

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

JUNE 30, 2016

REVISED AUGUST 18, 2016

Report will be posted at:

<https://www.dshs.wa.gov/ca/publications/reports>

Table of Contents

Section I – General Information	4-8
Collaborations	4
Acronyms and Abbreviations	5
Central Case Review Data	6
Section II – Assessment of Performance	9-122
Statewide Data Indicators	9
Safety Outcomes	17
Permanency Outcomes	25
Well-Being Outcomes	47
Statewide Information System	69
Case Review System	73
Quality Assurance System	79
Staff and Provider Training	83
Service Array and Resource Development	95
Agency Responsiveness to the Community	101
Foster and Adoptive Parent Licensing, Recruitment and Retention	108
Section III – Plan for Improvement	123-154
Safety Action Plan	125
Permanency Action Plan	131
Well-Being Action Plan	136
ICW Action Plan	143
Disproportionality Action Plan	150
Section IV – Service Description	155-197
Stephanie Tubbs Jones Child Welfare Services Program	155
Promoting Safe and Stable Families Program	157
Chafee Foster Care Independence Program (CFCIP)	158
Education and Training Vouchers (ETV)	186
Populations at Greatest Risk of Maltreatment	191
Services for Children under the Age of Five	193
Services for Children Adopted from Other Countries	197
Section V – Program Support	198-200
Section VI – Consultation and Coordination Between States and Tribes	201-208
Section VII – Monthly Caseworker Visits Formula Grants	209-210
Section VIII – Adoption and Legal Guardianship Incentive Payments	211
Section IX – Child Welfare Waiver Demonstration Activities	212-215

Section X – Quality Assurance System	216-221
Section XI – Payment Limitations	221-223

**Attachments to State of Washington, Children’s Administration
2017 Annual Progress and Services Report**

- A. Child Abuse Prevention and Treatment Act (CAPTA) State Plan
- B. Foster and Adoptive Parent Diligent Recruitment Plan
- C. Health Care Oversight and Coordination Plan
- D. DSHS Emergency Operations Plan
 - (1) Continuity Plan for Children's Administration
 - (2) 2015 Wildfires After-Action Report and Improvement Plan
 - (3) Children's Administration FamLink Backup and Disaster Recovery Plan
- E. ETV Chart
- F. Training Plan
- G. 2015 ICW Case Review Report
- H. CFS-101 Forms Part I, II, and III

Section I – General Information

The 2017 Annual Progress and Services Report (APSR) includes activities completed in calendar year 2015, unless otherwise noted and planned activities for calendar year 2016 required to receive Federal allotments for fiscal year 2017 authorized under title IV-B, subparts 1 and 2, section 106 of Child Abuse and Prevent Treatment Act, Chafee Foster Care Independence Program and Education Training Voucher programs. This report also provides an update on the progress made toward accomplishing the goals and objectives outlined in Washington’s 2015-2019 Child and Family Services Plan (CFSP).

Collaboration

CA collaborates with tribes, stakeholders, courts and a variety of invested local organizations and governmental entities to determine unmet client needs and plan for efficient service delivery. CA also works with behavioral health organizations administering behavioral health services and community-based service providers to provide quality services to meet the unique needs of families. CA continues to increase its efforts to involve stakeholders and community partners to ensure those impacted by child welfare work are included in the substantive discussions about that work. The following 17 committees or advisory groups are just some that provide regular and ongoing collaboration and consultation to CA:

- Alliance for Child Welfare Excellence
- Birth to Six Interagency Coordinating Council
- Children, Youth and Family Services Advisory Committee
- Court Improvement Advisory Committee
- The Casey Family Program
- Foster Parents Association of Washington
- Foster Parent Consultation Meetings (1624 Meetings)
- Foster Parent Hubs and Regional Foster Parent Meetings
- Indian Policy Advisory Committee
- Passion to Action Youth Advisory Committee
- Private Child Placing Agencies
- Supreme Court Commission on Children in Foster Care
- Superior Court Judges Association Subcommittee for Children and Families
- Washington Association of Children & Families
- Washington State Racial Disproportionality Advisory Committee
- Veteran Birth Parents Advocacy Committees

CA engages with multiple stakeholder groups on an ongoing basis and this work was utilized to develop the 2015-2019 CFSP and the 2017 APSR. Additional areas of collaboration are embedded within the assessment and planning sections of the APSR. The CA Indian Policy Advisory Committee reviewed the [Consultation and Coordination between States and Tribes](#) section of the APSR and was invited to provide input throughout the updating process.

CA continues to strengthen its [Continuous Quality Improvement \(CQI\)](#) processes, including the ongoing use of statewide and local teams to improve child welfare practice and achieve [improvements as identified in the APSR](#) and more. Existing committees and advisory groups are an important part of these processes, as in reviewing data and providing input and feedback regarding performance and progress. Individual representatives from tribes, stakeholder groups and community partners continue to be provided opportunities to participate on time-limited workgroups focused on system, practice and service improvements.

In the coming year, CA will continue to strengthen communication and engage in substantial, ongoing and meaningful collaboration with partners, tribes, courts and other stakeholders. This will include CA sharing content and data from the 2017 APSR. Sharing the content will allow for discussion and analysis of what is working well and identify areas of improvement, both statewide and regionally. CA will also be sharing what strategies have been identified to help improve practice, where necessary, and gathering feedback from stakeholders on the development of additional improvement strategies. The information obtained will be shared with Program Managers and integrated into the 2018 APSR. These efforts will be critical as CA continues to move forward in preparation for the Child and Family Services Review (CFSR) in 2018.

Acronyms and Abbreviations

AFCARS	Adoption and Foster Care Analysis and Reporting System
AHCC	Apple Health Core Connections
APPLA	Another Planned Permanent Living Arrangement
APSR	Annual Progress and Services Report
CA	Children’s Administration
CAPTA	Child Abuse Protection and Treatment Act
CASA	Court Appointed Special Advocates
CATS	Children’s Administration Technological Services
CFCIP	Chafee Foster Care Independence Program
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CPS	Child Protective Services
CSEC	Commercially Sexually Exploited Children
CSF	Child Safety Framework
CQI	Continuous Quality Improvement

DLR	Division of Licensed Resources
EFC	Extended Foster Care
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ETV	Education and Training Voucher Program
FAR	Family Assessment Response
FRS	Family Reconciliation Services
FTDM	Family Team Decision Making
FVS	Family Voluntary Services
HQ	Headquarters
ICW	Indian Child Welfare
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IL	Independent Living
IPAC	Indian Policy Advisory Committee
JJRA	Juvenile Justice & Rehabilitation Administration
LICWAC	Local Indian Child Welfare Advisory Committee
MOU	Memorandum of Understanding
NCANDS	National Child Abuse and Neglect Data System
NYTD	National Youth in Transition Database
OPD	Original Placement Date
OSRI	Onsite Review Instrument
QA	Quality Assurance
SACWIS	Statewide Automated Child Welfare Information System
SCARED	Screen for Childhood Anxiety and Related Emotional Disorders
SDM®	Structured Decision Making®
TPR	Termination of Parental Rights

Central Case Review Data

Central Case Review Team data for individual items in this report is provided at the state and sub-region level. Offices reviewed by the Central Case Review Team in 2014, 2015, and the first quarter of 2016 are listed in the chart below by sub-region.

In 2016 the Central Case Review Team began utilizing the Online Monitoring System for documenting case review results and reviewing cases according to the federal Onsite Review Instrument (OSRI) standards. The transition to the OSRI will assist in gathering qualitative data and increase the focus on safety, permanency, and well-being.

Throughout the [Assessment of Performance](#) section of this report, where available, CA has provided case review data for each item since 2014. If data regarding the specific item was not collected prior to 2016, this has been noted and results from the first quarter utilizing the OSRI have been included.

Region	2014	2015 ¹	2016 (First Quarter)
Region 1 North	Colfax Newport Clarkston Colville	Omak Spokane Wenatchee	Moses Lake
Region 1 South	Ellensburg Richland Walla Walla Sunnyside	Goldendale Toppenish Yakima	Colfax
Region 2 North	Everett Smokey Point Mt. Vernon Bellingham Lynnwood	Everett Oak Harbor Sky Valley	
Region 2 South	King West King East Office of Indian Child Welfare Martin Luther King Jr.		King South
Region 3 North	Pierce East Pierce West	Bremerton Lakewood	
Region 3 South	Kelso	Aberdeen Forks	Centralia Shelton

¹ While CA was engaged in the Program Improvement Plan (PIP) one Region 2 South office was reviewed every quarter. Following the completion of the PIP, a decision was made to return these offices to the regular office rotation. A Region 2 South office was reviewed in November 2014 and a Region 2 South office was reviewed in January 2016.

Region	2014	2015 ¹	2016 (First Quarter)
	Long Beach and South Bend Vancouver Tumwater	Port Angeles Port Townsend	Stevenson

Section II - Assessment of Performance

Statewide Data Indicators

Statewide data indicators are aggregate measures developed by the Children’s Bureau and are consistent in all states. The statewide data indicators are calculated by using administrative data available from Washington’s submissions to:

- AFCARS which collects case-level information from state and Tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement. Title IV-E agencies must submit AFCARS data to the Children’s Bureau twice a year.
- NCANDS which collects child-level information from state and Tribal Title IV-E agencies on every child who receives a response from a child protective services agency due to an allegation of abuse or neglect. States report this data to the Children’s Bureau voluntarily. In federal fiscal year 2013, all 50 states, the District of Columbia, and Puerto Rico submitted NCANDS data.

At the time of the state’s CFSR, if the Children’s Bureau determines that a state is not in substantial conformity with a related outcome due to its performance on an indicator, the state will include that indicator in its program improvement plan. The improvement a state must achieve is relative to the state’s baseline performance at the beginning of the program improvement plan period.

Statewide Data Indicator	National Standard	Observed Performance	Status
Re-entry in 12 Months	<8.3%	4.7%	
Maltreatment in Foster Care	<8.5 victimizations	6.8 victimizations	
Recurrence of Maltreatment	<9.1%	9.3%	
Placement Stability	<4.12 moves	5.21 moves	
Permanency in 12 months for Children Entering Foster Care	>40.5%	32.9%	
Permanency in 12 months for Children in Care 12-23 Months	>43.7%	43.3%	
Permanency in 12 months for Children in Care 24 Months or More	>30.3%	38.3%	



National Standard Achieved



Within 5% of National Standard



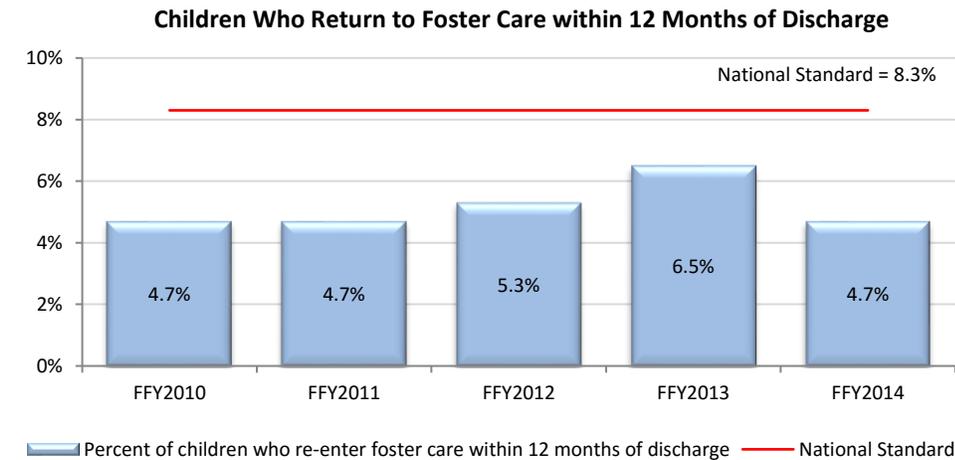
National Standard Not Achieved

Re-entry in 12 Months

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

This statewide data indicator enables the Children’s Bureau to monitor the effectiveness of programs and practice that support reunification and other permanency goals so that children do not return to foster care.

Analysis of Washington State’s performance on this data indicator in regards to the national standard can be found under [Item 2: Services to the family to protect child\(ren\) in the home and prevent removal or re-entry into foster care.](#)



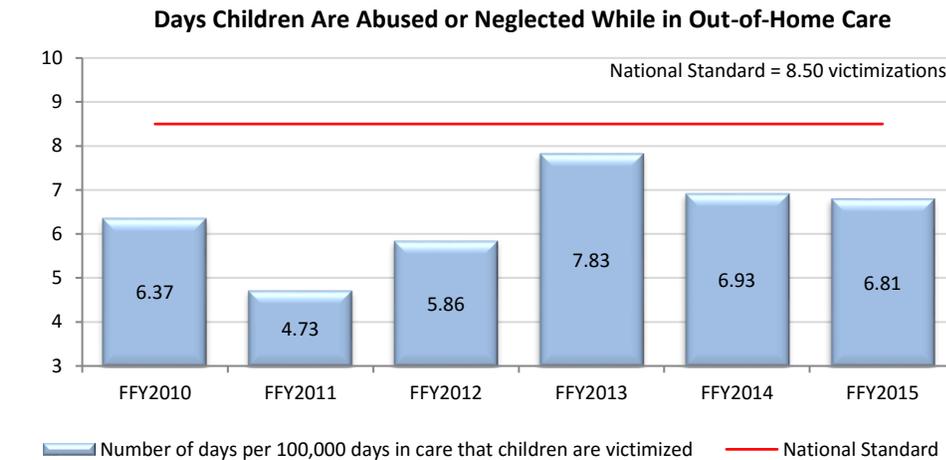
Data Source: AFCARS/ Federal Data Measure Calculation

Maltreatment in Foster Care

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

This statewide data indicator provides a measure of whether the state child welfare agency is able to ensure that children do not experience abuse or neglect while in the state's foster care system. The statewide data indicator holds states accountable for keeping children safe from harm while under the responsibility of the state, no matter who perpetrates the maltreatment while the child is in foster care.

Analysis of Washington State's performance on this data indicator in regards to the national standard can be found under [Item 3: Risk Assessment and Safety Management](#).



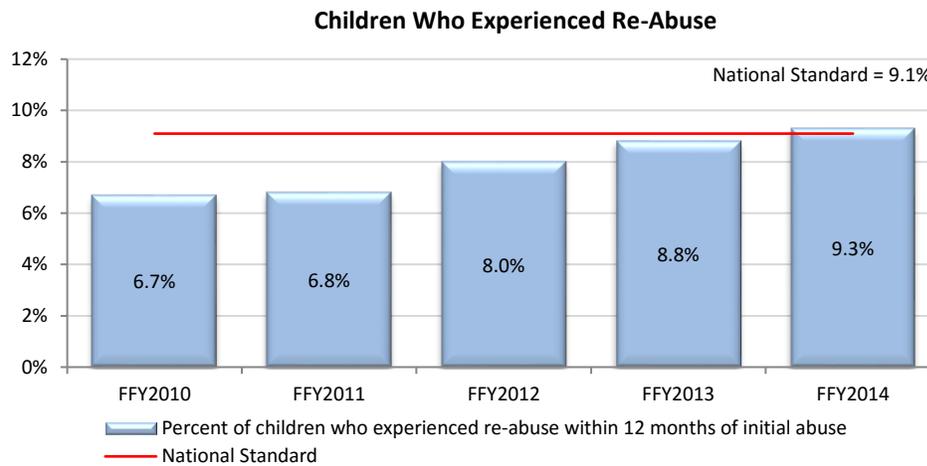
Data Source: AFCARS & NCANDS/ Federal Data Measure Calculation

Recurrence of Maltreatment

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

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

Analysis of Washington State's performance on this data indicator in regards to the national standard can be found under [Item 3: Risk Assessment and Safety Management](#).



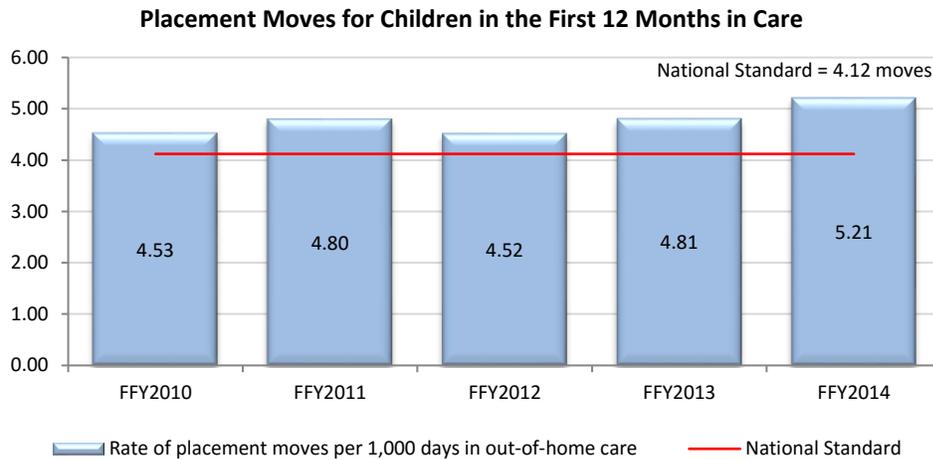
Data Source: AFCARS & NCANDS/ Federal Data Measure Calculation

Placement Stability

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

This statewide data indicator emphasizes states' responsibility to ensure that children whom the state removes from their homes experience stability while they are in foster care.

Analysis of Washington State's performance on this data indicator in regards to the national standard can be found under [Item 4: Stability of foster care placement](#).



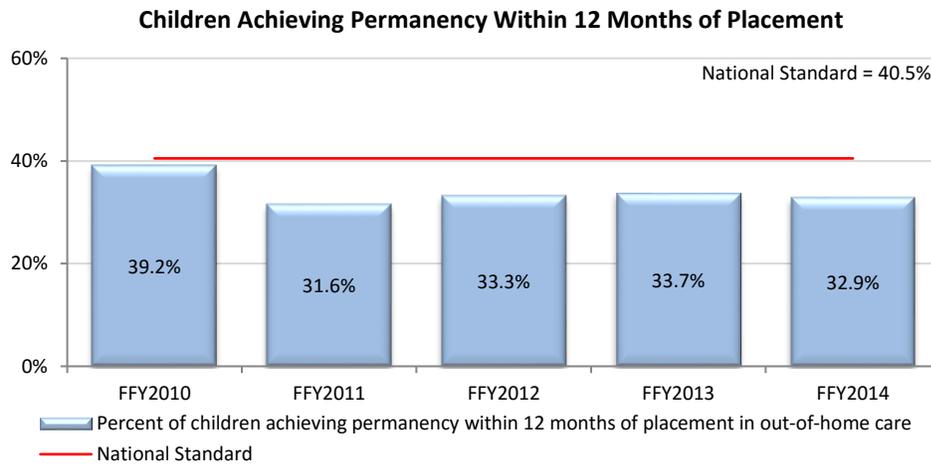
Data Source: AFCARS/ Federal Data Measure Calculation

Permanency in 12 months for Children Entering Foster Care

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

This statewide data indicator provides a focus on the child welfare agency's responsibility to reunify or place children in safe and permanent homes as soon as possible after removal.

Analysis of Washington State's performance on this data indicator in regards to the national standard can be found under [Item 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement](#).



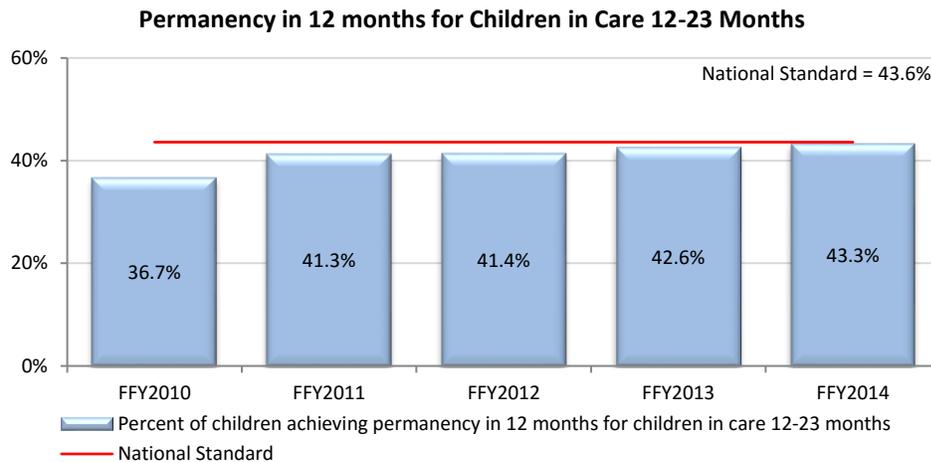
Data Source: AFCARS/ Federal Data Measure Calculation

Permanency in 12 months for Children in Care 12-23 Months

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

This statewide data indicator provides a focus on the child welfare agency's responsibility to reunify or place children in safe and permanent homes timely if not achieved in the first 12 months of foster care.

Analysis of Washington State's performance on this data indicator in regards to the national standard can be found under [Item 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement](#).



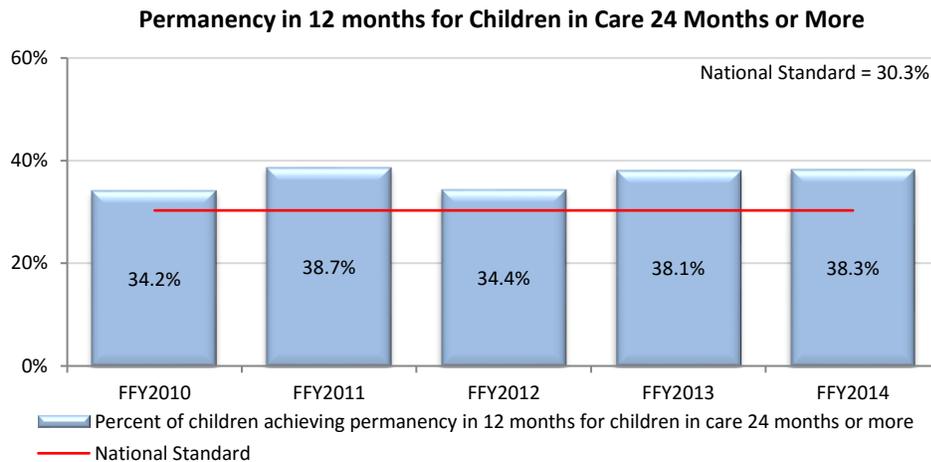
Data Source: AFCARS/ Federal Data Measure Calculation

Permanency in 12 months for Children in Care 24 Months or More

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

This statewide data indicator monitors the effectiveness of the state child welfare agency in continuing to ensure permanency for children who have been in foster care for longer periods of time.

Analysis of Washington State's performance on this data indicator in regards to the national standard can be found under [Item 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement](#).



Data Source: AFCARS/ Federal Data Measure Calculation

Safety Outcomes

Safety Outcomes 1 and 2

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

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

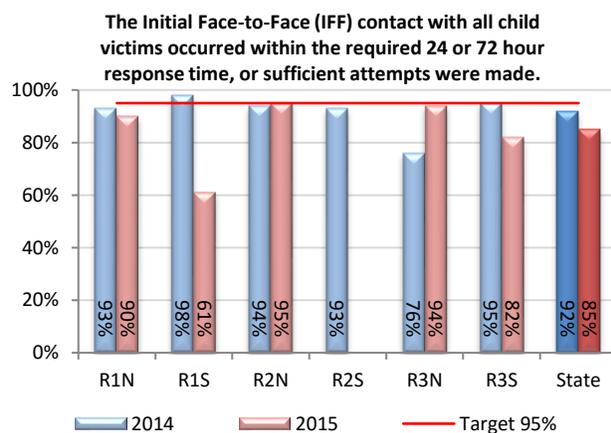
Safety Outcome 1: Children are first and foremost protected from abuse and neglect

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

Were the agency’s responses to all accepted child maltreatment reports initiated and face-to-face contact with the child(ren) made within time frames established by agency policies or state statutes?

Initial face-to-face (IFF) visits with alleged victims of child abuse and neglect continue to be an area of strength for Washington State. Washington State policy requires children be seen by a CPS or DLR/CPS caseworker within 24 hours for children who are in present or impending danger and 72 hours for children identified as a victim and not in present or impending danger. Exceptions and time limited extensions to an IFF are allowed for cases that meet specific criteria stated in policy for certain circumstances that are beyond the control of the agency.

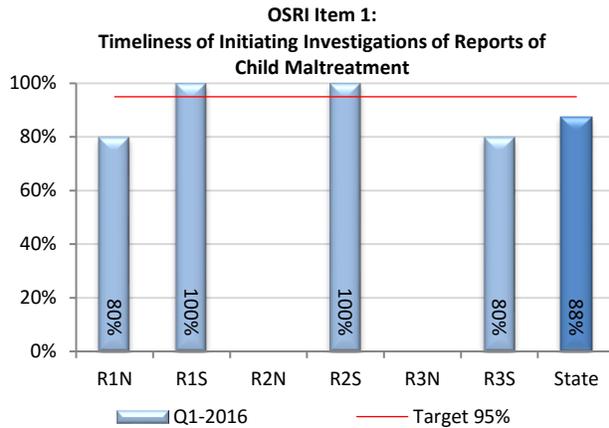
The Central Case Review Team gathered qualitative data through a random sample of cases from DCFS offices located throughout the state. Of the 216 cases reviewed in 2015, a face-to-face visit or sufficient attempts to make a face-to-face visit with all alleged victims occurred within the required 24 hour or 72 hour response time 85% of the time statewide.



Data source: Children’s Administration Annual Central Case Review Report

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 87.5% of children statewide are, first and foremost, protected from abuse and neglect. CA recognizes

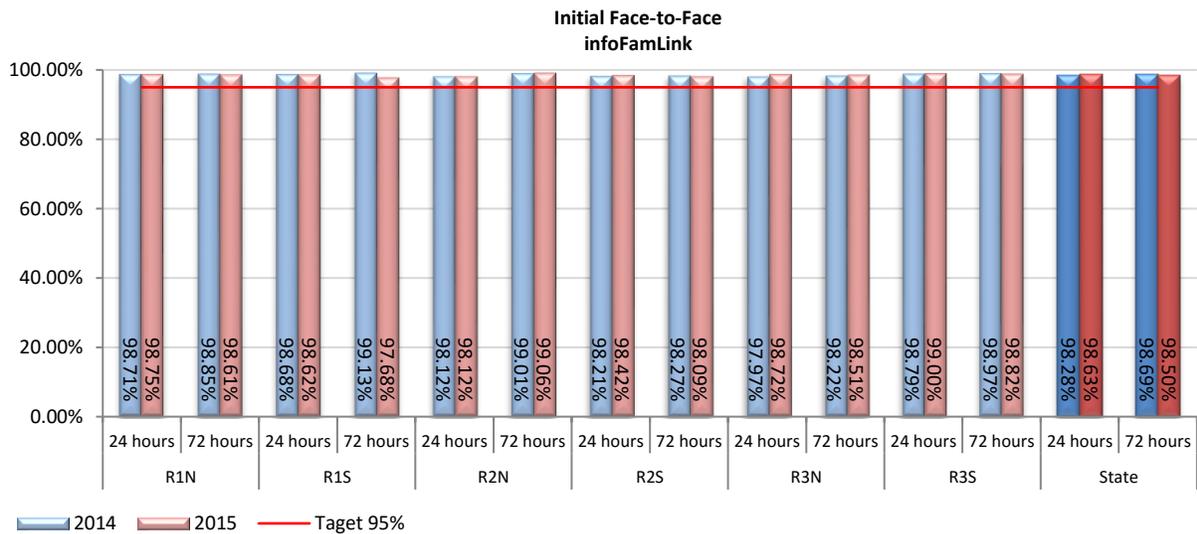
that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

Statewide administrative data is gathered from FamLink and provides quantitative data. FamLink data includes documentation of completed and attempted 24 or 72 hour initial face-to-face visits with alleged victims of abuse and or maltreatment. FamLink statewide performance for fiscal year 2015 for 24 hour response time was 98.63% and for 72 hour response time was 98.50%.

The disparity in the qualitative and quantitative data for this item reflects the Central Case Review Team's assessment of whether attempts to contact the child were actually sufficient to ensure child safety and, if appropriate, supervisory oversight was in place in regard to those efforts. Qualitative data does not include DLR/CPS as it was not incorporated in the central case review process. DLR/CPS has its own case review scheduled in 2016.



Data source: FamLink Initial Face-to-Face Report; Run date 3/8/2016

FamLink data regarding performance is reported at both summary and detail levels and is available to staff at all levels of the organization to identify alleged victims that have been seen, as well as those that still need to be seen.

The FamLink initial face-to-face report is utilized by CA management regularly for ongoing monitoring and reporting to various stakeholders including the Legislature and Governor.

With the increase of the federal target to 95%, CA has made adjustments to align the internal target with the federal target. CA had achieved a previous internal target of 80% for this item.

CA established new intake policy in June 2015 around children ages birth through three years old who were alleged to have been physically abused that met the intake sufficiency screen-in criteria. For these intakes, the screening decision changed to require an emergent response (24 hours) and an assignment to Investigation rather than the differential response (FAR).

Efforts continue at the statewide, regional and office level to develop performance reports with data from FamLink that will show qualitative performance results in addition to quantitative performance results. Having qualitative reports on a monthly basis will allow caseworkers, offices and regions to respond to fluctuations in performance in a timelier manner.

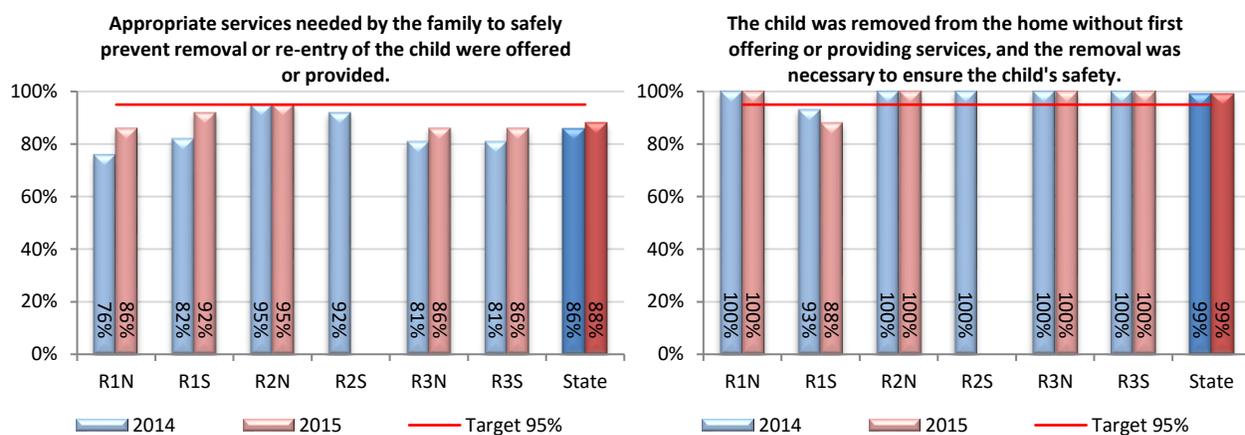
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

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

Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

Washington meets the national standard of 8.3% for foster care re-entry on the statewide data indicator with federal fiscal year performance at 4.7%.

The Central Case Review Team reviewed 137 cases in 2015 and in 88% of these cases the appropriate services needed by the family to safely prevent removal or re-entry of the child were offered or provided. Of the 137 cases reviewed, 58 cases reviewed were identified as out-of-home cases and 79 cases were identified as in-home cases.



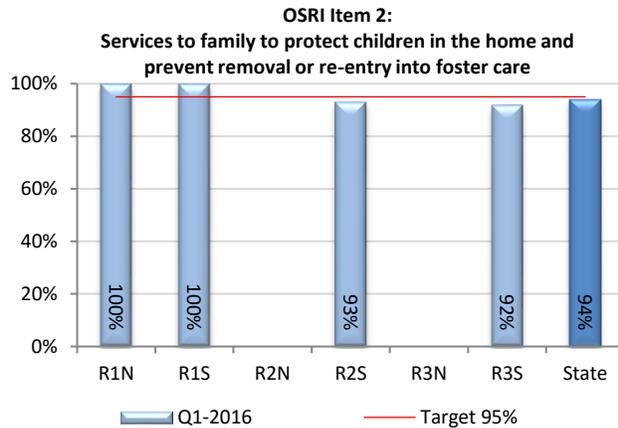
Data source: Children's Administration Annual Central Case Review Report

In 83% (48 of 58 cases) of the out-of-home cases, the family was offered all of the appropriate services needed by the family to address risk and safety threats to the children who remained in the home or returned home. This percentage represents a decrease from 92% in 2014.

