
<b>CY2022</b>	18	4	16
<b>CY2023</b>	36	5	11

*Data Source: Lag Placement Entry Detail, infoFamLink, CY2023*  
*There was a change in 2022 for the child location application allowing a caseworker to enter placement through this app at any time. Previously it had to be within three days of placement.*

Entry of Placement Events						
	CY2018	CY2019	CY2020	CY2021	CY2022	CY2023
<b>Total Placement Events Entered</b>	16,156	17,255	10,622	12,594	13,591	9,011
<b>Entered Via Child Location Application</b>	5,094 (31.5%)	9,312 (54%)	5,898 (55.5%)	7,076 (56.2%)	8,858 (65.2%)	7,405 (82.2%)
<b>Entered directly via PET Tool</b>	11,062 (68.5%)	7,943 (46%)	4,724 (44.5%)	5,518 (43.8%)	4,733 (34.8%)	1,606 (17.8%)
<b>Entries Made Within three days</b>	8,750 (54%)	11,206 (65%)	7,121 (67%)	8,728 (69%)	8,381 (62%)	5,866 (65.1%)

*Data Source: Lag Placement Entry Detail, infoFamLink, CY 2023*

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Placement Entry Data for CY 2023			
	Placement Moves	Removals	Total
<b>Total Placement Events Entered</b>	5,958 (66.1%)	3,053 (33.9%)	9,011
<b>Entered through Child Location Application</b>	4,747 (64.1%)	2,658 (35.9%)	7,405
<b>Entered directly via PET Tool</b>	1,211 (75.4%)	395 (24.6%)	1,606

*Data Source: Lag Placement Entry Detail, infoFamLink, CY 2023*

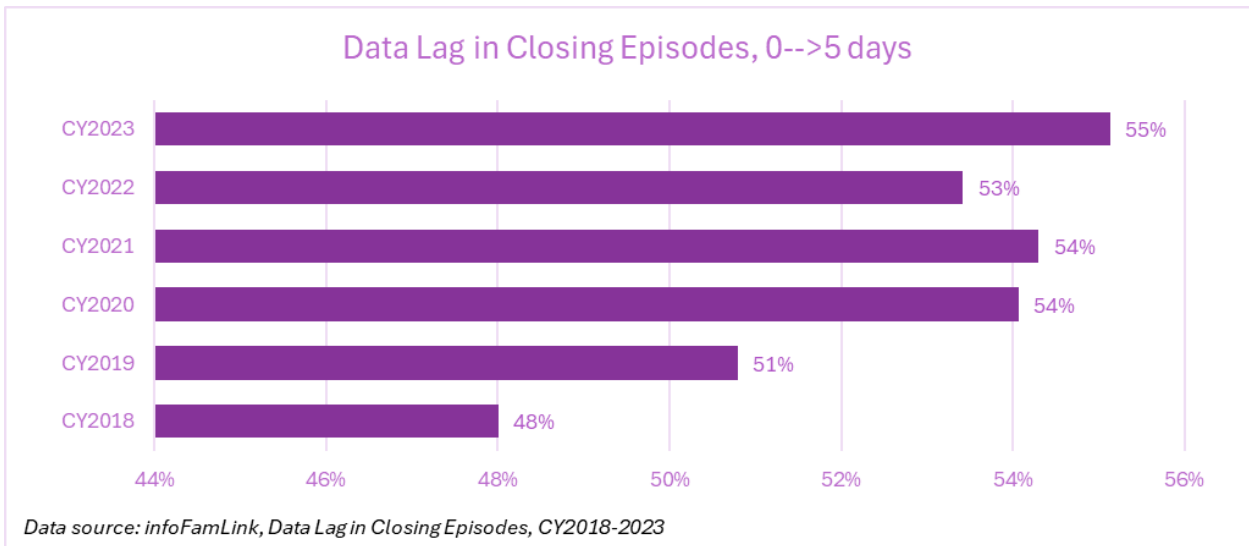
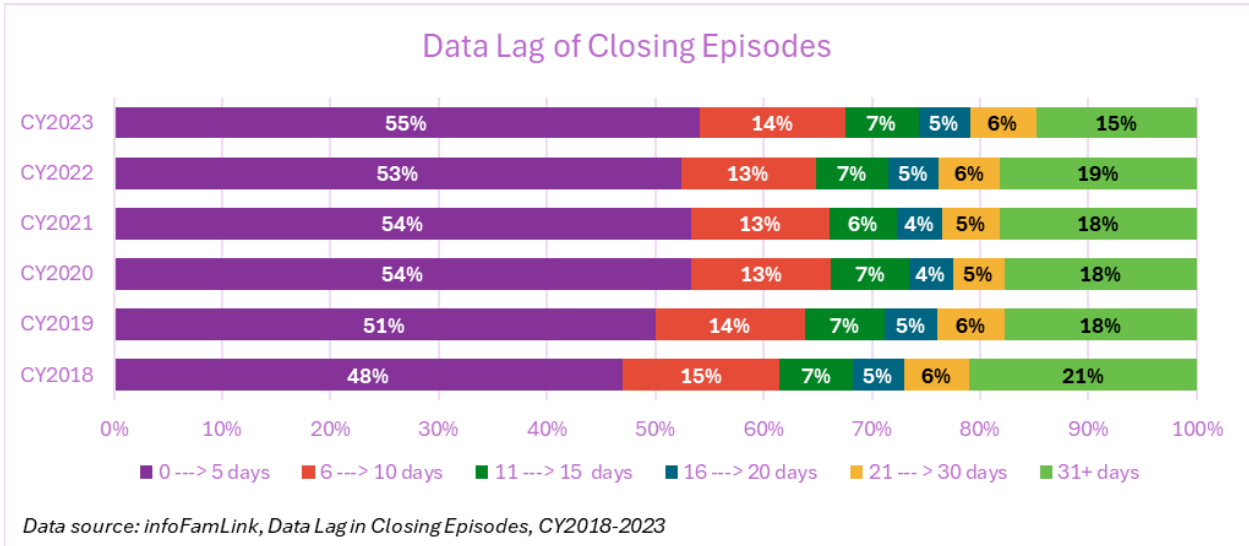
Data indicates that the use of the Child Location Application has continued to increase. The percentage of placements entered within the three-day policy time frame increased in 2023. There was a change in 2022 for the child location application allowing a worker to enter placement through this app at any time. Previously entry had to be within three days of placement on the app. As of CY 2023, 45% of placement events were entered using the Child Location Application within three days of placement. Of the total placement events entered, 65.1% (5,866 of 9,011) were made within the three-day policy time frame resulting in a 4% increase in CY 2023.

Overall lag in placement entry increased by 20 days. This significant increase aligns with challenges related to authorizations related to payments. Users were able to document placements, however, challenges to complete the payment process remains. DCYF continues to work through challenges related to payment codes within FamLink.

DCYF continues to have challenges with higher vacancies and turnover of staff. This impacts the overall caseworker familiarity with FamLink and the mobile application. DCYF technology training team provide on-line, classroom and one on one trainings for staff. DCYF continues to have an emphasis on using the tools for tasks related to child safety including timely documentation of a child’s whereabouts. A new centralized process was implemented January 2024 where the placement coordinators enter the child location to increase consistency and accuracy. As a result, timeliness was increased to 69.3% as of April 2024.

DCYF uses the InfoFamLink Data Lag in Closing Episodes report to provide clarity on the status of documentation and to support staff in reducing the time lag of closing episodes. Late data entry may lead to overpayments, cause late payments to providers, and means that FamLink has less accurate information regarding the current placement settings for children in out-of-home care. Improvements continue in reducing the lag in closing of placement episodes through training and an emphasis on ensuring data is accurate in the FamLink system. The Data Lag of Closing Episodes report illustrates the percentages of data lag in closing episodes by number of days, with the second chart illustrating the percentage of lag within five days after the closing episode.





As illustrated in the figures above, DYCF made improvements in ensuring placement episodes are closed timely, with a higher percentage occurring in CY 2020 within the first five days after the end of the placement episode and maintained through CY 2023.

#### Washington Caregiver Application Portal (WA CAP)

Funding was received for a [foster parent/caregiver application portal](#) to address Washington state’s cumbersome licensing process and shortage of skilled providers for children with diverse needs in out-of-home care. Based on the circumstances of the aging transitional SACWIS, it was determined that Washington could not develop that level of new functionality within the system and pursued a Commercial Off-the-Shelf (COTS) or SaaS solution that could be integrated or exchange information with FamLink.

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

In late 2023, Washington state completed its implementation of the WA CAP licensing portal and moved to maintenance and operations. Presently, there are connection limitations preventing data transfer from WA CAP to FamLink. DCYF continues to explore solutions to mitigate impacts to data quality and timeliness.

DCYF continues to gather and assess data related to WA CAP and its benefits to providers and staff. This includes time to complete the licensing process (30% reduction) and response to background checks (80% within 30 days). DCYF expects to analyze and report outcomes in CY 2024.

#### Data Quality

DCYF created a Data Quality Plan in compliance with [CCWIS Regulation 1355.52](#). These regulations require the title IV-E agency's CCWIS to support the efficient, effective, and economical administration of programs including:

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

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

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## Technical Assistance

The CW focused Tech Training Team consists of 10 collaborative individuals:

- Six field technical trainers across the state who provide learning opportunities using multiple modalities (one-on-one training, group training, online training and micro-learning) on a variety of CW applications including, but not limited to: FamLink, mobile applications, iPhone Usage, virtual connectivity, database usage, and all Microsoft products.
- Two Curriculum Specialists who develop, test and pilot technical training material in multiple modalities including online and mobile resources, and eLearning modules for all enterprise applications used by DCYF.
- The Training Technicians provide support for all modalities of training, including video production, and manage the learning management system used statewide.
- The Technology Training manager, who develops the strategic direction of the training team, works closely with [The Alliance for Professional Development, Training and Caregiver Excellence](#) (Alliance) in support of direct training efforts provided through core trainings, and manages overall training content and delivery services. This position leads coordination and implementation of the long-term technical training roadmap, strategies, and cross-organizational technical training development. There is a centralized technology service/help desk and also field IT staff located within all regions to provide direct systems support to staff at the local office level.

## Case Review System

### *Item 20: Written Case Plan*

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

The Central Case Review Team (CCRT) [found that](#), of the cases reviewed during CY 2023, 70% (69 of 98) of out-of-home cases involved children and youth in case planning. Mothers were identified as being involved in case planning in 59% (100 of 170) of the out-of-home cases and fathers were identified as being involved in case planning in 54% (52 of 96) of the out-of-home cases.

Through the interviews held via the [CCRT case review process](#), DCYF can conclude that documentation is not the only issue for performance on this item. Children, youth and parents have monthly face to face visits and are involved in shared planning meetings; however, conversations do not always include information related to case planning and identification of needs, barriers and service progression. CW staff agree that the documentation is not fully capturing how staff are engaging children, youth and parents in case planning as caseworkers are struggling with time constraints that are impacting documentation of engagement efforts.

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DCYF lacks a uniform method for documenting written case plans and quantifying compliance with policy requirements. The [Family First Prevention Services Act](#) (FFPSA) case review team reviews the following locations in FamLink to find case plans:

- DCYF 15-259A uploaded to FamLink
- Comprehensive Family Evaluation (CFE) w/goals and objectives
- Family Assessment Response Family Assessment (FARFA) w/goals and objectives
- Shared Planning Meetings (SPM) notes that identify goals/objectives
- Case notes that outline goals/objectives for the family

The case plan in FamLink is designed to be created through individual and family level objectives that are inserted into the FARFA or in the CFE. This process is cumbersome to complete and is difficult to do in tandem with families. Some caseworkers will complete a written case plan with families using paper or printing out a template from FamLink in efforts to involve families in case planning but then need to go back and re-enter that information into FamLink or complete a file-upload with the case plan they completed. File upload does not have a drop-down value to isolate uploaded case plans; as a result, they are uploaded under various values. DCYF is unable to quantify how often written case plans are completed. See the [Update on Plan for Enacting the State Vision – Goal 4](#) for additional information regarding efforts to implement a new, structured case planning framework for in-home and Family Assessment Response (FAR) cases.

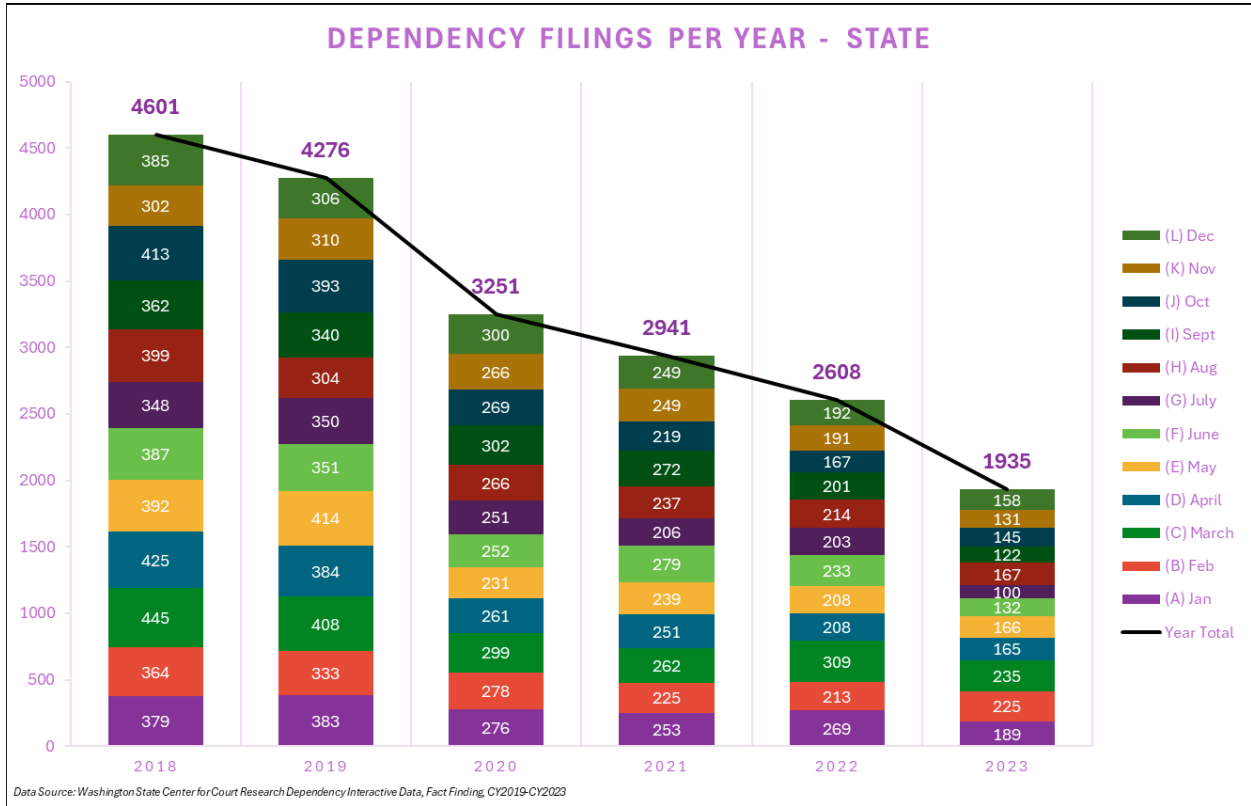
#### *Item 21: Periodic Reviews*

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

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

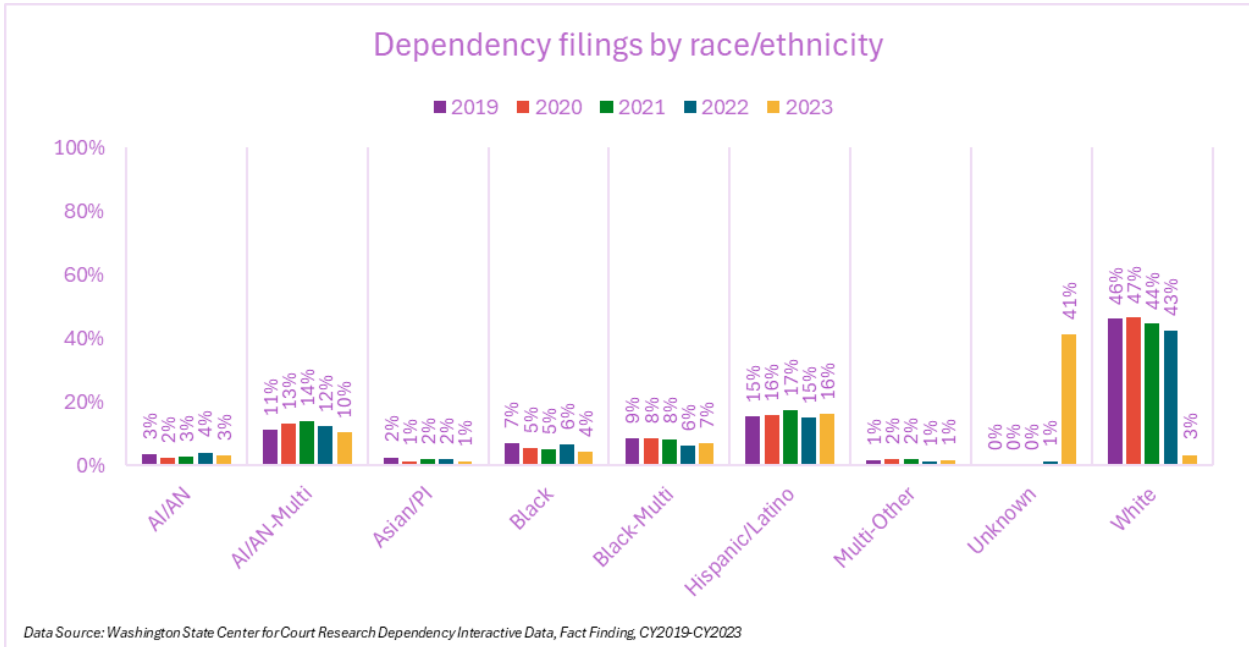
Dependency Filing Rates

Dependency filings continue to steadily decrease year after year.



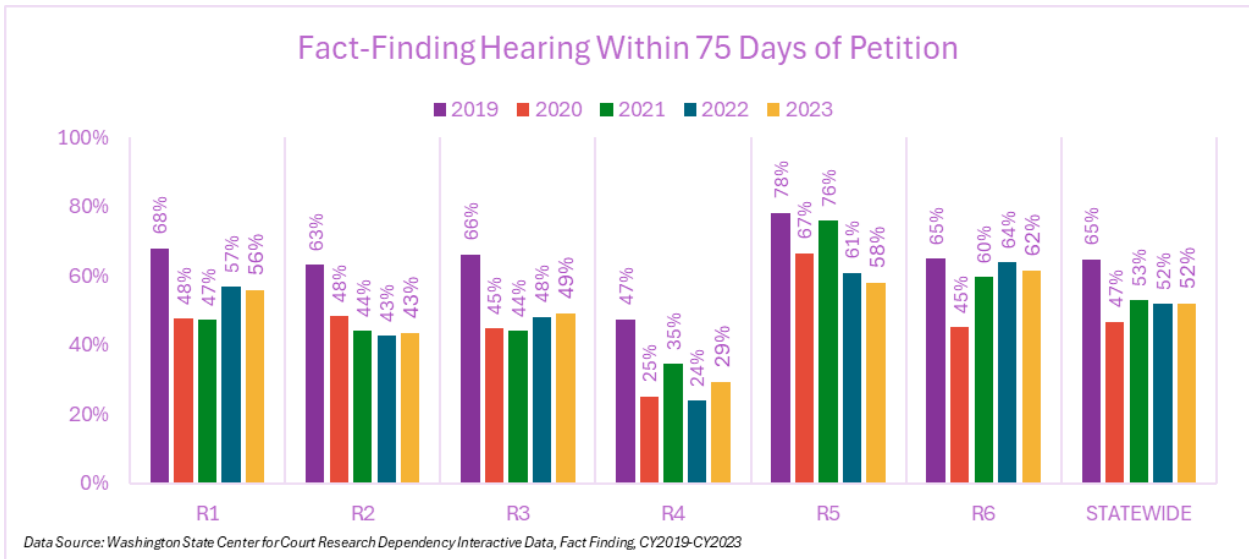
There have been intentional efforts, such as implementation of Safe Child Consultations (SCCs) statewide, to reinforce the use of assessment tools in decision-making to ensure filings occur on the families that need that level of intervention in the child welfare system.

DCYF can look at dependency filings over time by race/ethnicity to determine where disparities are seen in the child welfare system.



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

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

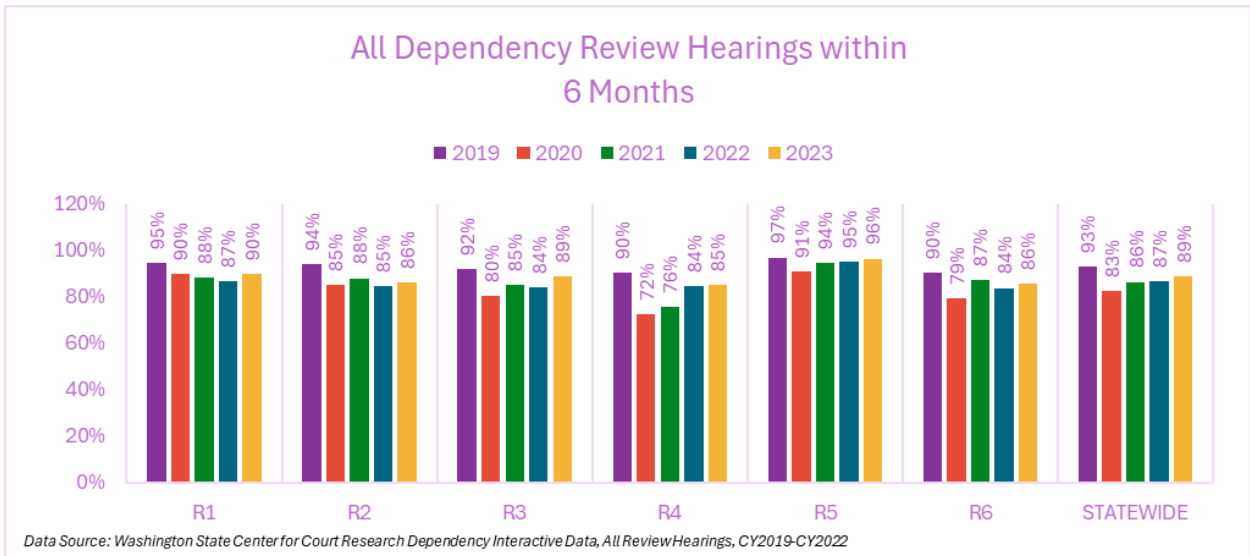
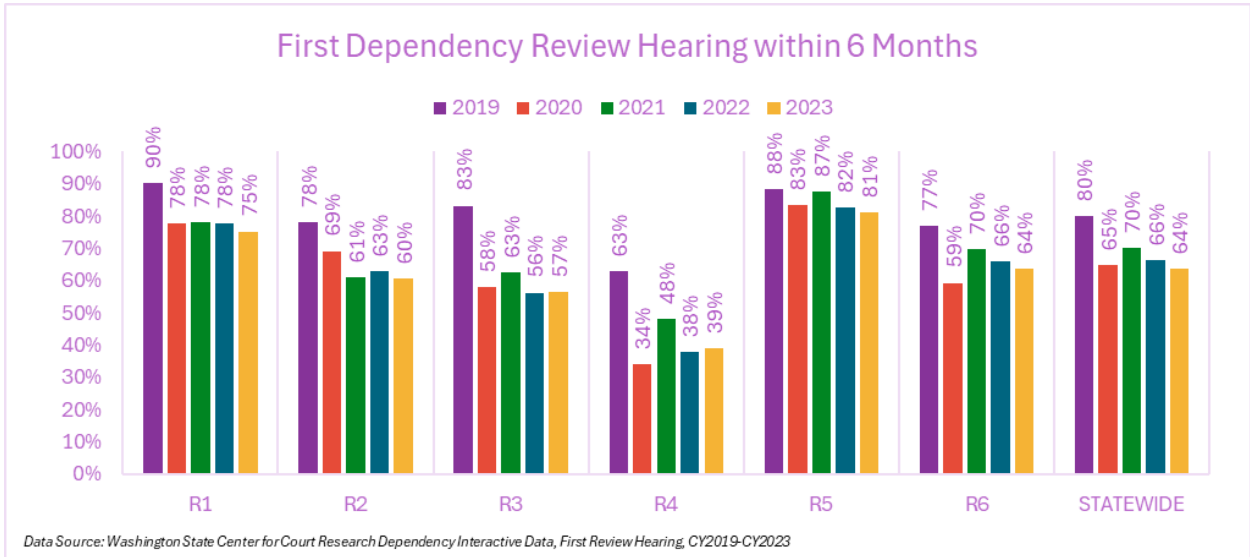


The purpose of a review hearing is to assess the progress of the parties and determine whether court supervision should continue.

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

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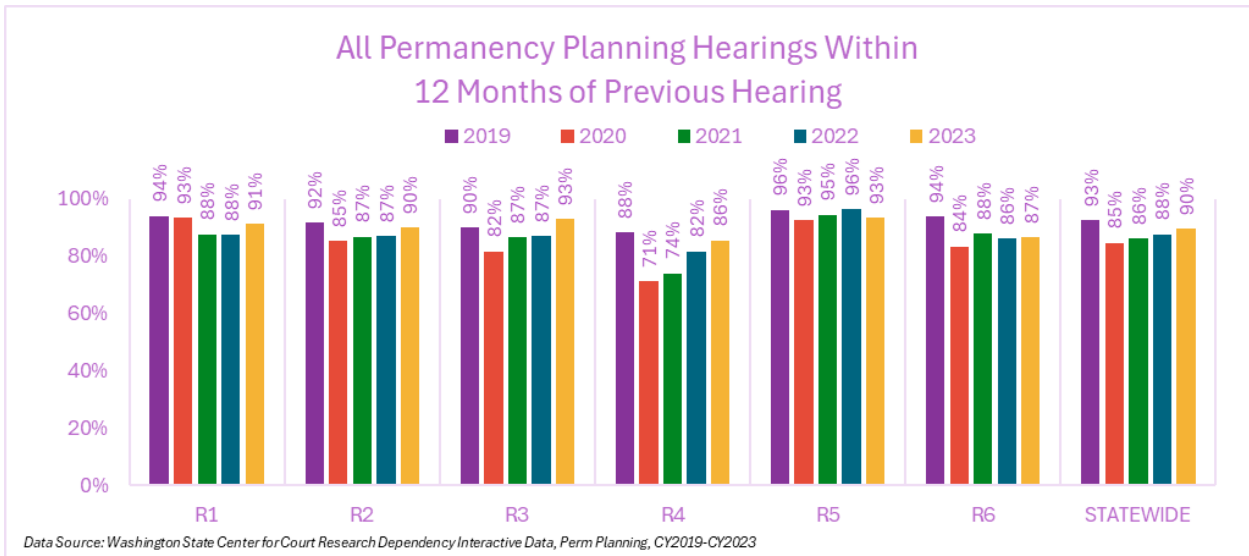
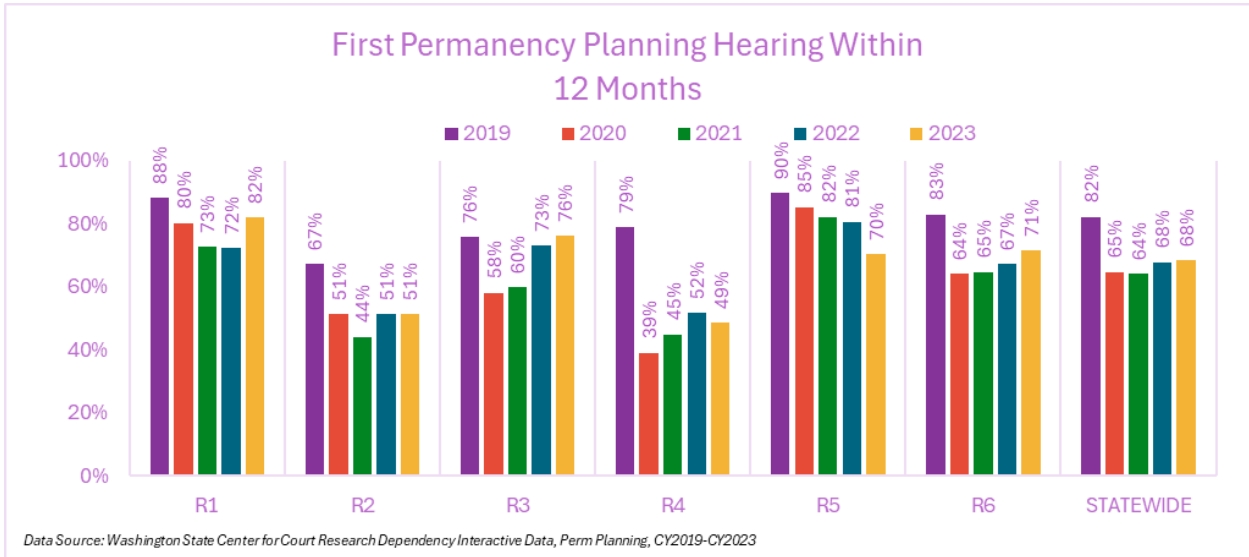


Washington state invested in the [Family and Juvenile Court Improvement Program \(FJCIP\)](#) in an effort to reform and enhance the court systems that manage family and juvenile cases including compliance with dependency timelines. Funding for this program was expanded in 2022 and there are currently FJCIP coordinators in 16 counties.

*Item 22: Permanency Hearings*

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

The figures below illustrate the percentage of cases with the first permanency planning hearing within 12 months of placement and all dependency permanency planning hearings within 12 months.



Overall, timeliness of review hearings and permanency hearings declined during the COVID-19 pandemic in CY 2020. However, small increases in timely hearings at a statewide level have occurred each year since. Many Washington state courts have adjusted to virtual and hybrid hearings and embraced electronic document signatures and filings.

*Item 23: Termination of Parental Rights (TPR)*

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

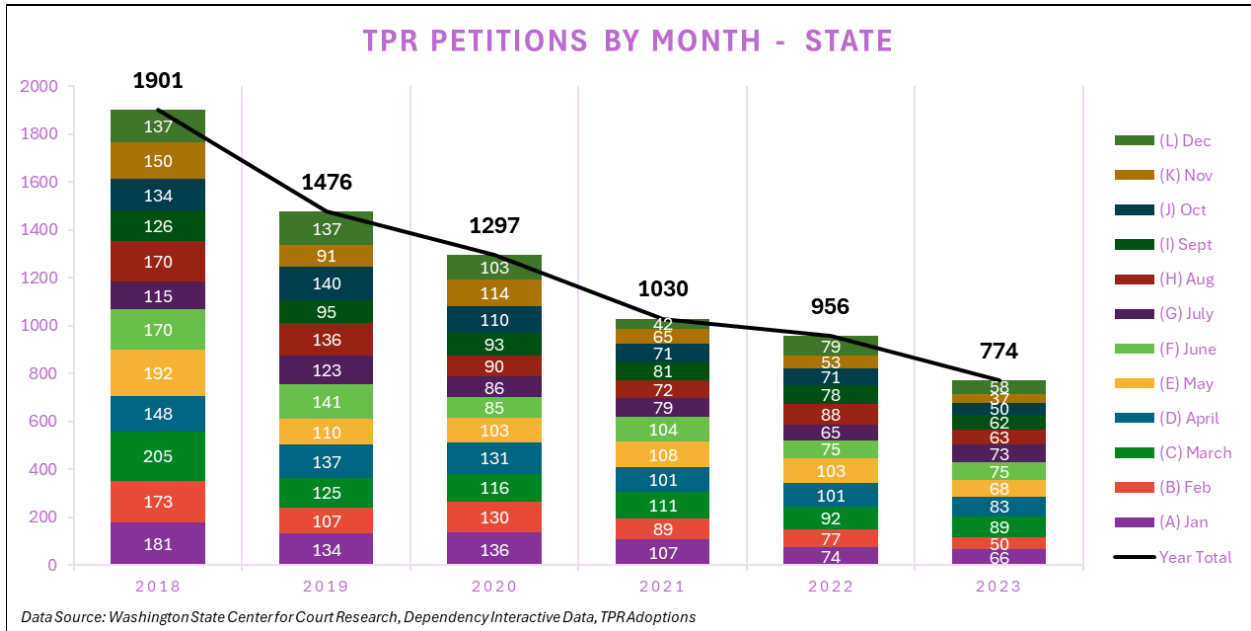
The [Adoptions and Safe Families Act \(United States Public Law 105-89, section 103\)](#) requires states to begin the process of terminating parental rights for certain cases, including those in which children have been in foster care for 15 of the most recent 22 months. Exceptions to this rule are cases where the



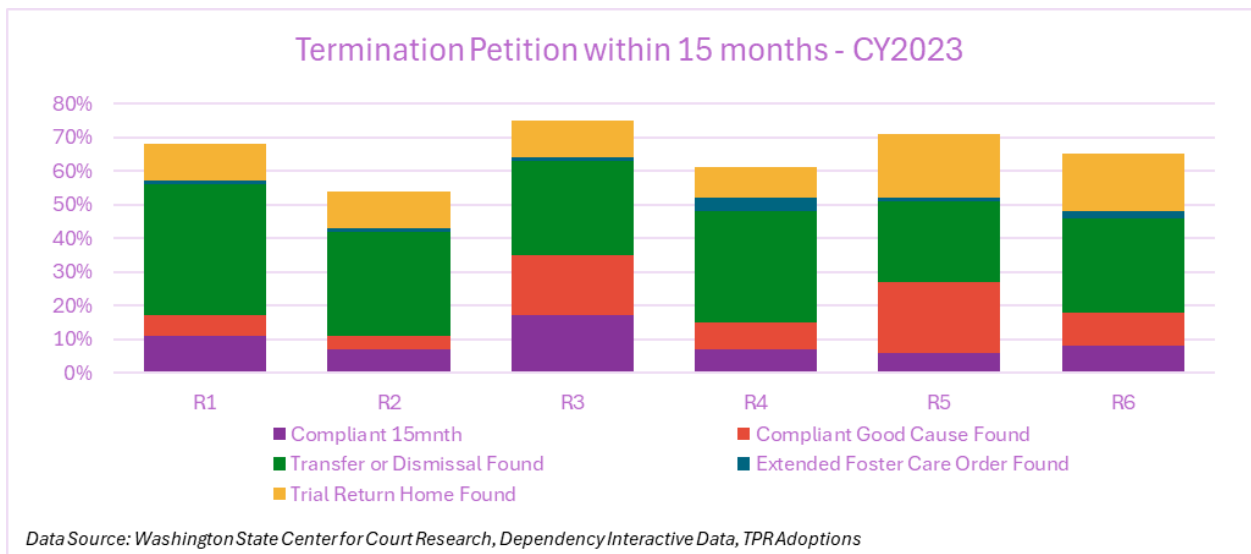
child is being cared for by a relative, there is a compelling reason why termination would not be in the best interest of the child, or the state has failed to offer the necessary services to the family.

As of February 2024, 3,241 children and youth are within the timeline qualifying them for ASFA, and of those, 79.9% (2,590) are compliant with ASFA. See [Item 5: Permanency Goal for Child](#) for additional information.

The figure below illustrates the number of TPR petitions filed by calendar year.



The figure below illustrates the number of TPR petitions filed within 15 months of the child residing in out of home care for CY 2023, broken down by region.



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## 2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

In CY 2023, 30% of cases had adoption completion within six months of the termination date. This is a decrease from CY 2022.

Adoption Within Six Months of Termination					
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
Region 1	25%	22%	39%	46%	31%
Region 2	45%	61%	44%	40%	49%
Region 3	36%	35%	45%	40%	25%
Region 4	6%	19%	35%	16%	20%
Region 5	36%	47%	62%	33%	17%
Region 6	28%	29%	48%	35%	37%
Statewide	29%	31%	45%	34%	30%

*Data Source: Washington State Center for Court Research Dependency Interactive Data; Adoption 6mnths, CY2019-CY2023*

In June 2021, a new TPR referral process was implemented statewide. Data is being tracked on the timeliness of referral completion, referral rejection, and referral acceptance by the [AGO](#). This data is provided to DCYF monthly to cross-reference with FamLink data. In review of the data from March 2024 it was noted that 24% of referrals were being rejected by the AGO, this is a 1% decrease compared to the previous year and an 11% decrease from 2022.

### Court Continuances

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

Court Continuance Orders - Statewide						
Reason Listed		2019	2020	2021	2022	2023
Order of Continuance	Continuances	12,666	13,694	13,139	15,077	13,037
	Count of Cases	6,478	6,448	5,591	5,599	5,034
Order of Continuance of Trial Date	Continuances	2,089	1,951	956	209	165
	Count of Cases	860	619	422	159	122
Order of Continuance – Stipulated	Continuances	913	717	390	202	269
	Count of Cases	781	588	325	183	224
Order of Continuance – Setting	Continuances	3	4	2		5
	Count of Cases	3	4	2		5
Order of Continuance – Plaintiff Attorney Request	Continuances	38	3	8	39	74
	Count of Cases	29	3	8	30	59
Order of Continuance – Defense Attorney Request	Continuances		2		7	4
	Count of Cases		2		7	4

*Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding, Cont Cnts – Monthly Updates; CY2019-CY2023*

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In CY 2023, of the 13,037 continuances (across all reasons listed) impacting 5,034 cases, the following is the regional breakdown:<sup>9</sup>

- Region 1 – 2,385 continuances impacting 1,057 cases
- Region 2 – 1,291 continuances impacting 576 cases
- Region 3 – 757 continuances impacting 285 cases
- Region 4 – 3,997 continuances impacting 1,195 cases
- Region 5 – 1,965 continuances impacting 696 cases
- Region 6 – 2,642 continuances impacting 1,225 cases

King County (Region 4) accounts for 31% of all continuances in the state. King County also has the lowest compliance with timely court hearings as noted in the Item 21 and Item 22 charts.

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

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

Court Name	Adequate and timely notice was given to the Child's Caregiver		Court Received a Caregiver Report	
	Yes	No	Oral Report	Written Report
Adams				
Asotin				1
Benton	204		1	28
Chelan	432	2	24	2
Clallam	272	1	31	19
Clark				67
Columbia				
Cowlitz	630	1		42
Douglas	71		32	6
Ferry				
Franklin	162			
Garfield				
Grant				
Grays Harbor	455		96	39
Island	73		21	16

<sup>9</sup> Cases may be duplicated across continuance type. Data Source: Washington State Center for Court Research Dependency Interactive Data; Cont Cnts – Monthly Updates; CY2021

2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

Court Name	Adequate and timely notice was given to the Child's Caregiver		Court Received a Caregiver Report	
	Yes	No	Oral Report	Written Report
Jefferson	94	2	16	15
King	2444	36		434
Kitsap	398		81	34
Kittitas				3
Klickitat	72			2
Lewis	307			2
Lincoln				
Mason	49		7	
Okanogan				
Pacific				9
Pend Oreille				1
Pierce	1633	18	528	169
San Juan	5		1	6
Skagit	341	3	1	67
Skamania	45			2
Snohomish	530	8	14	137
Spokane	1909	6	33	63
Stevens	54		1	11
Thurston	869	1	48	40
Wahkiakum				
Walla Walla	50			
Whatcom				
Whitman				21
Yakima				8
Grand Total	11099	78	935	1244

*Data Source: Washington State Center for Court Research Dependency Interactive Data, Case Processing and Status, Caretaker report, CY2023*

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

There is a significant variance between the number of court-received caregiver reports (oral and written reports) and hearing notices. This could be attributed to a variety of reasons such as the court not tracking, confusion regarding who to give the report to, a hearing being continued, and no testimony heard.

DCYF received a request to consider revising the Caregiver’s Report to the Court. During Summer 2022 a work group was formed comprised of foster parents, kinship caregivers, representatives from [AOC](#) (public defenders and judges), Court Appointed Special Advocate (CASA), and DCYF staff. Weight was given to the needs of the courts and what was important for them to hear about the children and youth

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while balancing what was important to the caregivers to share about the children and youth in their care. In May 2023, the former Caregiver's Report to the Court was updated and two new reports were created [15-313 Caregiver's Report to the Court](#) and [15-313a Caregiver's Report to the Court Abbreviated Version](#).

Barriers or factors that may contribute to the underutilization of the caregiver report:

- Lack of awareness of the existence of the report
- Unclear processes of how to deliver the report to court.
- Lack of understanding of how to complete the report.
- Concern by the caregiver of retaliation from DCYF if the report is critical.

#### *Case Review System: Strengths, Barriers and Practice Improvements*

Many of the strengths, barriers and practice improvements mirror what was stated in the [Permanency Outcome 1](#) and [Well-being Outcome 1](#) sections. This is particularly true with CFSR [Item 20](#). As mentioned throughout the assessment of performance, DCYF is making concentrated efforts on improving engagement, intentionality and quality of contacts with children, youth, parents, and caregivers. This includes efforts to engage those parties in case planning development and process.

#### Strengths

Dependency filings continue to steadily decrease year after year.

Funding for [Family and Juvenile Court Improvement Program \(FJCIP\)](#) was expanded in 2022 and there are currently FJCIP coordinators in 16 counties.

#### Concerns

Communication to caregivers is a broader issue than just timely notice of court hearings.

DCYF lacks a uniform method for documenting written case plans and quantifying compliance with policy requirements.

#### Practice Improvements

**Communication with caregivers.** New legislation in 2024 requires DCYF to establish a caregiver communication specialist position within DCYF for the purpose of improving communication between DCYF and caregivers caring for children receiving child welfare services.

Additionally, DCYF will be required to submit a report describing how to implement an automated notification system that would provide electronic or telephonic notification to caregivers of children receiving child welfare services and providing recommendations regarding improving communications between DCYF and caregivers.

**Caregiver's Report to the Court.** Promote the new versions of the report in public forums for foster parents and kinship caregivers with examples and opportunities for caregivers to ask questions and receive answers. Address tracking methods with the courts.

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## System Partner Involvement and Feedback Loops

The [Washington State CIP Strategic Plan](#) includes a collaborative approach to talking about data. Changes affecting courts and DCYF will include regional and statewide partnering. This feedback method will allow for discussions about court data and trends within local and region courts. The first planning meeting began in March 2024 with [FJCIP](#) and Headquarters (HQ) with local FJCIP and regional Quality Assurance (QA)/Continuous Quality Improvement (CQI) administrators having introduction meetings throughout Spring 2024.

While FJCIP is outside of DCYF, they have reviewed and contributed to the content of this section.

## Quality Assurance System

### *Item 25: Quality Assurance System*

DCYF has a cross-divisional Quality Assurance (QA)/Continuous Quality Improvement (CQI) system statewide that is operating in all areas of the state. Each region has a QA/CQI team that works closely with office staff, regional leadership, and the headquarters (HQ) QA/CQI section, as well as other divisions to make improvements statewide.

### System Functioning – Operating Where Services Are Provided

The HQ QA/CQI section consists of the central case review team (CCRT) (one supervisor and seven staff), five QA/CQI managers (one performance improvement and federal reporting manager, two data analysts, and two targeted reviewers), fatality review team (one supervisor and three staff), two [Family First Prevention Services Act](#) (FFPSA) quality assurance managers, and the statewide QA/CQI administrator. The QA/CQI administrator reports to the senior administrator for Support, Integration, and Quality Improvement.

The statewide QA/CQI administrator works closely with the Child Welfare (CW) Director of Child Welfare Programs and Practice. This section within CW provides data and answers policy and data related questions for the CW Assistant Secretary and regional leadership. During the last year, CW has added a QA/CQI and research manager, policy and implementation manager, and data integrity manager that all report to the data and policy administrator. This team works closely with the regional QA/CQI teams.

The QA/CQI administrator, the director of child welfare programs and practice, and [Office of Innovation, Alignment and Accountability](#) (OIAA) performance data manager have monthly collaboration meetings.

Washington state's QA and CQI processes are operating across the state in each of the regions. The regional teams report directly to CW leadership. Each regional QA/CQI team, like the HQ QA/CQI teams, gathers and analyzes data from a variety of internal and external system partners. Regional QA/CQI teams meet monthly to discuss the results of qualitative and quantitative reviews within each region, share information regarding regional projects, and discuss successes and areas needing improvement. The statewide QA/CQI administrator also attends these meetings to provide statewide updates.

DCYFs CCRT is fully operational across the state and is active in all regions. The CCRT uses the Online Monitoring System (OMS) when reviewing cases according to [Onsite Review Instrument](#) (OSRI) standards. To ensure there is oversight of the case review process, the following procedure occurs:

- The lead reviewer and/or CCRT supervisor monitors OMS for cases that are in “data entry complete” status.
- The lead reviewer and/or CCRT supervisor assigns QA duties to other reviewers as they complete the reviews on their assigned cases.
- First level QA is completed and resolved prior to the commencement of a second level QA.
- If there are difficult cases, an internal staffing may be held about the case ratings during the first and second level QA.
- If, through these staffings, the team is unable to reach a consensus about the ratings, the CCRT supervisor notifies the Children’s Bureau about the need for technical assistance regarding that case.
- The Administration on Children, Youth and Families (ACYF) - Children’s Bureau conducts secondary oversight on randomly selected cases each month. This oversight ended Dec 31, 2023; however, technical assistance is still available.

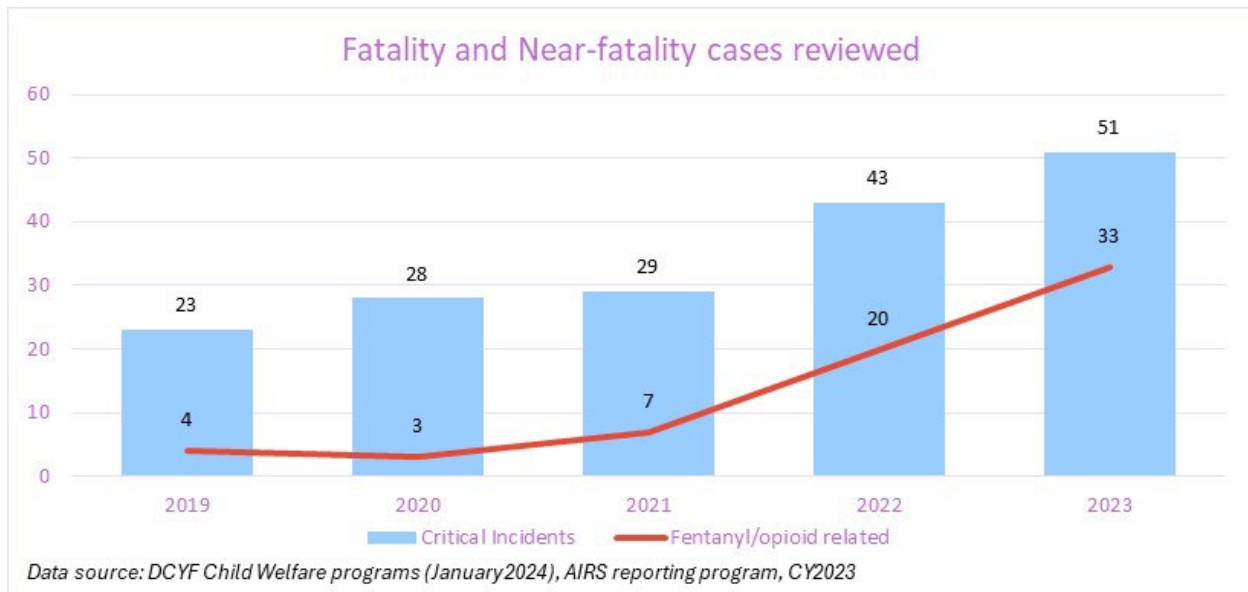
Washington state completed its Round 3 non-overlapping period on Dec 31, 2023. Beginning in January 2024, the CCRT transitioned to a regional review process. The CCRT generates a random review sample from all applicable cases and offices across the region. The CCRT reviews one region for an entire calendar month. Following the completion of a regional review, the QA/CQI section will meet to discuss themes for that region across all qualitative review sections under the QA/CQI administrator. The QA/CQI section will:

- Disseminate the case review results to the CW regional and HQ managers.
- Convene a regional debrief. These will be attended by the Regional Administrator (RA), Deputy Regional Administrator (DRA), Area Administrators (AAs), QA/CQI team, and Quality Practice Specialists (QPS) team and other regional representatives at the discretion of the RA. HQ CW program managers will participate when invited by the regional management team.
- Share information which may include what was learned from the qualitative case review, critical incident reviews specific to the region, policy specific information learned from Aiden’s Act reviews, and information learned from any FFPSA reviews within the region.

The critical incident review team functions at a statewide level. The team conducts a review of any fatality or near-fatality which occurs on an open case or if DCYF has provided the family with a service during the previous 12 months and the critical incident is suspicious for Child Abuse/Neglect. The critical incidents are reviewed by a committee with relevant expertise from diverse disciplines within DCYF and from community partnerships. The committee may make recommendations for system and CW practice improvements. The recommendations come from a comprehensive review and discussion of many aspects of the case. The recommendations typically do not have a causal relation to the critical incident. On a quarterly basis the recommendations from the review committee are discussed by CW, QA/CQI, Legal Officer, and program staff to determine if the recommendations will be implemented.

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The chart above demonstrates the 220% increase of critical incidents across this Child and Family Services Plan (CFSP) reporting period. The majority of the increase is related to near fatalities associated with the fentanyl epidemic. Efforts to mitigate the impacts of the fentanyl epidemic are detailed throughout this document.

DCYF joined the [National Partnership for Child Safety \(NPCS\)](#) in 2020. The partnership includes 39 jurisdictions across the nation who gather [specific data elements](#) from critical incident reviews. This partnership allows for a greater number of incidents to be analyzed than any jurisdiction can accomplish independently. By increasing the number of data elements available for analysis, the partnership will be able to identify themes and trends sooner which may lead to the ability to prevent critical incidents from occurring. DCYF made its first contribution of data to the partnership in June 2023 and submits data to the partnership on a quarterly basis. The critical incident review team will continue to implement elements of safety culture in order to encourage a learning environment when critical incidents occur.

The QA/CQI team has two FFPSA QA reviewers. These reviewers are conducting office level readiness assessments based on elements within the DCYF approved FFPSA plan. The assessments make both practice level and systemic level recommendations for the office to implement in order for the office to have a successful launch of FFPSA. Further details regarding the 2023 baseline assessments can be found in the [Service Array](#) section of this report.

#### System Functioning – Standards to Evaluate the Quality of Services

Beyond the regional analysis and debrief meetings described above, the results of the CCRT reviews are shared with the caseworker, supervisor, AA, DRA, RA, and the regional QA/CQI team. The item rating rationale statements are analyzed for trends and the regional QA/CQI team meets with the offices to discuss the results and develop a plan with the office to make casework practice improvements moving forward.

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The CCRT is working collaboratively with [OIAA](#) to develop a Round 4 sampling tool which will meet the updated requirements for the 2026 Child and Family Services Review (CFSR).

Through collaboration with the [NPCS](#) and [University of Kentucky](#), the critical incident review team implemented the use of Systems Mapping for some of the critical incident reviews. The systems map identifies an improvement opportunity and traces that improvement opportunity from the family level to the office level, state level, external factors, and legislative or governmental factors to identify where system level improvements can be made to impact practice.

The [FFPSA](#) office-level baseline reports are presented to and discussed with the office AA and the FFPSA Program Consultant associated with that region. The discussion centers around what incremental changes can be implemented to help the office move toward a successful launch of FFPSA. Implementation of the recommendations is determined at the office level based on the capacity of the office to implement the recommended changes.

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

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

#### System Functioning – Identifies Strengths and Needs of the Service Delivery System

Through the QA/CQI process, Washington state regularly identifies strengths and needs of the service delivery system including the analysis of data, reviewing feedback surveys, participation in community partnership workgroups, and other process improvement activities such as community partnership feedback and contract monitoring. The following are examples of how DCYF identifies strengths and improvement areas in delivery of services:

- Case Review
- CFSR Data Profile
- Critical Incident Reviews
- [FFPSA](#) Office Level Reviews

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- Systems Mapping
- Ad Hoc Reviews: These have included a review of project safe care, [Permanency From Day One](#) (PFD1) case reviews, and Aiden’s Act reviews.
- The results of the review processes and implemented strategies are provided to various levels of leadership within DCYF.

#### System Functioning – Provides Relevant Reports

As part of the CQI process, DCYF provides relevant reports to both internal and external partners. The following are examples of reports shared to ensure the functioning of the state’s system.

- Local office case review reports
- Statewide case review results
- Monthly informational report
- [Washington State Center for Court Research](#)
- Fatality Review reports
- [FFPSA](#) Office Baseline reports

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

#### Agency-Wide QA/CQI Framework

In June 2023, DCYF adopted an agencywide [QA/CQI Framework](#) to establish minimum standards in the following categories:

- Quality Assurance
- Continuous Quality Improvement
- Data Collection & Reporting
- Standardization
- Structural Guardrails

[OIAA](#) is supporting the implementation of the new standards across the agency’s client serving divisions, including Early Learning (EL), Child Welfare (CW), Juvenile Rehabilitation (JR), Licensing Division (LD), and Partnership, Prevention & Services (PPS). The new standards are intended to standardize and coordinate QA/CQI functions across the agency, provide structural guardrails to ensure proper checks and balances, and highlight and expand the use of effective practice across the client-serving divisions. Each division has autonomy to meet the minimum standards with practices appropriate for their service delivery model and established state and federal requirements.

Implementation is planned to occur in three (3) Phases:

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**Phase 1: Assessment of Current Practice Against Minimum Standards (July 1, 2023 – June 30, 2024)**

This phase primarily involves OIAA gathering documentation of current QA/CQI and related Data Collection & Reporting practices from each client-serving division to assess current practice against the new minimum standards and identify areas for improvement. CW initiated this process in October 2023 and is scheduled to complete Phase 1 by June 30, 2024.

**Phase 2: Alignment of Practice with Minimum Standards (July 1, 2024 – TBD)**

Divisions will receive support from OIAA QA/CQI staff to address identified areas for improvement, which could include documentation of existing practices, modification of existing practices to align with the new minimum standards, or development of new practices to meet the minimum standards. CW is scheduled to initiate phase two by July 1, 2024.

**Phase 3: Sustaining Minimum Standards (TBD)**

After each division completes Phase 2, they will sustain their practice over time and ideally continue to enhance their practice even further as best practices are identified and incorporated.

Throughout the implementation process, intentional coordination will occur between CW and PPS QA/CQI staff to ensure the divisions continue to work collaboratively to build a unified QA/CQI system that contributes to improved outcomes for children, youth, and families.

*Quality Assurance System: Strengths, Barriers, and Practice Improvements***Strengths**

The statewide QA/CQI team expanded its communication lines with CW staff over the last five years. Currently the QA/CQI team meets with the CW QPS and CW program managers to discuss regional and statewide themes for improvement and bright spots. The QA/CQI section meets with a different region each month to discuss quality assurance practice associated with the statewide case review, critical incident reviews, [FFPSA](#) reviews, [D.S. Settlement](#) information, and Aiden's Act reviews. This allows the QA/CQI section to meet with each region twice per year and provide information specific to their region.

The CCRT and Critical Incident Review teams both utilize processes which have been well vetted, standardized, and are research based. The CCRT uses the federal [OSRI](#). Every case receives a quality assurance review and 50% of the cases receive a secondary quality assurance review. During CY 2023, ~25% of cases reviewed received secondary oversight from ACF - Children's Bureau to help ensure rating standards and national consistency. The Critical Incident Review team follows a review model which is similar to other jurisdictions across the nation. The review model is grounded in Safety Science and supported by research through the [University of Kentucky](#).

The quality assurance reviewers and federal reporting team come from diverse backgrounds from across the agency. Reviewers and the federal reporting team members have previous experience as caseworkers, supervisors, and various programmatic experiences within DCYF and from other state agencies. The stability of the QA/CQI workforce is a strength in that the QA/CQI team has not experienced turnover like other parts of the CW system.

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The QA/CQI sections across the division interact and communicate with each other on a regular basis. [OIAA](#) created a QA/CQI community of practice where QA/CQI practitioners from every division across the agency meet and share techniques, innovations, and approaches to the QA/CQI work. Communication of review results and CQI successes are shared across PPS, OIAA, JR, EL, and CW.

The HQ QA/CQI section interacts with multiple community partners to share data and receive feedback regarding the shared information. QA/CQI interacts regularly with the [Administrative Office of the Courts](#) (AOC), the [Family Well-Being Community Collaborative](#) (FWCC) which includes community partners from across the entire CW system, [FJCIP](#), [Alliance](#), [Office of Tribal Relations](#) (OTR), [Citizen Review Panels](#) (CRPs), people with lived experience, and others.

### Concerns

While communication across divisional lines has improved over the last five years, there continue to be communication gaps to receiving timely information regarding review results and practice changes that are occurring at the local office and regional levels. This is due, in part, to the large size of the agency and information being disseminated through various chains of command. The continued work and improvements of the HQ program managers do not always reach the direct line caseworkers in a timely manner to support their work. In turn, when new information is made available or new programs are developed to support line staff, the line staff often don't have the time to review, digest, and incorporate the new information into their daily practice.

The various QA/CQI review teams are hindered by their capacity to analyze the information gathered and follow a true CQI cycle. For instance, the work completed by the critical incident review team is driven by Washington state statute. With a 220% increase in critical incidents over the last five years the review team has reverted to only completing work which is required by statute. The team does not have capacity to further analyze themes and trends to better inform CW regarding lessons learned from the critical incident reviews.

Training and onboarding often do not include a discussion regarding the federal practice standards. Many times, the first-time caseworkers learn about federal practice expectations when they have a case reviewed by the CCRT.

While there is a plethora of data and information available within the Comprehensive Child Welfare Information System (CCWIS), implementation of new technology to better support line staff and conduct cross practice analysis is a limitation. DCYF is not able to implement large technological changes to the current information system in order to better support staff in their daily work and better analyze the available data to support improved outcomes.

The QA/CQI approach across regions is not consistent. Each region employs their QA/CQI team to approach their improvement work from a different lens. As mentioned above, the implementation of a statewide QA/CQI framework should help to standardize a core set of practice expectations across the agency.

The QA/CQI teams within DCYF have access to a lot of information from other community agencies such as [AOC](#) data and the ACF-Children's Bureau data profiles. The current capacity of the QA/CQI team to

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review, analyze, and incorporate the additional data sources into practice improvement efforts is limited.

### Practice Improvements

The QA/CQI section is requesting the Legislature fund additional QA/CQI staff in order to better support improvement efforts across the agency. The QA/CQI section is requesting additional QA staff to support Placement Continuum, Integrated Systems of Care, Service Continuum, Practice Supports and Quality Improvement, evaluation of the seven federal statewide data indicators, and a CQI staff for each of the divisional sections. The critical incident review team is requesting one additional reviewer due to the increased workload over the last five years, one additional analyst to review the data collected, and a facilitator to conduct system mapping as recommended through the [NPCS](#).

If the above legislative request is not approved, the agency is recommending a model where agency support such as QA/CQI staff are automatically incorporated into all new agency projects.

### System Partner Involvement and Feedback Loops

The QA/CQI administrator meets on a regular basis with [AOC](#) and [FJCIP](#) staff in order to share information learned from the various reviews and provide the AOC and FJCIP staff with information regarding what data is available for them to access.

The QA/CQI administrator participates in the [FWCC](#) in order to provide perspective regarding the quality assurance activities that occur across the agency and themes and trends learned from the various QA units.

The QA/CQI administrator, Assistant Secretary of Child Welfare, Deputy Assistant Secretary of Child Welfare, and the Child Welfare Policy and Data administrator meet with [Alliance](#) staff on a quarterly basis to discuss training needs, effectiveness, and gaps in staff development.

Washington state participates in the NPCS and receives ongoing technical assistance from the [University of Kentucky](#) and [Casey Family Programs](#).

Washington state collaborates with tribal partners through the sharing of information at DCYF, tribal meetings and through collaboration with the [OTR](#). The OTR and tribal partners participate in all critical incident reviews when the child who experienced the critical incident was of Native American heritage.

The federal reporting team established a workgroup to provide data and receive feedback from parents and youth with lived experience. Once the information is received and incorporated into the CQI efforts, feedback is provided to the workgroup regarding how their information was used to improve practice efforts and outcomes for families.

## Staff and Provider Training

### *Item 26: Initial Staff Training*

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

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### Regional Core Training

The initial staff training is known as Regional Core Training (RCT) and is provided through a contract with the [University of Washington \(UW\) Alliance for Professional Development, Training and Caregiver Excellence](#) (Alliance). RCT is designed to prepare newly hired caseworkers with the basic knowledge, skills, and understanding of child welfare (CW). RCT is offered as an eight-week training offered to cohorts bi-monthly since 2019. Since this time, RCT has gone through three revisions:

- Transition to Webinar delivery (March 2020)
- Increase content around engagement, Case Planning and service options for Children and Youth (PIP Strategy 2.1, 3.3 and 3.6: June 2021)
- Incorporate Instruction of Legislative and Practice updates (July 2023)

In CY 2023, a total of 24 cohorts were offered, with cohorts beginning on the first and 16<sup>th</sup> of every month. A total of 404 DCYF trainees were registered to participate in RCT (Jan. 1, 2023 – Dec. 16, 2023) and 373 completed the course at the completion of their cohort calendar (completion of the Dec.16, 2023 cohort occurred on Feb. 28, 2024). Some common reasons that participants do not complete the foundation training are:

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

In addition to this, in CY 2023, DCYF saw an increased number of participants from non-case carrying positions. These participants, with the agreement of their chain of command, had training plans that were tailored to their learning needs and as a result they did not complete RCT, but their respective training plan.

### RCT Evaluation

RCT Participants are administered an evaluation at the completion of the RCT Cohort Calendar. Among 155 (response rate= 42%) survey participants, the average rating of the extent to which RCT contributed to the development of the following 12 learning objectives was 4.7 out of 6.0 on a scale for which one was *strongly disagree* and six was *strongly agree*.

RCT learning objective	Avg
My ability to gather necessary information to assess risk and safety in an Initial Face to Face (IFF) or Health and Safety (H&S) visit with a child.	4.9
My ability to engage adults to gather assessment information during adult interviews.	4.9
My ability to use the Child Safety Framework and SDM Risk Assessment to articulate threats to child safety.	4.7
My ability to partner with families in the development of their case plans.	4.7
My ability to use the case planning guide for in-home and FAR cases.	4.4
My ability to make referrals for community-based and contracted resources for a variety of family needs.	4.1

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RCT learning objective	Avg
My ability to assess when a child or youth requires care coordination for complex needs (through Coordinated Care).	4.1
RCT gave me ideas or skills to engage parents and children using a trauma-informed approach	4.8
RCT effectively explained the benefits of using the child Safety Framework to support consistency and equity in case outcomes.	5.0
RCT helped illustrate the importance of equity and cultural humility in case planning and practice.	5.1
RCT effectively explained the importance of supporting families in developing their own case plans.	5.0
RCT helped me identify steps to meet the developmental, behavioral, and mental health needs of children and youth I work with.	4.6
<b>Total Average</b>	<b>4.7</b>

RCT Skills Building Sessions

In March 2022 – June 2023, RCT participants who were Social Service Specialist (SSS) 2s and SSS 3s and case carrying (Child Protective Services (CPS), Family Voluntary Services (FVS) or Child and Family Welfare Services (CFWS)) were required to complete four skills building sessions with an Alliance Coach or Facilitator. These sessions occurred either in the field or virtually with the learner 1:1 at 30, 45, 60 and 90 days following the completion of the eight-week training course. Topics identified for focus of these sessions were, Organization and Prioritization, Safety Assessment and Planning, Recommendations for Family Time, and Program Specific Assessments. The sessions focused on the assigned cases of the learner and were guided by their caseload needs with the assurance that the four identified topics were addressed in at least one session. These sessions were offered to other RCT participants when not required. Although when not required it did not impact the completion of the RCT training. For the SSS 2s and 3s required to complete the coaching sessions, their foundation training was incomplete until the completion of the additional sessions. For some new learners this created a “in training” period of five months.

In CY 2023, 179 participants completed the RCT Skills Building Sessions, and 40 (22%) gave feedback on their experience of skill acquisition sessions.

RCT Skill Acquisition Sessions	Avg
The coach tailored the coaching session to my knowledge level.	5.5
The coach demonstrated in-depth knowledge of the subject.	5.6
The coach gave examples of how to use the new ideas, skills, and strategies.	5.6
The coach provided feedback that was helpful to my learning.	5.3
The coach used the session time well.	5.4
<b>Total average</b>	<b>5.5</b>

Foundation of Practice Modules and Shelter Care Simulation

Beginning with the June 16, 2023, RCT cohort, all CPS, FVS, and CFWS SSS 2s and 3s were also required to complete the Foundation of Practice Modules and the Shelter Care Hearing Module approximately

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two months after their completion of RCT. Learners were enrolled directly from their RCT cohort into a corresponding regional offering of these trainings. All RCT learners were offered the opportunity to participate in these training sessions. While these trainings did not delay the completion of RCT they were intended to deepen the learning from RCT.

These trainings were offered to small regional groups with the support of regional Quality Practice Specialists (QPS), a local Assistant Attorney General (AAG), and a Judicial officer. The first day of training was often facilitated by an Alliance facilitator and a regional QPS; the second day consisted of a Shelter Care Simulation and a debrief. The Judicial officer and AAG offered feedback to participants from the legal perspective and the facilitator or coach offered a debrief using the Debriefing with Good Judgment model and focused not only on knowledge but also skills and behaviors associated with testimony.

In CY 2023, 77 participants completed the course, and 56 (73%) completed the course survey. Learner experience items were rated on a six-point scale, where one is strongly disagree and six is strongly agree. The average rating across ten items was 5.3 out of 6.0. The two highest rated items were related to the safe space created for active learning (5.7) and the feedback given in the debrief (5.8), while learners gave the lowest rating regarding their experience developing the dependency petition (4.5). In comments many learners indicated that they were challenged in preparing for simulation due to the amount of information in the discovery packet.

Foundations of Practice	Avg
I can use descriptive and behaviorally specific language to describe the risk of imminent harm to the child	5.1
I can describe in detail the efforts made to keep the children safely in the home to prevent placement in out-of-home care.	5.3
I can articulate the efforts to engage kin in order to keep families together and mitigate the harm of removal	5.3
Developing a dependency petition supported my ability to provide testimony in the simulation	4.5
The Alliance facilitator helped to create a safe space for active learning and reflection in the simulation	5.8
The simulation experience felt realistic.	5.0
The legal partners gave helpful feedback on how to improve testimony skills	5.6
The Alliance facilitator gave constructive feedback in the debrief	5.7
The Alliance facilitator encouraged discussion on how to improve testimony skills	5.6
Overall, this training supported my preparedness to testify at shelter care hearings	5.4
<b>Total average</b>	<b>5.3</b>

#### RCT Redesign/ Workforce Core Design

In July 2021, the Alliance contracted with [Capacity Building Center for States](#) to do a [third-party evaluation](#) to assess the structure, curriculum format, and the design of RCT that provided objective recommendations that support adult learning theory, establishes advanced preparation for foundational learning, ensures experiences in what is taught, and integrates values in the lessons. A report was completed November 2021 providing guidance and direction for re-visioning the workforce core

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training. In collaboration with DCYF an activities charter was drafted which memorializes process and direction on workgroup structure, roles and responsibilities for projects moving forward. In partnership with CW and the Licensing Division (LD), community partners and individuals with lived experience, the Workforce Core Project began in November 2022 and continued through CY 2023.

The Workforce Core Curriculum pilot began Jan. 1, 2024: Workforce Core - a 13-week course for new SSSs is a total of 416 hours of training. This training is delivered in four blocks, Foundation, Engagement, Assessment and Case Planning and Service Delivery. This pilot ran in conjunction with several RCT Cohorts and there is data being collected to compare the learning gains across both trainings to support the revisions of Workforce Core.

LD foster care staff are onboarded, trained, and supported in a collaborative effort by LD Workforce Development Team (WDT) and the [Alliance](#). Presently, Alliance continues to provide pre-service foundational public child welfare training, known before as RCT and is now Workforce Core Training to staff hired from outside the agency. The LD WDT supports licensing staff with position-focused and needs-driven onboarding and training.

#### Licensing Division Customization of RCT

LD foster care staff are trained by the [Alliance](#) for onboarding and ongoing training needs. The LD WDT establishes relevant training options to the licensing functions required in position descriptions for all Foster Care Licensors, Home Study Specialists, Regional Licensors, Caregiver Engagement Unit (CEU), LD/CPS Investigators, and Safety and Monitoring (SAM) Licensors.

In Spring 2020, an initial assessment of the Alliance's professional development training supports was conducted by the LD WDT to ascertain the efficacies of meeting position specific professional competencies required for LD staff. An analysis of the RCT sessions resulted in the conclusion that there is a need for a customized approach for LD staff participation in the series. Each LD program was analyzed and customized to prioritize the job duties with attendance in RCT. Additionally, LD WDT partnered with the Alliance and the DCYF State Training team to develop a course in the Washington State Learning Center. This would ensure that LD participants in RCT received training certification for the customized program approach and used their time more efficiently in training attendance. WDT will continue to evaluate the customized approach and build onboarding curriculum for all LD programs.

WDT works closely with supervisors and their newly hired staff to offer an equitable onboarding experience and to successfully register staff. WDT also provides an onboarding lead who meets with the supervisor and new employee to connect them with resources and relevant training options required by the new staff's position description. LD seeks to fully equip, strengthen, and establish its workforce with consistent practices focused on continuous improvement of services to children, youth, and families, and strives to ensure new employees are set up for success.

LD Program Specific RCT Hours

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Total Training Hours
SAM	24	16	12	9	3	0	0	12	76
LD/CPS	24	18	20	9	3	0	3	12	89
RL	24	12	20	9	3	0	0	12	80
Assessment	24	22	12	15	3	6	0	12	94
KCEU/KNU	18	18	6	9	3	0	0	12	66

Foundational Learning and a Training System

During CY 2023, the [Alliance](#) was working to define the training system to better serve DCYF Staff and caregivers.

Foundational learning is designed to prepare learners with the basic knowledge, skills, and understanding of their roles. These trainings enable individuals to meet standards for their roles and they help meet mandatory on-going professional development requirements.

In general, foundational learning comprises cohesive developmental curricula in which knowledge and values are broadened and deepened. Learners are introduced to the skills necessary to engage in the responsibilities required of their role. Foundational learning provides participants with blended learning opportunities, including classroom instruction, reflective activities, and skill-based practice opportunities.

These learning opportunities are active, interactive, and collaborative and they support the early transfer of learning from classroom-based instruction to direct application of skills.

In CY 2023, all Core trainings and several trainings that had previously been defined as in-service courses were reclassified. Under the new training system, which includes the organization of learning activities for staff, all of the CW program specific mandatory courses now fall under foundational learning versus continued learning.

Initial Staff Training for Tribal Staff

The [Alliance](#) is committed to providing training for the 29 federally recognized Indian tribes of Washington state, as well as any caregivers, caseworkers, administrators, or other staff necessary to understand the needs of tribal communities and Indian children. Tribal caseworkers are encouraged to attend any available training alongside DCYF caseworkers and supervisors. This area was identified as needing improvement in the 2018 Child and Family Services Review (CFSR) to ensure that caseworkers have adequate knowledge and skills for their respective positions.

Initially, tracking tribal staff participation occurred manually due to limitations with the Learning Management System. This has since changed with the transition to a newer system called Ethos. The Alliance encourages tribal participants to create profiles, but there are many times when training is provided without this step. Below is a chart that reflects the number of tribal participants for not only

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initial training for workforce, but across the continuum. The Alliance would like to explore developing core training specifically designed for tribally employed child welfare staff and providing evidence-based courses for tribal communities.

Tribal Participants												
	FY19_Q1	FY19_Q2	FY19_Q3	FY19_Q4	FY20_Q1	FY20_Q2	FY20_Q3	FY20_Q4	FY21_Q1	FY21_Q2	FY21_Q3	FY21_Q4
	July - Sept 2018	Oct - Dec 2018	Jan - Mar 2019	Apr - Jun 2019	July - Sept 2019	Oct - Dec 2019	Jan - Mar 2020	Apr - Jun 2020	July - Sept 2020	Oct - Dec 2020	Jan - Mar 2021	Apr - Jun 2021
RCT												
Caregiver Core Training ISS			3	1	1	1	1	4	1	4	3	1
KCT												
In Serv/ Cont. Lear	2	1	1	2	1	9	7	12	88	4	27	46
Coaching												

Tribal Participants											
	FY22_Q1	FY22_Q2	FY22_Q3	FY22_Q4	FY23_Q1	FY23_Q2	FY23_Q3	FY23_Q4	FY24_Q1	FY24_Q2	FY24_Q3
	July - Sept 2021	Oct - Dec 2021	Jan - Mar 2022	Apr - Jun 2022	July - Sept 2022	Oct - Dec 2022	Jan - Mar 2023	Apr - Jun 2023	July - Sept 2023	Oct - Dec 2023	Jan - Mar 2024
RCT		1	1	6			1	5		3	
Caregiver Core Training ISS	3	2	2	8							1
KCT					4	7	8	7	4	1	8
In Serv/ Con. Lear	12	21	52	33	22	44	42	25	14	16	17
Coaching	2	1									

In late 2020, the Alliance established an internal Indigenous Child, Youth, and Family (ICYF) Wellness group to help gain a deeper understanding of the impacts of colonization on family-serving organizations and how Indigenous peoples and communities experience these impacts. The ICYF Wellness group prioritized effective engagement with Indigenous communities and building allies with and within child, youth, and family-serving organizations in Washington. Through these efforts, the Alliance began meeting with the Office of Tribal Relations regularly, brought together a Tribal Guidance group for curriculum development, and connected with partners at the University of Washington School of Social Work to ensure Indian Child Welfare Act (ICWA) training is provided to bachelor’s and master’s level social workers in preparation for entering the workforce. This work continues to strengthen training for both tribal and DCYF staff.

The Working with Qualified Expert Witnesses (QEW) in Support of ICWA training was developed by the [Whitener Group](#) and offered Spring 2021. In partnership with the [National Indian Child Welfare Association](#) (NICWA), the training was developed to ensure continued support in identifying QEW testimony. Evaluation surveys from the 2021 offerings had a response rate of 68% (n=19). The total average rating of the course, based on a five-point scale was 4.0 out of 5.0. Learners were more likely to agree they could distinguish between a witness for the tribe and a QEW (4.2), as compared with survey statements about opportunities to practice skills in the class (3.7) and their ability to answer questions an attorney may ask them as a QEW (3.7). This data suggests that learners could benefit from more practice testifying.

The Alliance is partnering with the [Office of Tribal Relations](#) (OTR) to revise training to support the needs of tribal members and communities. The revised Comprehensive Qualified Expert Witness Training will be launched in June 2024 to Tribally Contracted QEW’s and those staff identified within DCYF.

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Alliance Inclusive Practice team members participated in the Tribal Policy Advisory Committee, including the Tribal-State Work Group and Indian Child Welfare (ICW) sub-committees. This provided invaluable insight into the specialized needs of tribes and allowed for collaboration on how to move forward in addressing tribal sovereignty and self-determination within training. The Alliance participated in policy revisions, preparing, and planning for training on revisions, and responding to impacts to practice and curricula. Training is scheduled throughout the state, and 58 sessions will be offered by June 30, 2024.

### Home Study Training Track Sessions

In July 2023, there was a reorganization within LD that impacted the Foster Care section. With this reorganization, Regional Licensing was absorbed by Foster Care, which required a fourth day to be added to the established three-day Home Study Track Training. This updated Home Study Track Training is now called Kinship and Foster Licensing Track Training. Track Day 4 is dedicated to Regional Licensors who are in the process of learning their job duties. Since July 2023, there have been two four-day Kinship and Foster Licensing Track Trainings. In October 2023, the first training session was held for DCYF employees only and included Assessment and Regional Licensors. In March 2024, the training session included some of DCYF LD Child Placing Agency (CPA) partners. There were five tribal CPA partners and three non-tribal CPA partners.

The objectives of the learning sessions were for LD staff and CPA licensors to:

- Gain an understanding of DCYF's [mission, vision, and values](#).
- Gain an understanding of their role as it relates to [RCW 74.15.050, Policy and Procedure 5100](#) and [WAC 110-148](#) Licensing Requirements for Child Foster Homes.
- Develop a foundational understanding of LD workflow, systems, and logistics as they relate to LD

### Home Study Performance Goals and Process

- Realize the importance of critical thinking, examining the evidence, bias awareness, shared decision making, and assessing caregiver competence through a racial equity and cultural humility lens.
- Understand how to mitigate risk using a strengths-based approach to support accurate identification of a family's needs, risk factors, strengths, resources, and goals.
- Gain knowledge of tribal sovereignty, disproportionality in the systems, and how bias may influence decisions when working with Native American families in the home study process.
- Understand LGBTQIA+ youth and how to support them in the home study process.
- Understand conceptual changes toward cultural, relational, and legal permanency.
- Engage with staff, caregivers, informational technology trainers, and legal experts involved with DCYF LD home study assessments.
- Develop partnership and integration between DCYF LD, Child Welfare Division, Regional Licensing, SAM, Interstate Compact on the Placement of Children (ICPC) and Foster Parent recruitment and retention programs.
- Quantitative and qualitative feedback is collected after each training session. Participants continue to share the training is positive overall, with specific emphasis on the guest panels

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and the guest speakers for LGBTQIA+, Tribal Relations, Suitability Assessments, ICPC Process, and the Legal Overview. There continues to be feedback regarding needing more time for conversations and being able to get questions answered. All training sessions are in-person since June 2022.

WDT collaborated with hiring supervisors and staff within LD to customize training checklists tailored to role-specific needs to support job requirements and professional development. These resources help staff keep track of the training they completed during their first six months of employment.

Other supports include but are not limited to, an outline of state and LD required trainings, Workforce Core Training supports for LD staff, eLearning through WSLC, instructor webinars, and Alliance courses. Community-based training opportunities, tip sheets related to writing skills, and managing priorities were also provided to staff. Supervisors, as well, can access a library for onboarding resources for all programs across the division compiled on the DCYF LD SharePoint site. Within just the Assessment program, between July 1, 2023, and March 18, 2024, there were 15 contacts with supervisors for the purpose of providing resources to help them onboard their new employees.

#### Training Evaluation

[Partners for Our Children](#) (P4C) at the [University of Washington, School of Social Work](#) is the evaluation partner for The [Alliance](#). The training evaluation approach is informed by implementation research, recognizing that improved client outcomes are impacted by the competencies of the workforce, organizational drivers (such as data systems and administrative support), and agency leadership.

#### Supervisor Core Training

Supervisor Core Training (SCT) is administered through [UW](#), The [Alliance](#) and is Washington state's foundational training designed to prepare newly hired supervisors and more recently, Social Service Specialist 4s, with the basic knowledge, skills, and understanding to enhance and grow their careers in child welfare. SCT focuses on helping supervisors understand the importance of their role in supporting staff and CW work using reflective supervision by developing Learner Centered Coaching (LCC) skills they can use with staff.

SCT includes 112 hours spread over five months. The design of SCT is divided into three parts. Each new hire will be able to begin part one on their first day in their new position. Each part of SCT runs consecutively. Upon completion of part two, the new supervisor will receive coaching and professional development support as needed. The goal for completion of all three parts is within 12 months from the date of hire.

The three sections of SCT are broken down as follows:

- **Part 1:** The new hire begins with eLearnings with a focus on LCC, FamLink, Administrative Incident Reporting System (AIRS), Aiden's Act, personnel files, and everyday leadership. If time allows before starting part 2, this is a great opportunity for the new hire to develop skills in leadership-focused training outside of SCT by attending the in-service training in their program area or connecting with a coach for 1:1 support.
- **Part 2:** Webinar/classroom training are the focus of this section and include team-based

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activities and simulations. It is important that the new hire completes part two in the same cohort, both to support team dynamics and to move toward completion efficiently, since part two only runs one time per quarter over the fiscal year.

- **Part 3:** The supervisor conducts a coaching session during an already scheduled supervisory review and receives coaching. Coaching is based on the individualized need of the learner.

SCT helps DCYF supervisors gain valuable skills such as coaching with their staff and understanding specific performance measures.

SCT is focused on measurable outcomes that are broken down into knowledge, skill, and value learning objectives and covers topics including:

- Becoming a supervisor
- Workload and caseload management
- Navigating FamLink for effective supervision
- Supervising with data
- Elements of administrative supervision
- Burnout prevention and conflict management
- Building and facilitating effective teams
- Role of the supervisor in critical incidents and AIRS
- Professional Ethics
- Talent Management
- Elements of clinical supervision
- Self-care
- Secondary trauma
- Partnership with peer support
- Supporting individual wellness of supervisees
- ICW government to government
- Increasing safety decisions
- Quality matters engagement

In Spring of 2024, the Alliance began a workgroup with DCYF members to begin revisions to SCT. The workgroup will meet monthly to discuss updates based on legislative mandates such as Family First Prevention Services Act (FFPSA), [HB 1747 Child Welfare Proceedings—Relative Placements](#), [HB 1227 Keeping Families Together Act](#), ICW policy updates, and increasing Motivational Interviewing throughout.

[P4C](#) sends survey reminders to course facilitators to prompt participants to complete end of course surveys. There was no SCT survey data received in CY 2023. There is evidence from CY 2022 that supervisors sometimes open the survey but do not complete it. P4C is working with the Alliance QA manager and project leads to promote survey administration within courses with the goal of increasing feedback, especially for courses and programs where evaluation data is missing or consistently low.

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### Area Administrator (AA) Core Training

Area administrators (AAs) need to achieve competency in understanding child welfare practice as well as in the higher levels of systems management. This training provides AAs with an introduction of baseline competencies for middle managers in CW, and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems, and managing outward are the four main themes integrated throughout the training.

In addition to AA Core, AA's can participate in Quarterly Reflective Supervisor meetings to enhance their LCC skills, which is an on-going professional development opportunity that was developed as part of DCYF's performance Improvement plan (PIP). Coaching is available on request.

AA Core training is provided by a contracted facilitator who has taught the course for the past ten years. The [Alliance](#) will be consulting with DCYF in SFY 2025 to discuss possible revisions to the course based on new legislation and policy changes.

In CY 2023, the Alliance provided two virtual AA cohorts. The first cohort had three registrations with two completions. The second cohort began in CY 2023 but was completed in CY 2024. It had eight registrations with seven completions. A total of 10 AAs completed the AA Core Training course. Among four individuals who completed surveys regarding AA Core, they gave the highest ratings of 6.0 out of 6.0 regarding the learning experience and facilitation of the course. They appreciated the opportunity to discuss examples with direct application to their roles.

### Kinship Caregiver Engagement Unit (KCEU) and Kinship Protocol Training

In October 2020, DCYF LD launched the Kinship Caregiver Engagement Unit (KCEU) pilot in Regions 1 and 2. As the KCEU has continued to expand across the state, the LD WDT launched two virtual training courses in March and October 2022 when additional regions were added to the program. The training learning objectives derived from the Kinship Protocol were:

- Understand the purpose of the different components of completing a home study application packet for kinship families.
- Explore and understand active engagement with families, and the child's caseworker, through partnership and positive communication tools.
- Understand the difference between a licensed versus unlicensed home study.

The training presenters included program leadership, KCEU specialists, and LD WDT members to fully inform new KCEU hires of their job duties and have a foundational knowledge of the purpose and benefits of kinship care. A training focus also highlighted the importance of early support and engagement with kinship caregivers which leads to timely permanency for children in care. Training emphasis was given to active engagement efforts with families from diverse cultures and communities by demonstrating cultural humility and competency through their services.