In 92% (73 of 79 cases) of the in-home cases reviewed, the family was offered all appropriate services necessary to address risk and safety threats in a timely manner. This percentage represents an increase from 82% in 2014. The Central Case Review Team noted specific areas for practice improvement including:

- Identifying services to address specific risk and safety threats, primarily regarding mental health, substance abuse and domestic violence.
- Providing services to both parents in the home.
- Providing services in a timely fashion.

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 94.0% of families received services to protect children in the home and prevent removal or re-entry into foster care statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

In October 2014, CA created the Infant Safety policy to help reduce the risk of injury and death for children birth through one-year old. The Infant Safety policy continues to be emphasized in trainings across the state to include training for new and existing staff. This policy includes:

- Plan of Safe Care- Substance-exposed newborns and newborns born to dependent youth.
- Infant Safe Sleep- Infants birth through one year.
- Period of Purple Crying- Infants birth through six months.

In February 2010, CA distributed the Caseworker’s Practice Guide to Domestic Violence to caseworkers statewide. In the fall of 2014, a two-day Domestic Violence training was launched across the state with the goal of educating staff on domestic violence screening and assessment regarding child safety. The training also focused on safety planning and how to identify appropriate services to meet the needs of the child and family. CA is currently working on the development of additional Domestic Violence policy.

Statewide, regional and office level efforts are being made to maintain and improve the current level of services available to families to maintain children safely in-home. Providers are invited to present at statewide program lead meetings, regional lead and supervisor meetings, office all staff meetings and unit meetings. At all levels of CA, there are ongoing efforts to keep staff informed of services available via contract with CA or in local communities.

CA is reviewing FamLink for consideration of documentation changes that could improve the tracking of paid and community services that families are accessing. This data will help CA determine which services help families maintain children safely at home and allow CA to focus efforts to provide these services statewide and ultimately improve this performance level.

Item 3: Risk Assessment and Safety Management

Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own home or while in foster care?

Washington State policy and statute require caseworkers to assess risk and safety concerns for every child in all placement settings (in-home and out-of-home).

This indicator measures whether the agency ensures that children do not experience abuse or neglect while in the State’s foster care system. The indicator holds States accountable for

keeping children safe from harm while under the responsibility of the State, no matter who perpetrates the maltreatment while the child is in foster care.

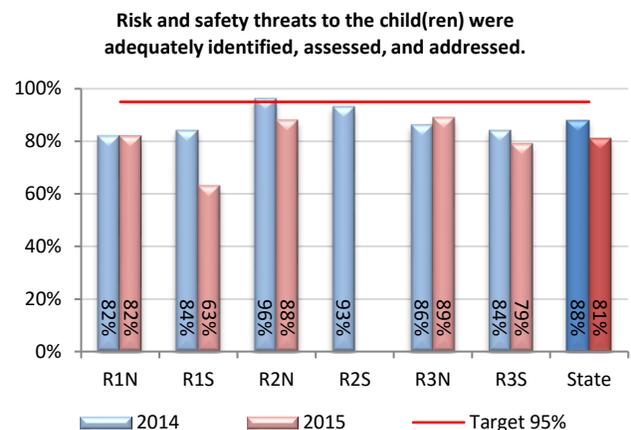
The federal measure for rate of maltreatment in foster care measures, of all children in foster care during a 12 month period, what is the rate of victimization per day of foster care.

Washington meets the national standard rate of 8.50 with an observed performance for federal fiscal year 2014 of 6.81.

Note: Maltreatment in foster care is expressed as a rate per 100,000 days in care. The federal measure is not specific to abuse by the child’s substitute caregiver.

Washington does not meet the national standard of 9.1% for the recurrence of maltreatment. This measures of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months. For the reporting period of federal fiscal year 2014, CA’s observed performance is 9.3% which is 0.2% above the national standard.

The Central Case Review Team reviewed 276 cases in 2015 and in 81% of the cases reviewed, risk and safety threats to the child(ren) were adequately identified, assessed and addressed for children in their own homes or in out-of-home care. Of the 276 cases reviewed, 190 cases were identified as out-of-home cases and 86 cases were identified as in-home cases.



Data source: Children’s Administration Annual Central Case Review Report

Statewide performance related to adequately identifying, assessing and addressing risk and safety of children decreased in 2015. Performance decreased related to in-home safety plans that address the safety threat to the children in the home. For cases reviewed in 2015, 70% of the safety plans addressed all safety threats, included more than parental promises and included a plan for the parent to complete services outside of the home. This is a decrease from 77% in 2014.

The Central Case Review Team noted that the decrease in performance regarding CPS cases is related to:

- Not addressing all concerns with victims and or subjects, and
- Not completing collateral contacts with individuals who would have information relevant to the family circumstances.

While overall performance decreased, CA did note an increase in performance related to adequately identifying, assessing and addressing risk and safety of children in out-of-home care. Statewide performance in 2015 was 92% which is an increase from 88% in 2014.

Targeted case reviews were conducted in February 2015, August 2015, and March 2016 for CPS FAR cases. The reviews found areas of strength and challenges related to the Child Safety Framework. Consistent areas of improvement identified for both CPS FAR and investigations include:

- Gathering sufficient information related to assessing safety
- Completing comprehensive initial face-to-face interviews with children.
- Collateral contacts.
- Assessing all individuals in the home.

In response to the 2015 safety and response performance measures, CA has developed a safety and risk training called Safety Boot Camp. This training is being offered in all three regions and will be published so that Quality Practice Specialists in the regions can provide the training at the request of local offices and for newly hired caseworkers. The training covers both risk and safety issues for children in all programs served by CA. It is offered in coordination with stakeholders from the Attorney General's Office and the statewide Child Abuse and Neglect Medical Consultant provider.

In 2015, Washington State developed a protocol to identify and alert headquarters and regions when a child victim has been identified in ten or more intakes accepted by CPS within the past three years. The intention is to provide additional response and guidance for cases that are often present chronic neglect circumstances. The process is still being reviewed by headquarters, regions and offices as to what protocol works most effectively and improves child risk and safety outcomes for these cases.

Input from Stakeholders, Tribes and Courts

CA will be developing a form for Program Managers and field staff to utilize in gathering consistent feedback and input from stakeholders, Tribes and Courts throughout the year.

CA utilizes feedback loops with tribes and community stakeholders at the office, regional and state levels.

Representatives from CA and the Tribe participate in regional ICW case reviews. Results of the case review are shared with both agencies. As a result of the case reviews, practice recommendations are developed and the Tribes are provided feedback as to whether recommendations are implemented.

Citizen Review Panels comprised of CA stakeholders review performance reports and data. Input is requested from the members and results of implemented practice recommendations are shared with the panel members.

The Child Fatality Review team conducts case reviews for serious child injuries and child fatalities allegedly caused by abuse or neglect. Review team members include community representatives, as well as CA specialists who have not worked with the family. The review team carefully examines the practice, policies and relationships with service providers and

community professionals and creates a report that is published on the [internet](#). In consultation with our tribal partners, the Office of the Ombuds, advisory groups and federal reviews, results from these careful examinations are used to improve our practice.

DLR CPS utilizes a few different feedback loops with our community stakeholders. Foster Parent Consultation Meetings (1624 Meetings) occur quarterly. These meetings include representatives of the foster parent community as well as CA management. Another feedback loop is the Washington Association for Children and Families. This is a private agency coalition with subdivisions for Child Placing Agencies, Behavioral Rehabilitative Services and IFPS and meets quarterly with CA management. Issues are brought forward and problem solving does occur. Lastly, DLR CPS has a customer service feedback loop using comment cards provided with each CA/N findings letter. These responses assist in directing practice.

Safety Outcomes 1 and 2 Strengths and Concerns

Strengths	Concerns
<ul style="list-style-type: none"> • Provision of services to target safety threats and prevent removal or re-entry into care. • Increase in accuracy with identifying safety threats according to the safety threshold in both Investigations and FAR. • Timely face-to-face visits with alleged victims of child abuse and neglect for both emergent and non-emergent intakes. 	<ul style="list-style-type: none"> • Inconsistent utilization of the SDM[®] Risk Assessment tool which guides decision making. • Challenges in gathering adequate information to make fully informed assessments, expanding analysis beyond an incident focused CPS intervention, correct identification of the safety threats and development of effective safety plans across the life of a case. • Quality assessment of other adults who reside in or frequent the parental home.

Permanency Outcomes

Permanency Outcomes 1 and 2

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

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

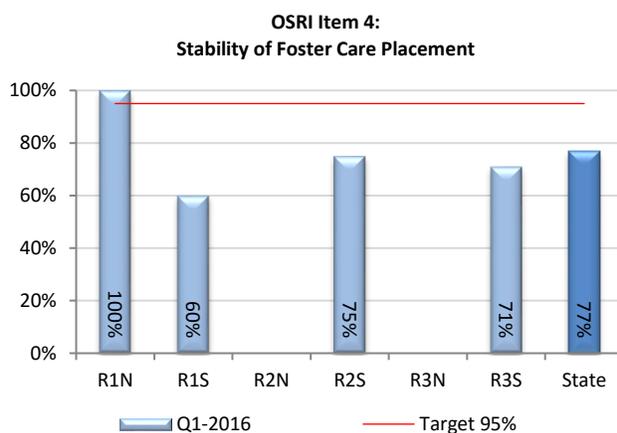
Permanency Outcome 1: Children have permanency and stability in their living situations

Item 4: Stability of foster care placement

Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?

The statewide data indicator for placement stability measures of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care. The national standard is 4.12 moves per 1,000 days in care. Washington did not meet the national standard for federal fiscal year 2014 with observed performance at 5.21 moves.

CA currently does not have case review data from 2014 and 2015 for this item. The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 77.0% of children in foster care have permanency and stability in their living situations statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year’s worth of data in the 2018 APSR. Over the next year, CA will evaluate case review results and stakeholder feedback to determine reasons for placement changes.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

Factors that positively affect placement stability include:

- Placement with relatives (see [item 10](#) for additional detail)

- Adequate services to children, parents and foster parents (*see [item 12](#) for additional detail*)
- Involvement of children and parents in case planning (*see [item 13](#) for additional detail*)
- Caseworker contact with parents (*see [item 15](#) for additional detail*)

Relative placements increased for children in out-of-home care in calendar year 2015. Forty-six percent of children in out-of-home care were placed with relatives or kin from March 2015 through December 2015.

Unlicensed relative caregivers are provided access to clothing vouchers for children in their care and to relative support service funds to purchase concrete goods and other items to assist with placement.

The Central Case Review Team found that foster parents and relative caregivers' needs were assessed and services were offered to address those needs in 99% of the cases reviewed in 2015. Foster Parents Association of Washington entered into a settlement agreement with the CA which increased the foster care rates effective July 1, 2015. The clothing voucher policy was updated in August 2015 to include a basic \$200 voucher for all children at initial placement for both licensed and unlicensed caregivers. The policy also clarified when additional clothing vouchers could be authorized.

Children in out-of-home care longer than 30 days receive various screenings and assessments to determine appropriate case plans and services. CA policy requires that the CHET program identify each child's long term needs at initial out-of-home placement by evaluating the child's well-being. The results of the evaluation are used to develop appropriate case plans and assist in placement decisions. Of children entering out-of-home care in calendar year 2015, over 90% received a CHET screening and an annual screening of mental health and substance abuse needs. Children, age 11 and above, are screened for CSEC as they enter out-of-home care, after a run from care, and at any point there is concern or suspicion that the child or youth may be a victim of CSEC. Since November 2015, CHET screeners and CA Missing from Care Locators have been utilizing the CSEC tool and since March 2016, CFWS caseworkers have been using the tool, when indicated.

CA policy requires that caregivers of children in out-of-home care be provided all information about the children in their care. The Child Information Placement Referral form is one tool utilized to document information about the child and must be completed and provided to caregivers within specific timeframes after placement. Caregivers were provided the Child Information Placement Referral form within the required timeframes 90% of the time per policy in calendar year 2015. This form provides caregivers with valuable information regarding the child's behavior, medical, developmental and educational needs.

Shared Planning meetings, monthly health and safety visits with children, and monthly visits with parents and caregivers continue to be the primary tools to engage families and youth in case planning focused on safety, permanency and well-being. Shared planning meetings are required by policy and state law at specific intervals in the life of a case. In September 2015, the shared planning policy was updated to include:

- Conducting shared planning meetings when a child or youth is identified or suspected of being commercially sexually exploited.

- Inviting two "youth identified" support people other than the caregiver and the assigned caseworker to attend the child or youth's shared planning meetings.
- Reintegrating case conference meetings.
- Initiating Placement Review Staffings.
- Conducting Permanency Planning Meetings every 6 months (increased from every 12 months) after the first year until a permanent plan is achieved.
- Consolidating FTDMs into the shared planning policy. FTDMs occur when there is imminent risk of placement, a placement move (anticipated or emergent), and at reunification.

Statewide in calendar year 2015, 81% of cases had a shared planning meeting to address permanency when the child remained in out-of-home care during the previous twelve months. While CA regards Shared Planning Meetings as key to engaging mothers, fathers and children in case planning, the structure, facilitation and consistency of these meetings vary from office to office. This is an area of needed improvement.

Concerted efforts to involve mothers, fathers and children in the case planning process all decreased in calendar year 2015. Mothers were included in the case planning process in 73% of the cases reviewed and fathers were involved in 55% of the cases reviewed. Children were involved in case planning 71% for the cases reviewed; a decrease from 79% in 2014.

Caseworker contacts with parents, especially fathers, continue to be a challenge for Children's Administration, although there were slight increases in contacts with mothers and fathers in calendar year 2015. Concerted efforts to identify and locate the father, assess his needs and offer or provide appropriate services to safely parent his children were offered in 61% of cases reviewed in calendar year 2015. Caseworkers achieved this criterion for mothers at 82%. Monthly visits with fathers occurred in 30% of the cases reviewed in calendar year 2015; a 5% increase from the previous year. Monthly visits with mothers increased from 39% in 2014 to 50% in 2015.

CA currently is facing a challenge in finding appropriate placements for children and youth. As a result, a number of children and youth have had to stay in hotels with two awake CA staff. While recruitment and retention of foster homes continues to be an area of focus, there are few placement settings for children with disabilities or behavioral, emotional, or mental health needs; particularly for emergency placements. A temporary solution included renting a private agency group home, Services Alternatives, that is not in use and having youth stay there overnight with CA staff acting as group home staff. While this is not a solution to placement instability, it has allowed CA to have alternatives to hotel stays for youth. Additionally, starting July 18, 2016, CA will begin contracting with Pioneer Human Services for 12 emergency respite beds in King County.

Item 5: Establishment of an appropriate permanency goal for the child in a timely manner

Did the agency establish appropriate permanency goals for the child in a timely manner?

Under the Permanent and Concurrent Planning policy, CA requires a permanency planning goal must be identified for all children in out-of-home care no later than 60 days from the OPD. CA's written report to the court must identify concurrent plans. A permanent plan includes how the

department is working towards securing a safe, stable and permanent home for the child. The court report must address the following:

- a. Primary and alternate permanent plans being pursued concurrently. Permanent and alternate permanent plan options only include:
 - i. Return of home to the child's parent, guardian or legal custodian
 - ii. Adoption
 - iii. Guardianship
 - iv. Third party/non-parental custody
- b. Reasonable efforts to return the child to his or her birth or adoptive parents.
- c. How the permanency plan is in the best interest of the child.
- d. How the agency has worked toward securing a safe, stable and permanent home for the child as early as possible.

Long-term foster or relative care is not a permanent plan. It is only considered when other permanent plans are determined not to be in the best interest of a child age 16 and older as the results of a shared planning decision making process. Continued efforts must be made to achieve legal permanency, unless determined to not be in the child's best interest. CA must consider a permanent plan that allows the parent to maintain a relationship with the child when a parent:

- a. Is sentenced to long-term incarceration;
- b. Has maintained a meaningful role in the child's life;
- c. There is no court order limiting or prohibiting contact; and
- d. It is in the child's best interest.

Citizenship and immigration status of the child should be determined early in the case and should be re-confirmed prior to establishing a permanent plan.

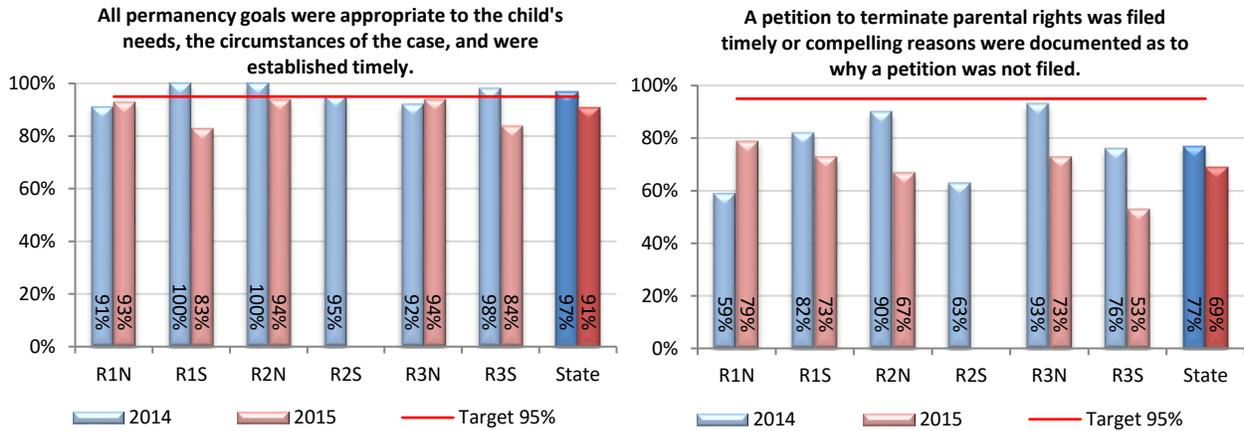
There currently is no FamLink report that can accurately pull the data for this measure. CA will explore the possibility of creating a data report as work begins on a new court report/case plan incorporated in FamLink. Quarterly data reports would allow opportunity to develop strategies to strengthen regions that are struggling and grow practices that help meet the measure. Case review data shows a 6% decrease from 2014 to 2015 statewide in permanency goals being established timely, with initial goal established within 60 days of OPD, and appropriately to the child's needs and circumstances of the case. This decrease may be attributed to the smaller sample size in 2015 (190 cases) versus 2014 (314 cases). Additionally, there were no case reviews in Region 2 South in 2015.

In 2015 the Central Case Review Team updated review criteria for the appropriate permanency goals established timely to include the review of appropriateness of Long Term Foster Care as a permanency goal only after thorough consideration of other permanency goals. This change may have contributed to the decrease in performance from 2014.

Case review criteria for compelling reasons not to file a referral for termination of parental rights was updated also updated in 2015 by the Central Case Review Team to include:

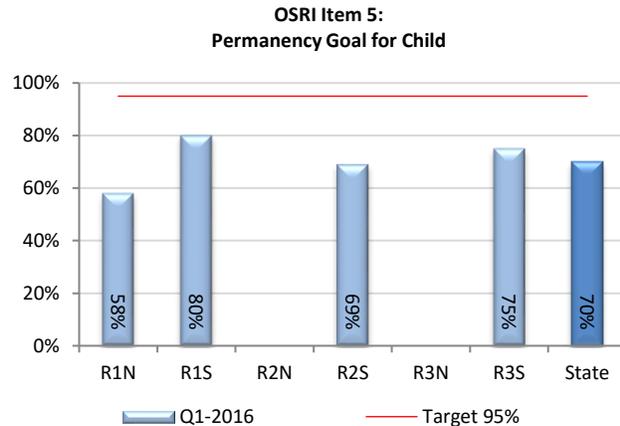
- the parent(s) has been accepted and is demonstrating compliance in a dependency treatment court program, long-term substance abuse, or dual diagnosis program;
- a professional assessment of the child determines the child is unable to remain within a family setting;
- the parent is incarcerated and the incarceration is the only reason for filing the TPR and the court has determined the parent maintains a meaningful role in the child's life.

This change in the case review criteria may have contributed to the decrease in performance from 2014 to 2015.



Data source: Children's Administration Annual Central Case Review Report

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 70.0% of children in foster care had appropriate permanency goals established in a timely manner statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

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

Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

This measure determines whether children had permanency in their living situations and if permanency was achieved in a timely manner. CA has several policies that detail permanency timelines, procedures and practice tips. The Permanent and Concurrent planning, TPR-Compelling Reasons and Shared Planning policies identify the timelines required under federal and state law detailing expectations for staff and provide links to support documentation.

Permanency in 12 months for children entering foster care measures of all children who enter foster care in a 12-month period, what percentage are discharged to permanency within 12 months of entering foster care. The national standard for this statewide data indicator is 40.5% and Washington's performance for federal fiscal year 2014 is 32.9% which is below the national standard.

Permanency in 12 months for children in care 12 to 23 months measures all children in care on the first day of a 12-month period who had been in care (in that episode) between 12 and 23 months, what percentage are discharged to permanency within 12 months of the first day. The national standard for this statewide data indicator is 43.6% and Washington's performance for federal fiscal year 2014 is 43.3% which is 0.3% below the national standard.

Permanency in 12 months for children in care 24 months or more measures all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percentage are discharged to permanency within 12 months of the first day. The national standard for this statewide data indicator is 30.3% and Washington's performance for federal fiscal year 2014 is 38.3% which is above the national standard.

The Central Case Review Team found in calendar year 2015:

- In 78% (82 of 105) of the cases statewide, Concerted efforts were made to achieve reunification within 12 to 14 months of the original placement date (OPD) when the primary permanency goal was return home.
- In 69% (37 of 54) of the cases statewide, when the primary permanency goal was adoption, concerted efforts were made to achieve adoption within 24 to 26 months of the child's OPD.
- In 20% (4 of 20) of the cases statewide, concerted efforts were made to achieve third party custody or guardianship within 18 to 20 months of the child's OPD when identified as the primary goal.
- In 82% (9 of 11) of the cases statewide, concerted efforts were made to achieve a stable and lasting living arrangement for the youth when long term foster care or independent living was identified as the primary goal.

The case review data reflected in the charts below reflects a 12% decrease in the number of timely reunifications statewide. In 2015, all regions saw a decrease in timely reunification ranging from 1% in Region 3 North to 24% in Region 1 North. Region 3 North showed the

smallest decrease which could be attributed to a stable workforce and the following strengths identified by the case review:

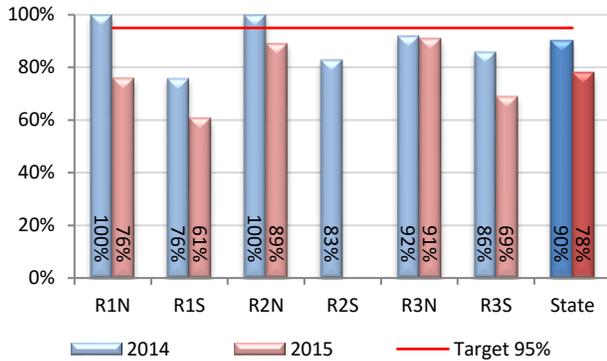
- Assessing and addressing the needs of children including education and mental health
- Identifying and establishing appropriate permanency goals
- Consistent and timely Shared Planning Meetings
- Early Identification of Native heritage

The case review data reflected in the charts below reflects a 7% decrease in the number of adoption statewide. In 2015, Region 2 North and Region 3 South saw a decrease in adoptions while all other regions reviewed experienced an increase. This decrease may be related to the change in case review criteria related to months allowed for the adoption to be finalized. In 2014, cases were rated compliant if the child entered care over 24 months ago and actions were taken to finalize the adoption within 24 months; however, there were circumstances beyond CA's control regarding the child, the pre-adoptive parents or court that justified the delay, and the adoption was completed or scheduled to be completed within 30 months of OPD. In 2015, cases were rated compliant if the child entered care over 24 months ago and actions were taken to finalize the adoption within 24 months; however, there were circumstances that justified the delay and adoption was finalized or was imminent at 25 or 26 months.

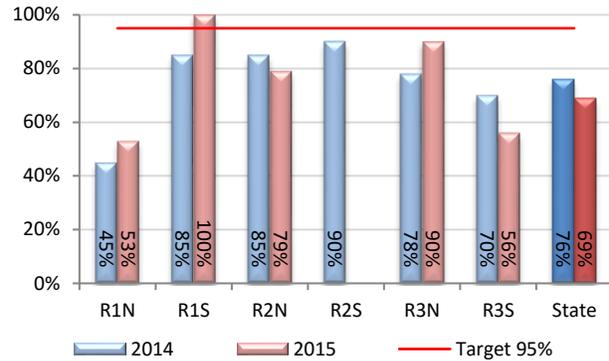
The case review data reflected in the charts below reflects a 57% decrease in the number of third party custody or guardianships statewide. The only region to see an increase in 2015 was Region 2 North at 100% with one case included in the review sample. The timeframe for achieving third party custody or guardianship was changed in the case review criteria from 2014 to 2015. In 2014, the Central Case Review Team was rating compliance when timely efforts to achieve third party custody or guardianship occurred within 12 months of identifying that this was the primary goal. Starting in 2015, the Central Case Review Team updated the case review criteria to align with the federal requirements which requires that timely efforts to achieve third party custody or guardianship occurred within 18 months of OPD or did not occur within 18 months; however, there were circumstances that justified the delay and third party custody or guardianship occurred or was imminent at 19 or 20 months.

The case review data reflected in the charts below reflects an 18% decrease statewide in the number of youth achieving a stable and lasting living arrangement when Long Term Foster Care or Independent Living was identified. In 2015, Region 1 North and Region 1 South saw a significant decrease while all other regions reviewed remained stable.

Reunification was a current permanency goal and return home occurred or was likely to occur timely.

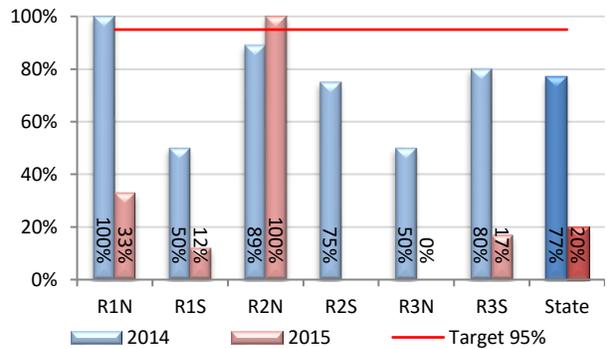


Adoption was a current permanency goal and adoption occurred or was likely to occur timely.

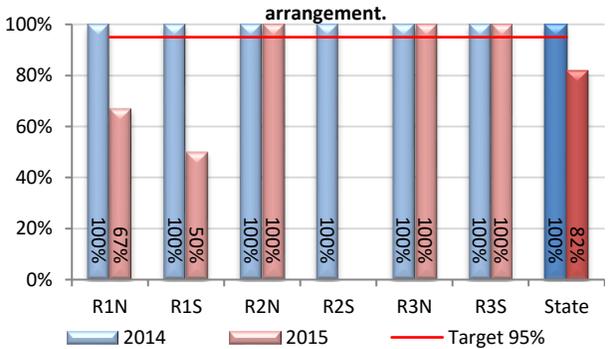


Data source: Children's Administration Annual Central Case Review Report

Third party custody or guardianship was a current permanency goal and third party custody or guardianship occurred or was likely to occur timely.



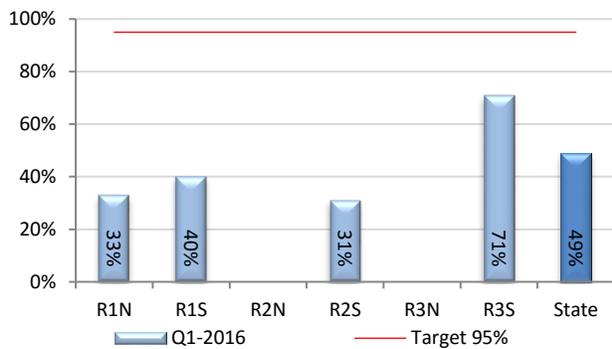
Long Term Foster Care or Independent Living was a current permanency goal and concerted efforts were made to achieve a stable and lasting living arrangement.



Data source: Children's Administration Annual Central Case Review Report

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 49.0% of children or youth were able to achieve reunification, guardianship, adoption, or long term foster care within federal timeframes statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.

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



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

In 2010 Washington State eliminated Dependency Guardianships and initiated Title 13 Guardianships under RCW 13.34. Dependency guardianships established a legal guardian for a

child while maintaining an underlying dependency. Title 13 Guardianships establish a legal guardian for a child and require the dismissal of the dependency. The Relative Guardianship Assistance Program was initiated under Title 13 Guardianships to eliminate barriers to permanency with relatives. The Relative Guardianship Assistance Program provides subsidy and medical support for relatives of a specified degree who meet the eligibility requirements.

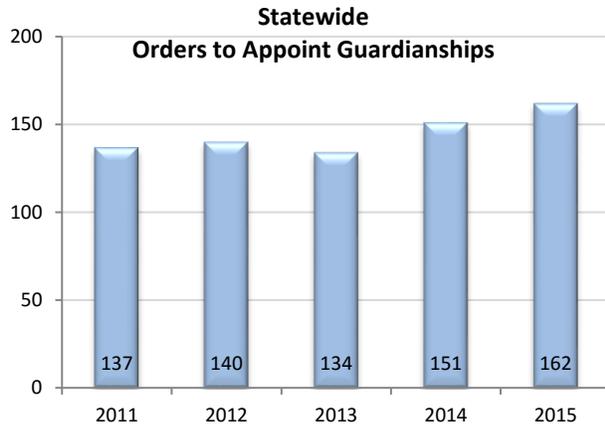
CA is unable to validate statewide guardianship data because of the inconsistent way guardianships are being documented in FamLink. There are also an unknown number of dependency guardianships reflected in the data. Guardianship data within FamLink also displays inaccurate legal results. Invalid legal results display due to caseworker error when inputting data. A workgroup will be established to validate and correct all guardianship data in the FamLink legal tab. The workgroup will assess eliminating many of the legal result choices in the data field when guardianship is the legal outcome to assist field staff with legal data entry. The work is expected to be completed by the end of calendar year 2017 and the outcome will allow validation of guardianship data.

Based on information provided by the Administrative Office of the Courts, the number of Title 13 Guardianships established in Juvenile Court has increased 15% since 2011. In 2015 there were 162 Title 13 Guardianships established compared to 137 established in 2011. Currently only Title 13 Guardianships are reflected in this analysis. Guardianships with subsidized relative assistance agreements have also continued to increase. FamLink data shows there are currently 198 Guardianships subsidized by the Relative Guardianship Assistance Program statewide; this represents an increase of 12% from 2014.

CA anticipates increasing the number of guardianships over the next two years by focusing on education, training and support of staff. By the end of calendar year 2016:

- At least 10 webinars will be provided for all staff explaining considerations for permanency and outlining the steps necessary to establish a guardianship.
- Joint communication from the AAG's office and CA providing guidelines for CA staff on determining a permanent plan for a child.
- Updating the guardianship policy to reflect current practice.
- Simplifying the documents needed to establish a guardianship or Relative Guardianship Assistance Program subsidy.

To assess this plan, CA will monitor guardianship data quarterly and solicit feedback from staff to assess the effectiveness of the efforts listed above.



Data Source: AOC data based on the cases that had an order to appoint a guardian

Based on FamLink data, adoptions in 2015 increased 7% from 2014 with 1,475 adoptions completed in calendar year 2015; and have increased 29% since calendar year 2012. Timely completion of adoptions continues to be an area of focus for Washington State. Based on feedback from the three regional adoption Area Administrators, the following are statewide barriers to completion of adoptions:

- Appeals on orders of termination of parental rights;
- Delays in home study referrals and completion;
- Delayed case transfers between CFWS and Adoptions, which directly impacts finalization; and
- Inconsistency in adoption practice.

To increase standardization, statewide training regarding CA adoption policy and practice guidelines was provided to adoption staff in 2015 and will continue to be provided.