During this time, in an effort to streamline and improve processes between the Home Study Assessment Units and KCEUs, LD WDT interviewed staff working in both programs. The goal of the interviews was to seek feedback around practice or communication successes and identify areas of improvement. This

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information was shared with program and division leadership for decision-making and practice improvements.

Multiple learning modes were used in training to enhance the learner's experience including videos, testimonials, chat features, Miro, small group discussions, resource packets, and live question-and-answer sessions. As a result of the early pilot work in KCEU, DCYF has seen an increase in kinship licenses. Additionally, there is a shorter completion rate and timeliness of the home study process.

### Child-Specific License

[SB 5151: Child Specific License](#) was approved through the legislative session in 2021. The bill aims to support kinship caregivers in obtaining foster care licensure for kin child(ren) placed in their home. The LD WDT developed and implemented a two-hour webinar training for the child-specific license that was delivered on July 21, 2022. There were 247 LD participants from Assessment, SAM, Regional Licensing, and KCEU programs. This training was developed to prepare and educate staff to meet the policy and practice for the child-specific license.

The objectives of the learning session were to:

- Become aware of changes in [RCW 74.15.125: Probationary licenses—Child-Specific licenses](#).
- Understand why changes were made.
- Gain an understanding of Washington Administrative Code ([WAC 110-148-1326; Can I get a license to care for a specific child, and what are the requirements?](#))
- Become Familiar with the changes in:
  - [DCYF Policy 5110](#). Completing the Home Study
  - [DCYF Policy 5120](#). Licensing State Foster Homes
- Understand the practice memo; Child Specific Licenses that outlines the process and procedures.
- Understand the non-safety exemption and how to mitigate risk using a Strength-Based approach to support accurate identification of a family's needs, risk factors, strengths, resources, and goals. Become familiar with the child-specific license in FamLink. Realize the importance of critical thinking, examining the evidence, bias awareness, shared decision-making, and assessing caregiver competence through a racial equity and cultural humility lens.
- Understand LGBTQIA+ culture and the importance of affirming care in the child-specific license home study process.

Quantitative and qualitative feedback from participants on the child-specific license training was positive overall. Participants indicated the training was informative and engaging. Most reported they had the knowledge to implement the new child-specific license, understood the legislative changes, and were familiar with the new WAC. Although the training was rated positive overall, participants indicated a need for more time allocated and to have specific situations and questions answered during the allotted time.

The child-specific license was implemented on Aug. 1, 2022, resulting in an increase of over 9% of homes licensed for a specific child by December 2023.

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*Item 27: Ongoing Staff Training*

DCYF has a Title IV-E partnership through the [UW, the Alliance](#) to provide continued learning to caseworkers and supervisors. Following the completion of RCT, DCYF caseworkers must successfully complete specific training within the first and second years of employment. Additionally, existing caseworkers and supervisors must complete program specific training within one year of transferring to a new position. [DCYF's training policy](#) identifies which training is required based on an employee's program and position. All training registrations and completions are tracked through DCYF's learning management system.

There is not a required number of training hours designated for each employee, but required courses are identified through the training policy. The Alliance facilitators leading Workforce Core (WFC) cohorts provide a written training plan to new employees and their supervisors upon completion of WFC. DCYF supervisors are responsible for managing an employee's required training. Additionally, the Alliance is now offering Continuing Education Units (CEUs) for some topic specific courses that enhance social service specialists' or supervisors' knowledge and skills. Courses available for CEU credit are approved by DCYF.

The Alliance offers training through multiple modalities including a traditional classroom setting, webinar, and eLearning. In CY 2023, DCYF workforce completed 2,567 in-service trainings and 5,950 eLearning trainings. Supervisors have access to staff training records and are required to review their staff's training annually during their Performance and Development Plan to ensure that mandatory training requirements are met. Development of new continued learning training is assessed for priority based on new or updated policy, legislative mandates, or lawsuits. Continued learning courses are developed to meet the emerging needs of the CW workforce. Alliance courses are reviewed annually to ensure that outdated training is archived. Each new or updated continued learning training is managed and tracked by the Alliance. New courses are developed through a workgroup process involving Alliance Development and Facilitation Specialists, DCYF subject matter experts, and evaluation partners. Often, new training workgroups include external system partners involving persons with lived experience, tribal members, partner agencies, and caregivers.

New workforce training released in CY 2023 included:

- Intake in-Service
- HB 1227 Shelter Care Hearing & Court Simulation
- Facilitated Cohort Learning Session to Support Motivational Interviewing (MI)
- Facilitated Cohort Learning Session to Support Family Assessment Response (FAR)/Family Voluntary Services (FVS) Case Plans
- Supporting Children's Mental Health in CW

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In addition to newly released courses, a significant amount of time was designated to the development of the new Workforce Core and updating continued learning classroom courses to meet new legislative mandates and reflect policy updates. The Alliance worked closely with safety managers at DCYF to ensure courses were focused on assessing child safety through use of the [Child Safety Framework](#) and Structured Decision Making - Risk Assessment tools. Courses reviewed and updated were:

- Child Protective In-Service (course review in process)
- Infant Safety Period of Purple Crying
- Infant Safety Plan of Safe Care
- Infant Safety Assessing the Environment
- Legal Day in RCT (HB 1227 and working with adults with developmental disabilities)
- Assessing Safety Beyond Removal: Family Time and Conditions for Return Home

#### Workforce Continued Learning Training and Coaching Evaluation

In this reporting period, [P4C](#) redesigned participant surveys to include updated survey items and rating scales. The new survey items draw from research literature on best practices in virtual adult learning environments, and findings in earlier surveys. The rating scale for closed ended items changed from a five-point to six-point Likert scale. A six-point scale offers more sensitivity and removes the option to select a neutral rating.

In response to new dependency shelter care standards, a simulation course was offered in partnership with DCYF, judicial officers, and attorneys. Among 274 staff who completed the course, 93% responded to surveys. Across nine learner experience items, the average rating was 5.2 out of 6.0. In open ended comments, learners valued learning from judicial officers and attorneys and suggested narrowing the scope of case material included in the discovery packet which is assigned as reading prior to the course.

Shelter Care Simulation	Avg
The pre-brief helped me to feel grounded for the simulation experience.	4.8
The Alliance facilitator helped to create a safe space for active learning and reflection in the simulation.	5.6
The simulation experience felt realistic.	4.8
The legal partners gave helpful feedback on how to improve testimony skills.	5.4
The Alliance facilitator gave constructive feedback in the debrief.	5.6
The Alliance facilitator encouraged discussion on how to improve testimony skills.	5.6
The pacing of this training gave sufficient time for practicing skills, receiving feedback, and answering questions.	5.0
Overall, this training supported my preparedness to testify at shelter care hearings.	5.1
If offered, I would participate in future simulations.	4.9
<b>Total</b>	<b>5.2</b>

The [Alliance](#) launched a new eLearning as the first phase of an ICW policy update. Staff from all levels of DCYF are required to complete the eLearning as a prerequisite to a training planned for CY 2024. By the end of 2023, 1079 staff had completed the course and evaluation survey ratings (response rate=18%) averaged 5.2 out of 6.0 for items such as: relevance to learner’s role, new knowledge gained about

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Indian Child Welfare policies, motivation to put knowledge into practice, ease of navigation through the eLearning, and inclusion of people with lived experience.

Across 23 other continued learning courses and 563 surveys (weighted average response rate= 32%), the average participants rating for learning experience items was 5.4 and for course facilitator was 5.6 based on the six-point Likert scale.

Course title	Response rate	Learner Experience rating	Facilitator rating
Advanced Microaggressions for Supervisors: Guiding Staff Through Cultural Conflict	19%	5.3	5.4
After Hours Module 1: Child Safety	30%	5.7	5.8
After Hours Module 3: Maltreatment and Placement: Neglect and Sexual Abuse	12%	5.5	6.0
Assessing Safety Beyond Removal: family time and conditions for return home	69%	5.4	5.7
CFWS in-service	7%	5.3	5.3
CPS in-service	10%	5.6	5.8
Domestic Violence in Child Welfare	6%	5.1	5.1
Family Voluntary Services In-Service	17%	5.2	5.7
Harm reduction	41%	5.4	5.6
Identifying and supporting commercially sexually exploited children (workforce)	12%	5.1	5.1
Impacts of parental mental health on child safety	12%	5.8	5.9
Infant Safety: Assessing the infant's environment	48%	5.7	5.8
Infant Safety: Period of PURPLE crying	41%	5.7	5.8
Infant Safety: Plan of Safe Care	37%	5.4	5.7
Informing Decisions Through Critical Thinking	24%	4.7	4.6
Racial Microaggressions: developing cross cultural communication skills	40%	5.4	5.2
Right response level 3	7%	5.0	5.7
Secondary trauma: impact and solutions	38%	5.1	5.4
Suicide prevention LEARN by forefront for workforce	88%	5.3	5.5
Supervisor Readiness	40%	5.6	5.5
Supporting LGBTQIA+ Children, Youth and Families	13%	5.4	5.4
Supporting Children's Mental Health in Child Welfare	6%	5.6	6.0
Trauma Informed Engagement	40%	5.6	5.7

### Learner Centered Coaching (LCC) for Supervisors and Area Administrators

The Alliance supports DCYF supervisors and AA's by providing evidence informed [LCC Model](#). LCC aligns well with the agency priorities identified in the PIP by incorporating reflective supervision and targeted action planning with staff to promote critical thinking, increased competence, and confidence in child

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welfare practice. Coaching is an important part of a braided strategy to support improvement related to child safety, permanency, and well-being.

In 2022, LCC was incorporated into SCT and in 2023 the course was offered two times as a stand-alone training with a total of three completions. This was offered primarily to Social Service Specialist 4s and supervisors who were not required to take SCT. The stand-alone LCC course consists of five three-hour webinars that include specific skill development opportunities with feedback, as well as follow-up coaching activities to support the integration of coaching into leadership practice.

Alliance coaches continue to facilitate quarterly reflective supervisor and AA workshops. Upon completion of LCC, supervisors and AAs are invited to attend the sessions. The focus of the session is for supervisors and AAs to work collaboratively with their peers to celebrate the successes and discuss any barriers they may be experiencing as they continue to implement coaching with their staff. The groups also identify coaching skills they want to work on within the group. Workshop materials such as handouts and video demonstration of coaching skills are developed by the Alliance to enhance and support the use of coaching skills. In 2023 there were six reflective sessions held with 18 participants attending. The average group attendance was three.

#### Alliance Coaching

Coaching sessions are an effective method in responding to and providing immediate attention to the DCYF workforce. In CY 2023, the Alliance provided 416 hours of coaching outside of RCT Skill Acquisition. Coaching sessions occurred virtually and in-person with an average of 1.4 hours spent per learner. In CY 2023, the Alliance provided 140 hours of coaching to DCYF supervisors.

The Alliance currently offers individual skill development opportunities such as:

- Coaching for Ad Hoc Needs
- Coaching for Assessment
- Coaching for Organization and Case Prioritization
- Coaching for Child Safety Throughout the Life of a Case
- Coaching for Indian Child Welfare: Working with Tribes and Tribal Families
- Coaching for Permanency
- Coaching for area administrators and supervisors

In CY 2023, the Alliance coaching team joined forces with DCYF's [FFPSA](#) team to support the integration of MI into nine early implementer offices across the state. The coaches collaborate with the FFPSA staff to provide Motivational Interviewing Competency Assessment coaching to case carrying staff who completed the introduction and advanced MI training. Staff must have at least two direct client interactions coded to fidelity using the assessment tool to achieve proficiency in identified MI strategies. MI is identified as an evidence-based practice by the [Title IV-E Prevention Services Clearinghouse](#).

#### Diversity, Equity, Inclusion (DEI) Inclusive Practice

The Alliance established the Inclusive Practice team. This team consists of four Development and Facilitation Specialists: two dedicated to ICW and two focused on DEI, with support from the Excellence

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in Curriculum Lead and supervised by the Director of Equity and Belonging. In addition to developing curricula and facilitation, this team has provided internal support for professional development, collaboration, and recommendations, complementing the work of the overall organization and increasing actions that support anti-racist and anti-oppressive practices. By embracing inclusiveness, the Alliance fosters a sense of belonging and provides opportunities for growth and development for all individuals involved.

#### Inclusive Practice Program

The Inclusive Practice Program will be expanded to comprise a team of five Development and Facilitation Specialists who will provide curriculum development and facilitation for courses that support anti-racist, culturally relevant, and trauma-informed service for those caring for and serving families and communities. This program will champion foundational, continued, and leadership courses that support socially and racially just practices and engagement using an anti-racist and decolonized framework for teaching and learning, complementing the UW/DCYF Partnership. The Inclusive Practice Team will share responsibility for coordinating efforts to address the training and skill-developing needs of learners within the partnership, in addition to the larger community.

The program will offer courses tailored to the needs of CW professionals working on and within tribal land and those charged to reduce racial disproportionality. The Inclusive Practice Program sustains staff seeking learning and development in courses that address cultural humility, understanding tribal sovereignty and the foundational underpinnings of the ICWA, as well as anti-racist and anti-oppressive practice, accountability, and bystander intervention. The courses will cover transferable skills that symbolize a learner's investment in listening and learning how to partner, challenging heteronormative assumptions in support of the people and communities served. The courses will cover a range of topics, including:

- Social identity and community
- Indigenous practice and Indian child welfare content
- LGBTQIA+
- Cultural responsiveness
- Recognizing privilege and impacts as related to child and family outcomes
- Inclusive practices
- Redistribution of power in child welfare practice
- Leading with equity and justice
- Intersectional approaches, justice frameworks, and liberation
- Focus on structural barriers or inequities
- Amplifying experiences of minoritized, oppressed children, youth, families, and community members

#### Child Welfare Training and Advancement Program (CWTAP)

CWTAP (Washington State's Title IV-E Education program) is administered through three universities - [UW](#) , [University of Washington Tacoma](#) (UW Tacoma), and [Eastern Washington University](#) (EWU). CWTAP currently offers tuition assistance and educational support and mentoring to both Bachelor of

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Arts in Social Work (BASW) and Master of Social Work (MSW) students. All three universities work in partnership on the administration and oversight of CWTAP. They share the same marketing material, application and interview processes, and join together yearly to host a professional conference “for students, by students” called the Student Institute. This partnership amongst the universities has proven to work well.

The annual CWTAP Student Institute convened on Feb. 16-18, 2024, which brought students together (in-person) from the three partner universities. Students gained experience presenting at a conference, hearing from leaders in CW, and networking with their peers from across the state. The 2024 Student Institute included 110 MSW students, 14 BASW students, plus staff, faculty, presenters, and keynotes.

Historically, CWTAP was offered to MSW students seeking a career in public child welfare, however, in 2023 it expanded to include BASW students in their senior year. It operates the same as the MSW CWTAP. The BASW CWTAP provides students with tuition assistance for their senior year, educational support, mentoring, and a practicum at a DCYF CW office. In return, upon graduation, students work for DCYF CW as a Social Services Specialist 1 (or higher) for an equal amount of time they received tuition assistance. For the 2023-2024 academic year (the initial launch) there were 14 BASW CWTAP students. Moving into the 2024-2025 academic year, UW Tacoma and EWU will expand eligibility to include BASW students in their junior year. UW has not expanded eligibility.

In the MSW CWTAP, tuition assistance, educational support and mentoring continued to be offered to students, with placement at DCYF CW offices for their generalist and specialized practicums.

CWTAP continues to have strong partnerships with DCYF CW, the [Alliance](#), [P4C](#), tribal, and community partners. The partnerships provide students with a well-rounded education and solid preparation for public CW work.

#### Evaluation of CWTAP

Among the 65 graduates in 2023, 75% responded to graduation surveys assessing satisfaction, competencies, and preparation for work in public child welfare. Among both current and prospective employees of DCYF CW, the aspects that respondents liked best about the program were support received from peers, mentors, field instructors, and practicum placements. Many current employees also cited the tuition assistance as a strong benefit and welcomed opportunities for professional development. A suggested area for improvement was communication such as responding to questions, clarifying about tuition reimbursement, and providing updated schedules. When prospective employees were asked about their commitment to CW and their experiences during COVID-19, more than half of respondents stated the pandemic did not impact their commitment, while a few reported they felt a stronger commitment. These students shared positive comments about their remote learning experience such as flexibility, peer connections, and opportunities to balance school and personal obligations. Regarding CW competencies, both employed and prospective employees' ratings of their learning were lower as compared to ratings in previous years. A majority of prospective employee graduates felt well prepared for employment by CWTAP and committed to public child welfare practice.

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### Safety and Monitoring (SAM) Staff Training

During this reporting cycle, LD Workforce Development Team (WDT) has supported LD SAM program in their work duties by providing onboarding training and resources for new staff.

LD WDT also created and released two of four eLearning modules as part of their SAM Washington [WA CAP](#) Training Demo series that introduces SAM staff to the basic functionality of WA CAP. The SAM WA CAP Renewal Demo provides an overview of the steps and processes involved in completing a Renewal for a General Foster License in WA CAP. The SAM WA CAP Modification Demo provides an overview of the steps and processes involved in completing a Modification for a General Foster License in WA CAP. Both videos were developed following the steps outlined in the SAM Renewal Process Map and SAM Renewal Forms Chart. LD WDT will be releasing two additional training demos that provide an overview of the steps and processes involved in completing an Amendment and Change of Circumstance for a General Foster License in WA CAP. The SAM WA CAP Training Demo eLearning Modules serve to provide new and current staff with the skills and knowledge needed to carry out their duties regarding service delivery for licensing and maintaining licensed foster homes.

### Racial Equity and Social Justice (RESJ)

#### Licensing Division's Racial Equity and Social Justice (RESJ) Advisory Group

In 2023, LD RESJ Advisory Group accomplished the following milestones:

- Recruitment and hiring of an LD RESJ administrator. The LD RESJ administrator was hired to manage, guide, and direct the RESJ work specific to LD.
- Hold meetings twice monthly for advisory group members and hold monthly meetings with LD Executive Leadership Team.
- Approval of the LD RESJ Advisory Group Charter in February 2022.
- Created and led the monthly LD RESJ discussions since May 2021. These discussions always include a training and application component.
- Members of LD RESJ Advisory Group participated in the following work groups and projects as subject matter experts: DCYF Inclusive Racial Equity Change Team (DIRECT), Language Access Program workgroup, LD Strategic Plan, LGBTQIA+ Lead, Child Care Quality Assurance Council, Field Advisory Board, Binti WA-CAP, and Policy Memos.
- LD RESJ Advisory Group continues to meet regularly with Executive Leadership Team to discuss, align, and embed RESJ work in all agency systems.

#### Licensing Division RESJ Guide

In 2022, the need to provide a resource for LD leadership around leading and facilitating conversation related to RESJ was highlighted by LD leadership. Consistent themes arose from supervisors and other leaders that tools and training were needed to help supervisors and leaders effectively lead and incorporate RESJ considerations into work practices.

In designing the RESJ Guide, consideration was given to the following:

- Providing material that is both educational and provides a direct connection to staff work

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- and opportunities to participate in discussion and application activities.
- Focusing on topics and activities that are compatible with many learning styles and can be done in a variety of settings and often with limited time.
  - Acknowledging the complexity of RESJ and anti-racism work, the need to engage in this work ongoing, and that non-closure is a key aspect of the process of learning and growing in this work.

The guide is released quarterly, and three editions have been distributed. The topics for these three guides have been: an introduction to RESJ conversations, microaggressions, and types of racism. Each guide includes direction on how to engage in discussion and provides structured activities for staff to “practice” and experience how to communicate, what kinds of considerations to have in mind for their co-workers, to acknowledge the lived experience of others, and to practice humility.

#### Approaching training development with a RESJ Lens

LD’s WDT incorporates a RESJ lens in all training development, specifically addressing disproportionality in either services or inaccessibility of services the agency provides. LD WDT assesses how implicit bias may show up in work practices, explores how it may look, its impacts on children and families, and how the team might affect change. Often historical pieces need to be addressed, to acknowledge communities and groups of people who have been negatively impacted or harmed by the agency or other related systems.

This is a two-part approach: 1) to acknowledge and explore the historical impacts related to a system or practice and 2) to then explore and apply concrete ways to disrupt this pattern, alter practice, or shift approach. The ongoing goal is to expand staff knowledge and awareness along with skills related to RESJ.

#### Workforce Development Trainings

During the current reporting period (July 2023 – June 2024), WDT provided the following training to LD staff. Each of these training courses incorporated Racial Equity and Social Justice topics. They are as follows:

- Kinship and Foster Licensing Track Training – this training took place in October 2023 and again in March 2024. During these two trainings, RESJ topics were delivered to staff by teaching material that covered Tribal Relations, LGBTQIA+ Awareness, and Critical Thinking & Implicit Bias.
- Between the months of June 2023 -August 2023, the WDT rolled out two training courses: Home Study Framework and WA CAP CPA trainings.

Both training courses incorporated RESJ topics by including material on equitable assessments and outcomes, implicit bias, and relational and cultural permanency.

#### New Home Study Framework Training

In preparation for the [WA CAP](#) launch for child placing agency (CPA) foster homes, the WDT began the Home Study and WA CAP Training series in May 2023. The series consisted of functionality training of

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the new WA CAP system that was led by Binti, an instructor-led, role specific training led by WDT, and a virtual Home Study training that WDT also led.

Training aimed at educating and guiding LD regional licensing staff and the staff at the CPAs they oversee involved in the licensing and monitoring of their agency foster homes on the new tools, policies, and processes. The instructor led training opened with an introduction to the new home study framework and its emphasis on relational and cultural permanency as imperative components to legal permanency. Training laid out the four major components of the work, to expand and grow staff learning regarding: Permanency Purpose, Equitable Assessments, Strength-Based Focus and how to do the work in the new system, WA CAP.

In addition to the instructor led training, WDT hosted a webinar for both regional licensing and CPAs specific to the new home study. The training provided a complete walk-through of each section of the home study and described the use of the predictive indicators embedded into the home study, intended to identify areas that could require mitigation strategies or to alert staff to gather additional information prior to completion of the home study process.

#### eLearning for Staff

In the ongoing effort to ensure that LD staff have adequate knowledge and skills for their positions and roles, WDT continues to create eLearning modules which will become part of a series of eLearning trainings for LD foster care staff. The modules created will be used across the various foster care programs for onboarding new staff and to create consistency of practice amongst existing program staff.

Two modules were completed for new and current staff. Upon completion of the DCYF LD Preparing, Testifying, and Outcomes for Administrative Hearing legal module, LD staff will advance their knowledge with the following:

- The Administrative Hearing Process and potential outcomes.
- How to prepare as an expert DCYF witness.
- Courtroom etiquette and what to expect in a courtroom; and
- Legal terms and definitions

This course is the second session in a series of two modules to build knowledge around the administrative hearings process and to provide LD staff with foundational knowledge of how to prepare as well as what to expect as an expert or fact witness. DCYF LD FC Licensing Complaint Investigations module was the second eLearning developed to provide LD staff with the following:

- Learn the scope of DCYF LDs role in the Licensing Complaint Investigations process.
- Understand the steps to complete a Licensing Complaint Investigation.
- Become familiar with the Policies and Procedures associated with Licensing Complaint Investigations.
- Identify the difference between Valid and Not Valid findings; and
- Identify the difference between LD/CPS and non-CPS Licensing Complaint Investigations.

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These two eLearning modules were made available to new and current LD staff to help improve and maintain performance. The eLearning modules, along with other online and instructor-led training and a variety of resources created by LD WDT will support staff as they onboard or continue their professional journey with LD.

LD WDT uploaded several recorded webinars into Articulate Storyline. The webinars were uploaded to the Washington State Learning Center for new employees and LD staff unable to attend the live training sessions. Topics included:

- DCYF LD Naloxone Administration
- DCYF LD State Fire Marshall's Office Training
- DCYF LD Cross Training: Home Study Specialist and KCEU
- [HB 1227](#): Keeping Families Together Act Training
- Child Care WA Compass Training Series comprised of four modules:
  - DCYF Licensing WA Compass Basic Functionality Training
  - DCYF Licensing WA Compass Child Care Administrative Support Staff Training
  - DCYF Licensing WA Compass Child Care Licensor Training
  - DCYF Licensing WA Compass Child Care Supervisor Training
- DCYF Licensing SAM WA CAP Modification Demo for General Foster License
  - This course is designed to introduce DCYF SAM staff to the basic functionality of WA CAP and provides an overview of the steps and processes involved in completing a modification for a general foster license.
- DCYF Licensing SAM WA CAP Renewal Demo for General Foster License
  - This course is designed to introduce SAM staff to the basic functionality of WA CAP and provides an overview of the steps and processes involved in completing a renewal for a general foster license.

### Survey Monkey Evaluations

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

- Typically, there are six to ten questions in most of the training surveys. Survey questions are primarily Likert scales, matrix, open-ended, multiple choice, and multiple answers.

### Survey Responses and Feedback

Since July 2023, LD WDT sent 14 surveys to training participants for in-person trainings and webinars. LD WDT collected 170 responses and observed a 71% completion rate average on all surveys. Each survey response was analyzed to identify performance gaps, trends, and training needs. The Survey Responses by Training table shows each training course and the data captured.

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### Survey Responses by Training (July 2023 – Present)

Training	Training Sessions	Survey Responses	Training	Training Sessions	Survey Responses
WA CAP Home Study Training Follow-Up	7	32	Home Study Specialist (Fall)	1	9
RL WA CAP Training Follow-Up	7	2	Child care Leadership Training Follow-Up	1	10
CPA WA CAP Training Follow-Up	7	0	WA CAP Agency User Role	1	1
HB 1227 Keeping Families Together Act Training	1	39	DCYF Licensing Division SEEDS Program	1	12
SEEDS Program Orientation 1	1	13	Foster Care NRM	11	Awaiting survey results
Cross Training Home Study Specialist and KCEU	1	28	Kinship and Foster Care Licensing Track Training (Fall)	1	12
SEEDS Program Orientation 2	1	7	Kinship and Foster Care Licensing Training (Spring)	1	5

### Survey Highlights

There are three similar questions asked in every training survey. As noted in the examples provided, most respondents in each survey had a favorable view when answering these questions.

- “How helpful was this webinar or training...”
  - Respondents found the in-person training or webinars to be “Extremely Helpful” or “Very Helpful” 72% to 98% of the time.
- “Please rate your level of agreement or disagreement with the following statements” (e.g., expectations, effectiveness, duration of training)
  - Respondents answered “Strongly Agree” or “Agree” as low as 55% and as high as 90% with surveyed statements.
- “Rate the extent to which you agree or disagree with the following statements in regard to the learning objectives” (e.g., I gained understanding..., I learned new skills..., I gained awareness...)
  - Respondents answered “Strongly Agree” or “Agree” as low as 50% to a high of 95% with the learning objectives.

### Administrative Support Staff Framework

Based on feedback received from LD staff, the need to develop an administrative support framework was identified. It was found that administrative professional staff need tools and training to learn and

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thrive in their role as new staff. A framework that will address the need for onboarding support, policy and practice implementation, and professional development was developed.

### Ongoing Training

WDT collaborated with staff within LD to develop extended learning checklists tailored to employee needs to support job requirements and professional development. These resources will help staff keep track of the training they completed during their first six months of employment. These checklists were created for administrative support in SAM, Group Care, and Assessment programs.

#### *Item 28: Foster and Adoptive Parent Training*

### Caregiver Core Training

The Alliance continues to provide pre-service training for caregivers. All new and ongoing training is delivered virtually through webinars or eLearnings.

WDT works closely with the [Alliance](#) to create new learning opportunities for prospective and existing caregivers. The development of new eLearning modules around the use of the [WA CAP](#) are some of the newest collaborative efforts that are in progress to support caregivers. The eLearning modules aim at familiarizing current and prospective caregivers with creating a user account and logging into the portal via Secure Access Washington, understanding the online application and license maintenance process, and overall support for them in their use of this new tool.

Additionally, at the request of the Alliance, WDT recruited several LD program staff to join the “Partners in Development Team,” a working group tasked with reviewing the Caregiver Core Training (CCT) curriculum to improve inclusivity of the voice of the community. The group was comprised of CW and LD staff, foster parents, tribal and CPA partners, biological parents who have had children in out-of-home care, and other lived experts. The group worked together to inform the priorities and content that is taught to new caregivers as they work toward a redesign of the CCT.

Online Caregiver Core Training (CCT) comprise of eight comprehensive sessions accompanied by a flexible field experience component, allowing participants to engage at their convenience during the online phase. Following the online curriculum, participants attended an in-person session called the *Individualized Support Session*. This session is conducted via a call between the participant and a trainer. The session is designed to reinforce the information learned in the online environment and provides participants with an opportunity to seek clarification, ask questions, and determine what their next steps were.

In January 2024, a pilot project was initiated, altering the in-person requirements for CCT. One modification involved eliminating the field experience component. Additionally, a group support session option, titled *While You Wait: Post CCT Support Session*, was introduced, allowing participants to choose between attending an *Individualized Support Session* or joining a *While You Wait* class with other prospective foster parents (PFP). This pilot project is scheduled to run through June 2024. Following a review of the pilot, a decision will be made whether to continue with the group or individual support sessions or to offer both options moving forward.

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CCT is undergoing a thorough review process in preparation for its revision. The program will persist in eLearning format, maintaining its accessibility and convenience. While CCT has garnered positive feedback and proven its effectiveness, adhering to the best practice of periodic curriculum updates is essential. This approach ensures that shifts in policy, practice, and cultural norms are accurately captured and integrated into the training content, thus keeping it relevant and impactful for participants.

**Evaluation:** CCT had 1,162 completions online in CY 2023. Surveys were completed by 53 participants (4%). In closed ended learner experience items, the average ratings were 4.2 out of 5.0 on a scale where one = strongly disagree and five = strongly agree. In open ended comments, respondents noted the aspects of the course that most supported their learning included: maintaining cultural and situational empathy while working with families, learning about communicating, listening, and being observant, how to relate to and connect with children in care, and strategies to understand children’s behaviors and manage difficult situations. Regarding the evaluation process and low response rate, an identified barrier is that to complete the P4C survey, a learner must leave the eLearning environment and follow an external link. The [Alliance](#) is exploring new learning management system software options with improved functionality that could allow eLearning evaluation to be integrated into the learning environment. [P4C](#) will coordinate efforts to streamline the evaluation data collection and retrieval pending the transition to a new caregiver learning management system.

#### First Aid-CPR

LD leadership was aware of issues related to the Alliance struggling to meet the First Aid contract and other resources were available to caregivers. With this information, a decision was made not to extend the contract for First Aid-CPR training through the Alliance that ended in June 2023. Caregivers would attend training in their communities that comply with [WAC 110-148-1375](#) and submit to DCYF for reimbursement. This plan began July 1, 2023, and is being monitored by LD for future adjustments. This process also presented some challenges for caregivers, most significantly the outlay of the cost while awaiting reimbursement. As a result, the Alliance agreed to explore whether there are other vendors, or another combination of vendors, that could better meet the needs of caregivers.

#### Caregiver In-Service Training

Caregiver in-service training offered over 53 in-service courses with a total completion of 6,142 participants in SFY 2022. Additionally, the [Alliance](#) offered 47 eLearning’s with completions of 8,953 participants. Caregiver trainings updated or launched in CY 2023:

- Caregivers Understanding and Supporting Family Time
- Paper Trail: Documentation Training for Caregivers
- Updates to Caregiver Core Training for Orientation
- Prudent Parenting (eLearning)
- Naloxone Storage and Usage for Caregivers in Washington state (eLearning)
- Mental Health Considerations in Children
- Kinship Parenting
- Impact of Substance Use

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- Building Parental Resilience for Kinship Caregivers

In 2023, 225 participants surveyed across 11 courses gave an average learner experience rating of 5.5 out of 6.0 and facilitator rating of 5.8 out of 6.0. The table below details these evaluation findings.

Course Title	Number of survey responses	Response rate	Learner Experience	Facilitator
Advanced Adoption: The Effects of Trauma and Loss on Adopted Children	12	21%	5.6	6.0
Emotion Coaching	27	36%	5.4	5.8
Honoring their History: Memory Preservation for Children in Care	11	28%	5.4	5.7
Kinship 101: information for relatives and suitable others	12	35%	5.4	5.7
Paper trail: documentation training for caregivers	17	28%	5.0	5.5
Suicide Prevention LEARN training by forefront for caregivers	15	79%	5.6	5.9
Trust Based Relational intervention (TBRI) - Introduction and overview	26	28%	5.5	5.8
Module 1: Connecting Principles	44	90%	5.6	5.8
Module 2: Empowering Principles	34	72%	5.5	5.9
Module 3: Correcting Principles	16	53%	5.9	5.9
Why children lie: development, trauma, and supporting the truth	11	13%	5.6	6.0
<b>Total (weighted averages)</b>	<b>225</b>	<b>52%</b>	<b>5.5</b>	<b>5.8</b>

[Alliance Caregiver Retention, Education, and Support \(Alliance CaRES\)](#) offered 247 Topic Support Groups for caregivers on topics such as self-care for caregivers, the connected parent, fostering as part of a team, practical parenting skills, and many others. Among the 789 caregivers who participated, 83 (11%) rated their experience 4.6 out of 5.0 on a scale where 1= Strongly Disagree and 5= Strongly Agree.

Alliance CaRES Topic Support Groups	Avg
The online discussion format worked well for me.	4.7
I was able to make connections with other caregivers.	4.3
There was a good balance between learning and connecting with other caregivers.	4.4
I feel better able to cope with caregiving challenges.	4.4
I received useful resources and information.	4.6
I plan to attend future support groups.	4.6
I would recommend this group to others.	4.7
I felt safe and valued based on my identities (age, gender, race, sexual orientation) and my lived experience.	4.7
<b>Total Average</b>	<b>4.6</b>

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Caregiver trainings scheduled for updates or launch in CY 2024:

- Caregiver Core Training
- Engaging Youth in Group Care (Previously referred to as Parenting Teens for Group Care) (Parts 1 and 2 of 7 launching in May 2024)
- Parenting in Racially and Culturally Diverse Families (Launched January 2024)
- Foster Care: A Means to Support Families (Launched January 2024)
- Maintaining Children’s Connections (Launched January 2024)
- Cultural Humility (Launched February 2024)
- Trauma Informed Parenting (Launched February 2024)
- Child Development (Launched March 2024)
- While You Wait: Post CCT Support Session (Launched January 2024)
- The Inherent Strengths in Kinship Families (Launched January 2024)
- Emotion Coaching for Children with Trauma (Launching July 2024)

The Alliance is steadfast in its commitment to enhancing caregiver training, adapting to the evolving needs of the state's diverse caregiving community. Future objectives include:

- Crafting a comprehensive training framework that offers foundational and continued education, empowering caregivers to continuously refine their skills throughout their caregiving journey.
- Enriching caregiver support through personalized coaching sessions, ensuring caregivers receive tailored guidance as they integrate Alliance teachings into their caregiving practices.
- Fostering inclusivity by expanding course offerings and learning avenues to address the distinctive needs of kinship caregivers, acknowledging, and catering to their unique challenges and responsibilities.
- Exploring new and emerging modalities of training that allow caregivers to access training in ways that meet their needs.

### Kinship Core Training (KCT)

To provide equity and make licensing more attainable for kinship caregivers, DCYF modified training requirements for kinship caregivers.

DCYF collaborated with the [Alliance](#) to create a new Kinship Core Training (KCT), a pre-service training designed for kinship caregivers pursuing foster care licensure. KCT meets the requirements of [RCW 74.13.250](#).

Feedback from kinship caregivers and advocates highlighted challenges in pursuing foster care licensure, notably the extensive training requirements. In response, DCYF modified training for kinship caregivers, making it more inclusive, focusing on kinship care skills, and reducing the overall training duration.

KCT is exclusively available to kinship caregivers seeking a [child-specific license](#). Those opting for a general foster care license are directed to complete the CCT. Within KCT, kinship caregivers have the flexibility to select two out of four sessions, with the option to participate in a one-on-one coaching session.

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Kinship caregivers are not required to complete KCT prior to licensing. However, they must complete the training within the first licensing cycle, which is three years, if they plan to remain licensed. KCT launched on July 1, 2022, to coincide with the child-specific license that launched on Aug 1, 2022.

In CY 2023, 398 participants successfully completed KCT. It's important to note that these numbers may be relatively low as participation in KCT is voluntary for obtaining the child-specific license.

#### Caregiver Training Request

LD WDT collaborated with the [Alliance](#) in developing new training for caregivers. All new and ongoing training is delivered virtually through webinars or eLearnings. Updated and new curricula have been developed.

Caregiver trainings requested by LD WDT:

- Parenting Teen Group Care: update to include group care staff
- CCT update: incorporate the [D.S. Settlement](#) and [HB 1227](#)
- [WA CAP](#) 2022-23 Training and Workforce Supports

#### *Staff and Provider Training: Strengths, Barriers and Practice Improvements*

##### Strengths

The [Alliance](#) continues to collaborate with DCYF to develop new courses and edit existing courses through a workgroup model which includes the Alliance Development and Facilitation Specialist, DCYF subject matter experts, and an evaluator. Piloting of new courses to allow for feedback and edits before launch has also been successful.

A process that identifies roles/responsibilities for each workgroup member is being developed.

Increased marketing of the Alliance courses has increased enrollment and has resulted in registration of courses ahead of time.

##### Concerns

The [Alliance](#) was responsive to the needs of the DCYF workforce and caregivers by pivoting to the modalities that best suit the audience. The DCYF workforce has engaged in some courses being offered in-person. Turnout for in-person delivery continues to be problematic. Staff register for courses but are often called away for work tasks and unable to attend. This often causes waitlists to occur and not enough time to get other participants in the course at the last minute. There are concerns raised regarding the transfer of learning for virtual training offerings. Additionally, staff working remotely with varying schedules makes the traditionally offered training times more challenging.

Caregiver training has remained virtual with the exception of some of the [Alliance CaRES](#) community events. The Alliance continues to see a decline in caregivers registering and completing courses. Kinship caregivers are not currently required to complete training.



### System Partner Involvement and Feedback Loops

The Alliance engaged community system partners in the RCT redesign project. Several focus group opportunities were held across the state to invite conversation around the envisioning of Workforce Core. The Alliance included those with lived experience, youth, and caregiver voice.

The Alliance is in the early stages of updating CCT. A Request for Qualifications and Quotations process is underway to recruit caregivers with lived experience to review and provide feedback on the curriculum and design of the course.

The Alliance continues to explore ways to involve those with lived experience and expertise in child welfare, including youth. The Alliance created a youth statement that is posted on the [Alliance website](#).

DCYF relies on collaboration with internal and external partners to build and improve the processes and systems used within licensing, with the focus on elevating all voices and creating a more equitable system. As a result, positive feedback is consistent and positive data is noted on all projects.

### Service Array

#### Item 29: Array of Services

In Round 3 of the Child and Family Services Review (CFSR) completed in 2018, Washington state was rated as an area needing improvement (ANI) on this systemic factor. DCYF has demonstrated the availability of essential services statewide. However, improvements can be made regarding timeliness and access of these services to meet the needs of children, youth, and families across Washington.

#### InfoFamLink Administrative Data

Combined In-Home Services by Program Multi-Year Comparison												
Combined In-Home Services	SFY2018			SFY2019			SFY2021			SFY2022		
	Total	Adult	Children	Total	Adult	Children	Total	Adult	Children	Total	Adult	Children
Family Preservation Services (FPS)	9.5	4,293	6,472	11,136	4,437	6,699	8,112	3,297	4,815	7,753	3,102	4,651
Crisis Family Intervention (CFI)	688	325	363	570	271	299	461	213	248	352	174	178
Functional Family Therapy	2,669	1,115	1,554	2,404	1,005	1,399	1,484	658	826	1,415	593	822
Homebuilders	2,368	949	1,419	2,221	855	1,366	1,731	700	1,031	1,603	630	973
Incredible Years	1,658	729	929	1,807	815	992	1,100	510	590	1,005	458	547

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**Combined In-Home Services by Program  
Multi-Year Comparison**

Parent-Child Interaction Therapy	643	232	411	637	232	405	378	145	233	302	112	190
SafeCare	1,764	846	918	1,742	878	864	1,158	574	584	1,366	655	711
Positive Parenting Program (Triple P)	4,612	1,769	2,843	5,241	1,976	3,265	3,959	1,572	2,387	4,770	1,839	2,931
Promoting First Relationships (PFR)	1,431	707	724	1,537	746	791	1,544	770	774	1,568	778	790
Unduplicated Total	22,999	9,649	13,350	23,536	9,840	13,696	16,758	7,247	9,511	16,724	7,112	9,616

*NOTE: Client list generated from FamLink Service Referral Participant table in conjunction with other FamLink tables to identify service referrals that are associated with a payment for a combined in-home service. Adults are >=18 years old on the date of the first SFY 2016 paid service; Children are <18 years old on the date of the first SFY 2016 paid service.  
\*SFY2020-SFY2021 data is incomplete due to lack of payment data during the pandemic where providers were issued retainer payments instead of fee for service  
Data Source: FamLink, 2023*

From SFY 2019 to SFY 2021 total adults and children served decreased from 23,536 to 16,758, which is a difference of 6,778. This could be, in part, due to the pandemic. From SFY 2021 to SFY 2023 total adults and children served only slightly decreased from 16,758 to 16,724, which is a difference of 34.

Month	R1	R2	R3	R4	R5	R6	State
Nov-23	1,024	705	604	911	776	1,354	5,374
Dec-23	1,001	698	591	895	771	1,331	5,287
Jan-24	1,000	677	591	898	772	1,333	5,271

Data source: Child Welfare Monthly Informational Report March 2024, infoFamLink.

On Jan. 31, 2024, there were 5,271 children residing in out-of-home care, a 14% decrease from January 2023. The decreased number of children in care directly impacts the amount and type of services needed and the number of families who receive services.

**Family First Prevention Services & Service Array**

Washington State’s Family First Prevention Plan (FFPSA) was approved by the Administration on Children and Families (ACF) - Children’s Bureau in October 2020.

**Technology Redesign**

In late 2021, the planning timeline for Family First shifted from full implementation to ensuring DCYF’s Statewide Automated Child Welfare System (SACWIS), FamLink could meet the federal requirements for

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claiming IV-E funds for prevention services. FamLink requires significant changes to support implementation and is facing stability issues. Discussions resumed late in 2022 to determine whether a minimum viable product using FamLink was possible. Those talks continued into 2023.

To address future IT system needs, DCYF contracted with Gartner in September 2022 to begin development of a [Comprehensive Child Welfare Information System \(CCWIS\)](#). This work is anticipated to take four to five years before practical access and availability.

#### Legislative Practice Alignment

[HB 1227 Keeping Families Together Act](#) took effect July 1, 2023. It focuses on maintaining children safely in-home, increasing the use of relative caregivers, and ongoing, accurate assessments. HB 1227 strengthens Family First implementation and recognizes that children and families are best served when children are cared for by their loved ones and in their communities.

These legislative efforts require alignment to define [harm of removal](#) and creating a framework for removal standards and placement decisions. These changes require collaborative partner support to build workforce awareness and understanding toward the required prevention continuum. To support workforce adoption of these initiatives, the Family First team hosts prevention ‘road shows,’ participates in Thriving Families offices hours, and contributes to workgroups geared toward integrated implementation.

A Service Array Plan was developed via several workgroups in June 2022 with recommendations for expanding the child welfare (CW) service array to meet the requirements and intent of HB 1227.

DCYF representation included regional and headquarters (HQ) level programmatic and administrative participation inclusive of most program lines. External partner representation included community-based and contracted service providers, legal entities/allies, and tribal partners.

The plan includes short-term, intermediate, and long-term steps that DCYF can take to expand the service array and improve outcomes for children and families. This service array plan outlines recommended strategies that support achieving the vision of every family having access to culturally responsive and appropriate services that build on the family’s strengths, address their needs, and result in children staying safely at home.

#### Family Practice Model

The [Family Practice Model](#) (FPM) is a framework that describes CW’s case management practice and features an equal commitment to professionally support the workforce in a learning environment. The FPM is the structure to support major practice developments, and practice profiles are tools to operationalize the values of DCYF. Development of the FPM is rooted in the agency values: inclusion, integrity, respect, compassion, and transparency.

The FPM clarifies values-based practice expectations for caseworkers to engage, assess, and plan with families. Included in these case management components are the tools and process to match families with services.

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### Performance Based Contracting (PBC)

Performance Based Contracting (PBC) supports Combined In-Home Services (CIHS) work to deliver high quality services through timely service initiation, a completed [Child and Adolescents Needs and Strength Screen-Family](#) (CANS-F), Family Plan for Change, and evidence based practices (EBP) model fidelity in order to prevent placements, support adoptions, achieve placement stability and/or reunification in support of DCYF's strategic goal to safely reduce entries and re-entries into the CW system.

From 2020-2024, PBC work included a program literature review and theory of change, development of a logic model, review of key services data, and completion of a retrospective data analysis. This research information was used to inform the development of programmatic level PBC service, quality, and outcome metrics. In 2024, CIHS and the [Office of Innovation, Alignment and Accountability](#) (OIAA) staff continue to work together to build a PBC dashboard using PBC service, quality, and outcome metrics. PBC dashboards are a tool for internal DCYF program staff and contract service providers to review data, progress to targets, and drive high quality services. The creation of the PBC CIHS dashboard allows contracted service providers to work toward achieving PBC results while focusing on continuous improvement together.

### QA/CQI Baseline Assessments

In 2023, reviewers completed [FFPSA](#) baseline assessments for the Lakewood (Region 5), Aberdeen (Region 6), Long Beach (Region 6), South Bend (Region 6), Bellingham (Region 3), and Puyallup (Region 4) offices. Baseline assessments identify office readiness to meet practice-related requirements for Title IV-E claiming and provide data regarding the availability and utilization of contracted and community-based services. The reviews also identify systemic factors which need improvement in order for the office to be successful during their FFPSA implementation.

Actionable themes that support emerging FFPSA claiming related to office level practice:

- Ensure Safety Assessments assess all risk and safety concerns, are comprehensive, and are updated at case closure.
- Work with the FFPSA Consultant to discuss incremental steps to move toward the practice of developing written case plans according to [DCYF policy](#). Ensure caregivers and all children in the home are seen at least once per month as required by [state policy](#).
- Develop a system to document instances where service providers decline referrals and provide this information to the Service Array Consultant.
- Consider increasing referrals to evidence-based services prior to removal.
- Expand the Family Voluntary Services (FVS) practice of using written case plans to include all Family Assessment Response (FAR) cases opened beyond 45 days. Continue to ensure families are involved in the process and provided with a copy of their case plan.
- Work with the Regional Safety Consultant and Substance Use Disorder (SUD) program manager to provide child safety consultation regarding the following: effectively assessing child risk and safety on cases with active substance use, safety planning with active substance use, and case planning with substance use disorders.

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Actionable themes that support improved service delivery:

- Explore contract opportunities with the [Grays Harbor Family Support Program](#). They provide [Parents as Teachers](#) to Aberdeen families, an evidence-based program included in Washington’s current prevention plan.
- Consider a “deep dive” into Lakewood’s contracted service utilization data to determine the percentage of families receiving services to prevent removal (or a return to foster care) versus the percentage of families receiving services to reunify children with their families.
- Given the strong working relationships between the office and existing Family Preservation Service (FPS) providers, consider supporting existing FPS providers by assisting them in obtaining the credentials to provide evidence-based services to the families.
- Explore services offered by the [Shoalwater Bay Tribe](#) (for Native and non-Native families) and opportunities to support or expand their existing array of evidence-based services.
- Consider exploring opportunities to offer additional evidence-based services to families of color through partnerships or contracts with [Consejo Counseling](#) or the [Puyallup Tribe](#).
- Explore opportunities to offer evidence-based services through [Catholic Community Services of Western Washington](#), a community-based provider that is regularly accessed by child welfare-involved families served by the Puyallup office.
- Actively pursue contracts with additional Family Functional Therapy providers to serve Bellingham families.
- Explore expansion of the existing service contract with [Brigid Collins Family Support Center](#), to include provision of Parents as Teachers, which is an evidence-based program included in Washington’s prevention plan and offered by Brigid Collins.
- Ensure all child welfare staff are familiar with the referral process for Whatcom County’s [Single-Entry Access to Services \(SEAS\)](#) to connect caregivers with Family Resource Navigators. Documenting a referral to a community-based program at case closure is appropriate when concerns are present that do not necessitate ongoing DCYF involvement.

These recommendations reflect commonalities across assessments.

In December 2023, an ad hoc review of cases where children remained in the family home and had a Structured Decision-Making Risk Assessment (SDMRA or SDM) score of high or moderately high occurred. That review was finalized in 2024. Fifty cases were reviewed from all six regions. Two counties were oversampled as they experienced a significantly higher rate of decrease in removals of children since July 2023 with the implementation of HB 1227. A number of recommendations were given both for systemic issues and practice issues. Some of the recommendations include providing additional office support and education to facilitate caregiver access to community-based therapeutic services, develop a wider array of in-home services specifically targeting substance use and/or services that facilitate parent access to substance use services. An additional recommendation was for CW to use SCC in cases where two or more intakes are received on the same household within a six-month period, especially when young children are involved and the SDMRA is moderate-high or high risk. In cases where contracted therapeutic services are provided, encourage caseworkers to articulate how the services meet identified needs.

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## Service Array

### Service Array Team

The Service Array team is a unit within the Service Continuum section of the Partnership, Prevention, and Services (PPS) Division. The preliminary intent for the development of the team was to ensure that services are integrated, effective, efficient, and supportive of optimal family functioning. The team's initial and primary focus is centralizing and standardizing provider facing processes and monitoring, data collection and contract workflows specific to CIHS. Central duties are development, recruitment, and support of a comprehensive and culturally responsive service continuum. Members of the team were hired between December 2022 – May 2023. One service array consultant serves in a dual language assignment and provides statewide support for consultation as it relates to CIHS recruitment, cultural specificity, and responsiveness.

In March 2023, the team gathered capacity information and data for CIHS statewide. The goal was to identify baseline capacity to provide CIHS statewide. Additional data was gathered with the intent to identify barriers to service accessibility based on regional jurisdiction. Data analysis informed where service expansion was needed and allowed the consultants to collaborate with existing providers on expansion efforts to meet service gaps. The data was used to strategically recruit providers who could meet the identified service needs. A new contract and onboarding workflow was developed to standardize the process for potential providers who express interest in contracting with DCYF so that the process will occur timely and efficiently.

To better meet the needs of children and families, Service Array Consultants partnered with regional program managers and facilitated outreach in local offices for education on CIHS and service matching. They shared spotlights on the different EBPs offered, provided education on how to write an effective service referral, and pointed to resources available to help identify appropriate services for families.

During CY 2023, a statewide provider directory was developed. Prior to its development, service availability was only shared regionally, which created barriers for accessing services across regions. Starting from a comprehensive list of contracted service providers, service array consultants validated contact information and formed dashboards that are separated by contract type (CIHS, professional, psychological, and psychiatric). In November 2023, the statewide provider directory was launched. It lists contracted CW providers statewide, their availability to accept referrals, specialty services and/or languages. Providers enter their availability on a weekly or monthly basis. The directory offers additional resources to include education about CIHS, a link to report contract complaints, and a Report of Service Needed tool to report when a service is not available. The Report of Service Needed tool allows for data collection that informs expansion needs. The statewide provider directory streamlines availability reporting and supports accessibility to available and appropriate services.

In response to the [Citizen Review Panel](#) (CRP), the Service Array team developed a solution in providing consistent and ongoing public viewing access to the statewide contracted provider listing via an internet link derived directly from the internal DCYF statewide provider directory.

In CY 2023, an internal workgroup was facilitated in response to a 2022 Service Array Plan and recommendation stemming from HB 1227. This workgroup was inclusive of Regional Administrator(s),

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Regional management, DCYF training partners, HQ Contracts, PPS Programs, and PPS administrators. The workgroup discussed the feasibility of equipping DCYF staff/kin/parent allies with EBPs or other certifications to deliver services and the feasibility of establishing Social Services Support Specialist (SSSS) positions in rural offices. The workgroup concluded that equipping DCYF staff/kin/parent allies with EBP training or certifications to provide services was not feasible.

Moving forward, the Service Array team will use data gathered and provided by internal and external partners to inform and consult on the service lines the team supports.

### Home Visiting

Home Visiting service types included in Washington state's approved [Family First Prevention Plan](#) are well-supported and an EBP. Many of these selected EBPs are being provided to families throughout the state; however, referral pathways are not streamlined for approved candidate groups to access home visiting programs through the SACWIS system. Data is unknown for clients who are within the CW and juvenile rehabilitation (JR) systems that would show the utilization of home visiting services being provided by Washington state. Data that exists for these systems and for those served by home visiting programs are in separate databases and there is not a bridge that will allow for data sharing. To collect federal Title IV-E reimbursement, this data sharing is a requirement. As discussed in the technical assistance section, the [Capacity Building Center for States](#) is aiding with identifying solutions to deploy data bridging.

During CY 2023, following the identification of the barriers of referrals for Family First candidacy groups to access home visiting services, DCYF initiated a pilot project that would identify pathway and referral solutions. The candidacy group identified for the pilot is any pregnant and/or parenting youth involved with the CW or JR systems. This pilot will engage youth voice in the development and the data collected will be used to design further services and referral pathways.

### Culturally Relevant Services

In an effort to safely reduce the number of Native and Black children and youth experiencing out-of-home placement, DCYF, with the support of the [Harvard Government Performance Lab](#) (HPGL), is expanding culturally specific and responsive programs under DCYF's Service Continuum.

In April 2023, DCYF contracted for a cultural services landscape analysis in partnership with the [Office of Tribal Relations](#) (OTR). This analysis concluded at the end of May 2024. The analysis reviewed the DCYF CW contracted services available to families, the breadth of cultures DCYF serves, provided an understanding of the need and immediacy for having robust culturally responsive services available, and will make recommendations for how to bridge the gap of need and supply. The analysis was focused on gaining understanding of the current reality of services provided and how these meet legislative requirements for cultural alignment.

The analysis will inform DCYF's understanding of the strengths, resources, and needs of specified populations of children, youth, and families served by DCYF CW services, including:

- American Indian/Alaskan Native (AI/AN),
- Asian American and Native Hawaiian/Pacific Islander,

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- Black,
- Hispanic and Latino,
- Immigrants and refugees,
- Non-English primary language/American Sign Language/Sign language/limited English proficiency/families using interpretive services.
- LGBTQIA+ population is represented across the spectrum of the specified populations and is included in the analysis.

The analysis will include rural considerations and/or impact within a subsection of each category for all populations in the analysis.

In May 2023, DCYF launched a Request for Applications (RFA) to select three to six programs designed to incorporate the culture of specific tribal nations and to help prevent a child's separation from their tribal community. At this time, DCYF is in the process of contracting with five providers (tribes & Native Serving Organizations) to provide culturally specific services that will include Positive Indian Parenting, Positive Parenting Program (Triple P) with Positive Indian Parenting enhancements, [Pilimauka Indigenous Home Visiting](#), and the Multisystemic Therapy – Family Integrated Transitions Credible Messengers Program.

DCYF plans to launch a Request for Proposals (RFP) for Black Families in Spring 2024 to pilot equitable prevention services.

#### Motivational Interviewing

DCYF has continued to enhance staff professional skill development through Motivational Interviewing (MI) and engaged in efforts to increase a prevention-oriented practice and mindset since January 2022. Training DCYF caseworkers has included an iterative approach and process evaluation to assist in the implementation of Family First claiming for MI on all CW involved candidacy groups. Implementation of MI scaled up in early 2023 to include all interested caseworkers across all programs and offices with leadership requesting training for their office staff. Workforce participation in MI training increased steadily between 2023 and 2024. By the end of CY 2023, virtual MI trainings were consistently reaching capacity for participation. In-person MI training opportunities were offered starting in June 2023 and continue to be offered. In-person MI trainings have been offered in various locations throughout the state to expand access to these offerings.

MI trainings available to the workforce include MI Introduction, MI Advanced, MI for Leaders, and Bridging MI and Trauma-Informed Care. Bridging MI and Trauma-informed Care is the newest MI training to be offered, with the first training offered in January 2024. The MI for Leaders course is designed for those in administrative positions or others interested in understanding MI as an application to non-case carrying work and does not have a required advanced session component. Fidelity is measured through a coding and coaching process using the Motivational Interviewing Competency Assessment.

Area administrators (AAs) and supervisors with high levels of buy-in promote, support, and reinforce skill attainment as essential factors in the success of their staff using the spirit of MI in practice. Building workforce awareness of MI at all levels, the benefits of MI in practice, and the positive implication for

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families remains DCYF's focus. The development of communication and change management strategies are ongoing. See [Motivational Interviewing](#) in [Family First Prevention Services Act](#) (FFPSA) section for more details.

### Kinship Navigator Program

The Kinship Navigator Program authorized by the Washington state Legislature in 2005, serves grandparents and other relatives (kinship caregivers) who are raising children whose parents are unable to do so. Kinship Navigators provides services in all 39 counties in Washington. In 2023, the Governor's budget included a proviso to increase funding to the Kinship Navigator Program. The Tribal Kinship Navigator Program was funded in 2016, enabling eight tribes to begin implementing services to meet the specific needs of their kinship caregivers. [Area Agencies on Aging](#) (AAA) and tribal nations administer programs where staff either deliver the service directly or contract with local community service agencies.

Kinship Navigators serve as a one-stop shop; providing resources, assistance, problem-solving, and emotional support to kinship caregivers who are overwhelmed and do not know where to turn for support. Caregivers regularly need help to apply for state and federal benefits and to learn what services are available related to financial needs, health care, educational advocacy, counseling, legal, and other needs. Kinship Navigators also act as advocates and assist these families with resources for housing, support groups, and urgent need funds. This critical service helps relatives maintain greater self-sufficiency and stability for the children they are caring for, typically outside the formal CW system.

Through a partnership between the [University of Washington](#) (UW), the [DSHS Aging and Long-Term Support Administration](#) (AL TSA), and DCYF, a [pilot study](#) was conducted on Washington's Kinship Navigator Program. Three AAAs are piloting a first-in-the-nation case management model for informal and formal kinship caregivers. The purpose of the evaluation is to unlock additional federal Title IV-E Prevention funding and leverage state funds to grow the program.

### Family Resource Center (FRC)

Leveraging the additional time DCYF has prior to claiming IV-E reimbursement, Washington state's Prevention Plan will be revised through a shared leadership process. This process will incorporate system partners' perspective, including individuals with lived experience and community partners, on what improvements could be made. Envisioning a community pathway that can serve approved candidacy groups will be a part of this work. Conversations to engage the Family Resource Center (FRC) Network that serves families throughout their local communities through Family Resource Centers have begun. They will be an important aspect of the work toward creating additional community pathways and expanding candidacy prior to child welfare involvement.

In CY 2023, a workgroup was formed to assess how to leverage FRCs as a part of DCYF's greater prevention strategy and create a Prevention Framework. In CY 2024, this group met with the Parental Advisory Group to get lived experience perspective and will continue working with other community system partners.

## Technical Assistance

Technical support and consultation have been sought through the [Capacity Building Center for States](#), [Chapin Hall](#), [HGPL](#) and [Casey Family Programs](#). Areas of focus are providing Washington state with peer-to-peer opportunities around funding structures and general Family First implementation examples; support launching a home-visiting mini pilot; and assistance around communication and marketing strategies within DCYF, with external partners, and with lived experts.

DCYF will continue work to prepare offices for launching Family First activities that enable IV-E claiming. Alignment with other agency efforts will continue as well to ensure thoughtful integration of Family First that will enable consistent, sustainable practice. The technical assistance provided supports DCYF's readiness for IV-E reimbursement claim.

## Family First Transition Act (FFTA) Grant

See [Family First Transition Act \(FFTA\) Grant](#) section in this report.

## Provider Services Quality and Availability Accountability Group

The group was developed in September 2021 and was co-led by Vickie Ybarra, Director of OIAA, and Steve Grilli, Assistant Secretary of Prevention and Client Services.

The purpose of the Provider Services Quality and Availability Accountability Group is to:

- Improve the quality and availability of provider services, which includes contracted providers, foster care - licensed and unlicensed, and unlicensed child care
- Oversee implementation of the agency-wide PBC Initiative
- Oversee implementation of the agency-wide QA/CQI Framework
- In 2024 Maria Zdzieblowski, Director of the Service Continuum, Sarah Veele, Director of OIAA, and Stephen Cotter, Office Chief of Contracts and Procurements assumed Co-Chair roles.

This group convenes monthly focusing on the following goals and organizational alignment:

- Ensure high quality & effective services to children and families by leveraging DCYF's substantial array of provider services
- Improve focus alignment of quality initiatives across the organization
- Prioritize new investments and changes
- Improve transparency
- Hold each other accountable for accomplishing priorities

## *Item 30: Individualizing Services*

In Round 3 of the CFSR completed in 2018, Washington state was rated as an ANI on this systemic factor. During the statewide assessment, system partners described concerns with DCYF's ability to individualize services because staff are not aware of available services and are not ensuring that family assessments identify specific needs that inform tailored services. It was noted that Shared Planning Meetings (SPMs) are not consistently used statewide to ensure that services are individualized.

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There are several factors that make individualizing services difficult. One factor is the limited service capacity of both community and Medicaid-funded services, as well as DCYF contracted services. When there is limited capacity, services are provided based on availability, rather than on the unique needs of the child, youth, or family.

Another factor is limited DCYF workforce knowledge and understanding of the available behavioral health assessments and services that can meet the unique needs of the child welfare involved population. Expanding caseworker knowledge about service array and access points may improve the fit and type of services received by the youth and/or family.

DCYF also struggles with timely access to interpreter services to meet the linguistic needs of the children, youth, and families, especially those in rural regions of the state.

DCYF is focusing on engagement and quality contacts with children, youth, parents, and caregivers. Having the right conversations with children, youth, and families allows caseworkers to engage children, youth, and families in case planning, conduct more thorough and accurate assessment of safety, and identify service needs that meet the unique needs of the family. In addition, a focus on shared planning meetings (SPM) is also anticipated to help improve the ability to match services with the family's identified needs and specific circumstances. The [Permanency From Day One](#) (PFD1) grant demonstrated improved practice by increased shared planning meetings and engagement by facilitators with families. The PFD1 Grant ended March 31, 2024.

DCYF has a contract with [Chapin Hall](#) to develop a [Family Practice Model \(FPM\)](#) to guide how caseworkers engage with, assess, and coordinate services for clients, modify the assessment system, and develop new assessment tools to support DCYF in more accurately identifying safety threats to children as well as identifying family strength/protective factors and needs.

Effective service provision requires engagement of family members, where they have a guiding voice in the development of service plans for their family. One of the primary avenues in which caseworkers and family members can engage in case planning and service selection is through the use of assessment tools. With the support of Chapin Hall, DCYF is developing a suite of assessment tools with support for their validity and reliability. The tools are being designed to provide the caseworker and family members with accurate information of the strengths and needs of the individuals in the family home. In addition to providing accurate information, the assessment tools are also being designed to maximize family voice in both the assessment and the service selection process (e.g. fully integrated with motivational interviewing practice). By empowering family members to select the service(s) they participate in to the greatest extent possible, it is believed that family engagement in these services will increase. Additionally, as the tools used will have support for their validity and reliability and will be re-administered to family members during their involvement with DCYF, the impact of the service(s) on individual/family well-being can be monitored. The information gathered through the reassessment process will inform the family members and caseworker if the implemented intervention is having the desired effect and inform the DCYF system of care as to which interventions are effective with certain families, resulting in a better match of services for families.

The key requirements of the assessment system and estimated development and implementation timelines are outlined below.

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### Key requirements

Assessment system tools are to be fully integrated with the FPM, fully supporting the key activities of engagement, assessment, and service coordination.

Assessment tools will have support for their reliability and validity.

The developed tools will be integrated and cover most of the assessment needs for CW caseworkers and clients, which include:

- Alignment with DCYF's principles and practice profiles
- Adherence to the FPM
- Lend itself to reassessment and the measurement of progress
- Administered in a timely manner
- Easily completed by staff
- Support client engagement/MI
- Support accurate measurement of current and future needs
  - intra- and inter-coder reliability
  - content validity
  - discriminant validity
  - Use of the tool will improve overall child welfare outcomes
- Not disadvantage BIPOC families
- Involve parents in the assessment of their strengths and needs
- Development will involve individuals and communities with lived expertise
- Be cost-effective
- Help youth receive beneficial services

Tools to be developed or updated in partnership with Chapin Hall:

- Update the **Intake Assessment** to better guide decision making around assignment to differential response(s) for screened-in intakes. ([FFPSA](#)) Supportive of FPM, service expansion, engagement/MI.
  - A landscape review of intake tools was completed by Chapin Hall, additionally a series of feedback sessions has occurred with the intake AAs. A questionnaire is being developed for caseworkers to provide input on what the strengths and challenges of the existing intake assessment are.
  - Implementation of the new intake tool (dependent upon on Information Technology (IT) capacity)
- Update the **Safety Assessment and Safety Framework** ([HB 1227](#)) Supportive of FPM, service expansion, engagement/MI, and documentation, and QA regarding removal decisions.
  - A survey of safety assessment tools used in others states as well and a literature review on assessing imminent harm was completed. Additionally, a group of internal CW system partners has met and defined the primary purpose of the Safety Assessment as well as key criteria that should be met with the new tool.
  - A new CPS Assessment tool was developed which incorporates safety, strength, and challenges and risk. A pilot of the new tool began in February 2024. Feedback about

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use of the tool will be gathered from caseworkers, lived experts, and system partners, which will inform any potential modifications to the tool. If modifications are made, another pilot will be implemented. Chapin Hall is assisting with the pilot. A protocol of the final tool should be ready by the end of 2024.

- Implementation of the new CPS assessment.
- **Standardized Behavioral Health Assessments** – These tools can support work with caregivers and youth (both when in-home and when in out-of-home care). ([HB 1227](#), [K.W. Decision](#), D.S. [Settlement](#), FFPSA) Supportive of foster care continuum of care, kinship project, FPM, service expansion, engagement/MI, placement stability
  - The group focusing on standardized behavioral assessment tools will begin meeting in late Spring 2024.
  - Testing of the standardized behavioral health tools is dependent on funding and IT capacity.

**Strength and Needs Assessment** – This tool will guide caseworkers and families in identifying areas of challenges, as well as strengths. The goals of the tool include guiding a holistic assessment of families, supporting reliable assessment to both guide service selection and monitor family functioning over time, as well as to elevate family voice in the case planning process.

- A team of CW staff (caseworkers, supervisors and quality assurance (QA) specialists) reviewed various strength and needs tools and selected the [North Carolina Family Assessment Scale](#) (NCFAS) to be piloted. Items from the NCFAS are embedded within the CPS Assessment being piloted, and the full NCFAS is also being piloted by caseworkers on on-going cases (CFWS and FVS). Based on feedback from caseworkers and other system partners, a determination will be made if this is the tool that should be adopted as the strength and challenges assessment for cases receiving on-going services from child welfare.
- An accompanying case planning tool was created and is being piloted along with the strength and challenges tool. The case planning tool is designed to support caseworker use of MI as and elevate family voice in the case planning process. In addition to caseworker and system partner feedback, DCYF is also obtaining feedback from lived experts and clients with whom the tool is being piloted with.
- Implementation of the new strength and needs tool.

#### Combined In-Home Services

FPS has long been the single most utilized service in the CIHS service array. However, listening sessions in 2023 revealed challenges with the current FPS model. In early 2024, a workgroup took place to identify further areas of improvement for FPS that will build a stronger program to better support families and providers. The workgroup involved DCYF staff from HQ, CW and regional staff, and providers who represented all areas of the state. Key themes that emerged from the workgroup were: families need both stabilization and structured services, FPS pairs well with other EBPs and/or utilized as a preparation service that helps families move on to other services. Recommendations from this workgroup are that MI become a requirement of FPS, FPS will have an additional array of services called FPS+ that could include FPS being delivered alongside another EBP and may include up to six months of service delivery. The recommendations that are approved to move forward are that MI become a requirement of FPS and that FPS may include up to six months of service delivery. To implement these

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recommendations, contract template language will be drafted, cost modeling will occur, and training will be offered for DCYF staff and providers. This will involve phased implementation with an anticipated roll-out of October 2024.

In 2022, CIHS fully implemented a step payment methodology for the EBPs within this contracted services suite. There are four steps providers can bill DCYF as soon as they reach the first session of a step, regardless of how many sessions within the step they deliver. This allows families to receive as much of the service as they need and stabilizes provider financial risk when working with families who present with various levels of need. DCYF is interested in shifting from a fee-for-service model to a case rate. This will be explored during rate modeling that will occur in 2024.

In 2023, the Intensive Family Preservation Services (IFPS) expansion project began. The anticipated outcome of this project is to have available and utilized IFPS services in identified targeted areas. The sites to expand were identified as having the highest rates of out-of-home placements. During this project DCYF will monitor growth to increase access of IFPS services and manage challenges as they arise so that increased capacity is available for IFPS services. This project will be completed by SFY 2025.

#### Services Framework Redesign

DCYF is contracting with [Public Consulting Group](#) to assist in planning, organizing, and facilitating a recommendation for a redesign of the current framework for delivery of contracted services to CW involved families and JR youth exiting the system. This project will include a formal review of the existing contracted service array, as well as a redesign process co-created with those closest to and impacted by the work. The contractor will conduct analysis to include a thorough review of the contract structures, payment methodologies, and contract management/monitoring of DCYF. The contractor will provide thoughtful facilitation with those who are impacted and closest to this work to understand the current framework mechanisms, pain points within the system, and to co-create a redesigned framework that meets DCYF's intended goals for service delivery. The contractor will complete a final report suitable for publishing on DCYF's external website, with an overview of the process, findings, and co-created recommendations to DCYF for a strategic redesign in alignment with DCYF's strategic priorities. This project will occur in CY 2024.

#### *Service Array: Strengths, Barriers and Practice Improvements*

##### Strengths

- DCYF developed a statewide contracted provider directory that allows staff to locate pertinent provider information and services.
- Enhancement of the quality assurance (QA) and continuous quality improvement (CQI) strategies to support the CIHS lines in CY 2023.
- In CY 2023, new contract workflows for CIHS were developed to act as initial structural process guardrails and ease the onboarding process for new contractors.
- In CY 2023, provider data analysis was developed to support ongoing assessment related to CIHS expansion and intentional recruitment where services are needed most.
- In CY 2023, DCYF standardized quarterly regional provider meeting cadence and baseline agendas to build consistency and efficiency in provider communication.

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- DCYF developed an EBP training calendar that is posted online and updated regularly for contractors to use for better informed hiring decisions to help DCYF build capacity.
- A new learning management system, Develop, is expected to launch in 2024. It will be a place for Combined In-Home Service (CIHS) providers to find, complete, and manage trainings and conference/special events; as well as to apply to become a State-Approved Trainer.
- Results from the CIHS telehealth pilot will be evaluated and it will inform whether or not services should be delivered via telehealth statewide.
- DCYF initiated contracts to pilot new culturally specific prevention services with tribal nations and Native Serving organizations.
- DCYF plans to launch an RFP for Black Families in the Spring of 2024 to pilot equitable prevention services for Washington state’s Black children, youth, and families.
- DCYF sought additional state funding to expand CIHS to serve more families. These funds have been used to establish three full-time equivalents (FTEs) dedicated to this effort: In-Home Services administrator, Culturally Responsive program manager, and Community Support Services program manager.

#### Concerns

- Difficulty in developing service availability in rural parts of the state.
- Identifying the supply and demand for services is hindered by the lack of an efficient data collection system.
- Lack of dedicated funding for stipends for the lived experience voice. The Kinship Caregiver Oversight Committee (KCOC) is a collective made up of 33% kinship caregivers who come together to support and strengthen kinship families. The KCOC meets monthly, providing a forum to exchange information about state policy changes, local initiatives, and concerns and to monitor, guide, and report on kinship care recommendations and implementation activities. They lack dedicated funding to provide financial support to the lived experience voice who take time out of the day and work to participate on the committee.

#### Practice Improvements

- As mentioned above, DCYF is undergoing an assessment re-design process in CW, in collaboration with [Chapin Hall](#). The goal of the assessment redesign project is to create and implement a comprehensive and integrated assessment system that:
  - Assesses the immediate level of risk to the child(ren) and safety threats.
  - Determines the likelihood of future maltreatment.
  - Promotes the engagement of family members in the assessment, safety planning, and service selection process.
  - Determines family service needs to promote the safety and well-being of the children in the home.
  - Matches family members to appropriate services.
  - Monitors family engagement and progress in these services.
- Since 2020, DCYF has collaborated with the [HGPI](#) to improve the well-being of pregnant people experiencing substance use. This work included piloting, demonstrating, and expanding an upstream referral pathway that connects substance-using pregnant people

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- who are reported to the DCYF hotline (and screened-out) to voluntary prevention services. These prevention services are offered by community care coordinators in eight pilot counties: Spokane (Region 1), Pierce (Region 5), Kitsap (Region 5), Snohomish (Region 3), Whatcom (Region 3), Skagit (Region 3), Island (Region 3), and San Juan (Region 3). The ultimate goal of this effort is to keep families together by reducing the likelihood of child removals after birth. In 2022, DCYF also began testing a specialized referral pathway for Native American clients in Spokane County. Through this pathway, Native clients are offered culturally responsive, voluntary services through a Recognized American Indian Organization (RAIO). DCYF intake staff are now referring close to 100% of eligible clients in pilot counties to care coordinators after implementing process adjustments with support from the HGPL. With the planned expansion to a fourth region (and ninth county), the pilot will have the potential to reach 60% of pilot-eligible clients statewide.
- DCYF, with the support of HGPL, developed procurement strategies for the Culturally Responsive and Specific Services Pilots to address some of the common challenges described by proximate providers in HGPL’s diagnostic work. The procurement strategies were designed to create the opportunity for providers from the Native and Black communities to identify culturally responsive and specific services that they believed would be effective in their communities.
  - DCYF completed a cost study of in-home services, which helped inform a decision package to request additional funding to sustain the provider network. Funding was approved and the resulting rate increase was implemented in July 2022. Additional program improvements were included in the request such as accounting standards, program management, and culturally responsive services. Rate modeling will occur again in 2024 to update and refine the case rate to stabilize the ebb and flow of referrals and payment methodology.
  - DCYF is implementing revised minimum qualifications to four of the EBPs that align more closely with the model developer standards. This change will have a direct impact on capacity building. Through engagement efforts with Black, Indigenous, Persons of color (BIPOC) communities, DCYF heard that the current contract qualifications make it difficult to recruit BIPOC providers. It is believed that the changes will also help build a more diverse provider network that represents the communities they serve. An assessment was completed in 2023 to identify how many people have been trained in and how many people have benefited from the new minimum qualifications for these Evidence-Based Programs: [Incredible Years](#), [Promoting First Relationships](#), [Triple P](#) and [SafeCare](#). The review included work between July 2022-July 2023. The new minimum qualifications for EBPs have positively benefited 13 people (approximately 13% of 99 people).
  - DCYF will contract with an experienced vendor to assist in planning, organizing, and facilitating a recommendation for a redesign of the current framework for delivery of contracted services to CW involved families and JR youth exiting the system.
  - The Service Array team anticipates continued exploration of QA/CQI models, practices, frameworks and/or resources to inform the CIHS line, providers, and internal partners.

### System Partner Involvement and Feedback Loops

Quarterly meetings with DCYF and CIHS providers allow for system partner feedback. During these meetings key topics and changes are discussed; feedback is then incorporated into practice

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improvements. In addition, statewide provider meetings are held to discuss topics that have widespread impact.

- The KCOC formed in 2003 to provide guidance to the Legislature in identifying, supporting, and strengthening kinship care families. This collective is made up of kinship caregivers, multiple state agencies, caregiver advocates, non-profit service providers, tribes, legal community representatives, and the kinship community to support and strengthen kinship families. The KCOC meets monthly, providing a forum to exchange information about state policy changes, local initiatives, and concerns and monitor, guide, and report on kinship care recommendations and implementation activities. The KCOC has provided input on all matters impacting guardianship. They also have participated in licensing initiatives and development of the caregiver supports program.
- In June 2023, the Service Array Consultants surveyed DCYF staff to identify service utilization, gaps, diversity of population served in each region in terms of language, race, ethnicity and sexual orientation, gender identity, and gender expression (SOGIE). The survey asked about DCYF caseworkers' knowledge and understanding of respective CIHS. The survey revealed that caseworkers did not fully understand the difference between the respective services and that the lack of statewide resources to locate services in various areas throughout the state created an increase in workload. The survey also gathered that the current service array was not fully meeting the needs of families living with cognitive or physical disabilities. This survey helped guide the development of the statewide CIHS dashboard and targeted service expansion as well as regional supports including real time case consultations for service matching.
- In CY 2023 the Service Array administrator facilitated meetings with regional management teams to gather information related to service utilization and barriers. These gathering sessions supplied a qualitative forum to include in statewide assessment of the 2023 CIHS expansion efforts and compile statewide service needs.
- In CY 2023, the Service Array team partnered with regional service program staff to provide outreach and education on CIHS and the statewide directory. During the outreach with caseworkers and supervisors, qualitative information was gathered to inform on office and regional specific needs related to CIHS training needs.
- The FPS workgroup included both internal and external system partners. Their valued input impacted the recommendations. As DCYF moves toward implementation, workgroup members, as well as all CIHS providers, will be invited to learn more about the FPS upgrade.
- The [CRP](#) is an independent volunteer organization that reviews DCYF practice/procedures and makes recommendations. DCYF Service Continuum staff members participate in some associated activities with the CRP and assist in responding to recommendations related to services. In CY 2023 and in response to a contracts and services subcommittee recommendation, the Service Array Team created a temporary solution providing ongoing external access to [statewide contracted provider information](#) on the internet.
- Preceding the PBC dashboard launch in 2024, CIHS providers will be asked for their input on the design and experience of use. This feedback will be incorporated in the finalized product.
- In August 2023, DCYF's Culturally Responsive Services team published a Request for Information for Piloting Culturally Responsive Prevention Services and Supports for

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- Reducing Entries into Out-of-Home Care among Black children. The request for information provided valuable insight and recommendations from community-based organizations and parent partners working with the Black communities. These recommendations, in addition to the recommendations gathered from internal system partner workgroups, were used to develop the procurement process for the launch of the Culturally Responsive Services for Black Families pilot.
- For the Culturally Responsive Services for Native Families pilot, DCYF worked closely with the [OTR](#), tribes and Native Serving organizations to develop new prevention service lines through a community of practice model. These collaborations included monthly engagement and consultation as the pilot projects were finalized and moved into their final stage of implementation.
  - A Culturally Responsive Services landscape analysis was contracted to occur from April 2023 -May 2025. This analysis engaged community and lived experience representatives, community and tribal partners, contracted service providers, and internal DCYF staff in gathering sessions, surveys, interviews, and inquiry for qualitative contribution to the overall analysis. DCYF and contractor outreach to internal and external partners was achieved through DCYF networks and in partnership with community-based organizations, OTR, and the DCYF communications team.

## Agency Responsiveness to the Community

In Round 3 of the Child and Family Services Review (CFSR) completed in 2018, Washington state was rated as in substantial conformity on this systemic factor.

### *Item 31: State Engagement and Consultation with System Partners Pursuant to CFSP and APSR*

Washington state has a strong culture and structure of collaborating, coordinating, and partnering with a wide variety of internal and external system partners, tribes, courts, youth, parents and parent representatives, and community partners at both the regional and state level. Meaningful engagement occurs throughout the development, implementation and monitoring of DCYF's CFSP, APSR, child welfare (CW) initiatives such as the Program Improvement Plan (PIP), [Permanency from Day One](#) (PFD1) grant, [Family First Prevention Services Act](#) (FFPSA), [Family Practice Model](#) (FPM), and other agency strategic planning initiatives. Engagement also occurs through the continuous quality improvement (CQI) cycle, which includes defining the problem, assessing the problem, planning strategies for improvement, implementing improvement strategies, and monitoring results.

DCYF collaborates and consults with diverse groups of system partners through [advisory groups](#), [oversight committees](#), provider meetings, improvement initiatives, and implementation of new legislative requirements. Regularly scheduled meetings are held with specific system partner groups, including but not limited to, courts, tribes, behavioral health representatives, youth and youth serving organizations, parent representatives, foster parents, kinship caregivers, contracted providers, and internal staff to assess the needs of children and families to monitor progress toward achieving identified outcomes and measures. Through this system partner feedback, DCYF is able to identify areas of strength, areas needing improvement, discuss best practices and develop strategies for improvement.

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As mentioned in the [Collaboration](#) section of this report, these meetings allow for opportunities for the review of data, discussion of data analysis, discussion of performance strengths and areas needing improvement, and discussion on practice improvements that have been implemented and/or feedback on what additional practice improvements could occur. As workgroups and meetings occur regularly throughout the year, there is an opportunity to provide updates on what suggestions from the workgroups and committees have been implemented and the ability to discuss the outcomes of the suggested improvements.

Examples of engagement and collaboration include the following:

- The [CAPTA Citizen Review Panel](#) (CRP) reviewed the Concrete Goods policy and made recommendations for improving policy and practice.
- Following [SB 5029](#), DCYF hosted the establishment of the Youth Development Workgroup (YDWG). The YDWG included representatives from community-based organizations providing youth development programs (including expanded learning, mentoring, school-age child care, wrap-around supports, and integrated student support advisors) as well as representatives from DCYF, the [Office of the Superintendent of Public Instruction](#) (OSPI), and people with lived experience in state systems. The [YDWG 2022 report](#) describes how the workgroup was formed and the work they are committed to performing.
- DCYF staff and a Black, Indigenous, Persons of color (BIPOC)-owned consulting company partnered in codesign sessions with lived experts, CW staff, JR staff, community providers, and other system partners in the Independent Living (IL) Skills Redesign and Transition Planning Proviso from the 2021 legislative session. During the co-design sessions, lived experts developed and prioritized recommendations. The [Independent Living Transition Planning Report](#) offers more on this redesign project and recommendations.

DCYF publishes a variety of [legislative, federal, program and OIAA reports](#) on the department's internet site.

#### *Item 32: Coordination of CFSP Services with Other Federal Programs*

DCYF continues to engage in ongoing coordination of services with other federal or federally assisted programs serving the same population. The Title IV-E program is coordinated with other programs available to children in Washington state funded under Titles IV-A (TANF), IV-B (Child Welfare Services), XVI (Supplemental Security Income), XIX (Medicaid), and II (SSA) of the Social Security Act in accordance with all appropriate provisions under federal law. Examples of this coordination include, but are not limited, to:

- Coordination with the [DSHS Economic Services Administration](#) (ESA) of concurrent benefits for Title IV-E eligibility and TANF child-only eligibility for children placed in kinship caregivers.
- Supporting tribes in their delivery of child welfare services through IV-E agreements.
- Coordination with the [Office of Homeless Youth Prevention and Protection Program](#) at the Department of Commerce.
- Memorandum of Understanding (MOU) with DCYF, ESA, and statewide Housing Authorities.

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DCYF obtains information from federal and state databases through data-sharing agreements. Examples of database access includes:

- ACES (determines eligibility, issues of benefits, management support, and data sharing)
- SEMS (DSHS Division of Child Support)
- UTAB (Unemployment Tax and Benefit system)
- Department of Health Vital Statistics
- eJAS (Basic Food and Employment System)
- VIPS (vehicle registration database)
- Federal Bureau of Prisons Inmate Locator

Examples of coordination with other federal programs include the following:

- DCYF Parent Locators and other staff use federal and state databases to continuously and actively search for parents whose whereabouts are unknown. Use of these resources has allowed staff to locate parents and engage them in child welfare services.
- DCYF Adolescent Programs and Juvenile Rehabilitation (JR) are partnering with [Career Connect Washington](#) (funded by the Workforce Education Investment Act). This program provides students with an opportunity to develop career awareness, exploration, preparedness, and launch. This will help DCYF support youth in achieving their highest potential.

DCYF will continue to engage internal and external system partners in the development, implementation, and monitoring of the Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), PIP, [FFPSA](#), strategic planning, and other performance improvement and legislatively mandated initiatives.

### *Agency Responsiveness to the Community: Strengths, Barriers and Practice Improvements*

#### Strengths

DCYF was created with the goal of focusing on prevention, streamlining services, and improving outcomes for children, youth, and families across Washington. The creation of a standardized agency advisory mechanism that incorporates advisory structures and practices from the former Department of Early Learning (EL) and former Children’s Administration and JR divisions of the DSHS is ongoing work. It is intended that the engagement structure be streamlined, consistent across the agency, and supportive of effective two-way communication between DCYF and communities.

In April 2023, DCYF underwent a reorganization to consolidate [advisory groups](#) under one management and reporting structure within the Office of Public Affairs. As a result, the following advisory groups are all centrally administered and managed:

- Parent Advisory Group
- Early Learning Advisory Council and Provider Supports Committee
- LGBTQIA+ Advisory Committee
- Home Visiting Advisory Committee

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- Negotiated Rule Making Foster Care Workgroups
- Language Access Plan engagement group
- Children’s Justice Task Force
- 3 CAPTA Citizen Review Panels
- Partnership Council for Juvenile Justice
- Regional Caregiver Support Teams
- Mandatory Reporting Workgroup

This change allows for consistency across groups and supports adoption of best practices which improve relationships with external partners. Satisfaction surveys and feedback loops are routinely used by the above advisory groups, and community input is used to build future agendas, deliverables, and recommendations.

DCYF is currently working with a consultant to build the framework for community engagement across the agency and is conducting listening sessions with internal and external partners to inform its development. A community engagement toolkit is being developed, which will help teams across the agency who are not community engagement practitioners plan and implement engagement according to best practices.

#### Concerns

One of the biggest barriers DCYF faces is that there is not a dedicated funding source to compensate lived experts (parents and youth) for their time spent participating in advisory group meetings. A dedicated compensation program at DCYF would help ensure that the perspectives of individuals who have first-hand experience with the early education, child care, CW, and JR systems can be leveraged in development of effective and responsive services, programming, and supports as well as anti-racist practices.

DCYF submitted a 2023 budget request to the state Legislature for funding to support a community compensation program but was not successful. The request was renewed and resubmitted in the 2024 session. If the request is approved, DCYF is ready to implement the agency guidelines, processes, and reporting structures that have already been developed. If funded, the compensation program would support 24 existing and planned advisory groups across the agency including those listed above and the following:

- Early Achievers Values and Processes Group
- Kinship Care Oversight Committee (KCOC)
- Tribal Policy Advisory Committee
- Indian Policy Early Learning Subcommittee
- Passion to Action Youth Advisory Board (P2A)
- Organizational License Pilot Observer Group
- Dual Language Designation Workgroup

Another barrier is that DCYF lacks a software program for system partner management to track system partner activity across the agency. Having a system would help DCYF capitalize on community input

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without fatiguing the partners DCYF relies on to provide valuable insights. While DCYF continues to build a robust system partner base, a software program to identify the person's areas of expertise, interests, and activities across the agency, would help DCYF do so more efficiently and effectively. Strategy conversations are underway within the Office of Public Affairs on how to meet this need.

### Practice Improvements

DCYF is working toward consistency in its approach to engaging community partners and retained a consultant to help build a framework and toolkit that will help create consistency and bring best practice to community engagement across DCYF. The resulting framework and toolkit should be ready for implementation in Fall 2024.

### System Partner Involvement and Feedback Loops

DCYF collects feedback from community members primarily through surveys, real time feedback collected during advisory group meetings, and through formal recommendations received by advisory groups. Community Engagement staff work with internal and external members to identify ways to better support meetings through technology, accessibility and language supports. All of the [advisory groups](#) noted above include members who have lived experience in the subject matters discussed. There are two advisory groups composed exclusively by lived experts: the [Parent Advisory Group](#) and [Passion to Action](#) for youth.

## Foster and Adoptive Parent Licensing, Recruitment, and Retention

### *Item 33: Standards Applied Equally*

DCYF Licensing Division (LD) ensures state standards are applied equally to all foster family home and child care institutions through the use of standardized materials and processes, consensus building within the LD, and continuous quality improvement (CQI) activities.

Only fully licensed foster homes and child care institutions are claimed by the state for federal funding reimbursement. Placements in approved, unlicensed kinship caregiver homes are important to maintain family connections. However, IV-E and IV-B funding is not claimed for these homes unless the kinship caregiver completes the licensing process. Unlicensed kinship placements are required to have a home inspection, complete the home study, pass a background check that includes FBI fingerprints for all household members 16 and older and, if applicable, an out-of-state child abuse and neglect check.

[Policy 45274. Placements with Unlicensed Relatives or Suitable Persons](#) requires the assigned caseworker to make a home study referral to the LD within 30 days of the start of the placement. The referral includes an application completed by the caregiver and proof that background checks were submitted. This practice changed in 2023 to accommodate the implementation of the [WA Caregiver Application Portal \(WA CAP\)](#), as a paper application referral is no longer needed. DCYF continues its efforts to license more kinship caregivers in Washington state by developing a kin-first culture. A key pillar of this commitment is reimbursing relative foster family homes at the same level as general foster homes. In August 2022, LD implemented [child-specific licenses](#), which allow kinship caregivers to obtain a foster care license specific to the child(ren) in their care. In implementing the Child Specific License, LD included additional non-safety exemptions when assessing kinship caregivers for licensure. During 2023,

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LD was able to further expand the list of eligible Washington Administrative Codes (WAC) that do not pertain to safety and are considered “non-safety exemptions” to license kinship caregivers who otherwise might not be able to become licensed. Non-safety exemptions are available to all kinship caregivers, however, relatives of specified degree as defined in Revised Code of Washington ([RCW 74.15.020 \(2\)](#)) will result in no loss of federal IV-E reimbursement. The criteria for IV-E reimbursement are not a factor in whether or not to apply non-safety exemptions on prospective licensed kinship caregivers. The relative non-safety exemptions are issued for the three-year licensing period, reviewed at the time of licensure renewal, and reviewed when there is a change in circumstances requiring a new license. Suitable other caregivers who do not meet the definition of relative continue to be considered for waivers under the same WACs listed for relative non-safety exemptions; however, this will result in a loss of federal IV-E funding for all children in the home who are otherwise IV-E eligible.

In March 2023, the non-safety/waiver assessment for kinship license was updated to include waivers on the following WAC:

- [WAC 110-148-1320 \(2\)](#) First aid, CPR, or BBP only if caring for children over age two and non-medically fragile.
- [WAC 110-148-1375 \(2-5\)](#) First aid, CPR, or BBP only if caring for children over age two and non-medically fragile.
- [WAC 110-148-1455 \(5\)](#) The first aid and CPR requirements are being exempted in this subsection. This exemption does not apply to the supervision requirements outlined in this subsection.
- [WAC 110-148-1320 \(5\)](#) Current immunizations for any children living in the household.
- [WAC 110-148-1320 \(6\)](#) Influenza or pertussis vaccination.
- [WAC 110-148-1380](#) Ongoing training.
- [WAC 110-148-1480 \(2\)](#) Pet rabies vaccination.
- [WAC 110-148-1510 \(3\)](#) Proof of auto registration.
- [WAC 110-148-1525\(1\)\(b\)](#) *Education home schooling* was removed from Non-Safety Exemption/Waiver Assessment.

Another improvement positively impacting kinship caregivers and general licensed foster homes, is the January 2023 launch of WA CAP. The portal has two tracks specific to kinship caregivers so that the process is efficient and free of barriers, one for unlicensed caregivers and another for licensed kinship caregivers, as well as a track for general foster families. The portal is designed with different tracks to meet the unique needs of the applicant/caregiver. While all standards are the same for licensed care (whether kin or non-kin), the kinship tracks acknowledge the familial relationships and allow for non-safety exemptions. All kinship caregivers start on the licensed track with the ability to opt out. Kinship-specific file checklists are used by assessment caseworkers to ensure that standards are applied equally to all family homes going through the home study process. The checklist identifies all requirements based on rules, regulations, federal law, and guidelines specific to the designated track. The checklist is used to confirm that the application form, background information, and collection of additional information is complete. The standards for licensed kinship caregivers and general licensed foster parents are the same, and between the Kinship Notification Unit (KNU), Kinship Caregiver Engagement Unit (KCEU), and assessment worker, LD staff remain in contact with the applicant through the entire

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process and work 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 assessment worker finalizes the narrative home study using the template in WA CAP. The LD supervisor must review and approve all electronic files prior to the family receiving final approval. Since the implementation of WA CAP in 2023, an increase in the percentage of forms completed by caregivers online is observed. This process is faster, and caregivers are able to follow along their files to know the status and completion of their application.

In 2023, 1,449 applications were approved through WA CAP.

LD will begin to develop stand-alone Kinship Licensing Standards in 2024 as a result of the release of Administration of Children and Family ([ACF Rules](#)) from 2023. The Department plans to file the draft rules by Dec. 15, 2024. Below are the tasks to be completed in order to reach that goal:

- February and March 2024: Kick off governance and workgroups for the Kinship Standards Project
- April 2024 through June 2024: Tribal Consultation
- May and June 2024: Community engagement through [New America Practice Lab/ Bloom Works](#) gathering feedback from impacted communities on new kinship standards.
- July 2024: Initial readout from Bloom Works to inform refinement of WACs and policies/procedures.
- Fall 2024: Develop training and community engagement materials for launch of new standards.
- November/December 2024: Provide near final draft to region 10 federal partners for review.
- Dec. 15, 2024: File Draft of Kinship Standards for public comment.
- February and March 2025: Training on new Kinship Standards provided to internal staff and impacted communities.
- Spring/Summer 2025: Kinship Standards go into effect.

Kinship Core Training (KCT) was created by [The Alliance for Professional Development, Training and Caregiver Excellence](#) (Alliance) and is also on the list of non-safety exemptions, so it does not have to be completed prior to licensure but needs to be completed within the first licensing cycle. This training is much shorter and is designed to meet the unique needs of kinship caregivers. The LD created KCEU in October 2020 to engage kinship families with the home study process, which includes active engagement, information, and support toward licensure and placement home study. Due to limited resources, initially, KCEU was piloted in two regions. DCYF also implemented the KNU in December 2022, as a means to further remove barriers delaying initiation of the home study process for kinship caregivers. Implemented statewide, this allows placement notification to be received by LD when children are placed in out-of-home care for more than 10 days or if a prospective kinship caregiver is requesting placement of a child who is currently in a non-kinship licensed foster home or another temporary placement. This new unit removes the reliance on caseworkers, who have many competing priorities, to get a completed paper home study application from the caregiver to initiate the home study process.

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In October 2021, [Amara](#), UW School of Social Work, and DCYF collaborated to develop [KinPLUS](#); a program to support primary parents, kinship caregivers, and child(ren) and youth in kinship placements. Amara proposed a hybrid licensing-case management model similar to DCYF KCEU with an enhancement in Amara support and resources. In the first year, the collaborative completed a thorough implementation and evaluation plan, along with all needed contracts and agreements. In year two, the focus was ensuring all processes and procedures for program implementation were set for program launch. The targeted pilot population were kinship caregivers residing in Region 4, whereas Region 3 kinship caregivers were the comparison population. Prior to Amara implementing the grant in King County, Amara staff were required to take the WA CAP training as LD DCYF was transitioning to an online portal and all home study applications would be completed through this new online portal. WA CAP training was completed for Amara staff in fall 2022. Originally, Amara planned to implement [KinPLUS](#) in October 2022, but was delayed due to WA CAP training, Amara staff capacity, and an update to the Institutional Review Board agreement. Implementation finally occurred in mid-January 2023. The key components of the program include supportive licensing services, placement support services, resource navigation, and a collaborative parenting workshop. Amara developed a referral process and criteria for accepting families into the program, which was adjusted due to the low referral acceptance rate.

The Amara-DCYF-UW School of Social Work collaborative KinPLUS program involves ongoing process evaluation, program tracking, fidelity monitoring, and includes outcome evaluation as the program is implemented and outcome data is available. The KinPLUS evaluation is a quasi-experimental study which aims to enroll a sample size of 160 caregivers (80 caregivers for each the intervention and comparison group). The evaluation for the comparison group is currently underway and has the same acceptance criteria as the intervention region. The evaluation team will be gathering qualitative data from kinship caregivers regarding the licensure process and will conduct an additional focus group with the kinship caregivers. Although, the KinPLUS program is underway, due to its delay in implementation and low referral rate, it is premature to report on the outcome of the program.

Thanks to the funding of [New America Practice Labs](#), DCYF partnered with [Bloom Works](#), a research organization, to use co-design methods to understand, define, and make recommendations for kin-first culture in Washington state. Research began in September 2022 and the final report, [Washington State DCYF Kin-First Culture Research and Recommendations](#), was completed in April 2023.

Since receiving the Kin-First Culture Research and Recommendations, DCYF began implementing changes. These changes are in various stages of implementation.

- Training for staff-
  - Agency wide staff are receiving training focused on working with kinship families, their specific needs, and unique family dynamics. DCYF continues to develop and modify existing training through a kin-culture lens.
- Financial Supports-
  - [Initial Licenses](#) implemented in July 2023, DCYF pulled together child welfare (CW) and headquarters (HQ) staff to look at how kinship caregivers could be better supported at the time of placement.
  - As part of that work, placement expectations were revamped to include addressing

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- immediate needs of kinship caregivers.
  - Multiple divisions within DCYF came together to create a process for implementing the Initial Licenses which offered a way to get financial assistance to kinship caregivers faster.
  - The Initial License team worked with [Department of Social and Health Services \(DSHS\) - Economic Services Administration](#) to develop an approach so caregivers could apply for Non-needy TANF which is immediate while waiting for the first Initial License funds without receiving an overpayment. This approach was needed due to a delay in initial license funds for caregivers, averaging 30-45 days.
- DCYF partnered with DSHS Economic Services Administration and supported the use of Good Cause Waiver of Child Support Enforcement.
- New posters were developed that specified what supports were available to unlicensed and licensed caregivers.
- Implemented a new [seven level rate system](#) for foster care maintenance that offers higher levels of financial support and services. Other Caregiver Supports-Created Relative Search Unit (RSU) positions that assist in searching for relative placements. The RSU staff can assist relatives with barrier removal in order for them to become placement.
- KEU Pilot
  - DCYF will use a family finding model that engages multiple strategies aimed at conducting initial and on-going family engagement methods that use individualized communication to enlist support of extended family members and family friends that the child and/or family identified as trusted and familiar individuals.
- The Wendys Wonderful Kids (WWK) program is funded through a grant from the [Dave Thomas Foundation](#). This evidence-based model uses intensive child focused recruitment to find relatives, kinship, or suitable others. The staff have low caseloads and target recruitment for youth who are statistically likely to age out of care. The goal is legal permanency but finding connections for youth is equally important.
- The Alliance Caregiver Retention, Education, and Support (Alliance CaRES) program works with all new placements within seven business days of placement. They offer support groups, referrals to training, general guidance on licensing, and a robust website full of information and resources. The CaRES program was under-utilized and is a focus of promotion this year as it offers a wide range of listening and support with navigating systems for caregivers.
- Updated the DCYF [website for Kinship Caregivers](#).

As required by co-design, Bloom Works follows up with participants along the way to share findings and hear additional feedback. The final report of these efforts and a high-level summary presentation will be public on the [DCYF Thriving Families Campaign](#) website.

The report provides insights into what works well, challenges within the current system, and a playbook of recommendations to help improve Kinship Care within Washington state. The playbook includes individual-level recommendations that caseworkers can use today, organizational-level recommendations that DCYF already started to prioritize and focus on, and state-level recommendations that are larger than DCYF can resolve alone. DCYF will share the report widely and

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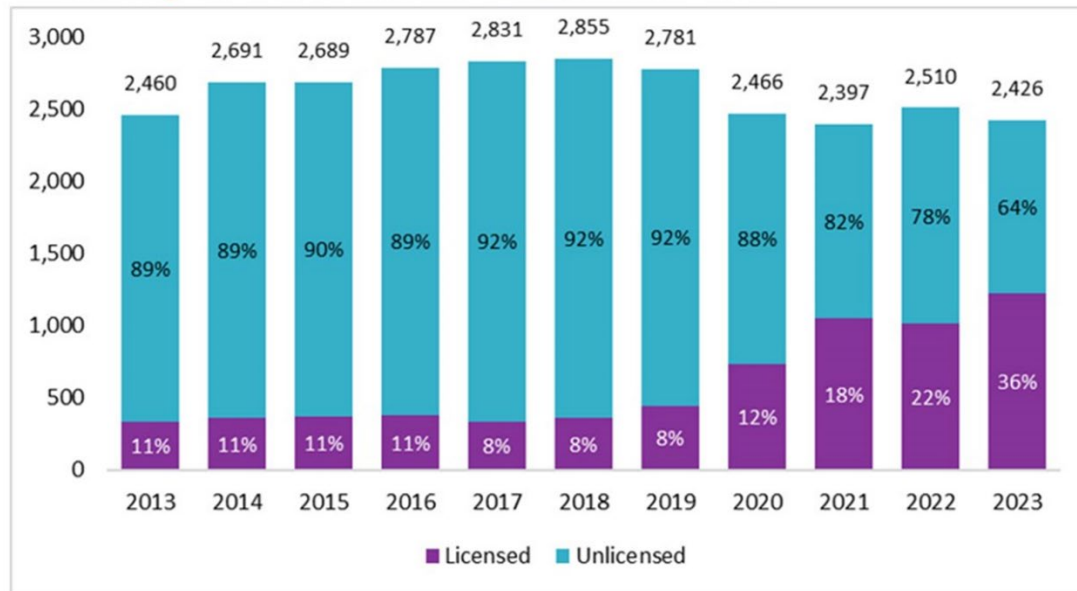
invite other state agencies, tribal and community partners, and philanthropists to join DCYF's efforts to create a kin-first culture in Washington.

LD convened a cross-divisional Initial Health/Safety and Needs Assessment Workgroup in February and March of 2022 to design an agreed-upon implementation strategy for [initial licenses](#). The Executive Steering Committee accepted the proposed process and DCYF implemented court-ordered Initial Licenses on July 1, 2023, allowing kinship caregivers to begin receiving foster care reimbursement payments shortly after placement using state-only funds. Initial licenses are available to kin who pass minimal requirements when a child is first placed in their home. The initial license allows kinship caregivers to receive basic foster care reimbursement payments for up to 90 days while completing the full kinship license requirements. Before the Initial License can begin, the kinship caregiver must agree to be a placement resource and participate in the Initial Licensing process. DCYF assesses the kinship caregiver for the Initial License by initiating background clearances for all members of the household age sixteen years and older and completing a home inspection and placement agreement with the kinship caregiver(s). LD validates these steps before issuing the Initial License or denying the Initial License due to background check disqualification. LD continues to work with the kinship caregivers to complete the full licensure process. Kinship caregivers are made aware that there is a 90-day expiration once the Initial License is issued. If a full license cannot be completed before the expiration date, foster care reimbursement to the kinship caregiver is closed. The LD caseworker continues working with the family to complete full licensure, and foster care reimbursement will be reinstated upon full licensure.

Effective Oct. 1, 2023, DCYF started to issue initial licenses to qualified relatives and suitable person caregivers without a court order. If a court orders DCYF to initiate an initial license for caregivers, it must be prioritized over those not court ordered and must meet the 10-day initiation. This change allows caregivers, including DCYF employees who are caregivers, to become eligible for foster care maintenance payments starting on the date DCYF issues the initial license.

At the end of SFY 2023, 36% of kinship caregivers with current placements were licensed. Because of Washington's commitment to developing a kin-first culture, DCYF has seen a steady increase in licensed kin over the past three years.

## Number and Percent Kinship Care Providers Licensed, Last Day of State Fiscal Year, 2013-2023



Source: Source: DCYF, (October 2023). Relative versus non-relative [July 2012-June 2023]. infoFamlink.  
 Notes: Point-in-time data taken last day of State Fiscal Year. This chart has been corrected, as the previously posted chart erroneously reported number/percent of children placed in licensed vs. unlicensed Kinship Care, rather than number/percent of Kinship Care providers.

### Foster Parent Licensing

Washington state general licensing standards for families submitting an initial application requires:

- A fingerprint-based background check through the [Federal Bureau of Investigation](#) (FBI) and the [Washington State Patrol](#) (WSP), to include a child abuse and neglect history check of every state the adult individual has lived in the five years preceding the background check application.
- A WSP criminal background check is required for any household members, ages 16 through 17.
- An approved home study/family home inspection.
- CPR and First Aid training. Federal rules and regulations allowed for any outstanding COVID-19 related waivers to be addressed at the time of renewal. To comply with [WAC 110-148-1375](#), foster parents planning to renew their license, applicants, other caregivers, and prospective caregivers over the age of 18 who are planning to become licensed must either: complete training through the [Alliance](#) before June 30, 2023, or self-pay for CPR/First Aid after June 30, 2023 and submit reimbursement to their assigned LD caseworker once the license is issued. The contract for First Aid-CPR training through the Alliance ended on June 30, 2023.
- Bloodborne Pathogen training.
- Completion of Caregiver Core Training (CCT).

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## 2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

At the beginning of CY 2024, there were 4,534 licensed foster homes, an increase in the number of foster homes since the beginning of CY 2023 (4,324).<sup>10</sup> As the number of children in foster care continues to decrease, fewer are entering out-of-home care and more are being placed in kinship care. In 2023, 1,286 new licenses were issued and 1,013 were specific for kinship care.

As the total number of general foster homes is decreasing, so has the total number of newly licensed homes, however an increase on kinship licensed homes is in alignment with DCYF's approach for a kin-first culture.

Number of DCYF and Private Agency Licensed Foster Homes	
Calendar Year	# of First New Licenses Issued in Calendar Year
CY 2020	1,039
CY 2021	939
CY 2022	655
CY 2023	1286

Data Source: Count of DCYF Licensed Providers by Location and Type and Licensing Timeliness Report, CW Licensing Metrics (data warehouse), infoFamLink

The average days from application to licensure continues to be monitored with the goal of completion in 120 days. Additionally, LD is working diligently to decrease the backlog. Decreasing time to licensure is particularly important considering the implementation of the [initial license](#) in July 2023. The implementation of [WA CAP](#) came with some technical issues and a learning curve for staff and caregivers, which affected the timeframe of application to licensure for the 2023 data. In addition, general foster care applications were not accepted until February 2023 and child placing agencies (CPAs) were not added to the WA CAP system until August 2023 once specific forms and procedures were developed to make the transition easier. In the next years, as caregivers and staff become more familiar with the use of WA CAP, it is expected that days to completion will decrease.

Average Days Application to Licensure (State & Private Agency Homes)	
2020	156.7
2021	136.8
2022	129.1
2023	147.73

Data source: infoFamLink, Licensing timeliness

% Licenses Completed < 121 Days				
	2020	2021	2022	2023
State Homes	41%	57%	70%	38%
CPA	40%	48%	52%	53%
Total	41%	55%	65%	48%

Data Source: InfoFamLink, Licensing timeliness

<sup>10</sup> Data source: infoFamLink, Count of CW Licensed Providers by Location and Type

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As of January 2023, forms and documentation related to the licensing process are submitted and maintained in WA CAP. A file checklist is used by home study licensors to ensure that licensing standards are applied equally to all family foster 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 narrative home study using the template in WA CAP. The LD licensing supervisor reviews and approves all virtual files prior to the family receiving a foster home license. This approval must be completed with a signature in WA CAP 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 state. Homes that do not meet standards are denied a license (new applications) or their license is revoked (existing licenses).

Due to the unpredictable placement duration of a child in a specific foster home, it is often difficult for foster parents to find child care for children placed in their home. In an effort to increase accessibility to high-quality child care for children and youth in foster care and increase placement capacity throughout the state, DCYF began offering [multi-licensing to caregivers and child care providers](#) in 2023.

Previously, individuals were restricted from simultaneously offering child care in their homes while fostering. This new multi-licensing process provides a streamlined process that supports individuals to become licensed in both foster care and child care.

DCYF implemented a pilot across the state from 2020 to 2022. By the end of the pilot, 15 individuals successfully became dually licensed. More than half of those are homes of American Indian/Alaskan Native (AI/AN) or Hispanic/Latino designation.

To qualify, individuals must:

- Be licensed (foster care or family home child care) for a minimum of one year
- Be 21 years or older

#### 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 aged 16 and above. The relicensing process includes a home inspection, renewal assessment, updated background checks, and verification of completion of required in-service training. The licensor 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. [WA CAP](#) is anticipated to make the renewal process more efficient for foster parents and LD staff by tracking and managing background checks, expiration dates, training, and the renewal assessment online.

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## Child Care Institutions

Application and assessment materials maintained by LD are consistent statewide through the use of a standardized application packet and facility checklists that identifies all licensing requirements based on rules, regulations, and federal law, and guidelines. LD developed standardized checklists for each type of group care facility, depending upon the specific license being issued (group home, crisis residential centers, etc.). All individuals employed at a child care institution must successfully pass a background check before they may begin work at the facility, including those not directly working with children or youth. This includes a fingerprint-based background check through the [FBI](#) and the [WSP](#), and a child abuse and neglect history check of every state the adult individual lived in the five years preceding their background check application.

There are three supervisors overseeing 14 group care licensors who regulate group care facilities across the state. Supervisors review all checklists and application materials prior to licensure approval or denial, which ensures standards are applied equally across the state.

- Group Care Licensing historically completed Health and Safety Visits twice a year on Behavioral Rehabilitation Services (BRS) and medically fragile contracted facilities, with one visit being unannounced. Group Care Licensing also participated in the comprehensive review with BRS, Contracts, and other program staff on BRS and medically fragile contracted facilities every three years. By limiting these reviews to only BRS and medically fragile facilities, most licensed facilities have gone without regular monitoring visits. To address this discrepancy, the Health and Safety policy changed to include all DCYF licensed group care facilities. Additionally, as comprehensive reviews are no longer taking place, the Group Care Licensor will notify the identified regional contracts and/or BRS lead if relevant concerns are identified. Health and Safety Monitoring Reviews are designed to promote the safety and well-being of children placed in group care facilities and serve as a technical assistance tool for LD to assist group care agencies with meeting the WAC requirements. The new process went into effect March 2023:
- Health and Safety Monitoring Reviews occur twice a year, approximately six months apart, for DCYF contracted facilities such as BRS, Medically Fragile, Emergent Placement Services (EPS), and Adolescent Transitional Living Program (ATLP).
- The two reviews alternate between Unannounced Monitoring Review and Announced Monitoring Review.
- An Announced Health and Safety Monitoring Review occurs once a year for all non-BRS/non-medically fragile licensed group care facilities, approximately 12 months apart.
- The licensing renewal counts as an Announced Health and Safety Monitoring Review.
- If there is a concern that generates a valid finding, the Group Care Licensor will create a compliance agreement.
- Group Care Licensing staff complete the Health and Safety Monitoring Reviews; other internal and/or external parties may attend if they request to do so, e.g. BRS, Contracts, [Developmental Disabilities Administration](#) (DDA), and [Foster Well Being](#) (FWB).
- If the licensed provider has an open LD/CPS investigation during a Health and Safety Monitoring Review, the Group Care Licensor will notify the LD/CPS investigator of the scheduled visit via email.

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### Renewal of Child Care Institutions

Group care facilities also have a three-year licensing period. At time of renewal, the facility must submit a completed application with all required supplemental materials, including updated background checks for all staff. The application and materials are reviewed by the Group Care Licensor to verify compliance with licensing requirements. In addition, a Group Care 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 adherence to all licensing requirements, agency and file reviews are conducted with checklists created by LD based on the WAC requirements. In addition to the file reviews, the licensor visits all licensed group care facilities to conduct a full inspection of the physical facility and various required logs and records. Compliance agreements are developed for any deficiencies, and these agreements are monitored by the licensor and required to be completed prior to the approval of the renewed license. To complete the licensing renewal, the licensor compiles all checklists and required information, and provides this to the group care 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.

For the upcoming years, LD will be working closely with the DCYF Rules and Policy Unit on several projects to revise/update all foster care policies. The project will focus on writing these policies in alignment with DCYF's strategic priority to eliminate racial disproportionalities and advance racial equity, including the following:

- Complete revision of the foster care policies (5100-5180)
- Revision of the Group Care WACs through the NRM process
- Revision of the Foster Care WACs through the NRM process
- Development of new licensing rules (Professional Therapeutic Foster Care) as well as expansion of the Emerging Adulthood Housing program ([D.S. Settlement](#))

Possible addition of new policies may occur as the current versions are reviewed.

### Quality Assurance (QA) and Continuous Quality Improvement (CQI)

In 2023, DCYF approved a [DCYF QA/CQI Framework](#) to help strengthen and standardize the agency's QA, CQI, and related data collection & reporting practices and provide more support to staff who work in those areas. The [Office of Innovation, Alignment & Accountability](#) (OIAA) in collaboration with LD started to gather information about LD current practices with the goal to develop a QA/CQI Manual for LD, compare current practices to the agency's new minimum standards, and help the division identify ways to improve over time, including further integrating racial equity into their practices. The framework is planned to be implemented in phases, beginning with documentation gathering completed during 2023. Phase two will be implemented in 2024, and by the end of this project the LD QA/CQI team will be better equipped to support the LD by standardizing QA/CQI practices.

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*Item 34: Requirements for Criminal Background Checks*

Washington state's comprehensive background checks for adoptive and foster care exceeds the federal Adam Walsh Protection and Safety Act requirements to check national crime information databases and state child abuse registries. This background check includes adverse and negative action information from Washington's licensed programs and courts dispositions that may not be reflected in the in-state or national background check result and is required for all household individuals aged 16 and older and not just the prospective adoptive or foster parents.

DCYF's crimes list goes beyond the federally disqualifying crimes, but an individual with these additional crimes undergoes an individualized assessment of their character, suitability, and competence to determine if these crimes or negative actions relate directly to child safety, permanency, or well-being. Suitability assessment staff review criminal history and negative actions, obtain and review police reports and other documentation, interview applicants using trauma-informed questions, review child welfare history, contact assigned staff, and write summarized assessments.

DCYF does not have its own background check system and relies on other governmental agencies to facilitate the criminal history portion of the background check process. This lack of automation and reporting capability results in duplicative background checks and associated costs, and increased turnaround times. DCYF makes the final decision on all background checks. DCYF recognizes this barrier and is working with leadership on proposing solutions to more timely and effectively complete background checks.

DCYF implemented changes to the background check process in 2023 to remove barriers associated with issuing [initial licenses](#) for kin. The National Crime Information Center processes emergent background checks for kin placements whenever possible. National Crime Information Center staff are also assisting with entering legal and updating child location after background checks are conditionally cleared for initial license purposes.

*Item 35: Diligent Recruitment of Foster and Adoptive Homes*

DCYF continues to operate a full functioning foster, kinship, and adoptive recruitment program per the guidelines of [RCW 74.13.325](#) noting that within available resources, DCYF shall increase the number of adoptive and foster families available to accept children through an intensive recruitment and retention program.

[HB 1227](#) impacted recruitment and retention in two specific areas:

- Increasing the standard for the court to order that a child be removed from the home at a shelter care hearing to "imminent risk of physical harm."
- Requiring the court to place with a relative or other suitable person unless placement into foster care is necessary because no relative can provide for the "basic safety" of the child.

As part of the [D.S. Settlement](#) negotiated under the lawsuit, DCYF began implementation of eight system improvements specific to supporting children and youth who meet eligibility.

This impacted recruitment and retention in the following areas:

- Systems improvements to develop and implement a Professional Therapeutic Foster Care program and implement a statewide Hub Home Model focused on caring for young people with current or a history of behavioral health needs.
- Dedicated staff and strategies for the recruitment, development, and support of intensive resource providers, recruiting both new and working with existing providers to expand their service continuum.
- Focus foster care recruitment efforts to increase the pool of caregivers for adolescents (12 and older) and children and youth with complex needs (emotional, developmental, behavioral, and physical).
- Training, development and support for providers and caregivers to meet the needs of children and youth in class to receive trauma-informed, culturally responsive, and LGBTQIA+ affirming care.

Implementation of the system improvements and timeline of service delivery continue to be monitored. DCYF is working alongside a designated court monitor to ensure execution of the settlement agreement works to transform child safety and well-being practices.

Children and youth with more complex needs require foster families with greater skills and ability to parent them. To address these specific placement resource needs, DCYF engaged in an intensive workplan with the [Capacity Building Center for States](#) that concluded in February 2024. Some of the benefits of this work included creating a data-driven targeted recruitment plan for each region to increase placement resources. Additionally, to address DCYF's retention challenges with caregivers (licensed foster and kinship) a revitalization of a Caregiver Retention Framework with data, CQI/ QA elements is in development and is pending implementation.

DCYF continuously strengthens, improves, and diversifies recruitment efforts for potential foster and adoptive families. DCYF collaborates with CPAs, tribes, and the [Alliance](#) to aid in recruitment and retention efforts.

At the beginning of 2024, DCYF maintained 4,534 licensed foster homes. This number includes both licensed foster families and licensed kinship families. The number increased from the previous year due to the number of kinship families obtaining a [child-specific license](#). While DCYF gained over 1,000 licensed kinship families, it lost 815 general foster care homes licensed by either the state or a CPA. These are promising numbers for kinship caregivers and reflects the hard work and effort of kin-first initiatives in LD. DCYF continues to explore the loss of general foster care families and knows that retention is an essential function of a successful recruitment program.

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Beginning of CY 2023		Beginning of CY 2024	
State Foster Home (General)	2,658	State Foster Home (General)	2,004
State Foster Home (Kinship)	306	State Foster Home (Kinship)	1,325
CPA Foster Home (General)	1,345	CPA Foster Home (General)	1,184
CPA Foster Home (Kinship)	0	CPA Foster Home (Kinship)	10
Tribal Licensed Foster Home	15	Tribal Licensed Foster Home	11
<b>Total</b>	<b>4,324</b>	<b>Total</b>	<b>4,534</b>

*Data Source: InfoFamLink Count of CW Licensed Providers by Location and Type, data 1/1/2023 and 1/1/2024.*

Over the past year, there has been a 25% increase in the number of licensed foster homes with at least one caregiver of color, and a 19% reduction on the number of children and youth of color experiencing foster care. Of the total number of licensed foster homes, 36% include at least one caregiver who identifies as a person of color, and 51% of children and youth in out-of-home care are children of color.

Race/Ethnicity of Children in Out-of-Home Care Compared to Race/Ethnicity of Licensed Caregivers CY 2023	
American Indian/Alaskan Native (includes multi-racial AI/AN) Children	909
Foster Homes with AI/AN Caregiver	321
Hispanic Children	945
Foster Homes with Hispanic Caregiver	767
Black Children (includes Black-Multiracial)	815
Foster Homes with Black Caregiver	535
<b>Total Children of Color</b>	<b>2,669</b>
<b>Total Foster Homes with a Caregiver of Color</b>	<b>1,623</b>

*Caregiver counts include State, CPA and Tribal homes.  
Data Source: Minority, Licensed Providers by Location and Type and Relative vs. Non-Relative, InfoFamLink, Jan. 1, 2024.*

Recruitment Efforts

DCYF uses three recruitment strategies to meet the need for adoptive and foster home placements: general, targeted, and child specific.

DCYFs internal recruitment program includes six Targeted Recruitment Specialists (TRS) who develop and implement recruitment campaigns targeting quality, diverse caregivers able to meet the needs of children placed in out-of-home care.

During recruitment connections, events, and activities, TRS are specifically looking to identify caregivers who are:

- Supportive of siblings staying together;
- Racially and culturally diverse;
- Open and affirming of LGBTQIA+ youth;
- Aware that foster care is temporary;
- Supportive of parents and their path toward reunification;
- Open to care for medically fragile/medically complex children;
- Open to caring for children with extensive emotional, behavioral, and physical needs.

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To continue developing a robust placement continuum, DCYF will implement recruitment strategies with a collective focus on the following areas:

- Increase the pool of caregivers for children with extensive emotional, developmental, behavioral, and physical needs.
- Increase caregivers with the skills, ability, and desire to parent adolescent youth 12 and older.

TRS implemented several recruitment strategies to engage the community, bring awareness, and attract diverse, quality caregivers. This was done through:

- Community Connection, Awareness Building, Networking, Reverse Tabling, and General Recruitment Activities in Target Locations
- Initiating Early Relationships/One-on-One Connection Building with Community Leader, Organizations, Cultural Centers
- Targeted Recruitment Vendor/Event [PRIDE, Juneteenth, Indian Heritage Month]
- Targeted Recruitment Material Distribution [Printed Flyers, Banners, Paid Advertisement, Targeted Social Media]
- Micro-Recruitment with Targeted Audiences to include In-person/virtual presentations
- Prospective Foster Parent Engagement [Response to Inquiries, Foster Parent Information Sessions]

DCYF is aware that many families become licensed and do not become a placement resource. This occurs for various reasons, but most often is due to the licensed foster family having a very specific age range and type of child they wish to care for—most often a child with no, or a very low, legal risk of reunifying.

DCYF continues to implement the [Be the Way Home campaign](#)—to help educate prospective foster parents (PFPs) on the importance of reunification and placement with kinship caregivers. Concepts from the campaign introduce the idea that caregivers are instrumental in supporting children and parents to reunify; that they are a bridge to keep children and youth connected to family and aid in making that happen. DCYF hopes to attract caregivers who understand the need for fostering, short or long term, and who are open to being a resource for children and youth and their families in need.

In examining the current pool of licensed foster parents, it is important to understand that not all families are actively fostering. To better understand placement resource capacity, DCYF continues to use an Active versus Inactive category for licensed foster homes. An Inactive home is defined as a licensed foster home who is on a voluntary or involuntary no-referral or a home that has not taken a placement within the prior six months.

DCYF finds that on average 25% of licensed foster homes (State, CPA, Tribal) are considered inactive and are not a placement resource for children and youth experiencing foster care, this is a 9% decrease in inactive homes from the previous year, CY 2022.<sup>11</sup>

As mentioned previously in the [Permanency Outcome 1](#) and [Permanency Outcome 2](#) sections, DCYF continues to struggle in finding available placement resources for children and youth who experience complex physical, mental, and emotional needs. Through recruitment efforts, DCYF is working to find new caregivers and develop existing caregivers with the desire, skills, and ability to care for children and youth with greater support needs. DCYF’s TRS team developed strategies for recruitment for this population of children and youth. Refer to Washington State’s Diligent Recruitment Plan in the [2025-2029 Child and Family Services Plan](#) (CFSP) for specific strategies and implementation. DCYF also knows that recruiting first time foster parents for a therapeutic BRS home is not easily done and that recruiting from the existing pool of caregivers who have experience fostering is likely a more successful approach. The concept being, “You cannot recruit a BRS home, you have to grow one.” BRS homes are provided by a CPA with a specific contract to provide these types of therapeutic services.

DCYF made concerted efforts to increase placement resources, implement practice changes, and bring focus to eliminate the use of placement exceptions. In CY 2023, DCYF experienced a 9% decrease in the number of placement exceptions for the first time in years, a promising trend downward.

Placement Exception Usage	
Calendar Year	Exceptional Placement Nights (Hotel, Office, Leased Facility) Per Year
CY 2018	1,460
CY 2019	1,650
CY 2020	2,603
CY 2021	3,122
CY 2022	4,512
CY 2023	4,088

*Data Source: InfoFamLink, AIRS Placement Exception Report Calendar Year 2018-2023. \*Data does not include night-to-night stays.*

### Race Equity and Social Justice (RESJ) and System Partner Feedback

The TRS continue to strategize multiple efforts to recruit homes that reflect the racial, ethnic, and cultural backgrounds of the children and youth who experience foster care. By diversifying the caregiver pool available for children and youth in need of placement, there are more opportunities a child will be placed with those who share their race/ethnic/cultural identity, are in proximity to their culture in their daily lives and are able to maintain cultural norms and activities.

Historical and institutional racism impacts why Black, Indigenous, and people of color (BIPOC) are hesitant to engage with the CW system. DCYF implemented a RESJ framework that supports continued efforts to address inequities. DCYF’s Caregiver Recruitment and Retention team advocate for equitable

<sup>11</sup> Data Source: InfoFamLink Count of CA Providers by Activity and Type as of January 1, 2024.

system change, work to build trust throughout diverse communities and implement a RESJ lens to all aspects of the work.

### Retention and Support

DCYF continues to contract and partner with the [Alliance CaRES program](#) for caregiver retention and support services. To date, the Alliance CaRES program includes:

- Support at key points
  - All prospective caregivers receive an email and caregivers who reside in one of top 25 removal zip codes receive a phone call, too.
  - Alliance CaRES staff individually call all state licensed caregivers when they receive their initial license, first placement, and six-months after their initial license is approved.
  - All kinship caregivers (regardless of licensing status) receive a supportive call when they have a new placement and another call one-month after a new placement.
- Ongoing support
  - Community-based and facilitated discussion groups.
  - Staff, mentors, and specialists with lived fostering and kinship care experience provide support to foster parents and kinship caregivers statewide.

In 2023, Alliance CaRES responded to Washington’s foster care community by adding:

- A one-month post new placement touchpoint for kinship caregivers.
- Creative virtual gatherings that promote positive relationships, self-care, and family fun including:
  - Caregivers and kids’ activity and story hour that included mailed craft kits for caregivers who registered prior to the event.
  - Virtual story time for caregivers and children.
  - Gentle yoga.
- New facilitated discussion groups
  - Fostering Across Race, Ethnicity, and Culture.
  - Opioids, Fentanyl, and Narcan.

Advanced Trust-Based Relational Intervention Additional staff including:

- Community connectors who build community-based relationships with caregivers.
- Spanish-speaking specialist.
- Community engagement coordinators.

Collectively, new, and existing program elements supported:

- 186 newly licensed foster parents (non-kin)
- 103 foster parents with their first placement
- 2237 kinship caregivers with a new placement
- 961 caregivers who attended community events
- 2850 special events attendees

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- 744 attendees at supported facilitated discussion group

Alliance CaRES staff also made 2,081 supportive contacts outside of required touch points.

Alliance CaRES and DCYF collaboratively evaluate program efficacy and adjust service provision. Throughout 2023, the program responded to DCYF's focus on kinship care and tackled another challenge: virtual versus in-person events. Throughout 2023, Alliance CaRES tried various virtual and in-person events to identify attendance and satisfaction trends and patterns. It was found that Washington's kinship caregivers prefer one-on-one support and events with tangible giveaways. In contrast, foster parents desire in-person offerings and opportunities that confer ongoing education hours. These insights helped Alliance CaRES target events to specific populations. To this end, Alliance CaRES found that their support group options were not appealing to kin and, therefore, increased their focus on peer-based kinship mentoring.

Feedback about Alliance CaRES in the annual caregiver survey indicates that these strategies paid off. Of the 1,342 caregivers who participated, 82% were satisfied with the support they received from Alliance CaRES. It is worth noting that 90% of kin were satisfied, a strong compliment to the 86% of foster parents who reported satisfaction.

Monthly reports from Alliance CaRES also point to systemic and practice-related challenges. A review of Alliance CaRES monthly reports found recurring themes. All caregivers voiced ongoing concerns about practices and considerations for returns home including lack of planning for transitions, prioritizing children's needs, and the safety of the environment children are returning to.

Kin reported:

- Not receiving information about DCYF processes and available supportive resources at placement Lack of or extremely delayed follow-through on tangible goods.
- Pressure to take placement.

Foster parents reported:

- Low caregiver morale and not feeling valued or needed.
- Lack of critical information at placement leading to poor placement fits.
- Challenges accessing caseworkers:
  - Delay or lack of follow-up on service referrals, clothing vouchers, travel approval, and respite.
  - Lack of communication about court dates, Family Team Decision Making (FTDM's) meetings, and case planning changes.

By itself, this information is helpful and points to opportunities for growth and improvement. The information is more powerful when compared to DCYF’s 2023 [annual caregiver survey](#) which indicates:

Caregivers Appreciate:	Opportunities for Improvement:
<ul style="list-style-type: none"> <li>● Support from caseworkers                             <ul style="list-style-type: none"> <li>○ Offering resources</li> <li>○ Asking if there are problems or issues</li> <li>○ Reminders that help is available</li> </ul> </li> <li>● Availability and access to caseworkers</li> <li>● Specific behaviors                             <ul style="list-style-type: none"> <li>○ Courtesy                                     <ul style="list-style-type: none"> <li>▪ Between caseworkers and courtesy workers</li> <li>▪ Between Tribes and DCYF</li> </ul> </li> <li>○ Responsiveness                                     <ul style="list-style-type: none"> <li>▪ Knowing the best way to reach staff</li> <li>▪ Quick or timely follow-up and response to messages, calls, and texts</li> </ul> </li> <li>○ Professionalism</li> </ul> </li> <li>● The helpfulness of the training</li> </ul>	<ul style="list-style-type: none"> <li>● Better communication with caseworkers</li> <li>● Realistic expectations about fostering and the “system”</li> <li>● Information about children and youth in their care including court and meeting dates                             <ul style="list-style-type: none"> <li>○ Consider that 65% responses foster parents were positive as compared to 83% of kin</li> </ul> </li> <li>● Growing DCYF workforce (needs for additional staff)</li> </ul>

DCYF is working to capture all sources of information and provide a comprehensive overview of trends, themes, areas of strength, and areas of improvement. This information will continue to guide child welfare practices and aid in advocating for much needed resources for caregivers. DCYF must concentrate efforts on sustaining the existing pool of caregivers, as they are an invaluable asset.

Based on feedback from caregivers collected in the annual survey and other settings, DCYF continues to identify opportunities to improve communication. In 2023, this included revamping the foster parenting and kinship care section of the [DCYF website](#). The site includes navigation for three key populations (PFs, kin, and current foster parents) and information relevant to all caregivers. Key populations are offered an introduction or landing page, resources, and licensing information. Developing new content for the website required clarifying licensing steps in partnership with LD and retiring outdated resources, updating existing content, and identifying additional information. Based on caregiver feedback, DCYF added a section for all caregivers about how to get involved in the fostering and kinship community. The websites continue to grow and respond to requests for additions such as information about the Interstate Compact on the Placement of Children (ICPC), [DCYF’s Caregiver Supports Project](#), and more.

Alongside the external website, updates were made to the DCYF child welfare intranet websites. Much of the information on this page was out of date and new key resources for caregivers were not included.

#### Prospective Foster Parents (PFP) Inquiry Data

DCYF continues to contract with [Northwest Resource Associates](#) (NWRA) to operate the Statewide Recruitment Information Center (SRIC). The SRIC allows prospective foster, kinship, and adoptive



families to submit an [inquiry online](#) or call the state’s toll-free recruitment line at 1-888-KIDS-414. An individual record is created by the information provided, which is then recorded in the case management system. DCYF can gain significant information based on these PFP responses to include location, interest level, motivation, and source of inquiry. These records are a valuable source of information used by DCYF to analyze recruitment efforts, success, and areas of need.

During CY 2023, DCYF received 3,196 PFP inquiries<sup>12</sup>. Every PFP receives engagement through a welcome e-mail with instructions on next steps and where to receive support. Inquiry engagement is currently part of the [Alliance CaRES](#) contract. To manage the large volume of PFPs received monthly, an engagement strategy was developed in partnership with the contractor. DCYF identified the top child removal zip codes from the previous calendar year and selected five from each region to target. PFPs from those areas interested in general foster care are provided an additional touch point by an Alliance CaRES representative. DCYF implemented additional outreach to all PFPs expressing interest in providing general foster care to increase inquiry support provided.

This engagement strategy will be changing in CY 2024. Engagement will occur with PFPs interested in caring for youth 12 and older, or for children and youth with complex needs. Non-kinship licensing applications from high removal zip codes (HRZ) varied significantly across the regions. Region 2 showed the strongest success in having 35% of applications come from a HRZ, with Region 3 coming in with the least applications received from a HRZ at 9%.

High Removal Zip Codes CY 2023		Licensed Non-Kinship Applications Received	% of Total Applications from HRZ
<b>Region 1</b>		Applications Received: 89	21%
<b>99202</b>	Spokane	2	
<b>99205</b>	Spokane	5	
<b>99208</b>	Spokane	3	
<b>99206</b>	Spokane	3	
<b>98837</b>	Moses Lake	6	
<b>Total</b>		19	
<b>Region 2</b>		Applications Received: 69	35%
<b>98901</b>	Yakima	2	
<b>98902</b>	Yakima	5	
<b>99301</b>	Pasco	6	
<b>99336</b>	Kennewick	1	
<b>99362</b>	Walla Walla	10	
<b>Total</b>		24	
<b>Region 3</b>		Applications Received: 79	9%
<b>98201</b>	Everett	1	

<sup>12</sup> Data Source: NWRA, Statewide Recruitment Information Center, Calendar Year 2023 Report

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High Removal Zip Codes CY 2023		Licensed Non-Kinship Applications Received	% of Total Applications from HRZ
98208	Everett	2	
98225	Bellingham	2	
98226	Bellingham	1	
98203	Everett	1	
<b>Total</b>		7	
<b>Region 4</b>		Applications Received: 69	12%
98003	Federal Way	1	
98032	Kent	1	
98118	Seattle	2	
98030	Kent	3	
98042	Kent	1	
<b>Total</b>		8	
<b>Region 5</b>		Applications Received: 92	11%
98404	Tacoma	6	
98444	Tacoma	3	
98408	Tacoma	4	
98405	Tacoma	4	
98387	Spanaway	3	
<b>Total</b>		20	
<b>Region 6</b>		Applications Received: 111	11%
98632	Longview	5	
98661	Vancouver	1	
98626	Kelso	2	
98520	Aberdeen	2	
98584	Shelton	2	
<b>Total</b>		12	

*Data Source: Foster Home Applications by Month, 1/1/2023 to 12/31/2023.*

Intake by Source CY 2023	
DCYF Website	2,882
Adopt US Kids/Northwest Adoption Exchange Website	160
SRIC Hotline	154
<b>Total</b>	<b>3,196</b>

*Data Source: Statewide Recruitment Information Center Report 1/1/23 to 12/31/23.*

In 2024, DCYF plans to implement CQI efforts in the inquiry and pre-licensure space. Looking at the point of interest, making an inquiry, to applying. Currently there are four entities involved in this stage: DCYF's TRS recruitment team, LD, and DCYF's contracted providers Alliance CaRES, and NWRA. Feedback from system partners and PFPs indicate that the process is "clunky" and not "streamlined."

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While the total number of PFPs stayed consistent from CY 2022 (3,228) to CY 2023 (3,196), 90% came to DCYF directly through the external website. This is an increase of 6% from the previous year. There was also a 51% decrease in the number of PFPs received from the [Adopt US Kids/Northwest Adoption Exchange \(NWAEE\) website](#).

DCYF Regions 5 and 6 continue to see high numbers of PFP inquiries throughout the year, making up 41% of the total number received. Region 2 comes in with the smallest numbers, which is a direct result of their small population size compared to the other regions.

Inquiries Regional Breakdown CY 2023						
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
558	345	401	567	605	720	3,196
<i>Data Source: Statewide Recruitment Information Center Report 1/1/23 to 12/31/23.</i>						

Of those interested in learning more, 35% indicated a primary interest in Adoption from Foster Care, which increased by 5% from 2022. 51% indicated an interest in General Foster Care (short or long term), which decreased by 5% from the previous year.

Interest Type CY 2023	
<b>Adoption from Foster Care</b>	1,116
<b>Extended Foster Care (Youth 18 to 21)</b>	26
<b>General Foster Care (Short- or Long-Term Placement)</b>	1,621
<b>Kinship</b>	181
<b>Short term foster care (Respite Care)</b>	252
<b>Total</b>	3,196
<i>Data Source: Statewide Recruitment Information Center Report 1/1/23 to 12/31/23.</i>	

PFPs were asked what age range they were most interested in caring for with 26% indicating they would be willing to care for a child 12 and older, a 9% increase from the previous year. This information will be used to strategically target PFPs interested in caring for older youth in efforts to increase adolescent placement resources.

Age Range Interested in Caring - CY 2023	
0 to 5	1,992
6 to 12	1,353
12 to 18	620
18 to 21	168
All	399
<b>Total</b>	<b>4,532</b>
<i>Data Source: Statewide Recruitment Information Center Report 1/1/23 to 12/31/23.</i>	
<i>*Potential Foster Parents can appear more than once in multiple age groups.</i>	

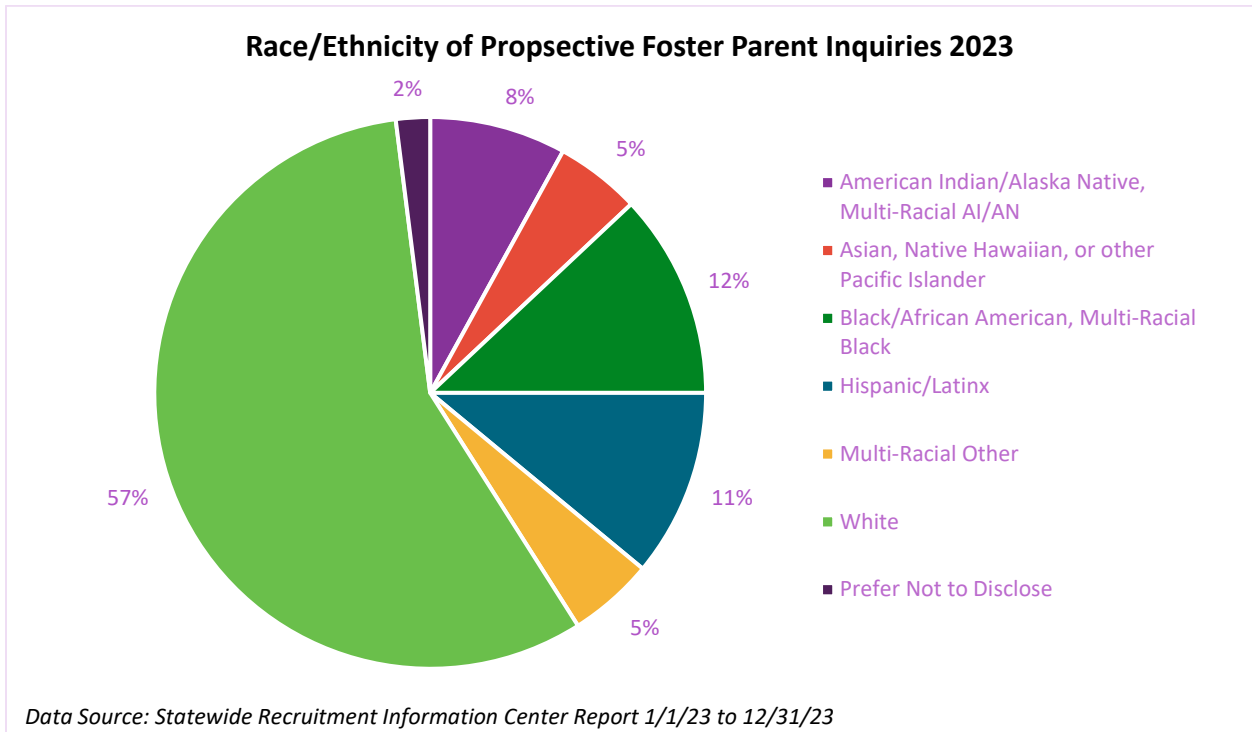
PFPs were asked what encouraged them to submit an inquiry. Outside of “None of these apply” which accounted for 45% of responses, “Internet search” was the highest reason noted at 16%, followed second by a “foster or adoptive parent” at 11%, and third by “DCYF’s website” at 10.5%.

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What Encouraged you to Apply? CY 2023	
Adopt Washington Kids Website	42
Alliance for Child Welfare Excellence	48
DCYF Foster Parent Info Session	71
DCYF Staff/Foster Parent Recruiter	59
DCYF Website	336
Event	59
Faith-based Organization	75
Foster or Adoptive Parent	355
Internet Search	519
None of these apply	1449
Other	1
Print Media	10
Private agency (CPA, or adoption agency)	29
School	58
Social Media	62
TV/Radio	23
<b>Total</b>	<b>3,196</b>
<i>Data Source: Statewide Recruitment Information Center Report 1/1/23 to 12/31/23.</i>	

DCYF continues to see a relatively diverse group of individuals inquiring about foster care and adoption. The majority of PFPs continue to be white at 57%; the remaining inquiries indicate a race/ethnicity outside of white. This is a promising upward trend that DCYF hopes will continue. There were slight variations from the previous year. Decreases were seen in PFPs indicating American Indian/Alaska Native (AI/AN) heritage, increases were seen in PFPs indicating Hispanic/Latinx and Black/Multi-Racial Black.



**Licensing Pathway: Inquiries, Applications, Licenses**

DCYF uses an online provider portal where PFPs and kinship caregivers complete the application for a foster care license and home study assessment. The [WA CAP](#) provides a clearer and more efficient process. WA CAP launched for kinship caregivers in November 2022, and for non-kinship PFPs in March 2023. LD experienced challenges in data analysis and reporting from the system. These items are being sorted out as functionality and configuration of the system continue.

In 2024, DCYF’s recruitment and retention team plan to partner with LD’s data team to extract data from the new system and be able to show the data story from point of entry into the application portal, through the licensing and approval. This will allow for better understanding of barriers to the licensing process and ways to mitigate them.

DCYF continues to strengthen communication to PFPs by improving an online presence through the [external website](#) and ensuring the process is simple and easy to understand.

In the shift of focus on kinship caregivers, LD experienced a significant increase in the number of kinship families obtaining a license. At the same time, there was a significant change in the number of licensing applications received by non-kinship care families, decreasing by 49.6% from the previous year. DCYF hopes to see an increase in targeted applications received with continued recruitment efforts and partnership with LD to triage PFP at the pre-licensing stage.

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### Licensed Foster Home Applications Received - CY 2023

Month	State Foster Home (Kinship)	CPA Foster Home (Kinship)	State Foster Home (General)	CPA Foster Home (General)	Total
Jan-23	62	1	3	22	88
Feb-23	40	1	18	23	82
Mar-23	39	0	31	22	92
Apr-23	22	0	32	28	82
May-23	31	0	20	29	80
Jun-23	8	0	23	15	46
Jul-23	0*	0	26	22	48
Aug-23	0*	0	31	16	47
Sep-23	0*	0	14	21	35
Oct-23	0*	0	21	23	44
Nov-23	0*	0	17	23	40
Dec-23	0*	0	14	15	29
<b>Total</b>	<b>202</b>	<b>2</b>	<b>250</b>	<b>259</b>	<b>713</b>

*Data Source: InfoFamLink Foster Home Applications by Month, Dates: 1/1/2023 to 12/31/2023*

*\*WA CAP Portal Launched and Child Specific License Applications were entered by DCYF staff, data may not reflect all applications received during this time due to data migration issues.*

With the reduction in non-kinship family licensing applications, DCYF experienced a 58% decrease in the number of new licenses issued for non-kinship families from the previous year. On a positive note, DCYF experienced a 275% increase in the number of kinship caregiver licenses issued when compared to the previous year.

### New Licenses Issued, Statewide (State, CPA, Tribal)

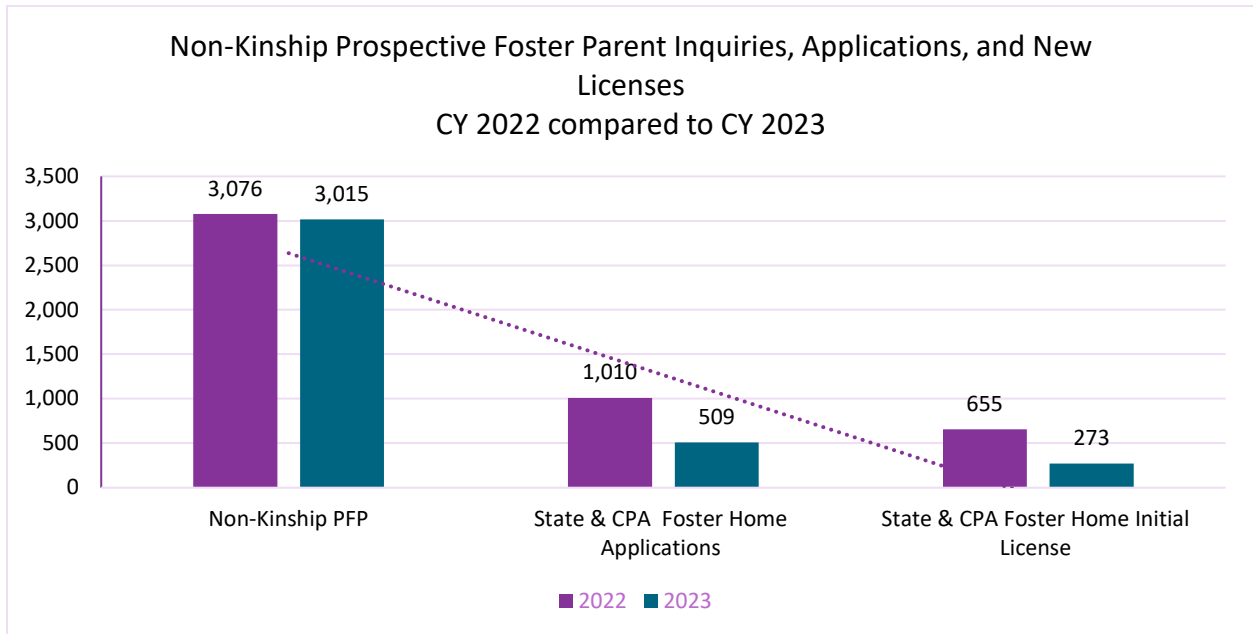
	CY2022	CY2023
State Foster Home (General)	467	99
State Foster Home (Kinship)	270	1,004
CPA Foster Home (General)	188	174
CPA Foster Home (Kinship)	0	9
<b>Total</b>	<b>925</b>	<b>1,286</b>

*Data Source: InfoFamLink Licensing Timeliness Report (1/1/2022 to 12/31/2022) and (1/1/2023 to 12/31/2023) \*New License Only\**

DCYF's Recruitment and Retention team and LD team continue to assess outcomes for prospective caregivers. Based on the data, interest shown through PFP inquiries remains consistent, while the number of licensed foster parent applications and completions have decreased significantly. Evaluation will be needed to understand the challenges and/or barriers to the onboarding process experienced by non-kinship caregivers to determine if any practice improvements are needed to address these outcomes.

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*Data Source: Statewide Recruitment Information Center Report, InfoFamLink Licensing Timeliness Report \*New License Only\*, InfoFamLink Foster Home Applications by Month. All child-specific inquiries, applications, licenses removed. CY 2022 and CY 2023*

### Kinship Placement and Focus

DCYF believes that kinship caregivers (including relatives and close family friends) are the best option when a child or youth cannot live with their parent(s). Children and youth who experience foster care are often removed from their homes, neighborhood, school, pets, and friends. They also frequently lose their relationships with extended family as well as the traditions, language, and history maintained and passed on by these relationships.

When children and youth are placed with kin, they are more likely to maintain these connections and culture and experience more stability (compared to children in general foster care). Research shows that some of the benefits of kinship care include the following:

- Less time spent in foster care
- Higher placement stability
- Lower probability of experiencing abuse by a caregiver
- Greater likelihood of staying connected to their extended family and keeping ties to their cultures, backgrounds, and customs, which is critical to their well-being
- Better behavioral and mental health outcomes

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### Kinship Placement Rates CY 2023

Region 1	55.2%
Region 2	62.7%
Region 3	55.7%
Region 4	58.3%
Region 5	57.8%
Region 6	54.3%
Statewide	56.9%

*Data Source: InfoFamLink Relative versus Non-Relative as of 12/31/2023.*

DCYF is committed to a kin-first culture that places children and youth with relatives and close family friends as the first option. Kinship placements continue to rise, increasing by 2.4% from the previous calendar year.

DCYF embraces the mission of prevention and reunification across all systems. There is great understanding that keeping children and youth connected to their parents, siblings, relatives, and extended family is crucial for their health and well-being. These concepts have not always been embraced or supported in the way they are now. Family connections are important to children and youth's healthy development, sense of belonging, and preserve cultural identity and relationship to their community. Recruitment and retention efforts include messages of reunification, partnering with parents, and the importance of kinship care to remain transparent and attract individuals empowered with this knowledge.

Kinship placements continue a steady trend upward. Increased efforts in family finding, reducing barriers to placement, and increasing support during the home study process have helped tremendously. Statewide and regional variations are noted below, broken down by the race/ethnicity of children and youth placed in kinship care compared to non-kinship care.

### Race/Ethnicity of Children and Youth in Kinship Placements compared to Non-Kinship Placements Statewide CY 2023

	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
<b>Statewide</b>					
<b>AI/AN</b>	90	79	169	53.3%	46.7%
<b>AI/AN-Multi</b>	442	298	740	59.7%	40.3%
<b>Asian/PI</b>	29	44	73	39.7%	60.3%
<b>Black</b>	236	126	362	65.2%	34.8%
<b>Black-Multi</b>	255	198	453	56.3%	43.7%
<b>Hispanic</b>	569	376	945	60.2%	39.8%
<b>Other-Multi</b>	48	38	86	55.8%	44.2%
<b>Unknown</b>	34	24	58	58.6%	41.4%
<b>White</b>	1297	1087	2384	54.4%	45.6%
<b>Grand Total</b>	3000	2270	5270	56.9%	43.1%
<b>Region 1</b>					
<b>AI/AN</b>	16	18	34	47.1%	52.9%

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**Race/Ethnicity of Children and Youth in Kinship Placements compared to Non-Kinship Placements Statewide CY 2023**

	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
<b>AI/AN-Multi</b>	91	54	145	62.8%	37.2%
<b>Asian/PI</b>	*	*	*	57.1%	42.9%
<b>Black</b>	*	10	10	0.0%	100.0%
<b>Black-Multi</b>	43	31	74	58.1%	41.9%
<b>Hispanic</b>	136	67	203	67.0%	33.0%
<b>Multi-Other</b>	10	*	15	66.7%	33.3%
<b>Unknown</b>	*	*	10	80.0%	20.0%
<b>White</b>	242	256	498	48.6%	51.4%
<b>Grand Total</b>	550	446	996	55.2%	44.8%
<b>Region 2</b>					
<b>AI/AN</b>	10	*	17	58.8%	41.2%
<b>AI/AN-Multi</b>	53	38	91	58.2%	41.8%
<b>Asian/PI</b>	0	0	0	0	0
<b>Black</b>	16	*	17	94.1%	5.9%
<b>Black-Multi</b>	18	17	35	51.4%	48.6%
<b>Hispanic</b>	206	100	306	67.3%	32.7%
<b>Multi-Other</b>	*	*	*	50.0%	50.0%
<b>Unknown</b>	*	*	*	0.0%	100.0%
<b>White</b>	133	95	228	58.3%	41.7%
<b>Grand Total</b>	438	261	699	62.7%	37.3%
<b>Region 3</b>					
<b>AI/AN</b>	24	16	40	60.0%	40.0%
<b>AI/AN-Multi</b>	36	24	60	60.0%	40.0%
<b>Asian/PI</b>	*	*	*	28.6%	71.4%
<b>Black</b>	10	*	13	76.9%	23.1%
<b>Black-Multi</b>	18	21	39	46.2%	53.8%
<b>Hispanic</b>	38	32	70	54.3%	45.7%
<b>Multi-Other</b>	*	*	10	50.0%	50.0%
<b>Unknown</b>	*	*	*	40.0%	60.0%
<b>White</b>	194	153	347	55.9%	44.1%
<b>Grand Total</b>	329	262	591	55.7%	44.3%
<b>Region 4</b>					
<b>AI/AN</b>	*	*	15	40.0%	60.0%
<b>AI/AN-Multi</b>	72	56	128	56.3%	43.8%
<b>Asian/PI</b>	11	13	24	45.8%	54.2%
<b>Black</b>	149	75	224	66.5%	33.5%
<b>Black-Multi</b>	66	50	116	56.9%	43.1%
<b>Hispanic</b>	71	36	107	66.4%	33.6%
<b>Multi-Other</b>	*	*	16	50.0%	50.0%
<b>Unknown</b>	*	*	*	60.0%	40.0%
<b>White</b>	135	124	259	52.1%	47.9%

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**Race/Ethnicity of Children and Youth in Kinship Placements compared to Non-Kinship Placements Statewide CY 2023**

	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
<b>Grand Total</b>	521	373	894	58.3%	41.7%
<b>Region 5</b>					
<b>AI/AN</b>	*	*	14	42.9%	57.1%
<b>AI/AN-Multi</b>	108	78	186	58.1%	41.9%
<b>Asian/PI</b>	*	*	17	47.1%	52.9%
<b>Black</b>	48	21	69	69.6%	30.4%
<b>Black-Multi</b>	69	43	112	61.6%	38.4%
<b>Hispanic</b>	36	47	83	43.4%	56.6%
<b>Multi-Other</b>	12	*	19	63.2%	36.8%
<b>Unknown</b>	*	*	*	100.0%	0.0%
<b>White</b>	155	111	266	58.3%	41.7%
<b>Grand Total</b>	444	324	768	57.8%	42.2%
<b>Region 6</b>					
<b>AI/AN</b>	28	21	49	57.1%	42.9%
<b>AI/AN-Multi</b>	82	48	130	63.1%	36.9%
<b>Asian/PI</b>	*	14	18	22.2%	77.8%
<b>Black</b>	13	16	29	44.8%	55.2%
<b>Black-Multi</b>	41	36	77	53.2%	46.8%
<b>Hispanic</b>	82	94	176	46.6%	53.4%
<b>Multi-Other</b>	11	11	22	50.0%	50.0%
<b>Unknown</b>	19	16	35	54.3%	45.7%
<b>White</b>	438	348	786	55.7%	44.3%
<b>Grand Total</b>	718	604	1322	54.3%	45.7%

*Data Source: InfoFamLink, Kinship vs Non-Kinship Placements, as of 12/31/2023.*

*Child Specific Recruitment*

DCYF has a need for diverse, quality caregivers with the desire to be a permanent resource for children and youth in need. DCYF uses several child-specific recruitment methods, overseen by the Adoptions Program, to identify existing and prospective adoptive families to include:

- Local and national adoption exchanges
- [Reverse Matching Events \(RME\)](#)
- In-Depth Profiles
- Local events such as KidsFest
- Monthly Adoption Consortium meetings
- [WWK](#) child specific recruitment (internal DCYF staff)
- Communication regarding adoptive resources between LD, placement desks, and adoptions
- Case management to identify relatives or suitable others.

Child-specific recruitment focuses on an individual child and their need for permanency. For children and youth who do not achieve permanency, these forms of recruitment seek to identify caregivers to

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best match a child's unique needs. The referral process for participation in the recruitment strategies is dependent on the child or youth's legal status. Children and youth who are legally free may participate, while court approval or parental permission is required for children and youth whose parental rights remain intact.

Child-specific recruitment efforts are concentrated on youth aged 12-18 years old. [NWAE](#) provides youth-focused empowerment programs to include In Depth Profiles and RME. Initiated in 2018, In Depth Profiles were established to engage youth in a creative process of presenting themselves to potential families in a way that best meets the youth's personality and likes. The youth use their creativity to decide on what type of format best meets their needs. Some youth will participate in videos which may include providing a tutorial or by simply putting together a playlist of music they enjoy. The videos showcase the youth's personality which can increase chances of a successful placement.

As outlined in the [EYR section](#), the implementation of RME's also had a significant impact on youth voice. Because of the success using videos, NWAE are now providing families seeking to adopt youth older than 13 an opportunity to complete a family video. Like concerns expressed by youth regarding families evaluating the youth based on information within their case file, families believe a video of their family is a better representation than a review of their home study. Families have provided feedback regarding how much they appreciate this opportunity and support youth through this process.

An in-person KidsFest was held on May 5, 2023, in partnership with a local Rotary club. This event included activities at the [Mobius Science Center](#), gifts, food, prizes, and a time for the children attending to interact with prospective families through playing games. Two additional events are scheduled in 2024 with the intention of these events being regular occurrences. Staff attending the event report keeping the event 'low pressure' without the explicit goal of finding a match results in increased participation and greater reported satisfaction with the event. One goal for these events is to gather qualitative data. Matches found are tracked and staff report youth are more engaged in recruitment after attending these events. Staff hypothesize the reason for the increased involvement is the youth meet other youth in the same situation as well as feeling hopeful about prospects. This information is a reasonable hypothesis; however, a goal for 2024 is to develop a process to gather qualitative data to improve these events or to apply the success to other events.

[WWK](#) is a statewide, evidence-based, child focused recruitment model to find permanent homes for children awaiting adoption in foster care by employing an extensive family and record search method which includes communication with the youth and all who have been involved with the family. This model emphasizes building connections for the child outside of placement. DCYF currently implements this model statewide with six Specialized Adoption Recruiters to cover each region. Since July 1, 2022, WWK has served 99 children and youth in need of permanency. Efforts have secured permanent homes for 16 children and youth. Four children have achieved permanency, one youth petitioning to reinstate parental rights, and three others are in the process of finalizing adoptions.

An additional strategy for child-specific recruitment includes partnering with LD to engage newly licensed foster parents who are interested in becoming a permanent resource for a child or youth experiencing foster care. Each month, NWAE is given a list of newly licensed foster homes. As part of their contract, NWAE staff connect with families to help identify potential matching opportunities.

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*Item 36: State Use of Cross-Jurisdictional Resources for Permanency Placements*

The majority of cross-jurisdictional resources are a result of relatives and prospective families living in a different region or community than the child's local community. For those situations, the home study process is completed through LD.

Identification of relative/kinship families or prospective permanent families located in another state, requires an ICPC request to be submitted. If a family is identified through recruitment the request generally requires a child specific contract. In the last five years, there have been 74 requests for these contracts resulting in 20 children being adopted, 15 children were placed but had to return to Washington state with a disrupted placement, and the remaining children never went out of state. There are currently 11 contract requests actively being managed by Washington.

ICPC is the legal binding law in all states, the District of Columbia and the Virgin Islands that provides protection to children placed through an approved ICPC across state lines. A Compact is a uniform law; all party states have the Articles of the ICPC in their state law. This is the only safe way to place children across state lines and facilitate the support and services deserved.

While the ICPC provides protections and clear assignment of roles and responsibilities between states, there are challenges with the process. There are variations in home study requirements, such as requiring licensing for all relatives or not accepting an adoption home study request prior to termination of parental rights (TPR). Planning and encouraging families across state lines to respond timely and engage in the home study process quickly is a part of the assigned caseworker's ongoing engagement work with the family. If the identified home was located through recruitment, or licensed with a private agency, states may require DCYF to contract with the agency for the child specific home study and supervision. This contract must be completed prior to sending the ICPC request to be included in the request packet.

Permanent plans through ICPC can include return to parent, adoption, guardianship, or other court approved permanent options based on the sending state that holds jurisdiction. Achieving permanency for an ICPC case occurs after placement and a period of stable supervision. Article V of the [ICPC law](#) requires the concurrence of the receiving state's ICPC office prior to entering into a permanent plan.<sup>13</sup>

Article III of the ICPC law requires states to have a home study and placement approval from another state prior to placement.<sup>14</sup> The [Safe and Timely Interstate Placement of Foster Care Act of 2006](#) requires states to complete home studies within 60 days.<sup>15</sup> If the home study is not completed in 60 days, the

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<sup>13</sup> Interstate Compact on Placement of Children. WA RCW 26.34.010 (1971 ex.s c 168 § 1)

<sup>14</sup> Interstate Compact on Placement of Children. WA RCW 26.34.010 (1971 ex.s c 168 § 1)

<sup>15</sup> Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239.

receiving state generally provides a preliminary report to the sending state indicating the reason for delay. This 60-day home study timeline for most states is difficult to achieve.

There has been inconsistency within the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) regarding the time frame and definition of a safe and timely home study. States appear to be using different definitions of a safe & timely home study and different start dates of the ICPC home study request. Discussion will continue at the AAICPC Business Meeting in May 2024 to come to an agreement regarding definition of safe and timely home study as well as consistent start dates. States may not all be using the same definition when reporting data. Discussion will continue at the AAICPC Business Meeting in May 2024 to come to an agreement regarding the definition of a safe and timely home study as well as when the time frame begins. A completed home study, under ICPC regulations, is due as soon as possible and no later than 180 days, to accommodate states' foster licensing or adoption home study requirements.

From January through December 2023, 60% of home study requests received from another state were completed, requests withdrawn by the sending state, or a preliminary report was provided within 60 days, which is an increase from CY 2022. This increase from last year correlates to the HQ ICPC unit continuing to request status checks from other states on outstanding home studies and work to alleviate barriers. It may also be a result of ICPC training with LD, and some of the changes made to the relative home study and licensed relative process.

In CY 2023, DCYF received 597 requests with 96 adoptive placements identified from other states, for 93 children. During 2023, 78 children achieved permanency through adoption from other states.

Reviewing the data as of March 26, 2024, there are 53 outstanding 2023 home study requests to Washington state, 37 of those from the last quarter (September- December) of CY 2023. There are 59 outstanding 2023 home study requests sent to other states, 49 of those from the last quarter of 2023.

Overdue home study data is pulled quarterly. In analyzing the data, delays include adults not getting fingerprints scanned in a timely manner, needing safety items for the home, home study writer needing to write the home study (which can be attributed to staffing levels), and delays in the completion of training requirements. LD also implemented a new provider online system, [WA CAP](#), during this calendar year. There were some technical difficulties, as well as a learning curve for staff that may have delayed ICPC home studies.

ICPC Referrals to Washington State for Placement				
Calendar Year	Total ICPC Referrals Received	ICPC Request with Relatives	Potential Adoptive Placement Identified	WA ICPC Adoptions
CY 2021	778	646 (83%)	128	65
CY 2022	673	519 (77%)	154	57
CY 2023	597	505 (85%)	96	78

*Data Source: PQR 1438, infoFamLink, CY 2021 & CY 2022 & 2023*

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The following table identifies the number of ICPC requests into specific regions in Washington state and the percentage and number of completed home studies, approvals, denials, withdrawals, or preliminary reports that met the 60 days or less timeframe.

Timely ICPC Home Study Decisions Provided by Washington to Sending State in 60 Days or Less								
CY	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	HQ	Total
<b>CY 2021</b>	54% (63)	61% (43)	62% (59)	61% (79)	55% (82)	57% (124)	100% (5)	55% (425)
<b>CY 2022</b>	56% (62)	66% (47)	60% (40)	64% (64)	53% (67)	55% (105)	50% (3)	58% (388)
<b>CY 2023</b>	79% (109)	52% (30)	68% (54)	49% (31)	67% (57)	42% (73)	100% (2)	60% (356)

*Data Source: PQR 1448, infoFamLink, CY 2021 & CY 2022 & 2023*

In CY 2023, DCYF sent 493 requests with 78 adoptive placements identified to other states, for 71 children. During 2023, 53 children achieved permanency through adoption in other states. This low number of ICPC requests sent to other states may be a result of Washington state [HB 1227](#) which changes the front-end of the dependency court process, resulting in significantly fewer children in out-of-home care.

DCYF Referrals Out of State for Placement					
Calendar Year	Total ICPC Referrals Sent	Timely decisions 60 days or less	Potential Adoptive Placement Identified	Children Achieving Adoption	ICPC Relative Requests
CY 2021	651	220 (34%)	124	74	508 (78%)
CY 2022	641	194 (30%)	116	57	520 (81%)
CY 2023	493	138 (28%)	78	53	380 (77%)

*Data Source: PQR 1438, infoFamLink, CY 2021 & CY 2022 & 2023*

HQ ICPC continues to collect data on how many placement requests were with relative caregivers. In CY 2023, 85% of the incoming referrals and 77% of the outgoing referrals were with relative families. This high percentage of requests continues to show DCYF's priority of relative placements, maintaining family and cultural connections. There is also continued priority to place with unrelated families that are considered kinship placements as part of DCYF's kin-first culture. The DCYF Statewide Automated Child Welfare Information System (SACWIS) system related to ICPC data does not have a mechanism to track unrelated families who are kinship families.

DCYF Referrals Out of State for Adoptive Placements			
	CY 2021	CY 2022	CY 2023
Total WA Out-of-State ICPC Referrals	651	641	493
Identified as Relative Homes	508	520	380
ICPC Permanent Adoptive Placements	74	116	78
WA Children Placed in ICPC Permanent Adoptive Placement	78	70	65
WA Children Achieved Permanency through Adoption in ICPC Placements	53	57	53

*Data Source: PQR 1438, infoFamLink, CY 2021 & CY 2022 & 2023*

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DCYF Count of ICPC Placement Referrals by Race and Ethnicity			
	CY 2021	CY 2022	CY 2023
Asian/Pacific Islander	15	13	9
Black	58	43	48
Black Multiracial	57	50	41
Hispanic	65	87	87
American Indian/Alaska Native	27	33	14
American Indian/Alaska Native Multiracial	80	86	59
Other Multiracial	28	12	11
White/Caucasian	321	316	230
Unknown	0	1	0

*Data Source: PQR 1448, infoFamLink, CY 2021 & CY 2022 & 2023*

*Foster and Adoptive Parent Licensing, Recruitment and Retention: Strengths, Barriers and Practice Improvements*

**Strengths**

ICPC eLearning training “Interstate Placements: Fundamentals and your Role” is available to all staff; it is a required training for Child and Family Welfare Services (CFWS) staff and provides law and policy information; expectations for case management of an interstate case, roles and responsibilities, instructions on completing a referral packet, safety, and practice tips. This training is required for new CFWS staff within the first year of hire or transfer to a CFWS position. During CY 2023, 81 staff completed the eLearning. ICPC also trained at the adoption track week, and twice during CY 2023 for licensing track week. The trainings are well received, and feedback is positive. Additional training is held for specific units upon request.

Training during the [2023 CASA Conference](#) supports and assists court partners in understanding ICPC law, and how states work together to achieve placements and permanency for children. The training was well attended, and the feedback provided was positive.

Shifting some duties to clerical staff in the HQ ICPC unit in CY 2022 created efficiencies in requesting status checks of overdue home studies and has shown improvement in home study timeliness. Additionally, HQ ICPC caseworkers are required to complete quarterly case audits to determine any items outstanding on an ICPC case. Status checks for overdue home studies with no response from the other state requires one of the HQ ICPC managers to be included in the status checks to be aware of and assist in understanding if there are specific states that have delays.

HQ ICPC continues to pull data about legally free youth not placed in adoptive homes and consulting with caseworkers and supervisors on the permanent plan, as reminders to initiate the ICPC for adoption if that is the plan.

In partnership with the Caregiver Retention and Recruitment program, a [website](#) was developed during CY 2023 for ICPC and relative kinship providers. This further supports relative and kinship families who

live in Washington state to know what to expect regarding the home study process, child placement and supervision, and how children obtain permanency for ICPC.

DCYF has a placement border agreement with Oregon for relative or kinship families. During CY 2023, using the border agreement, DCYF sent 14 requests to Oregon for urgent assessment and received 39 requests from Oregon. Using the border agreement between Oregon and Washington, the requesting state receives provisional approval or denial within seven calendar days. If approved, a child can be placed immediately while the full home study continues. HQ plans to meet with Oregon ICPC during 2024, to collaborate regarding the placement border agreement, discuss delays in those home studies, and any barriers to permanency.

HQ ICPC continues to collaborate and partner with LD quarterly to discuss changes, delays, and trends in the home study process. The set time allows interstate work to be prioritized.