CA-Adoptions Monthly/Yearly Comparison				
	2012	2013	2014	2015
January	6	23	34	56
February	32	52	99	84
March	50	80	106	117
April	62	92	98	96
May	72	139	119	106
June	90	114	131	157
July	67	83	86	132
August	70	109	86	125
September	66*	112	99	104
October	89	109	116	113

CA-Adoptions Monthly/Yearly Comparison				
	2012	2013	2014	2015
November	204	212	237	235
December	239	191	153	122
(Yearly Total)	1,044	1,316	1,364	1,447

Data Source: Children's Administration, FamLink PQR 359 Legal Result Adoption Finalization

*Total represents finalized adoptions after state-wide implementation of UHS

Month LOS-Episode Exit Year Calendar Year 2015

	Less than 15 months		15 – 24 months		More than 24 months		Grand Total	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Adoptions	4%	51	29%	418	67%	964	100%	1,433
Age of Majority/ Emancipation	17%	25	15%	22	69%	103	100%	150
Deceased	73%	8	27%	3	0%	0	100%	11
Guardianships	23%	70	30%	93	47%	144	100%	307
Reunifications	45%	972	32%	700	23%	502	100%	2,174
Transfer of Custody	60%	46	22%	17	18%	14	100%	77

Data Source: SCOMIS WA Courts Database

Caseworkers have felt the impact of increasing caseloads, as well as working with families with seemingly more complex issues. CA has seen an increase in the number of children residing in out-of-home. April-June 2010 9.4% of children were in out-of-home care which increased to 12.2% in April-June 2015. Data shows a decrease in achieving permanency for children in out-of-home care in 2015.

The Shared Planning policy was updated in September 2015. The new policy requires meetings every 6 months rather than once per year after the first Permanency Planning Review Hearing. This additional requirement will help maintain a focus on permanency planning through shared decision making and throughout the life of the case.

In response to federal legislation, Washington State Senate Bill 5692 was enacted during the 2015 legislative session which limits the use of another planned permanent living arrangement as a permanency goal for youth under the age of 16 years old. CA will focus on youth at the age of 14 in developing transition plans that support the youths' desires and goals for future planning. This also includes the youth's ability to invite two supports he or she chooses to his or her shared planning meetings. This new federal legislation was implemented during the July

2015 policy rollout. This may account for a portion of the eighteen percent decrease in these plans in 2015.

There are currently over 500 youth participating in the EFC Program. EFC supports include transitional living, supervised independent living and ongoing foster care placements. The intent of EFC is to continue to support permanency and lifelong connections and successfully transition youth to adulthood.

CA continues to struggle with meeting permanency timelines. In an effort to improve permanency for children, CA is implementing the following efforts to assist in improving our efforts to meet permanency timelines:

- Permanency planning training focused on identification of permanency plans, timelines, the integration of the CSF into permanency and practical case and service planning tools.
- The creation of the external permanency CQI group. This group is made up of representatives from AOC, CASA, Child Representation Program, OPD, Casey. After analyzing the 2014 case review data and identifying trends in the areas of improvement and strengths the decision was made to hold a permanency summit in Vancouver, WA. This summit will bring together all the parties in the permanency work to talk about local barriers to and come up with solutions. The success of the initial summit will be assessed and decisions made about statewide expansion.
- CFWS/Permanency Leads have been identified in each region which has led to the revitalization of the statewide CFWS/Permanency Planning Leads meetings where local and statewide data is shared and used in strategic planning to improve permanency locally and statewide.
- Development of local mechanism for tracking and ensuring shared planning meetings occur and are documented.

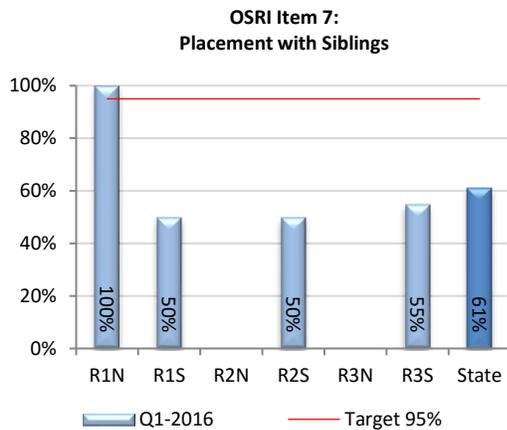
Permanency Outcome 2: The continuity of family relationships and connections is preserved

Item 7: Placement with siblings

Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

CA's Sibling Placement and Visitation policy requires caseworkers to make reasonable efforts to place siblings together at initial placement and at other times in the case planning. The policy also requires documentation of reasonable efforts to place and reasons why siblings are not placed together. Relationships with siblings are fundamentally important over a lifetime. Living together supports the likelihood of a strong and positive bond, increases placement stability and helps prevent additional grief and loss. CA is committed to keeping children together with their sisters and brothers whenever possible.

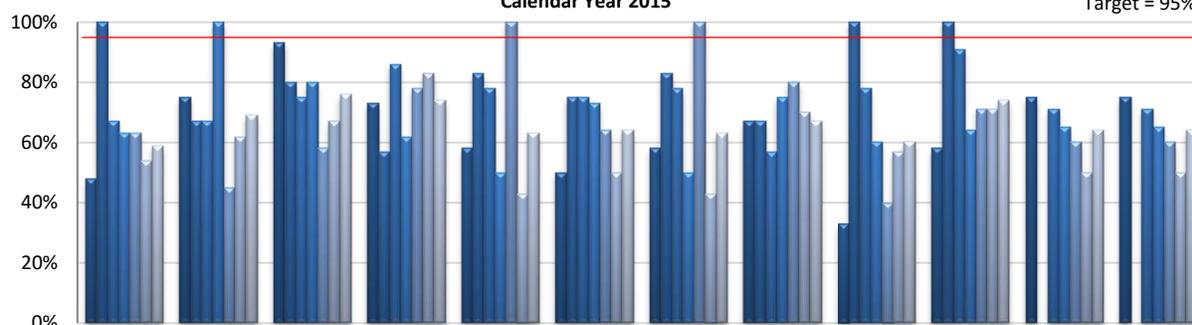
CA currently does not have case review data from 2014 and 2015 for this item. The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 61.0% of children placed in out-of-home care are placed with siblings statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

**All Siblings Placed Together at Initial Placement
Calendar Year 2015**

Target = 95%



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
R1N	48%	75%	93%	73%	58%	50%	58%	67%	33%	58%	75%	75%
R1S	100%	67%	80%	57%	83%	75%	83%	67%	100%	100%	0%	0%
R2N	67%	67%	75%	86%	78%	75%	78%	57%	78%	91%	71%	71%
R2S	63%	100%	80%	62%	50%	73%	50%	75%	60%	64%	65%	65%
R2N	63%	45%	58%	78%	100%	64%	100%	80%	40%	71%	60%	60%
R2S	54%	62%	67%	83%	43%	50%	43%	70%	57%	71%	50%	50%
State	59%	69%	76%	74%	63%	64%	63%	67%	60%	74%	64%	64%

Data Source: CA FamLink PQR #852

Under CA policy, siblings not placed together must have an exception documented in FamLink. The policy has eight approved exceptions that must have a signed and approved exception documented in the Visit Plan/Referral pages in FamLink and have the exception approved by the supervisor. The above data does not reflect if an approved exception has been documented and uploaded into FamLink per CA policy. The monthly sibling placement report was updated in January 2016 to include the documentation of an exception. The following are the approved exceptions:

1. An admission of a sibling into detention, a psychiatric hospital or a residential treatment setting to meet the unique and individual needs of one of the siblings;
2. A sibling becomes a significant safety threat to the safety of another sibling or cannot be controlled if the siblings are placed together;
3. A sibling becomes a significant threat to the safety of another person in the placement, and a risk to that person's safety cannot be controlled if the sibling remains in the placement. If movement of the entire sibling group is determined not to be in their overall best interest, the sibling presenting the threat will be moved;
4. A sibling with a physical, emotional or mental condition requires specialized services in order to accomplish specific therapeutic goals. The sibling may be placed apart from other siblings for the length of time necessary to meet the need requiring separate placement;
5. An abusive relationship between siblings exists where therapy, with a safety plan in place, is not effective or not the appropriate intervention;
6. To permit placement with relatives who live near the home of a sibling;
7. A court order prohibits the Department from placing siblings together; or

8. Other extraordinary circumstances that are documented and approved by the assigned supervisor and Area Administrator under these procedures.

Headquarters program staff is working with the CA Data Unit to develop a new report that will capture the following data elements for all siblings in CA custody:

- Number of full sibling groups reside together;
- Number of partial sibling groups residing together;
- Of the siblings not living together, how many have a sibling visit documented in the last 30 days;
- Of the siblings not living together, how many have a visit plan approved in the last 30 days;
- Of the siblings not residing together, is there a placement exception documented (date of exception included in report); and
- Of the siblings not residing together, is there an FTDM that has occurred in the last 60 days.

This report will narrow the population of siblings not placed together and focus efforts to ensure that sibling connections are maintained. Identified strategies will be based on a quarterly review of the new data report and the need for localized and statewide efforts to improve, enhance or support practice.

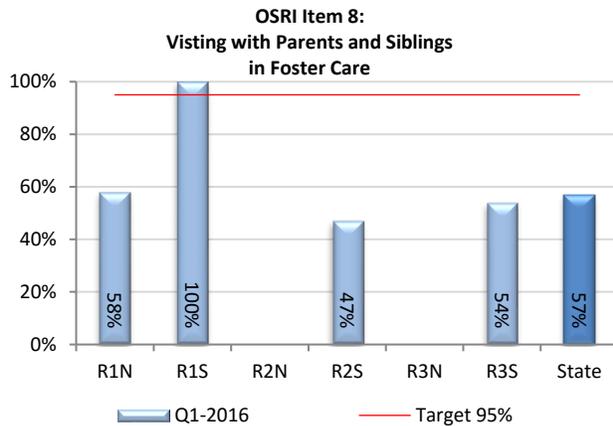
Item 8: Visiting with parents and siblings in foster care

Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

Twice monthly visits or contacts for siblings placed separately while in out-of-home care is a continued area of focus for CA. CA's Parent, Child and Sibling Visit policy requires that visits be consistent and frequent with appropriate supervision to ensure child safety. Visit plans must be developed timely and include visits in the least restrictive setting.

Sibling contact is sometimes facilitated between caregivers and captured within the narrative of monthly health and safety visit case notes which makes extracting quantitative data difficult.

CA currently does not have case review data from 2014 and 2015 for this item. The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 57.0% of children visiting with parents and siblings in foster care statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

In September 2015, CA established a workgroup that includes CA staff and representatives of the Administrative Office of the Courts, Office of Public Defense, Attorney General’s Office, CASA, Foster Care Providers and Liaisons, Parent Allies and Partners for Our Children to update the Parent Child Visit policy and to review training and other tools to improve the quality of visits.

In March 2016, the Parent Child Visit Plan within FamLink was updated to allow for a more efficient process. The caseworker creates both the visit plan and visit referral in FamLink. The Permanency Planning Program Manager is working with the Data Unit to develop a monthly report to track the creation of these plans and referrals within FamLink and to establish a baseline for the number of visits referred per child. The report will also capture sibling contact during scheduled visits or a sibling contact only visitation plan. New FamLink codes have been created to measure what visits occur and visits that do not occur as well as the reason. This information will be shared with offices for the purpose of increasing contact and promoting continuity in the child’s relationships with close family members. Updated training and guides for staff will be used to emphasize the importance of contact in effecting timely permanent plans for children and youth in out-of-home care.

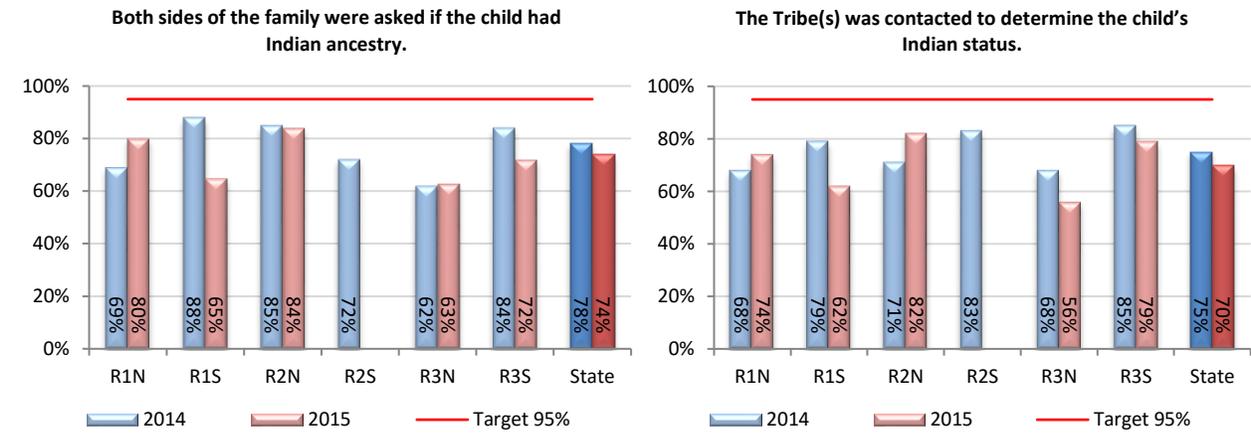
Item 9: Preserving Connections

Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends?

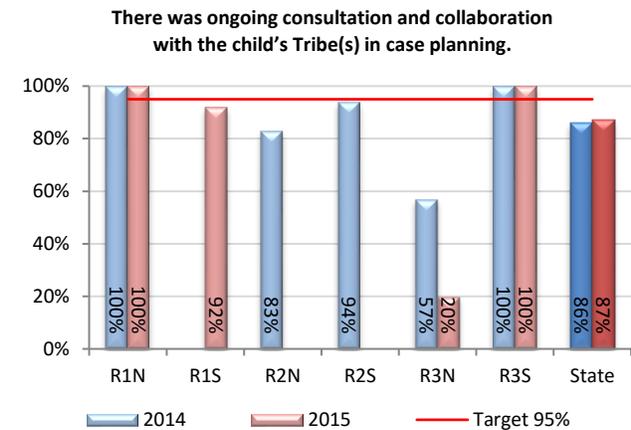
Efforts to increase the awareness of the importance of maintaining school placements continue; CA is training caseworkers and supporting collaborative work with the Office of the Superintendent of Public Instruction which includes individual school districts and local court jurisdictions. A guide for caseworkers and Educators has been developed as a resource.

CA has multiple policy and procedures that reference preserving a child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends. Specifically, the Education policy requires that children and youth who enter out-of-home care have the right to remain at the school they were attending when they entered care, whenever it is practical and in the best interest of the child (RCW 74.13.550). When discussing permanency during a Shared Planning meeting, the Shared Planning policy requires addressing and reviewing, when applicable, relative search efforts, status of Tribal affiliation, involvement and

notification to relatives and Tribes and the plan to maintain community and cultural connections. CA's Placement Priorities policy requires due diligent efforts to be made to identify and notify all grandparents, all adult relatives and Tribe(s) of child's entry into out-of-home care.

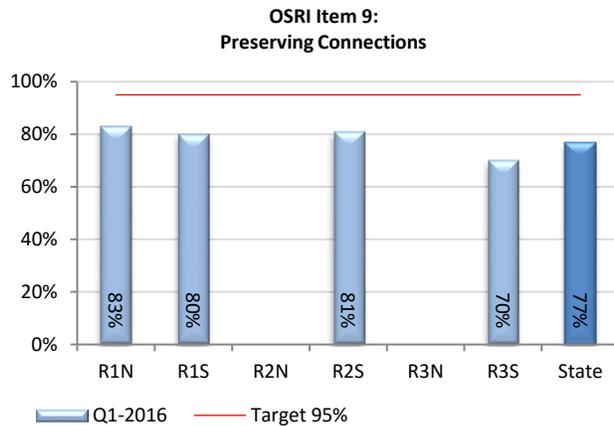


Data source: Children's Administration Annual Central Case Review Report



Data source: Children's Administration Annual Central Case Review Report

CA currently does not have additional case review data from 2014 and 2015 for this item. The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 77.0% of cases found concerted efforts to preserve the child's connections statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

In 2015 a centralized unit, the Native American Inquiry Relative Search Unit, was formed to complete Indian ancestry searches and relative searches for children in out-of-home care. Despite the backlog of referrals, follow-up inquiry work has vastly improved and as a result every case referred includes two attempts to contact the identified Tribe(s). The unit continues to work on building capacity to meet the statewide need.

After the initial search is completed by the centralized unit and the information is returned to the assigned caseworker, CA continues to struggle with its efforts to contact Tribes. Case review data shows an increase in ongoing collaboration with identified Tribes statewide. In 87% (33 of 38) Of cases reviewed by the Central Case Review Team in 2015, when the Tribe confirmed the child was a member or eligible for membership in a federally recognized Tribe, there was ongoing collaboration with the child's Tribe(s). This percentage represents an increase from 86% (43 of 50) in 2014. This slight increase may be because of the NAIR unit. CA will continue to emphasize the importance of asking families about Indian ancestry at every opportunity. Native American ancestry is routinely inquired about during shared planning meetings.

Item 10: Relative Placements

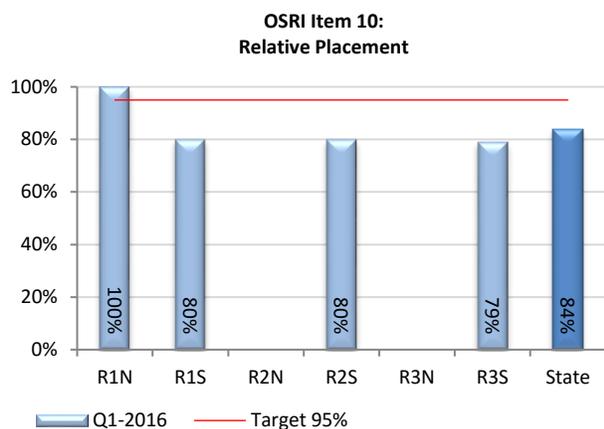
Did the agency make concerted efforts to place the child with relatives when appropriate?

CA Relative Placement policy requires that when placement is necessary, the caseworker is required to exercise "due diligence" to identify and provide notification to all grandparents, all adult relatives, and Tribes within 30 days after the child is removed from the custody of the parents (RCW 13.34.060(1)(a)). The relative(s) must be considered as placement options for the child prior to considering placement in other types of out-of-home care. Preferred relative placements are those:

- a. Where the child is comfortable living with the relative;
- b. The relative has a relationship with the child; and
- c. The relative is assessed by CA to be capable and willing to cooperate with the permanency plan for the child.

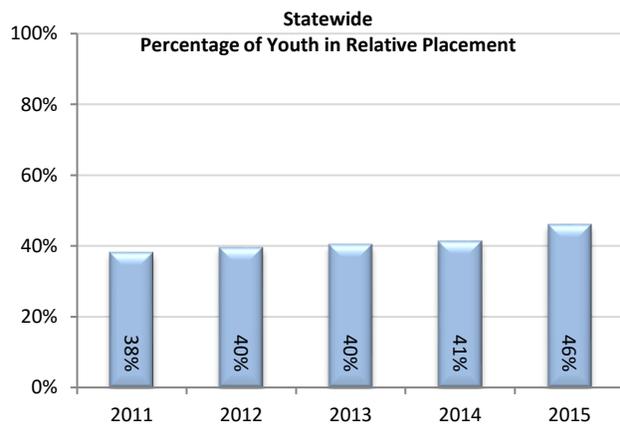
The relative(s) must be able to provide a safe home for any child placed by DCF, and each child placed in the home must have his or her own bed or crib if the child remains in the home beyond 30 days. Non-related family members must also be considered as potential resources.

CA currently does not have case review data from 2014 and 2015 for this item. The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 84.0% of children were placed with relatives when appropriate statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

In calendar year 2015, relative or kin placements increased to 46% for children in out-of-home care.



Data source: CA FamLink, point in time data as of June 30th of the year, Monthly Metrics and infoFamLink Report: Relative/Non-Relative

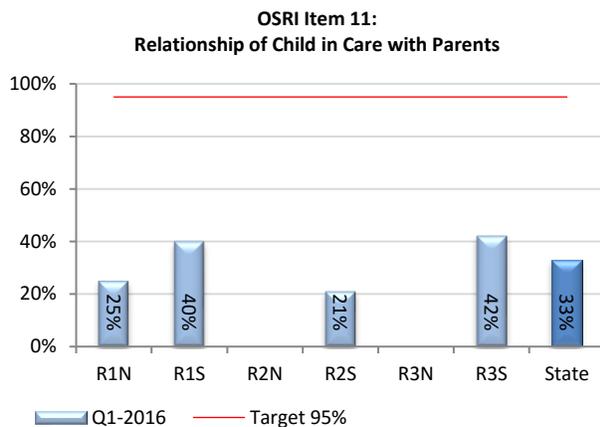
CA believes much of the increase in relative placement statewide is due to the emphasis to identify and support relative placements. In 2015, CA created the centralized Native American Inquiry/Relative Search Unit to complete relative searches and search for Indian ancestry for children in out-of-home care. The centralization of staff supports a more thorough, effective and consistent search process. The unit has access to additional databases with which to conduct searches.

DLR has prioritized relative home studies over other home studies. In January 2016, policy changes made to the background clearance process allowed for more timely placements with relatives and kin.

Item 11: Maintaining relationships between the child in out-of-home care and his or her parents

Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

CA currently does not have case review data from 2014 and 2015 for this item. The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 33.0% of children maintain relationships with parents while in out-of-home care statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

CA recognizes the importance of parents participating in activities with and about their children, other than scheduled visitation. When it is safe and appropriate to do so, parental participation in activities such as medical appointments, educational activities, and extracurricular activities should be offered.

The importance of parents participating in activities, in addition to the structure of scheduled visitation, to maintain the relationship between the child in out-of-home care and his or her parents, stressed in several CA policies, practice guides and trainings for staff. These policies, guides and trainings include:

- The *Social Worker Practice Guide Visits Between Parent(s)-Child(ren) and Siblings* encourages caseworkers to supplement visits by encouraging parents to participate in medical appointments and counseling appointments and to supplement visits with letters, telephone calls, and email;
- The *Social Worker Guide to Education* encourages caseworkers to have the parent participate in education planning and to have parents attend school meetings, IEP meetings, and parent/teacher conferences;
- The [Fathers Matter](#) site for CA staff includes resources to engage fathers;
- [1710 Shared Planning Policy](#);
- [43022 Outside Communication for Children in Out-of-Home Care](#);

- Caregiver Core Training; and
- Parent-Child Visitation Training.

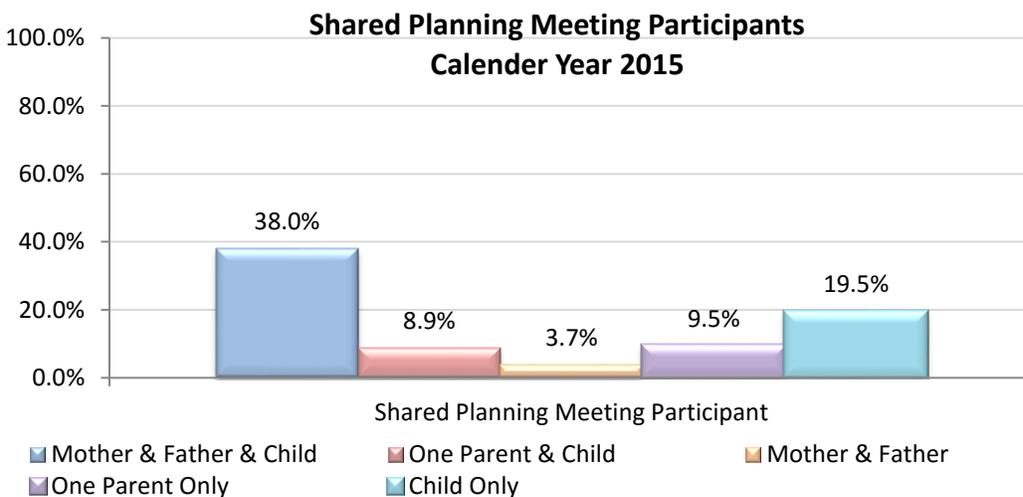
CA will address the above requirements through the shared planning process, asking children, youth, parents and caregivers about opportunities to engage in normalizing activities during monthly visits and providing training and other support documents to staff and caregivers.

Parents have opportunities to participate with their children in evidenced based and promising practice therapies and support programs funded by CA and available in the community. Examples of interventions and Evidence Based Practice programs utilized are Parent-Child Interaction Therapy and Triple P, Early Head Start, Parents as Teachers, and Parent Child Home Program.

In April 2016, the CA Data Unit began to develop a report that would gather existing FamLink data at the case level to display indicators to measure this item. Indicators would include:

- Evidence Based Practice payments for service;
- Shared Planning meetings where at least one parent and or the child were documented as present at the meeting;
- Parent-Child visits;
- Parent-Caseworker visits;
- Children placed in proximity to the removal location; and
- Children utilizing relative placement.

Strategies regarding practice will be developed as needed following further assessment of practice and after review of data obtained.



Data source: CA FamLink, Shared Planning Meetings Report

Input from Stakeholders, Tribes and Courts

CA will be developing a form for Program Managers and field staff to utilize in gathering consistent feedback and input from stakeholders, Tribes and Courts throughout the year.

Stakeholder and Tribal input is a critical part of policy writing, revision and strategic planning. CA uses IPAC, the External Permanency CQI Group, statewide Foster Parent Consultation

Meetings (1624 Meetings) and topic specific workgroups to help inform policy and practice. The groups identified meet at least on a quarterly basis allowing opportunities for feedback and consultation throughout the year.

Permanency Outcomes 1 and 2 Strengths and Concerns

Strengths	Concerns
<ul style="list-style-type: none"> • Washington has a low rate of reentry into care. • Caregivers are provided information regarding children in their care. • More adoptions were finalized in calendar year 2015 than in the previous three years. • Siblings placed together and siblings having two or more monthly visits and contacts continue to improve. • Over 46% of children in out-of-home care are placed with relatives. • The regions are moving forward in reestablishing CFWS/Permanency Planning Program Manager positions in each region to support permanency practice efforts. • In 2015, CA established an external Permanency CQI team composed of staff from CA, Administrative Office of the Courts, Office of Public Defense, Attorney General’s Office, Tribes, CASA, Office of Civil Legal Aid, Racial Disproportionality Advisory Committee and Casey Family Program. • Permanency data is provided to each region. 	<ul style="list-style-type: none"> • A lack of placement resources for children and youth with behavioral, mental health and emotional issues continues to challenge the system and impact placement stability. • Timely filing of termination petitions and identification of appropriate compelling reasons to not file continues to be an area of challenge. • Timely permanency across all plans needs to remain an area of focus. • The internal statewide CFWS/Permanency Leads team has not met since June 2015. This will be restarted when the regions hire CFWS/Permanency Program Managers.

Well-Being Outcomes

Well-Being Outcomes 1, 2 and 3

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

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

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

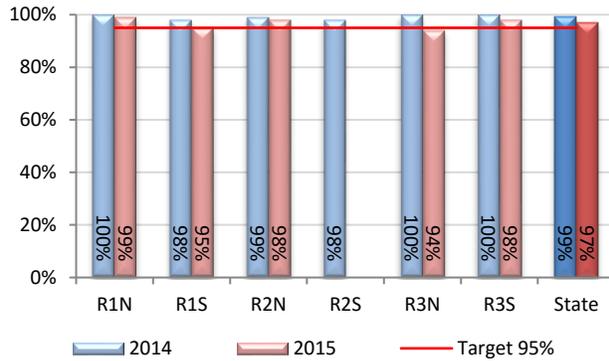
Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

CA continues to stress the importance of assessing needs and offering services to both mothers, fathers, children and foster parents. Under policies related to reasonable efforts, caseworkers must engage with families to assess needs and provide services to prevent out-of-home placement or determine if reunification or another permanent plan is in the child's best interest. Per policy caseworkers are to meet with caregivers, parents, and children on a monthly basis to assess safety, well-being and needs, determine if any new referrals for services are needed, evaluate if current services are addressing identified issues, and ensure the child has opportunities to engage in normalizing activities. The monthly meetings, provision of services, and assessments of progress are documented and shared with the court as part of the periodic reviews through the court report.

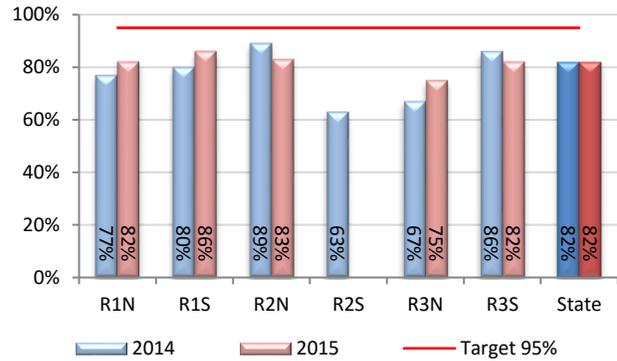
During the 2015 case reviews the Central Case Review Team found that:

- 97% of the child's needs related to social and emotional development were assessed and addressed statewide.
- 82% of the mother's needs related to social and emotional development were assessed and addressed statewide.
- 61% of the father's needs related to social and emotional development were assessed and addressed statewide.
- 99% of foster parents and relative caregivers' needs were assessed and services offered to address those needs statewide.

The child's needs related to social and emotional development were assessed and addressed.

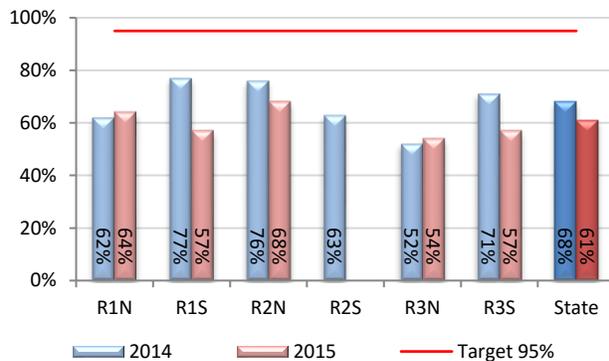


The mother's needs were assessed and services were offered to address her needs.

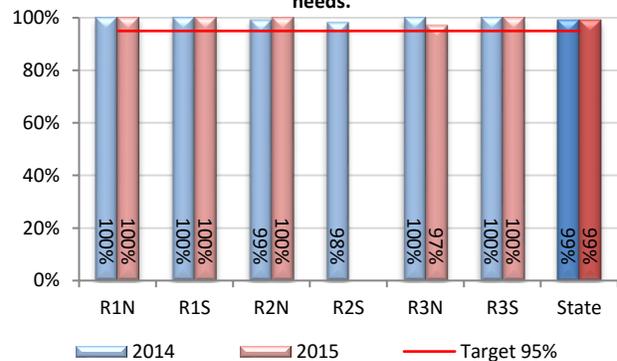


Data source: Children's Administration Annual Central Case Review Report

The father's needs were assessed and services were offered to address his needs.



The foster parent/relative caregiver's needs were assessed and services were offered to address her needs.



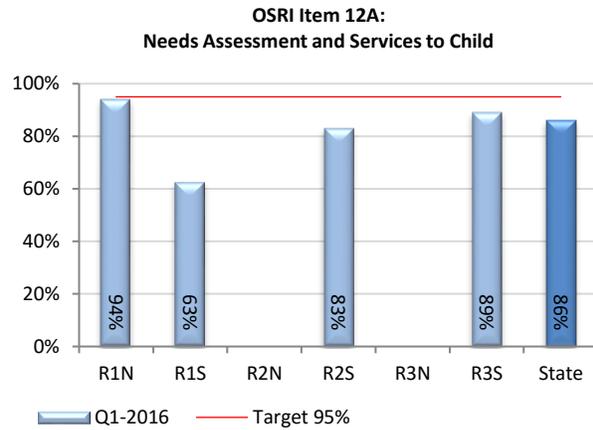
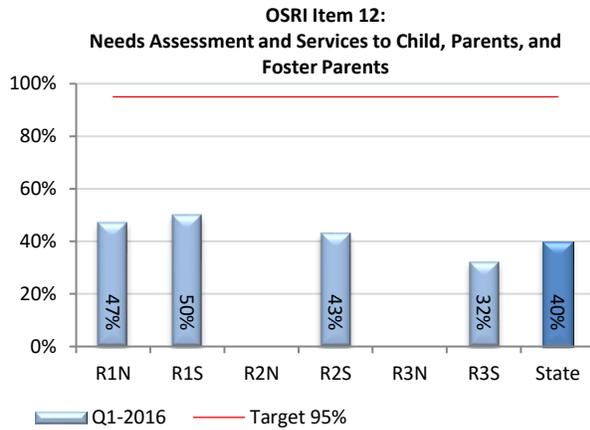
Data source: Children's Administration Annual Central Case Review Report

This item, as measured by the Central Case Review Team in 2014 and 2015, includes sufficient efforts to locate parent. Insufficient efforts to locate parent's accounts for the cases that were not compliant; when the parents were located their needs were assessed and appropriate services were offered. The distinction between efforts to locate and assessment of needs is not clear from prior annual case review reports.