### Concerns

The majority of home studies take longer than 60 days. Discussions between HQ ICPC and LD regarding home study time frames, barriers, and opportunities for completion occur. Home studies in other states also take longer than 60 days for completion, ongoing consultation on those cases occur between ICPC offices and barriers discussed. The difference with a home study completed by another state is a child cannot be placed prior to a positive home study and ICPC approval.

During CY 2023 it was determined to not move forward in using the National Electronic Interstate Compact Enterprise grant received from the Children's Bureau, due to competing IT challenges. This will delay streamlining some of the technical tasks that must be completed when preparing an ICPC request packet.

Caseworkers struggle to submit ICPC requests timely due to competing priorities. Training is provided to emphasize the need to submit ICPC requests as soon as possible during the life of a case, reminding caseworkers if it is approved, ICPC approval is valid for six months. This can help achieve permanency in a timely manner.

ICPC requests are not a task that caseworkers do regularly which contributes to errors in sending packets, not understanding or being familiar with ICPC requirements, and how best to engage families who live out of state.

### Practice Improvements

The new [Federal Register: Separate Licensing or Approval Standards for Relative or Kinship Foster Family Homes](#), will allow states to claim IV-E funds for relative/kinship licensing. LD is in the process of initiating changes to the relative licensing process including changing the licensing WAC's. Allowing different standards for relatives could result in home studies being completed sooner, which may alleviate some of the delays in home studies for kinship families. HQ ICPC will begin tracking when states change their standard and analyze that specific data to determine if this increases timely home studies.

[AAICPC](#) continues its initiative of passing the Revised ICPC. The requirement to initiate this new legislation is for 35 states to pass the Revised ICPC. At this time 17 states have passed legislation. One of

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the outcomes of the new legislation is to create governing processes and structure, change rules, set timelines, and accountability for party states ultimately decreasing time frames for interstate placements.

#### System Partner Involvement and Feedback Loops

DCYF previously reported ICPC permanency data related only to adoption as the permanency outcome. DCYF's ongoing shift in celebrating different permanency options other than adoption has occurred over the last several years. Beginning in 2024, HQ ICPC will collaborate with [OIAA](#) to determine if the data of ICPC placements related to other permanent plans, such as return to parent and guardianships, can be captured.

An increase in questions from kinship caregivers about the ICPC process initiated the creation of the [ICPC website](#) that is linked to the Foster Parenting and Kinship Care page on the DCYF internet site.

HQ ICPC partnered with [Office of Tribal Relations](#) (OTR) to update policy and procedures when placing Indian children or children that may be Indian across state lines.

## Update on Plan for Enacting the State's Vision

### Family First Prevention Services Act (FFPSA)

Washington state's five-year Title IV-E Family First Prevention Plan was approved by the Administration for Children and Families (ACF) Children's Bureau Regional Office on Oct. 1, 2019. The plan includes the following promising, supported, and well-supported practices: Functional Family Therapy, Motivational Interviewing (MI), Multi-Systemic Therapy, Nurse-Family Partnership, [Parents as Teachers](#), [Homebuilders](#), [SafeCare](#), and Child-Parent Psychotherapy (CPP). Preliminary work to amend the state's prevention plan began in CY 2023 and included additional evidence-based practices in addition to clarifying candidacy group eligibility for substance exposed infants allowing for entry into preventative services through a community pathway. Final submission of an updated five-year prevention plan is expected in CY 2024 with approval by October 2024.

#### Technology Redesign

DCYF is in the process of shifting information technology (IT) systems from the current Statewide Automated Child Welfare System (SACWIS) FamLink to a Comprehensive Child Welfare Information System (CCWIS). A feasibility study to inform the design was completed in CY 2023. A Request for Proposal (RFP) for the CCWIS is in development and system procurement will occur through CY 2024.

Due to the scale of this IT overhaul, updates to FamLink for Family First claiming are still being analyzed. To address the data collection and coding needs to meet the federal requirements for claiming IV-E funds for prevention services, DCYF undertook several approaches to enhance FamLink viability: one through maintenance queue and the other through system updates. Timelines for each FamLink technology change are prioritized but delayed. DCYF anticipates completion of FamLink updates for Title IV-E prevention claiming in CY 2025 or CY 2026. CCWIS is scheduled to deploy in CY 2028. Full implementation for the prioritized scale of Family First will be live when CCWIS is initiated.

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## Legislative Practice Alignment

To support the DCYF practice of many legislative actions having taken place over the past few years and to support the workforce adoption of many initiatives, DCYF initiated the Thriving Families Campaign. This campaign brings together all the legislative changes and priorities of the agency into a portfolio of practice-improvement projects designed to strengthen agency practice to enable children and youth to remain safely at home or with kin in their communities. [HB 1227 Keeping Families Together Act](#) took effect July 1, 2023. This act strengthens the Family First implementation as it focuses on maintaining children safely in the home, increases the use of relative caregivers, and prioritizes ongoing and accurate assessments. This act, like Family First, recognizes that children and families are best served when children are cared for by their loved ones and in their communities. Workforce awareness and understanding toward the prevention continuum is a priority for the agency and the focus of the Thriving Families Campaign. The Family First team is supporting these initiatives by participating in staff office hours and contributing to workgroups geared toward integrated implementation. Training in MI was expanded in CY 2023. Further detail is highlighted in the section below.

## Family Practice Model

See the [Family Practice Model](#) section for updates in relation to the Family First Prevention Services Act.

## Performance Based Contracting (PBC)

See the [Performance Based Contracting](#) section for updates in relation to the Family First Prevention Services Act.

## QA/CQI Baseline Assessments

See the [QA/CQI Baseline Assessment](#) section for updates in relation to the Family First Prevention Services Act.

## Service Array

See the [Service Array](#) section for updates in relation to the Family First Prevention Services Act.

## Home Visiting

Home Visiting service types included in Washington's approved [Family First Prevention Plan](#) are well-supported and Evidence-Based Practices (EBPs). Many of these selected EBPs are currently being provided to many clients throughout the state; however, following analysis of these service contracts, it was found that there are current referral and reimbursement barriers to the approved candidate groups being able to access the home visiting programs included in the prevention plan. Current data does not show clients who are within the child welfare (CW) and juvenile rehabilitation (JR) systems, and the utilization of home visiting services being provided by Washington state. Data that exists for these systems and for those served by home visiting programs are in separate databases and there is not a bridge that will allow for data sharing. To collect federal Title IV-E reimbursement, this data sharing is a

requirement. As discussed in the technical assistance section, the Capacity Building Center for States is aiding with identifying solutions to deploy data bridging.

During CY 2023, following the identification of the barriers to referrals for Family First candidacy groups to access home visiting services, DCYF decided to focus on a pilot project that would help identify pathway solutions. The candidacy group identified for the pilot is those eligible as pregnant and/or parenting youth involved with CW or JR. The DCYF Home Visiting pilot project contracted with [SDM Consulting](#) to implement a shared leadership pilot in which individuals with lived experience would participate alongside DCYF and service providers. In CY 2024, Region 4 was identified as a pilot site, and a pool of participants will be provided services. [Capacity Building Center for States](#) will continue to assist DCYF to identify and support technical assistance throughout the pilot process. The results and data collected will be used to help design further services and referral pathways.

### Family Resource Center (FRC)

Family Resource Centers (FRC) have been identified by DCYF as being valuable partners in envisioning a community pathway for Family First candidacy groups. Since CY 2022, FRCs and DCYF have been incorporating system partner perspectives, which have included both lived experience and community partners. Topics including access, services, areas of improvement, funding, communication, DCYF impressions, and community involvement have been discussed. This shared leadership design will build on current services, add additional preventive services, and will provide additional funding streams through claiming Title IV-E reimbursement to support DCYF and the community to expand the prevention continuum.

In CY 2023 a workgroup was formed to assess how to leverage FRCs as a part of DCYF's greater prevention strategy and to create a prevention framework. This group met with the [Parent Advisory Group](#) to get lived experience perspective and will continue working with other community partners.

### Culturally Responsive Services

See the [Culturally Responsive Services](#) section for updates in relation to the Family First Prevention Services Act.

### Motivational Interviewing

Motivational Interviewing (MI) is one of the many EBPs approved in Washington state's Title IV-E Prevention Plan that is eligible for reimbursement for services. MI has emerged as a prominent engagement approach, and research and evaluation have highlighted MI as an effective service delivery strategy with both adult and youth populations, making it an ideal fit for DCYF's prevention candidates. MI improves engagement and participation of children, youth, and families in services which DCYF anticipates will promote better service matching to meet the needs of each child and family. MI's client-centered approach will support sustainment of the family's motivation toward progress, prompting the continuation of services at an appropriate dose and level of support.

Implementation of Family First has focused on staff professional skill development through MI and efforts to increase prevention-oriented practice and mindset beginning in January 2022. Implementation

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of MI scaled up in early 2023 to include all interested caseworkers across all programs and offices with leadership requesting training for their office staff. Workforce participation in MI training increased steadily between 2023 and 2024. With the help of the [Office of Innovation, Alignment and Accountability](#) (OIAA) and an implementation science approach, the Family First team provided knowledge sharing sessions to offices with low rates of MI training participation. The desired proximal outcome was increased area administrator (AA) and supervisor buy-in. The more distal intended outcome was more caseworkers initiating and completing MI training. By the end of CY 2023, virtual MI trainings were consistently reaching capacity for participation. For more details on MI training offerings and enrollment, refer to [Motivational Interviewing](#) in the [Service Array](#) section of this report.

Implementation of MI to the workforce is a collaborative effort. DCYF has a contract with [Institute for Individual and Organizational Change](#) (IFIOC) to provide MI training to the DCYF workforce. DCYF's Family First Team and the Alliance have several MI coaches who completed the Motivational Interviewing Competency Assessment coding training with IFIOC to provide coaching and coding to staff. The [Alliance for Professional Development, Training and Caregiver Excellence](#) (Alliance) is working to develop an MI curriculum to offer to the workforce in the last half of CY 2024, which will replace IFIOC's MI introduction, MI Advanced, and MI Leaders trainings for staff. IFIOC's contract is extended, and IFIOC will begin providing MI training to community providers starting in October 2024. Family Preservation Services (FPS) providers will be the first providers offered MI training through DCYF's contract with IFIOC.

An MI implementation workgroup meets quarterly to provide feedback and suggestions. The MI implementation workgroup consists of caseworkers, supervisors, AAs, program managers, technical advisors, CW researchers, and staff from the Alliance and Family First Team.

Coaching and coding staff to fidelity is an essential element of MI implementation. DCYF chose this as the fidelity tool for coding staff to fidelity. Garnering engagement with coaching and coding is an implementation challenge. Communicating that coaching and coding is a critical element of MI training with the workforce and office leadership early and often is one of several strategies used to overcome this implementation challenge. During the first phase of implementation, in-person coaching and coding was the preferred method by CW. Capacity was of great concern when scaling up implementation. A combination of virtual and live coaching and coding practice opportunities was approved through leadership and system partner channels.

Throughout CY 2023, the Family First Team offered various flexible coaching and coding opportunities to the workforce. In addition to continuous access to individual coaches, the workforce had the opportunity to drop-in on monthly booster sessions hosted by IFIOC, in-person drop-in coaching sessions in local offices, and virtual statewide MI learning opportunities hosted by the Family First Program Consultants. These opportunities were advertised in Family First newsletters distributed monthly to the workforce. Minimal participation in coaching and coding opportunities persisted.

Through consultation with IFIOC, the implementation team's coaching approach was modified. The new modified approach includes incorporating an initial coaching session with an opportunity for staff to submit their first fictional audio recording for coding within two weeks of completing MI advanced training. Following the initial coaching session, staff receive invitations from their assigned MI coach to

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join their regional coaching cohorts that meet at a set time each month. The regional coaching cohort sessions include skill building lessons, activities, and additional opportunities to complete audio recordings for coding.

The availability of MI resources to support staff's attainment and sustainment of MI skills continues to expand. An MI resource library is housed on DCYF's intranet for staff to access on-demand. The MI resource library includes audio and video examples of CW specific interactions that demonstrate use of MI skills. Additionally, IFIOC offers staff who participate in MI trainings 30 days of MI Plus+, IFIOC's resource library.

### Kinship Navigator Program

See the [Kinship Navigator Program Funding](#) section for updates in relation to the Family First Prevention Services Act.

### State Family First Plan Amendment

Additional time to outline Washington state's Prevention Plan amendment prior to IV-E claiming provided opportunity to apply implementation and practice insights. The proposed amendment will revise the prevention plan to better leverage existing infrastructure and meet the needs of families within Washington. Proposed changes include adding EBPs and clarifying candidacy groups to provide more robust prevention opportunities.

The amended plan will maintain the initial eight approved services and add five additional EBPs: Family Spirit; [Incredible Years](#) (school age and toddler); [Promoting First Relationships](#); [Triple P](#); and Screening, Brief Intervention, and Referral to Treatment. Promoting First Relationships has a rating of supported on the Title IV-E Clearinghouse, while the remaining four EBPs have a rating of promising. DCYF will implement an evaluation strategy that includes rigorous, robust, and well-designed research methodology for these five proposed EBPs.

DCYF currently has 11 approved candidacy groups of children, youth, and families eligible for prevention services. DCYF seeks to clarify candidacy for those children who remain home during any phase of program participation for pre-fact finding, dependency, and trial return home. The Child and Family Welfare Services (CFWS) in-home dependency case candidacy group will include families served by the CWFS Program after a dependency petition is filed, but their children remain at home. CFWS in-home dependency cases is a proposed modification of candidacy groups that has increased relevance to Washington's prevention efforts following the passage of HB 1227, which raised the standard for child removal. The remaining proposed candidacy groups are currently in the process of being defined.

DCYF hired a community pathway coordinator tasked with the development of service pathways that meet the needs of youth and families in the community without the requirement of CW involvement. Review the [Family Resource Center](#) section regarding how DCYF is partnering with FRCs. More time is needed to develop what a Family First community pathway will look like. An update regarding this pathway will not be included in the initial plan amendment that will be submitted in CY 2024.

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Public feedback on the plan amendment will be sought through an internal advisory committee and public notice prior to submission to ACF-Children’s Bureau. DCYF’s current five-year prevention plan covers FFYs 2020-2024. Following the amendment, DCYF will develop and submit an updated five-year Prevention Plan covering FFYs 2025-2029.

### Family First Program Consultants Regional Roles

DCYF’s Family First program employs six regional program consultants, one for each region within the state. The regional program consultants focus on statewide and regional Family First implementation efforts. Consultants initiate regular communication with regional child welfare staff ranging from caseworkers to regional administrators (RAs). Communication with RAs, deputy regional administrators (DRAs), AAs, and supervisors occurs at least quarterly. Information includes an update on regional MI training participation and broader elements regarding Family First implementation. In addition to ongoing email communication with regional leaders, Family First program consultants present at regional and office specific all staff meetings to inform child welfare of Washington State’s [Family First Prevention Plan](#) as needed and requested both in-person and virtually.

Successful implementation of Family First relies heavily on a culture shift toward prevention in daily practice. The culture shift will prioritize supporting families to remain together whenever possible through partnership, honoring family voice, and supporting self-determination. To support this shift, program consultants participate in regional case consultations to encourage examining case circumstances through a prevention lens when making case-related decisions. Program consultants have presented to supervisors, AAs, and program managers statewide with an emphasis on reimagining DCYF’s work with families through Family First. Program consultants’ established office hours offer DCYF staff availability to consult on cases and/or receive coaching around using MI skills to successfully partner with families. The Family First Friday newsletter, sent monthly to the CW workforce and identified DCYF staff, highlights learning opportunities, provides updates, circulates event information, and showcases exceptional work throughout the state. The overall theme of prevention and partnership remains the foundation of Family First efforts. In 2025 and ongoing, Family First program consultants will continue to provide support to their respective regions around Family First, MI, and overall prevention at the statewide level. Technical assistance requests to other jurisdictions regarding their innovative implementation efforts around MI have been requested.

### Technical Assistance

Technical support and consultation have continued over the years through partners at the Capacity Building Center for States, [Chapin Hall](#), [Casey Family Programs](#), and [Harvard Government Performance Lab](#) (HGPL). Strategies centered around Family First in Washington continue to focus on general FFPSA implementation such as MI, implementation of community pathways, launching of a home-visiting mini pilot program specific to family first candidates, internal and external communication strategies, the expansion of culturally responsive services, and other peer-to-peer opportunities. Assistance into CY 2024 includes Title IV-E preventative services fiscal modeling, other technical assistance as identified in relation to federal claiming for qualified prevention plan services, engagement of those with lived experience and community pathway development. Agency alignment efforts are still underway and will

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continue to ensure thoughtful integration of Family First that will enable consistent, sustainable practice.

### Family First Transition Act (FFTA) Grant

Family First Transition Act (FFTA) grant funds represent a resource opportunity for DCYF to develop creative, strategic planning launching Family First; engage system partners meaningfully; and proactively address barriers to prevent impediments to successful implementation. FFPSA implementation in Washington is an agencywide integrated cross-team and divisional effort. FFPSA directly supports DCYF's goal to safely reduce the number of children in out-of-home care by half. To accomplish such a feat, opportunities presented through Family First will need to be optimally leveraged internally and externally.

FFTA grant funds activated implementation activities to meet FFPSA requirements since approval of Washington State's [Family First Prevention Plan](#). Activities to support FFPSA implementation include staff hiring, training, implementation planning, technical assistance support, and coordination with IT system needs were initiated. The success of Family First and the ability to fully leverage reimbursement of federal Title IV-E funds depends upon DCYF being poised to meet the requirements to do so.

Anticipated SACWIS and CCWIS system changes and their respective timelines serve as the primary barrier to claiming. Resolution to meet federal requirements remains some years out, which impacts Washington's ability to collect reimbursement for the approved plan services.

The Family First team remains intact with a program administrator and six program consultants. Program support includes assistance from two CQI/QA managers to conduct office baseline assessments, feedback loops, and review of practice from a program improvement plan (PIP)-informed perspective. The FFPSA evaluator sits within [OIAA](#) for ongoing research and evaluation. A contracted position provided direct support for improving service penetration rates. The contracted project manager completed the FFPSA charter in CY 2023 and will continue to assist in the project plan and implementation strategy.

In CY 2023, three new positions were created in early CY 2024 for the Family First team: an administrative assistant, the family first prevention program supervisor, and a community pathways coordinator.

FFTA funds are being used for service and pilot community pathway efforts. The home visiting pilot will provide guidance on the DCYF referral process to best serve families involved with the CW and/or JR systems. A proposed hub model for FRCs with both network and non-network FRCs is in process. The work provides an opportunity to enhance development of a data management system to meet the needs of community pathway-based service provision and alignment of data reporting and payment structures to satisfy FFPSA requirements.

HGPL provided support in the statewide expansion of the [Plan of Safe Care](#) (POSC) to connect pregnant substance using parents who have been screened-out of DCYF's intake line to service. They also outlined the structure for culturally responsive services in support of service expansion for Black and Native

American families. Both are through CY 2024. [Chapin Hall](#) continues its work to determine and define community pathway expansion development.

## Goal 1: Child Welfare Family Practice Model

Washington state recognizes the importance of a Family Practice Model (FPM) that is grounded in the agency values: inclusion, respect, compassion, integrity, and transparency. The FPM advances the agency’s pledge to improve quality and intention of practice as outlined in the [2021 - 2026 Strategic Priorities](#). Quality and intention of practice commits to guiding operations that prepare, resource, and support caseworkers to demonstrate values-based case management practice.

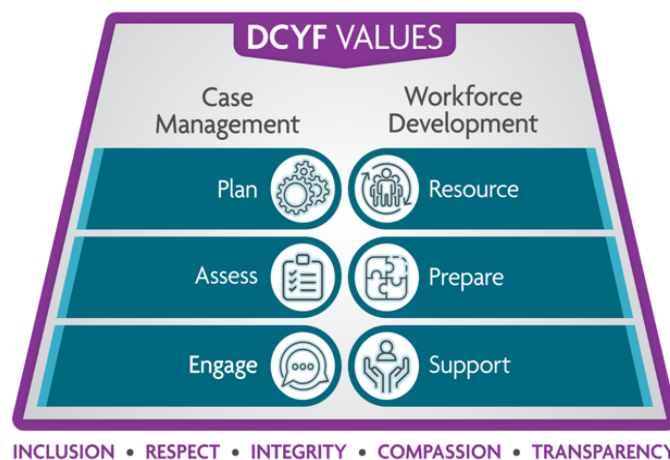
The intent of the FPM is to provide practical guidance for DCYF caseworkers and to support an environment that supports their professional development. The primary consideration of the FPM is to streamline information that is easy to navigate, so staff feel supported and prepared to work with families in highly stressed situations. Caseworkers who are assigned to work with families in client-serving areas of DCYF manage intense and often dangerous situations in high stress environments. It is often stated that staff are the greatest resource, and the FPM framework highlights DCYF as an agency committed to staff who directly serve clients. The FPM will scaffold their ability to grow in their field of expertise.

The FPM framework is an organizing strategy to articulate how caseworkers engage, assess, and plan with families in a way that demonstrates the agency values. There is an equal commitment to support, prepare, and resource caseworkers in a learning environment that recognizes that staff will continue to grow and learn skills.

The Family Practice Model framework clarifies the Agency’s commitment to:

1. **Practice standards** for case management by articulating how workers engage, assess, and plan with families.
2. Provide a **learning environment** for workers that supports ongoing professional growth and personal care.
3. **Operationalize agency values** in practice with families and as the agency prepares and supports workers.

### FAMILY PRACTICE MODEL FRAMEWORK



The FPM used participatory design methods with staff across the state through a series of co-design and drop-in sessions. This commitment continues and is built into the strategy and infrastructure to create a vision for CW practice. The commitment to use ongoing participatory design methods includes various forms of feedback loops that are hosted locally for staff to share perspective and experiences.

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**Adopt and implement a consistent child welfare practice model that is trauma-informed, safety-focused, family-centered, culturally competent and create consistency and accountability in practice.**

	Begin Date	Projected Completion
Hire a dedicated full-time position to lead the process of reviewing the current practice model and assessing for potential change.	COMPLETE	
Identify an external entity, such as Casey Family Programs or Capacity Building Center for States, to provide consultation and assist in the assessment of the current practice model and potential for change. (Partnering with Chapin Hall)	COMPLETE	
Establish framework for assessing current system and research practice models and practice model elements for implementation.	COMPLETE	
Convene and prep HOST team.	COMPLETE	
Co-design sessions with regional child welfare staff – open invitation.	COMPLETE	
Qualitative analysis of data collected from co-design sessions.	COMPLETE	
Story collection efforts with youth with history of dependency and parents.	COMPLETE	
Convene design team including CORE team, SUPPORT team, and ANCILLARY team.	COMPLETE	
Establish FPM framework and Theory of Change.	COMPLETE	
Co-design agency value definitions: inclusion, respect, integrity, compassion, and transparency as demonstrated by system interaction with families and how system interacts with staff.	COMPLETE	
Interpret feedback and content gathered via feedback loops to identify draft principles (agency values): Family Driven, Culturally Humble, Teaming/Shared Decisions, Trauma Responsive, Community Partnership, Positive Regard.	COMPLETE	
Use FPM framework to integrate CW practice change initiatives, governance, and early stages CCWIS planning.	COMPLETE	
Process documentation (spotlighting decision points), journey mapping for staff and clients. Creating practice profiles.	COMPLETE	
Child Welfare Ecosystem map showing linkage between service areas and case activities. Creating activity maps for each service area.	COMPLETE	
Prioritize practice profile areas and begin development via co-design. Co-design work continues.	COMPLETE	
Ramp up co-design for all case activity practice profile development and roll out after testing. Testing continues.	COMPLETE	

**Progress Update:**

The FPM offers a one-stop shop for caseworkers to access information related to areas of practice, known as service areas. The FPM includes a cohesive effort to launch guidance on policy, procedure, family practice profiles, support and resources, and quality assurance (QA). To prepare caseworkers to meet standards of practice, these elements are being seamlessly integrated and are easily accessible.

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- **POLICY** - Practice intent and goals which are based in agency values.
- **PRACTICE GUIDE/OPERATIONS** - Procedures that outline requirements and definitions of common practice.
- **FAMILY PRACTICE PROFILE** - Behavior description and examples of how workers interact with families using values-based case management: engage, assess, and plan.
- **SUPPORTS & RESOURCES** – Training, coaching, professional development, and personal support to prepare workers.
- **QUALITY ASSURANCE** - Measure impacts of supporting and guiding work via the FPM through rapid reflection, psychological safety, and client experience.

### Family Practice Profile Website

The FPM elements are available to caseworkers through the FPM website accessible through the DCYF intranet. The website was launched in February 2024 and allows access to the FPM elements organized around service areas. The intent of the website is to offer one location for caseworkers to access critical pieces of information to guide their work in a learning environment that recognizes that caseworkers grow their skills over time.

Practice profiles describe how caseworkers demonstrate agency values in case management practice. Practice profiles are developed through a series of co-design sessions with staff where their experiences and perspectives are harvested and refined to develop guidance for caseworkers by caseworkers.

The FPM design team will continue to select service areas and create practice profiles. Service areas are prioritized based on pending practice changes or policy updates. The series of steps to create a practice profile are included in the graphic below.



### Assessment re-design

The vision is to develop a comprehensive child welfare assessment system that is fully integrated with the FPM and meets the needs of caseworkers and the children, youth, and families served by DCYF. Staff from all levels within CW are assisting in the development and pilot testing of the various tools. Additionally, lived experts are reviewing and providing feedback on various aspects of the assessment tools. The focus of the design process is to ensure that the tools reflect the values of the agency, are seamlessly integrated, and support caseworkers in interacting with family members in a manner that aligns with best practice as defined in the practice profiles.

The child welfare assessment system is a series of tools to assist caseworkers in making critical decisions, provides structure for engagement with families, and gathers information in a way that creates case documentation. Assessment tools also guide caseworkers and clients on selecting services that match their identified needs. A secondary purpose for assessment tools is data analysis and reporting to better understand the needs of the clients and how DCYF is performing in meeting their needs.

Year	Benchmark activity or measure
<b>CY 2024</b>	Pilot of a new CPS Assessment tool Pilot of Strengths and Challenges assessment Pilot of one standardized behavioral health assessment
<b>CY 2025</b>	Transfer the new CPS Assessment tool and the Strengths and Challenges assessment from Core Redesign Team to permanent assessment oversight structure for training implementation and ongoing QA/CQI

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Year	Benchmark activity or measure
<b>CY 2026</b>	Transfer standardized behavioral health assessment from Core Redesign Team to permanent assessment oversight structure for training implementation and ongoing QA/CQI
<b>CY 2027</b>	Continued assessment redesign process
<b>CY 2028</b>	Plan for full adoption and implementation of redesigned assessments (dependency: CCWIS implementation)

## Implementation

The initial phase of implementation of the FPM is underway in several different bodies of work in CW. The elements of the FPM policy, practice guides (operations), profiles, supports and resources, and QA which impact practice are operationalized through the newly created Child Welfare Program & Practice section. The various teams in the section hold these bodies of work. This is representative of the case management (engage, assess, plan with families) and workforce support (resource, prepare, support staff) components of the framework. Ultimately, coordinating the work within these elements will provide a method to consistently communicate and implement the commitments represented in the framework to the workforce through practice packages.

An integral part of this work includes updating and reorganizing the CW intranet page through alignment with the FPM elements noted above. Changes are being integrated in response to a staff survey regarding current intranet use and future efficacy. Updates are being launched incrementally as a change management strategy and for staff usability. The depth and scope of this work in conjunction with available resources drives the pace of update releases. Sustainability of updated structure and information available for staff is a critical component of implementing the FPM through the lens of leadership’s commitment to the workforce and the parallel process of resourcing CW staff engaging and successfully working with families.

FPM coordinators are promoting the use of practice profiles, a new tool and website available to prepare the workforce for engaging with families in various situations. Coordinators partner with regional design team members to share the profile availability and apply them across the regions. This develops change champions through the design team members and through other regional contacts to feasibly support change management throughout CW.

The work around updating and implementing policy through the FPM was initiated in response to an agencywide decision to separate policies from procedures. In CW, this initiative is being developed in collaboration with the FPM coordinator team, program managers, and the Child Welfare Staff Recruitment & Retention Advisory. This team brings the workforce voice to separating policy and procedure, making recommendations about the purpose and policy through the lens of agency values and disproportionality, equity, and inclusion. This work also revealed the need for a process to provide shared understanding and consistency in developing new policies and updating and archiving current policies. Additionally, reviewing CW policies revealed the need for realignment of policies with how they are most often used through workflow. This will organize the policies in a way that is more intuitive and useable for the workforce in preparation for policy re-numbering across the agency and the integration of operationalizing procedures into practice guides.

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The integration of procedure into practice guides is a significant body of work. This will provide efficient organization of the practice guides to resource and prepare caseworkers in the steps they are required to take in their practice, as well as situationally, depending on family needs and strengths. A cross-divisional and multi-program workgroup will identify a baseline template for consistency and a process for integrating bundled procedures into practice guides and make recommendations for processes related to leadership approval, review/update, and archiving practice guides. The workgroup will also outline a plan for coordinating implementation with any relevant policies, profiles, supports, and resources.

Establishing connections and identifying resources within CW and cross divisionally is an important part of organizing supports and resources available to staff. This is an important aspect of developing the workforce components of the framework because the information is only beneficial if staff can use it efficiently. Information is being integrated into the CW intranet site currently and into service area focused practice packages in the future. The FPM focuses on the supervisory and coaching roles to support the change management and on-going implementation. Through a targeted co-design process a practice profile specifically for coaching is being created to support individuals who guide and influence practice.

The first steps in building the continuous quality improvement (CQI) structure within the implementation of the FPM is changing the way data collected about casework is used and communicated, in addition to building a review process based on the components of the FPM framework. Measures connected to how staff engage, assess, and plan with families provide the opportunity to change the narrative, from punitive and innately biased to naturally looking at the agency commitments to resource, prepare, and support the workforce for success. This acknowledges and credits staff for the work they are accomplishing.

Long term CQI planning is an integral element of the FPM, however, it is important to measure effectiveness of the implementation phases as well. Initial feedback collected through structured survey method is ongoing. The preliminary results are positive. Responses highlight the simplicity and accessibility of the profiles. Suggested feedback informs further implementation strategies and encourages on-going development of consolidated information availability.

<b>Develop and Implement a Family Practice Model to include policy, procedure, family practice profiles, workforce development, and quality assurance</b>		
	<b>Begin Date</b>	<b>Projected Completion</b>
Foundation Building: Develop partnerships & infrastructure to support implementation	4/1/2023	12/31/2023
Element Planning:	6/15/2023	12/31/2025
Policy: Collaborative process Separate Policy & Procedure, bring in values & DEI lens	9/12/2023	12/12/2025
General Implementation: Update and re-organize the CW Intranet site in alignment with FPM	10/15/2023	10/1/2024
Practice Profiles: Communicate, Implement practice profiles tool & website	1/1/2024	6/1/2025

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**Develop and Implement a Family Practice Model to include policy, procedure, family practice profiles, workforce development, and quality assurance**

Practice Guides: Integrate procedures into practice guides	6/1/2024	12/31/2025
Supports & Resources: Identify and organize supports and resources for availability for workforce initially on the CW intranet and then in practice packages.	10/20/2024	Ongoing
QA Data Integrity: Begin changing the narrative around how data is used and communicated with staff.	3/6/2024	Ongoing
QA CQI: Build a CQI process structured on the components of the FPM framework.	12/11/2023	12/1/2024

**Goal 2: Timely Permanency**

Improve timeliness to permanency through completion of a thorough and ongoing assessment, case planning, and strengthening engagement and teaming with parents, children and youth, foster and kinship caregivers, court partners, and service providers.

**Improve timely referrals for and completion of home studies.**

	Begin Date	Projected Completion
LD will reduce the requirements of the home study packet to be completed by the kinship care provider.	COMPLETE	
HQ program manager will develop and provide guidance to Adoption AAs and Adoption Support Consultants regarding the requirements for home study updates to avoid time spent processing requests that are not required. Use administrative data to track home study update requests and identify strategies for practice improvement.	COMPLETE	
A short-term workgroup will be convened to establish a consistent, statewide home study referral process within child welfare to support the timely submission of home study applications. The workgroup will be comprised of HQ program managers, Child Welfare staff and LD staff.	COMPLETE	
When LD is unable to successfully engage a kinship family in the home study process, the home study caseworker will complete a declaration to the court regarding the diligent efforts made.	COMPLETE	
A workgroup comprised of LD policy, quality, and data staff, administrators and supervisors will develop a consistent process for early identification of families where there may be barriers to approving a home study. This team, working with HQ child welfare program staff, AAs, and supervisors, will develop a process for resolving home study barriers.	COMPLETE	
Implement SB 5151, Child Specific Licenses	COMPLETE	
Implement HB 1227, Initial Licenses for Kinship Caregivers	COMPLETE	
Implement Online Application Portal, WA CAP by Binti	COMPLETE	

### Progress Updates:

There are changes occurring in the licensing division that are related to the home study process and placement and licensing of kin/suitable others. This includes the following:

- DCYF launched the [Washington Caregiver Application Portal](#) (WA CAP) for kinship applicants on Jan. 9, 2023. The portal began accepting applications from general foster families after Feb. 5, 2023. The portal includes an online application, digital case management tools, and the ability to upload documents. This portal will assist in expediting the process for home study referrals, thus improving permanency for children and youth. In September 2023, WA CAP was launched for Child Placing Agencies (CPA). This allows kinship caregivers who choose to be licensed through a private agency to benefit from the use of the electronic portal. It also streamlines the home study process by creating a singular home study used by both Licensing Division (LD) and CPA.
- LD piloted a Kinship Caregiver Engagement Unit (KCEU) in Regions 1 and 2 in October 2020. Regions 5 and 6 were added in 2022. LD planned to onboard the last two regions for statewide KCEU services in July 2023; however, this was not done due to insurmountable budget constraints, significant changes to the business landscape with the implementation of WA CAP, the launch of the initial license, and feedback from kinship caregivers indicated it is better to reduce the number of handoffs between staff. Additionally, DCYF shifted the approach so that all LD staff are kinship engagement specialists and the good work and learning from the KCEU has informed how all staff work with kinship caregivers.
- LD implemented the Kinship Notification Unit (KNU) in December 2022, as a means to further remove barriers delaying initiation of the home study process for kinship caregivers. This is a statewide implementation that allows placement notification to be received by LD when children are placed in out-of-home care for more than 10 days or if a prospective kinship caregiver is requesting placement of a child who is currently in a non-kinship licensed foster home or another temporary placement. Prior to this, LD relied on the child's caseworker to get an application form to be filled out by the kinship caregiver, which, for varying reasons, was an unreliable process.
- [HB 1227 Keeping Families Together Act](#) was passed in 2021 and implemented in July 2023. This legislation has many components. The components that specifically relate to LD include streamlining the process for timely home assessments and licensing and implementing initial licenses. This allows kinship caregivers to begin receiving financial support shortly after placement. Relative caregivers seeking licensure will receive a foster care maintenance payment starting on the first day the person agrees to begin the licensing process. Effective Oct. 1, 2023, DCYF started to issue initial licenses to qualified relatives and suitable person caregivers without a court order. However, if a court orders DCYF to initiate an initial license for caregivers, it must be prioritized over those not court ordered and must meet the 10-day initiation. This change allows caregivers to become eligible for foster care maintenance payments starting on the date DCYF issues the initial license.
- At the end of CY 2023, 36% of kinship caregivers with current placements were licensed. Because of Washington's commitment to developing a kin-first culture, there has been a steady increase in licensed kin over the past three years.
- [Senate Bill 5151 Child Specific License](#) – In August 2022, LD implemented Child Specific Licenses, which allow kinship caregivers to obtain a foster care license specific to the

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child(ren) in their care. When the child specific license was implemented, the list of non-safety exemptions was expanded, further reducing barriers faced by kinship caregivers getting licensed.

Child Welfare (CW) began making changes related to placement of kinship/suitable others which also aided in the improvement of timeliness of referrals for and completion of home studies. This includes:

- Cross divisional Kinship Project to improve services to kinship caregivers.
- HB 1747 went into effect June 2022 and created opportunities for training with agency staff about the importance of placing youth with kinship caregivers. This is a contributor to the increase in placements with relatives and other suitable persons. Additionally, Washington courts ensure that relative placements have been fairly evaluated throughout the case.
- Training and policy emphasizing relative search is an ongoing effort throughout the life of a case. Relative search is continuous and when deciding that no such kinship placements exist at one hearing does not mean that the inquiry ends. The statute requires that the inquiry is ongoing, recognizing that family circumstances change.
- The Timely and Accurate Placement Entry Guide was developed to ensure meeting the federal requirement of knowing where children are through entering a child’s location into FamLink within three calendar days was centralized. This streamlined approach increased entry into FamLink which then sends a notification to LD alerting them to a placement, which starts the initial license and home study process.

**Increase recruitment of foster homes and expand support resources to caregivers with the goal of improving timely permanency for children and youth in out-of-home care.**

	Begin Date	Projected Completion
Implement DCYF’s new approach to recruitment and retention program, which includes both internal and external services.	COMPLETE	
Initiate hiring process for DCYF community-based Targeted Recruitment Specialist (TRS).	COMPLETE	
Execute Retention and Support Services contract to external community partners to provide support to kinship and licensed caregivers across the state.	COMPLETE	



**Increase recruitment of foster homes and expand support resources to caregivers with the goal of improving timely permanency for children and youth in out-of-home care.**

<p>Through utilization of RDS teams facilitated by DCYF staff:                  Increase number of homes licensed for ages 0-5, and caregivers able to care for these children short or long-term.                  Increase number of homes licenses for three children or more (accommodate siblings).                  Increase the number of ethnically and racially diverse homes available to care for children in foster care.                  Increase the number of Native American homes.</p> <p>RDS is transitioning to RRC in July 2021 to a regionally based collaborative on recruitment and retention.                  RRC Teams meet regionally, once per quarter, to discuss recruitment and retention work region wide, teams include internal and external partners.                  Active recruitment by the TRS and Child Placing Agencies, along with efforts of the RRC, will work to:                  Increase racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.                  Increase caregivers who are and/or are affirming and supportive of LGBTQIA+.                  Increase licensed homes for sibling groups of three or more children.                  Increase caregivers who are able to meet the needs of medically fragile children.                  Develop existing pool of caregivers available to provide care for children with extensive emotional, behavioral and physical needs.                  Focus recruitment efforts on reducing the use of exceptional cost placements.</p>	<p>07/01/2020                  ONGOING</p>
<p>System partner feedback will be gathered identifying recruitment strategies for:                  Caregivers of color. Team members would include foster parents of color, community partners, CPAs, Alliance training staff, and CQI/Data staff.                  Native American families. Team members would include tribes, Native American foster parents, community partners, CPAs, Alliance training staff, and CQI/Data staff.                  BRS providers. Team members would include current BRS providers, BRS level foster parents, medically fragile foster homes, CPAs, Alliance training staff, and CQI/Data staff.                  Annual caregiver foster groups will be held statewide in order to assess and gage services needs and delivery.</p>	<p>Resumed 2021                  ONGOING</p>
<p>Retention of caregivers will continue to be received through data, feedback from DCYF advisory groups and the annual Foster Parent Speak survey, which includes kinship and licensed caregivers.</p>	<p>ONGOING</p>

### Progress Update:

DCYF's Caregiver Recruitment and Retention Program is fully functioning in CY 2023.

The [Alliance Caregiver Retention, Education, and Support \(Alliance CaRES\) Program](#) serves caregivers statewide and uses a peer-mentoring and facilitated support group model that is both emotionally supporting caregivers while educating them with real-life, relevant information at the same time.

DCYF continues to struggle with recruiting and retaining caregivers, specifically those with the skills, ability and desire to parent children and youth with complex needs (extensive emotional, behavioral, and physical). Many states face similar challenges in meeting the needs of these specific populations. In CY 2023, DCYF engaged in an intensive workplan with the Capacity Building Center for States to address targeted recruitment in a kin-first culture and targeted retention of caregivers, both licensed foster and kinship.

Outcomes from the workplan included:

- Regional Recruitment Plans to grow placement resources for Adolescents (12 and older) and for children and youth with complex needs.
- Caregiver Retention Framework with Continuous Quality Improvement (CQI)/Quality Assurance (QA) Elements
- Diligent Recruitment Training and foundational framework
- Strategy development and continued learning on best practice approaches to targeted recruitment

The recruitment and retention work continues to adapt to the changing landscape of placement needs for children and youth experiencing foster care. This is done in partnership with DCYF's LD and CW. 56% of children and youth are now in kinship care statewide. Kinship caregivers have unique support needs. DCYF continues to work toward placement stability while children and youth are in care. DCYF still needs a strong continuum of placement resources, including kinship, non-kinship foster families, therapeutic foster homes, group care facilities, and adoptive/guardianship families.

- **Caregivers of color.** Team members would include foster parents of color, community partners, CPAs, Alliance training staff, and CQI/Data staff.
  - Black/African American Co-Design Group, comprised of internal and external partners, launched in 2022 and concluded in CY 2023. The group created multiple publications and provided guidance on recruitment messages. The group is willing to be reengaged as needed.
- **Native American families.** Team members would include tribes, Native American foster parents, community partners, CPAs, Alliance training staff, and CQI/Data staff.
  - Multiple meetings, presentations, and engagements with tribes occurred. Launching a co-design group was delayed due to leadership direction and competing priorities.
  - Efforts were reengaged with the Native American Co-Design Group.
- Currently collaborating with [Office of Tribal Relations](#) (OTR) on the external website to include information that is more relevant to Native families (ex: resources, supports, and tribal licensing paths)

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## 2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

- Working with the Foster Care (FC) Liaison in OTR to develop materials that TRS could bring to collaborative Tribal/DCYF spaces. The OTR FC Liaison suggested the strategy of developing a product then brought it to the tribes for their feedback.
- **BRS providers.** Team members would include current Behavior Rehabilitation Services (BRS) providers, BRS level foster parents, medically fragile foster homes, CPAs, Alliance training staff, and CQI/Data staff.
  - TRS and Short-Term Intensive Resources Recruitment will partner with CPAs to conduct an internal recruitment campaign to target experienced foster parents to become a therapeutic foster home provider (licensed with a CPA with a BRS contract).
- Annual caregiver foster groups will be held statewide in order to assess and gauge service needs and delivery.
  - Caregiver listening sessions were not conducted in 2023. However, the Caregiver Retention Framework is pending leadership approval and will include regionally-based listening sessions inclusive of kinship, foster, and adoptive families.

Statewide	Relative	Non-Relative	Total Children	% Relative	% Non-Relative
<b>AI/AN</b>	90	79	169	53.3%	46.7%
<b>AI/AN-Multi</b>	442	298	740	59.7%	40.3%
<b>Asian/PI</b>	29	44	73	39.7%	60.3%
<b>Black</b>	236	126	362	65.2%	34.8%
<b>Black-Multi</b>	255	198	453	56.3%	43.7%
<b>Hispanic</b>	569	376	945	60.2%	39.8%
<b>Other-Multi</b>	48	38	86	55.8%	44.2%
<b>Unknown</b>	34	24	58	58.6%	41.4%
<b>White</b>	1297	1087	2384	54.4%	45.6%
<b>Grand Total</b>	3000	2270	5270	56.9%	43.1%

*Data source: infoFamLink, Relative vs Non-Relative Placements, as of 12/31/2023*

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**Improve timeliness and monitoring of critical pieces of work that impact timely permanency.**

	Begin Date	Projected Completion
Support facilitation of Permanency Summits to be held in six FJCIP counties in 2019. Information from the 2018 CFSR review will be included in the data to be shared during the summit.	COMPLETE	
DCYF will participate on the Family Well-Being Community Collaborative (FWCC).	ONGOING	
In alignment with the Washington State Court Improvement Program Strategic Plan, DCYF will partner with CIP and AGO to track and identify: Critical dates associated with termination referrals. Timely and accurate recording of compelling reasons in court orders. Best methods for tracking court continuances.	COMPLETE	

**Progress Updates:**

DCFY continues to participate in the Family Well-Being Community Collaborative (FWCC). Vickie Ybarra, Assistant Secretary of the Partnership, Prevention, and Services (PPS) division, currently serves as co-chair of the FWCC. The FWCC is focused on supporting effective implementation of [HB 1227](#) and [HB 1194 Strengthening Parent-Child Visitation Law](#), with particular attention paid to ensuring courts understand and apply the new laws.

DCYF continues to track critical pieces of work related to timely permanency. This work has transitioned from the federal reporting team within PPS to Child Welfare (CW).

**Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.**

	Begin Date	Projected Completion
The Alliance, in consultation with HQ program managers, will revise current permanency planning training curriculum for caseworkers and supervisors to ensure it comprehensively covers practice related to key permanency outcomes including, but not limited to: Identification of safety threats, strengths, needs, and protective factors. Conditions for return home. Child/youth safety, well-being and permanency needs. Permanency goal and concurrent planning goal(s). Case planning and action steps.	COMPLETE	

**Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.**

<p>The Alliance, in partnership with HQ program managers, will train permanency planning facilitators, FTDM facilitators, and others responsible for facilitating Permanency Planning Meetings to reinforce consistent, structured facilitation of permanency planning meetings. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.</p>	<p>COMPLETE</p>
<p>Permanency planning facilitator, or other regional designee, will coordinate meetings and invite participants, including parents, children, caregivers, and other members of the child’s team to develop case plans with specific action plans to support timely progress.</p>	<p>COMPLETE</p>
<p>In alignment with the PFD1 grant, an Enhanced Permanency Planning Meeting strategy will be implemented in nine identified treatment offices (Centralia, Kelso, OICW, MLK, King East, Spokane Central, Spokane North, Spokane Valley, and Wenatchee) for early targeted intervention. A permanency planning meeting will occur within 30 days of the Fact-Finding hearing, at three months and at 90-day intervals until permanency is achieved.</p>	<p>COMPLETE</p>
<p>Designated HQ or regional staff will observe one meeting per facilitator every six months for quality and model consistency and provide feedback to the facilitator.</p>	<p>COMPLETE</p>
<p>The assigned caseworker will complete an updated Safety Assessment prior to the permanency planning meeting to inform discussion of safety threats and conditions for return home during the meeting.</p>	<p>COMPLETE</p>
<p>If it is determined that an active safety threat no longer exists or can be mitigated in the home and the next court hearing is more than 60 days away, an affidavit recommending reunification will be submitted to the court within two weeks of the staffing, rather than waiting for the next hearing, unless court authorization already exists.</p>	<p>COMPLETE</p>
<p>Caseworkers will staff cases at nine and 12 months with the AA and supervisor if the child is in out-of-home care for nine months and reunification is the primary or concurrent plan but not imminent (within 60 days). If a change in the permanent plan is needed, caseworkers will schedule a permanency planning meeting and submit an updated court report to the court requesting a change in the permanent plan.</p>	<p>COMPLETE</p>

**Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.**

<p>If a child is in out-of-home care for 15 months, the staff will coordinate an interim case planning staffing to address barriers to permanency. This case staffing will be held in between the permanency planning meeting(s) at 90-day intervals from the permanency planning meeting date(s) until permanency is established.</p>	<p>COMPLETE</p>
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**Progress Update:**

The Permanency from Day One (PFD1) intervention, Enhanced Permanency Planning Meeting (PPMs), was implemented in October 2020 and families were served in multiple offices across Regions 1, 4, and 6.

Offices were selected based on several factors including being approximately 72% of the PIP measured case review population; and approximately 44% of the total number of children and youth currently in out-of-home care at the time of program readiness assessments. The PFD1 grant facilitators were randomly assigned to families in their assigned offices at the time of dependency. Random assignment stopped in June 2023. Currently, the average workload per facilitator is 50 families; statewide capacity is estimated to be much higher, at 75+ families per facilitator. Facilitators for the PFD1 grant completed all invites for meetings and all other meeting documentation, which is different than statewide practice where caseworkers are expected to schedule and invite all meeting participants. The most recent Meeting Details report indicates that treatment meetings consistently invite more parents, relatives, and youth than control meetings.

PFD1 Meeting Details - All PFD1 Offices		
	Control	Treatment
Meetings	2503	5459
Youth Attended	138	745
Mother Attended	1051	2488
Father Attended	637	1765
Relative Attended	966	2910

*Data Source: FamLink Meeting Details Report (as of January 2021 thru March 2024)*

As of March 2024, there were a total of 653 treatment cases and 805 control cases in the randomized control sample. Of these, 300 treatment cases achieved permanency. Since implementation, the PFD1 permanency outcome facilitators have completed 5,459 meetings (count is by child) compared to 2,503 meetings held on control cases. This is using far fewer facilitators (11) than control cases who not only use facilitators but also caseworkers and supervisors. Other preliminary data indicates:

- Participation of youth in the PFD1 meetings is between 5.5 and 6.7 times greater than the control group meetings.
- Other extended family attending is between two and three times greater.
- Fathers attending is between 2.25 and 2.66 times greater.

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- Mothers attending is between 2.0 and 2.3 times greater.
- In general, participants in the treatment group (PFD1 meetings) received almost six meetings on average, compared to 2.6 meetings in the control group.

Treatment families were served through March 31, 2024, when the project period ended, and cases then returned to the business-as-usual process. The evaluation phase began April 1, 2024.

DCYF remains engaged in the D.S. Settlement which includes requirements pertaining to Shared Planning Meetings (SPMs) and Family Team Decision Making (FTDMs) Meetings. DCYF's policies and practices for improvements will be revised in response to D.S. Engagement Findings and Recommendations from individuals with lived experience and other system partner feedback. In accordance with the D.S. Settlement, funding is secured for 11 additional facilitators, a shared planning meeting program manager and two CQI positions to be hired in CY 2024. Further, Evident Change was approved as the statewide model, which captures key components of the PFD1 model emphasizing family engagement, youth voice, and facilitators overseeing participant invitation. Region 1 and Region 4 have already begun implementing key components of PFD1 into their SPMs, including PPMs.

The PFD1 intervention aimed to improve permanency and well-being outcomes. Throughout the life of this grant the PFD1 team worked closely with internal and external system partners to promote family teaming and engagement within PPMs. Although facilitators can be impactful in modeling engagement and navigating difficult conversations, there remain significant barriers to including family and like-family in SPMs. Measured performance on this outcome may have been impacted by the sampling error identified in 2022.

The Permanency Planning Meetings and All That Entails report provides data specific to overdue SPMs. In general, statewide facilitators report that meetings are occurring more often than the report indicates. Upon reviewing overdue meetings in FamLink, there continues to be wide inconsistencies in documentation as well as documentation not completed correctly. The PFD1 team developed a methodology for meeting documentation that resulted in no missed meetings or inaccuracies showing up in this report. Overall, this report does reliably illustrate that the number of invites and family participants are greater in PFD1 treatment cases as shown in the table above titled, PFD1 Meeting Details- All PFD1 Offices. This is attributed to the practice of PFD1 facilitators completing pre-meets with family, youth, and caregiver, completing scheduling and invites, and reviewing the file for relative search information, missing parent information, and following up on that information. Action items identified in each meeting are reviewed by the assigned facilitator prior to each subsequent meeting, and those action items not completed by DCYF staff are followed up on.

As of March 2024, there was an average of 42% overdue PPMs across the state. Per policy, these meetings occur every six months. These meeting counts represent individual children. As discussed above some of these missed meetings represent documentation errors.

Region	Overdue Meetings
Region 1	51.89% (578)
Region 2	24.73% (182)
Region 3	10.69% (71)
Region 4	41.83% (420)
Region 5	34.58% (297)
Region 6	62.78% (936)
<b>Statewide Total</b>	<b>42.33% (2484)</b>

In an effort to share best practice and increase statewide fidelity for all facilitators, the PFD1 CQI program manager initiated a statewide community of practice for facilitators across all regions. These meetings continue on a quarterly basis and are an opportunity for facilitators to build relationships across the state, problem solve, and share in best practice. The hope is that this meeting continues beyond the grant to support statewide alignment and best practice in meeting facilitation.

*PFD1 Intervention Evaluation/Quality Assurance (QA)*

The Kempe Center is contracted to provide a process and outcome evaluation. Part of that evaluation includes fidelity surveys provided to all case participants who attend meetings. Survey response is minimal; therefore, parent focus groups were implemented in March 2023. In general, parents who participated consistently reported the same issues: feeling overburdened with several services at once; lack of communication with staff; confusion as to who their caseworker was.

The CQI program manager continues to use both quantitative and qualitative metrics to monitor program fidelity and permanency trends. In addition to fidelity surveys and the parent focus groups, the PFD1 team also relies on the Meeting Details Report, the Progress Monitoring Report, and Child and Family Services Review (CFSR) Case Review. The following trends are found in the three regions (22 offices) with PFD1 intervention that impact engagement, authentic family teaming, and are not true for every office/caseworker:

- Caseworkers listing service compliance as the determination to make case decisions rather than specific, observable behaviors and/or conditions that impact safety (even in cases where no safety concerns are noted).
- Mandating that parents do many services that are beyond the identified safety issue.
- Accurate safety assessments not being done at key points in the case and/or are not capturing current safety information (at times copy/pasted from the CPS Investigation, early CFEs).
- Resistance to alleged fathers attending meetings because paternity is not established, or they have not contacted the caseworker (including involving the kin of alleged fathers).
- Setting a standard for sobriety compliance based on their (the caseworker and/or supervisor) own beliefs, rather than the recommendations of the substance use disorder experts.

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- Resistance to allow relatives to attend meetings if they are not placement resources.
- Resistance to families presenting case plans and offering alternative ideas.
- Adversarial stance with other case participants who disagree with the agency's plan.
- Misunderstanding of the difference between managing risk versus addressing safety. This leads to children and youth in out-of-home placements for longer timeframes than necessary.
- Using these meetings as the only point of contact with parents.
- Requesting that meetings be rescheduled for non-emergent reasons and when family, supports, and other key participants are available and able to attend.

The same issues are listed by system partners as concerns with DCYF interactions.

Systemic factors that impacted permanency outcomes for treatment cases are:

- DCYF caseworker turnover (including the caseworker not being familiar with the case, unprepared to discuss the current safety threat, unfamiliar with the case plan, etc.)
- Delays in establishing dependency primarily due to delays in establishing dependency as to all parents
- Delays in filing of termination petitions, court delays in scheduling and in holding default testimony.

Since the COVID-19 pandemic, many SPMs continue to be conducted virtually. Virtual meetings allow parents, youth, and other parties to participate more consistently as there is no travel time associated with virtual meetings. Zoom allows anyone who is invited to the meeting to join regardless of if they have the application downloaded on their device. DCYF is moving toward using Microsoft Teams. There have been a number of concerns raised by meeting facilitators across the state. It is important that DCYF continue to offer a virtual setting for shared planning meetings and to continue to problem solve and resolve concerns specific to Microsoft Teams with IT to eliminate barriers that families may have in attending meetings.

### *Ongoing Sustainability and Next Steps*

The PFD1 project was granted a No-Cost Extension. Additional funding was secured in February 2024 which allows four of the remaining facilitators to continue supporting permanency outcomes in Region 1 and Region 6 through September 2024. Region 1 and Region 4 have begun implementing several key components of the PFD1 model into business-as usual practice including:

Two sustainability proposals have been presented to DCYF leadership. The PFD1 CQI program manager, grant administrator, and a PFD1 facilitator completed an analysis of what would be needed as a “first step” to increased effective meetings for families that support caseworkers. The components are based on the implementation of the PFD1 PPM intervention model, which has been in effect for 36 months. The proposal was presented as a start to increase efficiency of the SPM model using the current allocated full-time equivalents (FTEs) in the regions for facilitation. Developing a statewide SPM model that incorporates all the different meeting types into one meeting would be beneficial in improving CW practices overall.

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There have been conversations with the [Office of Innovation, Alignment and Accountability](#) (OIAA) on the identification and/or development of ongoing fidelity indicators using DCYF administrative data for long term monitoring that compliments and is supported by The [Kempe Center](#) evaluation on the grant intervention and is anticipated to be completed in late 2024.

AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.		
	Begin Date	Projected Completion
<p>Establish a short-term workgroup with statewide child welfare and statewide AGO representation to assess termination referrals and termination filing and to establish a consistent statewide process that includes the following:</p> <ul style="list-style-type: none"> <li>A single referral form for statewide use</li> <li>Standardized referral packet requirements</li> <li>Review process by AGO</li> <li>Who to include in communication when the referral is submitted, denied, or filed</li> <li>Timeframes for submission and resubmission when required elements are missing</li> <li>Prioritization of referrals</li> <li>Consistent communication chain with designated parties when termination referrals are not legally sufficient to file</li> <li>Development of training and guidance to support implementation</li> </ul>		COMPLETE
The workgroup established will establish a consistent data report for use at the local, regional, and statewide level that incorporates process and timeliness tracking. DCYF and the AGO will be able to utilize the report to identify at the office and regional level where and why TPR referrals are not occurring.		COMPLETE
The workgroup established will establish a semi-annual process to evaluate statewide implementation and progress.		COMPLETE
Incorporate review of data related to the filing of and hearings for termination petitions into the quarterly data review conducted at IDCC in order to evaluate progress toward timely filing and identify other barriers for systemic improvements.		COMPLETE
DCYF staff and AGO staff in collaboration with AOC and other system partners will develop a training session for the AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion.		COMPLETE

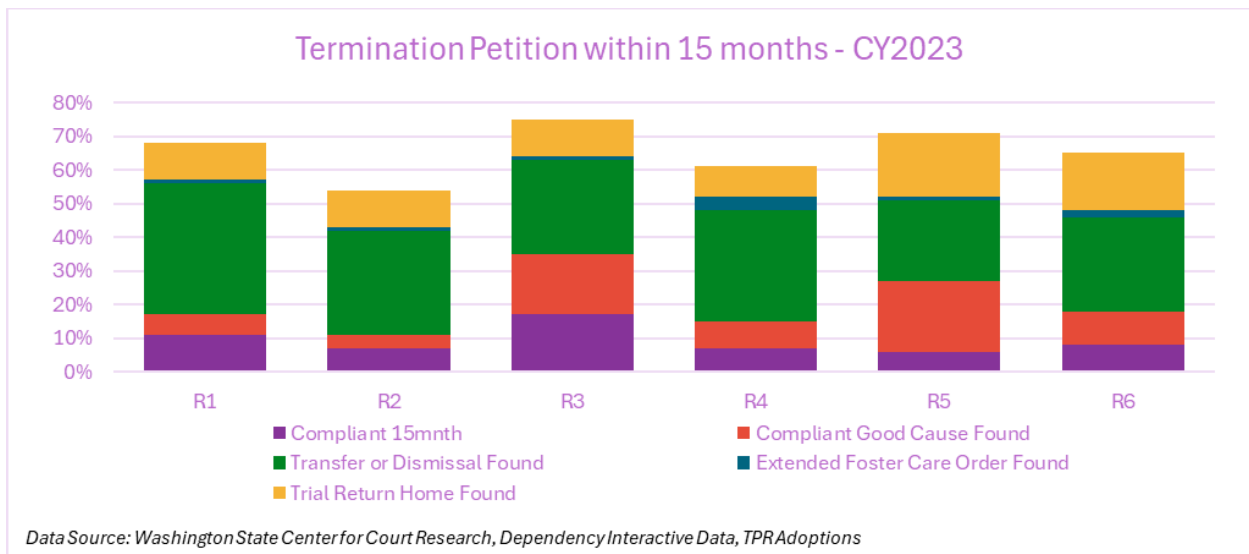
**AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.**

Using data related to timeliness of TPR filing and identifying FJCIP Courts where there is the highest delay in filing of TPR within or past 15 months, FJCIP Coordinators, in partnership with DCYF, AOC, and AGO, will hold system partner meetings within those court to review data, evaluate processes and determine what efficiencies can be implemented to improve timeliness to TPR filing.	COMPLETE
Delays in TPR filing will be monitored at a local level to determine if change in processes are effective.	COMPLETE

**Progress Update:**

The Adoption and Safe Families Act (ASFA) compliance data is regularly available in infoFamLink and reviewed through regional dashboards. DCYF compliance is at the 12-month mark post out-of-home placement to provide opportunity for the Attorney General’s Office (AGO) to determine legal sufficiency, draft and file the petition by the 15<sup>th</sup> month. Timely filing of Termination of Parental Rights (TPR) is one aspect tied to timely achievement of permanency and is discussed in data analysis meetings. Overall achievement of timely permanency is an area of improvement that DCYF continues to work on and involves multiple systemic barriers that are discussed with court partners at a local and statewide level.

The figure below illustrates the number of TPR petitions filed within 15 months of the child residing in out-of-home care for CY 2023, broken down by region.



In June 2021, a new TPR referral process was rolled out statewide. Data is tracked on the timeliness of referral completion and rejection and referral acceptance by the AGO. This data is provided to DCYF monthly to cross-reference with FamLink data. In review of the latest data, it was noted that approximately 25% of referrals were rejected by the AGO. Region 4, which is made up of King County, the largest county in Washington, has a rejection rate of 39%.

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The monthly data helps regions hold conversations with the AGO when there are identified delays in processing times. This report also allowed an opportunity to delve further into why referrals are being rejected and have a follow-up mechanism in place for referrals to be re-submitted if and when appropriate. With recent legislative changes, DCYF anticipates that guardianships will increase and TPR fillings will decrease both due to less children being in out-of-home care and due to increasing percentages of guardianships.

For additional information and data related to timely filing of TPR, see [Item 6](#).

Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.		
	Begin Date	Projected Completion
In collaboration with P4P provider, provide increased knowledge and understanding for regional leadership, AAs, supervisors and caseworkers through communication, guidance, presentations at local offices, and RCT training about P4P and partnering with parent allies to increase engagement with parents. This will occur in jurisdictions where P4P is currently operating and in jurisdictions, if/when expansion of the program occurs. Information will include: Roles and responsibilities in relation to partnership between caseworkers and parent allies. Barriers to engagement. Best practice for engagement. P4P evaluation and outcomes. P4P service model. How caseworkers can access and utilize the service. How the P4P program works to reduce stigma for parents and caseworkers.		COMPLETE
In collaboration with P4P staff, identify key P4P and engagement related data points to identify practice strengths and improvements needed to support use of P4P including: Number of referrals/connections that occur from caseworkers to the program. Participation by caseworkers in presenting at Dependency 101 classes. Number of staffings and/or meetings that P4P is presenting at and in which offices/regions. Number of parents engaged in the program. Parent engagement and parental participation in case planning.		COMPLETE
Based on the data collected, focus groups will be conducted with caseworkers and parent allies in the P4P jurisdictions where DCYF referrals to the program are low to gather information about barriers to use of P4P within those jurisdictions. Data will also be used and incorporated into coaching activities as described in the Workforce Development goal area.		COMPLETE

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**Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.**

Based on information gathered and data review, DCYF HQ and regional leads, P4P leaders/representatives, and key system partners such as parent attorneys, CASA/GAL, and parents will meet bi-annually to discuss trends, areas of strength, barriers and identified areas of improvements. The team will develop a plan to address identified concerns including targeted outreach to jurisdictions where DCYF referrals to P4P are low and parental engagement outcomes are low to increase awareness, knowledge and usage of the program, and discussions regarding expansion into additional jurisdictions and additional supports needed.

COMPLETE

**Progress Update:**

Children’s Home Society of Washington’s (CHSW) Parents for Parents (P4P) program continues to adapt to the challenges affecting access to parents. Innovative outreach methods have become imperative to effectively deliver the program. Collaborative efforts with community court partners, facilitated by parent allies, have proven instrumental. These endeavors encompass a spectrum of activities, including presentations at cross-system gatherings, engagement with legal professionals, and judicial partners. Additionally, strategic dissemination of information via flyers at visitation agencies, leveraging advisory committee insights, and the support from the DCYF have fortified some connections with parents.

While some courts adopt a hybrid approach, others mandate in-person attendance for shelter care, prompting parent allies to strategically allocate their presence both virtually and in-person. Some sites participate in FTDMs when deemed beneficial and they have capacity.

DCYF's ongoing collaboration with individual P4P programs underscores a concerted effort to refine communication strategies, fostering a stronger partnership between the agency and P4P. In 2023, P4P programs were available to 90% of case filings in Washington and strategic efforts continue to be made to ensure that every parent involved in the dependency court system receives support from a P4P program. Providing access to parent allies offers comfort and tangible hope, reassuring them that the journey ahead is not insurmountable. It instills the belief that navigating the challenges of parenthood, especially within the complexities of the child welfare system, is indeed achievable.

There are concentrated efforts to ensure DCYF staff have the knowledge, awareness, understanding, and contact information for their local P4P program. Some of the concentrated efforts that have occurred include the following:

- PFD1 Facilitators often invite P4P to FTDMs and PPMs.
- Region 1 – Facilitators continue to discuss P4P in FTDMs where the plan is placement and there is court involvement and include contacting P4P in action plans when appropriate. P4P has people in Chelan and Douglas Counties. They connect with parents at shelter care hearings.
- Region 2 - Facilitators are encouraged to discuss P4P at FTDMs and SPMs with parents. There is a P4P person in Richland who attends initial FTDMs when they are available. The

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rest of the regions lack a dedicated person.

- Region 3 – There are frequently P4P representatives at FTDMs in Region 3.
- Region 4 - Region 4 offices have brochures for caseworkers to provide to parents. Region 4 also provides a parent packet, which includes P4P information. Caseworkers are encouraged to invite P4P representatives to shared planning meetings and P4P is being discussed in some offices during FTDMs.
- Region 5 - P4P parent allies have been attending shelter care hearings, as well as inviting parents to participate in the Dependency 101 class. Dependency 101 is offered twice monthly virtually. P4P parent allies attend shared planning meetings when they are invited by a parent.
- Region 6 –There is continued discussion to strengthen collaboration between P4P and DCYF. P4P engages in community outreach to parents.

The P4P program will continue to be discussed in FTDMs and SPMs as an available resource for parents. Parents will be provided a digital or physical brochure informing them how they can access the service. DCYF staff will continue to be encouraged to invite P4P to shared planning meetings. The engagement program manager and P4P leadership will meet quarterly to discuss engagement and ways to strengthen collaboration. In addition, the engagement program manager will invite P4P to the FTDM/SPM leads meeting quarterly, to ensure the leads are provided with the information needed for their regions regarding P4P updates. This information will also be shared statewide with meeting facilitators.

**Increase placement stability and permanency for legally free children and youth through strategies that incorporate youth involvement in case planning and recruitment.**

	Begin Date	Projected Completion
Caseworkers will develop, revisit and update an individualized recruitment plan with legally free children and youth not in a permanent home.		DID NOT IMPLEMENT- Executive Leadership made the decision not to proceed based on workload issues for field staff.
Caseworkers who work directly with legally free children and youth will be trained on youth engagement, having difficult conversations, and utilizing youth input for case decisions.		ONGOING
DCYF will contract with Northwest Resource Associates (NWRA) for Reverse Matching Recruitment (RMR).		COMPLETE
NWRA will have monthly contact with LD, tribes and private agencies to identify placement resources for youth.		COMPLETE
Youth will be contacted to participate in recruitment events and assist with placement resources.		COMPLETE

Progress Update:

This strategy was implemented and evaluated via the PFD1 grant. The PFD1 Grant strategy, Enhanced Youth Recruitment (EYR), focused on empowering youth voice in case planning and was implemented statewide in all offices. The intervention used recruitment events called Reverse Matching Events (RME), facilitated by [Northwest Resource Associates](#) (NWRA), to provide youth the opportunity to review potential placement options and indicate their preferences. Caseworkers and youth followed up after events with potential resources. NWRA also provided supports to youth, families, and caseworkers.

The intervention's specific population were all legally free youth not in permanent placements. RMEs place youth-choice at the forefront of placement and case planning decisions. They provide youth the opportunity to have a voice and actively participate in their permanency planning by empowering them to share what they are looking for in a family and working to connect them with a family of their choice. There are two primary supports that are critical to supporting the intervention:

- Identifying potential placement resources; and
- Creating a method to track youth engagement in permanency exploration and recruitment.

This strategy was also a part of the Adoption Call to Action which ended in 2022. Although the Adoption Call to Action is no longer occurring, DCYF remains committed to the strategies outlined in this report as part of a continuing effort to increase timeliness to permanency for legally free youth.

Events that took place during this intervention, and the number of youth and families involved are below:

Northwest Adoption Exchange Reverse Teen Matching				
Period: 10/1/2022 – 9/30/2023				
Event Date	Youth Registered	Families Registered	Number of Inquiries Made by Youth on Families	Number of Inquiries That Have Resulted in Phone, Zoom, or Respite Visits
2/24/2023	1	8	4	1
2/25/2023	1	8	2	0
2/25/2023	1	7	2	0
2/25/2023	1	8	2	0
2/25/2023	1	11	3	2
2/26/2023	1	6	2	0
5/19/2023	1	12	2	0
5/19/2023	7	12	20	1
6/6/2023	1	8	4	0
8/18/2023	1	6	3	0
8/25/2023	1	6	1	0
8/31/2023	1	5	1	0
9/7/2023	1	6	0	0
9/12/2023	1	7	1	0
9/14/2023	1	7	3	0

NWRA staff observe that after watching family videos, youth are often more open to considering different types of families than they were before the event. Many youths go into the event looking for a specific type of family, often because they have not had much exposure to or experience with any other kinds of families. Getting this exposure through the family videos can help youth expand their thoughts on family possibilities and be more specific about what they are looking for in a family.

All of the family videos are available to youth after the event. Continued access to videos provides a springboard from which a caseworker can engage with youth around permanency and placement options. To ensure that caseworkers are following up with the identified families, the PFD1 CQI program manager completed outreach to assigned caseworkers at one week and then again 30 days after each event to collect feedback, provide support, and to ensure that youth-identified families have been contacted. NWRA follows-up with the families within a few days of the RME to gather feedback.

The [Youth Engagement Toolkit](#) was completed and launched on the [Northwest Adoption Exchange \(NWAE\)](#) website in September 2023. A powerful highlight of the toolkit is that it contains the voices of former foster youth who shared their experiences of being engaged (or not) in their permanency planning during their time in care. NWRA plans to reach out to Child and Family Welfare Services (CFWS) and Adoptions programs in DCYF to provide caseworkers with training on the toolkit. NWRA staff are available to caseworkers when requested to provide support and training on youth engagement. Additional key components of the re-structured program, now under the Adoption Recruitment



Contract, includes more training and support for caseworkers and families with the aim to provide better informed and prepared connections between caseworkers and potential families.

PFD1 Grant funding for this intervention ended Sept. 30, 2023. This intervention is now sustained in the Adoption Recruitment Contract overseen by the DCYF adoption program manager. This service is based on performance-based contracting and transitioned to the adoption recruitment contract on Oct. 1, 2023. Under the Adoption Recruitment Contract, one additional individual event took place in December 2023.

In 2023, two youths were placed with families they inquired about. Unfortunately, those placements were disrupted. A third youth was connected with a family and had visits, but it did not lead to placement. The individual sessions that comprised the third RME were held throughout August and September 2023 and then again in December 2023.

There are many factors that influence placement of youth in this intervention. First, all youth involved have a length of stay over five years and more than one placement episode, which increases the trauma they experienced in the dependency system. Second is whether caseworkers followed up with families, including the method they used to communicate with families and the type of information they initially shared with families about youth. A third factor influencing placements is the type of transition youth have into a new home and whether supports were offered and continued for both youth and families. The foundational goal of this intervention was to shift practice to youth-led decision-making.

### *Feedback and Pivots*

Feedback on EYR was provided by youth, foster families, and DCYF caseworkers throughout the entire intervention. In addition, there was an established workgroup, the EYR Implementation Committee, consisting of DCYF adoption specialists, youth attorneys, private agencies, dependency guardian ad litem, DCYF caseworkers, and headquarters staff. The EYR Implementation Committee met to discuss strengths, challenges, and lessons learned from each event to make modifications, as needed, for planning of additional events. Attendance at meetings by external system partners decreased in 2022-2023. In 2023, one implementation committee meeting was held. Continued meetings with [NWRA](#) occurred regularly.

NWRA entered into an agreement with the University of Texas to assist with family evaluations in Fall 2022. The Master of Science in Social Work students reached out to foster families participating in RME to evaluate the family experience. Surveys were sent to families in October 2022. The students were primarily interested in the following questions: What is the experience of prospective adoptive families who participate in the RME program? And how can the experiences of prospective families help inform program improvement? Forty-two families who participated in [NWAE](#)'s RME in-depth profiles were invited to participate, and 18 surveys were ultimately completed (17 full and one partial), yielding a response rate of 43%. Suggestions for on-going program improvement included showing teens families who they are able to be placed with (i.e. not showing male youth a family that can only accept female youth) and not having enough information on a teen before making a placement. Other families suggested opportunities for in-person connections with teens. The surveys also highlighted continued communication issues between DCYF staff and identified families. Final recommendations of the family evaluation were as follows:

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- Consider screening teens for their interest and involvement
- Consider in-person events and how this process might work in that type of setting
- Continue communicating feedback from the youth to prospective parents
- Increase publicity/advertising of the program so more prospective parents are aware of the opportunity
- Consider ways to strengthen buy-in from caseworkers to the program (to improve communication between caseworkers and families)

Youth, family, and caseworker feedback was solicited after each RME by NWRA staff and then shared with DCYF and the PFD1 team. Several changes to the intervention strategy occurred as a result:

- The name of the events was changed from Reverse Matching Events to Reverse Teen Matching. Subsequent feedback led to the name change **Youth-Led Permanency Consultations**. Youth and caseworkers felt this title better represented the program's goal to give youth a voice in their permanency planning.
- Participating youth requested more individual events, over one large regional event. These began in 2022 informally but have formalized during this reporting period. An encouraging outcome seen from doing more individualized events is that NWRA staff are gaining valuable insight into what types of families youth are open to exploring and what they are specifically looking for in a family. Unlike the group environment, the one-on-one setting provides the youth with an opportunity to have a more personal conversation with NWAEE staff about how they are feeling after watching the videos.
- Feedback from some youth and families was that after participating in the event, they never heard back from caseworkers about the families they chose or for families, whether they had been chosen in the event, and next steps. Caseworkers were contacted and reported that they did not have time to follow-up with families. As a result of this, a "meet and greet" pilot was initiated to better assist caseworkers in some cases with the initial contact between a youth and the youth's chosen family. The goal is to empower the youth to have choice in the next steps to permanency without the impact of bias.
- Follow-up meetings between the youth, their caseworker, and NWAEE staff began because NWAEE staff come away from these events with significant insights that they share with the youth's caseworker, potentially expanding the pool of families that caseworkers look at for placement for the youth. This way the youth could share for themselves what may have changed for them regarding the type(s) of families they would consider.
- Feedback received by caseworkers that holding group events by region can be challenging. NWAEE received feedback from caseworkers that preparing multiple youth on their caseload to participate in RME is additional work that can create extra stress for them. In the regions where there are not as many youths in care and less caseworkers, there is subsequently more pressure on those caseworkers to register and prepare their youth for the event. In the larger regions, caseworkers may have more older youth on their caseloads and are then having to register and prepare multiple youth for one event. Another challenge with regional events is that youth could potentially have to wait a year or more before they are able to participate in RTM. Doing more individualized events throughout the year, regardless of region, is a way to address this issue. It could also provide youth with a more personalized experience. More individualized events were completed in 2023 than in

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previous years. Group events were also opened up to other regions if requested.

### *Lessons Learned*

**NWRA** reported the following lessons learned for youth, caseworkers, and the participating foster families:

**Youth:** Youth report enjoying the event, learning more about themselves and what they want in a family and having a chance to share their thoughts and have their voice heard. Most preferred individual events, feeling like they could be more open about their thoughts and share than when in a group setting. They do not like the disappointment and feelings of rejection they may have when there is no connection to families who they have expressed an interest in.

**DCYF Caseworkers:** Caseworkers reported learning more about what a youth is looking for in a family, with some reporting they had a significantly different idea of what they thought a youth would want, versus what a youth actually wants or is open to exploring. Caseworkers need training on how to engage youth in permanency planning and how to share youth information with families in a strengths-based way. Workloads can make it hard for some caseworkers to follow up with families within the 30-day period following an event which can lead to families feeling frustrated and hesitant to participate in the program again.

**Foster Families:** NWRA building long-term relationships with foster families is critical to continued participation as they can get frustrated with lack of caseworker follow-up. Families could benefit from learning more about the youth who participate in the program, and the challenges they may face. They need support on where to find resources and training to prepare them to potentially welcome a teen who has experienced trauma into their home. Families licensed through CPAs have generally received more trainings that align with what caseworkers are looking for in a family (e.g., BRS certified), however, CPAs do not always support their families participating in RTM, which removes a qualified group of families from potentially making connections with the youth who participate.

In addition, those working within this intervention (NWRA, the grant administrator, CQI program manager and the adoption program manager) underestimated the amount of systemic resistance to youth engagement, empowerment, and partnership in case planning. Caseworkers reported throughout the process that their workload did not allow for additional family inquiries and families reported little to no communication from caseworkers at times following RMEs.

### *Conclusions*

As noted by a **NWRA** director, while RMEs did not show a large increase in placement outcomes over traditional photo listing practices, youth who participated in those events reported that they would participate again. Further, nearly all youth who participated in RME indicated some interest in having their caseworker follow up with specific families; this was even true for youth who had mixed feelings about adoption or permanency. This reported openness to exploring connections related to permanency and adoption is critical, as feedback from caseworkers is that older youth have rejected the idea of adoption.

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This intervention also dispelled the myth that there is a lack of families interested in teens. There were over 100 licensed families interested in potential permanent placement of teens within Washington and new families are being licensed every month. The intervention demonstrated that useful and compelling video profiles of waiting families can be created. NWRA plans to continue, under their current contract, to work as a means for engaging families, improving matching, and creating more avenues for youth to be the decision-makers in the permanency planning process.

A primary barrier throughout this process was caseworker ability to respond due to competing priorities or additional training needed for this intervention.

As indicated above, there are a number of homes that are interested in teens or older youth. A goal for the upcoming cycle is to develop a process to flag these homes immediately after becoming licensed. The homes can be identified on a SharePoint site, specific to adoption or placement staff so as to be easily identified when recruiting for permanent homes.

Root cause analysis will help inform future recruitment efforts but because there is a lack of overall strategy for recruitment and permanency planning for these youth, there will remain limitations on how transformational an intervention such as this can be.

**Goal 3: Comprehensive Assessment and Response.**

Improve timeliness to permanency through completion of a thorough and ongoing assessment, case planning, and strengthening engagement and teaming of parents, children and youth, foster and kinship caregivers, court partners, and service providers.

Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.		
	Begin Date	Projected Completion
Establish a short-term workgroup comprised of statewide program managers and designated regional staff to: Review policy and practice requirements related to the Safety Framework and SDM, Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA), Comprehensive Family Evaluation (CFE), and required case planning activities, to identify opportunities for streamlining and practice efficiency. Make recommendations to align timeframes to support practice. Revise and disseminate policy and procedures to reflect changes in timeframes.		COMPLETE
Workgroup established will revise, develop, and redistribute tools and guides to increase and support ongoing integration of caseworker, supervisor, and AA knowledge of the Safety Framework and skill in applying information from the safety and risk assessment tools across all program types. Establish and implement expectations for use.		COMPLETE

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**Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.**

In collaboration with DCYF, the Alliance will implement training on the application of the Safety Framework and risk assessment to supervisors, AAs, and Alliance coaches. Training will first be completed with all current supervisors and AAs and then will be made available on a quarterly basis for new AAs and supervisors.	COMPLETE
QA/CQI and/or designated regional staff will train AAs and supervisors in the use of administrative data reports to monitor compliance with the timely completion of safety assessments, SDM, and other safety-related data points.	COMPLETE
AAs and supervisors, with support from regional QA/CQI staff and other designated regional staff, will complete semi-annual, office-based targeted case reviews focused on the implementation of the Safety Framework across all case types. Results will be used to identify areas for practice focus and improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.	COMPLETE
Supervisors and AAs will participate in monthly safety consultation teams, staffing cases from different programs facilitated by designated regional staff or Alliance coaches to support integration of learning and practice consistency.	COMPLETE
Supervisors will facilitate monthly safety consultation teams, staffing a minimum of one case with their units, focusing on consistent application of the Safety Framework to guide decision making (all programs), and supporting integration of learning and practice consistency.	COMPLETE
Supervisors will provide coaching and guidance to caseworkers specific to the application of safety assessment, and planning and provision of services using skills and resources identified and developed in the Workforce Development goal area.	COMPLETE
The Alliance in consultation with HQ program managers, QA/CQI staff, and identified child welfare staff will develop and provide a multi-modality training and skill development system addressing implementation of the Safety Framework throughout the life of a case for out-of-home cases.	COMPLETE
Foundations of Practice 4 Part Module Training implemented to enhance the Safety Framework practice and be responsive to the Keeping Families Together Act.	COMPLETE
Weekly Foundations of Practice Drop-in Sessions are developed and provided to staff to give 1hr FAQ and general information about a variety of topics, which include Safety Framework related matters.	ONGOING

**Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.**

Assessment Re-Design has launched an initial pilot to exploring tying DCYF safety threats to NCFAS items to better help wrap around quality comprehensive gathering of assessment and analyzing for the purpose of building plans	ONGOING
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Progress Update:

This strategy focuses on the application of safety-related assessments throughout the life of a case. There is an increased emphasis on accurate, ongoing assessments of safety throughout the life of the case. This is through multiple strategies in the program improvement plan (PIP) such as FTDMs, pre-filing consultations, PPMs, and multidisciplinary safety summits. Leadership, caseworkers, and facilitators have all reported that there is ease in critical conversations around the use of safety-related tools in decision-making as well as growth in skills and competency around articulation of safety threats and conditions for return home. In addition, legislation has put an increased emphasis on the use of tools and articulation of safety and supports, enhancing implementation of this strategy:

- [HB 1194 Strengthening Parent-Child Visitation Law](#), which strengthens parent-child visitation during child welfare (CW) proceedings, was implemented July 25, 2021. This legislation requires that family time become unsupervised at hearings unless DCYF provides a report to the court that includes evidence establishing that removing supervision or monitoring would create a risk to the child’s safety and the court determines that supervision must continue. This level of determination will be completed in the safety assessment.
- [HB 1227 Keeping Families Together Act](#) was implemented July 1, 2023. This legislation has many components, including changing the standard for removal of a child to when it is necessary to prevent imminent physical harm. DCYF must identify and articulate the imminent physical harm and evidence of a causal relationship between the particular conditions in the home and imminent physical harm to the child. Additionally, DCYF needs to provide information about the harm of removing the child from the home, and strategies to mitigate that harm, to support courts’ consideration of whether the risk of imminent physical harm outweighs the harm associated with removal.

Concurrent and in partnership with the Family Practice Model (FPM) development work, the [Office of Innovation, Alignment and Accountability](#) (OIAA) is leading a project on redesigning the assessment system to focus on assessment tools that are consensus-based, actuarial, and standardized. This project work is complex and requires extensive input from staff, those with lived experience, system partners and is anticipated to take several years to fully redesign, in alignment with implementation of the FPM.

From January 2022 to June 2022, system partner workgroups occurred to work on each component of the legislation. Included in the conversations were recommendations for any potential policy and practice changes, IT changes (minimal viable product in FamLink and long-term CCWIS), training needs, and any additional recommendations that required decision packages for the 2023-2025 legislative

session. Final recommendations were developed in July 2022 related to safety practice and included the following:

- Include the workgroup’s input for simplifying and improving the Safety Framework, including notes regarding the safety threats guide, safety threshold questions, and safety plan analysis, in the collaborative effort with [Chapin Hall](#) to redesign DCYF’s assessment system to implement DCYF values in practice.
  - Enhancing the Safety Framework is well underway. The Safety Framework guides are currently in the review process to provide clarity as to the purpose and criteria for external review from the [Citizen Review Panels](#) (CRPs), which includes lived experts. It will also undergo review by the DCYF [Office of Racial Equity and Social Justice](#) (RESJ). Chapin Hall has completed a literature and best practice review on [Safety Frameworks](#) for DCYF.
- DCYF provided training in partnership with The [Alliance for Professional Development, Training and Caregiver Excellence](#) (Alliance) around court simulation to support caseworkers’ understanding and articulation of imminent physical harm, harm of removal, the types of evidence caseworkers will need to testify about, and the new allegations that will need to be included in dependency petitions.
  - DCYF also developed a four-part internal modular training, including a court simulation of a shelter care hearing which was developed with the Alliance to better prepare staff for meeting the 79 statutory changes that went into effect July 1, 2023. Simulation training was provided statewide in the summer and fall of 2023. Staff found the simulation experience realistic and helpful.
- Identify how the information will be documented in FamLink and in the dependency petition and develop and implement a quality assurance plan to ensure consistency of practice over time.
  - DCYF initiated a petition pilot project updating the petition template to include all relevant information required because of HB 1227 within 15 counties. DCYF rolled out a statewide update to the petition changes on July 1, 2023.
- DCYF and other CW system partners to implement the recommendations in DCYF’s [Examination of the Racial Disparities Present in the Child Welfare Assessment of Safety](#) research brief:
  - DCYF began a thorough review of current tools associated with assessment of safety as well as a larger body of work around a full assessment re-design.
  - DCYF hired a substance use disorder statewide program manager who began work partnering with internal and external partners on how to provide information, guidance, and support around assessment of substance use in relation to child safety and supports and resources for families.
- Increase the role and capacity of parent allies to support parents.
  - The Safety Framework guides were reviewed by the citizen review panels which included lived experts and will also undergo review by DCYF RESJ and the [Office of tribal relations](#) (OTR) teams upon completion of updates.
- Recommendations also included improving the assessment system and the development of values-driven practice profiles through the [Family Practice Model](#) (FPM).
  - The FPM completed three Level of Intervention co-design sessions across the state regarding removal standards from January to March 2023 and is currently in the

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process of developing practice profiles to give DCYF staff guidance on how to incorporate agency values into practice and giving support around best, developmental and Indian Child Welfare (ICW) practice.

- These co-design sessions helped guide the Level of Intervention practice profiles which include removal decisions. The FPM internal website was developed as a way to organize important information in CW around service areas. The information is available on the CW intranet and new profiles are continually being developed and rolled out to support practice improvements.

*Ongoing Sustainability and Next Steps*

The assessment redesign project focuses on four assessment tools; Intake Assessment, Safety Assessment, Standardized Behavioral Health measures, and a Strengths and Needs assessment. The Safety and Strengths and Needs workgroups ran concurrently from January 2023 – March 2023.

- The internal safety workgroup created a scoring rubric and reviewed several different Safety Frameworks used across the country. At the end of the 10 sessions, the group identified a specific Safety Framework that appears to align with agency values and practice expectations. This work will now continue into the next phases of developing an action plan, pilot project and concrete next steps to put improvements into place.
  - The assessment re-design is focusing on a pilot targeting case plan outcomes using the [North Carolina Family Assessment Scale](#) (NCFAS) model.

An internal proposal to update the Safety Framework with court partners in compliance with the initial safety workgroup recommendation was submitted and initial plans were approved to move into the next phase of implementation of pilot.

Additionally, DCYF is working with court partners on harm of removal and how to tie the nexus to child safety when considering harm of removal. This workgroup is ongoing and is relying on medical experts, court partners, and intends to include the voice of lived experts while creating child developmental guidance around the harm of removal to better help CW partners understand the true impacts and be proactive in ways to mitigate the harm of removal when child removal is necessary.

See the State Plan for [Court Practice Related to Safety Framework](#) that also highlights specific projects targeted to improve the use, communication, and application of the Safety Framework with collaboration from system partners and lived experts.

**Hold case consultations prior to filing of dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services to keeping children safety with their parents.**

	Begin Date	Projected Completion
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**Hold case consultations prior to filing of dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services to keeping children safety with their parents.**

<p>A statewide team inclusive of Child Welfare Programs, QA/CQI, and designated regional staff will participate in a short-term workgroup to:</p> <ul style="list-style-type: none"> <li>Develop clear, consistent guidelines for identifying pre-dependency filing and complex cases that will be staffed.</li> <li>Identify consistent core team members.</li> <li>Develop a decision-making process that is based on the Safety Framework.</li> <li>Develop a tool for documentation and related guidance documents for core team members and staff presenting a case to be used to guide the staffing.</li> <li>Establish and implement a statewide QA process to be used to identify practice trends, coaching, training, and support needs.</li> </ul>	<p>COMPLETE</p>
<p>RAs will identify the specific individuals within the regions who will staff the cases.</p>	<p>COMPLETE</p>
<p>Identified teams will participate in training regarding the process provided by a team comprised of the HQ program manager, regional QA/CQI lead, and regional safety lead to support consistent implementation and documentation. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.</p>	<p>COMPLETE</p>
<ul style="list-style-type: none"> <li>Restructure and relaunch Safe Child Consultations (SCC), previously known as Pre-Filing Consultation, as a pilot in 10 offices</li> <li>Update the SCC Guide</li> <li>Analysis of the SCC survey data</li> <li>Make any needed changes based on office feedback and survey data</li> <li>Implement SCC across the state</li> </ul>	<p>COMPLETE</p>
<ul style="list-style-type: none"> <li>Statewide roll out of SCCs across the state; with policy memo supports attached.</li> <li>Ongoing monitoring and data collection around patterns and themes identified.</li> </ul>	<p>ONGOING</p>

**Progress Update:**

Pre-filing consultations became an integral part of practice in the state. Data was collected from April 2021 – October 2021 using Smartsheet. In addition, feedback was received on the pre-filing consultation process through focus groups, Child Protective Services (CPS)/Intake Leads meeting, area administrator (AA) cohort meetings and the Field Advisory Board.

In October 2021, a memo was sent to staff temporarily pausing mandatory pre-filing consultations. They were still encouraged but not mandated. Staff turnover was indicated as one of the reasons to pause

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mandatory pre-filing consultations. The memo stated that the pause was until January 2022 and that changes would likely be made to improve the consultations once resumed. One region completely discontinued pre-filing consultations, but most regions continued using them on a fairly regular basis. The data collected through the Smartsheet feedback form from April 2021 - October 2021 indicated positive results including:

- Better articulation of the Safety Framework
- Inclusion of discussion around bias
- Shared decision-making
- Supporting/enhancing critical thinking

There were also suggestions to modify and/or improve the process including the following:

- Process modifications including which cases to staff and improving coordination/decision making ability at FTDMs.
- Improvements to the Pre-Filing Consultation Guide.
- Discontinuation of the Smartsheet data collection.
- Determining who should participate in the consultations.

Information gathered was shared with the child welfare leadership team.

Pre-filing consultations did not resume again statewide until July 2023. From January, 2022 – June, 2022, system partner workgroups occurred to work on each component of HB 1227. Included in the conversations were recommendations for any potential policy and practice changes, information technology (IT) changes (minimal viable product in FamLink and long-term CCWIS), training needs and any additional recommendations that may require decision packages be developed for the 2023-2025 legislative session. Final recommendations were developed in July 2022 related to safety practice and included the recommendation of requiring and supporting pre-filing consultations.

In April 2023, Pre-Filing Consultations were renamed Safe Child Consultations (SCCs). The name change was to project a more positive connotation and reiterate the purpose of the consultations to ensure that the child is safe. SCCs were initially implemented in ten offices as a pilot. Feedback was collected from these offices and small changes made prior to the final statewide relaunch by July 2023.

SCCs are required at key points during a complex case or when impending danger is identified prior to the FTDM. An SCC guide was developed to support consistent and high-quality SCCs.

To ensure the purpose of FTDMs to engage family and others who are involved with the family in critical decisions, DCYF reinforced that SCC recommendations can change as new information during the FTDMs is gained. SCCs also help caseworkers be supported in their understanding of the Safety Framework and include some of the following benefits:

- Better articulation of the Safety Framework
- Inclusion of discussion around bias
- Shared decision-making
- Supporting/enhancing critical thinking

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- Review and assessment for any tribal ancestry
- Review and assessment for potential of kinship placement

In July, 2023 DCYF rolled out a four-part series to be responsive to the implementation of HB 1227. As a part of that, DCYF staff were trained on the implementation of practice supports with SCCs in module two regarding harm of removal.

Two policy memos regarding requirements for SCCs within the Safety Assessment and Domestic Violence policies were released to support this practice change.

In order to ensure community and system partners were aware of the internal changes DCYF made to enhance practice around comprehensive response and assessment of safety, several external presentations were done with partners about what SCCs were and their purpose. CRPs and tribal partners both had opportunities to learn about what DCYF was doing, ask any questions, and provide feedback. Feedback received from the CRPs expressed they were happy to see that the SCCs include a specific section with the intention to call out a RESJ framework.

From the beginning of the statewide implementation on July 1, 2023, there have been over 1,200 SCCs that are documented with over 2,100 children being staffed. Each region’s process developed for SCCs varies slightly, but most regions rely on Quality Practice Specialists (QPS) to either be present or facilitate the meetings. A majority of the feedback received around SCCs is positive but there are some concerns around the documentation of them in Smartsheet for tracking purposes and in FamLink that DCYF is looking to streamline. This remains a barrier and likely is affecting the data collection as the number of SCCs is likely greater than what is being documented in Smartsheet. Due to IT demands and leadership prioritization, the barriers around documentation within FamLink remain.

Several strengths mentioned by supervisors and AAs have been about collaborating with caseworkers on thinking through complex situations while also helping them formulate plans. Caseworkers are noted to be improving in their articulation of HB 1227 elements and their understanding of the Safety Framework, including feeling more confident and prepared to testify in court.

**DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF’s Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.**

	Begin Date	Projected Completion
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**DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF’s Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.**

<p>Establish a short-term multi-disciplinary workgroup of IDCC subgroup members, FJCIP coordinators, field AGO, HQ program managers, DCYF child welfare, Court Improvement Training Academy, the Alliance, and other identified system partners to:</p> <p>Develop a crosswalk of DCYF Safety Framework, safety principles and existing court safety-related training and guidance.</p> <p>Identify impacted/related procedures and forms.</p> <p>Identify supportive resources available (i.e. Safety Framework posters for courtrooms)</p> <p>Make revisions (as needed) to current judicial/multi-disciplinary Child Safety Framework training as determined through the crosswalk including guidance for judges on specific questions related to safety threats and conditions for return home to be addressed at every court hearing.</p>	<p>COMPLETE</p>
<p>With support from the Capacity Building Center for Courts, a multidisciplinary group including CIP, DCYF, AGO, the Court Improvement Training Academy, and the Office of Public Defense (OPD) will develop an evaluation action plan for a Hearing Quality Project related to the application of the Safety Framework in court hearings including, but not limited to:</p> <p>Baseline assessment of current court practice, specific to discussions of safety and family time.</p> <p>Implementation assessment of how judges/multidisciplinary court teams have made changes to practices based on prior safety guide trainings.</p> <p>Assessment of how current practice is related to specific CFSR outcomes of interest in a sub sample of sites.</p> <p>A structured evaluation process that includes professional services, parent surveys, court observation, court case file review, and administrative data.</p>	<p>COMPLETE</p>
<p>Implement training, post-training supports such as peer exchanges and coaching, and supportive resources (including handouts, tools, and posters) in FJCIP jurisdictions to include:</p> <p>Providing information on updates to safety training and schedule of available trainings at the annual dependency training for judicial officers and FJCIP Coordinators</p> <p>Providing training to judges, multi-disciplinary partners, AGOs, and DCYF staff in FJCIP jurisdictions that have not completed the training, that identify safety principles that will be discussed at every Court hearing.</p> <p>Providing supportive resources to those who have already been trained in any changes or adjustments to the training curriculum.</p>	<p>COMPLETE</p>

**DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF’s Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.**

<p>Once the training is completed, incorporation of the concepts learned and practiced in the training will occur including:                  Judges asking questions related to safety threats and conditions for return home                  Attorneys asking questions within the Safety Framework                  Caseworkers submitting with their Court Report an updated safety assessment with the current active safety threat(s) clearly articulated. The Court Report will include conditions for return home, which clearly delineate what behavioral change, and supports are necessary to achieve reunification.</p>	<p>COMPLETE</p>
<p>AAs and supervisors, with support from HQ and regional QA/CQI staff, PFD1 grant staff, and other designated regional staff, will complete semi-annual, office-based targeted case reviews that will include review of Court Reports and Safety Assessments for documentation of current safety concerns, conditions of return home, and permanency planning. Review results will be presented to all staff and used to identify areas for practice focus and system improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.</p>	<p>COMPLETE</p>
<p>Information obtained from the Hearing Quality Project evaluation will be used to determine improvement in outcomes related to the application of the Safety Framework in the Courts and to develop a plan to follow-up with additional support for areas that are not showing improvement in outcomes or fidelity to the application of the Safety Framework.</p>	<p>COMPLETE</p>
<p>DCYF and AOC will evaluate the Court Report to determine opportunities and strategies for improving documentation and communication regarding safety-related decision making and conditions for return home.</p>	<p>COMPLETE</p>
<p>DCYF and AOC will work together to continue ongoing implementation of safety summits with adapted curriculum to be responsive to the needs within the work including legislative and other court ruling changes that impact practice around safety.</p>	<p>ONGOING</p>

**Progress Update:**

From October – December 2021, multidisciplinary Safety Summits were held in the following counties: King, Pierce, Kitsap, Chelan, and Mason. Adjustments were made as the training was being rolled out based on feedback received from participants. For example, after the first training was conducted in King County, it was determined that having designated facilitators in the breakout rooms would be beneficial to support completion of the activities and provide technology support. This was incorporated in future trainings. In February 2022, a Safety Summit was held in Spokane County. Spokane County

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previously had a Permanency Summit in 2020 that included the basic Safety Framework curriculum and incorporated more advanced components into their Safety Summit, including understanding the harm of removal and Hope Theory. In May 2022, a Safety Summit was held in Grays Harbor County.

Approximately 700 attendees from a variety of disciplines attended the seven summits. General feedback from the summits were positive based on surveys and evaluation data:

- 79% of participants agreed or strongly agreed that they have a better understanding of how safety is assessed in the child dependency system after the training.
- 82% of participants agreed or strongly agreed they have new skills/tools they can use after the training.
- 71% of participants agreed or strongly agreed they are more confident in their ability to effectively talk about safety after the training.
- 66% of participants agreed or strongly agreed they have a clearer understanding of the practices that DCYF uses to assess and develop safety plans for families after the training.
- 71% of participants agreed or strongly agreed they have a better understanding of the role they play in assessing safety after the training.
- 93% of participants agreed or strongly agreed they are motivated to use the Safety Framework in their work after the training.

Participants were able to identify how their individual practice will change based on the information they learned. Each discipline met at the end of the training to discuss what changes they can make to support practice change and application of the training. This information was collated, and county-specific strategic plans were developed. Local multidisciplinary groups are meeting to monitor the strategic plans and if changes are occurring in jurisdictions. Most of the counties have a [Family and Juvenile Court Improvement Program](#) (FJCIP) Coordinator who will serve as the primary liaison for the project at the local level. For counties without an FJCIP Coordinator, a different liaison is identified.

The Safety Summit Project completed its [Baseline Safety Hearing Quality Report](#) in June 2022 after successfully implementing a safety summit in seven different counties across the state. It also published top findings from [Safety Summit data](#).

At the shelter care hearing:

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

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At the review hearing:

- 46% - Identification of parental protective capacities increased
- 51% - Justification for Supervised Family Time increased

To continue to enhance and support the Safety Summit Project, there are several multidisciplinary teams that continue to meet regularly. One is the Safety Summit State Team (State Steering Committee) that provides state-level oversight of the project. This group discusses the next phases of the project and looks to develop more advanced trainings for those courts that have already had an initial safety summit and targets new courts to implement and roll out Safety Summits. Another team is the CQI Design Team. This team looks at what longer term data (outside of the Hearing Evaluation) can be used and monitored to evaluate practice changes that are occurring within jurisdictions.

The **Family Well-Being Community Collaborative (FWBCC)** is a part of the Commission on Children in Foster Care that is co-chaired by Washington state Justice Madsen and Washington state Secretary of DCYF Ross Hunter. The mission of this collaborative is to keep families safely together and supported in their communities and to radically reduce inequities within the child welfare court system. The FWBCC is specifically targeting multi-level processes focusing on an upstream (avoid entry into system by addressing the impacts of poverty and trauma on families) and downstream (ensuring that families who require the oversight of court receive effective, culturally relevant services in a system that is equitable, accountable, and hope-centered) approach.

From November 2021 – June of 2022 there were 23 meetings across a multi-system collaboration to address the 79 statutory changes resulting from HB 1227. From these meetings, statutory analysis crosswalks were developed to provide guidance and clarity around the changes, what it means, who it impacts, and to develop plans to address practice changes. Additionally, DCYF leads ten workgroups which includes 29 external agencies and 145 participants regarding the following:

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

Recommendations were made by each workgroup and provided to the appropriate internal programs for implementation.

FWBCC maintains five workgroups in which DCYF is actively participating around key domains to improve outcomes at court related to child safety. The workgroups are:

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- Ex Parte Removal Workgroup
- Family Time and [HB 1194](#)
- Removal & Placement Decisions Workgroup
- Harm of Removal
- Meaningful Shelter Care Hearing

In April 2023, DCYF partnered with the [Office of Public Defense](#) (OPD) managing attorneys and the [Administrative Office of the Courts](#) (AOC) to present information regarding the harm of removal of a child at the [Washington State Children’s Justice Conference](#). The partnership of this co-presentation modeled how court parties can and are working together to take a closer look at what the harm of removal of a child is and how it can be mitigated if it is necessary for a child to come into care.

DCYF partnered with the AOC and FJCIP coordinators to roll out multi-agency presentations, workshops, and listening sessions targeted to improve court outcomes around safety at court and prepare for new statutory requirements.

From July 1, 2023 to present the safety summit planning committee; comprised of DCYF, AOC, OPD, [Washington Caregiver Application Portal](#) (WA CAP), [Office of Civil Legal Aid](#) (OCLA), retired judicial officers, and Parent for Parent (P4P) have been meeting regularly to revise the initial safety summit curriculum and develop plans for a 2.0 Safety Summit curriculum that dives deeper into the nuances around the Safety Framework; particularly the importance of co-occurring plans (safety and case) and addressing high fatality indicators like fentanyl and domestic violence.

The last Safety Summit was completed on May 6, 2022, in Grays Harbor County. From May 7, 2022 – July 1, 2023 the Safety Summit planning committee agreed that they needed to pause on future summits to prepare for shared collaboration around the implementation of HB 1227. During this period of a time there were several workgroups formed to prepare around new statutory requirements at the shelter care hearing.

On Jan. 30, 2023, [Chapin Hall](#) completed a literature review of Safety Frameworks and made recommendations for improvements with DCYF’s Safety Framework. The recommendations are: “To support DCYF in developing an evaluation process and identifying a safety assessment tool to improve safety decision-making throughout the life of a case, one that centers racial equity and helps align every family need to the right referral service, Chapin Hall recommends a multi-method approach. This multi-method approach can be implemented regardless of whether Washington state chooses to modify existing tools or adopt a new tool entirely.” The multi-method approach includes:

- **Literature Review**-Reviewing literature on identified best-practices related to safety assessment tools based on the underlying needs driving the safety concerns.
- **Focus Groups**-Conducting a series of structured focus groups from diverse subject matter experts to elicit information around current practice and competencies in assessing safety to address service needs through the use of guided questions.
- Ensuring **Tribal partners and Native communities** are engaged in designing focus groups and included in all safety decision-making processes at all stages. The purpose is to be transparent and responsive to the needs of Tribal governments and Native communities.

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- **Centering race equity** –At every decision point, consider the impact to racial disproportionality, and how decisions strengthen Washington state’s focus on racial equity.
- Consider reviewing the following: “Advancing Equity through Research and Evaluation, a guide for child welfare leaders and decision makers”
- **Internal System Partner Interviews**-Interviewing key internal system partner based on roles and functions within the department. The purpose is to understand the current tool’s utility, functionality, efficiency and alignment with these roles and functions to achieve a responsive service delivery.
- **Business Process Mapping**-Conducting mapping approaches/strategies prescribed by policies and procedures of casework processes. The purpose is to illustrate the process for how the current tool is completed in practice as dictated by policies and procedures.
- **Peer Consultation**- Consulting with peer jurisdictions such as Arizona, Maryland and Florida, among others who have implemented identified tools.
- **Case Reviews**- Conducting a qualitative case review of randomly sampled cases based on identified case type. The purpose is to learn and understand themes and patterns using a specific set of qualitative indicators to identify and analyze trends in safety decision-making through responsive service delivery.

This report emphasizes the distinction that to improve practice a multi-method approach is key; and does not place priority on creating a new model over updating the current model. By committing to a multi-agency response to improve the Safety Framework, DCYF can broaden and enhance this process, including incorporating CRPs and parent partners in development and ongoing implementation. Additionally, by using a model that is implemented across the country, DCYF is able to engage in peer consultation. The SAFE model has already begun the process to recruit and gather information around peer consultation and development of a multi-state SAFE Collaboration.

In October 2023, DCYF submitted an internal proposal to pilot an updated Safety Framework in partnership with court partners and CRPs after reviewing the data results from the initial safety summits and the recommendations made by Chapin Hall noted above. The initial project plan is to update the existing DCYF Safety Framework to match the [2023 Action 4 Child Protection](#) model to promote best practice around assessing safety, collaboration, and shared accountability with external court partners.

As of April 2024, the Safety Summit curriculum is updated, and a safety summit was held on April 19, 2024 in Snohomish County with 110 people in attendance. This work is ongoing as an enhancement to practice in child safety and the importance of shared collaboration in the court when discussing safety.

**Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.**

	Begin Date	Projected Completion
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**Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.**

<p>Increase caseworkers' and caregivers' knowledge and understanding of Child Health and Education Tracking (CHET) and Ongoing Mental Health (OMH) programs and referral pathways to CCW for identified care coordination needs so that more children are referred to services timely. This communication will be completed through:                  Providing program information in the DCYF Digest.                  Providing program information to caseworkers through regional leadership.                  Including CHET and OMH program information in the Caregiver Connection on-line newsletter.</p>	<p>COMPLETE</p>
<p>OMH staff will add additional questions related to preventative physical and dental health to the OMH screening process that occurs when a child is in out-of-home care for six months. OMH staff will ask the caregiver and/or youth being screened about past and future scheduled Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and dental exams including dates (if known) of appointments reported. OMH staff will:                  Provide notification to caseworkers of identified needs.                  Provide written information to the caregiver of the child's identified needs.                  Email the OMH report to CCW existing care coordination inbox when care coordination needs are identified during the OMH process.                  Include reported information in the OMH case note that is uploaded into FamLink.</p>	<p>COMPLETE</p>
<p>HQ program staff will update data sharing agreement with HCA to obtain child specific fee for service dental claims data.</p>	<p>COMPLETE</p>
<p>HQ program staff will work with OIAA to operationalize existing data from CCW and HCA reports that identify children who are due and past due for EPSDT and dental exams and develop a report that can be utilized by HQ and DCYF child welfare staff.</p>	<p>COMPLETE</p>
<p>The Alliance, in consultation with HQ program staff, will update information related to CHET and OMH in the existing RCT including:                  Increase understanding that information in the screens/reports are actionable items that need to be followed up on                  How to utilize recommendations in the CHET and OMH screens/reports                  How to refer a child with identified care coordination needs to CCW</p>	<p>COMPLETE</p>

**Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.**

Regional QA/CQI will pull data reports monthly and provide to AA's, supervisors, and caseworkers. Regional QA/CQI will provide technical assistance on use of the report including assisting caseworkers with identifying children and youth who are not up to date for physical and dental health care services. Based on information in the report, caseworkers will coordinate with caregivers to make the necessary appointments as indicated in the report. Percentage of children and youth showing late or missed appointments will show a decrease over time, as appointments are made timely.

COMPLETE

**Progress Update:**

DCYF made concentrated efforts to ensure caseworkers and caregivers know how to access care coordination services for children and youth in out-of-home care. Messaging went out through multiple avenues regarding the care coordination process available through the Apple Health Core Connections (AHCC) program.

Ongoing Mental Health (OMH) screens a cohort of children, aged three to 17 years old, who have been in out-of-home care for six months. Once the OMH screen is completed, the report is uploaded to FamLink and the OMH screener emails the caseworker if there were additional concerns identified or not. In October 2021, focus groups were held between the Administration for Children and Families (ACF) - Children's Bureau and DCYF Child Welfare (CW) staff regarding implementation of PIP strategies. Based on feedback received from focus groups more discussions are occurring about different ways to ensure caseworkers know and understand the process and information available to them.

The data share agreement between DCYF and the [Health Care Authority](#) (HCA) was updated in April 2021 and continues to be in force. DCYF has received two reports to identify children and youth who missed Early and Periodic Screening, Diagnosis and Treatment (EPSDTs) as well as children and youth who need dental visits. The reports also include billing data on the last service received. One of the initial gaps noted was the reports did not contain dates of service. When that was discussed, it appears that the data point was not originally indicated in the data agreement so there an additional modification to the data agreement is needed to obtain that information. The two reports come from different entities (EPSDT care gaps from [Coordinated Care of Washington State](#) (CCW) and dental services from the HCA) so they are in slightly different formats. It is not believed that DCYF will be able to operationalize these into a single report in infoFamLink as originally intended based on the formats received from the agencies. However, alternative ways are being explored to see if the reports can be used separately as filterable Excel documents, and the information can be integrated with information available in FamLink for maximum usability. There are still some questions on the usability of the reports, so they are being piloted by OMH. OMH staff can use the reports in conversations with caregivers to see if appointments have been completed and/or if there are gaps in physical health

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needs. The piloted reports were difficult to use practically in support of case management practices related to health tracking. There are ongoing discussions as to how the reports may be more broadly beneficial to regional QA/CQI teams as they track needs across populations.

DCYF headquarters (HQ) program staff continue to communicate with CW caseworkers and program staff regarding the utilization of care coordination through the Managed Care Organization (MCO) and/or private insurance to ensure that the needs of children, youth, and families are met. Ongoing sustainability includes efforts to maintain increased communication with regional program leads, attending office all staff meetings as needed, and tracking case review data with the QA staff in order to communicate and support the care coordination referral process. DCYF and HCA continue to explore data collection and tracking methods which can be used to better identify children in need of care services.

OMH staff continue to connect caseworkers and caregivers with CCW when unmet mental health or physical health needs are identified during the OMH process and care coordination would help to meet the need. CCW will contact the OMH screeners if the care coordination team is unable to reach the caregiver as requested.

HQ program staff continue to support CW in using the resource document on how to connect with an MCO when children and youth are not dependent, and their families would benefit from care coordination through their health plan. DCYF is exploring legislative funding support for regionally embedded full-time equivalents (FTEs) to support connection and referral to necessary health services.

**Improve availability and access to services to address children, youth, and their family’s behavioral health through data collection, analysis, and integration with systemic partners.**

	Begin Date	Projected Completion
<p>Establish a short-term workgroup of HCA, CCW, DCYF HQ program staff, and identified program leads to establish a mechanism that ensures all MCOs are responsive through care coordination to specialized needs of children, youth, and adults involved in the child welfare system including, but not limited to:                      Data collection to be provided to HQ program managers to assess trends, gaps and barriers for development of further strategies with partners including                      Behavioral Health Service Network Adequacy Reports from HCA for all Managed Care Organizations (MCOs).                      Behavioral health service penetration rates for each county.</p> <p>Development of processes and procedures including                      Streamlined communication method for caseworkers to make referrals to Care Coordination service.                      Clear and streamlined process to report and track when barriers to accessing care are identified by DCYF caseworkers.</p>		COMPLETE
<p>DCYF will participate in the HCA SAMSHA grant activities to develop therapeutic foster homes for children and youth pending entry into or transitioning out of in-patient behavioral health treatment.</p>		COMPLETE
<p>Coordinate with HCA to review the annual behavioral health PIP plans submitted by managed care plans. All five managed care plans must pilot a behavioral health intervention that is evidence-based, research-based, or promising practice recognized by the Washington State Institute for Public Policy (WSIPP)</p>		COMPLETE
<p>HQ program managers will develop and implement a Service Array Assessment survey bi-annually to caseworkers and supervisors to identify available services and supports in each region and barriers to access.</p>		COMPLETE
<p>Provide and implement support and guidance to supervisors and caseworkers to increase utilization of continuum of care of behavioral health care to include:                      Develop and disseminate resources and guidance on how to access the continuum of behavioral health care services for children, youth, and families involved in the Child Welfare system.                      Guidance on how to access behavioral healthcare coordination when there are barriers and challenges to access of services.                      Guidance on the process to follow when there is a waitlist or service is not available.</p>		COMPLETE

**Improve availability and access to services to address children, youth, and their family’s behavioral health through data collection, analysis, and integration with systemic partners.**

Supervisors will provide coaching and guidance to caseworkers specific to access to services and identifying and addressing barriers through identified process in using skills and resources identified and developed in the Workforce Development goal area.	COMPLETE
For DCYF contracted services, DCYF will expand regularly scheduled quarterly Combined In-Home meetings with regional program managers/leads and HQ program managers to include Professional Service, and Psychiatric and Psychological services to improve alignment and process of referral and services provision. The meetings will be utilized to: Develop a unified approach to inform child welfare staff of service capacity and availability in the regions. Develop a communication plan on referral and availability of services (including e-mail communications, brown bag lunch series, regional provider meetings). Data presentation and discussion of data. Develop plans for addressing service gaps and needs.	COMPLETE
On a biannual basis, HQ Program Staff will meet with HCA and CCW to: Discuss data obtained, identifying trends, behavioral health usage needs and provider capabilities. Identify service needs by specific areas for provider development. Expand utilization of telehealth service availability.	COMPLETE

**Progress Update:**

Much of the information related to this strategy can be found in the Service Array systemic factor. Please refer to [Service Array](#) for more detailed information on progress.

*Submit integrated service DP*

Participation in six workgroup sessions from January 2022 – April 2022 occurred with extensive system partner attendance. Following the recommendations an informal landscape analysis was completed by consultation with [OIAA](#), JR, Fiscal & Finance, family support programs, [RESJ](#), PBC, Combined In-Home Services (CIHS), Government Affairs, provider partners, and CW program. In addition, existing data and reports were reviewed in partnership with OIAA to understand the depth of needs for families and how expansion of services could accommodate the needs. A decision package was submitted and ultimately fully funded in the SFY 2024/2025 Biennium at \$9,693,000, which will include three additional FTEs to support the ongoing service growth.

*Reduce barriers to Increase capacity in CIHS service Contracts*

An amendment to the CIHS contract to include a rate increase and reduction of minimum qualifications went into effect July 2022. Provider engagement took place throughout the process to understand the work that was necessary to deliver CIHS. This informed the rate modeling to fully fund the FTEs required

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to deliver the service under the contract. A decision package was submitted and fully funded to support the increase in rates. Model developers provided their perspective in regard to minimal qualifications to deliver each intervention effectively. The overarching intent was to create more access for different types of professionals to deliver this service, eliminate credentialing barriers, and support capacity building.

[Homebuilders](#) was removed from the CIHS contract to be a custom contract delivered statewide by a single agency. Additional contract language was adjusted to align with updated policies, including transportation, and provide clarity on contact format.

DCYF renewed the training contract budget to create more training opportunities. A training calendar was created so providers were able to plan hiring to help with capacity building. DCYF will be quantifying how many additional providers were trained with the new minimum qualifications.

A workgroup was formed in Spring 2022 to include child welfare and providers to build recommendations for wider application of telehealth. Recommendations were finalized in Fall 2022. A pilot is being conducted under the network administrator. The pilot timeline had to align with the new network administrator contract due to amendments to CIHS.

DCYF renewed the contract with [Praed Foundation](#) to include consultation in collaboration for [Child and Adolescents Needs and Strength Screen-Family](#) (CANS-F) with exploration of a new assessment tool. The Family Advocacy and Support Tool is being explored with an estimated implementation date of CY 2025.

The Legislature appropriated funds to provide SafeCare within Grays Harbor. The contract was awarded in March 2023.

A longstanding SafeCare trainer decided to not renew their contract. DCYF re-procured for this service. The successful bidder, [Institute for Family Development](#), was announced April 2023 and the contract began July 2023.

*Increase FPS and IFPS capacity and ability to support in-home CW practices by 10%*

#### Family Preservation Services (FPS)

DCYF engaged with target provider partners in Fall 2022. Feedback was collected and a survey was sent to the entire provider community. The results were evaluated with the regional leads and a plan developed. This includes amending the fee table for FPS, effective Feb. 1, 2023. An FPS redesign project will occur, with the Service Array team collecting data from providers regarding capacity for growth and to identify service deserts. DCYF will be using this data along with the service penetration report to target provider growth.

In early 2024, a workgroup convened to identify further areas of improvement for FPS that will build a stronger program to better support families and providers.

#### Intensive Family Preservation Services (IFPS)

DCYF partnered with IFPS providers in Fall 2022 to review [OIAA HB 1227](#) placement forecasting data and IFPS provider FTE data to identify service expansion opportunities. The plan was broken out by county

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with FTE increase goals formulated on Nov. 28, 2022. The budget to begin this work was authorized on Feb. 1, 2023, and included a \$1.9 million increase. Quarterly assessment meetings continue to occur to monitor success or discuss barriers.

Expansion of IFPS providers is occurring in partnership with the contracted provider, [Institute for Family Development](#). Since January 2023, the following counties have onboarded additional therapists to expand service availability: King (2.5 FTEs), Skagit/Whatcom/Island (1 FTE), Snohomish (1 FTE), Spokane (2.5 FTEs), Thurston (1 FTE), Vancouver (1 FTE), and Yakima (0.5 FTE) for a total of nine FTEs.

OIAA provided a preliminary service penetration report on March 2023. The data supported the initial CIHS targeted expansion. As of March 2024, OIAA is in the process of hiring staff who will be responsible for on-going service penetration rate reports.

#### *Add Culturally Responsive service contracts to the Service array*

Work with [Harvard Government Performance Lab](#) (HGPL) to implement three to five [Positive Indian Parenting](#) or other preventative practices contracts with tribes and Recognized American Indian Organization (RAIOs) to implement culturally responsive services, or community engagement, and capacity building to the Black, Indigenous, Persons of color (BIPOC) community. Refer to [Culturally Relevant Services](#) for more information.

#### *Develop an Integrated Service Array Team to facilitate increased services capacity and utilization*

An additional resource request to support service array needs was made in May 2022. In July 2022, approval was received to hire a Service Array team. Recruitment occurred in October 2022 - November 2022 with a new supervisor starting Dec. 1, 2022. Recruitment for each regional consultant started in December 2022 and concluded in April 2023. This team has one supervisor and six consultants.

#### *Service Array Team to support increasing service penetration rate among front-end, in-home cases among Child Welfare (CW)*

The Service Array consultants team is working to collect data around available services, service desert areas, education, and training opportunities for providers, and creating a list of providers.

This data is used to identify where and what services are needed to better support families. The consultants are also assessing what tools would better support child welfare to ensure families receive the appropriate service to meet their needs.

#### *Network Administrator Contract Implementation*

The network administrator contract for the east side of the state was updated and posted at the end of 2022. The contract process ran through the end of April 2023. The new contract started July 1, 2023.

#### *Partnership with HCA*

In an effort to maintain increased communication, the program manager will explore the option of attending regional and office all staff meetings to communicate the care coordination referral process.

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DCYF and [HCA](#) continue to explore data collection and tracking methods which can be used to better identify children in need of care services. OMH staff continue to connect caseworkers and caregivers with Coordinated Care when unmet mental health or physical health needs are identified during the OMH process and care coordination would help to meet the need. HQ program staff continue to support child welfare in using the resource document on how to connect with a MCO when children or youth are not dependent, and their families would benefit from Medicaid MCO care coordination.

**Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.**

	Begin Date	Projected Completion
<p>A short-term workgroup comprised of HQ program staff, identified regional staff, and an after-hours AA will develop and implement clarifying guidance regarding extensions and documentation requirements, including but not limited to:                      Reasonable efforts and documentation to reflect those efforts, to locate children prior to using unable to locate extension.                      Required documentation for law enforcement/community protocols extension.                      Additional victims identified on an existing intake.                      Assessment that child safety may be compromised.                      Determining that the child is not available for IFF.</p>		COMPLETE
<p>The workgroup established will revise policy related to initial face-to-face responses to address:                      Caseworker consultation with their supervisor as soon as they believe an extension or exception will apply.                      Expectation that supervisors will only approve extensions or exceptions if they meet the criteria per policy.                      Guidance for attempts to locate, supervisor consultation and documentation once an extension is approved.</p>		COMPLETE
<p>Regional QA/CQI staff will provide training and technical assistance to AAs and supervisors regarding the use of the administrative IFF data report to monitor compliance with IFF practice requirements.</p>		COMPLETE
<p>Supervisors and AAs will use the IFF data report weekly to identify children who need to be seen, status of extensions and consistency with policy. The supervisor or AA will provide direct feedback and guidance to assigned caseworkers if delays or concerns are noted.</p>		COMPLETE
<p>Regional QA/CQI staff will review a sample of all extensions across the region monthly to assess for quality and consistency with policy using a standard format. Immediate practice or safety concerns will be communicated to the AAs and supervisors. Regional performance will be rolled up and reported to the RA monthly.</p>		COMPLETE

**Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.**

In collaboration with child welfare and LD staff, HQ program managers will revise DCYF form 02-607, Guidelines for Reasonable Efforts to Locate Children and/or Parents, to reflect clear practice expectations regarding efforts to locate alleged victims of child abuse and neglect.	COMPLETE
HQ program manager, designated regional staff, and Alliance will review training curricula and update as needed for clarity and alignment with revised policy and practice related to extensions and exceptions. This includes, but is not limited to, RCT, SCT, CPS program training and CFWS program training and multi-modality skill development.	COMPLETE
A short-term workgroup comprised of HQ program staff, licensing division, identified regional staff, and after-hours staff to examine barriers to the timely assessment of alleged victims. This includes, but is not limited to, reviewing whether extensions are needed to accomplish this goal or whether they are hindering this goal.	COMPLETE

**Progress Update:**

In an effort to increase seeing alleged victims timely and decrease late initial face-to-face contacts (IFF)s, a workgroup was formed in July 2022 to revisit barriers and explore solutions. Three workgroup sessions were held from July 2022 to August 2022. The workgroup was comprised of many of the same representatives from the original workgroup who assisted in making recommendations around the revisions that went into effect in July 2021. Additional representatives were added, including representatives from all six regions, line staff, supervisors, area administrators, after hours, licensing division, quality practice experts, QA/CQI, HQ staff and leadership. Barriers to completion were identified, data was reviewed, and the pros and cons of eliminating extensions were determined.

IFF completion rates within timeframes varied by case type. FAR intakes were completed within timeframes at 92.2%, Investigation intakes at 89.7% and Risk Only Intakes at 84.9%.<sup>16</sup> This is attributed to several factors:

- The timeframe of risk only intakes being mostly 24 hours. Risk only intakes can be altered to 72 hours in limited circumstances.
- The need for prioritization of work due to caseload
  - Continued staff turnover including CPS caseworkers, CPS supervisors, area administrators and QA/CQI staff
  - Lack of timely documentation
  - Continued added requirements on staff through legislative mandates

<sup>16</sup> Data Source: *Initial face-to-face timeliness report, infoFamLink, CY2023*. Also see [IFF Timeliness](#).

The decrease in the use of extensions is a direct result of the efforts of DCYF to provide direction and prioritization of IFF contact with children and decreases in COVID-19 barriers around contact. Policy was updated twice within the last year to provide additional guidance to staff and incorporate feedback received regarding barriers to contact outside of the agency's control. These circumstances included children temporarily being in another state and law enforcement delays. However, when extensions were used, there was an increase in the percentage that were within DCYF's control.

The differences between case review results and FamLink administrative data were explored with and without extensions being factored in. When case review results and administrative data from FamLink was compared, without the extensions factored in, the data looked nearly identical. When extensions were included, the data looked very different which was deceiving to staff and leadership. This led staff and leadership to believe there were a higher percentage of timely face-to-face visits with alleged victims happening than what was occurring. This decreased the urgency of seeing children and youth to near the time the extension was up.

Many other barriers were explored but ultimately the group identified that most extensions were detrimental in creating a culture of urgency toward timely contact with alleged victims. Extensions were also adding unnecessary workload for supervisors. In August 2022, the group recommended that all CW IFF extensions would be eliminated, and the licensing division (LD) would also eliminate most of their extensions. The LD-CPS has different barriers than CW CPS as the licensing division needs to ask permission of parents to interview children in licensed facilities. The group recommended LD maintain the following extensions:

- Additional Identified Victim at Risk
- Additional Identified Victim Not at Risk
- Child in Custody of Parent Who is Not the Alleged Subject
- Referral Changed from Licensing infraction to LD/CPS

In September 2022, leadership approved the eliminations of all extensions in CW and most extensions in LD. Administrative data reports were updated to indicate if the child had been seen or not seen, with the ability to drill down further for more information.

In December 2022, a policy memo was issued that eliminated IFF extensions for CW staff. The change came during a time the agency was implementing HB 1227. The nuances of implementing multiple changes to practice as well the policy moratorium created confusion and frustration for caseworkers. This was due to the data story prior to the elimination of extensions masking the compliance for this outcome and decreased the urgency toward timely contact with children. The agency anticipated future IFF data indicated if children were assessed within timeframes. The narrative provided patterns and gaps in practice when children are not timely assessed and what was within the agency's control. As a result, the agency planned for training and guidance to improve practice on this goal.

Initial Assessment of Safety during the IFF contact through a collaborative Qualitative Statewide Review led by CW was held in May 2024. While this review relied on documentation as the source of information, it also evaluated the workforce development resources, prep, and support establishing a baseline of agency tools, resources, and training already in place to support caseworkers when they are

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completing their initial assessment of safety. Through this systemic review process, the agency is able to discuss any gaps in practice and support related to the work and determine, based on data, steps to support practice and the workforce through the [Family Practice Model](#). The review process continues to be used to measure practice change and implementation strategies and assist with gathering qualitative data points for discussing practice.

DCYF has several targeted efforts to support assessment and service matching for cases with young children. One example includes expansion of the Child Welfare Early Learning Navigator (CWELN) Program in which CPS investigations (INV)/Family Assessment Response (FAR) cases are connected to community based early learning resources. For additional information about DCYF’s efforts to support the 0-5 population in child welfare, please see the [Services for Children Under the Age of Five](#) and [Populations at Greatest Risk of Maltreatment](#) sections of this report.

**Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.**

	Begin Date	Projected Completion
OIAA staff in collaboration with FTDM leads and the HQ program manager will develop an FTDM shared planning meetings report. Data will be provided monthly to AAs and supervisors for use in monitoring completion of FTDMs and identifying practice improvements.		COMPLETE
Statewide FTDM program manager and regional FTDM leads will review a minimum of one FTDM shared planning meeting report for pre-placement FTDM’s at their statewide meeting focused on practice and quality of documentation. Information gained from these reviews will be used to inform support needs, including training and consultation for facilitators to ensure consistent practice and adherence to the FTDM model.		COMPLETE
HQ program managers, in collaboration with regional leads, will review the FTDM practice guide for alignment with safety and permanency practice expectations and update as needed. Develop practice guides and resources regarding FTDMs for caseworkers, parents, children, and other key participants.		COMPLETE
Supervisors will review FTDM documentation and outcomes for consistency of safety-related decision-making, prior to approving a dependency petition for filing.		COMPLETE
FTDM supervisors will observe a minimum of one pre-placement/72-hour FTDM per facilitator per quarter and provide direct feedback regarding meeting facilitation for safety and use of clear language that parents understand.		COMPLETE

**Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.**

Designated regional staff will observe one pre-placement or 72-hour FTDM per office per quarter and provide feedback to the facilitator, caseworker, and supervisor regarding application of the Safety Framework and engagement of the family in discussions of safety and safety-related case planning.	COMPLETE
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**Progress Update:**

The FTDM report was launched in infoFamLink on Aug. 23, 2021. The purpose of the report was to provide information FTDM facilitators have hand counted for years, creating time savings for the facilitators, and making the information available to a wider audience. In SFY 2022, there were over 11,500 children discussed in FTDM meetings. 34% of these FTDMs were for imminent risk of placement and 19% were for emergency placement or Voluntary Placement Agreement (VPA). Of the FTDMs for Imminent Risk of Placement, the most common outcome of the meeting was a child remaining or returning to a parent, reported in 23% of the meeting outcomes. For FTDMs for emergency placement or VPA, that number dropped to 4% of meetings resulting in a child remaining or returning to a parent as an outcome. Of all the FTDMs completed in SFY 2022 (for any type), the meeting outcome documented was a child remaining or returning to a parent in 40% of the meetings. Additionally, of the FTDMs 67% had one or more parents present; with mothers present in 57% and fathers present 39% of the time. At least one relative was present 53% of the time. If parents could not or chose not to attend FTDMs the meetings, took place as scheduled per policy. While DCYF does make attempts to accommodate parents' schedules, there are times when an FTDM cannot be rescheduled due to the circumstances of the family. DCYF recognizes this is not ideal and continues to attempt to engage the parents and relatives and encourage attendance.

Staff changes in HQ continue to occur. The current engagement program manager was hired on March 16, 2024. The FTDM and SPM leads meetings had not occurred since November 2023. These monthly meetings reconvened starting April 8, 2024. The group will continue to meet monthly, as a statewide team, to discuss updates to policy, areas of concerns, and strengths. The FTDM leads review one pre-placement FTDM meeting report focusing on quality of practice, quality of documentation, and identifying support, training, and practice model consistency. The engagement program manager takes notes on the FTDM reviewed and returns them to the FTDM lead to be used as a tool to improve practice and highlight strengths. In addition to monthly leads meeting, quarterly Community of Practice for facilitators is creating a culture of learning in the program. Regional staff as well as HQ staff develop agenda topics and invite presenters for training opportunities tailored to meeting facilitators from all programs. It is well received by facilitators and will continue as a unified meeting model is developed and implemented. Community of Practice is vital to information sharing, feedback opportunities, and creating a learning culture for all facilitators.

Through the D.S. Settlement, DCYF requested funding from the Legislature to design and implement a structured unified statewide family meeting model. This includes the support of a contracted evidence-

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informed program to provide guidance, support, and training for a unified meeting model. Funding for this project will be available in July 2024 and includes a dedicated program manager, program coaching, and QA support for implementation and sustainability. DCYF recognizes policy and practice revisions will be needed and are part of the model update work. Also updated this past year was the FTDM report within infoFamLink. This included changes to data points essential for tracking and monitoring attendance. Elements added include the child’s race and ethnicity, number of participants attending, and case level attendance of father, mother, child, relative, service provider, and tribe. Additional revision to the report was identified through the D.S. Settlement, requesting that all participants invited also appear on the report. As the report is rolled out to Shared Planning and FTDM leads and QA teams in the regions, planning for program updates will include integrating report monitoring into program development and implementation strategies. A report developer within [OIAA](#) was funded through the D.S. Settlement to support the development of reports.

The update to the DCYF meeting model will also include updated training for all meetings facilitators and specialized training for youth engagement in meetings. Review and revisions to the curriculum for DCYF will include practice suggestions by lived experts along with the meeting format and practice supports. QA tools will be updated including the meeting observation tool to meet the needs of the updated model and have clear feedback loops for practice support and coaching needs. Feedback from lived experts through post-meeting surveys will also be included in the ongoing CQI strategies to support program development, implementation, and sustainability.

#### Goal 4: Engagement with Families, Caregivers, and Case Partners

Support and empower families through early and ongoing collaboration and partnering with family team members, recognizing family as experts, which should reduce recurrence of maltreatment and risk of delayed permanency.

Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.		
	Begin Date	Projected Completion
Staff will be identified at the office level to track to ensure all identified staff have completed the six-part video series “Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families” (Capacity Building Center for States).		COMPLETE
DCYF RAs, DRAs, AAs and HQ program staff, designated regional staff, regional QA/CQI staff, and Alliance coaches will complete the six-part video series “Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families” and will review the corresponding resources.		COMPLETE
All supervisors will complete the six-part video series: “Quality Matters: Improving Caseworker Contacts with Children, Youth and Families.”		COMPLETE

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**Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.**

All caseworkers will complete the six-part video series: “Quality Matters: Improving Caseworker Contacts with Children, Youth and Families.”	COMPLETE
Quality Matters resources will be disseminated to staff and supervisors as part of training and incorporated into supervision and coaching activities provided by supervisors, Alliance coaches and designated regional staff. Resources include: Supporting Quality Contacts Through Supervisor-Worker Coaching Defining Quality Contacts Quality Contact Casework Activities Worksheet Reference Guides for Videos These resources include information regarding building an agenda framework for caseworker contacts including assessment of safety, risk and permanency, placement needs and stability, maintaining family and social connections and relationships, progress on case plans and objectives, physical and mental health needs, development and behavioral needs, educational progress and needs, exploration of resources to support identified needs, and next steps.	COMPLETE
A team of HQ and child welfare staff will revise monthly visit policy to reflect agency priority for engagement, aligning policy language with the framework.	COMPLETE
RAs will communicate policy and practice expectations around quality in-person contacts to staff in the regions through electronic messaging provided from HQ.	COMPLETE
AAs will review practice expectations at office staff meetings, including expectations of an in-depth discussion regarding the family safety concerns, conditions for return home, and case planning for permanency.	COMPLETE
Supervisors, designated regional staff, and Alliance coaches will provide ongoing coaching and support regarding engagement to caseworkers.	COMPLETE
The six-part video series “Quality Matters: Improving Caseworker Contacts with Children, Youth and Families will be integrated into RCT and SCT and will be completed within the first 90-days of employment.	COMPLETE

Progress Update:

Engagement with children, youth, parents, relatives, and caregivers continues to be a high priority and area of focus for DCYF. The Quality Matters series was implemented across the state which began the crucial conversation and focus on engagement and quality of contacts with children, youth, parents, relatives, and caregivers. The Alliance incorporated Quality Matters as part of the core training

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curriculum in 2021 and these materials were delivered to all new staff in July 2021. In addition, The Alliance offered the following Quality Matters trainings in May 2023, engagement for Quality Contact with Caregivers, Engagement for Quality Contact with Children and Youth, and Engagement for Quality Contacts with Parents. CW implemented a Foundations of Practice SharePoint site and office hour drop-in sessions with HQ program managers to provide regional leadership the most current information related to policy, procedures, and practice changes. The drop-in hours focus on specific topics and information is provided on that topic followed by a question-and-answer time.

It is important to note there is high turnover within CW, which undermines the statutory purpose of DCYF, its core mission, values, and strategic priorities. DCYF Human Resources (HR) data shows the annualized turnover rate of caseworkers for CY 2023 is 17.3%. A highly competitive labor market and the cost-of-living present unique challenges for recruitment and retention of child welfare staff as reported in the 2023 Child Welfare Retention Report and Recommendations.

DCYF recognizes and supports the need for frequent and quality contacts with children, youth, parents, and caregivers. However, staffing levels, workload, distance, and locating parents are frequently discussed as barriers to engagement. Parents may be located across various parts of the state, which makes travel time for monthly contacts extensive. Locating and engaging parents can be challenging when parents are unhoused or have unstable living situations and fluctuating contact information.

[HB 1227](#) impacts family engagement with an emphasis on a Kin First culture.

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

DCYF also partners with Amara's Building Family Partnerships, a mentorship and relationship building strategy designed to improve relationships and engagement between biological parents, foster parents, relatives, mentors, youth and children. Building Family Partnerships completed "Brave Conversations," which offered support to build relationships between parents whose children are placed in out-of-home care and those who are caring for the children. (both licensed foster parents and relative/kinship caregivers). The team is now working on ways to continue to build and grow relationships in a kinship first culture.

DCYF continues to work on its practices involving engagement with fathers and is relaunching the Engaging Fathers Campaign, an intentional way to engage fathers and provide resources. The engagement program manager continues to work with the WA Fatherhood Council and each region continues to have a fatherhood lead. In 2023, there was a call to DCYF caseworkers to nominate fathers who have actively engaged with their children throughout the dependency process. The father who was chosen received an all-expense paid trip to Great Wolf Lodge for themselves and their children. This process and award will continue in 2024.

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*Ongoing Sustainability and Next Steps*

The next step to ensure engagement remains a high priority is to designate regional engagement leads . If established, the leads will meet monthly with the engagement program manager to review data around engagement and quality contacts with children, youth, parents, relatives, and caregivers. The leads will provide feedback to their regions and problem solve areas of concern, which could lead to additional training, coaching, and resources to support staff engagement with families.

<b>Develop and implement a new parent-child visitation model and infrastructure with the goal of increasing early positive parent engagement in service planning and completion.</b>		
	Begin Date	Projected Completion
Implement field test of the web-based data system for visit (Family Time) referrals to streamline the visit referral process and improve the quality of data related to visits. All referrals for visits will be required to be submitted through the system. In addition, documentation for visits will be entered into and maintained by this system. Caseworkers will be able to extract visit reports and review visitation information and documentation.	COMPLETE	
Refine the web-based data system as needed based upon field test results and implement statewide.	COMPLETE	
Finalize development of the Family Time visit model including key elements of the model, establishing a measurement process, establishing a process for maintaining model fidelity, and developing the evaluation process	COMPLETE	
Train staff and providers on the visitation model.	COMPLETE	
Implement the Family Time visit model statewide.	COMPLETE	
Define and implement a protocol for assessing safety and making decisions about level of supervision during visits to ensure that visitation moves from supervised to monitored to unsupervised where appropriate. Train staff and providers on application of safety assessment tool to visit supervision level and the protocol for supervision level.	COMPLETE	
Development of Sprout 2.0.	2020	NOT COMPLETED
Create a dashboard for better management by caseworkers as to visitation.	2020	ONGOING
Create a dashboard for external partners and system partners (i.e. CASA, GALs, etc.) to have access to the cases they are assigned to.	2020	NOT COMPLETED
Contractor dashboard is being developed so service providers can pull and review performance measure date over periods of time to improve QA/CQI.	2020	ONGOING
Develop a data structure that assesses the health of visitation	2021	ONGOING
Update the Family Time policy.	2020	July 2025
Update Family Time contract in alignment with HB 1194.	COMPLETE	
Update Family Time contract in alignment with HB1194.	COMPLETE	

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**Develop and implement a new parent-child visitation model and infrastructure with the goal of increasing early positive parent engagement in service planning and completion.**

Created a 72-hour visit contract	COMPLETE	
Updated the Family Time contract in collaboration with providers for consistency in service delivery	COMPLETE	
Increased rates and service requirements	COMPLETE	
Increased expectation for program management and contractor invoicing in the family time contract	April 2022	COMPLETED
Re-procure network administrator contract	May 2022	COMPLETE
Update the current network administrator contract with collaboration with provider community	August 2022	COMPLETE
Service model redesign to align with OIAA and POC visitation model best practice.	October 2022	COMPLETED

**Progress Update:**

Many of the above activities are completed in the implementation of a new parent-child visitation model, however, Sprout 2.0 work has stopped. A committee meets weekly to discuss the Sprout 1.0 updates to prioritize, implement, and report on tasks completed. This process works to improve Sprout as needed, without a more costly Sprout 2.0. implementation. This will continue until DCYF implements the new CCWIS system to support contracted service delivery statewide and the Sprout system will then be disabled.

Family Time (FT) visitation is critical to strengthening and preserving the family bond and achieving successful reunification. During the 2021 Legislative session, the Legislature passed [HB1194](#), which addresses FT visitation. HB1194 requires an initial family time visit to occur within 72 hours of the removal of a child, unless the court finds that extraordinary circumstances require a delay. This visit must be supervised unless the department determines supervision is not necessary. Visitation becomes unsupervised in the following court actions:

- 30-day shelter care hearings,
- Orders authorizing continued shelter care
- Review hearings,
- Permanency hearings

If DCYF provides a report to the court that includes evidence that removing visit supervision or monitoring would create a risk to the child’s safety, then the court could determine that visit supervision must continue.

DCYF contracted with one provider for each of the six regions to accept and provide the first visit within 72 hours. Due to significant reductions in out-of-home placements, the emergent 72-hour first visit referrals have greatly reduced. This required DCYF to reduce the number of contracted providers to three. A procurement was released, and contracts were subsequently awarded. There are ongoing challenges in completing the first visit within 72 hours by contracted providers:

- Parents/guardians are unresponsive to contact requests

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- Cancelled or no show by the parents/guardians
- Parent/Guardian or child refused visitation

These issues remain the same for this year and inherent of first visits with parents so close to their children being removed from their home. Although well intended, the emotional trauma of the separation of parent and child can be too strong so early in the case. Sometimes, more time is needed in most of these cases before engagement is effective.

In Regions 1 and 2 Family Time visitation is through a Network Administrator (NA). In Summer 2022, DCYF made active efforts to procure the NA contract for Regions 1 and 2, as well as expanding to the remaining regions for CIHS and FT. After feedback sessions with system partners and internal leadership discussions, DCYF decided to only procure FT in Regions 1 and 2. In April 2023, DCYF awarded Family Impact Network the NA contract for both CIHS and FT in regions 1 and 2. The new contract went into effect July 1, 2023, and enhances oversight of the network provider’s performance and deliverables, in addition to building service capacity in the needed catchment areas. This also included direct management of service referrals and assigning referrals to network providers based on capacity and best fit for the family. There is an expectation of 100% acceptance of FT referrals, which will ensure families receive timely services from contracted visit providers. However, even though the NA accepts all referrals there are still issues with timely assignment to and acceptance from a network provider. Lack of provider capacity remains an issue for CIHS. Expectations for quality assurance, service provider oversight, and invoice monitoring were all increased in the NA contract. Monthly steering committee meetings have shown some improvement in performance on referral acceptance, service provider assignment, and service capacity, but there still is need for improvement in service provision and quality oversight.

Once final updates occur with Sprout, data will be analyzed to monitor performance-based outcomes. There are multiple smaller changes pending within Sprout with most of the changes expected to occur after the new CCWIS system implementation. Sprout Data comparison for Family Time and Combined In-Home Services based on the use of a NA should be available later in 2024.

**Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.**

	Begin Date	Projected Completion
Revise policy and practice regarding case planning for in-home/FAR cases to require the caseworker to coordinate a case planning meeting involving the parents/caregivers, children as developmentally appropriate, caseworker and other participants as identified by the family. Supervisor participates if there is a current safety threat.		COMPLETE
HQ program managers, regional leads, supervisors, and caseworkers will collaborate to develop a guide and template for completion of the case planning meeting to support practice consistency.		COMPLETE

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**Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.**

HQ program manager and IT will establish a unique case note code to be used for documenting the in-home or FAR case planning meeting.	COMPLETE
The Alliance, in consultation with HQ program manager and regional leads, will review current training curriculum for guidance and expectations regarding case planning on in-home and FAR cases, and revise curriculum as needed to align with revised policy and practice.	COMPLETE
The Alliance, in consultation with HQ program staff and identified regional staff, will develop and implement a multi-modality training and skill development for case planning structure to in-home and FAR caseworkers and supervisors.	COMPLETE
HQ program manager and OIAA staff will develop an administrative data report for supervisors to track timely completion of case plan.	COMPLETE
Supervisors will provide coaching and guidance to caseworkers specific to the development of case plans and identification of safety-related services using skills and resources identified and developed in the Workforce Development goal area.	COMPLETE
Review of case plans on in-home and FAR cases to assess for provision of safety-related services will be incorporated into semi-annual targeted case reviews.	COMPLETE
Hold a workgroup that includes the HQ program manager, FFPSA team, OIAA, QA/CQI, QPS, FFPSA team, UW Alliance and the Case Review Team to develop a new plan that specifically targets each and every caseworker that is required to complete In-home/FAR case plans.	COMPLETE

**Progress Update:**

In October 2023, three workgroup meetings were held with participants from a variety of roles and regions including caseworkers, supervisors, administrators, FFPSA consultants, QA/CQI teams, service array consultants, IT, and HQ staff to develop a plan to increase the quantity of case planning in FAR and FVS. These meetings focused on how to document the case plans in a way that can be tracked, thus improving the quality of case plans over time. Comprehensive recommendations were developed based on the roles of many participants so that no one group would be overwhelmed. Each group had one to two tasks they were responsible for to improve the use of written case plans. The plan reduces the amount of caseworker steps needed to case plan, provides consistency and support, and simplifies the process. The plan was presented to leadership and approved for implementation in 2024.

See [item 13](#) and [item 20](#) for additional information on efforts to address and improve case planning.

As indicated in item 20, the case plan in FamLink is designed to be created through individual and family level objectives that are inserted into the FAR Family Assessment or in the Comprehensive Family

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Evaluation. This process is cumbersome to complete and difficult to do in tandem with families. The current tool is not structured to include client voice nor is it user-friendly for caseworkers or clients. The case plan tool being piloted was designed to improve engagement with families and require inclusion of client voice and choice. As part of the pilot, the redesigned case plan tool will also be shared with a parent advisory group made up of families with lived experience in the child welfare system to solicit feedback for potential integration into the piloted tool.

**Implement monthly and quarterly qualitative and quantitative data review feedback cycles for frequent and quality contacts with children and families to highlight performance and inform program and practice improvements.**

	Begin Date	Projected Completion
To facilitate the collection of quantitative data and simplify documentation, the HQ program manager will work with IT to reconfigure options for “parent contact” documentation codes within FamLink.		COMPLETE
In order to capture parent visits for both in-home and out-of-home care, HQ will provide a monthly report to regional QA staff showing which parents are not linked to a child in FamLink. Regional QA will provide technical support on properly linking parents with each child with whom they are associated.		COMPLETE
Identified HQ and regional program staff will monitor and support staff in conducting monthly quality contacts through analysis of qualitative and quantitative data. Quantitative data include administrative data reports in infoFamLink including Monthly Health and Safety Visits with Child and Monthly Caseworker Visits with Parents. Qualitative data will be gathered through case reviews.		COMPLETE
Regional program staff will provide direct feedback on strengths, areas needing improvement, and any program barriers to frequent and quality contacts with parents and children to caseworkers, supervisors, and AAs based on the qualitative results from ongoing case reviews and the QA/CQI feedback process.		COMPLETE
Regional QA/CQI staff will disseminate infoFamLink data reports monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the reports to inform performance and areas for practice improvement and coaching: Monthly Caseworker Visits with Parent In-Home FVS Health and Safety Visits FAR & Investigation Intake Detail		COMPLETE

**Progress Update:**

This strategy focuses on quantitative and qualitative feedback cycles related to contacts with children, youth, and families. The focus on administrative data related to monthly health and safety visits with children and youth, and visits between caseworkers and parents is not new for DCYF. However, adding more focus on using qualitative data is new.

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Both of these metrics were included on the Child Welfare Management Dashboard in CY 2023.

The efforts made above have improved the quality of the data available and simplified practice. The updated coding for parent contacts is much easier to use and increases the quality of data collected because there are less mistakes due to coding errors. The reports highlighted children and parents not linked in FamLink which has helped local offices to clean up data. The task of linking parents and children is shared across positions to increase compliance. For example, after-hours workers assist with this task when they have down time between calls. Across the regions and offices, quantitative data regarding compliance with visits is more meaningful as it becomes more accurate. Qualitative reviews are useful to help local offices identify when their documentation and practice meets expectations and to identify what improvement is needed to meet the standard.

Implement consistent statewide process, guidance and resources for engaging parents whose whereabouts are unknown or who are incarcerated.		
	Begin Date	Projected Completion
In collaboration with child welfare and LD staff, HQ program managers will revise DCYF form 02-607 Guidelines for Reasonable Efforts to Locate Children and/or Parents to reflect clear practice expectations regarding efforts to locate parents and children requiring monthly contacts.		COMPLETE
Designate an existing position within each region responsible for conducting missing parent searches in an effort to reduce the amount of time a caseworker spends trying to locate parents who are unknown or whose whereabouts are unknown.		COMPLETE
Establish a short-term workgroup comprised of QA/CQI staff, HQ program managers, caseworkers, supervisors, and locator staff to develop a consistent process and clear roles for locating parents and children post initial contacts and provide guidance to locator staff, caseworkers, and supervisors of the process and roles.		COMPLETE
HQ program managers will create and make available to caseworkers and supervisors guidance for locating parents incarcerated in jail and prison; establishing and maintaining engagement; locating and contacting a parent’s Department of Corrections (DOC) counselor and providing opportunities for incarcerated parents to participate in case planning. DOC will be engaged to provide consultation in the development of the processes and documents.		COMPLETE

**Progress Update:**

There are staff identified in each region who conduct missing from care searches for children and youth as well as searches for parents when whereabouts are unknown. DCYF has a list of the Missing from Care (MFC) leads and locator staff on the DCYF intranet site, so caseworkers know who to reach out to for assistance. Caseworkers continue to express the importance of these positions and how they have helped find parents whose whereabouts were previously unknown as some regions rely on the MFC

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staff to assist in locating parents. DCYF met all of the measures of the [BRAAM lawsuit](#) and are no longer required to report to the court. One of the measures was to perform diligent searches for children/youth missing from care leading to the creation of the MFC Locators. The MFC Locators continue to engage with youth who may run from care to help them stay in placement and look for youth who are missing from care. Updates to Policy 4420 reflect these priorities as monthly efforts to locate and engage parents need to continue throughout the life of the case unless a parent's rights have been terminated and/or the parent is deceased.

DCYF and DOC partners continue to meet monthly. DOC also has information on their website on ways to visit incarcerated individuals through phone, video, or in-person. There are two parent navigators through DOC whose role is to assist DCYF with barriers for contacting parents and providing available services. In an effort to reduce barriers and increase engagement of incarcerated parents, monthly meetings between agencies are used to address issues across systems.

In July 2023 Region 2 became a pilot site for a new partnership between Securus (which replaced JPAY software in all Washington state prisons), to increase access between incarcerated parents and caseworkers. Region 2 set up a Direct Billing account with Securus and identified all caseworkers in their region who have incarcerated parents on their caseload. The caseworkers work cell phone numbers were added to the Securus account which enables the feature that allows incarcerated parents to directly call their caseworker and leave a message with their caseworker if they cannot answer their phone. Prior to this, incarcerated parents with DCYF involvement at DOC facilities did not have direct access. Region 2 identified staff in their region to lead this work by monitoring and adding in additional caseworker phone numbers as they identify incarcerated parents on their caseload.

### **Goal 5: Competent and Supported Workforce**

Improve safety, permanency, and well-being outcomes for children, youth, and families through development of a unified approach to skill-building to support supervisors, therefore staff feel more competent and supported.

**Implement an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.**

	Begin Date	Projected Completion
All AAs and supervisors will engage in individualized skill development and training on evidence-informed coaching using a theory of change and model identified by the Alliance. New supervisors will receive this training as part of Supervisors' Core Training (SCT), and AAs and existing supervisors will receive this through stand-alone individualized skill development and training.		COMPLETE
DCYF will conduct twice-yearly surveys of caseworkers and supervisors to track needs and trends in supervision and to provide data on items such as perceptions of skill development, support, and effectiveness to drive outcomes.		ONGOING
AAs and supervisors will participate in a minimum of two coaching sessions following the training on evidence-informed coaching, with a focus on providing feedback that integrates a reflective supervision approach. The first session will take place within one month of the completion of training and the second session will take place within six months of training.		COMPLETE
AAs and supervisors will participate in office or region-based group reflective sessions quarterly with Alliance coaches to identify and problem solve practice barriers in a peer environment.		ONGOING
AAs will observe one supervisory session per supervisor every six months and provide feedback regarding adherence to the coaching model.		ONGOING

**Progress Update:**

More information related to the Learner Centered Coaching (LCC) model can be found in [Item 27: Ongoing Staff Training](#).

In 2022, LCC was incorporated into SCT and in 2023 the course was offered two times as stand-alone training. The stand-alone training was offered primarily to Social Service Specialist 4's and supervisors who were not required to take SCT. The stand-alone LCC course consists of five three-hour webinars that include specific skill development opportunities with feedback, as well as follow-up coaching activities to support the integration of coaching into leadership practice. LCC will continue to be a component of SCT.



**Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.**

	Begin Date	Projected Completion
Establish a short-term workgroup comprised of HQ program staff, one experienced supervisor and one developing supervisor from each region, designated regional staff, and the Alliance, to: Revise policy and procedure regarding supervision to reflect a stronger emphasis on clinical supervision. Develop program-specific guidelines for monthly formal supervision and coaching. Make recommendations regarding changes to the FamLink supervisory tool and requirement for use. Review and update guidance for use of the supervisory tool to include how the data available from the tool can inform clinical discussions.		COMPLETE
HQ program staff, designated regional staff, and the Alliance will develop and disseminate complementary program-specific and practice issue-specific guides that can be used to facilitate critical practice discussions with staff, incorporating implicit bias and the needs of marginalized populations.		COMPLETE

**Progress Update:**

To build, enhance, and incorporate skills from Strategies 1.1. and 1.2, DCFY [Policy 46100](#) was updated in January 2022. The title was changed from Monthly Supervisor Case Reviews to Monthly Clinical Supervision Case Reviews. Guides and resources were developed to support clinical supervision. The guides and resources are generally referenced in policies, are available on the Intranet, and are useful for training and practice improvement.

Administrators and supervisors indicate that it can be difficult balancing task-oriented, compliance-based conversations with conversations about critical thinking and decision-making, particularly when there are time constraints secondary to vacancies and workload peaks. The clinical supervision policy, guidance, and training provided highlight the importance of supporting and documenting critical thinking and decision making, as well as documenting compliance measures.

To support ongoing practice improvement in supervision, several PIP goals were aligned and involve collaborative efforts. As mentioned in strategy 1.2, Learner Centered Coaching (LCC) model principles are being incorporated as underlying principles in the [Family Practice Model \(FPM\)](#). This will continue to promote consistency in practice. Also, as FPM practice profiles are developed, they will include a supervisory component that is reflective and reinforces the LCC model concepts, which includes clinical supervision. QA provides new supervisor on boarding and discussions about clinical supervision reviews. Elements of clinical supervision are also included in the [supervisor core training](#) provided to all new supervisors.

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**Improve functionality and increase caseworker use of Child Location Application to ensure timely entry of placement so the current location of every child in out-of-home care is known.**

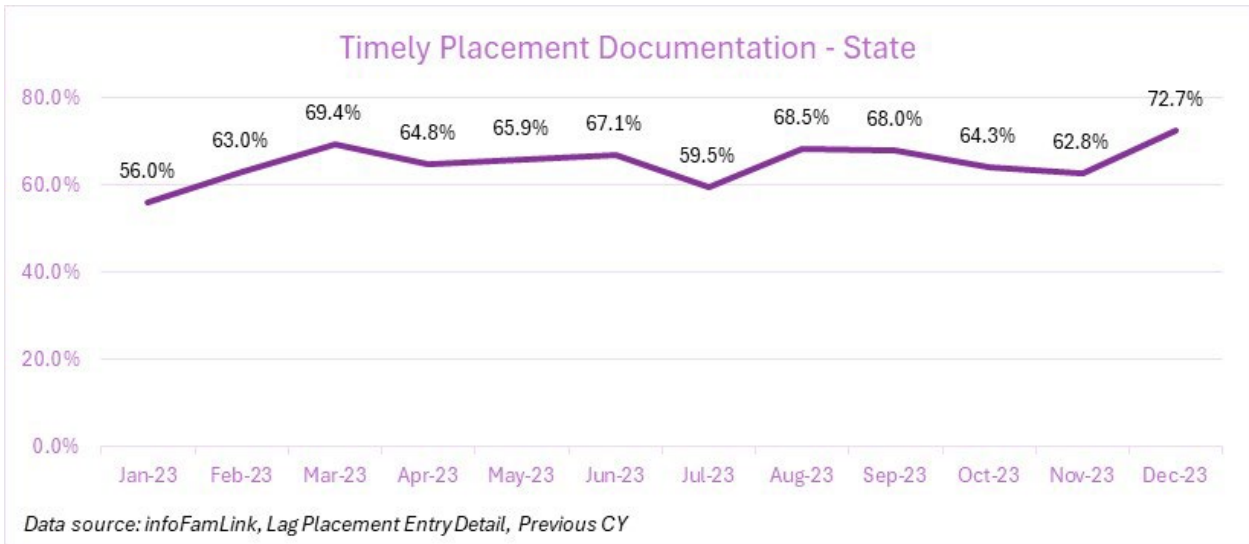
	Begin Date	Projected Completion
Regional QA/CQI staff will disseminate the Placement Lag Entry data report monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the report to inform performance and areas for practice improvement.	COMPLETE	
RAs will communicate policy and practice expectations around timely placement entry and use of the Child Location Application through electronic messaging provided from HQ Child Welfare Programs.	COMPLETE	
Policy and practice expectations for placement entry will be communicated to fiduciary staff to support timely completion of payment. Communication will be through electronic messaging provided by HQ Child Welfare Programs	COMPLETE	
Guidance and resources regarding the use of Child Location Application will be disseminated to staff. Communications will be tailored to a specific area of responsibility.	COMPLETE	
HQ program staff, regional QA/CQI and other identified regional staff will use the Placement Lag Entry report to determine which offices/units/caseworkers are not consistently using the Child Location Application. Focus groups with those identified offices/units/caseworkers and fiscal staff will be conducted to determine barriers to using the Child Location Application.	COMPLETE	
Establish a short-time workgroup of HQ program staff, fiduciary staff, IT, OIAA and identified region staff that will use administrative data and information obtained from focus groups to address barriers to full implementation: Identify modifications needed, if any, to the Child Location Application to improve functionality of placement entry. Update guidance and resources regarding the use of the Child Location Application to support full implementation. Update policy to reflect changes in practice regarding child placement entry.	COMPLETE	

**Progress Update:**

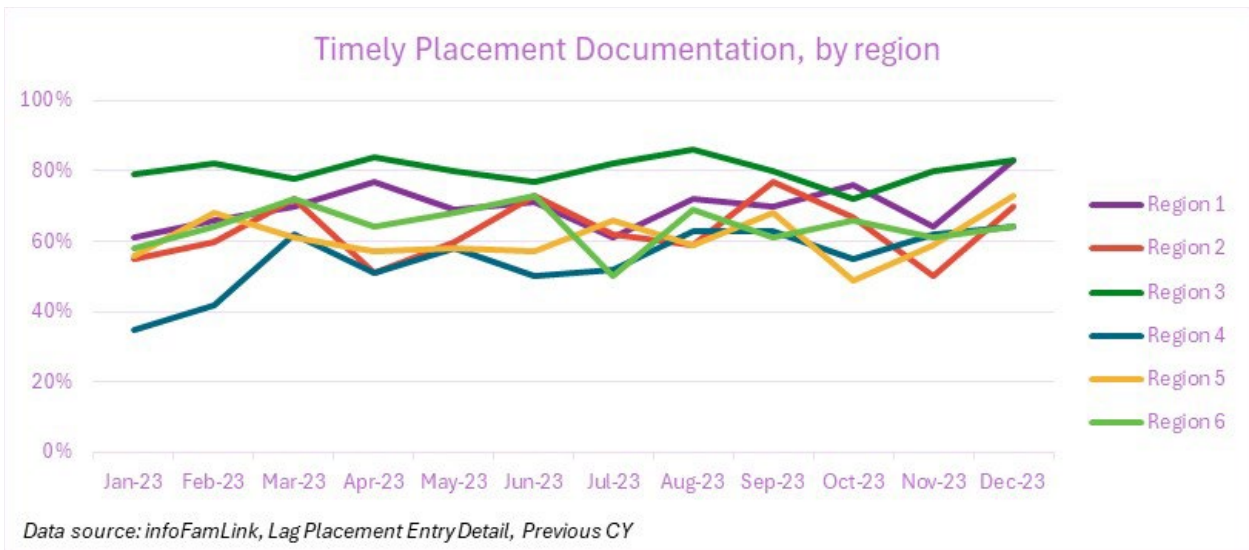
There are several notable achievements and improvements for timely and accurate placement entry compliance for CY 2023. As a state, 2023 compliance for entering initial placements and placement changes ranged from 56.0% in January 2023 to 72.7% in December 2023. While there was some fluctuation in the monthly statewide compliance, achieving 72.7% statewide compliance in December 2023 for documenting placements in FamLink within three days is a milestone for CW. Washington achieved an overall 65.1% compliance for timely placement entry in 2023.

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Along the lines of variation in monthly statewide timely placement documentation performance in 2023, there was also variable monthly compliance by region, wherein some regions had more successful compliance.

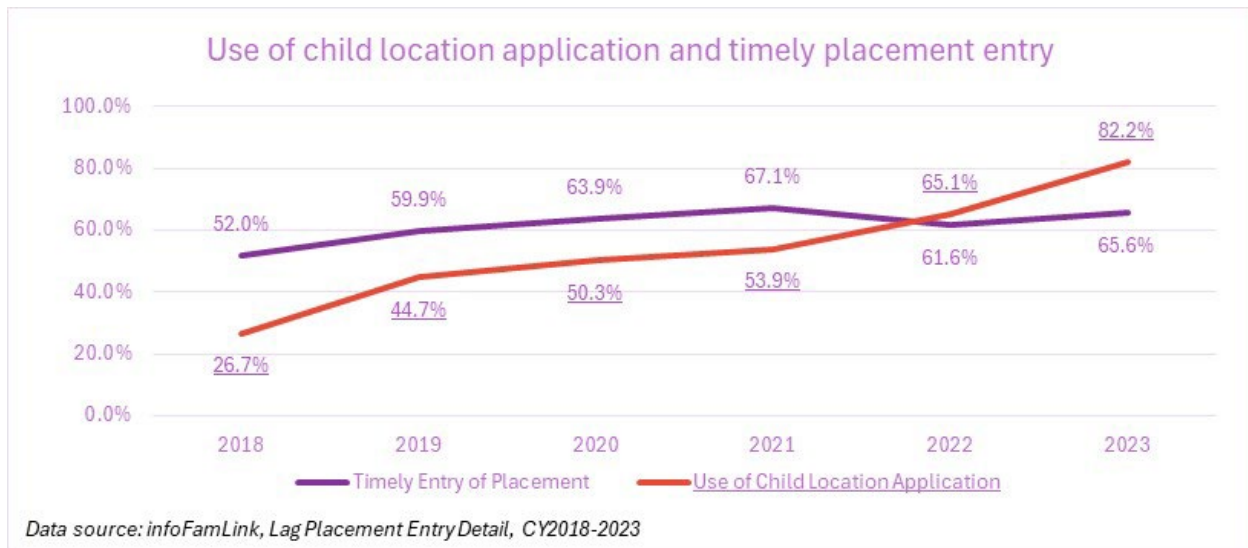


To achieve higher timely placement documentation compliance, improvements were made to the Child Location application to underlying business processes, and a workgroup was convened in late 2023.

Prior to 2023, a 72-hour cutoff prevented caseworkers from entering placements into the Child Location application outside of the 72-hour required timeframe. In 2023, Child Welfare worked with IT to have this requirement removed from both the desktop and mobile versions of the Child Location application. This work was done in an effort to increase Child Location usage for documenting placements to improve compliance rates for timely placement entry. As shown in the chart below, the use of the Child Welfare application increased when the documentation cutoff barrier was removed, but there did not appear to be any consistent improvement in timeliness of documenting placements.

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To support timely and accurate placement entry via Child Location, regional QA/CQI support was offered via ongoing Placement Entry and Child Location application training opportunities, regular placement lag compliance reporting, and technical assistance to caseworkers.

Despite regionalized QA/CQI support, vacancies, staff turnover, and legislative changes caused an increase in caseloads and workload for caseworkers, in turn resulting in delays of placement entry while caseworkers prioritized case emergencies and court requirements.

Additional reported barriers included:

- Miscommunication regarding signed court orders with the accurate date of Placement and Care Authority (PCA)
- The need for Provider IDs to be created when placements occurred with an unlicensed provider.
- The Child Location application and/or FamLink not functioning when working in rural areas outside of cell service.
- Competing priorities with other emergent casework tasks that needed to be completed.
- Caseworker FTE vacancies increased the pressure to prioritize emergent work.
- Difficulty keeping up with placement changes for children/youth who are in multiple placements over short periods of time.
- Placement documentation in FamLink is reliant on other processes being completed by various staff like provider creation and creating a legal record to document PCA before placement information can be entered in the system.
- Accurate placement entry within three calendar days.

A new workgroup of Child Welfare Programs and Practice staff and regional placement coordinators convened in October 2023 to address timely and accurate placement documentation. Collaborative efforts were made between Child Welfare, the DCYF Background Check Unit, Office of Indian Child Welfare, Fiscal Integrity, and Social Service Payment System to streamline all the underlying business processes of timely and accurate placement entry.

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Lending to additional support for this new centralized [Child Location and Placement Entry process](#), a review of the Placement Lag administrative data was completed, and some improvements were made to increase data integrity. To monitor improvements of the new centralized placement documentation process in 2024, a new QA/CQI Placement Entry Dashboard was developed by the CW data integrity manager to allow for ongoing performance monitoring and to identify areas of strength and those needing improvement across placement types, categories, offices, and regions. In addition, the HQ data integrity manager continues to validate and determine any additional data integrity issues in the administrative data report. If additional errors are found, the data integrity manager will continue to work with identified programs to address the issues.

## Program Support

### Research, Evaluation, Management Information System, and Quality Assurance Systems

DCYF OIAA was established to build agency capacity to make evidence-informed decisions, continuously learn, improve, and successfully enact system reform. OIAA supports DCYF through research, evaluation, reporting, and other projects focused on influencing policy and practice changes within DCYF.

The OIAA Evaluation and Research Team supports the Department's research priorities, which are aligned with the agency's strategic and racial equity plan. Internal research is developed to advance this work, which is planned on an annual cycle. External research partnerships are assessed for alignment with the plan before support is provided.

OIAA annually develops and publishes their evaluation and research agenda, detailing how it is aligned with the DCYF Strategic Priorities and with focused agency work currently underway. Unlike academic institutions, the OIAA research and evaluation agenda must be responsive to policy timelines. This means that the majority of projects take less than a year to complete from start to finish. Because OIAA does not have the capacity to conduct all research that might benefit the agency, they annually produce a list of priority research questions for external partners to focus their proposed studies on. This list of questions is also clearly aligned with agency priorities and focused agency work to ensure that external resources committed to research and evaluation are also targeted.

Examples of OIAA research conducted to support the needs of child welfare, which have been released externally in 2023, include [Child Welfare Maltreatment-Related Incident Analysis, 2021-2022](#), [DCYF Equity Metric Overview](#), [Placement Reduction for HB 1227 Reporting](#), and several [other reports](#).

Examples of OIAA research activities currently underway to inform DCYF internally include:

- Review and selection of assessment tools, integrated into a practice model
- Validation studies of current assessment tools.
- Data brief on placement reduction and critical incidents.
- Placement reduction monitoring and reporting.
- Research on exceptional placements (e.g. one night stay, hotel, etc.).
- Analysis of safety plans and safety plan failures.
- Evaluation of ICW policies and procedures changes.