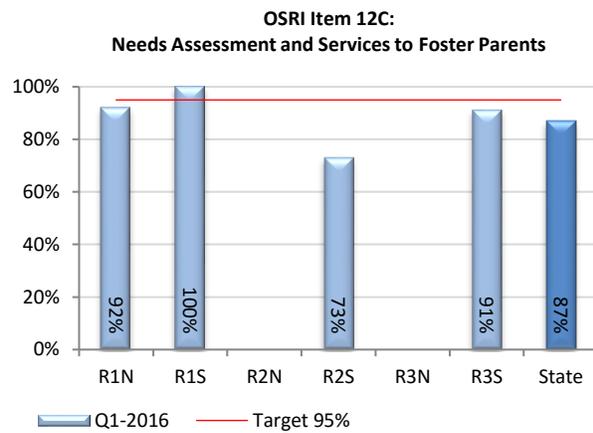
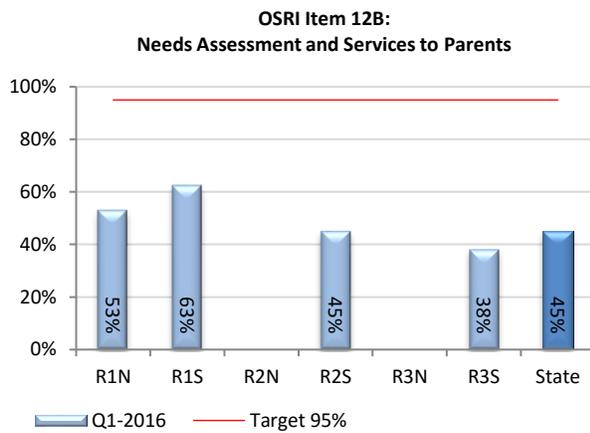
The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 40.0% of needs and services of children, parents, and foster parents are being met statewide. While the CFRS measure looks at children, parents, and foster parents as a whole, CA also looks at them individual to see which may need improvement. For the cases reviewed during the first quarter of calendar year 2016 with the OSRI:

- The needs of and services to children are being met 86.0% statewide which is an area of strength.
- The needs of and services to parents are being met 45.0% statewide which is an area of improvement.
- The needs of and services to foster parents are being met 87.0% statewide which is an area of strength.

CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

In December 2014, the *Guidelines for Reasonable Efforts to Locate Children and/or Parents* were updated to include language directed to CFWS caseworkers and the need to make continued, ongoing efforts throughout the dependency to locate parent(s).

Locating and engaging parents is critical for assessing their needs. As with other measures, this data has been available in summary form. Additional analysis to assess for differences in location of parents and assessment of needs based upon race and ethnicity will need to be incorporated into future planning and strategy development.

CA continues to work on increasing access to services available in the home as well as to financial support for relative and suitable other placements. Concurrent TANF benefits allow relative and suitable other placements to access funding without parents losing their TANF benefits for up to 12 months.

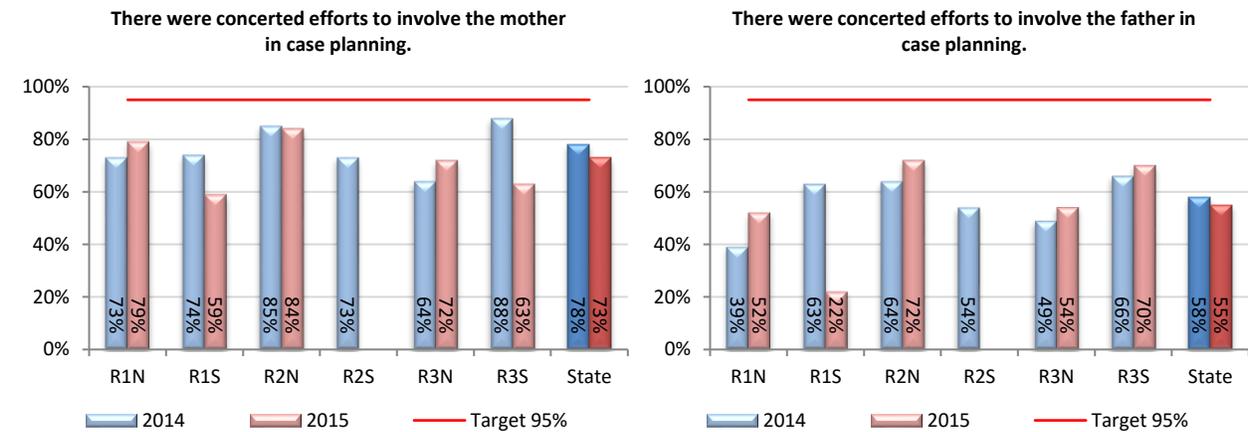
Item 13: Child and family involvement in case planning

Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

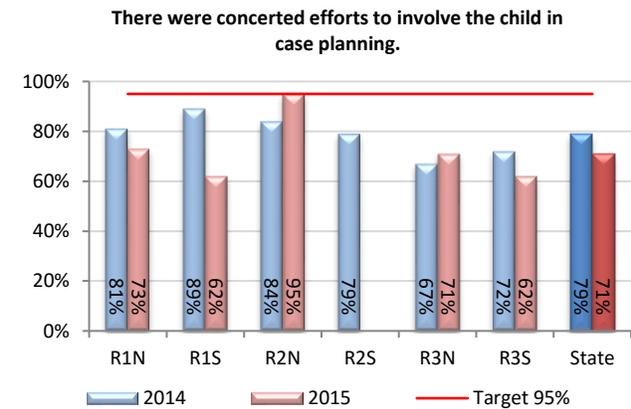
CA's Case Staffings policy requires staffings to engage families, natural supports, and providers in case planning. The staffings should be scheduled in a location and time that meets the needs of the parent(s) and their participants whenever possible and should correspond with planning for court hearings whenever possible.

The shared planning process allows the child and family to develop family specific case plans focused on identified safety threats and child specific permanency goals. Working in partnership with families, natural supports, and providers helps to identify parents' strengths, threats to child safety, focus on everyday life events, and help parents build the skills necessary to support the safety and well-being of their children. The shared planning process integrates all CA staffings.

Concerted efforts to involve mothers, fathers and children in case planning all saw a decrease in calendar year 2015. Involvement with mothers and fathers were at 73% and 55% respectively statewide in calendar year 2015. Children were involved in case planning 71% statewide, in calendar year 2015; a decrease from 79% in calendar year 2014. Region 1 South and Region 3 South saw more significant decreases than other locations of the state. More thorough review of the data and office circumstances is required to determine causes and solutions.

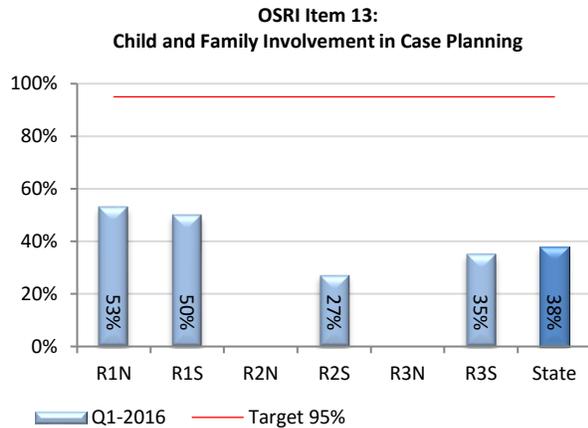


Data source: Children's Administration Annual Central Case Review Report



Data source: Children's Administration Annual Central Case Review Report

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 38.0% of parents and children were involved in in the case planning process on an ongoing basis statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

Engaging parents in the development of the family’s case plan supports improved child safety and achievement of timely permanency. As with other measures, identification, and location of parents is a critical first step.

CA continues to be more involved with mothers than with fathers. Engagement with both parents continues to be a critical focus area for improvement.

In Spring 2015, updates were made to the *Requirements for Monthly Social Worker Visits with Parents* desk guide which caseworkers use during the case planning process with parents to support improved engagement.

CA continues to explore additional strategies to improve father engagement while continuing its *Fathers Matter* outreach program to help engage fathers in the lives of their children involved with the child welfare system. While the case review captures the qualitative nature of involvement in case planning, there are efforts to develop FamLink reports that reflect visits with parents and participation in shared planning meetings. These reports will help provide additional focus for areas of improvement. Review of central case review data from 2015 shows that performance for this item is impacted by a lack of ongoing effort to locate a parent.

Item 14: Caseworker visits with child

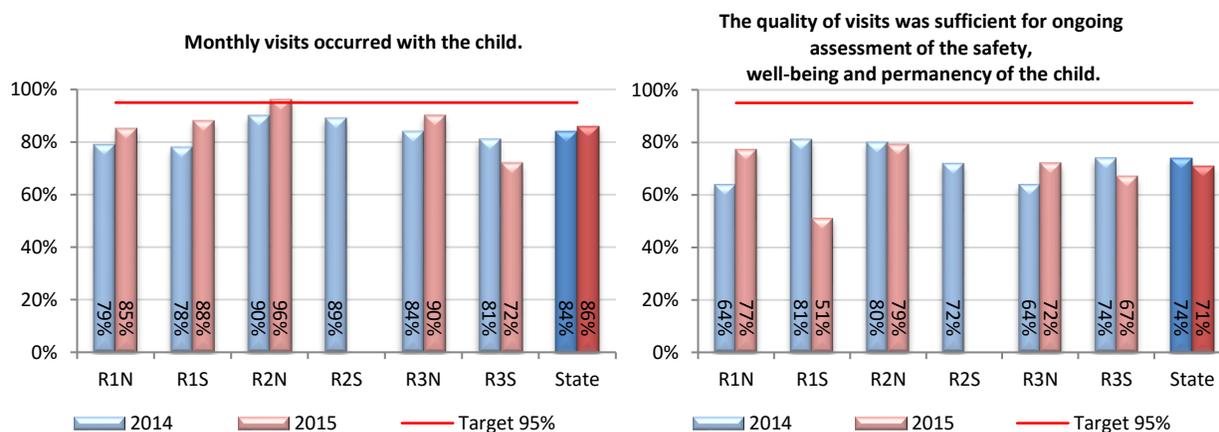
Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?

CA Health and Safety Visits with Children policy requires all health and safety visits must be conducted by the assigned CA caseworker or another qualified CA staff. The number of visits conducted by another qualified CA staff is not to exceed four (4) times per year with no two (2) visits occurring in consecutive months. Children in CA custody or receiving voluntary services (FVS and FRS) must receive private, individual face-to-face health and safety visits every calendar month and the majority of health and safety visits must occur in the home where the child resides. If the CA caseworker must visit the child in another location, the CA caseworker must document the reason and benefit gained. For children in an in-home dependency or trial return home all health and safety visits must occur in the home where the child resides. For children, ages 0-5 years, two in-home visits must occur every calendar month for the first 120 calendar days of an established in-home dependency or trial return home. Children with open

CPS cases, investigation and FAR, must receive private, individual face-to-face health and safety visits every calendar month when the case is open beyond 60 days. The change in policy provided consistency of practice for CPS cases and eliminated some confusion about when the visits were required.

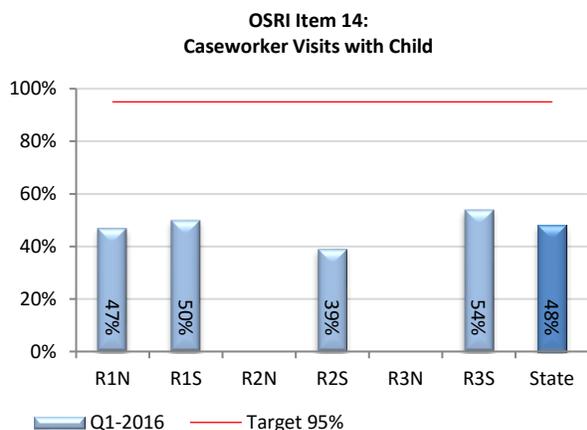
Monthly CA caseworker visits with children are recognized as critical for assessing child safety and well-being and supporting permanency. Monthly reports have been enhanced allowing a real time look at monthly visit status to support completion of the visits in a timely way. These reports are available at the summary and detail levels. In addition, the supervisory review tool allows a supervisor to see when the last monthly visit occurred and includes hyperlinks to the actual case note to allow for review of content.

There has been much work by Regional QA Leads on tracking health and safety visits and data indicates a slight increase in compliance over the last year. The quality of the visits continues to be a challenge.



Data source: Children's Administration Annual Central Case Review Report

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 48.0% of visit frequency and quality between caseworker and child were sufficient to ensure the child's safety, permanency, and well-being statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

Item 15: Caseworker visits with parents

Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?

CA policy related to Monthly Visits with Caregiver and Parents requires all known parents or legal guardians involved in a VPA, shelter care, dependency proceedings or voluntary services (FVS or FRS) must receive monthly face-to-face visits until the case is closed, the child becomes legally free, or the court determines that reasonable efforts toward reunification are no longer required. The majority of monthly visits should occur where the parent(s) live.

To provide guidance to staff on the frequency of visits, location of visits, and documentation requirements by case type caseworkers can utilize the *Requirements for Monthly Caseworker Visits with Parents* desk guide which was updated in April 2015. In addition to policy updates in June 2015 regarding Health and Safety Visits with Children and Monthly Visits with Parents and Caregiver, the was updated in April 2015. Caseworker contacts with parents, especially fathers, continue to be a challenge for CA although there were slight increases in contacts with mothers and fathers in calendar year 2015.

In calendar year 2015, monthly visits with fathers occurred at 30% statewide, a 5% increase from the previous year. Monthly visits with mothers statewide increased from 39% in 2014 to 50% in 2015.

Another impact on case review performance between 2014 and 2015 was a modification to the rating criteria used by the Central Case Review Team for this item. In 2014, the Central Case Review Team rated a case as compliant for frequency and quality of monthly visits with parents six months prior to the office review period based on the following criteria:

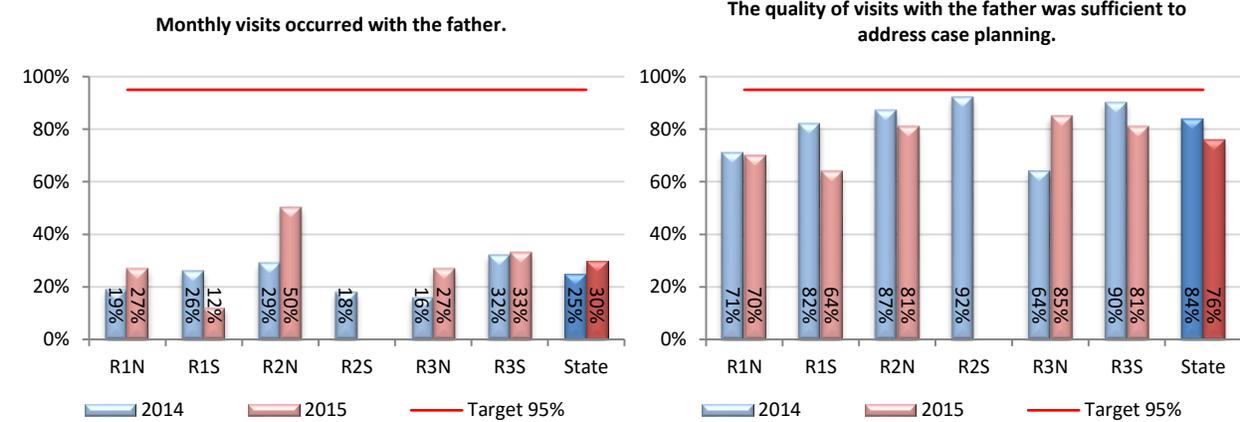
- Caseworker conducting a monthly visit each month with the father and mother;
- Diligent attempts to have monthly in-person visits with the father and mother each month but they parent was not available; or
- The parent(s) was not geographically available and monthly attempts were made to contact the parent(s) electronically, by phone or in writing.

In 2015, the Central Case Review Team changed the rating standing for compliant cases to include more flexibility based on the circumstances of the case. Cases were rated compliant when the in-person visit was completed or an attempt to visit the parent each full month the case was open during the six months prior to the office review, or there was a typical pattern of monthly visits with the father and mother. Cases were also rated compliant when the parent was not geographically available and there was a typical pattern of monthly contact with the parent by phone or in writing. A typical pattern of monthly visits with the father and mother included the following:

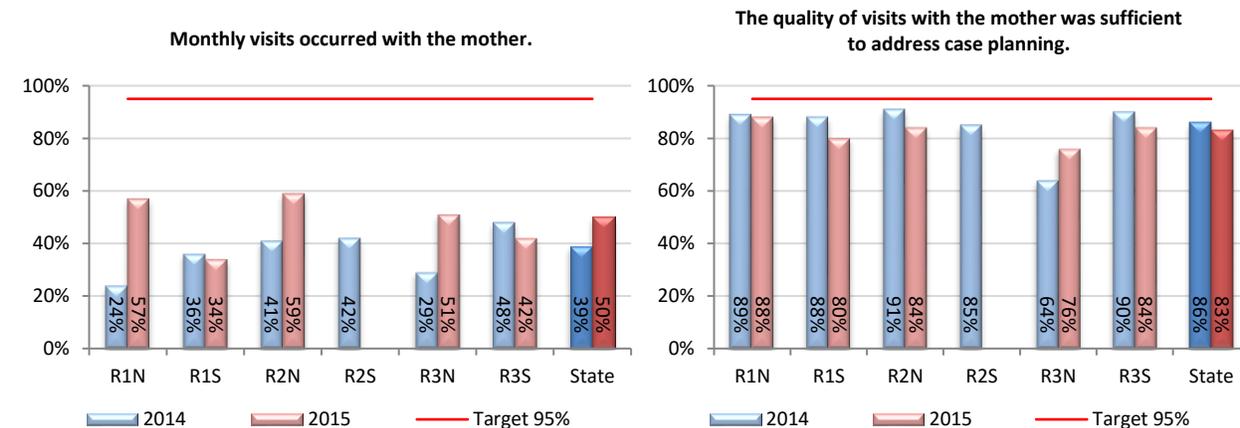
- Five out of six months;
- Four out of five months;
- Three out of four months; or
- Two out of three months.

The quality of visits with the parent was also reviewed to determine if the visit was sufficient to address case planning related to the safety, permanency, and well-being of the child to promote achievement of case goals. For example:

- Length of the visit was of sufficient duration to address key issues with the parent;
- Location of the visit was in a place conducive to open conversation; and
- Visits focused on issues pertinent to case planning, service delivery, and goal achievement.



Data source: Children's Administration Annual Central Case Review Report

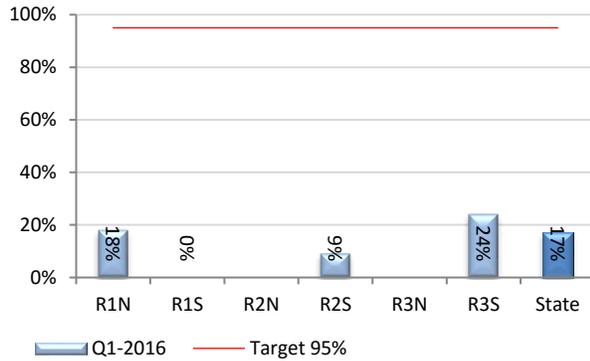


Data source: Children's Administration Annual Central Case Review Report

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 17.0% of visit frequency and quality between caseworker, mothers and fathers of the child were sufficient to ensure the child's safety, permanency, and well-being statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.

Based on the change in the case review tool and criteria from 2015, CA anticipates a decrease in performance.

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



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

This measure, for purposes of case review, required monthly visits every month with each parent over a six month period per CA policy. If one month during the six month period was missed, the case was considered non-compliant. When monthly visits with parents were documented, the quality of those visits was strong.

Data for monthly visits with parents can be extracted from FamLink, but the report requires ongoing validation. In addition, the process for documenting visits in FamLink to ensure accurate reporting is a cumbersome one so it is not used consistently by field staff. CA continues to work on improving the reporting process for this measure.

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

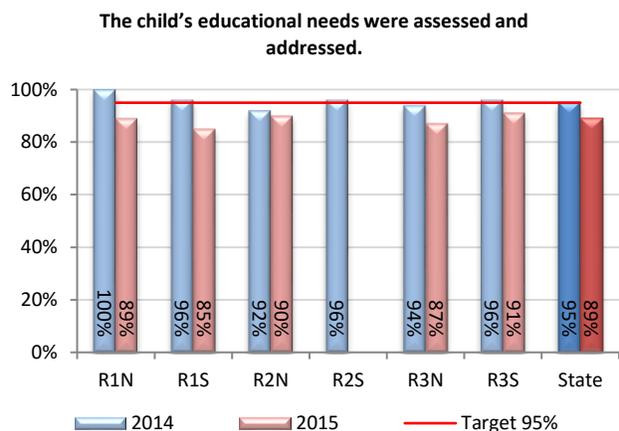
Item 16: Educational needs of the child

Did the agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?

Washington State policy supports ongoing educational progress for those children placed in out-of-home care. Policy requires:

- Children to remain in the school they attended when at all possible;
- Educational needs be addressed for each placement change;
- Long range educational plan updated every six months;
- Planning for post-secondary education;
- Children with developmental disabilities or concerns are referred for the appropriate assessments and interventions; and
- Identifying Educational Liaison for children grades 6-12 when the appropriate requirements are met.

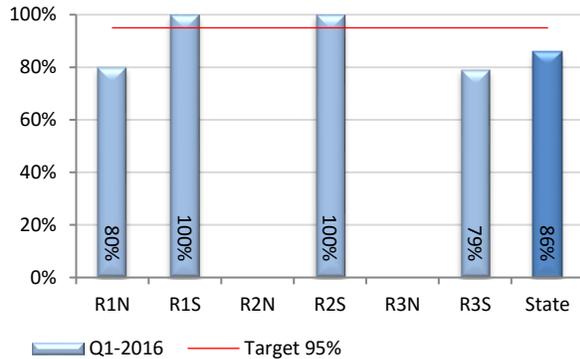
The Central Case Review Team determined that ensuring the child's educational needs were assessed and addressed decreased in calendar year 2015 to 89% statewide.



Data source: Children's Administration Annual Central Case Review Report

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 86.0% contained documentation showing concerted efforts to assess the child's educational needs and appropriately address identified needs in case planning and case management statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.

**OSRI Item 16:
Educational Needs of Child**



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

Youth in out-of-home care for 30 days or more receive a CHET screen that includes an assessment of educational needs. Recommendations for follow-up are made to the caseworker. CA has four regional education leads that are responsible for early learning and K-12 education. Duties include, but are not limited to:

- Work with school districts to renew MOUs regarding best practice for CA and school districts when working with shared children in out-of-home care. The MOUs address transportation, enrollment, record transfer and foster parent recruitment.
- Act as policy and practice consultants to caseworkers, foster parents and community partners.
- Participate in caseworker, caregiver and community meetings.
- Provide general and specialized trainings on educational engagement.

Through the case review process, it was discovered that a portion of the non-compliant cases were linked to an early childhood development concern that was not connected to an appropriate support. Much of the early childhood work on larger system issues continued until summer of 2015. Late last year CA expanded the role of the regional education leads to include early childhood development. The intent is to strengthen the messaging and communication of resources and processes in the field. CA contracts with a non-governmental agency, Treehouse, to provide educational coordination for children to address barriers to education including enrollment, lack of academic progress, decreasing discipline and access to school based services. CA also contracts with Treehouse for a legislative pilot project to increase high school graduation rates. The current project is in seven school districts in King County. CA worked with public and private partners and the legislature to expand in King County and add Tacoma and Spokane school districts for the 2016-17 school year.

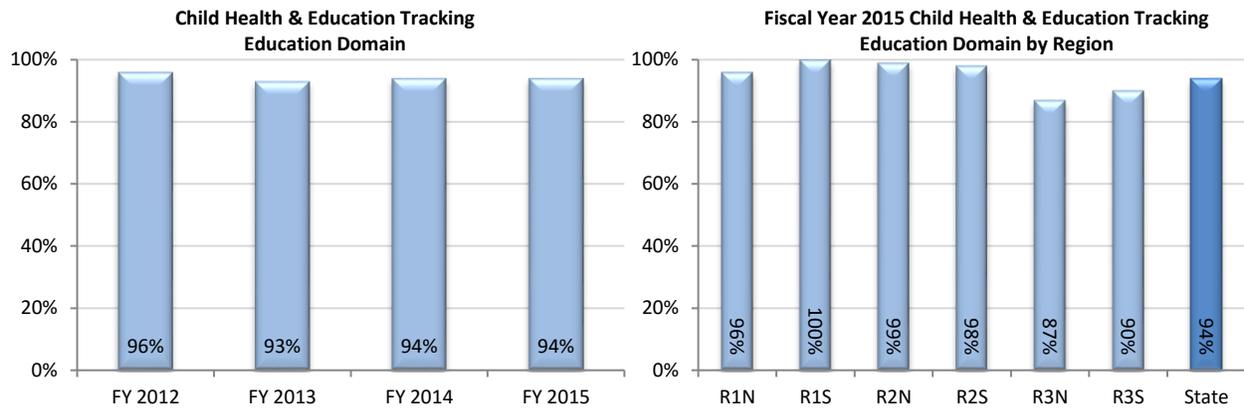
CA supported legislation that will allow for improved information sharing between CA, the Office of the Superintendent for Public Instruction, and the Washington Student Achievement Council.

With the reauthorization of the federal Every Student Succeeds Act, the Office of the Superintendent of Public Instruction will be identifying Foster Care Liaisons over the next year, in each school district. CA is working collaboratively with the Office of the Superintendent of

Public Instruction regarding training and communication strategies so that work can be strengthened at the office/regional level.

Child Health & Education Tracking (CHET) - Education Domain

Percentage of children whose educational needs were assessed and documented within 30 days of entering care in fiscal year 2015



Data source: CHET Statewide database

The regional differences in the percentage of completed educational needs assessed and documented are likely attributed to larger program roll outs which impacted staff workload and availability, regional personnel challenges, and the number of CHETs that were not required due to child/youth being assessed by another agency, child/youth returned to parent, or is hospitalized.

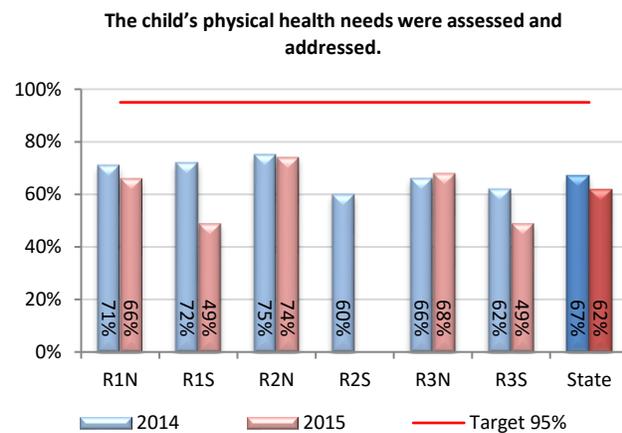
Well-Being Outcome 3: Children receive adequate service to meet their physical and mental health needs

Item 17: Physical health of the child

Did the agency address the physical health needs of children, including dental health needs?

CA has strong processes in place to support caseworkers and caregivers in meeting the physical health needs of children in care. CA health care services for children in out-of-Home care policy ensures children in out-of-home placement have an Initial Health Screen to identify and address any emergent medical concerns at the time of placement. Children in out-of-home care must also have initial as well as ongoing Early and Periodic Screening, Diagnosis and Treatment and dental examinations to ensure their continued health and well-being. Ongoing collaboration with medical providers to meet the needs of individual children helps to achieve these outcomes.

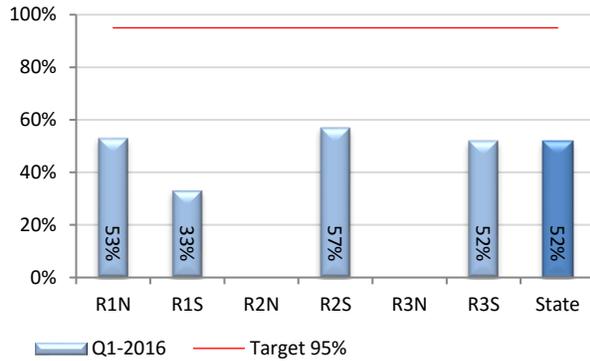
In August 2015, Coordinated Care of Washington was selected as the successful bidder for the Apple Health Foster Care contract to provide managed health care services. Coordinated Care of Washington will operate the Apple Health Foster Care contract under Apple Health Core Connections (AHCC) brand. AHCC is a managed care plan specifically designed to serve children and youth in the foster care, adoption support, Extended Foster Care, and alumni of care programs. The goal of the AHCC is to improve coordination, access, availability, and oversight of the physical and behavioral health care services and treatment provided to children and youth in the eligible populations.



Data source: Children's Administration Annual Central Case Review Report

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 52.0% addressed the physical health needs of children, including dental health needs statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.

**OSRI Item 17:
Physical Health Needs of Child**



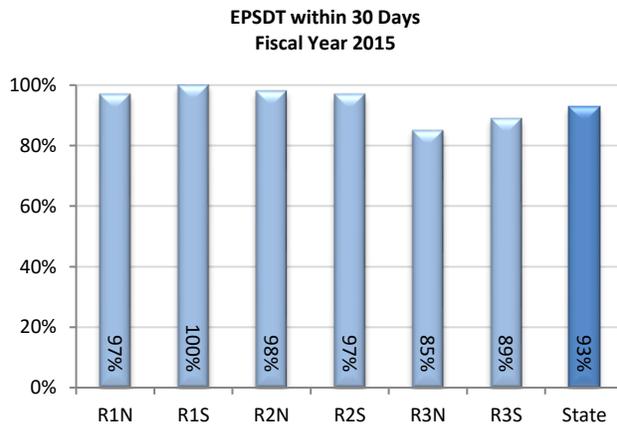
Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

Children in out-of-home care receive various screenings and assessments to determine appropriate case plans and services. The statewide average is 96% of children entering out-of-home care receive a CHET screening and an annual screening of mental health and substance abuse needs. Continued efforts are needed to support accurate documentation of ongoing medical care. For the majority of cases that were determined non-compliant in the case reviews conducted for calendar year 2015, the annual well-child or dental check occurred, but was not documented in FamLink. Talking with caregivers and documenting the results of medical exams and the status of recommendations made by health care providers will support improved outcomes in this area.

Additional information regarding how the agency addressed the physical health needs of children in out-of-home care can be found in the [Health Care Oversight and Coordination Plan](#).

EPSDT within 30-days

Percentage of children whose physical health needs were assessed and documented within 30 days of entering care in fiscal year 2015.



Data source: CHET Statewide database

Oversight of Prescription Medications

The Fostering Well-Being Care Coordination Unit provides physical and behavioral health care coordination services to children in out-of-home care. Their services include identification of

medications that require oversight including medications to manage chronic physical diagnoses such as asthma, diabetes, and seizure disorders as well as psychotropic medications used to treat behavioral health diagnoses.

The Fostering Well-Being Care Coordination Unit provides written health overviews to caregivers and CA caseworkers that describe the child's physical and behavioral health care needs and includes information about medications. Caregivers are instructed to take the health overviews and other health related information to the child's medical appointments.

The Washington State Health Care Authority has system edits within the ProviderOne Medicaid payment system to automatically trigger a second opinion by a child psychiatrist contracted through Seattle Children's Hospital. These edits include:

- All medications prescribed to treat ADHD automatically trigger if the child is 0 – five years of age.
- More than one atypical antipsychotic prescribed for a child of any age. (Implemented 7/15/2012)
- More than four mental health medications prescribed for a child of any age. (Implemented 8/1/2012)
- Prescribing of sedative-hypnotics to a child of any age.
- Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the Health Care Authority's Pediatric Mental Health Stakeholder Workgroup.