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- Reviews of research about the agency conducted by external researchers and connection to policy implications.
- Research support for PBC.
- Construct the evaluation plans for the approved EBPs in the federally approved DCYF Prevention Plan.
- Conduct (or contract for) the required FFPSA evaluation once the services are funded with FFPSA dollars.
- Support the work of the Office of Tribal Affairs, as they worked with tribal partners since the beginning of FFPSA planning to ensure DCYF is leveraging the opportunity of FFPSA funding in expanding prevention opportunities in Washington’s tribal communities.
- Produce a population-based service needs assessment that will help guide the service array.
- DCYF is in the final year of a five-year Children’s Bureau grant for prevention of child maltreatment under the Community Collaborations to Strengthen and Preserve Families (CCSPF) Cohort 2. In this project, DCYF is testing a community-based prevention effort in four communities across Washington, chosen at random from among the 23 communities with the highest rates of maltreatment. From 2020 to current, led by OIAA, DCYF has partnered with the HGPL to place a HGPL fellow at DCYF to expand the agency’s capacity. Current and former fellows have focused on connecting pregnant women referred to intake and otherwise screened-out (due to unborn victim/no child present) with voluntary community resources and working with communities to identify barriers to improving service outcomes for Black and Native families.
- OIAA is leading an agency-wide examination of the child and family assessments used in CW and JR service lines. DCYF is undertaking substantial initial analysis related to child welfare assessments, to examine their reliability, validity, usefulness and potential to contribute to racial bias. In order to ensure maximal alignment with the family practice model redesign effort, OIAA has contributed a lead child welfare researcher on assessments to work alongside the Practice Model administrator in the PPS Division, so that these two efforts are developed and implemented in partnership. This work is occurring in partnership with Chapin Hall and is connected to the recently developed DCYF Assessment Oversight Group.
- In Fall 2023/Winter 2024 OIAA supported a University of Washington practicum student to conduct a qualitative process evaluation to inform statewide expansion of the Child Welfare Early Learning Navigators program which is designed to link CPS-Involved Families to Early Learning and Family Support Programs.

Finally, OIAA is supporting program staff in the implementation of a QA/CQI Framework. The framework establishes minimum standards for data collection and reporting, QA, CQI, and documentation of practices, referred to as a performance improvement manual that will serve as a user guide for program staff. It brings together multiple components demonstrated to produce high-level quality improvement, including standardization of practice, role clarity, communication expectations, structural guardrails, operational supports, and resource allocation guidance for divisions.

The OIAA Data Reporting Team focuses on developing and providing comprehensive, accessible reports to support practice improvements. Washington state’s transitional SACWIS system, FamLink, is the source for administrative data used in child welfare reports, which identify practice strengths, capture key required data elements to ensure practice requirements are being met and support ongoing practice

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improvement. These reports are made available through the child welfare reporting portal (infoFamLink), and staff at all levels of the agency have access to them. Summary and case level detail reports are refreshed nightly and are accessible to caseworkers and supervisors across the state who use the reports in their daily work, through e-mail subscriptions or direct access. These reports are also routinely used by staff at all levels of the agency, including child welfare managers, regional and headquarters' program staff and quality assurance leads to support good practice related to child safety, permanency, and well-being, as well as leaders who use the summary reports to make decisions about practice, staffing, and services. In addition to standard reports, item-specific data reports are available on request to support specific quality assurance, practice improvement and CQI activities at the state, region, and office levels in support of the Child and Family Services Plan (CFSP), CFSR, PIP, FFPSA, legal settlements, [HB 1227](#), [Family Practice Model](#), and recruitment efforts. The Data Reporting Team also provides data analysis to DCYF leadership with recommendations for systemic and programmatic changes to improve performance as measured by the Federal Data Indicators and CFSR metrics.

Reports developed or modified in the Child Welfare Reporting Portal in calendar year 2023, by OIAA, include:

Report Name	New or Modified	Reasons Work Completed	Implemented
<b>Parent SW Visit</b>	Modified	Update naming conventions for consistency to Last Name, First Name.	Mar-23
<b>CW Management Dashboard</b>	Modified	Update IFF performance measure to not include extensions or attempted IFFs as compliance as of December 2022, per new memo on practice change	Apr-23
<b>Licensing Reports</b>	Modified	Private Agency Child Specific Licenses were not showing in Licensing Data Reports. This was corrected and reports now display this facility type	Apr-23
<b>AIRS Placement Exception</b>	Modified	Updated to include Gender, Current Legal Status, and new summary view to identified missing person IDs from AIRS data base. In addition, added Placement Refused - Leased Facility Incident Type	May-23
<b>Exits and Entries</b>	Modified	New summaries were added to better understand outcomes of children, in addition to new data elements added within the detail, to include: Removal County; Removal Manner; Dependency Date; ICW data. Added new detailed data, including count of primary caseworkers and shared planning meetings, and adding in last legal status	May-23
<b>In-home Health and Safety</b>	Modified	Subscriptions could not be created as requested by the regions. Caseworker names were removed from the parameters so these subscriptions could be created.	May-23
<b>Count of CW Licensed Providers</b>	Modified	Add in Last Waiver and Date to help licensing and fiscal capture waivers being entered in the system	Jun-23

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Report Name	New or Modified	Reasons Work Completed	Implemented
<b>Shared Planning Meeting</b>	Modified	Added a filter to allow for those in out-of-home care who are 18+ to be added into the data to allow staff to assess the meetings occurring for those in Extended Foster Care	Jul-23
<b>CaRES Subscription</b>	Modified	Update the External Subscription of Current Caregiver List to only include placement info for children/youth ages 0-17. This supports outreach to unlicensed caregivers	Jul-23
<b>CPS Victims by CA/N</b>	Modified	Add County to the detailed data in addition to Indian Child Welfare Act (ICWA) information for each child identified as a victim	Jul-23
<b>Children in Initial License Homes</b>	New	Created a tool that identifies providers who have an Initial License, supporting HB 1227. Include dates so that fiscal is able to know when 90 days is completed to ensure that the Initial License is closed timely, per requirements	Aug-23
<b>FARFA/IA</b>	Modified	Safety Assessment timeframe was corrected to be from Intake to SW Approval for Safety Assessment	Aug-23
<b>BRS Add-On Codes Check</b>	Modified	Updated this tool to better know what additional payments are made when the tracking code and placement codes are used to ensure that they are not crossing contracts.	Sep-23
<b>CSEC Assessment</b>	New	A tool was created to identify all youth within Child Welfare Services and identify if they have received a Commercially Sexually Exploited Child (CSEC) Assessment, in addition to understanding outcomes and recommendations for the child	Sep-23
<b>Caregiver Recruitment</b>	Modified	Updated to include new license types and typos within the report.	Sep-23
<b>In Home Health and Safety</b>	Modified	Correction was made to the number of days between visits and formatted report to meet reporting standards	Sep-23
<b>Missing Rate Assessment/Basic Foster Care Levels Add On Code Check</b>	CW Reporting Portal	Automated the Missing Rate Assessments report identifies children in placements who are missing rate assessments on open services.	Oct-23
<b>FTDM</b>	Modified	Added a filter to capture all types of SPM meetings to better capture workload for meeting facilitators	Nov-23
<b>Adoption Support Addresses</b>	New	Created a tool with contact info for all parents on Adoption Support cases to increase communication to these families to provide support	Nov-23

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Report Name	New or Modified	Reasons Work Completed	Implemented
<b>Relative vs Non-Relative</b>	Modified	Enhanced report to help demonstrate the actions on a case at the date pulled for the report (clarifying as of date and current), in addition to adding placement and Title IV-E information	Dec-23
<b>Current Child Care Services</b>	Modified	Added Placement Type Name and Placement Type ID to report. Changing Created by fields to Staff who Created Service instead of Staff who Created Authorization. Updated to meet OIAA report coding and visual standards.	Dec-23

*Data Source: Department of Children Youth and Families, OIAA, Data and Reporting Team; List of Developed Reports-CY2023; March 2024*

### Technical Assistance

During CY 2023 DCYF received technical assistance from the following sources for Program Support in working toward enacting the state’s vision.

- Casey Family Programs
- Chapin Hall
- Capacity Building Center for States
- Children’s Bureau
- Harvard Government Performance Lab

**Casey Family Programs** works to influence long-lasting improvements to the well-being of children, families, and the communities where they live. Consultation and resources on public policy, research, and analysis are provided. Monthly learning collaboratives focused on FFPSA implementation provide learning, resources, and networking opportunities. Casey Family Programs’ negotiated DCYF state plan includes technical assistance focused on:

- FFPSA implementation
- Adopting safety science to create and support safety-based culture in the workforce and with those served
- Building mentoring and relationships between biological parents and caregivers
- Expand support to family resource centers to provide services in community
- Engage in national forums to reduce the need for group placements
- Transforming and enhancing services to reduce entries and time in care by assisting families through concrete service supports.

An overarching aspect of the work with DCYF includes addressing equity, equality, and inclusion to ensure fairness and justice in the way people, staff, and communities are treated and the opportunities they have to succeed are addressed.

The **Chapin Hall** team remains focused on supporting FFPSA implementation through research, reports and presentation deliverables. The Community Pathway report and MI claiming in Washington power

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point are two deliverables that informed the viability of service approaches in Washington for CY 2024 and beyond. Anticipated deliverables will further position DCYF to understand the multiple entry point opportunities through FRCs and other providers, ensure leveraged claiming through system exchanges, and engagement of lived experience in shared leadership sessions. Technical assistance to fully develop community pathway services are aligned with the FFPSA amendment initiated in CY 2023. DCYF discontinued MI training implementation and support in CY 2024 with Chapin Hall. The new work plan is scheduled to begin CY 2024.

**Capacity Building Center for States** developed a work plan with the Family First team in CY 2022 focused on peer-to-peer technical consultation opportunities specific to CIHS and funding structures to support claiming, development of internal and external communication plans, and planning and support for the [home visiting pilot project](#) focused on pregnant and parenting youth in foster care and juvenile rehabilitation services. Peer to Peer matches for CIHS have positively impacted service delivery demonstrating the benefit of providing concrete goods and services to families in need. Shared leadership engagement of those with lived experience created increased collaboration between PPS and JR furthering communication. Planning for external communication continues for a pilot taking place in CY 2024.

The **Children's Bureau** provides on-going guidance in the daily implementation of FFPSA. Quarterly meetings are held to review progress, address any questions or issues at hand, and identify resource supports that enable implementation efforts. Washington was able to participate in several large technical assistance interview sessions designed to uncover additional ways to support the work.

The HGPL supported the [Plan of Safe Care \(POSC\)](#) pilot launched in CY 2022 to connect screened-out families with substance exposed infants to prevention supports. The transition of this work will occur with support through June 2024. The HGPL completed two service procurements for service array expansion in CY 2023 for culturally responsive services to Native American and Black families through June 2024. Contract services for the HGPL will conclude in June 2024.

## Quality Assurance

See [Quality Assurance System](#) section.

## Update on Service Descriptions

### The Stephanie Tubbs Jones Child Welfare Service Program (Title IV-B, subpart 1)

#### Services for Children Adopted from Other Countries

Department of Children Youth and Families (DCYF) provides services and supports to families of children and youth adopted from other countries in a way that is consistent with those provided to all Washington families. Examples of agencies that provide these services are the Developmental Disability Administration (DDA), the Health Care Authority's (HCA) Division of Behavioral Health and Recovery, and the Economic Services Administration's (ESA) Community Service Division. As with families who adopt from the child welfare system, families with children adopted from other countries have equal access to

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services provided by DCYF such as Family Voluntary Services (FVS), Family Reconciliation Services (FRS), and Child and Family Welfare Services (CFWS). A family who adopts a child from another country is not eligible for adoption support unless the child meets the requirements outlined in [WAC 110-80-0040](#).

In Washington, there is a Post Adoption Support Coalition that meets regularly to address issues impacting adoptive families. Members of the coalition are parents who adopted privately, internationally, and from the child welfare system. The group meets to identify resources available to all adoptive parents, not just parents adopting from the child welfare system. Agencies that provide services to families who adopt from other countries participate in this program. In addition to this group, there are support groups available. The Post Adoption Support Coalition attendance has decreased over time and currently there are only DCYF staff who are attending. Additional outreach is needed to advertise this group; however, if attendance continues to remain low, the group’s mission will change, or it may be disbanded.

[Parent Trust](#) is a private agency that works with all parents. There is a publicly available website and phone number. Staff are available to address a number of parenting related topics. This service is available to all parents.

DCYF child welfare program staff and community mental health providers participate in the National Adoption Competence Mental Health Training Initiative. This training provides information on the mental health needs of youth adopted internationally, domestically, and from child welfare.

DCYF continues to expand work with community partners on the development and resources for all Washington families with adopted children. Information on resources is shared with school districts, professional organizations, medical clinics, and public and private agencies that provide medical, behavioral, economic, or mental health services to families residing in Washington.

DCYF staff meet regularly with the Adoption Success Committee. This committee consists of adoptive parents, adult adoptees, HCA, agencies that facilitate in-state and international adoptions, and a private community residential establishment program. Informational publications, trainings and a media list have been developed to share information with adoptive parents on resources and supports available to all state adoptive families. This committee meets regularly to assess progress, review documents and plan for future goals.

Accurately identifying disrupted international adoptions and the originating agency that come to the attention of DCYF is difficult. The reasons for lack of adoption disruptions are not known; however, a reasonable hypothesis is the low total number of international adoptions. A federal report on international adoptions shows that in Washington, 50 adoptions were finalized in 2019, 61 adoptions were finalized in 2020, 65 adoptions were finalized in 2021, and 50 were finalized in 2022.

International Adoptions Disrupted in Washington State				
Year	Country	Agency	Reason for Disruption/Dissolution	Plan
2018	China	Unknown	Child was removed due to physical abuse.	Adoption
2018	Canada	Unknown	Child was removed due to neglect by adoptive parents.	Return Home

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International Adoptions Disrupted in Washington State				
Year	Country	Agency	Reason for Disruption/Dissolution	Plan
2018	Mexico	Unknown	Child was removed due to allegations of physical abuse.	Return Home
2019	China	Holt International	Child was removed due to allegations of physical abuse and neglect.	Return Home—child is reunified and case closed
2020	Philippines	Unknown	Child was removed due to allegations of sexual abuse and neglect.	Return Home—case is in shelter care status.
2021	Brazil	Unknown	Child was removed due to sexual allegations against the child.	Return Home- child remains in an out-of-home placement
2021	Russia	Unknown	Child was removed due to allegations of physical abuse.	Return Home-child is reunified and case closed
2021	Zambia	Unknown	Child was removed due to allegations of physical abuse	Return Home-child is reunified and case remains open
2021	Zambia	Unknown	Child was removed due to allegations of physical abuse	Return Home- child remains in an out-of-home placement
2021	Ethiopia	Unknown	Child was removed due to allegations of physical abuse and neglect	Return Home-child remains in an out-of-home placement
2022	Sierra Leone	Unknown	Child was removed due to sexually abusing siblings	Legally Free

### Services for Children Under the Age of Five

Families with children under five who experience child welfare involvement have access to agency contracted evidence-based in-home services, community-based early childhood services such as Early Support for Infants and Toddlers (ESIT), agency funded child care, ECEAP or Head Start – both of which have early childhood and preschool programs with wrap-around family support components, and Home Visiting services. Washington has several other community-based resources for children and families that are available to but underutilized by child welfare involved families. For example, [Strengthening Families Washington](#) and [Strengthening Families Locally](#) provide support and resources to communities promoting protective factors known to help reduce child abuse and neglect.

Complications with system integration placed referral barriers for caseworkers and resulted in low child welfare-early childhood service penetration. DCYF continues to identify ways to facilitate system integration and provide child welfare caseworkers with a singular referral process or pathway for early childhood system resources statewide.

Services for children under the age of five should be explored and offered for child welfare cases with young children across all programs: CPS Investigations/FAR, FVS, CFWS, and Adoptions. Child welfare

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caseworkers should use assessment tools such as the Safety Assessment, or Comprehensive Family Evaluation as well as additional tools such as the [Parent Child Interaction Scales Assessment](#) for families with children under three, or strengths/needs assessment tools used by in-home service providers to identify appropriate services and inform case planning. Additional information about written case plans can be found in [Item 20](#).

DCYF continues to focus on practice improvements to support the developmental, relational, and safety needs of infants, toddlers, and young children. While parental substance use is not a factor in all child welfare cases with children under the age of five, it impacts many families with young children. Washington is experiencing a fentanyl crisis which impacts children aged 0-5 in terms of both parental substance use, and infant/young child accidental ingestion. Initial supports to child welfare implemented in 2023 included harm reduction kits and print materials for caseworkers and families. The latter was developed in partnership with individuals who have experienced both substance use disorder (SUD) and child welfare involvement. More recently, in response to legislation enacted in 2024 addressing fentanyl and highly potent synthetic opioids, development has begun on a comprehensive training for child welfare staff with a specific component focusing on accessing services for families with young children which will support long-term recovery, family stability, and child safety and well-being.

DCYF Child Health and Education Tracking (CHET) and Ongoing Mental Health (OMH) Screeners provide screening for children placed in out-of-home care. For children aged 0-5, the CHET report will include a comprehensive developmental screening, a social-emotional screening, an initial trauma screen starting at age three, and any recommendations for developmental or social-emotional service needs. OMH re-screens for social-emotional needs starting at age three and typically occurs six months following the initial placement. For children involved in a CPS Investigation, Family Assessment Response (FAR), or FVS case it is much more difficult for caseworkers to ensure a comprehensive developmental assessment and/or connection to early childhood resources with the exception of child care.

DCYF is focusing on strategies to increase access to child care for child welfare involved families. The Child Welfare Continuing Child Care (CWCCC) program is a component of Washington's subsidized child care program and provides up to twelve months of \$0.00 co-pay subsidized child care with no parental income requirements. After 12 months, families can maintain continuity in child care by transitioning to the Working Connections Child Care program where they must meet basic eligibility requirements with a monthly co-pay determined by family size and income. Despite the CWCCC, access to child care providers is still a barrier in some areas of the state where there are child care deserts. Access to child care can be a critical component of a family's case plan, or safety plan. Recent legislation enacted in Washington directs DCYF to conduct a pilot with contracted child care slots for infants in which parental substance use, especially highly potent synthetic opioids, is a factor. In some cases, these child care providers may be asked to be safety plan participants. The intent of this legislation recognizes access to child care as an important service for families with young children who are navigating substance use and behavioral health treatment and recovery.

The Child Welfare Early Learning Navigator (CWELN) program provides service matching and warm hand-off referrals to early care and education services, supporting some offices identified as high need and with varied degrees of regional support beyond identified offices across the state. This program is still in the early stages of growth and is not yet scaled to meet this need statewide, however plans are

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underway. In 2024, the program is funded to increase its number of CWELNs from six to 13, and again the following year for a total of 15 navigators by the end of 2025. This addresses the need to have stronger connections to early learning and family support providers. DCYF also partners with Help Me Grow (HMG) Washington which offers the Ages and Stages Questionnaire (ASQ) and ASQ Social-Emotional to all families in Washington. At no charge, a family can either complete the ASQ online or on paper. HMG child development specialists are trained to offer education over the phone about the ASQ and process for completion, score the screening, discuss the results with the family, suggest activities to support the child’s growth at home and in the community, and if the child needs extra support, connect the family to early intervention and other resources. Increasing caseworker knowledge about the Help Me Grow resource is one example of ways in which DCYF is increasing access to community resources and supports for families receiving child welfare intervention.

### *Child Welfare Workforce Development*

In addition to ongoing education, training, and general child welfare practice supports, child welfare caseworkers have access to specialized training for families with young children. From July 2023-September 2023 there were 1,257 child welfare staff who received training about revisions to the [Infant Safety Education and Intervention policy](#) (plans of safe care for substance exposed newborns, period of PURPLE crying, and safe sleep), and the greater [Plan of Safe Care](#) (POSC) body of work which includes a community pathway operated by HMG, and the child welfare pathway for screened in cases involving perinatal substance use and prenatal substance exposure. In late 2023, a training plan with DCYF Intake staff was implemented to support understanding of their work with mandated reporters and screening calls involving concerns about pregnant people using substances and newborns who have experienced prenatal substance exposure. From September 2023 – December 2023, 105 intake staff representing Region 1, Region 3, and Statewide Central Intake were trained and provided guidance for screening calls related to perinatal Substance Use Disorder (SUD). A goal to reach remaining intake staff statewide in Region 2, Region 5, and Region 6 is in place for CY 2024.

DCYF caseworkers were also offered an Infant/Early Childhood (IECMH) 101 Series which includes the following sessions:

- IECMH 101 – Attachment Theory
- IECMH 101 – Baby Cues
- IECMH 101 – Parenting Behaviors and Attachment Strategies
- IECMH 101 – Reflective Supervision

This series offers bite-sized sessions (1.5-2 hrs.) delivered virtually two to three times a year. The training was co-developed with [Parent child Relationship Programs at the University of Washington Barnard Center for Infant and Early Childhood Mental Health](#). The training content provides skill-building tools to strengthen caseworker assessment of risk and safety, and case planning with families with young children.

The [Parent Child Interaction \(PCI\) Feeding and Teaching Scales Assessment](#) is a clinical assessment tool which provides a strengths-based and behaviorally specific assessment of a parent-child dyad. In 2022, DCYF invested in training materials to support certification of up to 60 staff in both the Feeding and

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Teaching Scales. PCI Feeding and Teaching Scales Assessment Certification/Recertification is offered several times each year with the number of child welfare staff certified to use this clinical assessment tool growing across the state. This tool assesses relational, developmental, and safety components within the parent-child dyad for children aged 0-3. The PCI Scales are used across disciplines working with families and young children. In child welfare, this tool supports appropriate Evidence Based Program (EBP) service-matching and can be used as a pre- and post- measure in collaboration with an EBP intervention.

The following table shows the number of child welfare staff who participated in the IECMH 101 Series and PCI Scales Certification/Recertification trainings in 2022 and 2023. These trainings are already scheduled through 2024 and will continue to be offered into 2025.

Activity	CY 2022	CY 2023
DCYF Parent-Child Interaction Feeding Scales Recertification (webinar)	9	5
DCYF Parent-Child Interaction Teaching Scales Certification (webinar)	13	10
DCYF Parent-Child Interaction Teaching Scales Recertification	13	4
IECMH 101-Parenting Behaviors and Attachment Strategies	7	87
IECMH 101-Baby Cues	7	55
IECMH 101-Reflective Supervision	8	5
<i>Data Source: Washington State Learning Management System</i>		

*Child Welfare Early Learning Navigator Program*

The CWELN program moved from pilot phase toward implementation. Previously funded by Preschool Development Grant funds, the CWELN program will be sustained through the Child Care and Development Fund. Additionally, the number of CWELNs will more than double in the coming year. During the last year, DCYF was awarded the federal Building Early Childhood-Child Welfare Partnerships to Support the Well-Being of Young Children, Families, and Caregivers three-year grant.

The primary goal of the grant is to build on the foundational strengths and lessons learned in the pilot phase of the CWELN program’s first three years with a focus on moving the pilot from installation/initial implementation into a full implementation phase of spread and scale. CWELNs review intakes for the offices or counties they are assigned to in order to identify families with the highest early learning needs to facilitate referrals to community-based early care and education system resources. CWELNs assist caseworkers with assessing and identifying the most appropriate early learning, early intervention, high quality child care, home visiting, and/or IECMH service; engaging families and assisting with enrollment; and follow-up with warm hand-offs between families and providers whenever possible.

- Region 1 hired the first CWELN for the region to support the Spokane County offices.
- Region 2 has two CWELNs supporting the Yakima, Richland, and Walla Walla offices with hopes to support the entire region soon.
- Region 3 is preparing to hire the first CWELN to support the Bellingham office in Whatcom County.
- Region 4 has two CWELNs supporting the King Southwest and King Southeast offices.
- The Office of Tribal Relations supports one Tribal CWELN connecting tribal families with early learning services primarily in the Region 5 Puyallup office.

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- Region 5 is in the process of hiring a CWELN to support the Lakewood office.
- Region 6 supports one CWELN covering Pacific, Mason, and Grays Harbor counties and is in the process of hiring a second CWELN to support the Kelso and Centralia offices.

*CY 2023 CWELN Program Accomplishments*

- Funding to sustain and grow the program was obtained.
- CWELNs continue to take leadership in training and developing tools and resources for child welfare caseworkers to access child care.
- Region 4 CWELNs facilitate monthly early learning staffings for all six offices in the region. These staffings occur in collaboration with local early learning, early intervention, IECMH, home visiting, and other community-based providers and continue to be a robust addition to case planning in the region. Other regions have expressed interest in standing up the same staffings with community-based early learning providers, a goal for the coming year is to formalize the process for these staffings to support child welfare caseworkers so staffings are consistent across the state.
- The CWELN work in Region 2 and Region 6 continues to focus on community and provider engagement as well as support to child welfare caseworkers.
- In Fall 2023, the Office of Innovation, Alignment, & Accountability (OIAA) worked with the Child Welfare Early Learning Navigators (CWELN) to gather data documenting the downstream impacts of the CWELN program on child welfare caseworkers. An OIAA research team in partnership with a University of Washington graduate student utilized qualitative interviews with caseworkers in Region 6 to better understand how the CWELN program affected the daily routines and workloads of caseworkers. The goal of this project was to understand where CWELN succeeded in balancing workloads and identify opportunities for the program to strengthen partnerships with its caseworker community. All caseworkers surveyed reported the work of the CWELN had a positive impact on their own workload and agreed that the work of the CWELN directly contributed to child safety.
- The CWELN Onboarding document was refined in anticipation of hiring additional CWELNs in 2024.
- The CWELN Program team participated in an in-person retreat in August 2023 to discuss and plan for evaluation and phased expansion of the program.
- Several CWELNs presented statewide to child welfare staff on early learning and the CWELN Program during the child welfare Foundations of Practice Office Hours and Education Office Hours. These presentations will continue in 2024, with presentation planning for a second Foundations of Practice Office Hours already underway.
- The CWELN Program was highlighted in a presentation about accessing early learning resources at the 2024 Children’s Justice Conference in April 2024.

The following table shows how many children under the age of six were eligible for early learning services by region, compared to those served by the CWELN program for calendar year 2023. The program is continuing to expand to connect more families with children birth to five to high quality early learning services.

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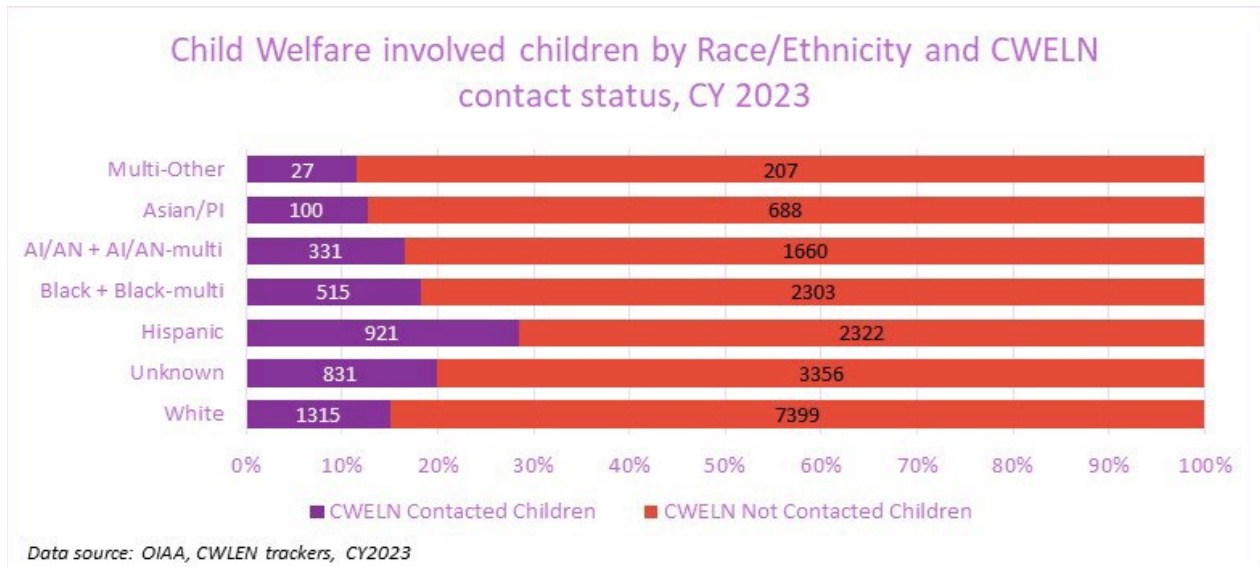


2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

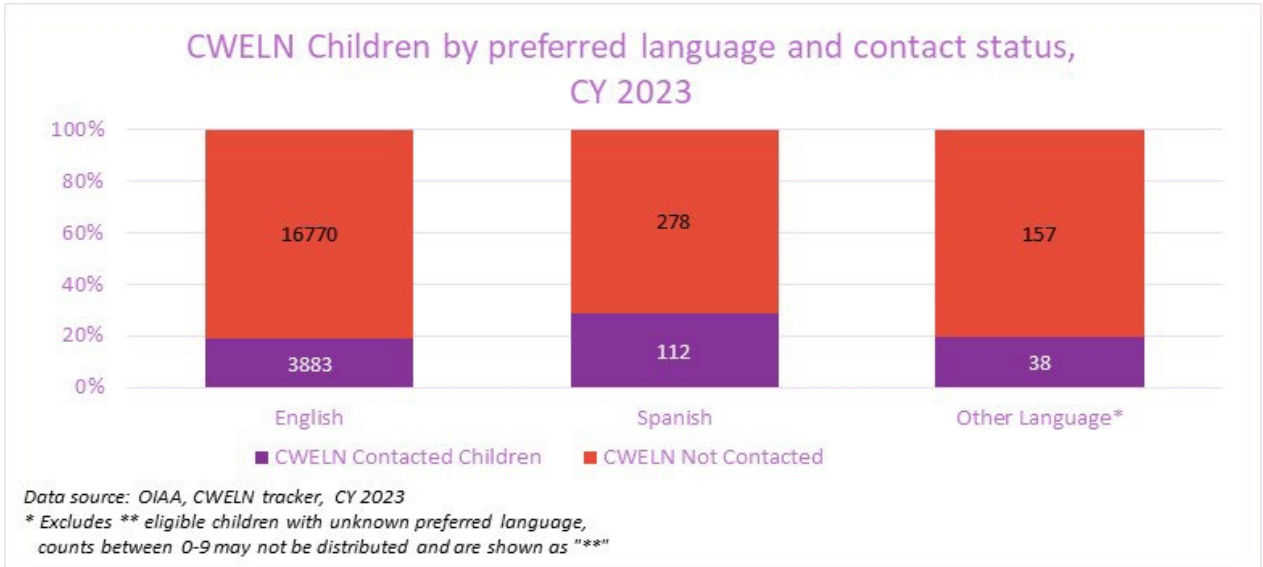
CWELN Children Served, CY 2023			
Region	Eligible	CWELN Served	% Served
Region 1	3,922	15	0.4%
Region 2	2,819	1,909	67.7%
Region 3	3,001	12	0.4%
Region 4	3,514	1,274	36.3%
Region 5	3,777	107	2.8%
Region 6	4,400	789	17.9%
Region 7	**	**	0.0%
TOTAL	21,440	4,106	19.2%

*Data source: OIAA, CWELN tracker, CY 2023*  
*\* Counts between 0-9 may not be distributed and are shown as "\*\*"*

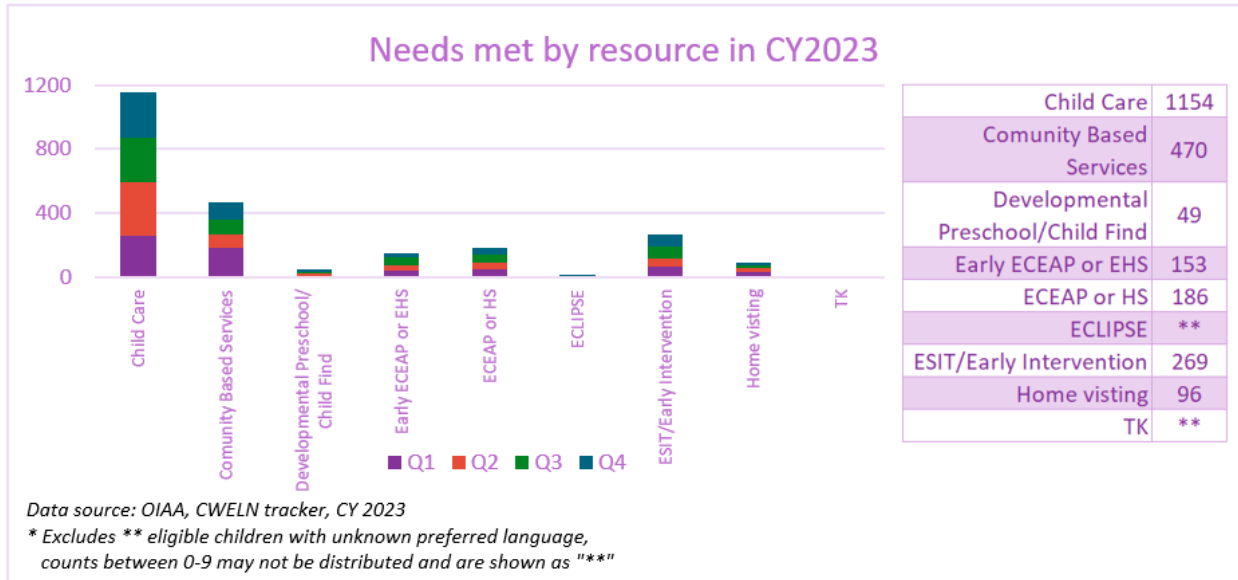
This graph identifies child welfare involved children by race/ethnicity with the purple bars denoting how many of those children were offered the support of a CWELN.



The graph below shows a breakdown of preferred language (English, Spanish, Other Languages) with the purple bars indicating the counts of children contacted by a CWELN by preferred language compared to those not contacted in red.



The final graph and table inlay represent the early learning needs met by resources for families who were referred by a CWELN to a community-based early learning resource. Child care continues to be the largest referral category with 1,154 referrals statewide in 2023.



### Early Childhood Courts

There are five Early Childhood Courts in Washington, with a sixth Tribal Early Childhood Court in Clallam County in development. Per the [2021 legislation](#), Early Childhood Courts are established at the request of county-run Superior Court jurisdictions. These courts are active in the following counties:

- Spokane (Region 1)
- Kitsap (Region 5)
- Pierce (Region 5)

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- Clallam (Region 6)
- Clark (Region 6)
- Thurston (Region 6)

[The Center for Children and Youth Justice](#) (CCYJ) facilitates a cross-systems Early Childhood Court Statewide Advisory Board, upon which DCYF staff sit as members and are active partners. CCYJ also provides support to superior court sites across the state as they initiate this work, including coordination with the Administrative Office of the Courts (AOC) and accessing technical assistance through [Zero to Three to implement the Safe Babies Court Team framework](#). Each court enters into a Memorandum of Understanding (MOU) with DCYF, and DCYF caseworkers carrying cases in baby court are provided additional training in racial equity, bias, IECMH, and early childhood development. Cases on the safe baby court dockets participate in weekly or bi-weekly staffing or hearings with community teams, court staff, attorneys, and caseworkers. Because of this team approach, high level of engagement, and regular hearings with the court, it is anticipated families with children aged 0-3 participating in safe baby courts will experience reunification and ongoing stability at faster rates than cases being heard outside of safe baby courts.

This work continues to grow at a slow pace across the state. CCYJ has spent time engaging system partners in staffing, attorney engagement, and elements supporting program understanding, increasing resources, and growth.

#### *Infant/Early Childhood Mental Health*

Infant/Early Childhood Mental Health (IECMH) and IECMH Consultation (IECMHC) are integral components of DCYF's scope of work in terms of services and resources for families with infants and toddlers across Washington. Participants across DCYF divisions actively engage in an IECMH workgroup to strengthen the agency's work in this area. IECMH interventions are relational and focus on the infant/toddler's relationships with primary caregivers. IECMH approaches can vary from being represented in elements of Home Visiting, EBPs, and assessment tools, to a behavioral health approach such as Child-Parent Psychotherapy for which mental health professionals seek out additional training and certification, and consultation for child care providers.

IECMHC is provided to Early Achievers child care provider participants through Child Care Aware of Washington by the [Holding Hope IECMHC Program](#). In addition, the [Early Childhood Prevention Services \(ECLIPSE\)](#) is a trauma-informed and center-based intervention for families with young children. Any family involved with child welfare and enrolled in Early Childhood Education and Assistance Program (ECEAP)/ECEAP are eligible for this service. Cross-agency collaboration to identify ways to better integrate IECMHC as a preventative tool for child care providers serving children involved with child welfare has continued.

#### *Evidence-Based Services and Service Array Expansion*

Child welfare caseworkers access a wide array of EBP services for families with children aged 0-5 related to assessing safety concerns and risk/protective factors. Caseworkers identify appropriate services based on assessed need and provider availability. For example:

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- [Parent Child Interaction Therapy](#) - Evidence-based treatment for young children with behavioral problems, provided in a coaching model in which therapists can observe interactions between parents and children and provide in-the-moment coaching on skills.
- [Incredible Years](#) - Parenting skills targeting behavior management and healthy child development. Services are provided either in a peer group setting or in-home. Length of service depends on the child's age and can range from eight to 21 weeks. Services families with children birth to 12 years old.
- [Promoting First Relationships \(PFR\)](#) - Promotes children's social-emotional development through responsive, nurturing caregiver-child relationships. Providers use practical, in-depth, effective strategies for promoting secure and healthy relationships between caregivers and young children, ages birth to five years old.
- [Positive Parenting Program \(Triple P\)](#) - Parenting intervention to increase the knowledge, skills and confidence of parents and reducing the prevalence of mental health, emotional, and behavioral problems in children.
- [HOMEBUILDERS®](#) - Provides intensive, in-home crisis intervention, counseling and life-skills education for families who have children at imminent risk of out-of-home placement.
- [SafeCare®](#) - Research-based parenting program for families with children ages birth to five years old who are at-risk of have been reported for child abuse or neglect. old who are at-risk of have been reported for child abuse or neglect.

[Intercept](#) serves children of any age (infant to age 18) who have serious emotional and behavioral problems or have experienced trauma, including abuse and/or neglect. Prevention services last four to six months. Family reunification services are six to nine months in duration. A pilot is estimated to be delivered in July of 2024 as required by [SHB 2447](#). It will involve contracting with and offering Intercept to two locations, the eastside and westside of Washington. If the pilot is successful, Intercept may be offered statewide but that will require a legislative funding request.

DCYF is working on validating data sets to identify where service gaps are present throughout the state. The Services Continuum section continues to develop capacity in every county to have at minimum, access to crisis stabilization services, EBPs for ages 0-5, and EBPs for ages six to 18. Efforts are underway to analyze initial data sets to target known service gaps and build needed capacity. Access to training for PFR, Incredible Years, and SafeCare® was increased to assist with capacity building and ensuring service availability. Gathering service capacity on an ongoing basis is in development; this will determine when service expansion and additional training is needed.

The following table shows how children ages 0-5 are represented in the population who are receiving EBP services.

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Percent of children 0-5 receiving services		
	Count	%
<b>SFY 2016</b>	4,798	25.2%
<b>SFY 2017</b>	5,520	25.7%
<b>SFY 2018</b>	5,817	25.2%
<b>SFY 2019</b>	5,994	25.3%
<b>SFY 2022</b>	4,357	26.0%
<b>SFY 2023</b>	4,136	24.7%

*Data source: infoFamLink, CIHS by Age Group*

For more information about how many families with children received a Combined In-Home service and the service array efforts as a whole, please see [Service Array](#).

### *System Integration*

DCYF is prioritizing system integration across child welfare and early childhood systems. One area of intersection is the POSC work with substance-exposed newborns and ESIT engagement. Infants who experienced prenatal substance exposure are automatically eligible for early intervention services through the Qualifying Diagnosed Condition pathway. A qualifying diagnosed condition must be verified through documentation provided by a qualified medical professional. ESIT and the POSC program teams are thinking deeply about how to better connect and streamline referrals to ESIT. The number of infants reported to child welfare who were indicated as substance exposed rose from 262 in 2012, to 990 in 2023. The table below identifies how many intakes indicating a substance exposed newborn screened-in for child welfare intervention versus the number that screened-out.

Calendar Year	Screen-In	Screen-Out	Total SEI Intakes
<b>2022</b>	840	216	1056
<b>2023</b>	760	230	990
<b>Total SEI Intakes</b>	1600	446	2046

*Data source: DCYF, infoFamLink, CPS Victims by CAN, by CY*

ESIT is a multi-disciplinary program intended to support infants and toddlers with developmental delays or disabilities and enhance capacity of families to meet the special needs of their infants and toddlers through an Individualized Family Service Plan. There is interest in leveraging the POSC referral form to efficiently collect a validated diagnosis to align with ESIT eligibility for substance exposed newborns. Teams are also curious about defining the legal parameters, resources, and parental consent needed to execute a formal Data Exchange Intra-Agency Agreement between the ESIT and child welfare data systems. Additional strategies identified to successfully serve children referred to ESIT through the POSC may include:

- Universal training for Family Resource Coordinators and other direct service staff on SUD.
- Home Visitor safety resources and support to include a comprehensive practice guide to support the development of local policy, and ongoing statewide training on home visitor safety practices.

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- Funding for scholarships and tuition reimbursement programs to both recruit high demand disciplines and grow capacity within existing statewide programs.

Staff capacity and preparedness to address the specific needs of children and families is a fundamental component of keeping children and families together and addressing the developmental needs of those referred for services through the POSC. When a child's developmental needs are supported, abuse and neglect is less likely to occur. Appropriate and adequately trained staff are best positioned to support the needs of children and families.

Another area DCYF is exploring leveraging the POSC body of work is to strengthen integration across the community and child welfare POSC pathways. For example, as a component of the child welfare POSC, a family may be referred to the POSC community pathway with a warm hand-off prior to child welfare case closure. Finally, there is interest in future testing to utilize the Help Me Grow Washington network infrastructure to provide a single-access entry point for child welfare caseworkers, CWELNs, and child welfare CHET workers to make referrals to the vast array of community based early childhood system resources.

[Help Me Grow Washington](#) – an early childhood resource and referral linkage system – serves as the statewide hub for the Pregnancy SUD Program and as the system partner for the POSC community-based pathway, see [CAPTA](#) section for more details about these two components of the POSC body of work. The partnership between DCYF and HMG Washington deepened understanding of how to capitalize on the navigational infrastructure and early childhood expertise of the HMG system and is propelling the exploration of other innovative approaches to keep children and families together. For example, efforts are underway to integrate open child welfare cases for substance-exposed newborns into HMG referral pathways for wrap-around services and supports, and to maximize HMG's developmental screening services for child welfare CPS Investigation/FAR and Family Voluntary Services cases.

DCYF partners across systems with HCA, AOC, community-based IECMH providers, and philanthropic organizations as well as [The Barnard Center for Infant and Early Childhood Mental Health](#) to explore options for expanding provider availability for Child Parent Psychotherapy (CPP). The Barnard Center, in partnership with [Perigee Foundation](#) is hosting cohorts to certify behavioral health clinicians in CPP. CPP is a relational mental health intervention for parents and children who have experienced trauma. CPP is an approved service in [Washington's Family First Prevention Plan](#), and is covered by Medicaid. CPP is a community-based service accessible either through community mental health clinics, or clinicians in private practice. The fact it is not a component of DCYF's contracted EBP service array has presented barriers to referrals, and caseworkers are not always aware of the CPP intervention, local availability, and referral processes. Efforts to map CPP providers statewide as well as exploration to integrate into both Early Childhood Court service array/community teams, and POSC resources will hopefully increase utilizations of this intervention for child welfare involved families.

#### *Community-Based Child Abuse Prevention and Home Visiting Services Account*

In addition to the programs and services outlined above, DCYF is the state lead agency for the Community-Based Child Abuse Prevention (CBCAP) Grant, the Maternal Infant and Early Childhood

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Home Visiting (MIECHV) Grant, and a Community Collaborations grantee funding the Strengthen Families Locally project. These grants all provide additional capacity for community-based child abuse prevention, from community level planning, family support, to evidence-based home visiting. These programs are managed out of the Family and Community Support section and are primarily focused on community-based prevention services for families designed to support building protective factors and reduce the need for child welfare involvement. The CBCAP grant program specifically prohibits programming for tertiary prevention (child welfare systems involvement) but is focused on building family and community strengths. Additionally, this team supports public awareness months – February – Parent Recognition Month and April – Child Abuse Prevention Month, as the Prevent Child Abuse Washington Chapter and the Children’s Trust Fund entity for the state. Many of the funded programs serve families with children prenatal to five. Additionally, over the past two to three years, DCYF partnered with diaper banks and other organizations that provide [concrete goods](#) to families and built out community approaches to support perinatal mental health. DCYF plans to continue this work in the coming years and assist families with these concrete needs.

The [home visiting programs](#) funded through the Home Visiting Services Account, include MIECHV and other state funding, supporting over 3,000 family slots with nine different home visiting models. These home visiting models engage families in most Washington communities and support families prenatal to the age of five, depending on the [home visiting model](#). Home visiting is voluntary for families, however, DCYF does require the funded programs to engage and prioritize families with past child welfare involvement or other barriers that may make their parenting journey more challenging. Home visiting services will continue to expand in communities with high risk factors, including specialized slots targeting families in child welfare situated in communities with the highest rates of child welfare intakes. These slots and specialized training for home visitors working with families experiencing substance use were funded as part of [SB 6109](#) for SFY 2024.

### Efforts to Track and Prevent Child Maltreatment Deaths

Washington’s Critical Incident Case Review unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. If DCYF provided services to the deceased or severely injured child within 12 months of the critical incident, [RCW 74.13.640](#) requires the convening of a committee of community professionals to review the case history, case practice, and policies. State law requires the committees to be comprised of professional experts in fields relevant to the dynamics of the case under review. These fields, though not required, may include:

- Law enforcement
- Pediatrics
- Child advocacy
- Parent advocacy
- Parent education
- Mental health
- Child development
- Chemical dependency
- Domestic violence

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- Indian child welfare
- Infant safe sleep
- Public Health

The purpose of these reviews is to evaluate DCYF's delivery of services to the family, as well as the system response to the identified needs of the family. DCYF is examining child fatality and near fatalities through a process called Systems Mapping. Systems Mapping evaluates cases by focusing on the unmet needs of the family alongside the department's action or inaction. This process focuses on systems issues such as: policies, service array, laws, or training. This evaluation of DCYF's services and community response to the unmet needs of a family helps to identify areas for improvement within the social service system. Systems Mapping focuses on ways to improve the system rather than blaming the social service professionals. In conjunction with System Mapping, DCYF, through the fatality review process, will begin a more targeted approach to making recommendations to address the deficiency identified during the System Mapping process.

During the most recent calendar year, the review committees proposed recommendations to DCYF to address policy, practice, or systemic issues identified during the review process. Quarterly, DCYF convenes a team of administrators to review recommendations from recent reviews and determine if the recommendation should be implemented or not, or if the recommendation should be modified. The decisions of this team are reported to DCYF upper management, including the secretary of the agency. Final fatality review reports are published online, and a compilation of reports is shared quarterly with the appropriate Washington state legislative committees.

## MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, subpart 2)

### Populations at Greatest Risk of Maltreatment

Efforts in Washington continue to target the prenatal-five population, which is at greatest risk of maltreatment. Child welfare practice supports specific to this population have included policy revisions, training, and a focus in the context of SUD and the opioid epidemic. Recent legislation effective July 1, 2023 ([HB 1227](#)) and upcoming legislation from the 2023-2024 Washington state Legislative Session ([SB 6109](#) and [SB 5580](#)) have prompted training and practice support for the child welfare workforce addressing substance use, highly potent synthetic opioids such as fentanyl, and assessment and case planning specific to families experiencing SUD and parenting young children. Since Aug. 1, 2023, implementation of the revised policy requiring a POSC within ten days for child welfare cases where a newborn is affected by prenatal substance exposure at the time of birth (i.e. Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome), anecdotal reports from across the state indicate caseworkers are utilizing the POSC often. Moreover, the POSC increasingly identified as completed during Safe Child Consults and caseworkers report they see value in using it in partnership with families as a family-centered living document for keeping track of services, resources, and service providers families are connected or referred to. Child welfare cases with POSC identify and document discussions with key supports (medical providers, behavioral health providers, in-home service providers, child care, etc.). Infant safe sleep and Period of Purple Crying are also discussed and documented in case notes.

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In May 2023 a targeted case review of POSC child welfare cases was completed to obtain a baseline analysis of the use of this tool when required on child welfare cases. A follow-up targeted case review is planned for late 2024 or early 2025. Initial and anecdotal reports from the workforce indicate this family-centered tool is utilized more frequently following the [August policy revisions](#) and ongoing training. The hope is this follow-up POSC targeted case review will show significant improvements in the use, when required by policy, and quality of case planning for families experiencing perinatal substance use disorder.

In CY 2023 DCYF screened-out 480 intakes identifying the screen-out reason as “unborn victim,” with concerns about a pregnant person.<sup>17</sup> In any given year, close to 75% of these screened-out intakes are related to concerns that a pregnant person is using substances. Per statute, DCYF does not screen-in any intakes identifying an unborn victim. In CY 2023 a total of 990 calls to DCYF intake indicated a substance exposed infant (SEI) had been born. Of those, 760 screened-in and 230 screened-out.<sup>18</sup> Both types of screened-out intakes, unborn victim and intakes involving an SEI that don’t meet sufficiency threshold, represent an opportunity to connect families with SUD treatment and/or voluntary community-based services and resources with the intention of reducing the risk of maltreatment. The Pregnancy SUD (SUD-P) pathway provides a route by which the family first candidacy group of pregnant people using substances can be connected to community-based resources prior to the birth of the child. The POSC community-based pathway provides a route for families who do not meet criteria for child welfare intervention at the time of birth, but still experience risk related to perinatal SUD and prenatal substance exposure.

[Services for Children Under Five](#) and the [Child Abuse Prevention and Treatment Act \(CAPTA\)](#) sections contain more in-depth information about Washingtons community-based and preventative efforts related to expansion of the SUD-P Program and the community-based POSC pathway. Both pathways are administered by [HMG](#) and provide wrap-around services and support to families experiencing perinatal SUD. Both pathways represent ongoing efforts to reduce risk and increase protective factors for this vulnerable population.

Families with children five and younger are the largest population served by child welfare in Washington. The following table represents intakes disaggregated by age. In CY 2023 intakes identifying children five and younger represented 36% of all screened-in intakes, and 25% of all screened-out intakes. This data highlights an opportunity for DCYF’s growing work related to prevention services and FFPSA community pathways to connect families with young children to voluntary community-based resources beyond the perinatal SUD pathways described above.

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<sup>17</sup> Data source: infoFamLink, CPS Victims by CAN Type, CY 2023

<sup>18</sup> Data source: infoFamLink, CPS Victims by CAN Type, CY 2023

Intake by age, CY 2023		
Age	Screened-In	Screened-Out
0	4682	4021
1	3046	2953
2	3305	3348
3	3527	3966
4	3596	4693
5	3941	5577
Over 5	40116	74572
Total	62213	99130

*Data source: infoFamLink, CPS Victims by CAN Type, CY 2023*

Children under the age of five, and especially infants under the age of one, are also over-represented in the number of children placed in out-of-home care. Indicators of parental substance use are represented in the majority of cases. In 2022, 88% of newborn removals indicated parental substance use, an increase from 60% in 2012<sup>19</sup>. As child welfare involvement deepens and families move further downstream, this disproportionate representation is maintained. In SFY 2023 16.7% of all children who experienced at least one night in out-of-home placement were under the age of one, and 53% were aged five and younger.

### Kinship Navigator Funding (title IV-B, subpart 2)

In Washington, the Department of Social and Health Services Aging and Long-Term Support Administration (AL TSA) manages the statewide Kinship Navigator program and collaborates with the Area Agencies on Aging (AAA), which provide kinship navigator services in conjunction with community partners. The Washington State Kinship Navigator program serves 39 counties and eight tribes and hosts a [AL TSA Kinship Navigator website](#) that includes information about the program.

Using the Kinship Navigator funding, DCYF, in partnership with AL TSA, and the University of Washington School of Social Work (UW School of Social Work), began conducting a rigorous evaluation of the Kinship Navigator program in October 2018. Both state agencies leveraged this grant opportunity to strengthen their partnership and integrate, where possible, the network of services that support kinship caregivers.

Through a partnership between UW School of Social Work, AL TSA, and DCYF, a pilot study was conducted on Washington State’s Kinship Navigator Program. An enhanced kinship navigator model was implemented within seven counties, which was compared to the kinship navigator services as usual in 12 other counties using a quasi-experimental design.

An [evaluation report](#) was published in January 2023 and submitted to the Title IV-E Prevention Services Clearinghouse for review. The Title IV-E Prevention Services Clearinghouse determined the [Washington](#)

<sup>19</sup> OIAA FamLink Data Warehouse, 2010-2022

[State Kinship Navigator Program](#) does not currently meet criteria because no studies of the program achieved a rating of moderate or high on design and execution.

In CY 2023, there was a focus on preparing for the resubmission to Title IV-E Prevention Services Clearinghouse of the six-month post data for review of the Kinship Navigator Program, for the “Promising Practice” moniker as an evidence-based program.

DCYF, AL TSA, and UW School of Social Work reached out to other states for peer support because the Clearinghouse was unable to provide technical assistance. The Clearinghouse provided some clarity to the research team that the study was lacking information on the participants pre-study race/ethnicity and socioeconomic status (SES) that was used to create a baseline for propensity scoring.

Based on the feedback received from the Clearinghouse, the study was revised to include the Supplemental Nutrition Assistance Program (SNAP) benefit receipt as a baseline SES measure observed in the period from six-months prior to intake up until intake. The analyses now reflect this new observation period of the SNAP benefit receipt measure, which establishes baseline equivalence for the study and the results of the statistical models may now be considered as substantial new evidence that may change the program rating.

The [revised program study](#) was resubmitted to the Title IV-E Prevention Services Clearinghouse March 2024.

Additionally, the project completed the following:

- Updated the 12-month post intervention data to incorporate the additional analysis of SNAP benefit data to create a baseline period prior to the 12-month intervention period similar to what was needed for the six-month post intervention data that was not rated. The 12-month intervention data will not be submitted until the Clearinghouse responds as to the success of the six-month intervention resubmitted data. Due to limitation of the in the Clearinghouse’s Handbook of Standards and Procedures regarding the frequency of submitting data, the research team is being abundantly cautious not to disqualify the Kinship Navigator Program from consideration for evaluation.
- Continued support for Port Gamble’s evaluation of the adopted Kinship Navigator Program.
- Provided support to Kinship Navigator staff as needed regarding fidelity monitoring and support.
- Worked directly with contracted Kinship Navigator providers, AAA and their Kinship Navigators to support and implement the evaluation and build infrastructure as mutually agreed upon between AL TSA and DCYF.
- Continued contracted program evaluation to establish Washington’s Kinship Navigator program as a promising/supported/well-supported practice that links to data collection and program outcomes.
- Continued statewide outreach campaign using communication resources such as printed resources for “formal and informal” kinship caregivers (i.e., those involved with the formal child welfare system and those who are not), kinship service providers, agency staff and communities.
- Developed a collaborative resource identifying agency contacts, services and supports

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- available to all kinship families and distinct resources available to formal and informal families.
- Continued partnership with tribes and system partners to adapt a Kinship Family Needs Assessment tool that will be culturally relevant for tribal communities.
  - Developed a training available to all caregivers that addresses kinship caregiving experiences and parenting strategies.
  - Developed a joint AL TSA and DCYF virtual training that explains the programs and pathways available to all kinship families and includes distinctions and overlapping experiences for formal and informal kinship families.
  - Engaged in virtual community coalition meetings and interdisciplinary teams that intersect with kinship caregivers with the goal of strengthening awareness and supports.
  - Leveraged existing partnerships and deepen community partnerships by identifying groups that do not currently include kinship representatives.

### Monthly Caseworker Visit Formula Grants

The monthly caseworker visit grant is used to improve the quality of monthly caseworker visits with children who are in foster care under the care and custody of DCYF, with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and on activities designed to increase retention, recruitment, and training of caseworkers. There are stipulations that go along with this grant, such as DCYF must match the federal portion allotted with state dollars in a 75/25 split. Additionally, 90% of these funds are allotted to services supporting the sole purpose of the grant and no more than 10% can be used for administrative expenses incurred to support the grant. DCYF uses the definition provided by the Social Security Administration (SSA) to determine the purpose of the grant.

DCYF solely spends these funds on the CFWS program for the direct purposes of recruitment and retention. DCYF improved retention over the 2023 calendar year and performance in monthly health and safety visits is at an all-time high of 98% which includes 89.8% of those occurring in the home for FFY 2023.

Per [Policy 4420](#), caseworkers must conduct a private individual face-to-face health and safety visit every calendar month. This includes those receiving in-home and out-of-home services. Policy also requires two health and safety visits for children five or younger for FVS, CPS over 60 days, and an in-home dependency or trial return home cases for the first 120 days. Discussions and observations required at each visit include, but are not limited to, how a child or youth appears developmentally, physically, and emotionally; attachment to caregiver; home environment; and infants sleeping environment. The caseworker must meet with verbal children separately and discuss if they feel safe, any needs, wants or progress; visitation and connection to relatives/family members/culture; case planning and activities.

DCYF monitors monthly health and safety visits through a report in InfoFamLink. The regional QA/CQI staff monitor the performance and work with staff in local offices to ensure contacts are entered, coded, and documented correctly in FamLink. In addition, this provides an opportunity to work with ICPC staff to assist in getting contact reports for children who are placed out-of-state and provide that information to the caseworker for review and data entry. There is ongoing collaboration between child welfare

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program and casework staff, fiscal staff, and OIAA to ensure the correct reporting population is pulled into the report and that DCYF is reporting on this measure as accurately as possible.

Practice improvement efforts across the state include regional continuous quality improvement teams conducting qualitative reviews for monthly visits. The results of these reviews are used to provide additional guidance and coaching to caseworkers. The Alliance has Quality Matters trainings imbedded into the Regional Core Training and Supervisor Core Training to enhance the quality of contacts between caseworkers and families during monthly visits.

Monthly Caseworker Visits With Child – FFY 2023							
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Compliance of Monthly Caseworker Visits	98.03%	98.36%	97.23%	99.14%	96.98%	97.93%	98.30%
Compliance of Monthly Visits that Occurred in the Child’s Home	89.82%	88.27%	91.97%	95.61%	91.36%	89.81%	86.26%
<i>Data Source: Federal Health and Safety Measure Report, infoFamLink, as reported in the Caseworker Monthly Visit Report Federal Fiscal Year 2023</i>							

### Adoption and Legal Guardianship Incentive Payments

DCYF uses the adoption and guardianship incentive payments for a variety of services and enhancements. The program continues to work to improve the tracking system as the difference in the earning years and the award years have resulted in confusion about when payments should be posted to which years.

Payments earned in 2018 were used in 2019, and this initial funding of \$10,000 was used to supplement a \$100,000 recruitment contract giving youth more voice and allowing them to choose families that most matched their desires for a permanent home. The remainder of the contracted amount (\$90,000) was used in 2019 to complete the contract.

Funds earned in 2019 were also used to offset costs for staff and community partner training. Training items included a two-day training course for staff who worked with families preparing for, interested in, and having a finalized adoption. The adoption consortium provided information on services available in each region and materials were purchased to supplement the presentation on the Trust Based Relational Interventions (TBRI) model. There were two speakers, Tony Hynes who presented on the importance of providing support to meet the diverse needs of families, and Henry Milton, who presented on TBRI. Both presenters are experts in their area.

Staff training was developed to provide tools for staff working with neurodivergent parents and youth. This much needed training helps by providing information and tools to staff on techniques to engage and support neurodivergent families. This was broken into two phases, the testing and training review phase, and the implementation phase. During the testing and review phase, a group of staff took the training and provided feedback on the best way to present this information. Once completed and reviewed, the training was available to staff.

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Earnings during 2019 were offered for use for specialized contract to help with development of services for youth struggling with placement stability and experiencing exceptional placements, trainings provided for Family Time staff on working with and honoring Native American families, and creation of a digital library. Unfortunately, these items were not completed in the required timeframes.

Funds allocated through earnings in SFY 2020 and SFY 2021 are being used in SFY 2023 and SFY 2024 to hire two one-year project Social Service Specialists 2 positions. This is a new system which will involve creating one unit from three divisions each providing a supervisor and staff supporting the Vancouver and the Spokane offices. The goal is to assist in finding placements for youth in exceptional placement situations. These positions will work to find relatives and significant members of a youth's background for exploring placement and creating connections. Laptops, monitors, docking stations, and phones will be provided using the adoption incentive funds. These positions are a strategic move in achieving stability for members in the [D.S. settlement](#) in Washington State due to placement instability for youth in foster care with mental health and increased behavioral needs.

Washington is working to develop and send a survey to adoptive families to determine what they see as the top resources needed. The survey from parents and guidance based on national studies and interventions on the needs of families post permanency will be used to guide the creation of services for the next APSR period.

#### *Post Adoption Supports*

The policy guidance for Adoption Support in Washington is [Policy 5700](#). Washington legislatively named its adoption assistance program, Adoption Support. DCYF provides assistance to families who receive adoption support. A family with an adoption support agreement may request any or all of the assistance listed below.

- Medical coverage (Medicaid),
- Up to \$1,500 per child for reimbursement of adoption related expenses,
- Pre-authorized counseling, which includes evidence-based practice in-home treatment or individualized counseling, and
- A monthly cash payment, if applicable.

Supports not included in the adoption agreement include:

- Federal Adoption Tax Credits.
- One Time Exceptional Needs-
  - \$1,500 for youth eligible for adoption assistance to assist in case of death of family member, fire, floods, emergent medical or mental health travel, unusual issues that might impact the family such as safety needs. These funds are paid through adoption savings funds.
- Funds are available to remove barriers or prevent placement of post adoptive children. Examples of areas where these funds could be used post adoption include conversion of a van to add a wheelchair lift, bathroom remodels to include roll in showers, wider doorways and holds to prevent falls.

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Washington provides additional supports to youth placed into a guardianship or adoption after the age of 13 years through the age of 17, which corresponds to the Extended Foster Care supports available through the [Child and Family Service Improvement and Innovation Act](#). Youth adopted after 13 years old can apply for the Free Application for Federal Student Aid (FASFA) and be considered a private individual. Youth adopted after age 14 in Washington continue their eligibility for the College Bound Scholarship, and youth adopted after age 16 are eligible for Extended Adoption Support/Extended Guardianship Support. The eligibility follows the Extended Foster Care Eligibility which include:

- High School or High School Equivalency Certification.
- College or Post-Secondary Education- Youth with unmet financial need may qualify for additional school funds through Educational Training Vouchers.
- Program to facilitate transitions to adulthood.
- Working over 80 hours per month.
- A diagnosed medical condition that prevents youth from participating in the above four categories.

[Adoption Support](#) is a statewide administered program. This process ensures greater consistency in the case assignment and negotiation process, staff with a knowledge of statewide services and a more even distribution of cases. There are 10 adoption support consultants and one supervisor who are assigned to the adoption support program. Having a more equal work distribution of cases provides families an opportunity to receive a consistent approach to negotiation and helps to ensure that staff are more available to problem solve with families at times of crisis.

DCYF made updates to the [Adoption Support Program website](#) over these past fiscal years to provide more information to families who are interested in or who have adopted an Adoption Support eligible child.

Meetings happen on a regular basis between the Adoption Support program supervisor, administrator, and fiduciaries to track the use of Adoption Support funds. There are approximately 16,000 youth attached to Adoption Support payments. Families can attend an informational webinar the first Wednesday of the month at 12 P.M. and 6 P.M., and every quarter the webinar is available in Spanish. These webinars provide information for new and existing adoptive parents.

There are regular meetings between the Adoption Support program supervisor, Adoption Support program manager, adoption administrators and adoption supervisors to discuss areas to improve services and deliveries for parents and families. This resulted in more positive working relationships, reduced times between referral and completion of Adoption Support agreements.

The numbers of new Adoption Support Agreements have decreased over the past five years.

Adoption Support Agreements	
Year	Adoptions
2019	1,542
2020	1,226
2021	1,000
2022	819
2023	780

The decrease was due to not terminating parental rights for youth between the CY 2020 and CY 2022 since services were closed or greatly impacted due to the COVID-19 pandemic for parents who needed to receive in-person services. There is also an increase in guardianship and in services at the time of referral, preventing youth from entering foster care. In addition, due to a restructuring of foster care maintenance payments, some families held off on adoption until after Jan. 1, 2024.

### *Post Guardianship Supports*

DCYF offers the benefit of Guardianship Assistance payments to relatives who commit to providing long term care for children in Washington’s child welfare system and who meet eligibility criteria.

Guardianship subsidies continue to increase as DCYF commits to the kin-first culture and legislative changes. In 2022, [SBH 1747](#) gave direction to DCYF “to discuss guardianship as a permanent option for the child with the child's parents and caregiver as an alternative to termination of parental rights and adoption.” This requires DCYF to rule out guardianship prior to terminating parental rights. [HB 1227](#), also enacted in 2022, provides additional supports for families. One item influenced guardianship subsidies was the creation of the Initial License. The [Initial License](#) increases funds into the home and assists families in the licensing process which is showing increase in licensed kinship homes.

The Guardianship Assistance Program (GAP) underwent a significant transformation. Effective July 23, 2023, SB 5124 expanded the guardianship program in Washington State and included the following changes:

- Modified the language of [RCW 13.36.090](#)
  - The new language removed the qualifier of ‘relative’ for the GAP subsidy because prior only federal funds were available which had a limited definition of relative.
  - Added language, “A child need not be eligible for federal foster care reimbursement in order to qualify for state-funded guardianship assistance payments.” This change allows for those who are not IV-E eligible but still meet the other eligibility criteria for GAP to receive a subsidy through state funds.
- Updated the language in [RCW 74.13.031](#). This new language expanded the eligibility of the Extended Guardianship Assistance Program (EGAP) by removing the age qualifier. Previously only federal funds were available for EGAP, which required that the youth had to have entered their guardianship after the age of 16. With the addition of the state funds now all youth are eligible if they meet the eligibility criteria described in the RCW.
- Added language to RCW 74.13.031 which expanded the guardianship subsidy to eligible

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guardians who are appointed as guardians of an Indian child appointed by the tribal court of a federally recognized tribe located in Washington State, as defined in RCW [13.38.040](#). Prior to this only Title IV-E tribes were able make use of guardianship subsidies for tribal members.

The policy was updated to address the new RCW language. It is anticipated that new policies and WACs for GAP will be launched July 2024.

GAP is governed by [Policy 43401](#) and is designed to provide additional services and supports to caregivers of children that were removed from their primary caregiver due to abuse or neglect.

DCYF provides supports to qualified caregivers through GAP. Funding is to support eligible families as authorized under Title IV-E of the Social Security Act, and through additional state dollars, to provide benefits including:

- Medical coverage (Medicaid).
- Up to \$2,000 per child for reimbursement of guardianship related expenses.
- Evidence-based in-home parenting interventions.
- A monthly cash payment.
- Training through the Alliance and Apple Health Core Connections.
- With adoption savings funds, pre- or post-adoptive families may request support to remove barriers to permanency. These supports can be medical in nature such as a conversion of a van to add a wheelchair lift, bathroom remodels to include roll in showers, wider doorways, and halls to prevent falls.
- Funds may also be used to help with a household need which, when corrected, will expedite permanency.
- Additional support funds are available for families to remove barriers to permanency both pre- and post-guardianship.

### Adoption Savings

During SFY 2020 – 2024, Adoption Savings funds were used for several additional services and supports for post-permanency families, including adoption and guardianships. Some of those services and supports are still in use, and some were time limited. Services and supports provided:

- Computer software subscriptions (2020)
- Intensive child profiles for up to 40 youth, nine to 12 years of age (2021 and 2022)
- Scholarships for families to attend a Caregiver Conference (2022 and 2023)
- Adoption staff training (2020 – ongoing)
- Relative/Suitable Other Rate Assessor Position (2020 – ongoing)
- Specific contracted Combined In-Home Services (2020 – ongoing)
- Catastrophic Event Payments (2020 – ongoing)
- Promoting & Supporting Permanency Committee (2020 – ongoing)
- Secretary Senior Position (2024 – ongoing)

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During the reporting period, Adoption Savings provided funds for two positions, aimed at improving support to adoptive families, services to assist with providing education, strengthening family's post-permanency, financial assistance to help families dealing with catastrophic life events and barriers to completing or maintaining the permanent plan. While some of the services were time-limited, the majority are continuing past the reporting period.

The amount of funds used to provide services and the utilization of services both increased during the reporting period due to increased communications and publication efforts. With the creation of a payment structure within the FamLink system, program staff continue to track the spending of funds using the payment codes created for the service categories. Regular and ongoing meetings between post-adoption program staff and fiscal partners assist with streamlining communication and tracking monthly savings and expenditures.

The Preventing Sex Trafficking and Strengthening Families Act of 2014 “amended title IV-E to require states to spend at least 30 percent of their adoption savings accrued during each fiscal year on post-adoption services, post-guardianship services, and services to support and sustain positive permanent outcomes for children who otherwise might enter into foster care.” ([GAO-22-6, CHILD WELFARE: Better Data and Guidance Could Help States Reinvest Adoption Savings and Improve Federal Oversight](#), p.2) All of the services and supports paid for with Adoption Savings funds were developed to specifically target post-adoption and post-guardianship families, with the goal of strengthening families and preventing children from re-entering care.

The Adoption Support and Adoption program managers continue to work closely with the statewide guardianship program manager to discuss ways for guardianship families to obtain funds to encourage guardianship placements and to prevent youth from re-entering care. See [Adoption and Legal Guardianship Incentive Payments](#) for more information.

### Family First Prevention Services Act Transition Grants

See [Family First Transitions Service Act](#) in Update on [Plan to Enact the State’s Vision](#).

## John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

### Agency Administering Chafee

DCYF administers, supervises, and oversees the Title IV-E program and the Chafee Foster Care Program for Successful Transition to Adulthood. The two Chafee funded programs, Independent Living (IL) and Education and Training Vouchers (ETV) are part of an array of services available to youth transitioning from state foster care.

The below table reflects the number of possible IL eligible youth in Washington State and those who were served by an IL provider. The FFY 2021 increase is a result of the one-time Division X COVID fund increase, resulting in an increase in the percentage of youth served by the program.

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<b>Contracted Independent Living Services</b>			
	Potential Eligible Youth, ages 15-23	Youth Served with at Least One NYTD Service with Attached Provider ID Reported by FamLink	% of Youth Served
<b>FFY2020</b>	4,590	1,308	28%
<b>FFY2021</b>	4,359	1,449	33%
<b>FFY2022</b>	4,621	1,349	29%
<b>FFY2023</b>	4,341	1,312	30%
<i>Data Source: DCYF PQR855_SFY23_IL report</i>			

## Transition Planning Processes

### *90 Day Transition Plan/17.5 Meetings*

Transition planning begins at the age of 14 when caseworkers begin conversations related to support needs and life after care during shared planning meetings and health and safety visits. These conversations continue during monthly health and safety visits until the youths' case is dismissed. The Adolescent Transitions program manager sends out the Youth Turning 17 report to the regional program leads and facilitators identifying youth who are turning age 17 within the next few months. The list is then reviewed and caseworkers are contacted to ensure that youth are scheduled for their 17.5 meetings. The regional leads have also sent a report identifying which youth has had a 17.5 Meeting for appropriate follow-up to ensure that all applicable youth receive a meeting.

The Adolescent Transitions program manager creates a mid-year and annual review of complete and incomplete 17.5 meetings that identifies trends and provides training to correct deficiencies. Facilitators meet with youth between the ages of 17 and 17.5, the caseworker, youth attorney, two people the youth identify as support, and community resources. This meeting provides the youth with a map and plan with tasks that will help with their launch into adulthood.

The Adolescent Transitions program manager is working with the Juvenile Rehabilitation (JR) Division transition team to provide consistent transition planning meetings for youth re-entering the community. JR is working on a contract to launch an online life skills training in two JR community facilities. This will help youth who have stepped down in the institution program structure with the ability to learn life skills in a different manner.

Transition Planning Work Plan	
Areas of Work	Tasks
Programming	Develop and launch Young Adult Transition Support Program
	Hire and train three FTEs to implement and maintain the program
	Launch online Independent Living Skills in JR Institutions
Outreach and Collaboration	Develop and maintain monthly statewide meetings for all transition leads and facilitators
	Provide learning opportunities to transition leads and facilitators regarding youth engagement, positive youth development and adolescent brain development
	Identify and engage Young Adult Transition Support Program in interagency case conferencing regarding youth transitioning from state funded systems of care.
	Collaborate with Washington State Health Care Authority to create a statewide standardized best practice for youth exiting state funded systems of care.
	Create and maintain a universal resource guide of all state and federal resources for youth exiting JR and CW.
	Create an online presence for contact information, resources, and transition planning processes for DCYF staff, community providers and youth.
	Create quarterly transition focused newsletter for CW and JR

*Shared Planning Meetings for Youth Who Are or May be Eligible for Disability Services*

In the 2020-2021 legislative session the Legislature passed [SSHB 1061](#) an “act relating to youth eligible for developmental disability services who are expected to exit child the child welfare system.” This law requires DCYF to convene a shared planning meeting that includes [Developmental Disabilities Administration](#) (DDA) staff for youth who are dependent and may be eligible for DDA services when the youth is between ages 16 and 16.5 for purposes of planning for the youth’s transition to adulthood. This allows DDA staff the ability to determine the number of youths who are functionally eligible for Medicaid waiver services who are also defined as dependent children and expected to exit the system. This law also requires that DDA give priority of the waivers to youth who have exited a dependency proceeding within the last two years when waivers are available.

The shared planning meeting must include DDA staff and be used to begin planning for services that the youth may need upon transition from child welfare. The services may include assessing the youth’s eligibility for DDA services, understanding their wants and needs, advanced planning for residential services, housing options, and develop an action plan so services will be provided upon dismissal of their dependency case. These meetings are designed to mimic the 17.5 meetings to provide consistency.

*Social Security Administration (SSA) Representative Payee Program*

DCYF SSI Facilitator staff work with youth to complete adult Continuing Disability Reviews for Social Security Income (SSI) eligibility. The reviews look at both the youths financial and medical eligibility under SSA adult rules. Staff also assist with transitioning out of care or when becoming their own payee. At age 18 years old, if an adult SSI application is needed staff will file the application for claimant with their permission and signed consent. Most of the children and youth in care are screened for SSI disability prior to becoming an adult and have met child disability criteria with established diagnosis.

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## Program Design and Delivery

Washington State continues to assess the structure of the Chafee IL program, adolescent policies, and how to best engage youth and meet their needs. During the past five years the IL program made small successes in the push for integration of youth voice in all programs with a focus on reunification, the importance of helping youth create and preserve permanent connections, improving the ability to capture and report out on services provided to youth, and strengthened adolescent policies.

### *IL and Transition Planning Redesign Project*

In the 2020-2021 legislative session, a budget proviso directed DCYF to redesign how the agency transitions youth out of the care of DCYF in both CW and JR. It also called for the creation of a new IL framework. This work required the IL and Transition program managers to reimagine the program using the co-design methodology with youth who have lived experience with the system and other internal and external system partners. The proviso also directed the program to centralize the IL contracts with the HQ program manager and submit a procurement for the IL contracts.

The [Independent Living Transition Planning Report](#) was completed in November 2022. The work to integrate the recommendations in the report continues.

Redesign work completed in 2022 can be found in the [2024 APSR](#).

In 2023, the project included:

- Communication and work with the 10 IL providers around IL service delivery and program needs.
  - Consultation with Passion to Action Youth (P2A) and Alumni Advisory Board relating to the ongoing needs of adolescents in the space of IL services and transition planning. Passion to Action provides a pathway to keep young people engaged in the stages of the co-design work.
  - Continued consultation with lived experts outside of the P2A board around service accessibility and needs.
- Continued centralization of contract management and IL referral process to provide stability and consistency to program leadership.
- Creation of a program theory of change to help drive what items can be measured for the implementation of Performance Based Contracting (PBC).
- Continuing the work of adding [Positive Youth Development](#) (PYD) language into the IL contract and with staff.
- Created a new payment structure that moved the program away from budget-based payments to a case-based payment system. The new payment structure pays providers for the work they are doing and allows the program to ask for state funds to maintain, support, and grow the program to include youth in DCYF care who are not eligible for Chafee IL funds.
- Launched a Request for Applications (RFA) and procured new IL contracts statewide as directed by the proviso.

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As of April 2024, there are four IL providers covering the state. There continues to be discussions with JR staff and youth around the IL needs of youth within the JR system.

#### *Youth and Young Adult Voice*

P2A serves as an advisory group to review policies, forms, and helps create best practices for staff. They are also involved in developing training and curriculum. The youth participate in community outreach and services to provide youth voice to many of the organizations that IL partners with. DCYF financially supports P2A with transportation to meetings, food, stipends to participate in the meetings, and in community events. The Youth Empowerment program manager facilitates meetings every six weeks, solicits meeting topics, and provides opportunities for youth participation. DCYF also utilizes [The Mockingbird Society](#) and helps them develop their yearly legislative asks so that their ideas are refined and within the agency's ability.

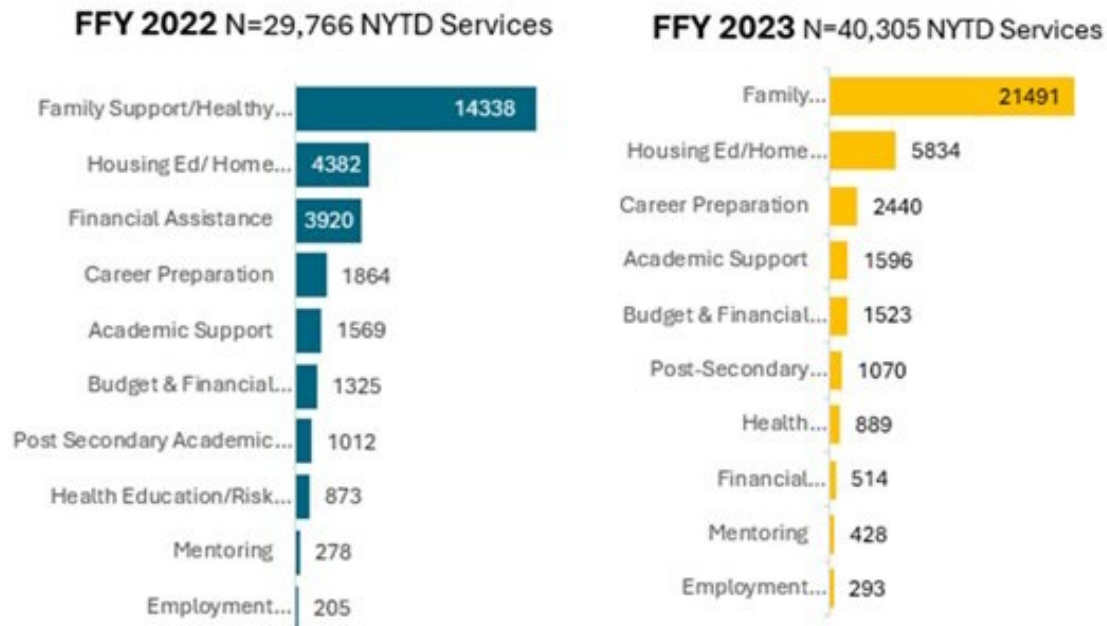
#### *Positive Youth Development (PYD)*

Washington, across several state agencies and partner organizations, supports a range of initiatives in PYD. This work is consistent with the federal Interagency Working Group on Youth Programs definition to provide pro-social engagement where young people live and learn, in ways that recognize, utilize, and enhance young people's strengths, promote positive outcomes by providing opportunities, foster positive relationships, and support youth leadership opportunities. DCYF offers PYD services in its programs and works closely with a coalition of non-profit community-based organizations. This state-level coalition provides PYD direct services in communities and works to improve PYD coordination at the state level. DCYF program examples include IL services and transition planning in child welfare; personal development strategies in both schooling and living situations in JR; and equity-focused and other efforts from the Office of Juvenile Justice (OJJ). These child welfare efforts in positive youth development are supported by Chaffee and other federal funds, and efforts in JR and OJJ have their own funding streams.

#### *National Youth in Transition Database (NYTD)*

The below chart shows the NYTD Services provided by the contracted IL providers for FFY 2022 to FFY 2023. The difference in services provided when comparing the years helps drive conversations around program participation and services provided. For FFY 2023 there was a big push for providers to enter all of the NYTD services they provide, and the increase of services shows their work.

## IL NYTD Services Overview



Data source: DCYF PQR855\_SFY23\_IL report

### NYTD Data Collection

DCYF works collaboratively with local providers to offer technical assistance and training regarding NYTD reporting to ensure compliance with federal requirements. DCYF communicates regularly with local providers to set expectations regarding data collection. Discussions include:

- NYTD elements
- IL monthly NYTD reports
- Monthly IL provider table reports
- Quarterly reports
- Capturing the IL service delivery to youth

Additional on-going technical assistance that is provided around NYTD data include:

- Creation of a “What is NYTD?” eLearning course for staff.
- Revisions to NYTD flyers for youth and staff.
- Creation of NYTD letters for BRS providers to allow the contracted survey team through Research and Data Analysis (RDA) to speak to youth in their facilities and group homes.
- Utilization of monthly NYTD lists to inform caseworkers of which youth are in the population sample who will be contacted by the survey team. The list is used for staff to connect with youth and their caregivers to discuss the importance of participating in taking the survey.

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DCYF worked with RDA to roll up the NYTD Survey data from the last 17-year-old survey cohort from FFY 2023. The report was shared with P2A youth to gather their ideas on how to use the data and discuss the themes. The feedback provided helped to reinforce the need for engagement funding for IL providers in the new IL rate model/fee table. The completion of a [Casey Life Skills Assessment \(CLSA\)](#) can contribute to one of the ways the Central Case Review Team (CCRT) can rate Item 12A as a strength. This helps strengthen the importance of incorporating and addressing an NYTD service element into regular CQI practices. A plan for addressing the use of the data from Item 12A and how DCYF will share the data internally and with external system partners will be created.

DCYF can connect client level IL services to the providers and can generate reports for NYTD services being provided to youth. Reports are provided monthly to the IL providers for quality assurance and meeting contract obligations. The provider receives a report on the youth that have received a NYTD service from their organization and a report on who is assigned to their provider number in FamLink that is reflective of who is receiving services. The information in the reports pulled is based on what the providers input into FamLink. Providers review the reports received against their internal records to ensure youth services are documented. The information is also shared with system partners, youth, and regional IL program leads.

Plan to Strengthen the Collection of High-Quality Data Through NYTD	
Areas of Improvement	Tasks
Increase Awareness of NYTD	Staff and Caregiver Training
Using Item 12A data from the Case Review Process	Create a plan for addressing the data and how to share it internally and externally
Ongoing Exploration of Missing Data	Identify missing NYTD data points from other youth serving programs
	How to incorporate missing data sources if found

### Serving Youth Across the State

#### *All Political Subdivisions in the State Are Served*

DCYF recently completed an RFA and has procured new contracts with four IL providers. The Tribal IL contracts were not included in the recent procurement and there are contracts with 17 of the 29 tribes within the state to provide support and IL services to eligible youth. The IL procurement required service providers to serve youth in both urban and remote areas within their awarded service catchment areas. This provides all participating youth access to the program no matter where they live.

DCYF caseworkers refer youth aged 15-years old or older to the IL program and the IL provider must make at least eight attempts to engage the youth within 60 days on different days and at different times using all available methods of contact to include phone calls, text messages, email, and social media platforms in this voluntary program. If the provider is unable to engage the youth the caseworker is notified and asked to assist.

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

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professional guest speakers from the community. IL caseworkers create ways to provide learning experiences in the community for the youth that they serve.

Ensure Continuation to All Political Subdivisions Served by Chafee	
Areas of Improvement	Tasks
<b>Provide Consistent Statewide Services</b>	Create a “menu” of services that are available to all youth no matter where they live
	Youth can choose what services they would like from the “menu” based on their CLSA
<b>Youth Driven Services</b>	Train staff and reinforce the idea that IL is youth driven
<b>Training</b>	Offer ongoing drop in IL Sessions for staff to ask questions and receive training

*NYTD Data that Addresses How Services Vary by Region*

DCYF does not analyze NYTD Service Data to determine if services vary between regions. A request to create data reports to support this has been made. Once those are available, the information will be incorporated into evaluating services and variances across the state.

**Serving Youth of Various Ages and Stages of Achieving Independence**

The IL program serves eligible youth ages 15 to 23 years old, regardless of where they were dependent or “aged out” of services. Services are youth driven and based on identified goals. Lived experts who participated in the IL Redesign Project stated that services should be based on developmental stage and not age. They felt that the program should meet youth where they are. In an effort to center youth voice DCYF has continued to allow youth to drive their plan.

The below data reflects the youth served by a contract IL provider from FFY 2020-FFY 2023.

Independent and Transitional Living Program – Participating Youth		
Demographics	Number Served	% of Total
<b>Age</b>		
<b>15 Years of Age</b>	79	6%
<b>16 Years of Age</b>	130	10%
<b>17 Years of Age</b>	150	11%
<b>18 Years of Age</b>	207	16%
<b>19 Years of Age</b>	202	16%
<b>20 Years of Age</b>	209	16%
<b>21 Years of Age</b>	187	14%
<b>22 Years of Age</b>	148	11%
<b>Race/Ethnicity</b>		
<b>White</b>	560	43%
<b>American Indian/Alaskan Native</b>	75	6%
<b>American Indian/Alaskan Native Multi</b>	161	12%

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Independent and Transitional Living Program – Participating Youth		
Asian/Pacific Islander	30	2%
African American	126	10%
African American Multi	99	7%
Hispanic	233	18%
Other Multi	19	1%
Unknown	10	1%
<b>Sex</b>		
Female	813	62%
Male	499	38%
<i>Data Source: DCYF PQR855_SFY23_IL report</i>		

## Collaboration with Other Private and Public Agencies

### *Comprehensive Sexual Health*

The IL providers partner with Planned Parenthood to provide information to youth on abstinence and sexual health. Some of the IL providers are trained in the Sexual Health and Adolescent Risk Prevention, which teaches sexual health and adolescent risk prevention education that broadens the youth’s knowledge about sexual risk, alcohol use, sexually transmitted infections, pregnancy prevention, and set long-term goals to use knowledge and skills.

During the 2019-2020 legislative session, [SB 5395](#) Comprehensive Sexual Education passed and required each public school to provide inclusive sex education. The program is fully implemented.

[A Guide to Sexual Health Education Implementation in Washington State](#) provides school districts with guidance and best practices when teaching sexual health.

### *Promoting Wellness and Addressing Mental Health Needs*

DCYF partners closely with [Coordinated Care of Washington \(CCW\)](#) regarding the [Apple Health Core Connections \(AHCC\)](#) program. AHCC is the integrated managed care plan through Medicaid that covers children/youth in out-of-home placement, adoption support, extended foster care, alumni of foster care, children/youth reunited with their parents (one-year post dependency) and youth enrolled in Unaccompanied Refugee Minor program (through age 21).

AHCC provides integrated physical and behavioral health care coordination services that are trauma-informed and recovery-focused. AHCC strives to increase access to WISe, behavioral, preventative, and specialist services (including best practices and EBPs). There are benefits for all AHCC members:

- Foster Care Centers of Excellence: serves as an integrated and trauma-informed hub and can provide services on a one-time basis or serve as a Primary Care Provider. Services include an EPSDT, Behavioral Health services, referrals to specialists, assistance with getting Durable Medical Equipment, referrals to vision and dental services, prescriptions, lab tests and x-rays.
- SafeLink Cell Phone and Online Member Account: Alumni and Adoption Support members

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(18 and older) have access to the SafeLink program which includes a cell phone, data, and unlimited texting, as well as an online account to access benefits and claims 24/7. AHCC staff will walk youth through the process of applying for a SafeLink phone.

- adolescent to Adult: AHCC providers outreach to members prior to their 18th birthday to identify life areas of importance to young adult members. AHCC connects the member to resources, health education, and health care, along with providing a no cost cell phone and financial incentives.
- Adoption Success: for members who are adopted. AHCC helps to prepare members and families with coping skills and resources to prevent disruption.
- Care Coordination provides help with daily needs such as finding a home health provider or refilling medications.
- Care Management: for youth with higher level needs such as kidney failure, fragile diabetic, SUD Treatment needs and inpatient Mental Health needs.
- Member Connections: members receive personalized help managing their benefits, resources and various health conditions.
- Boys and Girls Club: no cost membership for after-school programs, mentoring and more.
- 24-hour Nurse Advice Line: members can call anytime for medical, mental health support, and to get help deciding if they should go to an ED or urgent care.
- Rewards Program: members earn rewards for screenings and preventative care.
- Healthy Kids' Club: kids 12 years and under can enroll in this fun club that teaches them about nutrition and exercise.
- Start Smart for your Baby: members can receive a new car seat, breast pump, and more through this program for pregnant and parenting women.

#### *Access to Medicaid for Former Foster Youth*

DCYF partners with HCA on Medicaid and the updated rule of youth being able to move to another state and being eligible for their new states foster care Medicaid program.

#### *LGBTQIA+ Youth/Young Adults*

DCYF partners with the community and local providers that provide affirming and accessible services to youth who identify as LGBTQIA+. Some of the partnerships include:

- [Rainbow Center](#)-Education, advocacy, and celebration, Rainbow Center expands resources and safe space for the lesbian, gay, bisexual, transgender, queer, questioning, two-spirit, and allied (LGBTQIA+) community.
- [Oasis](#)-Serves LGBTQIA+ youth ages 11-24
- [Lavender Rights Project](#)-Elevated the power, autonomy, and leadership of the Black intersex and gender diverse community through intersectional legal and social services.
- [PFLAG](#)-Supports, educates, and advocates for LGBTQIA+ people and their loved ones
- [Odyssey Youth Movement](#)-Drop-in center who allows young people additional connections with other youth and they also provide clothing and assistance
- [TriplePoint](#)-Drop-in center for queer youth that provides connections to resources and safe place to just hang out, relax, play games, and/or get creative.

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- [The Trevor Project](#)-Provides lifesaving and life-affirming services to LGBTQIA+ youth.
- [The Queer Youth Services](#)-Provides Education, Advocacy, and support for Queer youth, their loved ones and community providers.
- [Stonewall Youth](#)-A youth-led organization that empowers LGBTQIA+ youth to speak out, support each other, educate communities, and work for social justice.
- Lambert House-Empowers lesbian, gay, bisexual, transgender, and questioning youth through the development of leadership, social, and life skills.
- [Isis House](#)-Independence, security, initiative, and success—is a ten-bed residential home for LGBTQIA+ young people and allies ages 18-21 with an eighteen-month maximum stay. Isis opened in 1998 as the first housing program in Washington State to focus on the unique needs of LGBTQIA+ youth.
- The Northwest Network-Supports queer and trans survivors in reconnecting to their self-determination through advocacy-based counseling and community education.

### DCYF Housing and Homeless Prevention Programs

DCYF formalized efforts to provide a continuum of housing services and supports to youth and families at risk for or who have DCYF involvement to ensure children and youth are reunified with their parents and safely maintained in their own homes when possible, youth in foster care are able to maintain placement stability while having opportunities for independence and transitional living, and young people are able to exit systems of care into safe and stable housing.

#### *Supportive Housing Services for Families and Youth*

The DCYF Youth & Family Housing program manager works with Public Housing Authorities (PHAs), regional contracted providers, governmental agencies, tribes, and other community partners to offer housing vouchers and other housing supportive services to eligible youth and families through two state funded housing support programs provided alongside federal and local housing vouchers as further described below.

#### *The Child Welfare Housing Program (CWHP)*

Originally funded under [SB 5718](#) in 2019 and expanded to serve a broader population statewide under [SSB 5256](#) in 2023, the program, which was offered under the pilot phase by contractor Reliable Enterprises as the “Homecoming” Pilot Program in DCYF Region 6, received \$5.255 million in legislative funding for the 2023-2025 biennium.

This program uses federal Family Unification Program (FUP) and Housing Choice Voucher (HCV) housing vouchers and state-funded housing supportive services to:

- Reunify families with a dependent child when housing is a barrier to reunification.
- Prevent dependencies by housing families where there is an imminent risk of foster care placement.

Services provided to families include housing navigation, case management, landlord-tenant communications, as well as connections to employment, health and behavioral health services, and

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other related resources. Although the program’s launch was significantly impacted by the pandemic’s effects on the availability of rental property, over 105 families now had their rent paid by federal housing vouchers, disability payments, other benefit programs, or are paying rent through employment. These families have additionally been supported with payment of deposits and fees, and other logistics provided by housing navigators or case managers. Dozens of other families have been provided with case management and connections to services while they wait for housing to become available.

#### *Family Unification Program (FUP)*

FUP vouchers are available to eligible families in ten counties across the state, to families where lack of adequate housing is a primary factor is either imminent placement of children in out-of-home care or delay in discharge to the family from out-of-home care. FUP also offers housing vouchers for youth aged 18 through 24 who are aging out of foster care, called a FUP youth voucher. FUP youth vouchers are typically a small portion of the overall FUP vouchers. Eligibility is identical to the Foster Youth to Independence program below.

PHAs administer the FUP, in partnership with DCYF regional offices, which are responsible for referring and certifying eligible FUP families and youth to the PHA for the voucher. Once DCYF makes the referral and certification based on their child welfare eligibility, the PHA determines whether the family or youth meets HCV program eligibility requirements and conducts all other processes relating to voucher issuance and administration, including waiting lists if vouchers aren’t available. In turn, DCYF agrees to provide or secure a commitment for the supportive services necessary to support the clients through the process. Until 2023 when legislative funding was provided, DCYF did not have the means to provide housing supportive services. DCYF does now through contracts with community providers for the CWHP previously described above.

FUP vouchers are available through PHAs in: Seattle and King County, Port Angeles, Tacoma, Vancouver, Kennewick, Pasco and Franklin County, Snohomish County, Thurston County, and Spokane.

#### *State-level Memorandum of Understanding (MOU) with PHAs and non-profits with apartments*

DCYF is working with PHAs across the state who have not been chosen by the U.S. Department of Housing and Urban Development (HUD) to participate in FUP to encourage them to set aside HCV for CW involved families. DCYF HQ and regional staff work closely with their local housing authorities to monitor voucher utilization rates. Providing housing supportive services through contracts under the CWHP is how DCYF helps PHAs increase their voucher utilization. DCYF also works with housing non-profits that offer apartments and other housing units. Due to the granting of funding by the Legislature, DCYF was in a position to support PHAs statewide at a regional level, enabling DCYF in February 2024 to enter into a statewide umbrella MOU with the [Association of Washington Housing Authorities](#) and other non-profit housers that provides a framework for each local Public Housing Authority to create and enter into locally specific MOUs with DCYF for the provision of supportive housing services, whether serving youth or families.

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*Foster Care Housing Program*

Through a separate budget proviso, contracted housing supportive services are also offered to young people from ages 18 through 24 years of age to create successful transitions to independent living and sustainable housing. Both for families and youth, voucher eligibility is determined by checking child welfare status. If a young person is eligible but cannot access a voucher, state-funded contractors can still provide housing supportive assistance such as deposits or fees to help a client otherwise become stably housed.

*Foster Youth to Independence (FYI)*

The primary vehicle for youth housing mirrors the services provided by the FUP youth voucher, offering navigation and case management and supportive services that provide skills in money management, job preparation, education, and nutrition and meal preparation. In order to be able to offer FYI vouchers, DCYF needs to have an MOU in place with each local PHA, and each contracted provider of housing supportive services for youth. All these contracted providers are also DCYF contractors for Independent Living Services under the Chafee program.

DCYF has agreements with PHAs and contractors to support FYI/FUP youth in all six regions of the state, and FYI/FUP youth vouchers and other housing supports are being offered in PHA jurisdictions including the following counties: Yakima, Whatcom, Skagit, Snohomish, Seattle/King, Tacoma/Pierce, Bremerton/Kitsap, Vancouver/Clark, Wahkiakum, Cowlitz, Lewis, Pacific, Thurston, Walla Walla, and Spokane at this time. DCYF is creating MOUs with additional counties: Mason, Benton-Franklin, and Chelan-Douglas.

HUD promotes meaningful youth engagement as a strategy for successful implementation, and as part of the program in Seattle-King County, six youth ambassadors have advised the design and delivery of the program, producing outreach materials, and were compensated for their time, efforts, and lived experience.

*Increased capacity to serve child welfare housing clients*

Since 2019, DCYF has increased their capacity to engage in the state-level child welfare housing discussion, and the Legislature provided increased funding and passed legislative requirements in a variety of housing and placement related programs. DCYF's Youth & Family Housing program manager position is filled since 2020. In 2023 and 2024, additional positions have come online:

- Housing & Homeless Prevention administrator
- Youth & Young Adult Housing Response Team manager
- Youth & Young Adult Housing Continuum manager
- Other housing-related positions

Three Regional Housing Liaisons, focused on housing-related tasks, will be hired in Spring 2024, to coordinate with the pre-existing Regional Housing Lead staff who also have other program responsibilities at the regional and community level.

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## Emerging Adulthood Housing Programs (EAHP)

The DCYF Youth and Young Adult Housing Continuum manager works with regional DCYF offices, DCYF placement teams, and contracted providers to provide an array of supportive housing programs for 16- to 21-year-old dependent youth who would prefer to live independently rather than in a family setting. Part of the [D.S. Settlement](#), the EAHP service array addresses system gaps to provide adolescent youth and young adults developmentally appropriate opportunities to practice independent living in a safe and supportive transitional living environment while maintaining placement stability. The EAHP continuum consists of the following programs with planning underway to expand this service array as additional service and placement gaps are identified.

### *Adolescent Transitional Living Program (ATLP)*

A pilot program serving six young people in King County with YMCA, and eight young people in Clark County with [AKI Foundational Youth Service](#), that offers more developmentally appropriate independent transitional living experience for 16- and 17-year-olds, that are culturally responsive, LGBTQIA+ affirming, trauma-sensitive and healing-centered. The programs are offered in two counties via a licensed staffed residential program. DCYF is adding four more ATLP programs statewide and will increase capacity by 20 beds. DCYF is also exploring models for a master leased apartment and scattered site community setting.

### *Responsible Living Skills Program (RLSP)*

RLSP offers a placement option for dependent youth who are age 16-17 years old and are ready to live in a placement that is less restrictive than a foster home, providing them the ability to make more decisions for themselves and practice their independent living skills in a supportive environment.

## Preventing Homelessness Amongst Youth Exiting Systems of Care

### *The Youth and Young Adult Housing Response Team (YYAHRT)*

[HB 1905](#), passed in 2022, created a rapid response team, in partnership with other state agencies, to respond to the needs of young people, ages 12 through 24, exiting systems of care at risk for or experiencing homelessness. The response team identifies and coordinates resources necessary to help these young people secure and maintain appropriate housing and other necessary supports as they exit a system of care. Resources identified may include but not be limited to housing programs, behavioral health services, employment and education programs, civil legal aid, peer support, family reconciliation, and other navigation supports. The response team consists of state agency representatives across systems of care (child welfare, juvenile justice, behavioral health) who collectively work together to address systemic gaps and identify housing solutions for young people referred. The YYHART is coordinated by the DCYF Youth and Young Adult Housing Response Team manager who receives and responds to all referrals made to the response team. Referrals to the response team are received via email with more information available on DCYF's [YYAHRT website](#).

*DCYF Juvenile Rehabilitation Homelessness Prevention Program*

The JR Homelessness Prevention Program consists of an HQ-based program manager and three regional staff members located in eastern, northwest, and southwest Washington State. The JR team created a monitoring system/eligibility flag in JR's data system for all youth at institutions and community facilities, offers periodic training for staff on identification and referral, and works with each young person from intake or beginning of transition phase to build skill and identify resources. Young people leave JR with a plan and system of ongoing support, provided through a system, including rental assistance, case management, and concrete supports, that staff are creating in communities across the state. In 2023, the JR team also received \$1.0 million to support contracts for housing supportive services for youth exiting JR programs. The Youth & Family Housing program manager joins the JR housing team for their regular meetings, invites them into interagency housing planning with the Office of Homeless Youth, and assists in connecting case managers with other programs as available.

*Independent Youth Housing Program (IYHP)*

Administered by the Washington State Department of Commerce's [Office of Homeless Youth](#) (OHY), IYHP provides rental assistance and case management services to eligible youth who have aged out of the Washington State foster care system. In 2022, the Legislature passed [SB 5566](#), which expanded the age range of IYHP (to cover dependency at any age prior to 18), increased its funding from \$1 million to \$4 million per year, and perhaps most significantly, specifically allows participants who are in Extended Foster Care (EFC) to receive housing assistance and EFC Supervised Independent Living placement payments at the same time, which FYI/FUP Youth vouchers do not.

*Young Adult Housing Program*

Administered by the OHY, provides rental assistance and case management to 18 to 24-year-olds (who may be dependent, but are not required to be), and is available in Spokane, Benton-Franklin, Walla Walla, King, Pierce, Clark, and Cowlitz counties.

*Prevention coordination for youth exiting systems of care*

DCYF works closely with OHY and the state Health Care Authority (HCA) to implement [SB 6560](#) from 2018, designed to prevent young people from being released from foster care, juvenile rehabilitation, and behavioral health treatment programs into homelessness.

*Youth Homelessness Demonstration Program (YHDP)*

Washington State is the recipient of several different YHDP grants from HUD.

*A Way Home Washington (AWHWA) Anchor Community Initiative (ACI)*

DCYF collaborated with [AWHWA](#) their ACI. ACI is a coordinated effort to prevent and end youth homelessness with a diverse coalition of nonprofit agencies, elected officials, philanthropy, businesses, and community members who are committed to "helping all young people in the state find their way home." ACI brings all parts of each community to the table and develops a unique plan that covers prevention, long-term housing, treatment services, employment, and educational attainment.

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## Programs for Disabled Youth

Transition planning includes partner agencies that work with youth with disabilities who are transitioning out of child welfare and into the adult DDA system or another partnering agency. Home and Community Services work in conjunction with child welfare and help to fill gaps in services that DDA is not able to accommodate. DCYF works directly with the [Department of Vocational Rehabilitation](#) (DVR) to ensure youth with disabilities have full access to employment. DCYF caseworkers and IL providers submit referrals to the local programs that are provided through DVR.

DCYF partners with the [Center for Independence](#) to help serve youth with disabilities. This program is contracted through DSHS and provides the following services:

- One-on-one coaching of independent living skills.
- Peer Support is a once a month to hang out and do an activity together.
- Individual advocacy support to advocate for access to services and their employment, housing, and education rights.
- Information and Referral to community resources.

### *Employment Opportunities/Career Connected Pathways*

The Career Connected Pathways program manager partners with employers and community members to create opportunities for youth.

- Labor and Industries (L&I) Internships
  - Helps youth navigate the website and internship opportunities to the site and assist when needed.
- Tacoma Boat Builders
  - Offers weekly mentoring to learn woodworking skills. Many youths are court appointed and there is no income earned.
- Seattle Jobs Initiative
  - Many opportunities are available to youth/young adults with DCYF and WSF.
- JUMA Ventures
  - Supports youth/young adults to work in Seattle area major venues to include Key Arena and T-Mobile Park.
  - Paid work and job training with mentorship
- [SnoCo Futures](#)
  - Supportive program that helps youth find and maintain employment
- YouthForce (Boys & Girls Club)
- ANEW
  - Provides pre-apprenticeship programs, apprentice resource centers, RISE UP-Diversity and Inclusion Training, Youth Exploration Programs, Apprenticeship information and a Passport to Careers pathway.
- Career Connect Washington
  - Helps youth get the knowledge and skills to step into in-demand, high-potential careers.
- MOD Pizza

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- Employment Security Department (ESD)
  - Working to include youth voice in the work
- Palmer Scholars
  - Provides support to underrepresented youth of color to overcome financial, cultural, and social barriers in their pursuit of higher education.
  - Uses a “Whole Scholar” model that provides opportunities for youth in most areas of their life beyond what is usually included in college access and workforce support programs.
  - Serving young adults between 18 and 26, who are neither enrolled in a postsecondary program nor gainfully employed and have an interest in pursuing a career in the trades.
- DCYF continues to partner with agencies that receive Workforce Innovation and Opportunity Act funding and run the following programs:
  - WorkSource
  - Job Corps
  - Conservation Corps
  - Washington Youth Academy
  - School-to-work programs offered to high schools or Graduation: A Team Effort Advisory Council
- DCYF meets quarterly with educational institutions to discuss efforts toward graduation.
- Local workforce agencies in accordance with section 477(b)(3)(F) of the Act.
- ESD – DCYF partners with ESD through the Employment Pipeline. The Employment Pipeline is designed to find clients jobs in many different lines of business and help them stay employed. The model involves three critical components:
  - Identifying employers willing to work with DSHS and DCYF clients to offer meaningful, long-term employment opportunities, ideally building transferable skills;
  - Providing basic training and skills to meet the specific jobs available from these employers; and
  - Helping clients stay employed by providing support to resolve issues that might jeopardize job retention.
- Basic Food, Employment and Training to teach youth who are basic food recipients employment skills, which are contracted through local community and technical colleges, or community-based organizations. This is an important part of the state’s workforce development system.

*Private and Public Sector Involvement*

DCYF provides statewide mentoring programming through [Mentor Washington](#) (MW). MW is a public-private partnership including DCYF and Costco Wholesale as founding organizations. Using the research-based Elements of Effective Practices in Mentoring, MW provides support to over 200 mentoring organizations across Washington State. Direct mentoring programming is provided to youth receiving CW and JR services. Direct mentoring is provided by individuals with lived experiences for youth in JR institutions and group homes. Mentoring support includes professional development opportunities for youth of color, youth experiencing homelessness and LGBTQIA+ youth. Peer-to-peer mentoring occurs

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within the JR institutions and group homes. The agency also has an agreement with [Friends of the Children](#) to provide highly trained mentors for 100 youth currently in foster care.

### Driver’s Assistance Program

Treehouse continues to provide the [Drivers Assistance program](#). They are able to provide support for foster youth ages 15-21, including youth in EFC, in navigating the driver’s licensing process. The program must process payments for driver’s education courses, permit expenses, license expenses, insurance expenses and related materials. These payments can be paid directly to a vendor or as reimbursement. From July 1, 2021 – June 30, 2023, there were a total of 2,150 requests from 855 individual youth.

Treehouse Drivers Assistance Program			
Services Provided	Total Number of Requests for Service	Number of Unique Participants who Submitted a Request	Number of Eligible Participants Served (received payments for one or more services)
<b>Auto Insurance</b>	1,185	294	247
<b>Driver's Education Course</b>	555	494	408
<b>Learner's Permit</b>	60	56	52
<b>Identicard</b>	51	48	42
<b>Driver's Test</b>	128	92	81
<b>Licensure</b>	69	61	51
<b>Other (Practice Drives, etc.)</b>	102	85	57
<b>Unduplicated Total</b>	2,150	855	719

*Data Source: Treehouse Annual Report submitted Nov. 6, 2023*

### Determining Eligibility for Benefits and Services

#### IL Eligibility

Youth are eligible for the IL Program if they meet the following criteria:

- At least 15-years old
- Under the age of 21-years old; and
- In foster care in an open dependency action through DCYF or a tribal child welfare agency for at least 30-days between their 15<sup>th</sup>-18<sup>th</sup> birthday

Once youth meet the eligibility criteria, they remain eligible until their 23<sup>rd</sup> birthday, regardless of their dependency status or if they have achieved permanence (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 his or her home state, the youth is eligible for services in Washington State. DCYF contacts the IL lead in the child’s home state to determine eligibility status.

*Cooperation in National Evaluations*

Washington State participates in national evaluations on the impacts of the programs in achieving the purposes of IL.

*Chafee Training*

The Emerging Adulthood program manager provides ongoing training to staff, caregivers, and system partners on the following topics: NYTD data entry and review, Youth Rights, CLSA's, How to Create an IL Referral, having difficult conversations with youth, and Positive Youth Development. Trainings are provided one-on-one, in group sessions over a virtual platform, or in person. Trainings are also provided annually at the Children's Justice Conference.

*Consultation with Tribes*

The state contracts with tribes within Washington State to provide their own IL services to tribal youth. The IL Tribal contract is very broad. The contract provides a structure of what the tribe may provide for a youth. Washington State does not require specific items but highly suggests teaching on financial assets. Many tribes use funding to support youth IL goals such as driver's education, the purchasing of computers, etc. Some use the funds to support staff who provide IL skills to youth. Each year the state renews the contract and allocates Chafee funding to each participating tribe to serve youth as they see fit. Tribes provide quarterly reports that include youth served, activities provided and expenditures that occurred for the time period. To receive funding for the next year, the tribe must submit quarterly expenditure reports and complete the NYTD requirements to close out the contract cycle.

The following tribes have entered contracts to receive funding and deliver Independent Living skills to the tribe's eligible youth:

- Confederated Tribes of Chehalis Reservation
- Confederated Tribes of Colville Reservation
- Cowlitz Tribe
- Hoh Tribe
- Kalispel Tribe
- Lower Elwha
- Lummi Nation-have not signed contract yet for SFY 2024
- Makah Tribe
- Muckleshoot Tribe
- Nooksack Tribe
- Quileute Nation
- Quinault Indian Nation
- Sauk-Suiattle Tribe
- Spokane Tribe of Indians
- Squaxin Island Tribe
- Stillaguamish-have not signed the contract yet for SFY 2024
- Suquamish Tribe

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- Tulalip Tribes
- Upper Skagit Tribe
- Yakama Nation

Tribes who were interested in receiving information about the programs to be carried out under the Chafee program were notified and provided information. Outreach includes the Tribal IL program manager and Emerging Adulthood program manager attending the Tribal Policy Advisory Council meetings when invited to provide information on programs and services for adolescents as well as contacting the individual tribes. There is ongoing communication including emails, zoom calls, phone calls and in-person visits with tribal CW directors regarding independent living activities, requirements, eligibility, and trainings.

Efforts to coordinate with tribes include providing a program framework to the tribes of what can be included in providing IL to youth and requesting the tribes to create programs based on their needs and capacity. The tribal IL contract is a template that outlines eligibility, payment structure, federal requirements and suggested services that are authorized under the contract. The Tribal IL program manager reviewed the contract with the tribes and provided updating of the requirements to tribes who inquired assistance. Tribes were given ideas on how to operationalize their programs so that the services are rendered to meet the unique needs of each tribal community. Ongoing technical assistance is provided to the tribes regarding FamLink, NYTD data entry, and services.

A large component of receiving Chafee funding is the report requirements to the federal government. DCYF must input NYTD service elements directly into FamLink. In Washington State, all contracted tribal IL providers were given access and input capabilities to the IL page and education page in FamLink. DCYF continues to offer ongoing training and extensive support to tribal partners. The Tribal IL program manager continues to reach out to the tribes to respond to requests and help as needed. They also provide FamLink training when it is requested. Some tribes were not able to maintain FamLink access and have NYTD inputting capabilities in FamLink due to new staff or IT related issues. DCYF provides a hard copy form of the NYTD documentation for tribes to complete manually as an alternative process. The forms are accompanied by the quarterly reports and input into FamLink by DCYF staff.

Eligibility is uniform throughout the Chafee program, which ensures that benefits and services under the programs are made available to American Indian and Alaska Native (AI/AN) children in the state on the same basis as to other children in the state.

Chafee benefits and services are currently available and provided for Indian children and youth. Services are defined by each tribe to meet their unique individual cultural identity and community needs. Tribal youth also have access to services provided by state contracted IL providers. All tribes who have requested a contract to provide IL services to their have received one.

### Education and Training Voucher (ETV) Program

To be eligible for the ETV program, youth must be enrolled in, or accepted for, a post-secondary degree or certificate program and meet any one of the following criteria:

- Youth aged 15 to 20, currently involved in dependency action in Washington State or tribal

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court, in the care and custody of DCYF or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in EFC.

- Youth aged 18 to 20-years old and aged out of state or tribal care. Youth who exited foster care in a different state may be eligible for the Washington State ETV program.
- Youth who were adopted or entered guardianship with a relative on or after their 15<sup>th</sup> birthday.
- Youth who participated and received ETV funds prior to age 21-years old, may be eligible up to their 26<sup>th</sup> birthday.

To strengthen the goal of identifying eligible youth, the Education Program administrator enlisted the help of the Data and Reporting administrator to give authorization to the Office of Superintendent of Public Instruction (OSPI) to release the names of all foster youth in 12<sup>th</sup> grade for this academic year. ETV staff reviewed the list, checked FamLink case notes to determine eligibility, and contacted caseworkers of those students to give them ETV information. Out of 216 students, 11 are participating in the program and 55 were sent ETV information through their caseworker. The remaining students on the list were not interested in post-secondary education, not working toward a high school diploma or GED, or were involved with the DDA. To date, ETV has received 15 applications back. ETV staff will continue to reach out to caseworkers that have eligible students.

#### *Educational Assistance*

The ETV database has a financial aid tab, which shows the student's Cost of Attendance and the amount of financial aid received. Whatever amount is still needed is the unmet need. Students are awarded up to \$5,000.00 for their unmet need. Once an ETV award is determined, the amount is broken down by quarters or semesters. The student is then emailed a copy of their ETV award letter, asking for confirmation of the award.

Students can send DCYF their actual award letter received from the financial aid office or send it via their student portal. If a student has difficulty in submitting the necessary documentation, ETV staff work directly with the schools to obtain the information. Students sign consent forms, which enables ETV staff to contact college staff directly when needed. ETV staff also schedule virtual appointments when needed and walk students through their student portals to find required information.

There are times when a student's cost of attendance or financial aid situation may change during the academic year, necessitating an adjustment to their ETV award. When this occurs, the student and the school are sent a revised ETV award letter.

ETV staff and campus Designated Support Staff (DSS) remain strong partners in assisting ETV participants. DSS work with students in locating and submitting the necessary ETV paperwork which facilitates the utilization of funds. DSS offers support, student engagement opportunities, and many operate a campus food pantry. Many DSS will reach out to the ETV program with a list of students asking about program participation and eligibility. When appropriate to do so, they work with the student(s) to complete an ETV application. The ETV one-pager was sent to all the DSS who are listed on the [Washington Passport Network contact sheet](#).

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For the 2023- 2024 academic year, ETV staff made in-person visits to 12 college campuses throughout the state. ETV staff met with the campus DSS, financial aid and independent living (IL) staff, and ETV participants. ETV staff orchestrated introductory meetings with DCYF EFC office staff in Region 6 and South Puget Sound Community college. This partnership led to two students receiving ETV funds and receiving housing and food supports from the college. These personal connections have fostered improved communication with all involved with the program.

### *Services Provided*

The ETV program joined the Integrated Systems of Care Unit within the Partnership, Prevention, and Services Division at DCYF. The Washington State ETV program uses the Access database. The database is organized in a way that allows the program to have student information readily available. The data elements in the database include, but are not limited to:

- Demographics
- Financial aid and enrollment status
- Student spending plan
- Notes section

To date, the new ETV database has not migrated to the DCYF server. DCYF hired a cloud engineer to build the environment but there is no a projected date. The ETV team meets two to three times a month with the contractors to review progress and answer program questions. There have also been meetings between the Education Program administrator, ETV contractors, and IT in an effort to advance the project. ETV contractors are ready to migrate the database and have ETV staff begin testing.

All ETV applications and forms are found on the [ETV website](#). An online application makes applying to the program easier for students, gives staff greater efficiency for processing the applications, and students receive timely confirmation of their eligibility. Students or their support person can also email their application to ETV staff directly or send it to the ETV inbox.

ETV staff continue their efforts to connect with students on a personal level. Students are given the option of disclosing their pronouns and gender. ETV staff ask for preferred method of communication, whether it be by email, phone, or text. Asking these simple questions has facilitated increased thoughtful communication with them. Since students know the ETV staff better, they are more responsive to requests for paperwork and contact staff more often if concerns or issues arise.

In the 2022-23 academic year, 277 applications were received. Of those applications, 173 students were awarded ETV funds.

As of April 8, 2024, for the 2023-24 academic year, 292 applications were received. Of those applications, 165 students have been awarded ETV funds to date.

Not all eligible students are awarded due to several factors:

- Required paperwork is not turned in.
- Youth do not enroll in a post-secondary program.
- Youth do not respond to ETV staff despite efforts to engage them in the program.

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- Youth had no unmet need.
- Youth did not meet eligibility requirements.

Increasing outreach efforts is a goal every year. Program information and presentations were given to the following groups:

DCYF Staff:

- The statewide Education program manager is facilitating bi-weekly Education Office Hour meetings for DCYF staff. The ETV program staff attend and periodically share program information with DCYF staff and community partners in attendance.
- DCYF regional education leads sent ETV one-pager and application information to their regional staff.
- Program information/applications were shared with the regional education leads who shared with caseworkers, supervisors, and regional leadership.
- ETV presentations were given for Region 6 DCYF Extended Foster Care (EFC) and Adolescent units, Everett all-staff, Region 4 Kent office all-staff, and Region 4 Office of Indian Child Welfare (OICW) all-staff.
- ETV presented at the DCYF Partnership, Prevention, and Services division meeting that highlighted Education and ETV.
- The ETV one-pager was sent to the DCYF Digest and the Caregiver Connection to add to the publications.
- The EFC program manager sent a mass email with one-pager to EFC caseworkers and supervisors in the state.
- The ETV staff are reviewing the EFC list of 757 young adults at the time of review and will reach out individually to caseworkers asking them to share program information with any of their EFC youth aged 18-20 who are considering or already attending a post-secondary education program by June 28, 2024.
- ETV staff continue to participate in 17.5 staffings or permanency planning staffings when invited to do so. The 17.5 staffings support youth in the development of a transition plan that prepares them for a successful transition into adulthood. Topic of conversations in the staffings include those around education, employment, housing, health insurance, continued support, and EFC. ETV program information is shared with the young adult either by the meeting facilitator or from ETV staff if invited to participate. Efforts to include ETV staff regularly are underway. The ETV team presented ETV information on April 8, 2024 to 17.5 facilitators in all DCYF regions to increase engagement in meetings. ETV staff are already receiving invitations to attend more youth transition meetings.
- The ETV one-pager was sent to the Adolescent Transitions program manager to distribute to DCYF meeting facilitators in the regions.
- Emails and phone calls from child welfare staff have increased improving communication between ETV staff and child welfare offices. ETV staff observe caseworkers engaging more with youth regarding post-secondary aspirations.

Tribes:

- Program information was sent to the DCYF director of tribal affairs to share with tribal social

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services directors and tribal lead social workers. A program description was also put in the Office of Tribal Relations newsletter.

- Education program administrator did a presentation at the ICW Sub-committee, talked about ETV, and shared the ETV one-pager with those present.

#### Community Partners:

- The application information/link and one-pager were sent to the Treehouse program manager who shared with the Graduation Success directors.
- Program information was sent to the IL providers.
- ETV staff met in-person with Spokane Volunteers of America and virtually with Clark County YMCA IL providers. An in-person meeting is scheduled with [Youthnet](#) in Skagit County on April 11, 2024.
- Program information was sent to DSS located on college campuses.
- ETV staff met with and/or an ETV program description was sent to the following non-profits: [College Success Foundation](#), [Eileen and Callie's Place](#), Community resource fair at [Lake WA Tech](#), and the [Wishing Well Foundation](#).
- ETV program manager participates and presents in the six regional Passport groups facilitated by College Success Foundation staff. These trainings include OSPI staff, community partners, and DCYF staff.
- ETV staff presented and collaborated with staff during the Washington Passport Network virtual and in-person meetings for the Eastern, South central, King, Western, and Pierce Kitsap regions.
- The ETV program manager interviewed by Centro Cultural Mexicana radio station.
- ETV information is shared on the [WA DCYF Instagram account](#).
- ETV information was presented by the Education program administrator at the OCLA education training for attorneys representing youth in dependencies. Attorneys are now contacting ETV staff to check eligibility and status regularly.
- The Education program administrator also presented ETV information at a [Lifeset](#) providers meeting, the [Washington Association of Child Advocate Programs Conference](#), and [National Association for the Education of Homeless Children and Youth \(NAEHCY\) Conference](#).
- ETV staff also conducted a workshop at the [Children's Justice Conference](#) with an ETV student panel discussing their participation in the program and benefits received.

#### OSPI:

- The ETV program description and application information was sent to [OSPI](#) to add to the following newsletters for K–12 staff: Foster Care (distributed widely to school district foster care liaisons throughout the state), Open Doors, and School Counseling programs.
- ETV staff presented at the Region 3 and 4 school district liaison meetings, with a separate presentation for the Tukwila School District community provider meeting.

#### Youth Outreach:

- The DCYF IL program manager sent the one-pager to EFC youth and their caregivers if an email was available.

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- ETV staff continues to contact EFC young adults who had used ETV funds previously but were not currently active in the program.
- Youth-facing events included attendance at:
  - ETV Office Hour: staff held a virtual meeting so students could drop in and ask questions, problem solve, and connect. 14 youths attended.
  - 1:1 virtual ETV meetings: 19 meeting from July 1, 2023 - April 8, 2024.
  - 17.5 staffing meetings with nine youths.
  - Two shared planning meetings attended.
  - EFC Resource Fair Region 5. Staff talked with 20 youths in two fairs, one in October 2023 and one in March 2024.
  - Region 3 virtual We Got You event, 40 youths participated.
  - ETV staff made college campus visits
    - Washington State University (WSU)-Pullman Campus where ETV staff met with five youths and attended a Passport class.
    - WSU Vancouver STEM Event where ETV staff met with five youths.
    - Western Washington University where ETV staff had dinner with two youths.
    - UW Seattle and Tacoma where staff met with five youths.
    - South Puget Sound Community College where ETV staff met with two youths.
    - Bellevue CC where ETV staff met with three youths.
- Upcoming youth-facing events include:
  - Regional high school graduation celebrations.
  - Region 3 EFC resource fair.
  - Spokane Youth Summit at Spokane Community College, sponsored by the Eastern Regional Passport Group.
  - South Central Youth Summit at Central Washington University, sponsored by the South Central Regional Passport Group .
  - Everett Community College campus visit.

### *Community Collaborations and Partnerships*

The ETV program maintains strong partnerships with state and community-based agencies to support the academic success of youth. The ETV program manager is a member of the Washington Passport Network and participates on the Passport Leadership Team (PLT) which meets quarterly. The PLT is a cross-sector of student support professionals and system leaders with representatives from high school completion and college access programs, two and four-year public and independent colleges, DCYF, OSPI, DSHS, [Washington Student Achievement Council](#), and current and former students. The PLT strives to break down barriers and improve services for foster youth attending a post-secondary education program. Goals of the PLT include:

- Supporting campus Designated Support Staff
- Developing professional trainings
- Organizing the annual Passport Conference

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Washington Student Achievement Council is responsible for the distribution of financial aid to post-secondary institutions. There is a common application where students can apply to ETV as well as the [Passport to Careers program](#). Passport to Careers includes the Passport to College program, which provides a scholarship to assist students attending college, support services from college staff and priority consideration for the Washington College Grant and [State Work Study program](#). The Passport to Apprenticeship Opportunities program assists students who are participating in registered apprenticeship or pre-apprenticeship programs covering occupational specific costs.

The [College Success Foundation](#) is another strong partner with the ETV program. CSF has a foster care initiatives team who organize and facilitate the PLT meetings and regional Passport groups. CSF provides supports and scholarships to inspire underserved, low-income students to finish high school, graduate from college, and succeed in life.

ETV staff worked to increase the partnership with [Treehouse](#) staff who work with youth in foster care. The advocates help facilitate dialogue with students and ETV staff, submit required paperwork on the youth's behalf, assist youth in submitting their ETV applications, and staff cases when appropriate.

IL providers continue to be strong allies for the program. They assist students with their ETV applications, help obtain necessary paperwork, support students in their academic journey and keep in regular contact with ETV staff. ETV staff rely on feedback from IL staff for program improvements.

Consultation with tribes remains a focus for the program. As previously stated, ETV staff sent program information to the director of the OTR to disseminate among tribal partners as well as including the information in the Tribal newsletter. ETV staff are available for consultation, training, and meeting with youth at the tribe's request. DCYF does not yet have the capacity to reach out to every tribe in the state. In order to reach that goal, DCYF is developing a new position and hiring an ETV tribal liaison staff person by Summer 2024.

Indian youth who are in tribal foster care and meet the eligibility requirements are now able to receive the Passport to Careers scholarship. On the consent form, youth need to check the Tribal Dependency box, identify their tribe, and date of last placement.

The only tribe to administer their own ETV program is the [Port Gamble S'Klallam Tribe](#) in Kingston. The DCYF ETV program can assist their ETV students if the tribe runs out of funds. There was no request made this academic year. The ETV program will work with any Washington State tribe who requests assistance with developing their own ETV program.

### *Program Challenges*

The end of year 2023 brought unexpected tragedy to the ETV team. The loss of a colleague impacted staff and ETV students in many ways. The loss also caused delays in responding to students. Staff were unable to hire the ETV tribal liaison during that time due to not knowing the plan for filling the vacant program manager position or having the capacity to go through the hiring process. The work of CCP stopped until the interim CCP program manager was hired.

ETV staff are still using the antiquated Access database. In the past few months, ETV staff experienced frequent delays from network interruptions and software errors. ETV staff must back up the database several times a week to prevent data loss.

The ETV program continues to experience technology challenges and delays with the database development and migration to the DCYF server as described under the “Services Provided” section above.

### *Program Improvements*

Two staff changes occurred during this reporting period. The Education program specialist was promoted to ETV program coordinator, and the ETV/Career Connected Pathways position was filled on an emergency basis Dec. 1, 2023.

The ETV program age requirement changed to 15, rather than 16, beginning the 2024-2025 academic year. This aligns with the IL program eligibility with the goal to enable more youth to benefit from the financial assistance and supports offered by ETV to achieve post-secondary success. All forms and publications have been revised and community partners and DCYF staff have been notified of the update. The ETV program manager reviewed all denial letters from the last two academic years and determined one student met the age 15 eligibility. The student applied for ETV the 2024-2025 academic year.

ETV staff are proactive in providing support to participants through Zoom meetings whenever needed. Responding to feedback from students with lived experience, ETV staff made changes to streamline the accessibility of funds. As a result, spending plans and funds are now directly sent to Running Start students. In cases where students do not have a bank account, funds can be directed to their caregiver on their behalf. These procedural adjustments led to an increase in the utilization of awarded funds by dual enrollment students.

During the 2022-2023 academic year, approximately 62% of the awarded funds were disbursed to 12 Running Start students, with three students not accessing any portion of their award. In contrast, for the 2023-2024 academic year, 73% of the awarded funds were disbursed, and all 11 students received at least part of their award.

To assess the effectiveness of the program and ensure that it is evolving to meet the changing needs of students, ETV staff emailed an online survey to all students who applied for the 2023-2024 academic year. Thirty-one students responded.

Students responded that the best things about the program were:

- ETV staff are:
  - Caring and easy to work with.
  - Helpful, dependable, and responsive.
- Financial help means less stress.
- Straight forward renewal process.
- Funds enable students to focus on school/dreams.

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Students responded that the barriers and challenges in the program were:

- Accessing additional resources for students just starting college.
- College to career transition support, e.g. finding internships.
- Transition supports from community college to a university.

Improvements were implemented such as sending out reminder emails more frequently before the quarter/semester begins to avoid potential delays. ETV staff also correspond with students via their preferred method of contact (email, phone call, or text).

ETV staff added the link to the 988 Lifeline website to student correspondence (January application and February student survey). Students can access this program if they are experiencing a mental health crisis or need support.

The ETV program became paperless since the pandemic. ETV staff work from home, so all student paperwork is now located in the ETV section in the ICS Team shared drive. Each student has their own folder containing their required paperwork and follow state retention policy just as if staff were in the office.

Beginning July 2023, the Office of Financial Management updated their process to allow students to electronically sign their vendor forms to set up their payment accounts.

The [ETV brochure](#) was rebranded by communications and translated into Spanish, Cambodian, Russian, Somali, and Ukrainian. English and Spanish are printed for distribution and all languages are available on the ETV website.

The online application is updated with current eligibility criteria, pronoun, and ethnicity categories.

### Extended Foster Care (EFC) Program

Washington State implemented all five eligibility categories for EFC. To be eligible for EFC, a youth on their 18<sup>th</sup> birthday must be dependent, and be:

- Enrolled in high school or high school equivalency certification program, or
- Enrolled or intends to enroll in vocational or college program, or
- Participating in activities designed to remove barriers to employment, or
- Employed for 80 hours or more per month, or
- Have a documented medical condition that prevents participation in one of the four prior categories.

Youth participating in EFC are considered non-minor dependents. They can transition between categories throughout their time in EFC. Placement settings vary and can include:

- Supervised Independent Living (SIL) settings such as apartments, shared housing, living in a dorm
- Foster care, and
- Living with relatives.

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More than 80% of young adults in EFC are currently living in SIL placements. Non-minor dependents continue to be able to enter and exit the program as needed until the age of 21 through a Voluntary Placement Agreement.

There is a FamLink code allowing for monetary housing assistance for non-minor dependents in getting into a SIL setting with funds for first, last, and deposit, up to \$3,500 per lifetime of the case. The funds are sent directly to the youth to help them learn much needed life skills in securing independent housing. During CY 2023, there were 258 requests to use the fund to assist with getting into an EFC SIL placement, a total of \$564,560 was distributed to the young adults to assist their move to SIL placements. From the inception of this FamLink code for housing/moving assistance in 2019, to the end of CY 2023, it is utilized 1,051 times, for a total of \$1,867,753.

Non-minor dependents receive the same case management services and support as youth under the age of 18 years old in out-of-home care. Case plans are specific to the needs and level of functioning of the young adult and focus on obtaining the needed skills to successfully transition from care to independent adulthood. Areas of focus typically include:

- Educational goals
- Employment
- Learning independent living skills

IL services and supports play a key role in developing these skills. Non-minor dependents are encouraged to participate in their local IL program, and many become more involved as they get closer to the age of 21. DCYF does not currently have data reports reflecting the number and percentage of youth participating in EFC who are receiving IL services.

Washington continues to see an increase in participation in EFC due to frequent outreach to community advocates, youth attorneys, youth serving agencies, and consistent practice throughout the state. There continues to be an influx of youth who the department did not interact with due to [SB 6222](#), which passed in the 2018-2019 legislative session.

This bill removed the requirement that a youth needed to be in foster care as an eligibility requirement of the EFC program. This opened the program up to youth in dependency guardianships, JR, in-home dependencies, and anyone who was dependent at the age of 18. Many of these youth are becoming dependent while in the custody of the Office of Refugee and Resettlement and upon the age of 18 asking to enter EFC. Youth are petitioning for dependency alleging abuse, neglect, or abandonment and as part of their application for a Special Immigrant Juvenile (SIJ) visa. Often their case has not been fully adjudicated by the Department of Homeland Security prior to their 18th birthday, and youth are dependent at 18 but lack immigration status. Other youth obtained an SIJ visa after being released from federal custody. These youth have a valid immigration status, but do not reside in an ORR facility, as they have previously been released from federal custody to the care of a family member or sponsor. Youth may qualify for the Unaccompanied Refugee Minor program only if they receive a SIJ visa while still in federal custody.

2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

The below chart provides data concerning the number, and demographics of the young adults in the EFC program in Washington State, as of February 2024.

Extended Foster Care Data as of February 2024		
<b>Age of Youth</b>	Number	Percentage
<b>18</b>	247	33%
<b>19</b>	263	34%
<b>20</b>	247	35%
<b>Total</b>	757	100%
<b>Placement Type</b>		
<b>Supervised Independent Living</b>	620	82%
<b>Foster Care Settings</b>	137	18%
<b>Total</b>	757	100%
<b>Ethnicity</b>		
<b>White</b>	299	39%
<b>Hispanic</b>	138	18%
<b>Native American Multiracial</b>	108	14%
<b>Native American</b>	71	9%
<b>Black</b>	56	7%
<b>Black Multiracial</b>	52	7%
<b>Asian/Pacific Islander</b>	21	3%
<b>Other Multiracial</b>	11	1%
<b>Unknown</b>	1	<1%
<b>Total</b>	757	100%
<b>Region</b>		
<b>1</b>	105	14%
<b>2</b>	70	9%
<b>3</b>	91	12%
<b>4</b>	157	21%
<b>5</b>	133	18%
<b>6</b>	198	26%
<b>Total</b>	757	100%

*Data Source: Extended Foster Care, infoFamLink, February 2024*

Number of Youth That Exited EFC in SFY 2023, by Age		
<b>Age of Youth</b>	Number	Percentage
<b>18</b>	21	19%
<b>19</b>	26	6%
<b>20</b>	28	6%
<b>21</b>	87	69%
<b>Total</b>	162	100%

*Data Source: Exit Report, infoFamLink, SFY 2023*

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DCYF helped youth in EFC pay their rent if they were affected by COVID-19 from the EFC SILs Housing Support Funds.

The 317 young adults that turned 21 between April 1, 2020 – Sept. 30, 2021, whose EFC dependency was extended due to the pandemic – were discharged from EFC on Sept. 30, 2021. The discharge was due to the expiration of the Federal Consolidated Appropriations Act and the end of the Governor’s Proclamation that had stopped discharges from EFC during the pandemic.

The Governor and the Legislature appropriated additional funds to extend monthly payments to those 317 young adults who were discharged from EFC on Sept. 30, 2021 – and to all those that aged out of EFC from Oct. 1, 2021 – through all of 2022 – the program expired on June 30, 2023. \$10.6 million was used for the ongoing funds, with \$850 a month being paid to all eligible enrolled young adults. In CY 2022, more than 500 young adults were issued monthly payments, by the time the fund ended on June 30, 2023, more than 650 young adults received payments. The contracted system partner that administered the funds did a survey with the recipients, finding that 69% of the young adults used the funds for housing.

The DCYF EFC team met regularly with advocates and community partners to talk about the needs of youth, how to help with additional needs, and collaborate with them to provide assistance.

During the 2022 Legislative session, \$200,000 in state funds were allocated to conduct a systems assessment of state and federally funded services and benefits and the utilization of such services and benefits and the continuum of supports by young adults enrolled in EFC and those who exited care since September 2021. The Proviso’s goal was to review literature, analyze existing data and findings, and collect data from key informants and system partners to identify gaps or redundancies within the existing array of state and federally funded programs serving the EFC population and recommend mechanisms to address identified gaps. The [final report](#) was completed in August 2023.

The completed systems assessment was able to both provide data that DCYF was not previously able to collect and created recommendations for future directions of the Washington State/DCYF EFC program. DCYF partnered with DSHS RDA division in the above-mentioned systems assessment, as well as the University of Washington Partners for our Children program and a consulting company, Sam D. Martin Consulting, that utilized lived experts for youth and young adult voice. RDA provided data that DCYF had not previously been able to collect, on entry rates to the EFC program, the RDA data showed that of those turning 18 in foster care in SFY 2016-2018, 73% entered EFC, while 27% did not. Two key recommendations in the EFC systems assessment were to expand the percent of those eligible for EFC entering the program, and to remove barriers to entry to the program.

The recommendations from the systems assessment also inspired legislation which passed in the 2024 session, aimed at making changes to the EFC program, [SB 5908](#).



## Consultation and Coordination Between State and Tribes

### Government-to-Government Policies and Procedures

Washington State recognizes the unique cultural and legal status of tribal governments. Indian tribes have the authority to, among other things, govern their people and their land; define their tribal membership criteria; create tribal legislation, law enforcement, and court systems; and impose taxes in certain situations. Based on this recognition, the Department of Children, Youth, and Families (DCYF) follows a government-to-government relationship in seeking consultation and participation by representatives of tribal governments in policy development.

### 10.03 Policy

Part of DCYF's [Policy 10.03](#) also outlines regional planning with tribes. The purpose of this policy is to direct the procedures that reflect the government-to-government relationship between Indian tribes and DCYF. When hiring, DCYF invites tribal participation for all positions that may work with tribes, including reviewing job descriptions, helping develop interview questions, and being part of the interview panel.

### Consultation and Collaboration

In Washington State, DCYF uses the word consultation as a formal process to help the state and tribes agree on policies, laws, or codes that may impact tribes. The Consultation policy is defined in DCYF's Policy 10.03 and [RCW 43.376](#), which outlines government-to-government relationships.

Tribes have asked DCYF to use the word collaboration when discussing steps taken to provide information to the tribes outside the formal consultation process. An example of this would be monthly Indian Child Welfare (ICW) Subcommittee meetings when DCYF shares information with tribes, as well as the quarterly Tribal Policy Advisory Committee.

### Memorandum of Agreement

DCYF offers all tribes an opportunity to enter into a Memorandum of Agreement (MOA) and is in the process of updating the MOA template in collaboration with the tribes. Once complete, the MOA will outline how DCYF and tribes will work together in all DCYF programs, including Intake, Child Protective Services (CPS) Investigation, Child and Family Welfare Services (CFWS), and Licensing. The MOA will also include how DCYF can support the tribes when a case is in tribal court, or the tribe provides case management to the family.

DCYF has MOAs with 14 tribes and is working to complete MOAs with several others, including one out-of-state tribe, Tlingit & Haida, that has opened a child welfare office in Washington State. DCYF has hired a deputy legal officer to help review draft MOAs and shorten the approval time.

DCYF maintains a list of tribal contacts for when a new abuse or neglect intake is received. DCYF continues to maintain and update tribal contact lists for Intake and After Hours.

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## Expanding Office of Tribal Relations (OTR) Staff Capacity

The OTR has hired new positions to help guide the ongoing work with child welfare staff. Positions include:

### 2023 Hires

- Foster care licensing specialist
- Tribal early learning licensing specialist
- OTR operations manager
- ICW quality review manager
- Qualified Expert Witness (QEW) coordinator
- ICWA evaluator

### 2024 Hires

- Local Indian Child Welfare Advisory Committee (LICWAC) Coordinator
- OTR training specialist
- OTR prevention services specialist
- Two active efforts navigators

The Indian Child Welfare Act (ICWA) evaluator drafted a literature review that summarizes and relies on existing evidence that supports the changes to DCYF's ICW policies and procedures. The evaluator is also creating a logic model that details specific mechanisms and metrics of these changes to ICW policies and practices that will inform the upcoming evaluation work. This work will help to track and understand child welfare trends in American Indian and Alaska Native (AI/AN) and AI/AN-multi communities and how changes to practices and services may improve these outcomes across time.

## Positive Indian Parenting

DCYF contracted with the National Indian Child Welfare Association (NICWA) for three statewide train the trainer Positive Indian Parenting. To date, one training course on the east and west sides of the state, as well as one virtual, has been completed.

### Positive Indian Parenting Attendance:

#### 2023

- August (Spokane): 11 total, including five Tribal (Nisqually (2), Chehalis, Elwha, Kalispel)
- November (Virtual): 16 total, including four Tribal (Yakama, Tulalip (2), Swinomish)

#### 2024

- January (Seattle): 25 total, including 12 Tribal (Snoqualmie (2), Cowlitz (3), Quileute (3), Skokomish (3), Spokane)

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## Revising ICW Policies and Procedures

### *Background*

In 2021, DCYF and tribes formed a Tribal-State Workgroup to revise ICW policy and procedures to align with recent Washington State Supreme Court opinions. The [Z.J.G. opinion](#) clarified how DCYF would interpret what constitutes “Reason to Know” when a child is or may be an Indian Child. The [G.J.A. opinion](#) specified what services DCYF must provide to prevent out-of-home placement. The court also specified that the services need to be culturally relevant. The [J.M.W. opinion](#) requires DCYF to provide active efforts before a 72-hour Shelter Care Hearing and provide a QEW no later than the 30-day hearing.

### *Consultation, Training, and Implementation*

In July 2023, tribal consultation took place between DCYF and tribes regarding updated ICW policies. DCYF continues to keep tribes updated on the implementation process. Tribes also participate in ongoing meetings between DCYF and the Alliance to discuss necessary changes to the existing ICW training to align with the new policy.

Liz Mueller (Jamestown S’Klallam Tribe) and Ralph Jefferson (Lummi Nation) participated in the recording of the History of the Indian Child Welfare Act used for the ICW policy rollouts. DCYF also held seven ad hoc committees; Active Efforts, Case Review Tool, Guiding Questions for Reason to Know, Licensing, Local Indian Child Welfare Act Committees (LICWAC), MOA template, and QEW.

In 2023, Jamestown S’Klallam Tribe hosted an annual ICWA training and ICWA court conference, with support provided by the OTR. There were 95 participants at this conference. In October 2023, Yakima County Superior Court, the Yakama Tribe, the Family and Youth Justice Programs (FYJP) and Casey Family Programs held an ICWA Court kick-off training, which OTR, local DCYF staff, and the Office of the Attorney General’s participated in.

The newly revised ICW policies and procedures will go live statewide in July 2024. A comprehensive plan to roll out changes statewide is provided by The Alliance for Child Welfare Excellence and delivered from April 30, 2024 – June 28, 2024, to all child welfare staff and tribal staff. There are three pilot sites that will occur the second week of April for the following locations: Region 1-Spokane, Region 4-West Seattle, and Region 5-Tacoma offices. The pilot sites will include the existing ICW units from those regions as well as Region 5 will include two non-ICW units of CPS and CFWS. The training will focus on delivery of new policies, forms, FamLink changes, and staff guides due to new processes.

## ICW Compliance

### *Case Reviews*

The regions completed local ICW case reviews with tribes in their region as agreed upon by the [Policy 10.03](#) plans. Due to the COVID-19 pandemic meeting restrictions and guidelines, regional reviews were put on hold. These reviews resumed in some offices through Zoom or other virtual platforms. In 2022 and 2023, local office ICW case reviews occurred more frequently as COVID restrictions were lifted.

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In 2023, OTR hired an ICW quality review manager to oversee the ICW Case Record Review Process. One of the first projects was to facilitate an ad hoc work group to develop an updated case review tool. The tool was completed and approved by the ICW Subcommittee in December 2023. The second phase of work is to facilitate a workgroup for designing the accompanying reviewer's manual that will provide clear directions on how the case review tool is to be used. The work began in March 2024 with a projected completion date of May 31, 2024.

#### *Action Plans*

DCYF and tribes developed action plans based on the statewide ICW case review results to address areas of need. These plans were finalized in 2019 and are continuing to be implemented, including creating ICW flow charts and tip sheets for caseworkers to reference.

#### *Quality Assurance*

OTR is developing a quality assurance/case review process that will ensure that DCYF adheres to Federal ICWA, Washington State ICWA, and DCYF policies and procedures and equity matters related to AI/AN people. Additional areas of significant focus will include interpreting DCYF policies and procedures, working to remove barriers to services and resources, consulting and supporting DCYF staff, tribal partners, and various system partners.

#### *Qualified Expert Witnesses*

DCYF continues to meet with the tribes to develop and update their Policy 10.03 plans. A new suggested section of these plans is space for the tribe to provide a contact name and number/email for DCYF to use when a QEW is needed. DCYF currently offers QEW training to tribal and state staff.

#### *Strategic Planning*

The tribes are invited to participate in the development of DCYF's strategic plan and there are two tribal representative positions on the DCYF Oversight Board. Currently there is only one tribal representative, however DCYF, in partnership with the tribes, is actively recruiting a tribal representative to fill the vacancy on the oversight board.

#### **Tribal Licensing**

DCYF hosted seven licensing ad hoc meetings from October 2023 – February 2024, to collaborate with tribes on the pathway development for tribes to access the initial and kinship licenses for caregivers of tribal jurisdiction children. During this process, trainings were conducted internally for DCYF staff across various divisions and for tribes to identify how they may access initial and kinship licenses.

Statewide tribal licensing access was launched on March 13, 2024. When requested by a Washington State federally recognized tribe, DCYF will approve payment for services for an Indian child, subject to the same eligibility standards and rates of support applicable to other children for whom the department purchases care ([RCW 74.13.031](#)). DCYF also offers the option for each tribe to enter into an Indian Nations Caregiver Support Contract to provide continued financial support to tribal child welfare program operations.

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## Cultural Services Landscape Analysis

DCYF contracted with Kauffman & Associates to conduct a Cultural Services Landscape Analysis. This contract will assist DCYF with increasing culturally relevant contracts with tribes. The landscape analysis will focus on understanding the current reality of services provided and how these meet legislative requirements for cultural alignment. The landscape analysis will aid in understanding the strengths, resources, and needs of specific populations of children, youth, and families served by DCYF child welfare services in Washington State, including the following populations:

- American Indians/Alaska Natives (AI/AN)
- Asian American and Native Hawaiian/Pacific Islander
- Black and African American
- Hispanic and Latino
- Immigrants and refugees
- Non-English primary language/American Sign Language/Sign language/limited English proficiency/families using interpretive services

There will be three listening sessions available to hear the results of the Cultural Services Landscape Analysis. The first session was held on May 22, 2024. This session was specifically designated for DCYF's Quality & Availability of Services Accountability Group. The other two sessions were May 30, 2024, for internal system partners and May 30, 2024, for Tribal Nations and external system partners.

## Planned Activities for the Next Review Period

### *Local Indian Child Welfare Advisory Committee (LICWAC)*

The Regional ICW consultants will provide LICWAC training for DCYF staff and LICWAC members, as identified in the Policy 10.03 plans. LICWAC training is ongoing and offered throughout the state, and Guides will be created for both DCYF staff and LICWAC members.

LICWAC policy has been revised several times since created, leading some LICWAC teams to use outdated policies. DCYF will use listening sessions to bring awareness to all teams of the current policy.

### *Statewide ICW Case Review*

DCYF will work with the tribes to plan a statewide ICW case review. This includes providing training on how to use the updated case review tool when reviewing cases. The review will be completed with both DCYF and tribal workers, and the results will be shared with tribes.

Additionally, two active efforts navigators were hired and will support the statewide case record review work efforts. There will be two pilot reviews scheduled and completed by the end of 2024. This pilot period will allow any final changes and/or adjustments to be made to the review tool and/or reviewer's guide. Reviewer training for both tribal partners and DCYF staff is planned for Fall 2025. Next steps will be to begin rolling out initial regional ICW case record reviews in collaboration with tribal partners and regional leadership in 2025.

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### *Review of Service & Contract Needs*

DCYF started scheduling meetings with tribes to discuss service and contract needs. This will start at the regional level with a meeting with all the tribes to assess what services are needed throughout the state.

### *Other Trainings*

#### Indian Children Youth and Families (ICYF) Conference

OTR hosted the ICYF Conference in November 2023 with 18 sessions and over 500 attendees over two days. The ICYF Conference is held each year, and the next one is scheduled for Oct. 16 and 17, 2024.

#### NICWA Conference

Members of the Office of Tribal Relations and regional DCYF staff attended the NICWA conference in 2023. Nearly 40 DCYF staff attended, and DCYF hosted a Washington State Meet & Greet at the NICWA conference so tribes, court partners, and DCYF could get to know each other. The next NICWA conference was in April 2024, but not as many DCYF staff were able to attend. Tribal Relations looks into the financial feasibility of having staff attend this conference each year.

#### Children's Justice Conference

DCYF sponsored ten tribal caseworkers' registration and lodging for DCYF's annual Children's Justice Conference in Tacoma in 2023, and 16 spots for the same conference in 2024. Tribal Relations will sponsor tribal staff for the next Children's Justice Conference in 2025.

#### Partnership with The Alliance

The Alliance will continue to coordinate and assist in access to training for tribal staff and caregivers. Additionally, the Alliance is invited to participate in any ICW case review process. The Alliance provides Native American Inquiry Request (NAIR) referral training to all regions. The Alliance is also offering Family Team Decision Making (FTDM) and FamLink trainings.

#### Communication with Tribes

OTR will also provide staff training on Policy 10.03. To ensure tribal staff is aware of all DCYF training opportunities and provided information to enroll and attend, notification will occur at Policy 10.03 meetings, advisory meetings, postings on the Office of Tribal Relations website, ICW Subcommittee, newsletter, and direct communication from the Alliance regarding available training.

DCYF will collaborate with the tribes around the implementation of proposed changes to Adoption and Foster Care Analysis and Reporting System (AFCARS) at DCYF ICW Subcommittee Meetings. Discussions around the changes have been ongoing, and all changes are reported to the tribes at the ICW Subcommittee Meetings.

ICW consultants in each region continue to provide technical support, training, and coordination of tribal meetings.

### Title IV-E Outreach

DCYF continues to meet with any tribe that would like to discuss IV-E options; The DCYF IV-E program manager will be presenting at the monthly ICW Sub-Committee Meetings. DCYF arranged a meeting between Casey Family Programs, NICWA, Region 5, and headquarters IV-E team to discuss options for getting more tribal IV-E agreements. This meeting was scheduled at the request of the tribes.

### Child Welfare Early Learning Navigator (CWELN)

The CWELN are dedicated to preventing further involvement in the CW system by offering early learning support to families during front-end engagement. Securing funding beyond Preschool Development Grant funding has enabled the expansion of the CWELN Program statewide, to include continued funding for a Tribal CWELN position within OTR. Presently, the Tribal CWELN assesses child welfare cases for targeted intervention by confirming information in FamLink and coding case notes as “Active Efforts” if ICWA/Reason to Know applies. These measures aim to uphold tribal sovereignty and ensure accountability in identifying children involved in child welfare whose families identify as AI/AN.

In mid-2024, DCYF will further evaluate the CWELN program to focus on tribal families with children aged birth to five involved in child welfare and their lived experiences. This evaluation seeks to clarify the needs of tribal families, fostering collaboration with the community to understand and disseminate findings for culturally relevant practice and service provision.

### Plan for Exchanging Child and Family Services Plan (CFSP)/ Annual Progress and Services Report (APSR) Between the Tribes and the State

The APSR will be provided electronically to all tribes and a link to the report will be placed on the DCYF Tribal Relations internet page.

Thank you to those who assisted with this report:

- Frances Pickernell, Confederated Tribes of the Chehalis Reservation
- Joni Williams, Cowlitz Indian Tribe
- Liz Mueller, Jamestown S’Klallam Tribe
- Jessica Humphries, Jamestown S’Klallam Tribe
- Kevin Stark, Kalispel Tribe of Indians
- Rebecca Sampson-Weed, Lower Elwha Klallam Tribe
- Rhonda Metcalf, Puyallup Tribe
- Marriah Betschart, Puyallup Tribe
- Sarah Beach, Samish Indian Nation
- Ryan Kippes, Sauk-Suiattle Indian Tribe
- Stephanie Gomez, Confederated Tribes and Bands of the Yakama Nation

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## Statistical and Supporting Information

### CAPTA Annual State Data Report Items

Information on Child Protective Workforce

Number of families that received differential response as a preventative service during the year.

Number of CPS Intakes Screened-In for Family Assessment Response	
Calendar Year	Number
CY2019	21,452
CY2020	16,474
CY2021	18,427
CY2022	19,917
CY2023	25,828

*Data Source: Far & Investigation Intake Detail, infoFamLink, CY2019, CY2020, CY2021, CY2022, CY2023*

Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. DCYF uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

Family Assessment/Investigation (CPS) – Average Caseload						
Month	CPS Investigations Standard: 12-15 Families			CPS FAR Standard: 12-15 Families		
	CPS Cases	CPS Worker %	CPS Ratio	CPS Cases	CPS Worker %	CPS Ratio
Month	CPS Cases	CPS Worker %	CPS Ratio	CPS Cases	CPS Worker %	CPS Ratio
Jan-23	3,409.6	196.8	17.3	3,011.7	189.2	15.9
Feb-23	3,587.9	192.7	18.6	3,307.8	194.2	17.0
Mar-23	3,839.3	195.0	19.7	3,601.8	202.7	17.8
Apr-23	3,770.1	199.3	18.9	3,657.8	193.7	18.9
May-23	3,831.1	196.0	19.5	3,753.6	193.4	19.4
Jun-23	4,026.6	198.1	20.3	3,986.1	193.6	20.6
Jul-23	4,138.8	201.8	20.5	3,910.1	189.7	20.6
Aug-23	3,498.8	200.7	17.4	3,257.4	188.3	17.3
Sep-23	3,115.1	202.0	15.4	2,873.6	190.1	15.1

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2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

<b>Oct-23</b>	3,115.1	202.0	15.4	2,873.6	190.1	15.1
<b>Nov-23</b>	3,282.2	200.8	16.3	3,461.1	216.2	16.0

Data Source: Workload FTE Summary, infoFamLink, reports as of the 3<sup>rd</sup> of the respective month reported, CY2023 months

Information on the education, qualification, and training requirements established by the State for child protective service personnel, data on the education, qualifications, and training of personnel, and demographic information of personnel (sections 106(d)(10)(A-C)).

**DCYF Child Welfare CPS Workforce**

	CY2019		CY2020		CY2021		CY2022		CY2023	
	Personnel		Personnel		Personnel		Personnel		Personnel	
<b>Race/Ethnicity</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
American Indian/Alaskan	9	1.97%	11	2.14%	10	2.25%	5	1.17%	5	1.10%
Asian or Pacific Islander	24	5.26%	26	5.05%	14	3.13%	21	4.94%	24	5.33%
Black/Not Hispanic Origin	33	7.24%	37	7.18%	39	8.72%	45	10.59%	34	7.54%
Hispanic	33	7.24%	38	7.38%	43	9.62%	62	14.59%	51	11.30%
White/Not Hispanic Origin	127	27.85%	163	31.65%	163	36.46%	190	44.71%	215	47.67%
Unknown	230	50.44%	240	46.60%	178	39.82%	102	24.00%	122	27.06%
<b>Total</b>	<b>456</b>	<b>100.00%</b>	<b>515</b>	<b>100.00%</b>	<b>447</b>	<b>100.00%</b>	<b>425</b>	<b>100.00%</b>	<b>451</b>	<b>100.00%</b>
<b>Gender</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Female	343	75.22%	389	75.53%	344	76.96%	353	83.06%	380	84.26%
Male	113	24.78%	126	24.47%	103	23.04%	72	16.94%	71	15.74%
<b>Total</b>	<b>456</b>	<b>100.00%</b>	<b>515</b>	<b>100.00%</b>	<b>447</b>	<b>100.00%</b>	<b>425</b>	<b>100.00%</b>	<b>451</b>	<b>100.00%</b>
<b>Age</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Under 35 Years Old	141	30.92%	160	31.07%	178	39.82%	169	39.76%	158	35.03%
35 - 45 Years Old	148	32.46%	156	30.29%	134	29.98%	133	31.29%	161	35.70%
46 - 60 Years Old	120	26.32%	141	27.38%	123	27.52%	105	24.71%	116	25.72%

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Over 60 Years Old	47	10.31%	58	11.26%	12	2.68%	18	4.24%	16	3.55%
Total	456	100.00%	515	100.00%	447	100.00%	425	100.00%	451	100.00%
<b>Education</b>										
<b>Education</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Voc. or Bus. School	1	0.22%	1	0.19%	0	0.00%	1	0.24%	0	0.00%
Less Than HS Grad	3	0.66%	2	0.39%	3	0.67%	0	0.00%	1	0.22%
High School or GED	1	0.22%	1	0.19%	1	0.16%	3	71.00%	4	0.89%
Some College-2Qtrs+	13	2.85%	15	2.91%	12	2.68%	13	3.06%	13	2.88%
AA Degree	4	0.88%	7	1.36%	7	1.57%	9	2.12%	3	0.67%
College Grad 4-Yr Degree	242	53.07%	281	54.56%	272	60.85%	230	54.11%	219	48.55%
Some Grad Work	28	6.14%	35	6.80%	19	4.25%	11	2.59%	13	2.88%
MA/MS/MSW Degree	-	-	-	-	-	-	-	-	128	28.38%
Other Master's Degree	156*	34.21%	166*	32.23%	126*	28.19%	95	22.35%	3	0.67%
<b>PHD, LLD, MD, JD</b>	2	0.44%	2	0.39%	2	0.44%	2	0.47%	3	0.67%
<b>Unknown</b>	6	1.32%	5	0.70%	5	1.19%	61	14.35%	64	14.19%
<b>Total</b>	456	100.00%	515	100%	447	100.00%	425	100.00%	451	100.00%

Data source: DCYF Human Resources

DCYF Child Welfare CPS Workforce

Information on the education, qualifications, and training requirements established by the state for child protective service personnel.

Social Service Specialist Series Required Education, Experience, Skills and Abilities				
Social Service Specialist 1	Social Service Specialist 2	Social Service Specialist 3	Social Service Specialist 4	Social Service Specialist 5
Bachelor's Degree with 30 semester or 45 quarter credits in a Social Services discipline whose degree is recognized by the U.S. Dept. of Education or the	A Master's degree in social services, human services, behavioral sciences, or Master's degree which includes 30 semester or 45 quarter credits in a	A Master's degree in social services, human services, behavioral sciences, or Master's degree which includes 30 semester or 45 quarter credits in a	A Master's degree in social services, human services, behavioral sciences or Master's degree which includes 30	A Master's degree in social services, human services, behavioral sciences, or Master's degree which includes 30 semester or 45

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<p>Council for Higher Education Accreditation (CHEA).</p> <p><b>OR</b></p> <p>Any degree accepted with expectation employee completes 30 semester or 45 quarter credits in a Social Service discipline within 18 months.</p>	<p>Social Services discipline.</p> <p><b>OR</b></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or with 30 semester or 45 quarter credits in a Social Services discipline whose degree is recognized by the U.S. Dept. of Education or the Council for Higher Education Accreditation (CHEA).and one year of paid social service experience* performing functions.</p> <p><b>OR</b></p> <p>One year as a Social Service Specialist 1</p> <p>*Paid Social Service experience</p>	<p>Social Services discipline and one year of paid social service experience*.</p> <p><b>OR</b></p> <p>A Bachelor's degree in social services, human services, behavioral sciences OR with 30 semester or 45 quarter credits in a Social Services discipline AND two years of paid social service experience*.</p> <p><b>OR</b></p> <p>One year as a Social Service Specialist 2.</p> <p>*Paid Social Service experience which must include assessing risk and safety to children and providing direct family-centered practice services.</p>	<p>semester or 45 quarter credits in a Social Services discipline and two years of paid social service experience* equivalent to a Social Service Specialist 3.</p> <p><b>OR</b></p> <p>A Bachelor's degree in social services, human services, behavioral sciences OR with 30 semester or 45 quarter credits in a Social Services discipline and three year of experience as a Social Service Specialist 3.</p> <p><b>OR</b></p> <p>One year of experience as a Social Service Specialist 3.</p> <p><b>NOTE:</b> A two-year Master's degree in one of the above fields that included a practicum may be substituted for one year of paid social service experience.</p> <p><b>NOTE:</b> Employees must successfully complete the formal training course sponsored</p>	<p>quarter credits in a Social Services discipline AND three years of paid social service experience*.</p> <p><b>OR</b></p> <p>A Bachelor's degree in social services, human services, behavioral sciences OR any Bachelor's degree which includes 30 semester or 45 quarter credits in a Social Services discipline AND four years of paid social service experience*.</p> <p><b>OR</b></p> <p>One year of experience as a Social Service Specialist 4.</p> <p><b>OR</b></p> <p>Two years of experience as a Social Service Specialist 3.</p> <p><b>NOTE:</b> A two-year Master's degree in one of the above fields that included a practicum may be substituted for one year of paid social service experience.</p>
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			by their division within one year of their appointment.	
			*Paid Social Service experience which must include assessing risk and safety to children and providing direct family-centered practice services.	*Paid social service experience must include assessing risk and safety to children and providing direct family-centered practice services.

Juvenile Justice Transfers

DCYF gathers data from the FamLink SACWIS System on children who are incarcerated in JR during the year. The current reporting includes youth in DCYF care and custody that experience one or more placement events at one or more of the JR facilities including what are defined as the community settings (from JR – “There are 11 state run facilities. 3 institutions and 8 community facilities.”).

Juvenile Justice Transfers					
CY2023					
	Female		Male		
Race	12 – 15 Years Old	16 – 18 Years Old	12 – 15 Years Old	16 – 18 Years Old	Total Number
American Indian/Alaskan Native			2	3	5
Asian		1			1
Black/African American	2			7	9
Hispanic			4	1	5
White			4	10	14
<b>Total</b>	<b>2</b>	<b>1</b>	<b>10</b>	<b>21</b>	<b>34</b>

*Source: DCYF FamLink; Includes any youth in an open episode for any length of stay during CY2023, who were placed into a state regulated DCYF/JR facility while in out of home care anytime during CY2023. Includes placements in any of the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, SUNRISE STATE COMMUNITY FACILITY, RIDGEVIEW STATE COMMUNITY FACILITY, CANYON VIEW STATE COMMUNITY FACILITY, TWIN RIVERS STATE COMMUNITY FACILITY, PARKE CREEK STATE COMMUNITY FACILITY, WOODINVILLE STATE COMMUNITY FACILITY, OAKRIDGE STATE COMMUNITY FACILITY, TOUCHSTONE STATE COMMUNITY FACILITY*

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### Education and Training Vouchers (ETV)

See *Annual Reporting of Education and Training Voucher Awarded*.

### Inter-Country Adoptions

See *Services for Children Adopted from Other Countries* section.

### Monthly Caseworker Visit Data

FY2023 data will be reported by December 15, 2024, as required in ACYF-CB-PI-12-01.

## Attachments

[Attachment A – Child Abuse Prevention and Treatment At Report and Citizen Review Panel Reports](#)

[Attachment B – CFS 101 Part I, II, and III](#)

[Attachment C – Annual Reporting of Education and Training Vouchers Awarded](#)

[Attachment D – Acronyms and Abbreviations](#)

## Attachment A – Child Abuse Prevention and Treatment At Report and Citizen Review Panel Reports

### CAPTA Program Manager

Contact: Amy Bustamante, CAPTA Grant Manager  
Address: Department of Children, Youth and Families  
1115 Washington Street SE/PO BOX 45710  
Olympia, WA 98504-5710  
Phone: (360) 791-5894

E-mail: amy.bustamante@dcyf.wa.gov

### Use of State Grant Funds

DCYF provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), Family Voluntary Services (FVS) or Family Reconciliation Services (FRS) to strengthen families and prevent child abuse and neglect. Activities funded by the CAPTA state grant include:

- Regional quality practice specialists, CPS program managers and safety administrators
  - The regional Quality Practice Specialists (QPS), CPS program managers and Safety administrators continue to support intake, assessment, screening, and investigation of reports of abuse and neglect. Funding supports six positions.
- Critical incident case review specialists
  - The critical incident case review specialists provide clinical consultation to management and critical incident case review teams on complex and high-risk cases. These cases involve child fatalities, near fatalities, other critical incidents, high risk, high profile, complex cases, or tort cases. Funding supports three positions.
- CAPTA grant program manager
  - The CAPTA grant program manager position provides support and facilitation of the three Citizen Review Panels and subcommittees of the CRPs. The position provides support for grant funding and provides support to other programs that utilize CAPTA grant funds. Funding supports one position.
- Intake program manager
  - The Intake program manager position implements and manages policies and tools that provide the framework of the Intake Program. The position leads work to build consistency across all regions and offices regarding screening of intake types, responses to child abuse or neglect, as well as the assessment of data. Funding supports one position.
- Domestic violence program manager
  - The Domestic violence program manager position implements and manages policies and tools that provide the framework of the Domestic Violence Program. This position leads work to build consistency and best practices related to the intersection of domestic violence and child welfare. Funding supports one position.
- Monetary support the Plan of Safe Care community prevention pathways by investing in both Parent Trust and Help Me Grow.

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- Monetary support to accredited Child Advocacy Centers (CACs) who lost funding during the pandemic and were likely to lose needed staff to function and provide services to children who had been abused or neglected. CACs are an integral part of the investigation, treatment, and prosecution of child abuse cases across the state.
- Monetary support to the North West Children’s Healing Centered and Trauma Forum. This sponsorship was provided to support staff attendance and training on the impact of trauma on children.
- Sponsored Dr. Jessica Pryce in a live webinar for DCYF staff and community partners addressing race and equity in the child welfare system.
- Continued support and education around the Family Practice Model that was developed through an in-depth system partner process with the assistance of Chapin Hall.
- Support the development of a Domestic Violence Workgroup to improve domestic violence practice and resources.
- Continued support for those with lived experience to participate in program feedback and CRP participation.
- Trauma training.
- Staff training.
- Plan of Safe Care IT upgrades.

### CAPTA Goals

DCYF’s Child Abuse Prevention and Treatment Act (CAPTA) underpinning goal is to eliminate disproportionality by creating and revising all systems through a racial equity lens. DCYF must work with families from a strength-based perspective, letting them lead as they are the experts of their own lives. Comprehensive assessments will be used to combat bias and understand the family dynamic from an objective perspective. It remains DCYF’s goal to provide families with the relevant resources they need to strengthen protective factors to safely care for their children. In addressing disproportionality throughout child welfare, DCYF can work to decrease removals, reduce trauma, and improve community health and vitality.

#### *Goals for CY 2023/CY 2024*

- Continue the work to expand service array in preparation of the implementation of [FFPSA](#).
- Continue training of Motivational Interviewing Curriculum with Alliance.
- Prepare for implementation of [SB 6109](#) that will go into effect on June 6, 2024. This bill’s purpose is to improve services and clarify the child removal process in circumstances involving high-potency synthetic opioids.
- Prepare for the implementation of [SB 6006](#) that will go into effect on July 1, 2025. This bill expands and clarifies legal definitions of human trafficking, including both sex trafficking and severe forms of trafficking in persons as described under the [Federal Trafficking Victims Act..](#) This bill will expand protections and supports for children who have been trafficked, including expanding DCYF service to cover children who have been labored trafficked when the parent is complicit.
- Funding streams for home visiting programs are being analyzed to determine how prevention plan candidates can be served by home visiting EBPs in Washington ’s Prevention

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Plan.

- DCYF will be piloting [culturally responsive prevention programs](#) provided by Native American tribes and Recognized American Indian Organizations (RAIOs) to reduce entries-into-care.
- Decrease out-of-home care and repeat maltreatment by increasing preventative services and service delivery, in CPS-investigation, CPS-FAR, and Family Voluntary Services. This will be supported through the implementation of motivational interviewing, along with targeted expansion of preventative services as part of [FFPSA](#).
- Continue ongoing sustainability of engagement by designating Engagement Regional Leads to ensure that engagement continues to be prioritized. This includes monthly meetings with the Engagement program manager and work to improve engagement through trainings, coaching, and resources.
- Continue the Integrated [Family Practice Model](#). The team has an implementation and Change manager and expanded to three coordinator FTEs. The team will identify coaching teams within regions to support rollout efforts that include training, marketing, and materials.
- Continue to support the Children, Youth, and Families Statewide CRP, Prevention, Investigation, and Family Services CRP and the Racial Equity and Impact CRP as they research and address their areas of focus. Continue to build a better recommendation and feedback loop that respects the time and system partner input that is received.
- Continue to bring the Plan of Safe Care (POSC) community-based prevention pathway to scale statewide through engagement and training with hospitals, cross-system collaboration, and sustaining a robust provider and community network supporting families experiencing perinatal substance use.
- Continue to maintain a contract with Within Reach who manages the statewide Help Me Grow System, and within which, the POSC community-based pathway.
- Continue improving plan for analyzing and reporting POSC data collected through the online referral portal.
- Continue POSC statewide POSC implementation.
- Continue to enhance the general child protective system through evaluation, development, improvement and reinforced use of risk and safety assessment tools and protocols.
- Improve trainings and work around safety and risk. These include:
  - Work with community and system partner groups to gather feedback on Safety Framework.
  - Partner with court system partners to collaborate and improve family well-being.
- Improve overall practice when domestic violence is indicated in a child welfare case.
- Hire a Domestic Violence program manager to manage domestic violence programs and improve overall practice when domestic violence is indicated in a child welfare case. This includes continued work around data integrity in tracking domestic violence as a risk factor.
- Continue to improve data integrity in tracking domestic violence as a risk factor.
- Increased retention of staff at all levels.
- Continue sustainability efforts to support best practice.