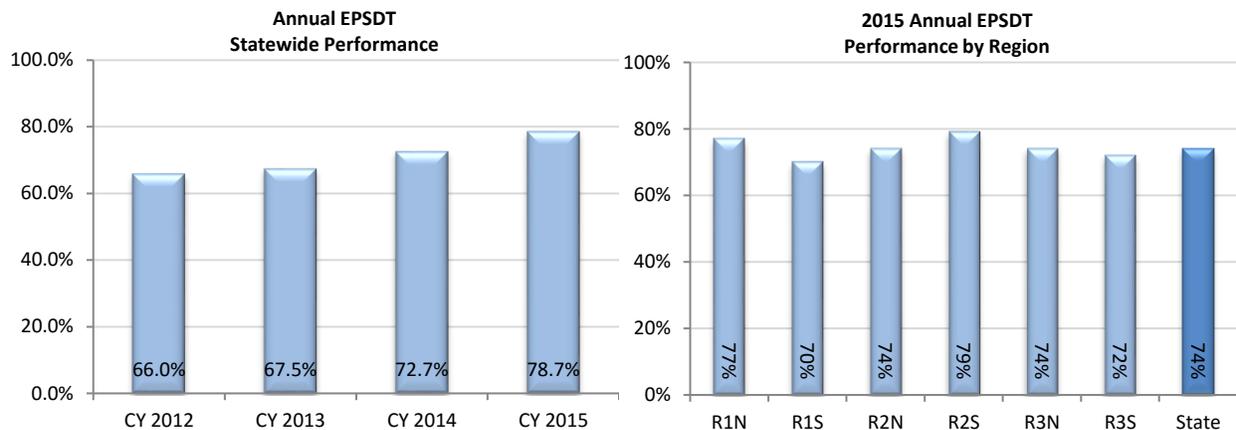
Washington anticipates the availability of data to show prescription medication oversight in 2017 via the AHCC program. AHCC's health care coordination program mirrors the services provided previously by the Fostering Well-Being Care Coordination Unit but on a much broader scale. In addition, AHCC includes a retrospective review of psychotropic medications to ensure appropriate dosage as well as evaluate whether the child is connected to appropriate non-medication mental/behavioral health interventions.

CA Psychotropic Medications Policy

- Must have biological parent permission for the administration of psychotropic medication
- If parent is unavailable, unwilling or unable to consent, the caseworkers shall obtain a court order
- Caseworkers can consent to psychotropic medications if weekend, holiday or emergency - Caseworkers can consent, but still must obtain court authorization (RCW 13.34.060)
- For children that are legally free and in the permanent custody of the department, the caseworkers may authorize the administration of psychotropic medications (Policy #: 45413. Standard) – Caseworkers should still obtain court authorization
- If over age 13, youth must consent to the administration of his or her own medications
- Over age 13 youth also have the right to confidentiality of information (RCW 71.34)

Annual EPSDT

The data below represents the statewide percentage of children who received at least one EPSDT during a calendar year.



Data source: EPSDT claims and encounter records from Research and Data Analysis Unit (RDA) based on HCA records and billing
CY2012 Data Source: Review of 100 cases from FamLink and Medicaid billing data

NOTE: Per federal requirements, Health Care Authority implemented ICD-10 effective October 1, 2015. Which requires development of a new crosswalk for diagnosis codes that are used to populate many of the flags used to track EPSDT and encounter data.

The regional differences in the percentage of annual EPSDTs completed may be attributed to the availability of resources in relation to where the children are placed. The lowest percentage in Region 1 North and Region 3 South reflect the more rural parts of Washington where most caregivers do not live in close proximity to health care providers and may only use health care services for specific concerns or “sick visits”.

Washington anticipates improvements to its primary care and EPSDT data for the 2018 APSR due to the implementation of the AHCC program in April 2016. AHCC is responsible for HEDIS and contractual outcomes including connection to primary care and EPSDT completion.

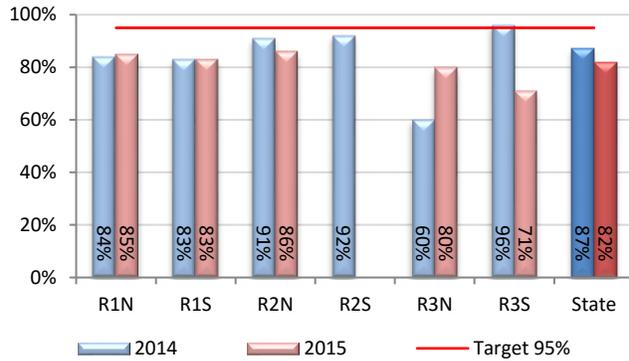
Item 18: Mental/behavioral health of the child

Did the agency address the mental/behavioral health needs of children?

CA policies defines Psychological and Psychiatric services as services to provide evaluations and treatment to implement a permanency plan, to prevent child abuse and neglect, to prevent out-of-home placement, or to make placement and permanency planning decisions.

The Central Case Review results reflect a decline in performance since calendar year 2014, despite CA’s continued commitment to increase resources and emphasize caseworker training to educate staff about the value and importance of assessing and addressing mental/behavioral health needs for children and youth.

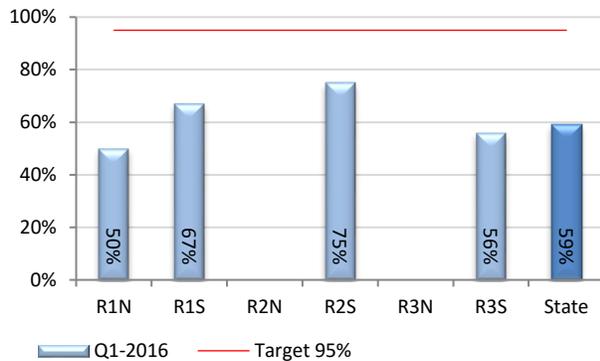
The child's mental/behavioral health needs were assessed and addressed.



Data source: Children's Administration Annual Central Case Review Report

The cases reviewed during the first quarter of calendar year 2016 with the OSRI show 52.0% addressed the mental/behavioral health needs of children statewide. CA recognizes that the 2016 OSRI data requires further analysis and this information will be provided along with a full year's worth of data in the 2018 APSR.

**OSRI Item 18:
Mental/Behavioral Health Needs of Child**



Data source: Child and Family Services Reviews Information Portal, Online Monitoring System Review Site

Utilizing the US Department of Health and Human Services, Administration for Children and Families, Children's Bureau's "Creating Connections" grant (#90-C01103) since 2012, CA has collaborated with the University of Washington, DBHR, HCA, and Harborview Center for Sexual Assault and Traumatic Stress to create a half-day child's mental/behavioral health component to CA's Regional Core Training and a full day In-Service Training titled *Mental Health: In-Depth Applications for Child Welfare*. This skill-based training is for caseworkers, supervisors, and other CA staff to increase their knowledge and ability to identify, address, and refer a child or youth to address his or her mental/behavioral health needs. Between April 2014 and March 2016, 375 newly hired CA caseworkers completed the Regional Core Training and 110 existing CA caseworkers completed the In-Service Training. The Creating Connections grant was also used to implement the Ongoing Mental Health Screening program in July 2014. Ongoing Mental Health screeners telephonically re-administer three mental health tools; Ages & Stages Questionnaire-Social Emotional (ASQ-SE), Screen for Children's Anxiety and Emotional Related Disorder (SCARED), and the Pediatrics Symptoms Checklist -17 (PSC-17) at six month intervals.

The Ongoing Mental Health screeners re-screened 1,181 children and youth placed into out-of-home care between July 2014 and June 2015.

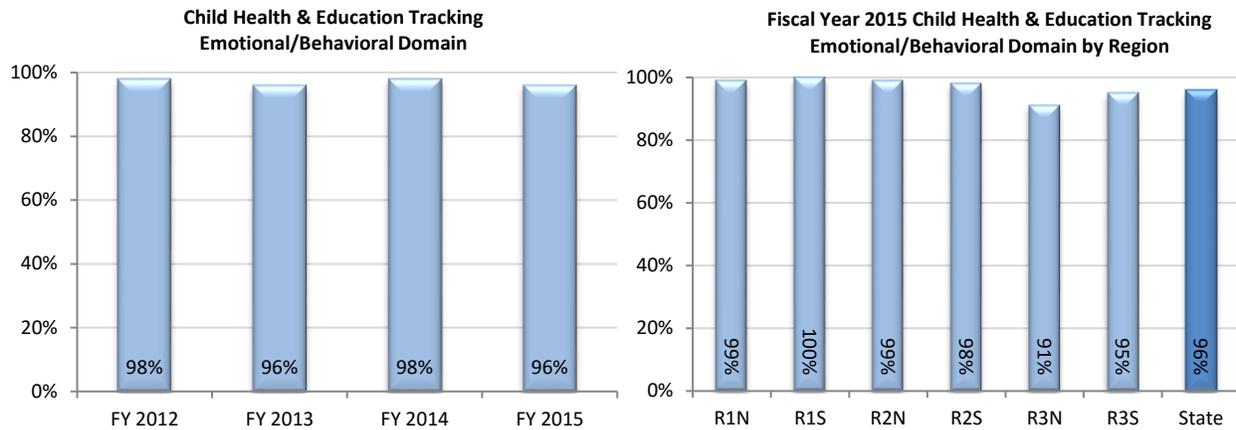
The apparent decline in addressing the mental/behavioral health needs of children as identified in the central case reviews may be due in part to the case review sample size difference in population, and sample discrepancy within the reviews. Ongoing Mental Health findings indicate that social work practice and/or limited local resources may also affect what is available in the community for referral. Performance for this item is also tracked through the CHET and Ongoing Mental Health screening programs.

CA provides collaborative mental/behavioral health services with:

- Washington State Health Care Authority
 - directly through Medicaid
 - contracting with managed care organizations who provide primary care and
 - fee for service counseling and specific therapy which focuses on prevention and early intervention.
- Behavioral Health Administration Division of Behavioral Health and Recovery
 - Division of Behavioral Health and Recovery provides assessment, referral, basic outpatient services and supports,
 - intensive services such as crisis intervention, intensive outpatient,
 - acute and inpatient services which include psychiatric hospital, and
 - Children’s Long-Term Inpatient program either through a contract with Behavioral Health Organizations or Managed Care Organizations for those children who meet qualifying criteria and medical necessity.
- CA specific contracted service providers
 - CA specific mental health services accept children and families who are receiving services under CPS, FVS, or CFWS
 - Medicaid-funded mental health services must be the first choice for treatment
 - CA funded services are to be used only when all other payment resources have been exhausted
- CA is highly reliant on Washington State Health Care Authority and Behavioral Health Administration Division of Behavioral Health and Recovery service capacities in addressing the mental/behavioral health needs of children/youth.

Child Health & Education Tracking (CHET) – Emotional/Behavioral Domain

Percentage of children whose emotional/behavioral needs were assessed and documented within 30 days of entering care in fiscal year 2015.



Data source: CHET Statewide database

The regional differences in the percentage of completed mental/behavioral health domain assessed and documented are likely attributed to the FAR program roll out which impacted staff workload and availability, regional personnel challenges, and number of CHETS that were not required due to child/youth being assessed by another agency, child/youth is returned to parent, or is hospitalized.

CA continues to focus on the assessment and provision of services to meet the behavioral health needs of children in care. CA collaborates with the DSHS Behavioral Health Administration and DSHS Rehabilitation Administration to help ensure that youth with high levels of need receive the necessary services.

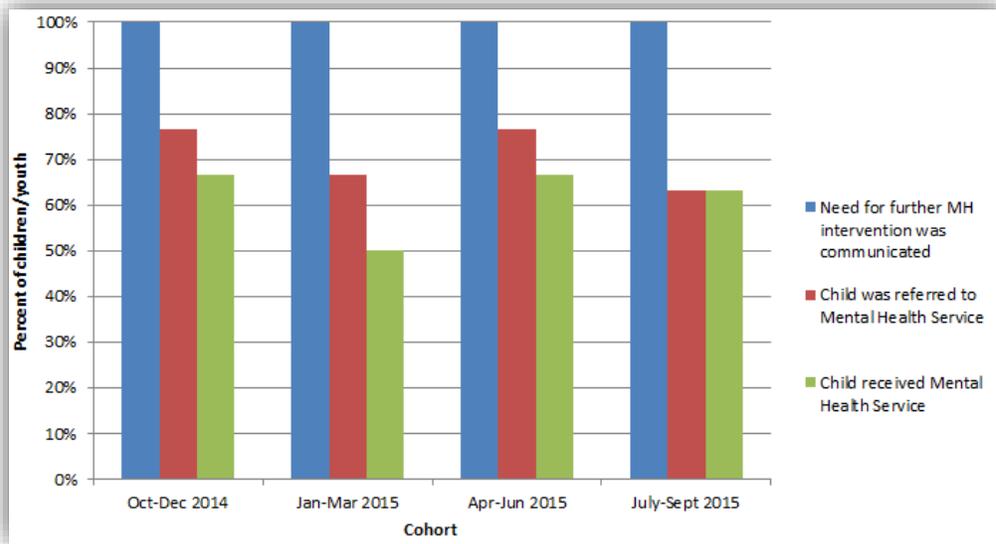
CA administers the SCARED to all 7 -17 year olds who stay in care for 30 days or longer. Data from January 2015 - December 2015 shows that 27% of children and youth screened are scoring in the clinical range for Anxiety and Post Traumatic Stress Disorder indicating that a behavioral health referral is warranted.

A targeted case review conducted by CA staff regarding the results of the SCARED trauma tool used in the CHET screening process was completed in April 2016.

SCARED Targeted Case Review Description

- Case Review Sample:
 - CA children and youth, between ages of 7 and 17, who have a completed CHET and SCARED Trauma Tool screen.
 - 30 randomly selected CA children and youth that entered out-of-home placement in each quarter October 1, 2014 – September 30, 2015 were reviewed.
- Targeted case review questions:
 - If a concern was indicated, was the need for further behavioral health intervention communicated to the caseworkers and caregivers?
 - Was a referral to behavioral health services made?
 - Did the child receive behavioral health service?

SCARED Targeted Case Review Results



Data Source: Children's Administration Targeted Case Review Results

The Ongoing Behavioral Health Screening report is provided to both the caseworker and caregiver with a recommendation for referral to mental/behavioral health if the child/youth has clinically significant scores for anxiety and post-traumatic stress disorder. The screening is important in the ongoing case planning process.

Ongoing Mental Health Screening

CA's Screening program uses the CHET behavioral health screening tools to re-screen children and youth every 6 months for behavioral health symptoms. Tools used in the re-screen are: ASQ-SE ages 3 years to 66 months, PSC-17 ages 66 months to 17 years, and SCARED (ages 7-17). Data is collected to monitor ongoing needs and progress of children and youth who are in care. The re-screening process also identifies children and youth who may need behavioral health services or need to have their current services re-evaluated.

Of 417 children re-screened using SCARED between January 2015–December 2015, 27% had clinical indications for trauma related Anxiety or Post-Traumatic Stress Disorder. These additional screens provide the opportunity to understand the ongoing behavioral health needs of children and youth in out-of-home care. For those screening in the clinical range, recommendations for a referral to behavioral health for services is made.

Input from Stakeholders, Tribes and Courts

CA will be developing a form for Program Managers and field staff to utilize in gathering consistent feedback and input from stakeholders, Tribes and Courts throughout the year.

Stakeholder and Tribal input is a critical part of policy writing, revision and strategic planning. CA uses IPAC, the External Permanency CQI Group, statewide Foster Parent Consultation Meetings (1624 Meetings) and topic specific workgroups to help inform policy and practice. The groups identified meet at least on a quarterly basis allowing opportunities for feedback and consultation throughout the year.

CA collaborates with state health and child welfare experts. These professionals include staff from:

- DSHS – Children’s Administration
- DSHS – Aging and Long-Term Support Administration
- DSHS – Developmental Disabilities Administration
- DSHS – Behavioral Health Administration (mental health and substance abuse)
- Washington State Health Care Authority (Washington’s Medicaid state agency)
- Department of Health
- Community physicians
- Children’s mental health specialists

The selection of these professionals is based on their experience and knowledge of various child welfare topics and their willingness to share their expertise to ensure children in out-of-home placement have access to appropriate and timely physical and behavioral health treatment and interventions. In addition, these resources assisted in the development of the Apple Health Core Connections program.

Staff from DSHS – Aging and Long-Term Support Administration Fostering Well-Being Care Coordination Unit attend the monthly CA IPAC subcommittee meetings. The Fostering Well-Being Care Coordination Unit provide and gather information on how physical and behavioral health care services for the Alaskan Native/American Indian children in out-of-home placement can be delivered in a culturally appropriate manner that is respectful of the relationships that tribes have with the state and their communities.

Upon invitation, the Fostering Well-Being Care Coordination Unit nurses attend the CA Foster Parent Team – a caregiver advisory committee to CA. The nurses provide information on health care related items of interest to the CAFPT and receive feedback on concerns regarding CA health care related policies. Inclusion and communication with this group is important in the CA program and policy development process.

Well-Being Outcomes 1, 2 and 3 Strengths and Concerns

Strengths	Concerns
<ul style="list-style-type: none"> • CA provides information to caregivers regarding children in their care. • Ongoing Mental Health Screening promotes regular contact with caregivers about the child’s mental health needs to ensure the child is referred to appropriate services. • Monthly health and safety visits with children in out-of-home care remains strong. 	<ul style="list-style-type: none"> • Locating and engaging parents continue to be areas needing improvement for CA. These activities are key components for accurately assessing needs and providing services. • Engaging parents and children in the development of the case plan and shared planning processes continues to be an area of improvement.

Strengths	Concerns
<ul style="list-style-type: none"> • Quality of contacts with parents is good. • CA has strong processes in place to support meeting the education and physical health needs of children in out-of-home care such as the CHET program and the development of a single managed care plan. • Interagency collaboration supports meeting the mental and behavioral health needs of children in out-of-home care, such as monthly meetings with Aging and Long-Term Services Administration and the Health Care Authority regarding psychotropic medication use for children in foster care. 	<ul style="list-style-type: none"> • Engagement with fathers continues to be an area of focus. • Efforts to assess children’s educational needs and appropriately address identified needs in case planning and case management activities continue to an area for improvement.

Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

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

FamLink is Washington's Statewide Automated Child Welfare System. FamLink provides information on location, goals, legal status, and demographics for each child in foster care. This application supports consistent social work and business practices statewide to assure that information is available to all caseworkers statewide and that children and their families will receive the same level of quality services in every community in Washington.

Currently, there are 4,217 users with access to the FamLink system for entry and/or view only, these users include:

- 2,700 CA employees
- 1,461 External View only
 - Tribes
 - Independent Living Services Providers
 - Ombudsman
 - Child Support
 - Attorney General's Office
 - Community Services
- 36 Foster Care Med Team
- 20 Foster Care Trainers and Recruitment

FamLink is our system of record and is used currently for all case management services and data. The FamLink database is the source for Washington's Adoption and Foster Care Analysis Reporting System extracts, which includes data specific to location, status, goals and demographic characteristics of every child in foster care.

The Department just completed its 2016A submission and had no elements with error rates above 10%, which meets the "exceeds standards" threshold. Washington runs regular data checks and quality reports using the AFCARS data elements throughout the year. Data is monitored and the reports are sent to the QA/CQI Regional Leads, who work with field staff to complete or correct data entry and data integrity issues throughout the year. Data elements specific to Item 19 from the recent submission demonstrate Washington's ongoing commitment to accurate data collection:

FC-06 Date of Birth: 0 missing records

FC-07 Sex: 0 missing records

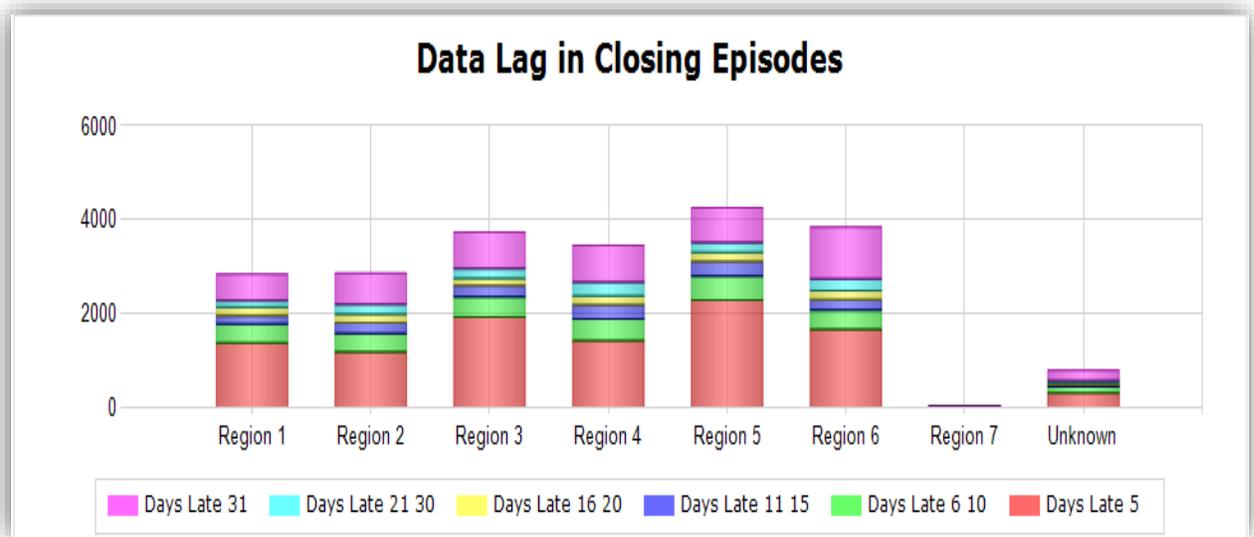
FC-08 Race: 138 missing records (1.00% failing)

FC-09 Hispanic Origin: 327 missing records (2.37% failing)
 FC-18 First Removal Date: 0 missing records
 FC-20 Last Discharge Date: 0 missing records, 54 errors (.42% failing)
 FC-21 Latest Removal: 0 missing records, 57 errors (.41% failing)
 FC-22 Removal Transaction Date: 0 missing records, 14 errors (.10% failing)
 FC-41 Current Placement: 1 missing records (.01% failing)
 FC-42 Out of State: 121 missing records (.88% failing)
 FC-43 Most Recent Goal: 652 missing records (5.08% failing)
 FC-56 Date of Discharge from Foster Care: 0 missing records, 12 errors (.09% failing)
 FC-57 Foster Care Discharge Transaction Date: 0 missing records, 12 errors (.09% failing)

Timeliness Errors

FC-22 Removal Transaction Date: 86 total errors (.62% failing)
 FC-57 Foster Care Discharge Transaction Date: 172 total errors (5.82% failing)

Washington is within the acceptable threshold for timeliness errors under AFCARS timelines; however, Washington policy requires entry of placement information within 3 calendar days. CA is aware of the data lag and continue to work towards improvement.



Data As Of : 6/5/2016

Length of Time for Closing Episodes with an End Date Between: 1/1/2015 and 1/1/2016

Washington continues to successfully modify areas of the FamLink SACWIS to support field staff in their workflow as well as improve accuracy of data entered in the system. While FamLink currently is able to capture and provide information on location, goals, legal status, and demographics for each child in foster care, the system is not “user friendly or intuitive”.

We are working to balance the immediate needs of our user population to ensure the system is working to meet their day to day use of the system with continued major efforts to improve the system through our evolving change control processes. The Change Control Board comprised of

CA's executive management is responsible for determining change request priorities. Based on the prioritization of the work, the change request sponsor then presents the request at a Change Control Technical Board (CCTB) meeting to allow development staff to understand the business need and identify/propose technical solutions that they can then assess for dependencies and level of effort. The requests are then assigned for work depending on their priority level.

Washington has been carefully analyzing the Comprehensive Child Welfare Information System rules published on June 2, 2016 and plans to move toward a change from SACWIS to CCWIS as part of our modernization efforts to improve the system functionality and usability. FamLink Pro provides us the necessary architecture using contemporary development languages and styles to significantly improve the user experience by modernizing the technology, utilizing a responsive web design, and streamlining the workflow throughout the system.

FamLink Pro's primary initial function is to provide the architectural extrapolation that will allow mobile applications to access data currently housed in the existing FamLink database. As we modernize the overall system architecture, we will begin to transform data into a new relational database which will store data and enhance our future reporting capabilities.

During the months of August through October 2015, Children's Administration Technology Services Business Analysts conducted focus groups statewide, visiting two offices in each of the three regions (a total of six offices statewide). Through open discussions, we received significant user feedback regarding the usability and challenges with FamLink. We also received feedback regarding the need to provide staff with mobile technology. A theme throughout the focus groups was the struggle to have to constantly return to the office to "feed the machine". Washington field staff have been equipped with flip phones, digital cameras, and digital recorders, along with paper forms; these tools are being replaced with smartphones (iPhone) and tablets (Dell tablets).

In addition to the statewide focus groups, Business Analysts have interviewed and shadowed field staff to better understand day to day workflow, areas where the current system and technology are not meeting their needs to ensure timely, accurate information, and services to meet families needs. Training on overall FamLink Functionality and when there are changes to functionality were also identified as areas needing improvement. See Item #27 for information on changes to FamLink training for users.

From October 2015 through March 2016, 450 users began testing the use of mobile technology via the use of tablets and iPhones. This period of time was used to evaluate the theory for mobile computing and was a precursor to current mobile efforts. The users were able to use mobile computing hardware and with the use of Citrix were able to access FamLink from the field. This pilot received overwhelming support from the users that were able to work remotely to support and provide current information on children and families.

Children's Administration is working with a vendor to build mobile technology and we are developing a plan to conduct a time and motion study with field staff to assess the effectiveness of mobile technology specific to improvements in timeliness of data entry, as well as improved efficiencies for the caseworkers.

Initial mobile applications consist of a Caseworker application, *My Cases*, and a Foster Parent Application, *Our Kids*. *My Cases* mobile application will provide information to caseworkers while out of the office and in the future it will allow them to update information more timely without having to return to the office. The *Our Kids* application will have functionality to include notification to foster parents and caregivers of upcoming court hearings, education and current health and mental health information.

My Cases mobile application will be piloted by staff during the summer of 2016. This pilot will allow us to evaluate the mobile technology and help us further identify pieces of work conducted in the field that would facilitate timely documentation without returning to the office prior to rolling it out to all users. The *Our Kids* mobile application will also be tested by a small group of foster parents prior to making it available to all foster parents and caregivers.

Modernizing our technology and building a mobile workforce will allow end users to retrieve and update data related to children in care. Mobile (This) technology will support users in updating a child's location, goals, legal status, and demographics without the need for the caseworker to return to the office to update information.

A recent lean workgroup convened and completed a value stream mapping to identify issues in the current state of the placement process and identify areas for improvement in timely documentation of placements, placement changes, and placement closures to reduce documentation errors and over payments. In 2017, CA will focus on adding a placement mobile application to allow caseworkers to make placement requests and to make placement referrals to fiduciary staff from the field.

FamLink includes a comprehensive family evaluation that incorporates the family assessment and case plan with the court report. A yearlong workload reduction workgroup, which is now acting as a field advisory group, was brought together to represent areas where workload could be reduced and practice improved. The case plan in FamLink continues to challenge staff due to its complexities in functionality. This is another area where work is proceeding at the program and practice level to design a more functional case plan that will be easier for families to understand, and for CA staff to complete with the families, and improve court reporting information. The new case plan will be built in FamLink Pro in 2017.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Case plans are required to be completed within 60 days of a child's removal and are updated at a minimum every 6 months. The Comprehensive Family Evaluation captures key individual and family information in FamLink and is used to prepopulate the court report. This process assures that the required information is captured and available for assessment and planning.

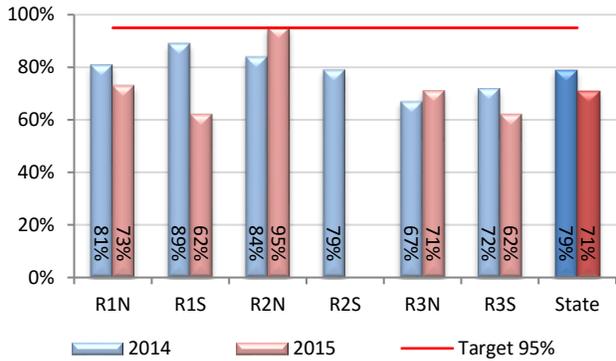
CA policy requires case plans to be developed and updated with the child and the child's family through individual meetings with participants and shared decision using the following shared planning meeting processes:

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

At this point in time, CA does not have accurate FamLink data regarding the percentage of cases with a case plan developed or updated within required timeframes. There is an ability to capture the date a CFE was launched but it does not need to be approved in order for the court report to be generated; as a result, very few CFEs are approved in FamLink. Over the last year a workload reduction taskforce, made up of field staff and management, was created to address efficiencies and decrease duplication of work for case carrying staff. An update to the Comprehensive Family Evaluation and court report modules in FamLink was one of the first taskforce recommendations. A way to track completion of case plans will be built into the new court report. The OSRI measures the identification of a permanency goal within 60 days of removal and this data will also be used to capture the completion of a timely case plan.

The process to ensure written case plans are developed for children and families is comprehensive, using shared planning meetings and actively involving key participants including parents' attorneys, child attorneys, Guardians Ad Litem, CASA, and court oversight. There are additional opportunities for child and parent input during health and safety visits and monthly parent contact visits. The case review data shows a slight decline in concerted efforts to involve the child in case planning. This decline may be attributed to the statewide high staff turnover rates and also to the smaller pool of cases reviewed in 2015.

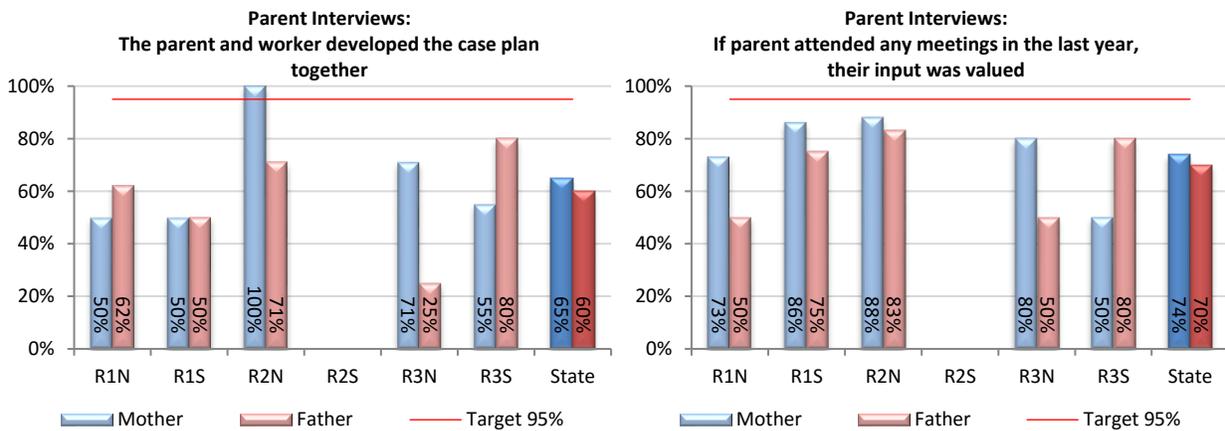
There were concerted efforts to involve the child in case planning.



Data source: Children's Administration Annual Central Case Review Report

Policy and state law requires staff to engage families in the development of their plans. The court report generated from the Comprehensive Family Evaluation requires caseworkers to document the parent's status, participation, progress and involvement in developing the case plan. Current available processes do not exist to consistently track parent involvement in development of the plan outside of narrative documentation. Enhancements to the meetings report in FamLink which would allow identification of participants in key shared planning meetings are being explored.

Parent interviews are conducted as part of the Central Case Review. Summary results indicate some improvement in the parent (both mother and father) and caseworker developing the case plan together. The results for these interviews in calendar year 2015 were:



Data source: Children's Administration Annual Central Case Review Report

The charts above show the statewide percentage and a regional breakdown of the same data. The data shows an increase in engaging parents in creation of the plan but identifies the need for more work to engage fathers. There was an increase in the number of mothers who attended shared planning meetings and a slight decrease in the number of fathers who attended indicating the need for ongoing work to engage fathers. There were father engagement leads in each region with planned activities and efforts to locate and engage fathers in the dependency process. These positions have either been eliminated or are vacant because of the current need for case carrying staff. Efforts to engage fathers in the dependency process needs to be embedded in sustainable efforts and practices. Development of consistent

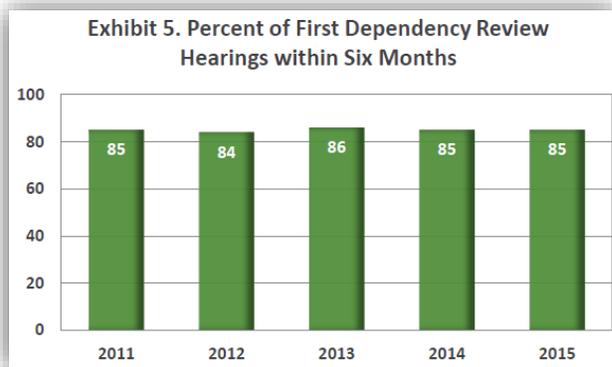
shared planning meeting structures remains a focus for the next year to build in the engagement of fathers. Region 2 North and Region 3 South appear to be doing well in engaging fathers and these two regions have a strong shared planning structure.

Item 21: Periodic Reviews

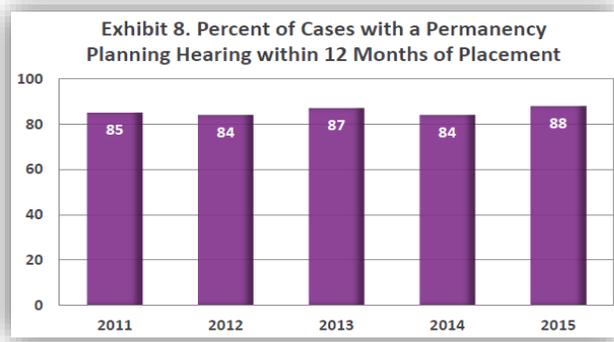
How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

State law and policy requires that the case of every dependent child be reviewed by the juvenile court at least every six months and that permanency planning hearings occur by the 12th month of placement for all children in out-of-home care and annually thereafter. Additionally permanency planning hearings must occur following 90 days of service delivery after disposition if parents have failed to make progress or engage in services to resolve the issues that brought the child into care. Policy and procedures require periodic reviews to cover the entire case plan and focus on child safety.

The Administrative Office of the Courts compiles data and reports on the timeliness standards by county jurisdiction as shown below. This data is shared with court partners on a monthly basis at the county jurisdiction level to inform local court practices and improvements. In addition, Administrative Office of the Courts reports that the percent of all permanency planning hearings held in a timely manner remains even at 93% for calendar year 2015. There is ongoing work between Administrative Office of the Courts and CA to ensure accuracy of data.



Data source: *Dependent Children in Washington: Case Timeliness and Outcomes 2015 Annual Report*



The Court Improvement Training Academy (CITA), sited at the University of Washington School of Law, provides training for the courts and child welfare community. CITA has supported Tables of Ten (multidisciplinary groups of 10 individuals from a given county interested in improving the local child welfare system) in several counties. These Tables bring together child welfare professionals and key stakeholders to reach solutions that improve outcomes for families. Many of the Tables of Ten continue to use this format to improve case resolution timeframes and develop local initiatives to improve the local child welfare legal systems. This effort in addition to other factors contributed to the increase in cases with a permanency hearing occurring within 12 months.

Over the last year CA created an external permanency CQI team made up of key stakeholders to identify practice improvements to support timely filing of TPR or compelling reasons, identify contributing factors to racial disparities and maintain cross-agency perspective on permanency and permanency improvements and develop a CQI plan. The team identified high staff turnover as a barrier to timely permanency and identified permanency summits as a way to foster a cross system teaming approach to permanency. The summits will be an opportunity at a local jurisdictional level to address barriers to meeting court timelines and develop strategies to improve performance.

Item 22: Permanency Hearings

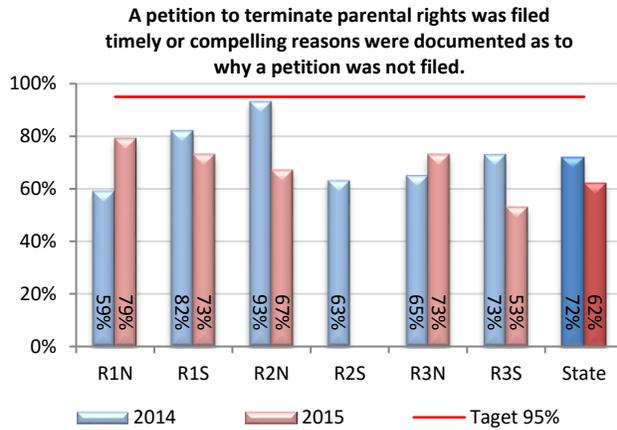
How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

See [Item 21](#) as Permanency Hearings are also addressed in Periodic Reviews

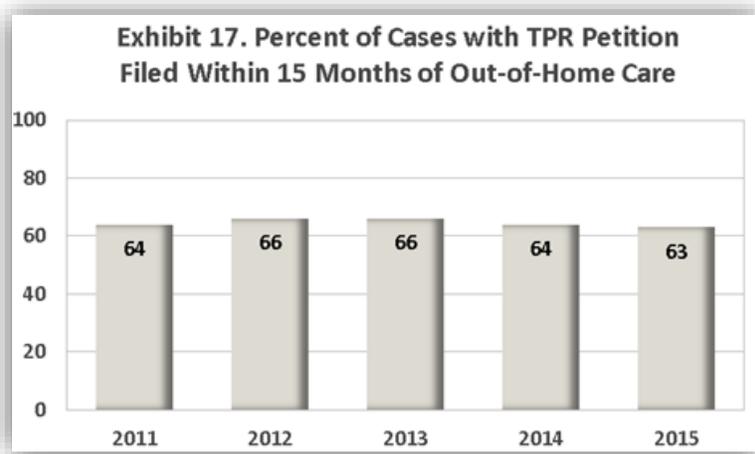
Item 23: Termination of Parental Rights

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

CA policy requires a referral for termination of parental rights to be made if a child has been in out-of-home care for 12 of the last 19 months. This process supports the required filings under the Adoption and Safe Families Act (which is to file a TPR if the child has been in care during 15 of the last 22 months). Timely filing of termination petitions or documenting compelling reasons not to file, decreased in 2015 to 62% as reported through the Central Case Review. The data available from the Administrative Office of the Courts shows that 63% of termination petitions were filed timely. Differences in the data are related to the different sources and samples. Case review included a random sample of cases in the reviewed offices and the Administrative Office of the Courts data is from administrative data entered by courts statewide. This measure is a complex one involving CA staff and other partners in the legal system. Timely filing and documentation of compelling reasons not to file continues to be an area for practice improvement and it is anticipated there will be improvement as CA focuses on improving the quality and quantity of shared planning meetings, increased training on permanency and concurrent planning and CQI activities with court partners.



Data Source: CA Central Case Review Annual Report 2015



Data Source: Administration of the Courts, *Dependent Children in Washington: Case Timeliness and Outcomes 2015 Annual Report*

CA continues to communicate case filing requirements to caseworkers. In addition, local offices are focusing on collaborating with court partners including the Assistant Attorneys General, parents’ attorneys and judicial officers to improve the filing and documentation processes. Included in the measure of timely filing of termination petitions is understanding and clearly documenting compelling reasons not to file when they exist.

Item 24: Notice of Hearings and Reviews to Caregivers

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

CA continues to work toward automating the notification of hearing and reviews to caregivers. As was noted in the PIP, challenges to accurately tracking this activity included the ability to provide written notification to caregivers outside of FamLink. The ability to track notification was built into FamLink; however the location of the data point is not intuitive to staff so the check box is often missed. As a result, data does not accurately reflect performance.

During the past year, CA has communicated the importance and expectation of caregiver notification through frequently asked questions posted on the foster parent web page and the

monthly Caregiver Connection newsletter informing caregivers to inquire about the next court hearings at monthly health and safety visits. Notification of caregivers by staff of case activities and permanency plans are part of the expectations in the Health and Safety visits with child and monthly visits with caregivers and parents policy.

During the 2016 legislative session Engrossed Substitute House Bill 2591 (ESHB 2591) was passed. ESHB 2591 requires the department to provide notification to foster parents, pre-adoptive parents and caregivers of upcoming dependency hearings regarding foster children. The court is required to make written findings regarding whether foster parents were notified of dependency court hearings, whether the court received a caregiver's report and whether the court provided the foster parent, pre-adoptive parents or caregivers an opportunity to be heard. The Administrative Office of the Courts was also charged with including this data in their annual report. In addition to the availability of data through Administrative Office of the Courts there is ongoing discussion about including caregiver notification tracking ability in the new court report/case plan that will be developed over the next year.

C. Quality Assurance System

Item 25: Quality Assurance System

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

System Functioning

Children’s Administration has a well-functioning quality assurance (QA) and continuous quality improvement (CQI) system statewide and is operating in all areas across the state. Specific information on the statewide structure can be found in [Section X](#) of this document. The QA/CQI system is operating in all three regions and at the headquarters (HQ) level of the agency. The following are areas of QA measurement across the state:

- Central Case Review
- Core metric review
- Contract services monitoring
- Targeted program and case review
- Licensing review

The Central Case Review is fully operational around the state and is currently active in all sub regions. In 2015, the case review team reviewed cases from 15 local offices and conducted its fourth statewide ICW review. There were 411 cases reviewed as part of the office reviews and 207 cases reviewed as part of the statewide ICW review. Results from the case review are used by local offices to develop action plans to implement practice improvement strategies. Practice improvements related to child safety have the highest priority for action planning. CA’s QA/CQI staff actively participates in the development and monitoring of the action plans. When statewide performance in 2015 was compared to the 2014 case review results, statewide improvements were identified in the following areas of practice:

- Providing services to the family to prevent removal or re-entry into care;
- Assessing and addressing the safety of children in out-of-home cases;
- Accurately assessing if a child is safe or unsafe according to the safety threshold;
- Compliance with health and safety visits with children in out-of-home care;
- Ongoing collaboration with the child’s Tribe;
- The quality of investigative interviews of subjects in CPS investigations;
- The quality of in-home safety plans; and
- Providing translation and interpretive services to families.

In 2016 the case review team began using the Online Monitoring System (OMS) and is reviewing cases according to the federal Onsite Review Instrument (OSRI) standards. The case review team plans to review 23 field offices in 2016 utilizing the OSRI.

After each case review, the local office creates an improvement plan to address challenges identified during the review. Additionally, the regions have created additional enhancements to support the case review by developing targeted reviews after the improvement plans are in place to assess whether their action items have an impact on the outcomes.

Each sub region has a core metric review process as part of their QA approach. Each month, the region's QA specialist runs core metric reports and works with regional management in the sub regions to address the challenges. These core metrics include process measures such as timely face-to-face contacts and health and safety visits. The stability and improvement in measures such as timely investigations and health and safety visits over the past several years can be partially attributed to the regular monitoring of the process data at the sub region and office levels.

The state's QA system also includes a process for monitoring service contracts to ensure service providers are providing services in the manner intended by contract language. Contracts are identified by an annual risk assessment process and additional contracts are identified on a case-by-case basis established by concerns or a pattern of complaints. This process involves a written improvement plan if necessary and ongoing monitoring until corrections have been satisfactorily completed. Contract staff work with regional program staff as both play a role in the monitoring and ongoing oversight of contracted service providers.

As mentioned throughout this document, targeted program reviews are a key part of the state's QA system. Identified program leads work with QA staff from both the regions and HQ to conduct a thorough review of data in a particular area. Examples of targeted reviews include but are not limited to the following areas:

- Family Assessment Response;
- Intake Response;
- Safety and CPS;
- Regional follow-up after Case Review; and
- Statewide follow-up after Case Review (reviewing areas needing improvement).

Targeted reviews have become an integral part of our QA structure and assist in making changes to improve outcomes. These reviews are done at both the HQ level and in the sub regions in order to identify both local practice areas as well as larger system functioning and opportunities for improvement.

The agency's licensing process is another area for targeted reviews. DLR within CA uses a targeted review to inform its licensing procedures. In the upcoming review period, DLR is partnering with QA staff to conduct a targeted review of DLR/CPS to identify strengths and areas for improvement.

As detailed above, CA has continued to improve and develop an operational quality assurance system in all jurisdictions across the state. The system works well and involves key stakeholders at both the HQ and sub-regional levels, often working in partnership to identify challenges and strengths.

Standards to Evaluate

Children’s Administration uses the following methods and standards to evaluate the quality of services:

- Onsite Review Instrument (OSRI);
- Policy and Procedures;
- Licensing Standards;
- Targeted Program Reviews; and
- Contracted Services Language and Statements of Work.

As mentioned previously, CA has adopted the OSRI tool for its case review system. As the federal tool, the OSRI includes the standards needed to evaluate practice. These standards provide the structure so that cases can be reviewed and measured for quality.

In addition to the OSRI, practice standards are evident in our policy, procedures, and licensing standards. Timelines for service delivery are identified in the policies and procedures as well. Many of these have been identified and discussed throughout this document. Also mentioned throughout, is the use of targeted reviews to monitor the quality of practice and adherence to policy in various program areas.

Standards are also found in the contracts with services providers. Contracts detail the expectations for service delivery for contracted providers and as mentioned previously, contracts are monitored to ensure compliance. In addition to contract monitoring, CA developed a brief online training for caseworkers to educate them on their role in monitoring contracted providers.

Strengths and Needs Identification and Relevant Reports

Children’s Administration uses the following methods to assess the strengths and needs of the service delivery system.

- Identify Targets for Core Metrics
- Onsite Review Instrument (OSRI)
- Targeted Reviews
- Regular supervisory reviews

As detailed above, CA identifies the strengths and needs of the service delivery system through the process of looking at data and the quality of services through a variety of methods. This is clearly a strength in Washington’s system.

In most areas of quality review, reports are developed and distributed to statewide management on the findings. The CA management team receives monthly metric reports from both their regional QA leads as well as monthly reports from the statewide data unit. These reports are discussed at both the local level and are discussed monthly by the statewide leadership team. Management may identify areas for further investigation which is done by the regional QA leads, HQ program staff or both in a collaborative fashion.

Since implementing the OSRI, CA is reporting the findings on a quarterly basis. Quarterly reports are provided to the management team at HQ, the CA leadership team, the statewide CQI team,

and program managers. The CQI unit prepares the reports which include detailed regional information as well as program specific information.

In the upcoming review period, CA is implementing a regular practice to dive into the data in partnership with the program managers across the state as well as local offices. The CQI unit will meet with the program leads on a quarterly basis and look at the OSRI data and assist program leads and analyze the data and develop plans for improvements if needed.

Additionally, as part of the CQI model, members of the statewide CQI team will partner with local offices following a case review and dig into the identified challenges and develop specific improvement plans.

Evaluates Implemented Improvement Measures

Although present in some areas of practice, this last step in the CQI process, to evaluate implement improvement measures has not been consistent in all areas for CA. To improve this, CA has developed strategies to ensure there is an ongoing process for evaluating improvement measures. These include:

- Targeted peer reviews 3-6 months following a case review, focusing on the areas needing improvement and the action plan;
- Regular review of specific data where improvement strategies have been identified to determine if the implemented strategy is effective to address the identified area of challenge for CA; and
- Ongoing quarterly meetings with program managers to review OSRI data and improvement strategies.

Overall, CA has a well-functioning QA system and has identified opportunities for improving the process for the upcoming review period. QA is active in all areas throughout the state and is evaluating practice using the OSRI, policy, timeframes, and contract language. Through case reviews, targeted reviews, and data review, CA identifies strengths and needs of the system, reports on findings and develops plans for improvement. The full CQI circle is realized when we follow up on program improvements to identify what works and where we may need to dig in deeper to the data. The state has a strong foundation for QA and CQI and is focused on continuing to improve in the upcoming review period.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state's CFSP.

Regional Core Training (RCT)

The Alliance for Child Welfare Excellence (Alliance), established in January 2012, is contracted to provide RCT, an eight-week training program that begins the first day of employment. RCT consists of an established curriculum with modules of foundational knowledge and skills needed by caseworkers to assume job responsibilities. Caseworkers spend their first eight weeks on the job completing RCT, supported by an Alliance coach and their CA supervisor. RCT cohorts begin on the 1st and 16th of each month, in each of the three regions, to align with hiring and start dates for newly hired caseworkers. The location for the classroom sessions for each cohort is based on the office location for the majority of the newly hired caseworkers. RCT includes classroom training, e-learnings, structured field activities and coaching.

After week three of RCT (which is the module on assessing child safety), caseworkers begin to apply the knowledge and skills they are learning through closely supervised work on assigned cases. According to policy, caseworkers are assigned no more than ten total cases or no more than six intakes. Upon completion of RCT, caseworkers continue as learners in their job assignment having gained the foundational knowledge and skills to perform basic job functions. Their supervisor provides close guidance and direction and they are partnered with experienced staff from their home office.

Providing RCT to all caseworkers beginning on the first day of employment is a strength. All newly hired caseworkers have attended RCT.

2014 Statewide	2015 Statewide	2016 Statewide
100% (202)	100% (213)	100% (306)

Data source: The Alliance for Child Welfare Excellence

Efforts to Evaluate Effectiveness of RCT to Prepare Caseworkers to be Field Ready

In the fall of 2015, CA and the Alliance began discussions regarding revisions and updates to the RCT curriculum. Feedback received from recent graduates of RCT, field supervisors and management was that some content in RCT was overly focused on theory and did not provide the practical knowledge and fundamental skills needed for staff to assume case management responsibilities. At the same time, CA requested that RCT content emphasize child safety centered practice adding an increased focus on assessing, planning and monitoring child safety throughout the life of a case.

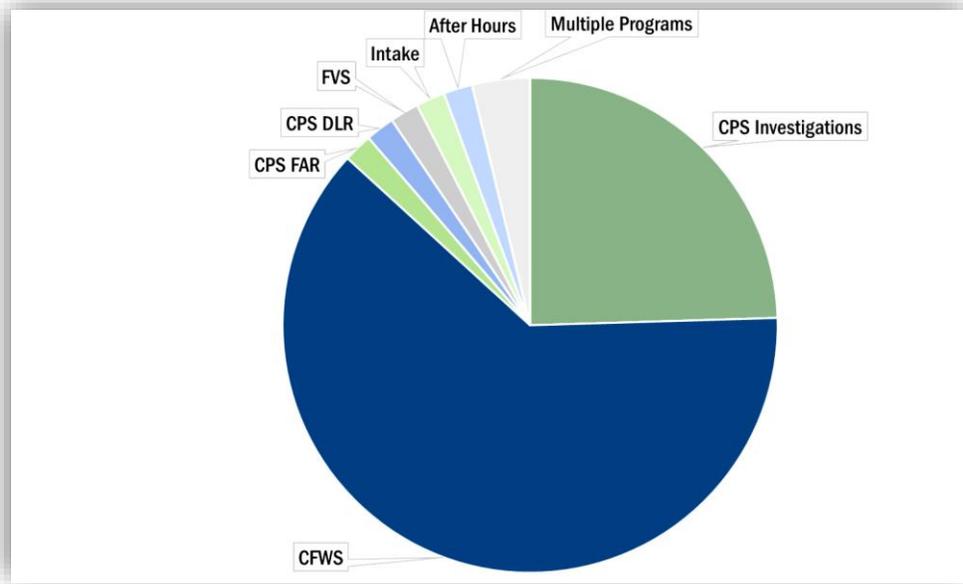
To gather current information from caseworkers and supervisors, an online staff survey, developed in partnership with CA, the Alliance, and Partners for Our Children, was administered between December 15, 2015 and January 12, 2016. Survey questions focused on the experiences and perspectives of recent graduates of RCT and their respective supervisors.

Caseworker Sample/ Response Rate by Region and Program

All 108 caseworkers hired between April 1, 2015 and July 16, 2015 were surveyed as well as their supervisors. Responding to the survey were 53 caseworkers (49%).

	Caseworker Sample	Number of Caseworkers who Responded	Response Rate
Region 1	8	6	75%
Region 2	59	16	27%
Region 3	39	31	79%
Total	108	53	49%

Data source: Partners for our Children



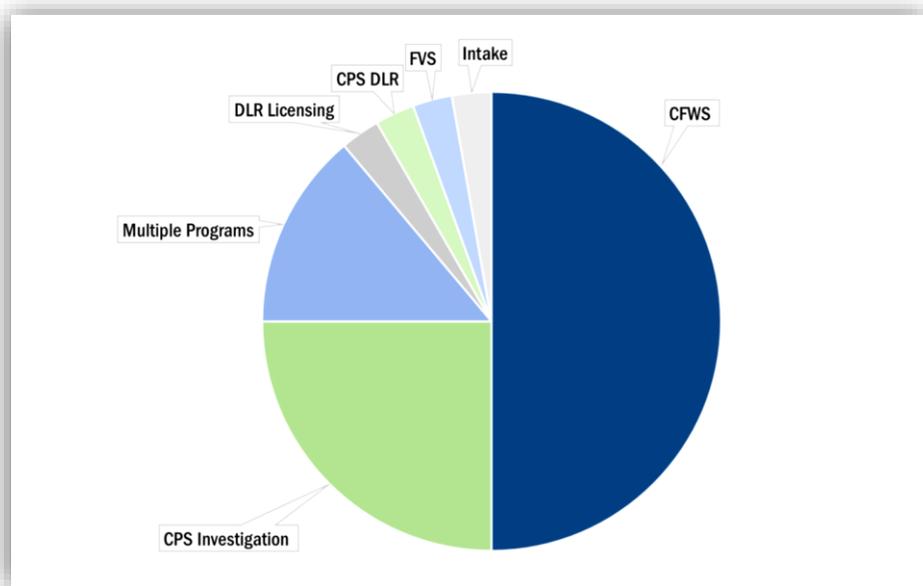
Data source: Partners for our Children

Supervisor Sample/ Response Rate by Region and Program

The supervisors of the 108 caseworkers included in the sample were surveyed. A total of 78 supervisors were sampled. The supervisor sample is smaller because some supervisors had more than one new caseworker who participated in RCT between April 1 and July 16, 2015. Responding to the survey were 37 supervisors (47%).

	Supervisor Sample	Number of Supervisors who Responded	Response Rate
Region 1	8	3	38%
Region 2	42	15	36%
Region 3	30	18	60%
Unknown	--	1	--
Total	78	37	47%

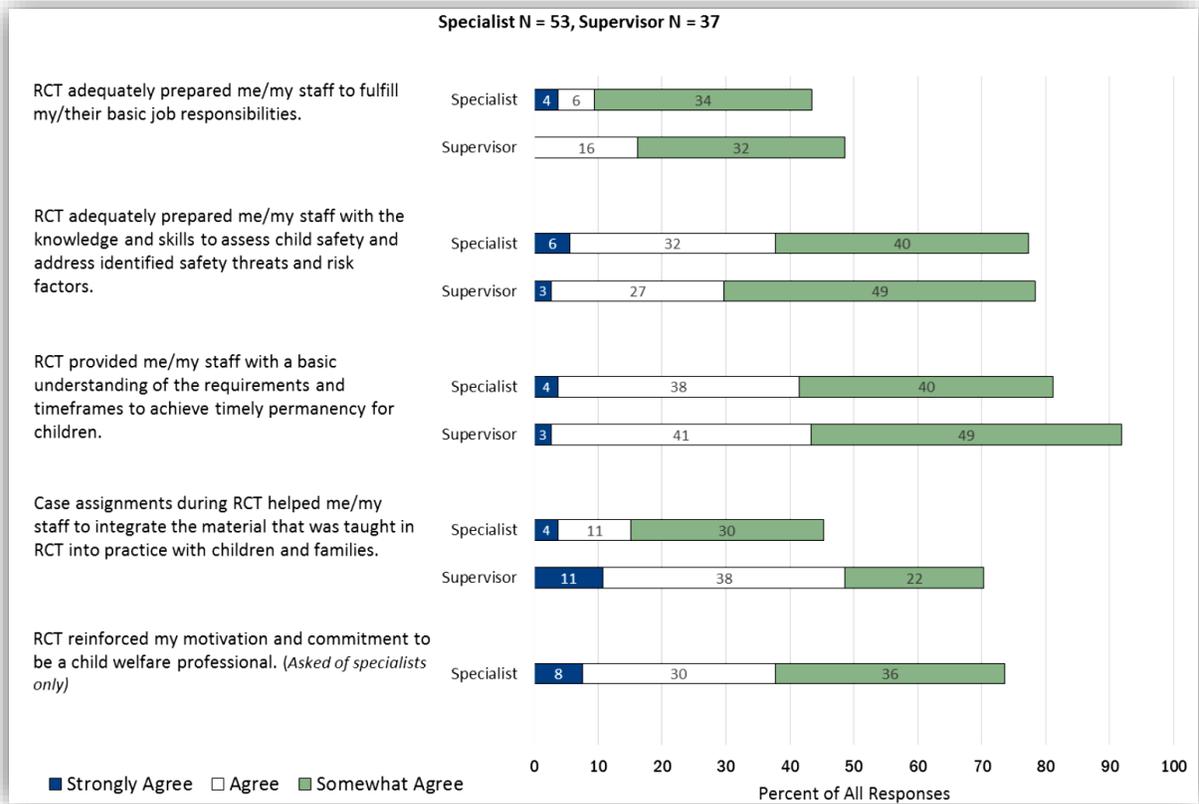
Data source: Partners for our Children



Data source: Partners for our Children

Responses from the Survey

The survey included Likert-scale questions which ranged from “strongly disagree to “strongly agree”.



Data source: Partners for our Children

Caseworker Responses to Open Ended Questions

Caseworkers were also asked open ended questions that focused on which aspects of RCT they found most helpful, what ways RCT could be improved and an opportunity for general comments. The responses to questions fell along the following themes:

Themes from Caseworkers	Number of Responses
Time spent shadowing other caseworkers, paired with a mentor, or on co-assigned cases is helpful.	26
Time spent with FamLink or otherwise in the computer lab is useful.	23
A better balance between theory and hands on practice would be appreciated.	22
Learning more about the day-to-day specifics of the work.	19

A deeper focus in their own tracks, rather than learning about other programs areas.	19
--	----

Data source: Partners for our Children

Supervisor Responses to Open Ended Questions

Supervisors were also asked open ended questions that focused on which aspects of RCT they found most helpful, what ways RCT could be improved and an opportunity for general comments. The responses to questions fell along the following themes:

Themes from Supervisors	Number of Responses
RCT was helpful in providing a broad overview of the work and basic foundational knowledge; however, they felt it was too basic and there is need to have more focus on the specific tracks.	48
The most helpful part of RCT was having opportunities to have “hands on” leaning experiences, fieldwork and practical job-related trainings, such as FamLink training. Less theory and more practical application.	43

Data source: Partners for our Children

Improvement Efforts as a Result of the Survey

The results of the staff survey identified that RCT is not providing caseworkers with many of the needed foundational skills and this is an area needing improvement.

On January 27, 2016 an all-day “Lean” workshop occurred to develop a road map for improvements to RCT. Participants included caseworkers who recently attended RCT, field supervisors, and management as well as representatives from the Alliance and Partners for Our Children. The focus of the workshop was to identify content priorities and recommendations regarding the design and structure of RCT. Some of the content priorities identified at the workshop include the following:

- Parent and child engagement/interviewing skills including how to have difficult conversations and use critical thinking;
- Understanding how to gather relevant information and understanding what to do with the information;
- Recognizing child abuse and neglect and understanding legal definitions;
- Assessing child safety and risk, including critical points to reassess safety;
- Understanding impacts of domestic violence, mental health and chemical dependency on child safety;
- Safety planning;
- Infant safe care;
- Permanency from day one and reasonable efforts;
- Visitation with parents and siblings;

- Placement requirements;
- Legal timeframes;
- Writing court reports and petitions via hands on learning;
- Basic FamLink skills; and
- Indian Child Welfare knowledge and skills.

Plan for Ongoing Quality Improvement

CA and the Alliance continue to collaborate on changes and the redesign of RCT is scheduled to launch in the fall of 2016. After the redesigned RCT is launched, CA and the Alliance will continue to evaluate how well RCT is providing the fundamental knowledge and skills needed by new caseworkers. The plan to evaluate the effectiveness of the RCT redesign includes ongoing participant feedback surveys. Results from participant feedback surveys will be routinely captured and provided to CA in semi-annual reports which will guide ongoing RCT quality improvement activities.

Coaches and trainers will follow their own set of competencies and complete the Coaches and Trainers Development Program. This includes evaluating coaches and trainers' performance through timely participant feedback surveys and structured observation of trainings by the Alliance, CA and Partners for our Children to assure immediate feedback is being provided and any needed corrections or improvements to performance are made.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Supervisors Core Training (SCT)

SCT for newly hired supervisors was launched in fiscal year 2015 and occurs three times a year. Based on participant feedback from initial cohorts in fiscal year 2015, SCT curriculum has been updated. The updated SCT provides the foundation for effective supervisory practice, assisting new supervisors in orienting to their new role. SCT covers a three-month period with nine days of classroom training. Some of the topics in SCT include the following:

- Navigating FamLink for effective supervision
- Supervising with data
- Clinical supervision

- Conflict management
- Building effective teams
- Building ICW government-to-government relations

The following number of supervisors have attended SCT:

2015 Statewide	2016 Statewide
44	51

Data source: The Alliance for Child Welfare Excellence

Area Administrators Core Training (AACT)

Core training for area administrators launched in fiscal year 2016 after a workgroup was convened to explore leadership training for area administrators. A nationally recognized provider was selected to deliver the training. Initial feedback on AACT has been overwhelmingly positive with numerous requests to attend the training. One cohort of AACT has occurred this fiscal year. AACT consists of 36 hours of classroom training over six days. Some of the topics in AACT include the following:

- Effective relationships as a manager;
- Strategies for effective organizational communication;
- Growing and sustaining effective teams; and
- Strategic thinking and planning tools.

The following number of area administrators have attended AACT:

2016 Statewide
15

Data source: The Alliance for Child Welfare Excellence

In-service Training

In-service trainings are offered to caseworkers, supervisors and area administrators for more in-depth knowledge and skills on key topic areas. In-service training is offered in the classroom and via e-learning on topics that lend themselves to an e-learning format. Classroom in-service training are provided by both Alliance trainers and Alliance contracted trainers. Policy regarding mandatory in-service training is under review and revision. Current policy includes the following:

Mandatory Training First Year of Hire	Status
Program specific training: <ul style="list-style-type: none"> • Intake • CPS investigation • CPS Family Assessment Response (FAR) • Division of Licensed Resources(DLR)/CPS 	Strength: <ul style="list-style-type: none"> • Intake • CPS/FAR • CFWS • ICPC

Mandatory Training First Year of Hire	Status
<ul style="list-style-type: none"> • Family Voluntary Services (FVS) • Child and Family Welfare Services (CFWS) • ICPC • Adoption • Licensing 	<ul style="list-style-type: none"> • Adoption • DLR/CPS and Licensing (provided by DLR) Area needing improvement: <ul style="list-style-type: none"> • CPS investigation • FVS
Indian Child Welfare (ICW) Training	Area needing improvement: ICW training has been revamped and will occur in each region beginning July 2016.
Basics of Substance Abuse	Area needing improvement
Permanency Planning	Strength
Engagement and partnerships with Caregivers	Area needing improvement: Available but not well attended
Child Development and Well-Being: Education, Health and Adolescence	Strength: Child Development Area needing improvement: Education, Health and Adolescents
Risk and Safety Assessment	Strength
Racial Disproportionality and Disparity	Area needing improvement
Caseworker Safety	Strength

Mandatory Training Second Year of Hire	Status
Mental Health and Child Abuse and Neglect	Area needing improvement
Domestic Violence and Child Abuse and Neglect	Strength

Mandatory Training Second Year of Hire	Status
Diversity – Building Bridges	Strength: Building Bridges has been replaced by “Developing Cross Cultural Communication Skills (Racial Microaggression)”
Indian Child Welfare Cross Cultural Skills	Area needing improvement
Advanced Substance Abuse and Child Abuse and Neglect	Area needing improvement
Collaboration /Customer service	Area needing improvement

Other In-service classroom training topics include:

- African American Hair and Skin Care
- Child Abuse Assessment and Interviewing (mandatory for CPS)
- Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth
- Monthly Visits with Children, Parents and Caregivers
- Identifying and Supporting Commercially Sexually Exploited Children (mandatory for intake, CHET and CFWS)
- Infant Safety and Care
- Child Mental Health: In-depth Applications in Child Welfare
- Creating and Monitoring your Native American Inquiry Request
- Pregnant and Parenting Youth
- Safety Framework
- Secondary Trauma
- Suicide Prevention: Safe Talk
- Teaming for Parent and Child Visitation

FamLink Training

RCT currently includes the application of FamLink and laptops are available for “hands on” learning. In the RCT redesign, the following fundamental FamLink skills are included: search, basics of person management, case notes, assessments, safety plans and case plans, placement, legal, service referrals, child health/mental and education.

Recently CA has decided to bring FamLink training back in-house and will add ten more positions to CATS to improve training to caseworkers on the use of FamLink, mobile technology,

mobile apps and other required technical tools. This training decision was made after careful consideration of CA's rapid and continually evolving technology modernization. As system modifications and new development occurs, "online help" is being updated to assist caseworkers, in addition to updates to Quick Help Guides and automated training curriculum via our Learning Management System.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Caregiver Core Training (CCT)

Caregiver Core Training is a competency-based 24 hour pre-service training offered to all potential foster parents and relative and suitable other caregivers. This training program was developed after a review of other foster parent pre-service training used nationally, and a determination that there was no training program that was evidence-based regarding outcomes. Although the rates of licensing revocations and founded findings annually are too low to correlate them with attendance at CCT (versus prior training curricula), the most common concerns that result in intakes (supervision and discipline) receive considerable attention in the CCT curriculum. The DLR administrator and other field staff were important members of the workgroup that developed the curriculum currently required, and informed the development of the curriculum.