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## American Rescue Plan Act Funds

DCYF developed a budget and plan for use of the American Rescue Plan Act funds with internal and external system partners' input regarding use of the funding. Planning and coordination work occurred to ensure DCYF is maximizing support by coordinating CAPTA with Community-Based Child Abuse Prevention (CBCAP) fund planning. The following section details use of this funding:

### *Expansion of Parent Trust for Washington Children*

Parent Trust for Washington Children is contracted by DCYF to provide a wide array of family support services and resources for families, youth, and children of all ages. Per their mission, *Parent Trust for Washington Children creates lasting change and hope for the future by promoting safe, healthy families and communities.* With the expansion, Parent Trust for Washington Children is able to grow and reach more families across Washington with their array of family support services and resources. Much of their programming can be accessed by phone, internet, or virtually (training and support groups), which expanded availability across the state. Following is the most recent program information provided to DCYF, via twice-yearly reporting, identifying the number of contacts and individuals or families served across programs (Parent Trust for Washington Children 2022-2023 Annual and 2023 Mid-Year Report on Programs):

- Family Help Line and Support Services –
  - From July 2022-June 2023 Parent Trust made 55,994 contacts, including phone line calls, emails, online sessions, information downloads, social media users, and resource/referral requests. Of these contacts, 24% were assessed at high risk of CPS involvement based on family circumstances and current system-involvement, 12% shared they were involved with CPS at the time of the contact, and 11% experienced past CPS involvement.
  - From July 2023-December 2023 Parent Trust made 44,549 contacts, including phone line calls, emails, online sessions, information downloads, social media users, and resource/referral requests. Of these contacts, 28% were assessed at high risk of CPS involvement based on family circumstances and current system-involvement, 5% shared they were involved with CPS at the time of the contact, and 11% experienced past CPS involvement.
- Parent Education and Support Programs –
  - Circle of Parents/Families in Recovery Support Groups, 225 parents served July 2022-June 2023, and 211 served July 2023-December 2023.
  - Family Wellness Postpartum Depression Screenings, 66 screens completed from July 2022 through June 2023, and 60 screens completed from July 2023-December 2023.
- Expectant and New Parent Services –
  - Great Starts Program, 2,550 new and expecting parents served July 2022-June 2023, and 1,451 served July 2023-December 2023.
  - Conscious Fathering Program, 1,300 expectant/new fathers served July 2022-June 2023 and 432 served July 2023-December 2023.
- Child and Teen Services –
  - Family Wellness Developmental Screening, 278 family members received 226 ASQ

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developmental screens/re-screens from July 2022 - June 2023, and 122 screens and follow-up contacts were completed with families from July 2023-December 2023.

- Stress Management and Relaxation Training program, 381 teens trained in stress management knowledge and skills from July 2022 - June 2023, and 389 teens were trained from July 2023-December 2023.

Parent Trust for Washington Children’s service array is designed to increase protective factors and reduce child maltreatment. Program results are evaluated against the agency outcome goal that 70% of participants in programming will increase and maintain family management skills and knowledge by 10%. Key takeaways from the Parent Trust for Washington Children 2022-2023 Annual Report on Programs:

- 99% of Family Help Line callers reported a reduction in stress, 99% reported they had increased family management and positive parenting skills, and 99% reported increased confidence in their ability to self-advocate for their family.
- 92% of expecting/new fathers reported an increase in confidence and knowledge in nurturing and interacting with their baby, 95% of expecting/new fathers reported an increase in the confidence and knowledge in calming a crying baby, and 96% of expecting parents reported an increase in their knowledge of strategies to foster secure attachment and nurturing relationships.
- 70% of teens who participated in the Stress Management and Relaxation training reported an increase in their understanding of unhealthy coping strategies, 76% reported an increase in their understanding of positive ways to manage stress, and 70% reported an increase in their understanding of healthy social support.

*Parent Family Outreach, Connections and Unconditional Support (FOCUS)*

DCYF funded a proof-of-concept program in the Aberdeen and Spokane areas named Parent FOCUS. This program ended and DCYF received a final report from [Amara](#) in April 2024. The program provided parent mentorship from parents with lived experience to mentor parents who have a CPS Investigation, CPS-FAR or FVS case open. The program was provided to parents with repeated allegations of neglect whose children remain in the home. The proof of concept was to determine if this strategy will reduce recidivism of child abuse and neglect and to safely prevent out-of-home placement. Unfortunately, this program faced many barriers that will need to be addressed prior to development and redesign of a new pilot.

At the close of the program in April 2024, 606 hours had been provided to families in 2023. This included attending court, DCYF Shared Planning Meetings, client transportation, face-to-face support, resource navigation, and information support connection. Barriers identified in the program included limited FTEs, challenges in smaller communities that may present bias to peer navigators that experienced and interacted with DCYF staff, need for legal resources around VPAs, and the need to clarify hiring processes for someone with lived experience. The pilot program yielded crucial insights into integrating parents with lived experiences into paraprofessional roles within the child welfare system. While there is widespread recognition of the value these parents bring as mentors, implementation poses challenges.

*Lived Experience Expert Stipend Reimbursement*

DCYF contracted with community partner, [First Five Fundamentals](#), to reduce barriers and provide stipends for individuals with lived experience that participate in Citizen Review Panel meetings and Mandatory Reporting workgroups.

*Mandatory Reporting Campaign*

DCYF will update the mandated reporting video, documents and resources, including the video illustrating disproportionality in the child welfare system. Additionally, DCYF will develop, in partnership with system partners, a communication campaign that will focus on encouraging communities to notice signs of stress amongst one another, normalizing family stress and encouraging families to seek support, educating the broader community about supportive resources and providing information about recognizing and reporting suspected child abuse or neglect. The campaign will assist DCYF in getting this information out to the community to assure they are aware of these resources. A robust workgroup consisting of agency and system partners, and individuals with lived experience formed in June 2022 and began working on the development of a charter to guide the work of updating the video, eLearnings, and print materials accessed by mandatory reporters. DCYF will actively pursue contracting with a Washington State-based minority and/or femme owned video production company. The mission of the workgroup is to ensure these materials are grounded in racial equity, with a focus on the role mandatory reporters play in supporting families and reducing disproportionality and disparities in child welfare. The project and deliverables will center those disproportionately impacted.

- Child welfare alumni
- Parents with lived experience
- Black families
- American Indian/Alaska Native families

The primary goal of this workgroup is to update existing and create new educational and training materials for partners in mandatory reporting (e.g. video, eLearnings, and print materials) so the children and families of Washington State can be best served by the role of mandatory reporters. Materials for mandatory reporters will be centered in the following:

- **Racial Equity/Bias:** materials for mandatory reporters will be centered on the experiences of families most impacted by the child welfare system. BIPOC families, especially Black and Native American families, continue to be disproportionately impacted by the child welfare system. Educational materials will focus on preventing the harm of racial inequities in the child welfare system at the time of the report and building an awareness about the impact reporting to child welfare can have on people including unintended consequences related to severed relationships for children. The workgroup places high value on the input of lived experts across all aspects of this project, but specifically related to ensuring materials for mandatory reporters increase racial equity and decrease bias in terms of reports to child welfare. This perspective will be centered on the overall messaging and content of education and materials for mandatory reporters.
- **Trauma-Informed and Healing Centered:** mandatory reporter materials will support mandatory reporters with an understanding of life-long impacts from intergenerational,

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historical, and individual trauma, including the ways in which system-involvement can traumatize children and families. Materials will be inclusive and accessible. Education will focus on ways in which mandatory reporters can support children and families while walking alongside the family to maintain the relationship whenever possible if a report to DCYF needs to be made. Training will support decision-making around accessing community-based resources and when a call to DCYF intake is appropriate.

- **Technical Support:** mandatory reporter materials will clearly define the role and responsibility of a mandatory reporter, provide education on preparing a report to DCYF intake, and what to expect once a report to DCYF intake is made.
- **Metrics and Data:** mandatory reporting materials will include data about reports to CPS, services and service acquisition when families are child-welfare involved, mandatory reporter data, and disproportionality.

The secondary goal of this workgroup is to meet quarterly to support the work of mandatory reporting in Washington State. This includes but is not limited to.

- Increasing strategies for consistent utilization of mandatory reporting training materials.
- Identify areas of ongoing support for mandatory reporters in their role's supporting families.
- Ongoing maintenance and updates to the DCYF website for mandatory reporters to access training materials and resources.
- Increase availability of community-based resources and tools for mandatory reporters to connect families with and provide appropriate levels of support based on need.
- Develop a CQI process to leverage a better understanding of mandatory reporting to child welfare in Washington.
- Identify metrics and data related to mandatory reporting to regularly share with system partners.

During this reporting period, the Mandatory Reporter Campaign temporarily paused due to DCYF's reorganization and the shifting of staff and duties. The workgroup was informed and, after a several month delay, the workgroup reconvened. Progress was made on the development of the Mandatory Reporting eLearning. The eLearning is expected to be finalized in Summer 2024. The work of updating posters, pamphlets, and other print materials has begun and is expected to be complete by Fall 2024, and video production for the new video will begin mid-2024.

A large and diverse workgroup convened with the purpose of system partner, community, and agency collaboration to support the role of mandatory reporters across Washington. This workgroup is committed to updating the existing mandatory reporting eLearning for statewide mandatory reporting partners. The current eLearning is out of date and lacking substance in critical areas.

The workgroup met monthly and identified areas that need strengthening in the training such as understanding bias and why it happens. New eLearning content focused on pausing to reflect on one's own bias and the impact on disproportionality bias can have when reporting possible child abuse or neglect. Mandatory Reporters in Washington will also examine how bias, and disproportionality can contribute to systemic racism and racial disparities in the child welfare system.

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The workgroup felt strongly that areas around racial equity and social justice, along with ensuring the materials are presented through a trauma informed lens are important. The workgroup also outlined the need for the training to cover specific learning objectives and at the end of the training the participants will:

- Understand the challenges of mandatory reporting and learn best practices.
- Define mandatory reporting and when it is required.
- Describe a mandatory reporter's role.
- Identify indicators of possible child abuse or neglect.
- Determine when to report a concern to DCYF or when to refer a family to community resources.

The workgroup also identified current practice of referring to the DCYF intake line as 1-888-END HARM does not align with the goals of this workgroup for Mandatory Reporting training and materials for Washington State. The "END HARM" acronym is being removed from all publication and internet-based materials to be replaced by the actual digits to reach DCYF Intake by phone.

The updated training includes an understanding of the responsibility of being a mandatory reporter, the legal requirements, when and how to report, and what to expect after you make a report. The training emphasizes the challenges many mandatory reporters face and talks about best practice when working with families and making a report. This training will also include how to identify indicators of possible child abuse and neglect, as well as indicators families and children could be served and supported by community resources when there are not concerns of abuse and/or neglect.

Along with the workgroup recommendations, DCYF Intake workers around the state were polled for their suggestions and themes they experience on a consistent basis. The themes identified emphasized and addressed in the eLearning, to help mandatory reporters with their responsibility to report. Themes included correct spelling of names, knowing that mandatory reporters cannot remain confidential, and the intake worker is unable to provide any case specific information to the referent.

The Alliance developed the original training and is updating the content and instructional design. The workgroup content suggestions have been incorporated and the eLearning is ready for completion through instructional design, it is expected the eLearning will be finalized and translated to Spanish by July 2024.

Some additions to the eLearning include:

- A welcome video from the Assistant Secretary for Child Welfare, Natalie Green, that speaks to expectations of the training.
- A personalized data perspective from Assistant Secretary for Partnership, Prevention, and Services, Vickie Ybarra on disproportionality highlighting the data provided in the eLearning.
- A parent who was involved with CPS provides her perspective on what it was like to receive a call from CPS and how her process and interaction with the Mandatory Reporter who called could have been better.
- A schoolteacher sharing what it is like to have to make a call to DCYF Intake when you are working closely with the child/family, the impact this has on her, and what she does to work

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through reporting.

The workgroup includes representatives from the following:

- DCYF: HQ and Regional Child Welfare staff, Early Learning, Family Support Programs, Office of Tribal Relations, Office of Racial Equity and Social Justice, Office of Public Affairs
- Administrative office of the Courts
- Washington State Office of Superintendent of Public Instruction
- Casey Family Programs
- Partners for Our Children
- Alliance for Professional Development, Training, and Caregiver Excellence
- Children’s Home Society
- Seattle Children’s Hospital
- WA Child Advocates
- Child Advocacy Centers of Washington

Along with specific organizational representatives, the workgroup also included

- Parents with Lived Experience
- Nurses
- Law enforcement
- Prosecuting Attorney
- DV and LGBTQIA+ Advocate
- Teachers/Educators

Following completion of the eLearning, print and web-based materials as well as an updated video for the general public will be developed rounding out revisions to Washington State’s materials for mandatory reporters. Video production will be funded by the CAPTA grant and will include involvement from members of the CAPTA Citizen Review Pannels. The DCYF Communications team, Office of Racial Equity and Social Justice, Office of Tribal Affairs, along with other key DCYF programs and partners are joining efforts for these projects. The Mandatory Reporter Campaign is expected to be finalized by Fall 2024. The purpose of the campaign is to share community resources and community involvement and that while you are a mandated reporter, you can also consider yourself a child and family supporter.

#### *Grants to Community Resource Centers for Direct Concrete Goods*

DCYF is supporting nine Family Resources Centers (FRCs) to provide prevention services to families and enhance these organizations’ capacity to serve their communities. These FRCs were selected by a Request for Applications (RFA) conducted in the Summer 2022 by DCYF’s Community Based Child Abuse Prevention program.

Each of these nine FRCs is unique and provides services tailored to the needs in their communities. Some serve urban centers, and some are in remote areas. Most offer culturally and linguistically responsive services to participants with varied backgrounds and serve families furthest from opportunity, including black, American Indian, Latinx and immigrant families. At least two serve families

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who are unhoused or at risk of homelessness. Two FRCs focus on families of children with special needs and disabilities. One FRC focuses on expectant and new parents with imminent or active substance use disorder. Funded organizations are located around the state. While some FRCs have been operating for a long time, a few used this funding support to expand into new locations.

Since July 1, 2023, the nine FRCs have provided over \$200,000 worth of concrete goods to families they serve, supported by CAPTA I ARPA funds. Nearly all the families had children in the home, and from October 2022 – June 2023, over half the families had children ages 0-6. The most common items provided were gift cards for groceries and household goods, transportation assistance (e.g. bus passes, gas cards), baby and kids' supplies, food, and personal hygiene supplies. Nearly all recipients say the goods they received met a specific need and that they found it very or extremely valuable. Most recipients who responded to a question about their needs responded that during the past month, they had struggled with food, transportation, and household expenses.

Providing goods to families does more than help families meet their basic needs. FRCs share that providing goods helps them connect with families and build trust. It is common for families to initially visit a center to access concrete goods. However, once they have visited the center, they often find themselves forming trusting relationships with the staff and discovering other services and programs.



*Community Closet at Family Works in Seattle*

### CAPTA and Alignment with the Child and Family Services Plan (CFSP)

The following items in the [Update on Plan for Enacting the State's Vision](#) section support practice improvements for safety-related outcomes:

- Continued expansion of the Service Array in preparation for the implementation of FFPSA. Please see Service Array more detailed information.
- Implementation of Integrated Family Practice Model.
- Implementation and continued education of [HB 1227](#) related to removal standards.
- Implementation of [SB 6109](#) related to Fentanyl and removal standards.
- Implement support for consistent application of the Safety Framework across all case types

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- by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.
- Continued Safe Child Consultations that provide wraparound team approach focused on guidance to caseworkers around child safety and next steps in case decisions. Consultations help to improve practice and focus on the importance of keeping children in their homes when possible.
  - Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.
  - DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.
  - In partnership with AOC, DCYF collaborated across the state regarding a Cross-System Kickoff for [HB 1227](#), Keeping Families Together Act. In these presentations the entire judicial community (attorneys, commissioners, judges, CASA, DCYF) came together to discuss the key elements of the legislation with an emphasis on exploring how and where prevention services come into play to eliminate the need for removal.
  - Support structure to ensure completion of FTDMs and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.
  - Dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.
  - Continued expansion of an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.
  - Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.

### Summary of Accomplishments – CY 2022/ CY 2023

- Completion of phase two of the Family Practice Model. This program shifts to the Integrated Family Practice Model.
- Development of a new Opioid/Fentanyl brochure for families. This brochure development included a panel of lived experts who contributed to the overall design of the public facing brochure.
- Substance use prevention and harm reduction program that includes providing all families with substance use concerns lock boxes and rescue medication.
- Finalizing contract language for competitive bidding on new Substance Use Disorder Professionals that will be in each region to provide support to child welfare staff.
- Comprehensive substance use education for both clients and staff on substances including Fentanyl.
- Continued work to identify sustainable funding sources to provide supportive living modality for those seeking substance use disorder treatment.
- Supported providers in continuing to work with and provide resources to families.
- Ongoing mandatory reporting training provided to the community statewide, including partnership with OSPI.

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- DCYF approved the Domestic Violence program manager position. This work previously was managed under the Child Safety program manager and will now be able to focus primarily on domestic violence policy and practice.
- In the process of developing an Intake portal for mandated reporters.
- Ongoing support for the Child Welfare Early Learning Navigator project.
- The POSC implementation efforts continue to focus on bringing the project to scale statewide.
- Continuation of Foundations of Practice to outline expectations and collaborative projects related to HB 1227.
- A comprehensive and diverse workgroup of internal and external system partners began revision and development work of the eLearnings for Mandatory Reporter materials and resources in Washington State. These updated eLearnings and materials will focus on racial equity, bias in reporting and initial screening, and a reduction in disproportionality and disparities in child welfare. Once complete this work will include:
  - Video
  - eLearnings
  - Print Materials
  - Web-based Resources
- PFD1 Grant received a No-Cost extension until Sept. 9, 2024. The Enhanced Permanency Planning Meetings will end April 2024. DCYF will maintain four facilitator positions in Region 1 and Region 6 through September 2024. This program will enter the evaluation phase in April 2024 and will end in September 2024. The final evaluation should be completed in September 2024. The overall Enhanced Permanency Planning achievements included:
  - Preliminary data based on the Meeting Details Report indicates more relative, youth, and parental participation in Treatment meetings.
  - Participation of youth in the PFD1 meetings is between 5.5 and 6.7 times greater than the control group meetings.
  - Additional extended family attending is between two and three times greater.
  - Fathers attending is between 2.25 and 2.66 times greater.
  - Mothers attending is between 2.0 and 2.3 times greater.
  - Overall participants in the PFD1 meetings received almost six meetings on average compared to the 2.6 meetings in the control group.
- Continuation of Incarcerated Parent Contact Pilot that launched in two Washington State Prisons in mid-2023.

Calendar Year 2023 Review Period Progress and Updates

Calendar Year 2023 Review Period Progress and Updates	
Activity	Status
Ensure consistent use of the Child Safety Framework and Intake Screening Tool for CPS Leads, Quality Practice Specialists, and Intake Leads through monthly statewide in-person meetings and monthly intake conference calls by providing ongoing support and development.	Ongoing
Regular review of intake data by Headquarters and Regional Intake program managers. Managers bring any variations of screened-out intakes to the attention of the AAs for action.	Ongoing

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Calendar Year 2023 Review Period Progress and Updates	
Activity	Status
Provide monthly performance reports that include real time CPS investigation and CPS-FAR 24-hour and 72-hour response data for staff and managers to proactively manage their cases and ensure the safety of children. Monthly performance reports also provide data for Screened-In, Screened-Out and Non-CPS intakes.	Ongoing
Plan of Safe care pilot sites expanded, and ongoing implementation will include bringing this body of work to scale with all birthing hospitals across the state utilizing the referral portal whenever an infant is born having experiences prenatal substance exposure.	Ongoing

### Services to Substance-Exposed Newborns

DCYF [Policy 2200.Intake Process and Response](#) requires intake workers to screen-in intakes involving allegations of child abuse or neglect or imminent risk of serious harm involving a newborn exposed or affected by substances (alcohol, marijuana, prescription medications, and any drug with abuse potential). Revisions to this policy and DCYF [Policy 1135.Infant Safety Education and Intervention](#) were completed and updated in August 2023. Revisions to both policies better align with the family-centered intent of federal legislation from intake screening to practice newborns have experienced prenatal substance exposure and meet legal sufficiency for child welfare intervention.

During the course of the CPS response, the caseworker monitors the safety of the infant and continues to work with and refer parents to relevant services to increase the safety and well-being of the infant. DCYF [Policy 1135.Infant Safety Education and Intervention](#) requires caseworkers to complete a POSC when a newborn is identified as substance affected (experiencing withdrawal symptoms) by a medical practitioner at birth. The plan must include, but is not limited to:

- Medical care for the newborn.
- Safe housing.
- Routine child care as needed.
- A list of phone numbers and contacts for the parent to call, including:
  - Emergency care for the newborn.
  - Help with parenting issues.
  - Help during a crisis.
- A referral for the parent to necessary services, e.g., SUD, intimate partner violence, or mental health assessment/treatment.
- A referral to other resources that may be of support, e.g. First Steps, Safe Babies Safe Moms (CPS clients are a priority population), Parent Child Assistance Program, Public Health Department, Women, Infant and Children (WIC), etc.
- A referral to Early Support for Infants and Toddlers (ESIT).

The POSC body of work continues to grow at a steady pace in Washington State to support families impacted by perinatal substance use in both child welfare and community-based settings in response to the 2016 [Comprehensive Abuse and Recovery Act \(CARA\)](#) and [subsequent changes to CAPTA legislation](#) when infants experience prenatal substance exposure. The intent behind the POSC in CAPTA has always

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been “to provide needed services and support for infants, their mothers, and their families, and to ensure a comprehensive response to the effects of prenatal drug exposure.” ([CAPTA Substance Exposed Infants Statutory Summary – NCSACW](#)). The 2016 CARA legislation strengthened the focus of the POSC to meet the needs of a broader population impacted by substance use and prenatal substance exposure. Identifying all infants with prenatal substance exposure as requiring a POSC and acknowledging that not all infants who are substance exposed will require a child welfare intervention.

Washington began the work of POSC implementation in 2018 with the support of in-depth technical assistance from the [National Center on Substance Abuse and Child Welfare \(NCSACW\)/Children and Family Futures](#). Through a multi-systemic approach and cross-system collaboration DCYF defined what the CAPTA language meant for Washington State and identified how to implement a community-based, public health focused pathway to serve the expanded population requiring a POSC statewide.

Across both the community-based and child welfare pathways, the purpose of the POSC is to meet the needs of the substance exposed infant and their family. The POSC community-based pathway is an upstream prevention, family-centered tool to prevent child abuse/neglect and child welfare system involvement. A referral is made at the time of the birthing event and participation is voluntary. Likewise, the POSC in child welfare can be utilized to prevent a family’s deeper involvement in the child welfare system by implementing wrap-around supports to meet the needs of the family to safely care for the substance-exposed newborn. Through connections to strengths-based assessment, resources, parenting education, no-cost services, planning, and concrete resources to ensure safe sleep environments, crisis and safety planning, and child care the POSC enhances protective factors and can prevent child welfare involvement at the time of birth, out-of-home placement for open DCYF cases, and future child welfare involvement following case closure. This tool aligns with the work of intra-agency early childhood system partners (e.g. ESIT, early learning, home visiting, etc.) and community-based partnerships to address perinatal substance use, support families, and promote healthy development. This family centered approach also aligns with the [HB 1227](#), Washington State Legislation effective July 1, 2023.

CAPTA does not provide a definition for “affected by substance abuse”. CAPTA language states a POSC is required for *infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder*. But states were given the flexibility to define the phrase – infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure (ACF 2017 Program Instructions).

In 2020, the definitions below were adopted as Washington’s definitions of the CAPTA language. Statewide implementation continues to center these definitions to identify newborns requiring a POSC in Washington State.

CAPTA Language	WA POSC Implementation Definitions
<b>Born and identified as being affected by substance abuse</b>	<b>Prenatal Substance Exposure:</b> The presence of alcohol or any controlled substance <sup>1</sup> verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.
<b>Withdrawal symptoms</b>	<b>Affected by Withdrawal:</b> A group of behavioral and physiological features in an infant that follows the abrupt discontinuation of a substance that has the capability of producing physical dependence. No potential clinical signs of withdrawal in the neonate may be attributed to in-utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.
<b>Fetal Alcohol Spectrum Disorder</b>	<b>Fetal Alcohol Spectrum Disorder:</b> The range of effects that can occur in an individual whose birthing parent drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

### Expansion of the Plan of Safe Care Body of Work

Washington’s [POSC](#) body of work consists of three distinct areas of programming for families experiencing perinatal substance use disorder (SUD). The POSC child welfare pathway, for families who screen-in for child welfare intervention when a newborn has experienced prenatal substance exposure and risk factors are high, provides a family centered tool representing aspects of both safety and case plans. Families with lower risk factors, for example individuals participating in Medication for Opioid Use Disorder (MOUD) treatment, are eligible for the statewide POSC community-based pathway. This pathway is a component of the [HMG](#) Washington network connecting families to voluntary services and resources in their communities. Finally, the Pregnancy-SUD (SUD-P) program makes efforts to connect pregnant people using substances to treatment providers and other community-based resources with an aim to reduce the likelihood of child welfare intervention and potential out-of-home placement when the child is born.

The POSC continues to be identified as a best practice for hospitals and communities to address perinatal SUD in Washington’s [Opioid Overdose and Response Plan](#), which identified as a promising resource in the [2023 Maternal Mortality Review Report](#) to the Washington state Legislature and aligns with requirements for hospitals to receive [Centers of Excellence for Perinatal Substance Use](#) certification from the Department of Health (DOH). Washingtons POSC work continues to center partnership and collaboration across agencies, and with local providers. Statewide implementation is supported by several cross-agency collaborations with Washingtons DOH, Health Care Authority (HCA), and Washington State Hospital Association (WSHA). Along with DCYF, these three agencies signed a cross-agency letter to hospitals in June 2023 requesting birthing hospitals revise their policies and procedures

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to align with the POSC and other best practices such as [Eat, Sleep, Console](#), by Jan. 1, 2025. The letter was accompanied by a joint DOH-DCYF [press release](#). DOH is a consistent supporter of this work, including 2023 Inter-Agency Agreement funding enhancements to the [POSC Online Referral Portal](#), marketing/outreach materials developed by [WithinReach](#), and examination/scoping for a future self-referral pathway.

The strong partnership between Within Reach and DCYF is an important driving factor of implementation in terms of both hospital engagement and developing relationships with local community partners and collaborations. Within Reach is a statewide, community-based non-profit administering HMG Washington network. In partnership with DCYF, Within Reach is engaging and onboarding birthing hospitals to use the referral portal and materials developed for providers to engage families in patient education about the [POSC](#) and HMG. By early 2024, 35 of Washington’s 56 birthing hospitals had participated in [implementation](#) through at least one onboarding training. Training for hospitals consists of:

- Federal CAPTA legislation and Washington’s POSC body of work presented by DCYF.
- How to use the referral portal presented by WithinReach.
- The HMG POSC community-based pathway, as well as general information about the larger HMG network presented by WithinReach.

The POSC community-based pathway expansion prioritized identifying and connecting to local networks of providers and organizations. This work included landscape analysis and relationship development with existing providers, as well as engaging new or emerging organizations. In some cases, local partnerships included a local HMG affiliate organization. The aim is for the POSC community-based pathway to connect families experiencing perinatal SUD to long-term resources, increasing family stability and protective factors.

In March 2023, the POSC statewide implementation team came together to develop goals and identify strategies for upcoming phases of implementation. Updates to the POSC Online Referral Portal, specifically to the algorithm questions which determine the POSC pathway, were identified as a priority goal and subsequently supported by DOH. In November 2023, ten listening sessions were held with a total of 58 partners in the POSC body of work to inform updates to the POSC Online Referral Portal. Key themes were:

- Need for a universal understanding of what is meant by “safety concerns” in the context of safety for the newborn upon discharge from the hospital.
- Strengthen elements of racial equity and reducing bias in the referral process.
- Improve provider-facing and patient-facing POSC materials to support reducing provider-bias and patient education about the POSC and potential CPS involvement.
- Recommendations for revisions to and expansion of the training content and topics available to hospitals related to perinatal SUD.

Work will continue in 2024 with POSC partners to implement an initial enhancement to the POSC Online Referral Portal providing more clarity to the pathway determination algorithm questions. A bias-check will also be added for portal users to certify they have reviewed content provided in a new browser

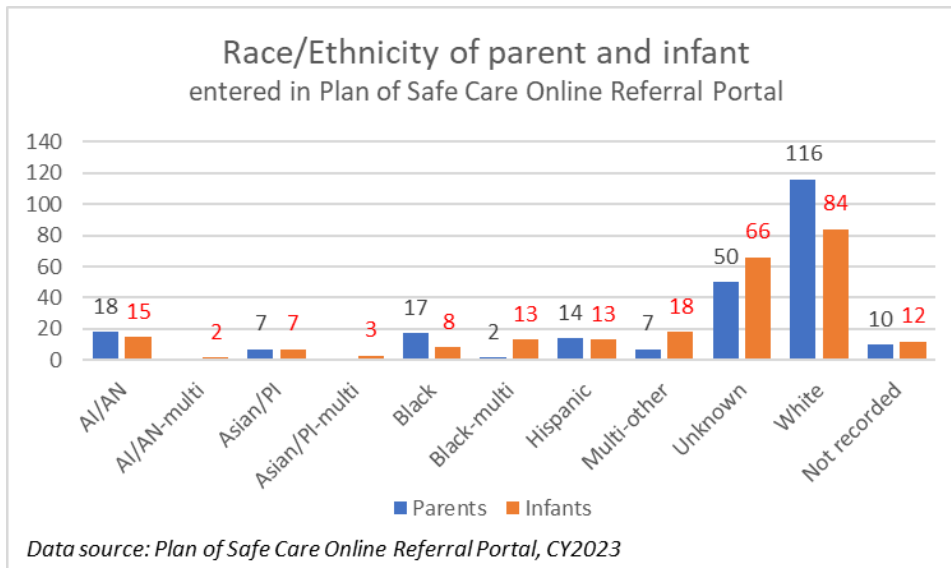
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window about assessing risk and protective factors when identifying if there are concerns for safety of the infant upon discharge. These referral portal enhancements are projected to be in place by July 2024.

In 2023, hospital providers referred 241 families through the POSC Online Referral Portal. This is an encouraging increase from 129 referrals in 2022. Of the 241 referrals in 2023, 95 were referred to the POSC community-based pathway. 93 of these families engaged in referrals for services and/or resources. Examples include referrals to the Parent-Child Assistance Program (PCAP), basic needs resources such as TANF applications, transportation, housing resources, cell phones, and food security such SNAP and WIC applications. The POSC Online Referral Portal algorithm identified the POSC child welfare pathway for the remaining 146 portal referrals in 2023. In these instances, hospital referrers were redirected to their local DCYF intake number so DCYF could screen for child welfare intervention. Effective Aug. 1, 2023, if the intake screening results in a screened-out determination, and the hospital referrer informs DCYF intake the family has provided verbal consent for a referral to the POSC community-based pathway with HMG, DCYF intake is able refer these screened-out intakes back to the community-based pathway. If the intake screens-in for child welfare intervention, the family receives a POSC as part of the intervention. See [Populations at Greatest Risk of Maltreatment](#) for additional information about intake screening of substance exposed newborns and the POSC child welfare pathway.

In addition to POSC pathway determination, the POSC Online Referral Portal also collects important population-level data related to perinatal substance use in Washington . Once this body of work is fully implemented, the referral portal will identify the appropriate POSC pathway and collect this data for every instance of prenatal substance exposure. The following data related to race/ethnicity of the parent/child, types and number of substances reported, and toxicology testing was collected via the POSC Online Referral Portal in 2023.



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## 2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

### Substance types reported (some cases have more than one related substance)

<b>Prescribed Opioids</b>	12	5.0%
<b>Illicit Opioids</b>	18	7.5%
<b>Medication Assisted Treatment</b>	99	41.1%
<b>Methamphetamine</b>	108	44.8%
<b>Marijuana</b>	60	24.9%
<b>Benzodiazepine</b>	2	0.8%
<b>Alcohol</b>	13	5.4%
<b>Cocaine</b>	9	3.7%
<b>Other</b>	5	2.1%
<b>Fentanyl</b>	76	31.5%

*Data source: Plan of Safe Care Online Referral Portal, CY2023*

### Number of substances reported

**124 of 241 (51.5%) cases had one substance reported**

**108 of 241 (44.8%) cases had more than one substance reported**

*Data source: Plan of Safe Care Online Referral Portal, CY2023*

### Toxicology Testing

**184 of 241 (76.3%) parents tested**

**190 of 241 (78.8%) infants tested**

*Data source: Plan of Safe Care Online Referral Portal, CY2023*

SUD-P programming connecting pregnant people using substances to community-based treatment and basic needs resources began to integrate into the POSC body of work in early 2023. The SUD-P program began as a pilot and was supported by the Harvard Kennedy School Government Performance Lab (GPL) through January 2024. As per GPL report, by the end of 2023 the SUD-P program reached 122 pregnant people using substances and enrolled 74 individuals in prevention services across all six SUD-P providers since the pilot began. In June 2023, DCYF leadership decided on a model for expansion and began planning to take full ownership of the program. DCYF contracted with WithinReach to develop and operate a statewide hub for DCYF’s SUD-P program (see hub model illustration below). Under this expansion model, WithinReach will receive all screened-out referrals from DCYF that qualify for the SUD-P program. WithinReach will route these referrals to the appropriate SUD-P community providers across the state. As the statewide hub, WithinReach is the lead contractor for the SUD-P program and is establishing subcontracts with each of the other five SUD-P community providers. These providers will continue to provide service navigation and care coordination services to families in their local communities, as well as form and contribute to an SUD-P Community of Practice, led WithinReach with DCYF support.

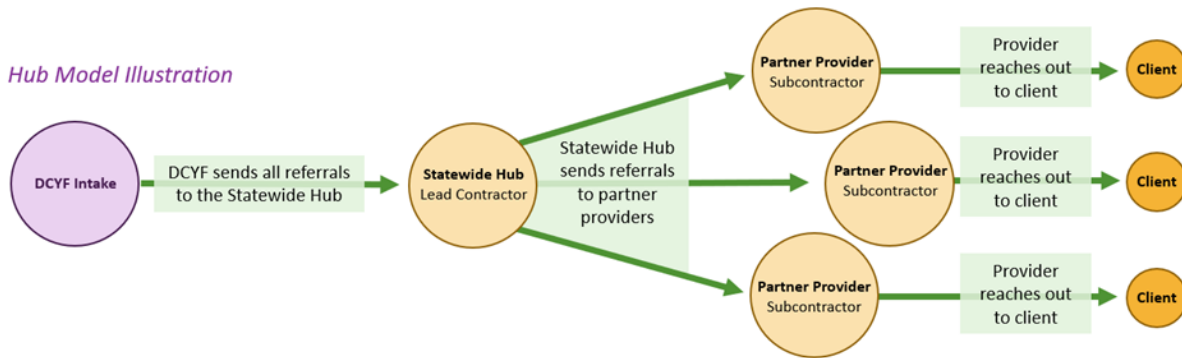
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2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

Region	Local Provider	Counties Served
Region 1	Spokane Regional Health District/You're Not Alone	Spokane
Region 1	American Indian Community Center	Spokane – Native American families
Region 3	FIRST Clinic	Snohomish, Skagit, Whatcom, Island, and San Juan
Region 4	WithinReach/HMG	King
Region 5	Parent-Child Assistance Program (PCAP)	Kitsap
Region 5	Pierce County 211/Pierce County Early Childhood Network	Pierce

From January 2024 – March 2024, WithinReach collaborated with the SUD-P Community of Practice to develop the design and infrastructure of this statewide hub in preparation for statewide expansion. By the end of FY 2024, the SUD-P Community of Practice will have tested the statewide hub infrastructure for three months within the program’s current nine counties. As next steps, in FY 2025, DCYF contracted WithinReach to operate the statewide hub beyond the current nine counties, meaning for any county that does not currently have an SUD-P community provider, WithinReach will provide service navigation services for SUD-P referrals from that county. In parallel to these efforts, DCYF will collaborate with WithinReach and the SUD-P Community of Practice to identify and onboard additional community providers across the state through a staged community-by-community approach, while also building upon and integrating with the POSC expansion efforts.



In late 2023, DCYF and GPL interviewed several hospital social workers in King County to inform the development of a further upstream referral toolkit for the SUD-P program. By January 2024, WithinReach was testing use of this toolkit by partnering with two King County hospital social workers working with individuals experiencing perinatal SUD in clinic and inpatient settings. For two weeks these social workers made direct referrals to the WithinReach team. This small pilot resulted in positive results, 100% of families referred were connected to services and resources in the community. Additionally, the two social workers reported they appreciated a direct referral pathway for their clients to access an array of community-based services, some of which they were not previously aware of. They also appreciated the workload reduction a direct referral pathway could offer social workers in these settings by having the WithinReach team take over referral coordination and provide warm hand-offs to



local services and resources. This small pilot provided valuable information to inform further upstream provider referrals, and self-referral pathways for both the POSC and SUD-P programs.

As expansion of the POSC body of work continues, Washington families experiencing perinatal SUD will have access to an array of local services and resources to prevent child welfare involvement or re-referral, and support stability, family well-being, and long-term recovery. Goals for the next phases of expansion include further integration across pathways, across systems, with FFPSA community pathway guidelines, and within communities across Washington State.

Integration across pathways – DCYF hopes to identify funding to support additional infrastructure development for families who are screened-in for the POSC child welfare pathway to receive a direct referral and warm hand-off to the POSC community-based pathway at the time of child welfare case closure. DCYF child welfare offices expressed an interest in the ability to access the SUD-P referral pathway for pregnant people using substances on open child welfare cases. Exploratory discussions are underway to identify the best route for seamless referrals from the SUD-P pathway to the POSC community-based pathway. This work requires identifying infrastructure needs, gathering partner input, and building mechanisms for communication across systems. DCYF hopes to begin the initial phases of this work in 2025.

Integration across systems – DCYF is currently exploring and identifying resources and programming needed to support seamless referral pathways from the POSC to [ESIT](#). In 2021, Washington State ESIT rules were updated identifying infants with prenatal substance exposure as a population with automatic eligibility for early intervention services. Additionally, WithinReach and WSHA are exploring and scoping what would be required to establish and sustain a system-level relationship to support birthing hospital policy and procedural updates, as well as ongoing outreach and a platform for technical assistance and training. DCYF hopes to identify funding to contract with WithinReach to build this relationship in 2025. Finally, the POSC work is included in early exploration of ways in which current resources can be leveraged to build programming to support families with infants at risk in Washington. [See Populations at Greatest Risk of Maltreatment](#) for more information about DCYF’s goals and current efforts to support infants at risk.

Integration with FFPSA – The population served by the POSC and SUD-P pathways are FFPSA candidacy groups and are included in DCYF’s initial FFPSA community pathway implementation. Efforts have already begun to identify how to meet IT infrastructure and data reporting requirements for FFPSA community pathways. In late 2024, DCYF hopes to begin exploration around service delivery matching to ensure the POSC/SUD-P navigation and care coordination service delivery model can integrate service planning and access to evidence-based programs required by FFPSA.

Integration within communities – A paramount feature of the POSC body of work is connecting families to long term resources in their communities. Implementation includes engagement with local community coalitions and collaboratives, and in some cases developing formal referral relationships. The HMG Washington network and POSC community-based pathway create an interconnected web of resources for families across Washington State. DCYF believes ongoing success and sustainability of the POSC body of work depends on the development of local community collaborations serving individuals and families experiencing perinatal SUD and supporting long-term recovery. DCYF is exploring

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opportunities to fund and partner with providers to develop a model toolkit for communities across the state to implement local community collaborations serving and supporting this population.

### CAPTA Review Hearings

CAPTA Review Hearings CY2023	
Outcomes from all referrals appealed to Office of Administration Hearings	254
Decisions issued by Administrative Law Judge	73
Founded/Affirmed	72
Unfounded/Reversed	1
Attempt to appeal Unfounded Dismissed	0
Findings changed to Unfounded by AA based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge	29
Findings changed to Erroneous Subject / Victim by area administrator	0
Findings changed to Inconclusive by area administrator	0
Transferred to AGO for licensing, dependency or conflict cases	15
Scheduled for a pending administrative hearing	133
Hearing completed and decision pending from Office of Administration Hearings	4
Petitions for Review to Board of Appeals	2
<i>Data Source: Mareen Bartlett, Special Assistant Attorney General for CAPTA, CY2023, April 2024</i>	

### Washington State Citizen Review Panel (CRP) Reports

Washington State has three Citizen Review Panels (CRPs) that meet monthly by Zoom. Additionally, the three CRPs have a general meeting at least once annually. The CRP prepares an annual report summarizing the activities of the panel and recommendations to improve the child protective services system at the state and local levels.

Currently there are two active CRP Subcommittee’s that meet as needed throughout the year either in person or via Zoom, Contracts and Services CRP Subcommittee and the Fatality and the CRP Near Fatality and Fatality Review Subcommittee.

The CAPTA Grant program manager facilitates the work of the CRPs and assists each panel with speaker participation, research, stipend reimbursement, meeting and travel logistics, and discussions with DCYF leadership.

- The CRPs and their area of focus include:
  - The Children, Youth, and Families Statewide CRP is presently made up of mainly system partners who have an expertise in children in out-of-home care. This panel includes members with lived experience. This team is very strong and will continue as is and will be given additional support from the CAPTA manager.
  - The Prevention, Investigation, and Family Services CRP. This panel is made up of volunteer representatives with expert knowledge and experience in preventive services and investigative techniques related to child abuse and neglect. The panel leadership includes an individual with lived experience.
  - Racial Equity and Impact CRP. This panel is made up of volunteer representatives with expert knowledge and experience of the child welfare system. The panel

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members on this CRP have extensive history in racial equity and inclusion work. This panel includes members with lived experience. This panel was formed from a recommendation made by the Children, Youth, and Families Statewide CRP.

- DCYF will continue to recruit parent and youth voice into each of the panels.
- Panel members will be asked to commit to two years on the panels.
- Panel members will complete a comprehensive orientation program upon appointment.
- The three CRPs will meet in the fall in-person.
- DCYF will send each co-chair from the CRPs and those with lived experience to the National CRP Conference.
- CAPTA Grant program manager and DCYF Communications will maintain the new [CRP Website](#). This website includes members' information, meeting agendas, and contact information for the public to learn more about the work of the CRPs.
- CAPTA Grant program manager works with DCYF Program Staff to identify opportunities for the CRP members to participate and provide feedback on documents and program improvements.
- Meetings will primarily be held via Zoom to improve CRP members' attendance. In-Person meetings will offer a Zoom option.

### *Racial Equity and Impact Citizen Review Panel*

#### Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its Child Abuse Prevention and Treatment Act (CAPTA) state plan. The Racial Equity and Impact CRP will recommend transformative actions for systemic change to protect children and youth and preserve families.

#### Citizen Review Panel Members

- Dr. Marian Harris, University of Washington School of Social Work, Co-Chair
- Shrounda Selivanoff, Director of Public Policy at Children's Home Society of Washington, Co-Chair, LE
- Keoki Kauano, Director of Father Engagement at Family Education and Support Services, LE
- Deborah Purce, Retired Child Welfare Professional
- Kimberly Booker, OPD Social Worker
- Dr. Chereese Phillips, Senior Director of Research Services at Casey Family Programs, LE
- Janelle Hawes, University of Washington School of Social Work, LE
- Buffy Via, Pierce County Dependency Court program manager
- Lisa Russell, GAL Kalispel Tribe
- Kendra Maroney, CASA Volunteer Kalispel Tribe

#### Process

The Racial Equity and Impact CRP met in August and October 2023 and in March 2024 in-person. The CRP met via zoom eight times since June 2023. The CRP scheduled monthly meetings on the first Monday of every month. The CRP researches and discusses topics via email when necessary.

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### Actions by the Racial Equity and Impact Citizen Review Panel

The Racial Equity and Impact Citizen Review Panel met monthly during the past calendar year. The work of this panel over the past 12 months included:

- Panel members completed a comprehensive orientation process.
- Jasmine Hodges, DCYF Child Safety program manager, met with the panel three times to discuss the Safety Framework and development of two pilots related to this work.
- Charina Carothers, Director of Equity and Belonging at The Alliance, met with the panel to discuss training for DCYF staff.
- Heather Mellor, DCYF HR operations administrator, met with the panel three times to discuss hiring practices and work around recruitment and retention of BIPOC staff.
- Marcos Rodriguez, DCYF Director of Human Resources, met with the panel two times to discuss hiring practices and work around recruitment and retention of BIPOC staff. These presentations included monitoring of data around this work.
- Natalie Green, DCYF Assistant Secretary of Child Welfare, met with the panel to discuss the work around recruitment and retention of BIPOC staff.
- Kathy Simms and Lynn Dupuis from the Capacity Building Center for States presented an overview of CRP work around the country and answered questions from CRP members on best practices.
- Jimmy Vallembois, DCYF SUD program manager, met with the panel to discuss new and ongoing projects related to SUD and harm reduction efforts.
- Frank Ordway, DCYF Deputy Secretary of Operations, met with the CRPs three times to discuss work around contracting and services (CIHS, Professional, and Psych).
- Maria Zdzieblowski, DCYF Director of Service Continuum, met with panel members to discuss work on the FFPSA.
- Phyllis Duncan-Souza, DCYF FFPSA program administrator, met with panel members to discuss work on the FFPSA.
- Honorable Josephy Evans, Pierce County Superior Court, met with the panel to talk about therapeutic courts and their role with DCYF.
- Joel Odimba, DCYF Welfare Workforce Support, met with the panel to discuss workforce retention.
- Alice Coil, DCYF Director of Racial Equity and Social Justice, met with the panel to discuss the role the ORESJ has in the recruitment and retention of BIPOC staff.
- The panel has members represented on the Contracts and Services Subcommittee. The subcommittee is reviewing DCYF contracting practicing and the concerns of BIPOC providers.
- The panel reviewed and discussed the current Children and Families Services Review and the Program Improvement Plan for DCYF.
- Panel members have been invited to participate and provide feedback on a contracted providers guide.
- Panel members have been invited to participate and provide feedback on the Caseworkers Concrete Goods Guide.
- Panel members have been invited to participate in a Fatality and Near Fatality Review

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Subcommittee.

- The panel will develop AD Hoc committees to address each area of focus determined for CY 2023-CY 2024.
- The panel submitted a formal proposal to meet with child welfare staff to discuss caseworker contact. This proposal was denied in the current form and suggestions were provided to panel members by leadership on next steps.
- Panel members with lived experience had the opportunity to provide feedback on the public facing SUD toolkit for social workers.
- Panel members with lived experience had the opportunity to provide feedback on an opioid brochure that is included in the harm reduction kit provided by DCYF staff to clients.
- Panel members were invited to review and provide feedback on the Language Access Plan to better serve clients with Limited English Proficiency.

#### Main Areas of Focus

- During CY 2023 this newly formed panel familiarized themselves with DCYF policy and reports.
- The panel will continue to review the concerns related to lack of culturally relevant services available to families involved with the child welfare system.
- The panel will review concerns of racial inequity and the Safety Framework to identify any areas of improvement.
- The panel will continue to review and monitor work at DCYF to recruit and retain BIPOC staff.

#### Recommendations for CY 2023/CY 2024

The CRP is currently working to develop recommendations from past year's research. The CRP will also be working to align recommendations with the Children, Youth, and Families Statewide CRP and the Prevention, Investigation, and Family Services CRP that will be published in October 2024. The Racial Equity and Impact CRP endorses the recommendations made by the Contracts and Services Subcommittee.

#### DCYF Response to 2023 APSR Recommendations

DCYF Response will be added under the Contracts and Services Subcommittee section.

#### *Children, Youth, and Families Statewide Citizen Review Panel*

##### Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities as directed by the federal Child Abuse Prevention and Treatment Act. This is done through examining policies, procedures, and practices of the state child welfare agency and reviewing employee training, data, recruitment and retention and other criteria that are important to ensure the protection of children. The Children, Youth, and Families Statewide CRP serves as one of three CRPs in Washington State.

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### Children, Youth, and Families Statewide Citizen Review Panel Members

- Jacob D'Annunzio, Office of Public Defense, Co-Chair
- Katherine Kameron, Office of Legal Aide, Co-Chair
- Jason Bragg, Parent Mentor/Ally, LE
- Laurie Lippold, Partners for Our Children, Seattle
- Ron Murphy, Casey Family Programs, Seattle
- Ryan Murrey, Washington Association of Child Advocate Programs
- Kelly Warner-King, Administrative Office of the Courts
- Anna Dall, ICWA Worker Central Council of Tlingit & Haida Indian Tribes of Alaska
- Heather Smith, Parent Ally with The FIRST Clinic, LE

### Main Areas of Focus

During the CY 2023 reporting period, the panel followed up on previous recommendations and DCYF responses to the recommendations and discussed broad child welfare topics with a focus on the following topics:

- DCYF contracting practices, recruitment, and retention of providers.
  - Review how providers of color, providers specially trained or experienced to work with diverse populations, families with disabilities, cultural diversity, language diversity, gender and sexuality diversity are recruited and retained.
  - Implementation of performance based contracting model.
  - Concrete Goods.
- Mandatory supporting versus mandatory reporting systems for neglect cases.
  - Review jurisdictions that utilize mandatory supporting.
  - Review new materials produced by DCYF.
  - Review poverty as a misinterpretation of neglect and models allowing courts to order poverty focused services.
- Implementation of new child welfare requirements through legislation and case law.
- Continue to follow up with DCYF on the following:
  - Newborns that come into care related to SUD, outcomes, and prefiling representation.
  - DCYF policies, practice, and data related to educational stability for children in out-of-home care.

### Process

The Statewide CRP is scheduled to meet monthly. The CRP met in-person in October 2023. The CRP met ten times via Zoom for scheduled monthly meetings. The CRP researches and discusses topics via email when necessary.

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### Action by the Citizen Review Panel

The following presenters and topics were brought in to update on areas of their work and help inform the CRP's work:

- Alissa Copeland, DCYF Early Learning Program Manager, met with the panel two times to discuss POSC and policy changes related to SUD.
- Jimmy Vallembois, DCYF SUD Program Manager, met with the panel three times to discuss SUD and harm reduction initiatives at DCYF.
- Jasmine Hodges, DCYF Child Safety Program Manager, met with the panel two times to discuss Safety Framework projects.
- Kathy Simms and Lynn Dupuis from the Capacity Building Center for States presented an overview of CRP work around the country and answered questions from CRP members on best practices.
- Frank Ordway, DCYF Deputy Secretary of Operations, met with the CRPs to discuss work around contracting and services (CIHS, Professional, and Psych).
- Tim Kelly, DCYF Service Rates Administrator, met with the panel twice to discuss service rates and hybrid contracts.
- Stephen Cotter, DCYF Office Chief for Contracts and Procurements, met with the panel to discuss contracting and procurement processes.
- Steve Grilli, former DCYF Assistant Secretary of Prevention and Client Services, met with the panel to discuss contracting and services.
- Delton Hauck, DCYF Prevention and Services Manager, met with the panel to discuss CIHS and Concrete Goods.
- Paul Smith, DCYF Supervisor of Critical Incident Review Team, met with the panel to discuss critical incidents.
- Vickie Ybarra, DCYF Assistant Secretary Partnerships, Prevention, and Services, met with the panel to discuss budgeting for CIHS, Professional, and Psych Services.
- Jim Smith, DCYF Budget Director, met with the panel to discuss budgeting for CIHS, Professional, and Psych Services.
- Adrienne Franklin, DCYF Director of Child Welfare Programs and Practice, met with the panel to discuss Concrete Goods policy and practice.
- Jesse Stigile, DCYF Community Services Program Specialist, met with the panel to discuss Concrete Goods policy and practice.
- Dr. Scott Phillips, Medical Director at Washington Poison Control, met with the panel to discuss current science and trends related to Fentanyl.
- Patrick Dowd, Director of Office of the Family and Children's Ombuds, met with the panel to discuss Ombuds office duties and their desire to observe CRP meetings to help identify systemic concerns.
- Panel members participated in the on-going Contracts and Services Subcommittee and reported that work back to the CRP.
- Panel members had the opportunity to review and provide feedback on a contracted providers guide.
- Panel members had the opportunity to review and provide feedback on a Caseworker

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Concrete Goods Guide.

- Panel members with lived experience had the opportunity to provide feedback on the public facing SUD toolkit for social workers.
- Panel members with lived experience had the opportunity to provide feedback on an opioid brochure that is included in the harm reduction kit provided by DCYF staff to clients.
- Panel members worked with DCYF staff to develop a Fatality and Near Fatality Review Subcommittee.
- Panel members were invited to review and provide feedback on the Language Access Plan to better serve clients with Limited English Proficiency.

#### Recommendations for CY 2023/CY 2024

The CRP endorsed the recommendations made by the Contracts and Services Subcommittee. The Children, Youth, and Families CRP are currently conducting their research and outreach to establish recommendations that will be published in October 2024.

#### DCYF Response to 2023 APSR Recommendations

DCYF Response to the 2023 recommendations is added under the Contracts and Services Subcommittee section.

#### *Prevention, Investigation, and Family Services Citizen Review Panel*

##### Purpose

The purpose of the Prevention, Investigation, and Family Services Citizen Review Panel is to review the practices, procedures, and policies of DCYF while making recommendations for improvements of the child welfare services system. The Prevention, Investigation, and Family Services CRP is a group of community members that represent professions with expertise and/or experience with the child welfare system from a preventative and services field. This CRP also includes individuals with lived experience with the child welfare system.

#### Prevention, Investigation, and Family Services Citizen Review Panel Members

- Jennifer Justice, Parent Ally with The First Clinic, LE, Co-Chair
- Jenny White, Washington Mental Health Care Association, Prior Foster Parent, Co-Chair
- Tiffani Buck, Nursing Consultation Advisor Department of Health
- Taila AyAy, FIRST Clinic Director
- Paula Reed, Executive Director Children's Advocacy Centers of Washington
- Carol Mitchell, Founder and Director of Advocacy at the Institute for Black Justice
- Connie Mollerstuen, Founder and Director of Positively Linked Prevention and Resilience Support DV
- Beth Rigoulot, Washington School Counselors Association
- Lisa Christoferson, LICSW with Swedish Hospital and Prior DCYF Afterhours Social Services Specialist

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### Process

The Prevention, Investigation, and Family Services CRP met in-person in October 2023. The CRP met via zoom six times since June 2023. The CRP meets monthly via Zoom on the third Thursday of each month. The CRP researches and discusses topics via email when necessary.

### Actions by the Prevention, Investigation, and Family Services Citizen Review Panel

Since June 2023 the panel completed the following work:

- New panel members completed a comprehensive orientation process.
- The panel met and determined area of focus to include prevention services, housing, and POSC.
- Alissa Copeland, DCYF Early Learning Program Manager, met with the panel twice and provided an update on Plan of Safe Care work and an update on Mandatory Reporting workgroup.
- Jimmy Vallembois, DCYF SUD Program Manager, met with the panel three times to discuss SUD and harm reduction initiatives at DCYF.
- Jasmine Hodges, DCYF Child Safety Program Manager, met with the panel two times to discuss Safety Framework projects.
- Kathy Simms and Lynn Dupuis from the Capacity Building Center for States presented an overview of CRP work around the country and answered questions from CRP members on best practices.
- Frank Ordway, DCYF Deputy Secretary of Operations, met with the CRPs to discuss work around contracting and services (CIHS, Professional, and Psych).
- Tarassa Froberg, prior DCYF CPS and FVS Program Manager, met with panel to discuss changes due to recent legislation.
- The panel has members represented on the Contracts and Services Subcommittee. The subcommittee is reviewing DCYF contracting practicing and the concerns of BIPOC providers. The subcommittee has members from all three CRPs present.
- Julie Watts, DCYF Government Affairs Advisor, met with the panel twice to discuss data around recently implemented legislative changes to policy and practice.
- Greg Williamson, DCYF Adolescent Housing program manager, met with the panel to discuss current projects and initiatives related to housing for DCYF involved families.
- Jesse Stigile, DCYF Community Support Services Program Specialist, met with the panel to discuss his work with Concrete Goods and upcoming projects.
- Panel members had the opportunity to review and provide feedback on a contracted providers guide.
- Panel members had the opportunity to review and provide feedback on a Caseworker Concrete Goods Guide.
- Panel members with lived experience had the opportunity to provide feedback on the public facing SUD toolkit for social workers.
- Panel members with lived experience had the opportunity to provide feedback on an opioid brochure that is included in the harm reduction kit provided by DCYF staff to clients.
- Panel members worked with DCYF staff to develop a Fatality and Near Fatality Review

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Subcommittee.

- Panel members were invited to review and provide feedback on the Language Access Plan to better serve clients with Limited English Proficiency.

#### Recommendations for CY 2023/CY 2024

The CRP is currently working to draft the recommendations from research conducted this past year. These recommendations will be published in the October 2024 report to DCYF. The Prevention, Investigation, and Family Services CRP also supports and aligns with the recommendations made by the Contracts and Services Subcommittee.

#### *Contracts and Services Citizen Review Panel Subcommittee*

##### Purpose

The Contracts and Services Citizen Review Panel Subcommittee is comprised of members from the three Citizen Review Panels. The subcommittee is tasked with reviewing the contracting and services practices of DCYF. The subcommittee will report back to the three CRPs with recommendations for DCYF practice and policy improvement.

#### Contracts and Services Citizen Review Panel Subcommittee Members

The following panel members have participated in a minimum of one meeting of the CRP subcommittee:

- Katherine Kameron, Office of Legal Aide, Subcommittee Lead
- Jacob D'Annunzio, Office of Public Defense
- Jason Bragg, OPD SW, LE
- Dr. Cheerse Phillips, Casey Family Programs
- Kimberly Booker, OPD SW
- Carol Mitchell, Founder and Director of Advocacy at the Institute for Black Justice
- Jenny White, Washington Mental Health Care Association, Prior Foster Parent
- Tiffani Buck, Nursing Consultation Advisor Department of Health
- Ron Murphy, Casey Family Programs
- Shrounda Selivanoff, OPD Social Services Manager and Parent with Lived Experience
- Laurie Lippold, Partners for Our Children

##### Process

The Contracts and Services CRP Subcommittee met throughout 2023 and had one in-person meeting with DCYF staff in September 2023. Additionally, members work in their respective CRP to review topics relevant to the subcommittee. The CRP researches and discusses topics via email when necessary.

#### Actions by the Contracts and Services CRP Subcommittee

- The subcommittee met with DCYF staff to review recommendations made in the Spring of 2023. The following was completed:
- Dr. Carmela Washington-Harvey, Dr. Claudette Antuna, and Shundra King, Professional and

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Psychological Service Providers, met with the panel and DCYF staff to discuss their challenges and experiences working with DCYF.

- Steven Cotter, DCYF Contracts and Procurement Office Chief, and Tim Kelly, DCYF Service Rates Administrator, led a discussion on contracting. This included discussion around barriers with capacity contracts, central contracting protocols and DCYF expansion into hybrid contracts.
- Stephen Cotter, DCYF Contracts and Procurement Office Chief, led a discussion on the current complaint process for contracted providers.
- Cheryl Hotchkiss, DCYF Service Array Administrator, and Amber Salzar, DCYF Family Preservation Service Manager, led a discussion on the publication of DCYF contracted providers for the public.
- Frank Ordway, DCYF Deputy Secretary of Operations, participated in the contracting and services discussion.
- Additional DCYF staff that participated in the meeting included: Delton Hauck, DCYF Prevention and Services Manager, Doug Allison, DCYF Supervisor of the Education and Adolescent Services Unit, Shannon Mathis, DCYF Deputy Chief Financial Officer, Arthur Fernandez, DCYF Social and Health Program Consultant Region 6, Shawn Silvy, DCYF Family Services Program Manager Region 4, Patricia Turner, DCYF Deputy Regional Administrator Region 3, Lenata Able, DCYF Social and Health Program Consultant Region 5, Taku Mineshita, DCYF Director of Integrated Services, Maria Zdzieblowski, DCYF Director of Service Continuum, and Jimmy Vallembois, DCYF SUD Program Manager.

#### Recommendations and DCYF Response to Recommendations for CY 2023/CY 2024

The Subcommittee provided the following recommendations to the CRPs in May 2023 for review and consideration. DCYF Provided the following response to the CRP at the October in-person meeting and in writing November 2023.

#### Capacity Contracting and Contracting Protocols

- CRP Recommendation: Create opportunities for these contractors to obtain capacity contracts which will create financial stability leading to consistent access to these providers.

#### DCYF Response:

While DCYF understands the request for the change in practice to develop capacity contracts to address inequities in the contracting process, DCYF is currently unable to shift practice. However, DCYF has recently included the use of a hybrid/float contract that incorporates characteristics from both a rate based and capacity contract. This hybrid contract is currently being utilized for two residential treatment programs and will expand to include Independent Living Services and Caregiver Support Services in the upcoming fiscal year.

DCYF is aware that the current rates for service in professional, psychological, and psychiatric fields are well below market rates. DCYF has conducted a rate survey and sent a decision package for the increased funding to the Legislature. DCYF identified the need for rate increases as a priority and will continue to work to pursue additional funding to provide a more equitable rate for contracted providers.

Original Date: June 30, 2024

PPS | Approved for distribution by Amy Matchett Wagner and Sidse Nielsen, Data Analyst

DCYF will commit to continue the work around this recommendation in an ongoing workgroup between DCYF and the CRPs. DCYF will work with the CRP to schedule workgroups as needs are identified.

- CRP Recommendation: Develop a standardized and central contracting protocol subject to an external, independent audit process designed to confirm that these providers are receiving the same contracting opportunities as larger, and in many cases white-owned businesses.

DCYF Response:

DCYF acknowledges that there are no official standardized and central contracting protocols to cover the many service lines and that there are concerns regarding lack of consistency across the regions. To better understand these concerns DCYF will commit to continued work alongside the CRPs and other community partners to improve practice and consistency. That work will continue with ongoing workgroup meetings and discussions, including a project led by Bev Yokoyama, DCYF Project Manager for the Deputy Secretary of Operations. This project includes the production of a Resource Guide for contracted providers to detail processes for all service lines. Ms. Yokoyama will provide the draft Resource Guide to the CRPs to provide feedback prior to publishing. The anticipated completion date for this resource will be Dec. 31, 2023. A link to the final Resource Guide will be available to online providers and the public once it is approved for distribution.

#### Contracting Grievance Process

- CRP Recommendation: Create a uniform process for contractors to submit complaints and obtain relief. For example, should these complaints be sent to a neutral party, such as the ombudsman?

DCYF Response:

DCYF is committed to a coordinated customer service approach with contractors. There will be clear lanes for billing disputes, contracts disagreements, and other issues. As part of the process to improve customer service to contracted providers DCYF initiated a project led by Bev Yokoyama, DCYF Project Manager for the Deputy Secretary of Operations. This project includes the production of a resource guide for contracted providers to detail processes for all service lines. This resource guide also includes a detailed description of how to proceed with disputes and address concerns from billing, contract disagreements, referral resolution, and other issues that may arise during a contracted period.

Ms. Yokoyama provided the draft workbook to the CRPs to provide feedback prior to publishing. The completion date for this resource was Dec. 31, 2023. A link to the final Resource Guide is available online to providers and the public.

#### External Facing DCYF Provider List

- CRP Recommendation: Publicize available providers much like the old Greenbook and the current HCA list of providers.

Original Date: June 30, 2024

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DCYF Response:

DCYF will commit to publishing and distributing via the web a report that can be utilized public facing. On Nov. 1, 2023, the report was available to the public and included Combined In-Home Services (CIHS), professional, psychological, and psychiatric services. The report provided regional, county, spoken languages, and service delivery information. DCYF will continue to review and assess the report on an ongoing basis to ensure that the information provided is accurate and is meeting the needs of the public.

DCYF will continue to review contracted providers and add to the website. The CRPs will be notified as the report is expanded to include the full portfolio of contracted providers.

MOU or Timeline for Change Implementation

- CRP Recommendation: Develop an MOU with time deadlines and specify policy changes that have been implemented by DCYF to address this issue.

DCYF Response:

DCYF is committed to working with the CRP Contracts and Services Subcommittee to improve practice and policy around contracting and service delivery. This commitment includes a diverse workgroup of DCYF staff and community partners with expert knowledge and experience in contracting, finance, and service delivery. DCYF will work with the CRP to schedule workgroups as needs are identified.

*CRP Fatality and Near Fatality Review Subcommittee*

Purpose

The Fatality and Near Fatality Review Subcommittee is comprised of members from the three Citizen Review Panels. The subcommittee is tasked with reviewing the Fatality and Near Fatality Reviews and providing feedback on trends and themes that are identified in the review process.

Fatality and Near Fatality Citizen Review Panel Subcommittee Members

- Jacob D'Annunzio, Office of Public Defense
- Jason Bragg, OPD SW, LE
- Kimberly Booker, OPD SW
- Tiffani Buck, Nursing Consultation Advisor Department of Health
- Ron Murphy, Casey Family Programs
- Kelly Warner-King, AOC
- Laurie Lippold, Partners for Our Children
- Lisa Christopherson, Swedish Medical Facility, MSW, LICSW
- Heather Smith, Parent with Lived Experience
- Jennifer Justice, The FIRST Clinic
- Ryan Murrey, WA Child Advocates
- Paula Reed, Director CACWA

Original Date: June 30, 2024

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## Process

The subcommittee will meet as necessary in person and via Zoom.

### Actions by the Fatality and Near Fatality CRP Subcommittee

- The subcommittee met with DCYF staff in person in March 2024 to review fatality and near fatality reports approved in 2023.
- The subcommittee met via Zoom in April 2024 to review the trends and themes identified during the March meeting. Some of the themes discussed included:
  - Engagement
  - Training
  - Safety Plans
  - Public Service Campaign for Fentanyl
  - Triage and Comprehensive Case Planning
- The subcommittee will bring this work to the next general meeting for all three CRPs in July 2024 to discuss next steps.

2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

Attachment B – CFS 101 Part I, II, and III

CFS-101, Part I  
U. S. Department of Health and Human Services  
Administration for Children and Families

Attachment B  
OMB Approval #0970-0426  
Approved through 07/31/2026

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2025: October 1, 2024 through September 30, 2025				
<b>1. Name of State or Indian Tribal Organization AND Department/Division:</b>		3. EIN:	1823847397A1	
Washington State / Department of Children, Youth, and Families		4. UEI:	FHSQBHMMKJL4	
<b>2. Address:</b> (insert mailing address for grant award notices in the two rows below)				
1500 Jefferson St. SE		5. Submission Type: (mark X next to option)		
Olympia WA. 98501		- New	X	
a) Contact Name and Phone for Questions: Leon Terao 360-407-5507		- Reallotment		
b) Email address for grant award notices (one only) dcyf.costallocalandgrantsmgmt@dcyf.wa.gov				
<b>REQUEST FOR FUNDING for FY 2025:</b>				
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.				
<b>6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>				\$5,007,445
a) Total administrative costs (not to exceed 10% of the CWS request)				\$500,744
<b>7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>		<b>\$5,049,329</b>
a) Family Preservation Services		30.0%		\$1,514,799
b) Family Support Services		20.0%		\$1,009,866
c) Family Reunification Services		20.0%		\$1,009,866
d) Adoption Promotion and Support Services		20.0%		\$1,009,866
e) Other Service Related Activities (e.g. planning)		0.0%		\$0
f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)		10.0%		\$504,932
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.		100.0%		\$5,049,329
<b>8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>				\$319,173
a) Total administrative costs (not to exceed 10% of MCV request)				\$31,917
<b>9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>				\$2,323,935
<b>10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:</b>				\$3,666,297
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).				\$200,000
<b>11. Requested Education and Training Voucher (ETV) funds:</b>				\$989,669
<b>REALLOTMENT REQUEST(S) for FY 2024:</b>				
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.				
<b>12. Identification of Surplus for Reallotment:</b>				
a) Indicate the amount of the State's/Tribe's FY 2023 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
<b>13. Request for additional funds in the current fiscal year (should they become available for re-allotment):</b>				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
<b>14. Certification by State Agency and/or Indian Tribal Organization:</b>				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
Title Chief Financial Officer		Title		
Date June 24, 2024		Date		

FY 2025 CFSP

Original Date: June 30, 2024

PPS | Approved for distribution by Amy Matchett Wagner and Sidse Nielsen, Data Analyst

2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

CFSS-101 Part II  
U.S. Department of Health and Human Services  
Administration for Children and Families

Attachment B  
OMB Approval #0970-0088  
Approved through 7/31/2025

CFSS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds  
Name of State or Indian Tribal Organization: Washington State / Department of Children, Youth and Families  
For FY 2025: OCTOBER 1, 2024 TO SEPTEMBER 30, 2025

1.) PROTECTIVE SERVICES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAFTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (describe)	(L) Geographic Area To Be Served	21.) Population data required in columns I - L can be found:	
													(I) (continued)	(J) (continued)
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 4,506,701	\$ 1,514,799						\$ 15,022,189	18,899	10,646	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ 1,009,866						\$ 891,057	17,261	10,453	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
4.) FAMILY REINTEGRATION SERVICES	\$ -	\$ 1,009,866						\$ 336,622	6,983	5,319	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 1,009,866						\$ 83,448	209	308	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. p. 5a m/n/o)	\$ -	\$ -						\$ -	-	-	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
7.) FOSTER CARE MAINTENANCE	\$ -	\$ -						\$ 13,822,819	42,704,803	7,907	All eligible children.	statewide		
8.) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -	\$ -						\$ 51,627	1,753,194	637	Youth with custody, high level of medical needs.	statewide		
(b) GROUP/INSTIT. CARE	\$ -	\$ -						\$ 31,936,913	40,260,784	16,644	All eligible children.	statewide		
9.) ADOPTION SUBSIDY PAYMTS.	\$ -	\$ -						\$ 3,428,633	4,457,269	806	Children in licensed foster care who are recipients of and donors for the child.	statewide		
10.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -	\$ -						\$ 647,748	1,312	503	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -						\$ 3,666,297	989,659	199	Eligible youth pursuing post secondary education.	statewide		
11.) EDUCATION AND TRAINING VOUCHERS	\$ -	\$ -						\$ 74,918,789	108,992,454	189	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
12.) ADMINISTRATIVE COSTS	\$ 500,744	\$ 504,302	\$ 31,917					\$ 108,992,454	189	199	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ 296,794	373,536		Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ 247,294	357,859		Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -						\$ 6,050,671	10,915,055	3,538	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -						\$ 287,296	24	24	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -						\$ -	-	-	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
18.) TOTAL	\$ 5,007,746	\$ 5,019,209	\$ 319,173	\$ 2,323,935	\$ 3,666,297	\$ 989,659	\$ 130,714,541	\$ 223,880,452	91,700	62,296	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
19.) TOTALS FROM PART I	\$ 5,007,746	\$ 5,019,209	\$ 319,173	\$ 2,323,935	\$ 3,666,297	\$ 989,659	\$ 130,714,541	\$ 223,880,452	91,700	62,296	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		
20.) Difference (Part I - Part II) (If there is an amount other than \$0.00 in Row 20, adjust amounts on other Part I or Part II. A red value in parentheses ( ) means Part II exceeds the amount on Part I.)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Population data not required in this column as the population of the state is already a child or adolescent with their state.	statewide		

FY 2025 CFSP



2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

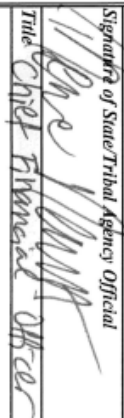
CF-101, Part II  
U. S. Department of Health and Human Services  
Administration for Children and Families

Attachment B  
OMB Approval #0750-0426  
Approved through 07/31/2026

CF-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2022 Grants: October 1, 2021 through September 30, 2023

No entry required in the black shaded cells

1. Name of State or Indian Tribal Organization: Washington State / Department of Children, Youth, and Families		2. Address: 1500 Jefferson St. SE Olympia WA, 98501		3. EIN: 1823847397A1	
5. Submission Type: (Type New or Revision) New				4. UFI: FHSQBHMKJLJ4	
Description of Funds	Actual Expenditures for FY 22 Grants (whole numbers only)	Number Individuals served	Number Families served	Population served (describe)	Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 5,019,335	30,917	18,836	children and families	statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 501,933				
7. Total title IV-B, subpart 2 (PSSF) funds: (These enter amounts for Estimated and Actuals, or complete 7a-f.)	\$ 5,045,911	38,368	24,543	children and families	statewide
a) Family Preservation Services	\$ 1,513,774				
b) Family Support Services	\$ 1,009,182				
c) Family Reunification Services	\$ 1,009,182				
d) Adoption Promotion and Support Services	\$ 1,009,182				
e) Other Service Related Activities (e.g. planning)	\$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF spending)	\$ 504,591				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	\$ 5,045,911				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 318,957				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ 31,895				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 2,979,744	1,291	1,291	eligible youth	statewide
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ 157,312				
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 1,001,745	168	168	eligible youth	statewide
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan which was jointly developed with, and approved by, the Children's Bureau.					
Signature of State/Tribal Agency Official 		Signature of Federal Children's Bureau Official			
Title: Chief Financial Officer		Date: 9/2/2024		Date:	

## Attachment C – Annual Reporting of Education and Training Vouchers Awarded

### Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Washington

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b><u>Final Number: 2022-2023 School Year</u></b> (July 1, 2022 to June 30, 2023)	172	52
<b>2023-2024 School Year*</b> (July 1, 2023 to June 30, 2024)	169	46

Comments:

\*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Original Date: June 30, 2024

PPS | Approved for distribution by Amy Matchett Wagner and Sidse Nielsen, Data Analyst

**Attachment D – Acronyms and Abbreviations**

AA	Area Administrator
AAA	Area Agencies on Aging
AAG	Assistant Attorney General
AAICPC	Association of Administrators of the Interstate Compact on the Placement of Children
ACF	Administration for Children and Families
ACI	Anchor Community Initiative
AFCARS	Adoption and Foster Care Analysis and Reporting System
AGO	Attorney General’s Office
AHCC	Apple Health Core Connections
AI/AN	American Indian and Alaska Native
AIRS	Administrative Incident Reporting System
Alliance	The Alliance for Professional Development, Training and Caregiver Excellence
Alliance CaRES	Alliance Caregiver Retention, Education, and Support Program
ALTSA	DSHS Aging and Long-Term Support Administration
ANI	Area Needing Improvement
AOC	Administrative Office of the Courts
APSR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
ASQ	Ages and Stages Questionnaire
ATLP	Adolescent Transitional Living Program
AWHWA	A Way Home Washington
BASW	Bachelor of Arts in Social Work
BIPOC	Black, Indigenous, Persons of color
BRS	Behavior Rehabilitation Services
CAC	Children Advocacy Centers

Original Date: June 30, 2024

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CANS-F	Child and Adolescents Needs and Strength Screen-Family
CAPTA	Child Abuse Prevention and Treatment Act
CARA	Comprehensive Abuse and Recovery Act
CASA	Court Appointed Special Advocate
CBCAP	Community-based Child Abuse Prevention
CCRT	Central Case Review Team
CCT	Caregiver Core Training
CCW	Coordinated Care of Washington
CCWIS	Comprehensive Child Welfare Information System
CCYJ	Center for Children and Youth Justice
CEU	Caregiver Engagement Unit or Continuing Education Units
CFE	Comprehensive Family Evaluation
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CIHS	Combined In-Home Services
CPA	Child Placing Agency
CPP	Child-Parent Psychotherapy
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CRP	Citizen Review Panel
CSEC	Commercially Sexually Exploited Children
CW	DCYF Child Welfare Division
CWCCC	Child Welfare Continuing Child Care
CWELN	Child Welfare Early Learning Navigator

Original Date: June 30, 2024

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CWTAP	Child Welfare Training and Advancement Program
CY	Calendar Year
DCYF	Washington State Department of Children, Youth and Families
DDA	Washington State Developmental Disabilities Administration
DEL	Department of Early Learning
DIRECT	DCYF Inclusive Racial Equity Change Team
DOC	Washington State Department of Corrections
DOH	Washington State Department of Health
DRA	Deputy Regional Administrator
DSHS	Department of Social and Health Services
DSS	Designated Support Staff
DVR	DSHS Division of Vocational Rehabilitation
EAHP	Emerging Adulthood Housing Programs
EBP	Evidence Based Practice
ECEAP	Early Childhood Education and Assistance Program
ECLIPSE	Early Childhood Intervention and Prevention Services program
EFC	Extended Foster Care
EGAP	Extended Guardianship Assistance Program
EL	Early Learning Division
EPS	Emergent Placement Services
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ESA	Washington State DSHS Economic Services Administration
ESD	Washington State Employment Security Department
ESIT	Early Support for Infants and Toddlers
ETV	Education and Training Voucher
EWU	Eastern Washington University

Original Date: June 30, 2024

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2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

EYR	Enhanced Youth Recruitment Strategy
FAFSA	Free Application for Federal Student Aid
FAR	Family Assessment Response
FARFA	Family Assessment Response Family Assessment
FBI	Federal Bureau of Investigation
FCP	Family Connection Program
FFPSA	Family First Prevention Services Act
FFTA	Family First Transition Act
FFY	Federal Fiscal Year
FJCIP	Family and Juvenile Court Improvement Program
FPM	Family Practice Model
FPS	Family Preservation Service
FRC	Family Resource Center
FRS	Family Reconciliation Services
FT	Family Time
FTDM	Family Team Decision Making
FTEs	Full-Time Equivalent
FUP	Family Unification Program
FVS	Family Voluntary Services
FWB	Fostering Well-Being
FWCC	Family Well-Being Community Collaborative
FYJP	Family and Youth Justice Programs
FYSPRT	Family Youth System Partner Round Tables
GAL	Guardian Ad Litem
GAP	Guardianship Assistance Program
HCA	Washington State Health Care Authority

Original Date: June 30, 2024

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2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

HCV	Housing Choice Voucher
HGPL	Harvard Government Performance Lab
HMG	Help Me Grow
HQ	Headquarters
HR	Human Resources
HUD	U.S. Department of Housing and Urban Development
ICW	Indian Child Welfare
ICWA	Indian Child Welfare Act
ICYF	Indian Children Youth and Families
IDCC	Innovative Dependency Court Collaborative
IDEA	Individuals with Disabilities Education Act
IECMH	Infant/Early Childhood Mental Health
IECMHC	Infant/Early Childhood Mental Health Consultation
IFF	Initial Face-to-Face
IFIOC	Institute for Individual and Organizational Change
IFPS	Intensive Family Preservation Services
IL	Independent Living
INV	Investigations
IT	Information Technology
IYHP	Independent Youth Housing Program
JJ	Juvenile Justice
JR	Juvenile Rehabilitation
KCT	Kinship Core Training
KEU	Kinship Engagement Unit
KNU	Kinship Notification Unit
LCC	Learner Centered Coaching

Original Date: June 30, 2024

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2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

LD	Licensing Division
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual plus members of the community who identify with a sexual orientation or gender identity not already included within the acronym.
LICWAC	Local Indian Child Welfare Advisory Committee
MCO	Managed Care Organization
MFC	Missing From Care
MI	Motivational Interviewing
MIECHV	Maternal Infant and Early Childhood Home Visiting
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MP	Measurement Period
MSW	Master of Social Work
MW	Mentor Washington
NAIR	Native American Inquiry Referral/Request
NCANDS	National Child Abuse and Neglect Data System
NCFAS	North Carolina Family Assessment Screening
NCSACW	National Center on Substance Abuse and Child Welfare
NICWA	National Indian Child Welfare Association
NPCS	National Partnership for Child Safety
NRM	Negotiated Rule Making
NWAE	Northwest Adoption Exchange
NWRA	Northwest Resource Associates
NYTD	National Youth in Transition Database
OCLA	Office of Civil Legal Aid
OHY	Office of Homeless Youth
OIAA	Office of Innovation, Alignment and Accountability

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2025 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

OJJ	Office of Juvenile Justice
OMH	Ongoing Mental Health
OMS	Onsite Monitoring System
OPD	Office of Public Defense
ORESJ	Office of Racial Equity and Social Justice
OSIC	Office of Strategic Initiatives and Collaboration
OSPI	Washington State Office of Superintendent of Public Instruction
OSRI	Onsite Review Instrument
OTR	Office of Tribal Relations
P2A	Passion to Action
P4C	Partners for Our Children (University of Washington)
P4P	Parents for Parents
PBC	Performance Based Contracting
PCA	Placement and Care Authority
PCI	Parent Child Interaction
PEAR	Pro-Equity Anti-Racism
PEI	Project Education Impact
PFD1	Permanency from Day One Grant
PFP	Prospective Foster Parent
PFR	Promoting First Relationships
PIP	Program Improvement Plan
PLT	Passport Leadership Team
POSC	Plan of Safe Care
PPM	Permanency Planning Meeting
PPS	Partnership, Prevention, and Services Division
PYD	Positive Youth Development

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QA	Quality Assurance
QEW	Qualified Expert Witness
QPS	Quality Practice Specialists
RA	Regional Administrator
RAIO	Recognized American Indian Organization
RCT	Regional Core Training
RCW	Revised Code of Washington
RDA	Research and Data Analysis
RES	Relative Engagement Specialists
RESJ	Racial Equity and Social Justice
REU	Relative Engagement Unit
RFA	Request for Applications
RFP	Request for Proposal
RLSP	Responsible Living Skills Program
RME	Reverse Matching Event
RSP	Risk- Standardized Performance
RSU	Relative Search Unit
SACWIS	Statewide Automated Child Welfare Information System
SAM	Safety and Monitoring Section of the Licensing Division
SCC	Safe Child Consultations
SCOMIS	Superior Court Management Information System
SCT	Supervisor Core Training
SEEDS	Skill Enhancement and Employee Development Synergy
SEI	Substance Exposed Infant
SES	Socioeconomic Status
SFY	State Fiscal Year

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SIJ	Special Immigrant Juvenile
SIL	Supervised Independent Living
SNAP	USDA Supplemental Nutrition Assistance Program
SON	Second Opinion Network
SPM	Shared Planning Meeting
SRIC	Statewide Recruitment Information Center
SSA	Social Security Administration
SSI	Social Security Income
SUD	Substance Use Disorder
SUDP	Substance Use Disorder Professional
TPR	Termination of Parental Rights
TRANSFORM	Trauma & Racism Addressed by Navigating Systemic Forms of Oppression using Resistance Methods
TRH	Trial Return Home
Triple P	Positive Parenting Program
TRS	Targeted Recruitment Specialists
UW	University of Washington
VPA	Voluntary Placement Agreement
WA CAP	Washington Caregiver Application Portal
WAC	Washington Administrative Code
WCCC	Working Connections Child Care
WDT	Licensing Division Workforce Development Team
WIC	Washington State DOH Women, Infants, and Children Nutrition Program
WISe	Wraparound with Intensive Services
WSHA	Washington State Hospital Association
WSP	Washington State Patrol
WWK	Wendy's Wonderful Kids - Dave Thomas Foundation for Adoption

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YDWG	Youth Development Workgroup
YHDP	Youth Homelessness Demonstration Program
YYAART	Youth and Young Adult Housing Response Team

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