Training policy (Practices and Procedures Manual 4512) requires at least one licensee to complete CCT in order to obtain a foster care license. All licensed caregivers must also obtain First Aid/CPR training, as well as a Blood-Borne Pathogens Training. The department provides this training through a contracted provider. CCT is comprised of two modules: Module 1 is intended to enhance knowledge and provide information about the child welfare system and foster care program, in order to assist the family in reaching a decision as to whether the program will be a proper fit for the family. CCT has a break built in before Module 2, in which the family has an opportunity to engage in an experiential component that may involve networking with other families, additional training, foster parent events, support groups, etc. Module 2 explores topic areas in more depth with intent to provide skill building for the family. In fiscal year 2015, there were 158 completed cycles of CCT in the state. Evaluations are provided and were completed by 90.6% of attendees in fiscal year 2015. Participants provided an overall satisfaction rating of 4.74, using a 5-point Likert scale. Attendees are asked to complete pre- and post-testing related to knowledge base. Attendees rated pre-training knowledge at 2.92, and post-training knowledge at 4.51. Ninety-nine percent of participants rated their knowledge after training as acceptable, good or excellent. Participants were also asked to rate whether the training was relevant to their role (rating of 4.7) and easy to apply (rating of 4.6).

A random sample of foster parents are surveyed annually by an outside entity regarding their experiences in training, and whether that training was adequate to prepare them for their role

in caregiving. Details about the survey are included in the next section regarding in-service training.

Caregiver In-Service Training

Licensed families are required to complete 36 hours of in-service training within the first three-year licensing period, 30 hours within the second licensing period and 24 hours each subsequent licensing period. During the first two licensing periods, the family must select at least one training from each competency category (Understanding and Working within the Child Welfare System, Child and Family Management and Caregiver self-Awareness and Development) and one training must be focused on cultural issues. Two hundred ninety-five in-services classes were offered in fiscal year 2015, representing 1,321 training hours offered. Attendees were asked to evaluate the training and 79.1% of participants completed the evaluations. Attendees rated overall satisfaction of in-service courses at 4.68 on a five-point Likert scale. Pre-training tests of knowledge were rated at 3.13 and post-training tests were rated at 4.43. As with CCT, 99% of participants rated their knowledge after training as acceptable, good or excellent. Attendees rated the training as relevant to their role (4.67) and easy to apply (4.54).

Foster parents are also surveyed annually by an entity outside Children's Administration. Foster parents are asked various questions about their experiences, including questions about training, and how well training prepares them to care for children. In the 2015 foster parent survey, 1,348 foster parents were asked about their training experiences. When asked about how adequate all the training the foster parent had in the previous three years prepared them to care for the basic needs of children, 85% responded that it was somewhat or more than adequate. Foster parents were also provided opportunities to make comments about the training, including suggestions for improvement. These comments are analyzed and provided to the Alliance for Child Welfare Excellence, the entity that provides the pre- and in-service training to caregivers. The Alliance reviews this feedback in order to modify the array, schedules and approaches for foster parent training.

Group Care Staff Training

The Washington Administrative Code related to licensing regulations was updated and went into effect in January of 2015. These regulations now require a specific number of hours (16) of pre-service training for staff and volunteers, including a list of content areas that training usually will include (depending upon the particular facility and the population served). These content areas were selected based on the knowledge and skills necessary for group care staff to provide quality care to children in out-of-home care. A minimum of 24 hours in-service training annually is required for staff and volunteers, with suggested content areas specific to the program. Training information documentation must be kept by the program. During renewals or comprehensive reviews, personnel files are audited by the department to determine whether the program is meeting the licensing requirements related to training. DLR recently reviewed compliance for both pre-service and in-service training requirements for all licensed group care programs statewide. These data were pulled from the most recent renewal or the most recent comprehensive review for the facility. One hundred fifteen facilities were reviewed. Of the 704 individual staff files reviewed, 95% were compliant for the pre-service

training requirements. Of the 674 staff requiring in-service, 87% were compliant for in-service training. Twelve facilities entered into compliance agreements regarding staff training, ten of these compliance agreements have now been completed.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- *Services that assess the strengths and needs of children and families and determine other service needs;*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment;*
- *Services that enable children to remain safely with their parents when reasonable; and*
- *Services that help children in foster and adoptive placements achieve permanency.*

Functioning of Service Array

Currently, CA has limited data to evaluate the functioning of the Service Array. Three efforts began in 2016 that we anticipate will provide critical information regarding the functioning of CA's Service Array.

1. CA began using the OSRI for the statewide Central Case Review process in January 2016. We anticipate that the data from the OSRI will support discussions regarding the functioning of the Service Array. CA will use data from OSRI items 2, 6, 8, 12, 16, 17, and 18 as part of the ongoing analysis of the service array. Data at the local and regional level will be available beginning summer 2016 and statewide data will be available in early 2017.
2. CA, in partnership with DSHS Research and Data Analysis (RDA), is researching the impact of service provision on outcomes for children and families. This research is unique in that it includes data from agencies outside of CA and provides an opportunity to have a systemic understanding of the needs of families served by CA. An enhancement of FamLink, CA's SACWIS system, allows direct connection between individuals, family service needs, service referrals, and specific services. We anticipate that sufficient data for analysis of service effectiveness will be available by the end of June 2016. The initial results of this analysis are anticipated to be available in March 2017.
3. In April 2016, CA began work to identify the contracted services available across the state. This process will identify by county the in-home, reunification, placement support and independent living services that are available to children and families. The data is anticipated to be compiled by September 2016.

CA will use the information obtained from the OSRI, research from RDA, and contracted service availability in the planning for focus groups across the state regarding the effectiveness of the service array including contracted and non-contracted services. The focus groups, which will begin in late 2016, will include parents, foster parents, service providers, youth, caseworkers, Tribes, court partners, and other stakeholders. Questions from the APSR "The Follow-Up Questions" from Items 29 will be used as part of the focus group process. The information gathered from these groups will be used to create a work plan for improving the statewide service array and will include contracted and community based services and resources.

In addition, in 2016 CA will use the contracted services availability data to focus efforts of contractor recruitment on statewide availability of services.

Array of Services

1. Services that assess the strength and needs of children and families and determine other service needs

- a. CA Caseworkers

Investigative Assessment	Family Assessment Response Assessment	Comprehensive Family Evaluation
Child Health & Education Tracking Screen	Ongoing Mental Health Screen	Commercial Sexual Exploitation of Children Screen

- b. Contracted Resources

Parental Capacity Assessment	Foster Care Assessment Program	Casey Life Skills Assessment
Behavioral Rehabilitation Services	Sexually Aggressive Youth Evaluation	Psychological Evaluation

- c. Community Resources

Public Behavioral Health	Substance Abuse Treatment
Developmental Disability Determination of Eligibility	

2. Services that address the needs of families in addition to individual children in order to create a safe home environment.

- a. Funds to provide concrete goods used to address core family needs such as food, shelter, clothing, or other goods provided for individual families that are necessary to support a family in maintaining child safety.

- b. CA Caseworkers

- i. Referrals by caseworkers to community resources including but not limited to:

1. Adult and youth behavioral health and substance abuse treatment
2. Legal aid for parents needing parenting plans
3. Domestic violence services
4. Housing assistance

- c. Contracted Family Preservation and Reunification Service Array

CA maintains an ongoing effort to recruit new providers or increase the workforce of current contractors to meet the geographical and cultural needs of families served.

Crisis Family Intervention	Family Preservation	Functional Family Therapy
----------------------------	---------------------	---------------------------

Incredible Years	Intensive Family Preservation	Promoting First Relationships
Parent Child Interaction Therapy	SafeCare	Triple P
Early Intervention Program		

d. Community Resources

Public Behavioral Health	Substance Abuse Treatment
Public Housing	Domestic Violence Assessment and Treatment
Developmental Disability Administration	

3. Services that enable children to remain safely with their parents when reasonable.

a. CA Caseworkers

Child Protective Services – Investigations	Family Voluntary Services
Child Protective Services – Family Assessment Response	

b. Contracted services

i. Family Preservation & Reunification Service Array

4. Services that help children in foster and adoptive placements achieve permanency.

a. CA Caseworkers

Child and Family Welfare Services	Adoption
-----------------------------------	----------

b. Contracted Services

Child Care Programs	Parent Child Visits	Independent Living Services
Counseling/Behavioral Health Services		Family Preservation and Reunification Services

c. Placement Supports

Foster homes	Child Placing Agency	Interim and Receiving Care Services
Intensive emergency placement resources	Behavioral Rehabilitation	Pediatric Interim Care

d. Adoption Program

Adoption Services	Adoption Support Program
-------------------	--------------------------

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Assessing Individual Family Needs

Services are individualized throughout the development of a case plan and delivery of services for children and families are customized using an array of tools. These tools are used to understand the unique needs of each family in order to improve safety, achieve permanency, and support child well-being.

CA Caseworkers

CA caseworkers use assessments and screening tools throughout the life of a case to understand the unique service needs of each child and family. These tools (identified in item 29) function to support:

1. Safety in the home
 - a. Investigative assessment
 - b. FAR Family Assessment
2. Permanency Needs and Child Well-Being
 - a. Comprehensive Family Evaluation
 - b. Child Health & Education Tracking screen
 - c. Ongoing Mental Health screen
 - d. Commercial Sexual Exploitation of Children screen

CA caseworkers use the information obtained from these assessments to help them understand the unique needs of children and families (e.g. safety, cultural, and developmental) and identify tailored services.

Contracted Services

CA continues working with contracted providers to require that all clinical services use standardized assessments to individualize treatment planning, identify progress made, and identify any additional service needs at the end of the intervention. Therapeutic services purchased directly by CA include:

1. *Family Preservation and Reunification Services* - Eight of the ten Family Preservation and Reunification Services use an assessment(s) as part of the service delivery. The two services not using an assessment are in the process of adopting a standardized assessment tool. It is anticipated that all ten services will use standardized assessments within the next year.
2. *Behavioral Rehabilitation Services* - Uses the Child Functional Rating Assessment Scale (CFARS) with all children and youth receiving services.

3. *Counseling* - In the next year, CA will explore the feasibility of adding a requirement for a standardized assessment tool to the contracted counseling services.

In 2016, CA will hold focus groups across the state with parents, foster parents, service providers, youth, caseworkers, Tribes, court partners, and stakeholders. These focus groups will help CA identify opportunities to increase CA’s ability to tailor and individualize services for children and families served by the agency.

Individualized Services

Meeting developmental needs

- CA

CA is able to offer an array of contracted Family Preservation Services to facilitate the developmental needs of families served.

Service	Ages Served
Crisis Family Intervention	12 to 21 years old
Family Preservation	Birth to 21 years old
Functional Family Therapy	12 to 18 years old
Incredible Years	Birth to 8 years old
Intensive Family Preservation	Birth to 21 years old
Promoting First Relationships	Birth to 3 years old
Parent Child Interaction Therapy	2 to 7 years old
SafeCare	Birth to 5 years old
Triple P	5 to 18 years old
Early Intervention Program	Birth to 21 years old

- Contracted Services

CA purchases training for Contracted Providers in the services identified above. CA provides evidence informed skills that support family safety and well-being at the Family Preservation Resource Library that can be accessed at <https://www.dshs.wa.gov/ca/contracted-providers/family-preservation-library>.

Detailed data and analysis related to Placement Supports and the Adoption Program is not available at this time. CA will continue to work to identify and assess the data and information available to support an understanding of current functioning and identification of future improvements in these areas.

Meeting cultural needs

- CA

CA has a strong focus on identifying and understanding the culture and ethnicity of each family we serve. Caseworkers assess and incorporate the families’ unique cultural and ethnicity into

planning. CA has no data to assess this information. We will continue to look for opportunities to understand CA's ability to meet the cultural needs of children and families served.

- Contracted Services

All of CA contracts used to deliver services to children and families include requirements to provide culturally relevant services. CA currently does not have data to indicate if our Contracted Providers deliver individualized services based on the child's or families' developmental, cultural, linguistic, disability, or special needs.

In July 2015 CA updated its Family Preservation Services contracts were updated to include:

1. Working with cultural centers or governments when regularly serving unique cultural groups,
2. Ongoing quality improvement activities focused on contracted providers using a Cultural Humility approach in service families.

Starting July 2016 CA will be conducting an audit of the new quality improvement items identified above. CA will evaluate how the new requirements are working and potential for adopting to other client serving contracts.

Beginning in January 2017, CA's monitoring of client serving contracts will include items that assess whether services considered the cultural and language needs of children and families they served.

Updated auditing and monitoring processes will provide data for CA that will be used to evaluate system functioning and identify areas of improvement related to contracted services.

Detailed data and analysis is not available at this time for culturally appropriate services related to Placement Supports and the Adoption Program. CA will continue to work to identify and assess the data and information available to support future improvements in these areas.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

CA continually works to increase involvement of stakeholders and community partners in child welfare work to ensure those impacted by child welfare work are included in the substantive discussions about that work.

The following committees, advisory groups, agencies and organizations are among those that provide regular and ongoing collaboration and consultation to CA:

- Birth to Six Interagency Coordinating Council
- Child Fatality and Near Fatality Review Committees
- Child Welfare Capacity Building Collaborative
- Court Improvement Advisory Committee
- Foster Parent Consultation Meetings (1624 Meetings) (Quarterly Statewide and Regional meetings)
- Foster Parent Association of Washington State
- Kinship Care Oversight Committee
- Office of Public Defense
- Partners for Our Children
- Service Provider Organizations
- Supreme Court Commission on Children in Foster Care
- Veteran Birth Parents Advocacy Committees
- Casey Family Programs
- Children’s Justice Task Force
- Children Youth and Family Services Advisory Committee
- Eastern Washington School of Social Work
- Foster Parent Hubs and Regional Foster Parent Meetings
- Indian Policy Advisory Committee
- Office of Family and Children’s Ombuds
- Passion to Action Youth Advisory Committee
- Private Child Placing Agencies
- Superior Court Judges Association Subcommittee for Children and Families
- University of Washington School of Social Work
- Washington Association of Children and Families

- Washington Federation of State Employees
- Washington State Coalition Against Domestic Violence
- Washington State Court Appointed Special Advocates
- Washington State Parent Advocacy Committee
- Washington State Racial Disproportionality Advisory Committee
- Other DSHS Administrations and Other State Agencies (e.g. AL TSA, ESA, JJRA, BHSIA, Department of Early Learning, Department of Corrections)

Stakeholder Input

CA regularly requests input from many committees and stakeholders. Below are some highlights:

The *Indian Policy Advisory Committee (IPAC)* members are delegates appointed through resolution by the 29 federally recognized tribes in Washington State and by letter for the five Recognized American Indian Organizations. IPAC meets quarterly and has representatives on CA workgroups, advisory committees, and ad hoc committees to represent tribal input and concerns. IPAC children’s sub-committee meets monthly and works closely with CA on issues and policies that affect Indian Child Welfare and programs impacting Indian children and their families. [See Section VI: Consultation and Coordination between tribes and states.](#)

The *Children, Youth and Family Services Advisory Committee* is statutorily required by RCW 74.13.031 and is made up of volunteer representatives with expert knowledge and experience in child welfare. The committee meets a minimum of six times per year and provides input, advice and assistance to CA regarding child safety and welfare. The Committee reviews data and provides input on potential policy and procedures and provides input on the possible effects of potential new legislation, implementation plans for new legislation and other matters that the Assistant Secretary brings to them for review and input.

The *Washington State Racial Disproportionality Advisory Committee (WSRDAC)* works with CA to integrate awareness of disproportionality in child welfare practices and policies. WSRDAC is regularly updated with data and information and provides advice and consultation. Specific initiatives include input into CA’s practice model training, implementation of the Mandated Reporter Video Brochure focusing on racial disproportionality, enactment of a Washington state Indian Child Welfare Act (ICWA), implementation of anti-racism training (Undoing Institutional Racism) & Diversity Prejudice Reduction Model Training, (formerly Building Bridges) and evaluation of SDM Tool. Ongoing initiatives include: recommendations for the use and implementation of a Racial Equity Analysis Tool for CA policy and practices, implementation of Evidence Based Practices and Family Support Services.

Foster Youth Advisory Board “Passion to Action” consists of 20 current and former youth recipients of CA services supported by an oversight committee, CA representatives, Casey Family Programs and the College Success Foundation. These youth provide valuable on-going input to improve CA’s ability to effectively meet the needs of children and adolescents. They

are members of various committees within CA and other governmental agencies to give input on new practices and policies.

Foster Parent Consultation Meeting (1624 Meetings) (Quarterly Statewide and Regional meetings) was established by legislation in 2007. Foster parents provide input on recruiting foster homes, reducing foster parent turnover rates, providing effective training for foster parents and strengthening services for the protection of children as well as other issues. The committee works cooperatively to address issues including those raised in the foster parent survey conducted each year.

The Annual Foster Parent Survey gathers foster parent input on what is needed to properly care for the foster children in their home. The DSHS Research and Data Analysis (RDA) Unit conducts this phone survey with foster parents quarterly so information is gathered more closely to the time children were in the caregiver's home. Results are shared with CA throughout the year, so more timely responses can be made to the concerns or questions raised by the survey responses. The current survey questions focus on:

- Do you get adequate support for your roles and responsibilities as a foster parent?
- Over the last three years, how adequately has the training prepared you to care for the basic needs of the foster children placed in your home?

Foster Parent Support

Based on the fiscal year 2014 survey, most foster parents said they are supported well by CA's specific programs and offices within the Administration and private agencies contracted by the Administration to serve foster parents.

- 75% responded positively to the question "In the past year, did you get adequate support for your roles and responsibilities as a foster parent?" (1,010 of the 1,352 who answered).
- 80% responded positively to the question "Do caseworkers listen to your input?" (1,063 of the 1,325 who answered).
- 78% responded positively to the question "Can you get help when you ask for it?" (1,030 of the 1,325 who answered).

Foster parents also made comments about challenges they face within the agency and were clear about their need for timely access to resources, especially health resources, financial resources and respite care.

In the state fiscal year 2015 survey, many foster parents continue to offer comments about good support from the caseworkers, caseworkers listening to the caregiver's opinion and utilization of the Recruitment and Retention contractors Facebook pages for support.

Challenges faced by foster parents continue to reflect timely communication, on-going need for respite and assistance in accessing services for children in care.

Foster Parent Training

The majority of foster parents are pleased with the training they receive from Children's Administration, private agencies, or specific programs.

- 85% responded positively to the question “Overall, thinking about all the training you have had in the last three years, how adequately has it prepared you to care for the basic needs of the foster children placed in your home?” (1,129 of the 1,336 who answered).
- 85% of foster parent comments were positive about the ways foster parent training helps them care for the children in their home. Of the 164 comments about the ways in which foster parents’ training helps them care for their foster children, 75% were positive.
- 76% of foster parents stated they valued the sense of community from interactions with their peers in training and learning from experienced foster parents.

Challenges related to training were related to: more convenient training locations and times to reduce travel and flexibility with work schedules and the availability of childcare.

The current state fiscal year 2015 survey shows foster parents offering comments about the broad range of training topics, instructors being “real, down-to-earth and easy to relate to” and encouraged class participation. Challenges faced by foster parents in training were related to: not so many required classes, more online training options and training related to developmental and behavioral challenges of children.

Casey Family Programs – CA and Casey continued their long time collaboration during 2010 – 2015 Casey staff provided technical assistance and funding in many areas of CA’s work. Highlights include efforts to reduce racial disproportionality through training and hosting WSRDAC events, permanency related efforts particularly focused on finding permanent placements for long-term foster children by planning for technical assistance to increase kinship care and subsidized guardianship, improving service support for foster children in education and early childhood development, tribal/state best practices and support and support for CPS FAR training. Discussions are underway with Casey to explore cooperative consideration and planning to implement Rapid Permanency Case Reviews with the goal of expanding the states permanency work.

Parents Advisory Committee CA continues to meet regularly with this Veteran Parents group, comprised of parents who have successfully reunified with their children. This parent group has reviewed CA policies and practices and provided advice and insight into CA practices. In addition, veteran parents have met with CA executive leadership about their experiences in the child welfare system and provided feedback about the challenges faced by parents who are served by CA.

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state’s services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

CA also engages in broader collaboration efforts:

- Community Child Protection Teams and Child Fatality and Near Fatality Review Teams that review cases and provide a foundation for a community response to meet client needs and improve local systems supporting families and protecting children. Recommendations are shared quarterly for consideration for implementation.

- Ongoing and expanding consideration when developing policy and program changes as to who is impacted and how those who are impacted can effectively have a voice in the process.
- Increase the use and support of Evidence Based Practices.
- Implement recommendations to address findings in the Office of Family and Children's Ombuds (OFCO) Annual Reports through workgroups with community partners and stakeholders.
- Hold regular consultation and communication meetings with Office of Family and Children's Ombuds to discuss trends, areas of concern, improve communication and information exchanges, etc.
- Implementation of CPS Family Assessment Response. CA will fully implement CPS Family Assessment Response by January of 2017.
- Continued implementation of the expanded Extended Foster Care program.
- Partnership with the Alliance/University of Washington to strengthen consistency of practice by enhancing the delivery of education, role specific training and professional development opportunities for caseworkers, supervisors, area administrators and caregivers.
- Collaboration between CA, Office of the Superintendent of Public Instruction and the Courts to strengthen educational success of children and youth in foster care.
- ICW case review completed in 2015-2016.
- Continue to implement and expand the Fostering Well-Being Program.
- Ongoing meetings with Washington Association of Children and Families in the interest of supporting and enhancing Child Placing Agency and Behavioral Rehabilitation services across the state.

Ongoing coordination of services and benefits with other DSHS administrations and state partners continues to be an area of focus, including:

- Coordinating with the Behavioral Health Administration to implement WISe (wraparound with intensive services) through mental health. To include:
 - Reducing racial and ethnic disparities
 - Improving the way the system identifies and responds to youth with mental health needs
 - Updating CA BRS contracts to reflect changes in children's mental health system and referral process to RSN services
- The following 26 of Washington's 39 counties are currently implementing WISe: Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Franklin, Garfield, Grays Harbor, King, Kittitas, Klickitat, Lewis, Mason, Pacific, Pierce, Skagit, Skamania, Snohomish, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman and Yakima. The Peninsula RSN/BHO and King County BHO started their implementation effort in April 2016.

- From July 1, 2014 to September 30, 2015, 120 of the 279 CA-involved youth who were screened for WISe received services.
- CA collaborated with the Behavioral Health Administration to create a WISe information sheet specifically designed for caseworkers. The information sheet was provided to all CA offices in the counties that are implementing the WISe program. CA also participated in the development of and is a critical partner in a DSHS/Health Care Authority MOU that supports the implementation of WISe across all of the administration.
- An Intra Agency Agreement between CA and JJRA was revised and jointly signed in October of 2015. The MOU is designed to enhance discharge planning for youth. The MOU provides clarification of roles and responsibilities, including:
 - Clearly identify who has lead responsibility;
 - Begin discharge planning at entry to JJRA facilities and county detentions; and
 - Create opportunities for joint involvement in shared planning meetings and family contact efforts.
- Ongoing joint DSHS meetings between Economic Services Administration (ESA), RA, CA and Aging and Long-Term Support Administration (AL TSA) to more fully collaborate across administrations, work on systemic level issues such as policy and practice that cross administrations and impact one another. For example:
 - Joint staffings across administrations to ensure cross system linkages.
 - Participate in System of Care efforts to increase coordination of mental health services for children and youth in foster care.
 - Work with Health Care Authority on the Fostering Well-Being Program to build medical provider capacity to provide EPSDT exams for foster children and coordinate services for children who are medically fragile or have special needs.
 - Partner with the Health Care Authority to develop RFP and contract with a single Managed Care Organization to serve children and youth in foster care and adoption support programs.
 - The Fostering Well-being Program transferred to the AL TSA where they implemented many activities around EPSDT/Well-child exams for foster children. Current activities include a focus on Medically Fragile children who come into care and their care coordination needs.

Agency Responsiveness Strengths and Challenges

Ongoing meaningful collaboration with stakeholders, community partners and tribes is essential for strengthening Washington's child welfare system. Use of existing committees and stakeholder groups as well as representatives of groups and organizations on specific statewide and local region/office CQI groups will continue and expand over the coming years. CA is expanding and strengthening the use of CQI groups at the statewide and local levels. These groups, by design, include participation by community partners and stakeholders. CA has an active training and technical assistance request regarding the inclusion of community partners in local CQI processes.

CA's active engagement with a variety of stakeholder groups is seen as an area of strength. Challenges to collaboration include differing approaches across DSHS administrations, sharing information efficiently and engaging and collaborating in a meaningful and productive way while still meeting tight timeframes for decisions and outcomes and working within budgetary restrictions.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

The department ensures state standards are applied to all foster family homes and child care institutions through the use of standardized materials and checklists, consensus-building within DLR, as well as various CQI activities.

The department maintains application and assessment materials that are consistent statewide, including file checklists and facility checklists that identify all licensing requirements. These checklists are used regardless of whether the family is going through the licensing process, public or private. The department has also developed standardized checklists for each type of group care facility, depending upon the specific license being issued. The checklist is reviewed by the supervisor for completion prior to approval for licensure. For group care facilities, there is a single supervisor in each region who oversees regional licensors who regulate group care facilities in each region, and who reviews the completed checklists prior to licensure. This review ensures standards are being applied equally across the region.

Statewide licensing supervisors' meetings are held quarterly to discuss licensing issues and foster consistent standards statewide. Any waivers or certain administrative approvals for licensing statewide are approved by a single statewide administrator to ensure any variances to administrative rules are being applied consistently. This administrator provides immediate feedback to the region, which serves as an informal QA process, with statewide issues addressed with the management team. DLR has a single HQ licensing program manager who handles all requests of technical assistance from the field. In the event that this program manager determines practice is inconsistent, that issue is either clarified to all DLR staff statewide, or the issue is brought to the management team for discussion.

QA for Group Care Facilities

All facilities contracted for Behavioral Rehabilitation Services receive a biannual health and safety monitoring visit from the regional licensor, as well as a comprehensive program review at the mid-licensing period. The comprehensive review includes a standard review tool used statewide. The review team consists of, at a minimum, representatives from Division of Licensed Resources, Division of Children and Family Services, contracts, and Behavioral Rehabilitation Services. The team may also include other agencies as appropriate (Developmental Disabilities Administration, Fostering Well-Being nursing staff, etc.). Any deficiencies are managed through compliance agreements. Beginning the summer of 2016, DLR will develop a QA process in which compliance agreements for the comprehensive reviews will be reviewed and data collected at HQ. These data will be reviewed for trends and practice improvements will be developed for areas of deficiency in the regions or statewide.

QA for Foster Homes

The department initiated an annual internal QA review process of home studies in 2012. A random sample of provider files are selected from a total population of home studies

completed by department staff during the six-month period under review. Sixty provider files are selected, with a stratified sample. Teams of three DLR staff review the provider file independently, rating on a standardized tool. Staff do not review providers for whom they have had responsibility for assessment. Questions on the tool relate to adequate exploration of the applicant(s) ability to provide care or specific issues arising on the application, proper completion of required background checks, etc. After individual scoring, the three team members meet to reach consensus on each item. Results are reviewed with the management team and the region is provided feedback to share with the caseworker on every item rated as non-compliant. Compliance of less than 80% for the region on any item with more than one non-compliant file requires an action plan developed and monitored by the region. Beginning in 2016, the regions will report progress quarterly on each of the action items, and these will be reviewed by the administrator and deputy administrators.

Results for the past two years are as follows. The individual items are paraphrased below, as there were small changes in wording for clarity's sake between year 2014 and 2015. Items highlighted in yellow indicate that the region was required to develop an action plan within the region to address the issue. Items highlighted in gray indicate that performance was below 80%, but only one file failed on the assessed item. On these items, regional management is expected to watch for trends in that area. The two items that are relevant to Item 33 of the APSR are questions 4 and 6. Question 4 concerns the completion of background checks according to policy. Question 4 was non-compliant in one region in each year in 2014 and 2015. CA is implementing a centralized background check unit, and will also be centralizing completion of administrative reviews for criminal history, which is expected to improve performance on this item. Question 6 concerns documentation of all licensing requirements that are detailed on the facility inspection checklist. Question 6 was compliant for all regions, except a single region in 2014.

Home Study Review Results								
Calendar Year 2014								
Question	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide	
1. Issues identified on the application document were addressed adequately in the home study	87% (8)	80% (5)	75% (4)	100% (4)	67% (6)	100% (2)	83% (29)	
2. Native American status and affiliation was properly documented	N/A	100% (1)	N/A	0% (1)	100% (1)	100% (1)	75% (4)	
3. All background checks were	80% (15)	89% (9)	90% (10)	100% (6)	78% (9)	81% (11)	85% (60)	

Home Study Review Results

Calendar Year 2014

Question		Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
	completed according to policy							
4.	Any background check administrative approvals were completed according to policy	100% (1)	60% (5)	100% (3)	100% (2)	67% (3)	100% (4)	83% (18)
5.	Worker contacted at least three references	93% (15)	89% (9)	100% (10)	83% (6)	100% (9)	73% (11)	90% (60)
6.	At least two references were not related to the applicant	100% (15)	100% (9)	90% (10)	83% (6)	100% (9)	100% (11)	97% (60)
7.	All adult children were contacted, or diligent efforts were made to contact all adult children of the applicant	57% (7)	57% (7)	100% (8)	75% (4)	50% (2)	100% (5)	76% (33)
8.	Concerns raised by references were adequately addressed in the home study	75% (4)	50% (2)	80% (5)	67% (3)	0% (3)	80% (5)	64% (22)
9.	Issues arising in the medical report were adequately addressed in the home study	50% (10)	100% (2)	N/A	100% (1)	100% (5)	67% (6)	71% (24)
10.	Issues arising from the applicants' personal information form were adequately addressed in the home study	71% (7)	100% (4)	83% (6)	100% (4)	75% (8)	56% (9)	76% (38)

Home Study Review Results Calendar Year 2014								
Question	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide	
11. The correct facility inspection checklist was used and every requirement was documented as met	87% (15)	89% (9)	90% (10)	83% (6)	100% (9)	45% (11)	82% (60)	
12. Were final recommendations by the licenser supported by the assessment and documentation in the file?	93% (15)	100% (9)	100% (10)	100% (6)	100% (9)	91% (11)	97% (60)	
13. Was policy followed regarding Limited English Proficiency clients?	N/A	100% (1)	N/A	N/A	N/A	N/A	100% (1)	

Home Study Review Results Calendar Year 2015								
Question	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide	
1. Issues identified on the application document were addressed adequately in the home study	75% (8)	75% (4)	71% (7)	60% (5)	100% (3)	67% (9)	72% (36)	
2. Native American status and affiliation was properly documented	100% (4)	100% (1)	N/A	N/A	100% (1)	100% (4)	100% (10)	
3. All background checks were completed according to policy	86% (14)	78% (9)	90% (10)	100% (8)	100% (7)	92% (13)	90% (61)	
4. Any background check administrative	50% (6)	67% (3)	100% (2)	100% (6)	100% (2)	100% (2)	81% (21)	

**Home Study Review Results
Calendar Year 2015**

Question	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
approvals were completed according to policy							
5. Worker contacted at least three references	86% (14)	100% (9)	100% (10)	100% (8)	100% (7)	92% (13)	95% (61)
6. At least two references were not related to the applicant	100% (13)	100% (9)	80% (10)	88% (8)	100% (7)	100% (13)	95% (60)
7. All adult children were contacted, or diligent efforts were made to contact all adult children of the applicant	75% (8)	75% (3)	100% (5)	33% (3)	75% (4)	80% (5)	76% (29)
8. Concerns raised by references were adequately addressed in the home study	100% (1)	100% (2)	100% (2)	100% (1)	67% (3)	100% (1)	90% (10)
9. Issues arising in the medical report were adequately addressed in the home study	56% (9)	100% (6)	71% (7)	80% (5)	83% (6)	71% (7)	75% (40)
10. Issues arising from the applicants' personal information form were adequately addressed in the home study	50% (10)	75% (8)	60% (5)	80% (5)	80% (5)	75% (8)	68% (41)
11. The correct facility inspection checklist was used and every requirement was documented as met	86% (14)	89% (9)	80% (10)	100% (8)	86% (7)	92% (13)	89% (61)

**Home Study Review Results
Calendar Year 2015**

Question		Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
12.	Were final recommendations by the licensor supported by the assessment and documentation in the file?	100% (15)	100% (7)	100% (10)	88% (8)	86% (7)	85% (13)	93% (61)
13.	Was policy followed regarding Limited English Proficiency clients?	N/A	N/A	100% (2)	100% (1)	N/A	N/A	100% (3)

Standards for Licensing

The Division of Licensed Resources completes home studies for licensed and unlicensed caregivers for children in out-of-home care. In 2011, all home studies were centralized under DLR. This centralization allows for the completion of a single unified home study, and ensures consistent application of standards for assessment. The DLR home study process allows for rapid placement of a child with a person known to them, (relative or suitable other person), while supporting consistent standards for child safety and well-being.

Minimal licensing standards are established in the Washington Administrative Code for all licensed foster homes, whether they are being licensed for a general population, or a specific child. The department uses the same unified home study tool for all home studies. Home studies are reviewed and approved by licensing supervisors prior to a license being issued. CA has established a standard process for all families being licensed by the state and those being certified by a private agency. There is a single licensing process that includes interviews, written narrative, and reference checks, including contact with all adult children of the applicant. In addition, prospective foster parents must complete required training prior to license finalization.

General licensing requirements for foster homes include:

- Applicant 21 or over
- TB testing
- Background clearance
- CPR training
- First Aid training
- HIV/AIDS training
- Approved home study/family home inspection
- Completion of caregiver core training

Once licensed, caregivers are required to be relicensed every three years. The process to be relicensed includes a home visit, renewal assessment, updated background checks, and verification of required in-service training. The licensor also collaborates with the family to develop an individualized training plan for the next licensing period. In addition, DLR completes unannounced health and safety visits with 10% of state licensed homes annually as required by Washington State law. In 2014, DLR established a “DLR Realignment” that created a different organizational structure. Families first being licensed or assessed are assigned a caseworker in the Assessment section. If the family is being licensed, this Assessment caseworker continues to provide support to the family post-licensure. There is another section of DLR, called the Safety and Monitoring section. Safety and Monitoring caseworkers complete DLR CPS investigations and licensing investigations in licensed care, as well as health and safety reviews and renewals. The family maintains their original Assessment caseworker to provide technical assistance and support, but there is a secondary check and balance on the placement resource at time of renewal, health and safety monitoring and investigations by Safety and Monitoring staff.

Licensed caregivers are required to complete 36 hours of in-service training during the first three-year licensing period, 30 hours during the second three-year licensing period, and 24 hours in all subsequent three-year licensing periods. Beginning in January 2015, caregivers are required to choose one cultural course from a list of competencies to be completed during their first two licensing periods. Foster parents caring for infants must discuss safe sleeping arrangements with their home study caseworker. Safe sleep and the period of PURPLE crying is also trained as part of the foster parent Caregiver Core (pre-service) training.

All home study staff attend a specialized home study track week training, using curriculum developed and standardized by DLR. Private agency staff, including tribal staff are invited to attend on a space available basis. The track week ensures a consistent message on best practice for home studies statewide, both public and private. Training evaluations have been very positive for this training week.

Again, adherence to licensing standards are reviewed by the licensing supervisors prior to approval of a home study, and the QA home study review also addresses compliance.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Washington State must adhere to the federal standards found in the Adoption and Safe Families Act of 1997 when reviewing an individual's criminal, negative action, and child welfare history prior to contracting with, licensing of, placing a child in, or authorizing any individual to have unsupervised access to children. State law and department policy require CA to assess an individual's character, competence and suitability prior to authorizing an individual to have unsupervised access to a child. This assessment must determine if placement is in a child's best interest and review the criminal and negative action histories as they relate to child safety,

permanence or well-being. CA staff must not contract with, license, place a child, or authorize unsupervised access to a child if:

- an individual has a permanent disqualifying crime;
- an individual has a five year disqualifying crime and it has been less than five years from date of conviction; or
- an individual has a crime or negative action that may relate directly to child safety, permanence or well-being.

CA may conduct an internal administrative review of crimes or negative actions that are not disqualifying or relate directly to child safety, permanence or well-being, but the department is not required to assess a parent or when the court orders a placement of a child. CA staff must notify the court of any issues that relate directly to child safety, permanence, or well-being revealed in a criminal, child welfare history check, or through a character, suitability, and competence assessment.

Background checks are required for all caregivers and household members over the age of 16. FBI fingerprints are required for those over 18. CA staff is able to access the National Crime Information Center data base in emergent situations when there is not time to complete the national fingerprint-based background check prior to placement with relatives or suitable others. Caregivers are required to complete the FBI fingerprinting process. Background checks completed for unlicensed caregivers can be used by DLR in the licensing process if the child remains in the home and the caregiver chooses to become licensed.

DLR has a standardized process for reviewing and tracking administrative approvals. In addition, reviews for character, competence and suitability may include criminal history, child abuse and neglect history from Washington and other states and negative actions. Information regarding background check reviews and decisions are documented in FamLink under each applicant's person management page.

DLR has initiated a Quality Assurance Review after the implementation of the Unified Home Study. Sixty home study records are identified from the total number of home studies (licensed and unlicensed) during a six month period under review. This sample is randomized and stratified as to geographic regions. Three DLR staff not involved in any of the home studies, review the home studies selected based on a standard set of questions. After each individual score, the three-person team reaches consensus on overall scoring on each item.

One of the questions used in the QA review is the following: *"Were background checks completed for all persons age 16 and older listed as household member on the Family Home Study Application and referenced in the home study?"* The teams are all provided technical guidance that background checks for youth age 16 and 17 must include a FamLink records check and a background check conducted by the department. Adults age 18 and older must have these checks, as well as an FBI fingerprint check and an out-of-state child abuse registry check if the person has lived outside the state in the preceding five years. This item was rated at 75% statewide compliance in 2014 and 90% compliance in 2015.

The QA review also assesses whether administrative approvals for criminal history were properly processed according to policy. Compliance was rated at 83% in 2014 and 81% in 2015.

In April 2016, CA began consolidating its background check processes to a centralized unit to consistently and efficiently complete all CA's background checks for the purposes of adoption, contracting, licensure, placement and unsupervised access to a child. This unit tracks all background check requests, makes a determination of fitness of the individual for which the purpose of the background check was requested, and documents the background check results in FamLink per policy. The background check unit will fully implement the consolidation of background check processes by July 1, 2016.

CA is also in the process of modifying FamLink to ensure all placements have completed the required background checks. The CA background check unit is also working with CA IT to develop a tracking system for this business.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Children's Administration and our contractors, (Olive Crest's Fostering Together program and Eastern Washington University (EWU) Fostering WA's program) recruit for a wide diversity of families to meet the unique needs of children who enter the foster care system in Washington. Specific populations prioritized in our recruitment are Native American, African American and Hispanic families. It is difficult to assess how we are doing at this time. While the number of licensed homes decreased over the last calendar year, the number of inquiries has increased over the last year. This may indicate the systemic challenges of moving families from inquiry to licensure. The process requires coordination of efforts between CA, DLR, the Alliance and the Recruitment, Retention and Support contractors. In the past CA required a quarterly diversity report from the contractors detailing efforts to recruit homes that mirrored the population of children in care. CA will explore if restoring this requirement will assist in collection of data to reflect efforts.

Northwest Resource Associates operates CA's State Recruitment Information Center (SRIC "Data Tracker"). Through this system prospective foster and adoptive families enter an inquiry online or call the state's toll free recruitment line 888-KIDS-414. Each family is tracked through the system from their inquiry through their licensure. Prospective foster parents responding through the SRIC are requested to include information on their racial and ethnic backgrounds. The chart below reflects the number of inquiries to the SRIC from prospective foster families who were willing to disclose their ethnic background. This represents inquiries made between January 2016 and March 2016 and this is the first time this information has been collected. CA will continue to collect this information and compare it to placement data to determine if recruitment efforts are being focused on families who reflect the diversity and unique needs of children coming into care. The contract will be amended to require contractors to report on the status of families capturing those who dropped out and the reasons to those who become licensed.

Ethnicity 2016

Regions RegionName

Ethnicities Ethnicity	Out of State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Spanish Speakers
African American	1	10	5	14	43	67	28	
Asian / Pacific Islander	1	5	2	13	33	24	17	
Caucasian	4	202	144	243	270	252	367	
Latino/Hispanic		27	43	31	38	26	32	9
Middle Eastern		1		2	3	5	4	
Native American		10	3	5	21	12	26	
Not Specified	1	193	76	209	160	131	157	

Number of Records

Data Source: Children's Administration, State Recruitment Information Center (Data system), 1st quarterly report 2016

Recruitment efforts of the contractors are partnered with the local Recruitment Development and Support Teams who review demographic and placement data on children in care and children coming into care, together with data on licensed foster families to identify recruitment efforts needed within their specific areas. Targeted recruitment efforts for the populations identified are detailed in the diligent recruitment plan. The positive impact from recruitment efforts are not typically seen for three months or more given the amount of time it takes to get licensed and the difficulty in pinpointing which effort led the family to decide to become licensed.

The use of Recruitment Development and Support teams as a recruitment strategy was re-energized with the new contracts that allowed for more localized efforts. The recruitment and retention program manager has been working with regions on reestablishing their Recruitment Development and Support teams, creating charters, setting goals, using placement data and developing a CQI process. Current Recruitment Development and Support efforts:

- Moses Lake Recruitment Development and Support team discusses *racial diversity and inclusion and it is an identified area of focus. They have bilingual Spanish speaking caseworkers who attend and a caseworker who is a pastor at a Hispanic Church where they are able to host recruitment events. They identified their growing Russian/Ukrainian population as another target population for recruitment efforts.*
- The recruiter for the Kalispel tribe is part of the Recruitment Development and Support in Pend Oreille County which is by the Canadian Border. CA is combining recruitment, training and events whenever they can with the goal of increasing the number of licensed Native American families.
- The Stevens/Ferry County Recruitment Development and Support team is discussing with Fostering WA a targeted recruitment specifically for more Native homes and have an ICW specialist who is also part of the team.
- Seattle Recruitment Development and Support teams include the Olive Crest liaisons that focus on the recruitment of African American, Native and Hispanic families through community events and presentation for church groups amongst other things. Casey Family

Programs staff along with a number of CA staff and foster parents with diverse backgrounds also participates in the Recruitment Development and Support meeting to give input on recruiting for diversity and inclusion.

Chart 1 represents a duplicated count of children by racial and ethnic backgrounds that entered out-of-home care in calendar year 2015 and were placed into a licensed foster home.

Chart 2 represents an unduplicated count of newly licensed foster homes or foster homes that had a break in service by racial and ethnic backgrounds. The goal is to have at least one home available for each child or sibling set coming into care that would represent their racial and ethnic background in addition to being able to meet other needs. The charts illustrate how CA has not met that goal over the last calendar year.

Chart 1.	
Children Entered Out-of-Home Care and Placed in Licensed Foster Home in Calendar Year 2015	
by Racial and Ethnic Background	
(Duplicated Count)	
Multi Race Ethnicity	Number of Children Placed
Asian/Pacific Islander	64
Black	214
Hispanic	336
Multiracial - Black	228
Multiracial - Native American	178
Multiracial - Other	49
Native American	110
White/Caucasian	1,346
Unknown	52
Total	2,577

Data Source: Children's Administration, FamLink Data Warehouse; DCFS Youth <18 Removed during calendar year 2015 by Race/Ethnicity

Chart 2.
Newly Licensed Foster Homes in Calendar Year 2015
by Racial and Ethnic Background
 (Unduplicated Count)

Multi Race Ethnicity	Foster Home/Receiving Home
Asian	39
American Indian/Alaskan Native	50
Black	63
Hispanic	106
Native Hawaiian/Other Pacific Islander	24
White/Caucasian	1,016
Declined/Refused to disclose race/could not disclose due to abandonment	52
Total	1,350

Data Source: Children’s Administration, FamLink; Count of providers with new foster home licenses (provider had no prior license or there had been a break in service) with new foster home applications received during calendar year 2015.

Washington Adoption Resource Exchange is managed by NWAEE and accessible to Washington State families with an approved home study. The priority of placement for a child is in his or her own community, then in his or her own region, then in his or her own state. Children are registered with Washington Adoption Resource Exchange initially to promote placement within Washington. Children are also registered with NWAEE which is an exchange consisting of Alaska, Washington, Oregon and Idaho children. This exchange targets families in the Northwest for children from the Northwest. Children are also registered on AdoptUSKids which is a national registry. NWAEE provides a Specialized Recruitment Program that focuses on children that are harder to place based on behavioral, emotional or medical special needs. The majority of children on all the Exchanges are over age 12. From July 2015 to June 2016, the exchanges served 362 children and served 24 children in the Specialized Recruitment Program. Of the Specialized Recruitment Program children, 70.1% have either been placed during the program year or are on hold pending a placement. CA has also to keep in mind the component of the Multiethnic Placement Act that prohibits the delaying or refusal of a placement base on race, color or national origin when determining a child’s forever home.

	Washington Adoption Resource Exchange (which includes NWAE)	Specialized Recruitment Program
Number of Children Served	362	24
Female	38.7%	50%
Male	61%	50%
Transgender	0.3%	0%
12 or Older	58.3%	58.3%
Minority	36%	37.5%

Data Source: NWAE; July 2015 to June 2016.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

CA follows the Interstate Compact for Placement of Children when placing children in another state or receiving children from another state. Washington State policy requires children requiring Interstate Compact on the Placement of Children in an out-of-state placement must be placed in a safe and suitable environment, and with persons or facilities meeting qualifications of the state where the child is located, to provide for the care of the child. ICPC must be followed when a child is placed across state lines in the following situations:

- a. Relatives or foster care placements for public child welfare agencies.
- b. Parent placement unless the court has found the parent to be fit and the placement with the parent is in the child's best interest as determined by the court.
- c. Adoption, including public child welfare agency and private independent adoptions.
- d. Group Care or Residential placements, public child agency and private parent placements.

The ICPC program is managed from CA Headquarters. The ICPC unit provides guidance and support to field staff in all matters related to ICPC. The DLR staff complete ICPC relative, foster licensing and adoptive home studies utilizing the Unified Home Study. Division of Children and Family Services staff are assigned to complete the ICPC parent home studies and provide courtesy supervision.

Prior to 2014, Washington did not have a specific home study to assess parents when another state's child welfare agency holds jurisdiction and is considering reunification with a parent that resides in Washington. In 2014, an ICPC parent home study was developed by the Washington ICPC unit with input and feedback from a statewide workgroup. The home study was piloted in several offices prior to statewide implementation and guidebook in February 2015. Field staff and supervisors that complete ICPC parent home studies received training. The parent home

study includes the six gathering questions used in the safety assessment to align Children's Administration current practice.

In 2014, University of Washington was granted the training contract and the format for training staff changed. The changes in training eliminated the in-person ICPC training that was provided to all field staff upon employment with the Department. ICPC is a specialized topic and to better meet the needs of staff, an ICPC e-learning was developed in 2014 and made available in 2015. This learning format is accessible to staff at all times. The e-learning provides a general overview of the ICPC process for both incoming and outgoing requests and placement process. The E-learning also provides training for staff that provide courtesy supervision. ICPC staff is available to train in-person as needed and continue to provide training on ICPC related topics for the Department of Licensing Resources and adoption specialty training tracks.

Forty-two percent, 42% (442 of 1061) of all home study requests Washington receives from another state to facilitate foster or adoptive care placements were completed within 60 days during the state fiscal year 2015. ICPC data is not currently available by region; only at the state level.

For requests from other states (incoming requests), the ICPC unit works with DLR staff to complete the unified home study process. There are many factors contributing to delays in meeting the 60 day timelines including:

- The background check process
- Relatives' ability to meet and complete minimum licensing standards, including required training and medical exams

The ICPC office works closely with DLR supervisors to provide a preliminary report or letter to the sending state if a home study cannot be completed within 60 days. This report provides an update to the sending state informing the state of the steps Washington has taken to engage the family in the home study process, first impressions and what is outstanding in the home study process.

General ICPC data for calendar years 2014 and 2015:

Calendar Year 2014			Calendar Year 2015		
ICPC Requests and Placements			ICPC Requests and Placements		
	Requests	Placements		Requests	Placements
Incoming	853	148	Incoming	848	176
Outgoing	794	240	Outgoing	813	300
TOTAL	1,651	392	TOTAL	1,811	626

In 2010, the Department of Social and Health Services expanded the current ICPC Border Agreement (2010) with the Oregon Department of Human Services. The Washington/Oregon Border Agreement allows for expedited placement of children in care to improve placement stability with caregivers the child already knows. The border agreement with Oregon reduces the time it takes for Washington to get children into safe placements with families they know that reside in a different jurisdiction. The initial agreement covered the areas around the

Portland Metropolitan area, specifically Clark and Cowlitz counties in Washington and Clackamas, Multnomah and Washington counties in Oregon.

The implementation of the border agreement to additional counties will continue through 2016-2018. Thus far, Benton, Columbia, Franklin, and Walla Walla counties have been added in Washington, and Morrow and Umatilla counties have been added in Oregon. In calendar year 2015, Washington sent ten (10) requests utilizing the border agreement to Oregon, of which two (2) were approved and the children were placed. For the same year, Oregon sent twenty-two (22) requests to Washington and eight (8) children were placed. The border agreements scope is limited but is another option for field staff to safely place children across jurisdictions very quickly.

Continued focus on identification of relative resources, including out-of-state relatives, supports and requires the use of cross jurisdictional resources. In addition, Children's Administration utilizes a number of programs and agencies to facilitate adoptions and permanent homes for children including:

- Northwest Resource Associates
- Families Like Ours
- Adopt U.S. Kids
- Washington Adoption Resource Exchange
- Specialized Adoption Recruitment

Washington's ability to use these types of agencies and to contract with licensed private agencies to complete home studies and provide post-placement supervision increases the use of cross-jurisdictional resources. The homes that are identified in another state must be approved through the ICPC process but the home study is already completed removing one of the primary delays in the ICPC process.

Given the parameters of cross-jurisdictional resources and programs, Washington asserts this systemic factor is routinely functioning in Washington.

Section III – Plan for Improvement

Overview

The improvement goals and action steps for the 2016-2017 review period will result in improved outcomes for children and families served by CA. Over the course of the past year, CA has made a number of changes that will support these ongoing improvements which include:

- Transitioning to the use of the Online Monitoring System and the Central Case Review Team reviewing cases according to the federal OSRI standards.
- Development of a safety and risk training which is offered in all regions in addition can be provided on request to local offices and new caseworkers.
- Update to the Parent Child Visit plan which will allow for a more efficient documentation process for caseworkers.
- Changes to CA's background clearance policy to allow for more timely placements with relatives and kin.
- Initial rollout of mobile technology for CA caseworkers and caregivers.
- Implementation of the Apple Health Core Connections program which is a management care medical program for children in out-of-home care.

These objectives inform the ongoing identification, development and implementation of system and practice improvements.

At the center of CA practice and practice improvements is child safety and engagement with families. Strengthening partnerships with parents, children and youth, families, caregivers, tribes, courts, and providers is critical to developing a more effective child welfare system in Washington. Although the improvement goals and action steps are separated into categories of safety, permanency, well-being and Indian Child Welfare, the impact on families and children will be more integrated. For example, increasing engagement with children, parents and caregivers will support improved safety, increased ability to identify appropriate resources, and as a result, timely permanency. Improved ability to accurately assess safety will result in better plans to address the family's needs, fewer children entering out-of-home care, children exiting care too quickly and ultimately fewer families entering the system.

Over the next year areas of focus include:

- Development of additional mobile application to allow caseworkers to make placement requests and to make placement referrals to fiduciary staff from the field.
- CA and the Alliance collaborating on redesigning the Regional Core Training for new caseworker staff to include an increased focus on assessing, planning and monitoring child safety throughout the life of a case.
- Improving timely permanency and decreasing length of stay through all permanent plans for children in out-of-home care.
- Establishing a workgroup to validate and correct guardianship data in FamLink which will allow validation of guardianship data.

- Development of new reports, with the assistance of CA's Data Unit, regarding sibling placement and maintaining relationships between parent and child.
- Distribution of quarterly reports to management, regional leadership, and program managers from office reviews conducted by the Central Case Review Team utilizing the OSRI.
- Increasing activities to improve engagement with and between CA staff, families, caregivers, providers, tribes and communities.
- Building on the improvements that have already occurred in the two years of the 2015-2019 CFSP review period, CA will primarily focus on the following goals:
 - Successfully maintaining CPS FAR in the offices in which it is already implemented.
 - Improving Safety practice across all programs.
 - Improving permanency outcomes for the children in the system.
- To accomplish the above goals, CA will use the following action items:
 - Strengthening training resources.
 - Developing data reports and resources to support accurate assessment of performance, practice and areas of improvement.
 - Continued implementation of existing activities including CQI teams at the headquarters and local levels.
 - Assessing processes to assure that they support and accurately reflect practice expectations.

It is anticipated that improvements in these areas will result in improved outcomes for children and families. As these action items are completed, additional improvement goals and activities more narrowly focused on specific areas of practice will be developed and processes for ongoing assessment of performance and improvements will be developed.

Updates to Action Plan

Greyed out lines indicate the action item has been completed. Completed action items remain on the plan for improvement to show what work on been completed during the 2015-2019 CFSP reporting period.

Text that has been struck out indicates the item have been retired and will be removed from the plan for improvement after one year.

Safety Action Plan

Areas of Focus for Next Review Period (2016-2017)

- Strengthen understanding and utilization of the SDM® Risk Assessment tool.
- CSF targeted case reviews or other assessments to identify areas of strength, improvement and determine the impact of CSF changes and updates.
- Strengthen CA caseworkers' skill in assessing and addressing safety threats and risks across all programs.
- Strengthen resources and skills to address safety threats and risks for children ages birth to three.
- Improve data reports to provide summary and detail level data that will include age, race/ethnicity, geographic location and other critical information.
- Improve use of tools and clinical assessment to determine appropriate services for children and families.
- Strengthen Missing from Care policy related to debriefing interviews of youth returning from a run to identify youth who are at risk or are sexually exploited and to identify appropriate services.
- Implementation of Safety Boot Camp for CA caseworkers across program areas with a focus on the dynamics of child abuse and neglect and the fundamentals of assessing child safety.
- Statewide case reviews to identify areas of strength and improvement related to the gathering sufficient information to assess child safety, safety planning, services provided to families to prevent placement and ongoing assessment of child safety.
- Strengthen Regional Core Training for new staff with an enhanced focus on child safety.

Safety Action Plan

2017 APSR Safety Action Planning Summary, Updated April 2016

Purpose: Improve child safety throughout the life of a case.

Goal 1: Develop and implement tools and resources to support staff assessment of child safety.					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Create a practice guide for CPS investigators and CPS FAR caseworkers that includes practice competencies, critical thinking processes, policies and laws related to child safety.	Guide is available and disseminated to staff		09/30/16 09/30/15	A draft version has been available since April 2015. Changes and clarification to policies have slowed finalization of the guide. Workload Reduction Task Force made recommendations to combine the Investigative Assessment and the Family Assessment Response Family Assessment into one assessment/document. This work is currently in process.	
Development and implementation of statewide Safety Boot Camp training that focuses on the fundamentals of assessing child safety, dynamics of child abuse and neglect from a medical perspective, the importance of critical thinking and lessons learned. This training will be offered to all staff, including CPS, FVS, FRS and CFWS staff to increase knowledge of child abuse or neglect.	Ongoing development of staff skills related to assessing child safety.	4/18/16	12/30/16	Training is in development and implementation started in April 2016	

Safety Action Plan

2017 APSR Safety Action Planning Summary, Updated April 2016

Goal 1: Develop and implement tools and resources to support staff assessment of child safety.					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Alliance coaches will participate in the statewide Safety Boot Camp trainings to further develop safety assessment knowledge and skills.	100% of Alliance Coaches will participate in Safety Boot Camp training.	4/18/16	12/30/16		
Update Regional Core Training for new staff to develop an enhanced focus on child safety.	Development of skills related to assessing child safety for new staff.		7/1/2016	Updating RCT curriculum is in process and will be completed by 7/1/2016.	
In conjunction with the Alliance for Child Welfare Excellence, develop and implement additional safety training modules focused on CFWS and Adoptions	Training modules completed. Expectations regarding training completion issued		12/30/16	Training is in development.	
During statewide case review, the use of the Child Safety Framework will be evaluated related to gathering sufficient information to assess child safety, safety planning, services provided to families	Ongoing review of assessment of child safety.		Biennial Reviews	Case reviews occur in each office statewide every two years.	

Safety Action Plan

2017 APSR Safety Action Planning Summary, Updated April 2016

Goal 1: Develop and implement tools and resources to support staff assessment of child safety.					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
to prevent placement and ongoing assessment of child safety.					
Review the permanency training curriculum for integration of safety assessment principles	Training reviewed. Safety Assessment principles integrated		09/30/15		11/2014
Create and disseminate FTDM specific CSF tip sheets for meeting facilitators	Sheets will be available electronically and disseminated to FTDM facilitators.		09/30/15		6/2015
Create and disseminate permanency planning CSF tip sheets for permanency planning staffing facilitators.	Sheets will be available electronically and distributed to staffing facilitators.		09/30/15		6/2015
Update CA intranet program sites to include tools and resources for safety assessment	Tools and resources will be available on program sites.		09/30/15	Completed	08/15
Identify, develop and train region and office level CSF experts for field technical assistance and support. Establish plan for ensuring	Field level CSF experts will be trained. Plan will be developed.	06/30/15	12/31/16	Action item was not implemented due to CA moving in a different direction for training related to assessing child safety and continued	

Safety Action Plan

2017 APSR Safety Action Planning Summary, Updated April 2016

Goal 1: Develop and implement tools and resources to support staff assessment of child safety.					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
ongoing availability of field subject matter experts.				work with the Alliance for Child Welfare Excellence on training curriculum. Updated begin and target dates. Dates to align with work being done by the work group focused on the CSF.	
Alliance coaches will participate in the training for development of CSF experts	100% of Alliance Coaches will participate in CSF training.	06/30/15	12/31/16	Action item not implemented due to change in training plan. Updated target date to align with work being done by the work group focused on the CSF.	
Complete Child Safety Framework targeted case review annually to assess safety practice across all programs	CSF case reviews completed, results and recommendations completed and disseminated to leadership for review and action.		Fall 2015	Action item not implemented due to CA conducting ongoing case reviews where use of CSF is evaluated. No need identified for targeted review at this time. Item to be amended. CSF workgroup is developing an assessment and monitoring tool that will be used in conjunction with pre and post assessment of CSF training.	
Review and update Child Safety Framework CQI plan based on results of CSF targeted case review	Plan updated to reflect outcomes, new/updated action items.		01/16 and annually	Action item not implemented as targeted review did not occur. Pending hiring of CPS PM to continue this work.	

Safety Action Plan

2017 APSR Safety Action Planning Summary, Updated April 2016

Goal 2: Increase caseworkers ability to identify and facilitate family engagement with services to address safety threats					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Validate the SDM® risk assessment tool.	Validation complete. Recommendations available.			Pending management decision.	
Make adjustments to SDM® risk assessment tool implementation/training, etc. based on the outcome of the validation.	Action plans to address recommendations developed and implemented.			Pending management decision.	
Complete a qualitative review of a sample of cases with recurrence of abuse.	Review completed, outcome data available to develop action plan.	11/11/14	09/30/15	Preliminary review completed. This will be incorporated into the case review process as we prepare for the CFSR.	
Provide updated SDM® Risk Assessment training to new staff through Regional Core Training and existing staff through e-learning.	95% of required staff will complete the e-learning.		12/31/14	Training currently provided as part of regional core training. Need management approval for messaging, Alliance data on completion of training to date. In person training has also been developed and is pending. All three regions have utilized Quality Practice Specialist to work with staff on the application of the SDM®.	12/31/2014
Implement training for staff re: linking services to safety assessment/safety threats and risks.	95% of required staff will complete the training.		9/30/15	CFWS In-service training was developed that includes writing behavior specific service plans related to safety concerns. Supervising for Permanency curriculum also includes this topic.	11/2015 and on-going

Permanency Action Plan

Areas of Focus for Next Review Period (2016- 2017)

- Increase timely filing of termination petitions, identification of compelling reasons.
- Improve data reports to provide summary and detail level data that will include age, race, ethnicity, geographic location and other critical information related to permanency measures.
- Continue to strengthen integration of CSF throughout the life of a case to not only increase safety of the child but impact timely permanency
- Improve use of Shared Planning Meetings and documentation of these meetings.
- Continue improving CA caseworker's understanding and implementation of concurrent planning for all children in out-of-home care.
- Continue recruitment and retention of caregivers that can appropriately care for the children entering out-of-home care.
- Continue to increase the identification of relatives for placement and support for families.
- Increase supports for relative caregivers.
- Continued emphasis on the importance of consistent parent child visitation for timely permanency.
- Create a report to measure sibling placement that reflects not only the initial placement but if placement together occurred at some point during the dependency action.
- Continue improving CA caseworker's understanding and implementation of permanency from day one.

Permanency Action Plan

2017 APSR Permanency Action Planning Summary, Updated April 2016

Purpose: Increase the completion of timely permanent plans for children and youth.

Goal 1: Strengthen statewide infrastructure to support permanency					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Statewide permanency CQI team formed including external stakeholders. Develops and finalizes permanency CQI plan	CQI plan completed implementation in process CQI Plans are ongoing	5/2015	Complete	Team members include: Administrative Office of the Courts, Court Improvement Training Academy, Office of Public Defense, Attorney General’s Office, Children’s Representation Program, Court Appointed Special Advocates, Casey, Tribes and Disproportionality lead. First meeting of external stakeholders occurred 5/20/15 and continues. The group meets in-person on a quarterly basis with conference calls in between. Charter developed. Ongoing meeting have been occurring since 5/20/15.	Ongoing
Develop/identify key permanency data measures for ongoing progress and performance review. Include ability to breakdown by race/ethnicity in all measures.	List of measures, reports and reporting frequency will be available and provided	09/30/14	10/31/14	Data discussed and disseminated at CFWS/Permanency Leads meetings. Data is a standing agenda item for all meetings. (see above) Additionally, statewide QA/CQI team reviews permanency data monthly in preparation for CFSR.	September 2014 and ongoing
Develop a team with statewide representation	Meetings will be scheduled and occur monthly – primarily in person	07/01/14	Meetings start by 09/30/14	Meetings began in September 2014 and continued through June 2015. Upon hire of a new Permanency Program Manager and	

Permanency Action Plan

2017 APSR Permanency Action Planning Summary, Updated April 2016

Goal 1: Strengthen statewide infrastructure to support permanency					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
that will meet to focus on permanency issues				regional identification of Permanency Leads, the meetings will be restarted as early as June 2016. Meetings will occur monthly.	
Review and revise Permanency Action/CQI Plan	Progress evaluated and updated plans are completed and available for review.		06/30/15 and annually	In Process	
A workgroup will be established to validate and correct all guardianship data in FamLink legal tab	To improve the accuracy of guardianship data	7/1/16	12/31/17	In planning stage	
Ongoing CSF training	To address safety process within permanency planning	7/1/16	12/31/17	In planning stage	
Develop strategies to strengthen the integration of the CSF into permanency work with a focus on how the framework can positively impact timely permanency	The CSF is integrated into permanency work that impacts permanency timely.	7/1/16	12/31/17	In planning stage	
Permanency training curriculum developed in partnership with the Alliance	Completed curriculum		12/31/14	Training began in November 2014 and is ongoing.	Complete and ongoing

Permanency Action Plan

2017 APSR Permanency Action Planning Summary, Updated April 2016

Goal 1: Strengthen statewide infrastructure to support permanency					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
for Child Welfare Excellence and available for implementation.					
Specific office focused concurrent permanency planning trainings along with Shared Planning Meeting training to be offered in order to meet the more specific needs for each office.	Curriculum being developed. Training being scheduled to begin in Clark County July 2015.		07/15	Complete	04/23/15 and ongoing
Develop curriculum on Shared Planning policy and facilitation of meetings.	Complete curriculum and implement the training.	7/2016	12/2017		

Goal 2: Termination petitions will be filed/compelling reasons documented timely 90% of the time by June 30, 2017					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Provide standard report reflecting performance with data available at the region/office level using case review data, data from the	Standardized report reflecting status will be available. Baseline data will be established		09/30/15	In Process. Provide data at CFWS/Permanency leads meetings and to the regional QA leads	Completed and ongoing

Permanency Action Plan

2017 APSR Permanency Action Planning Summary, Updated April 2016

Goal 2: Termination petitions will be filed/compelling reasons documented timely 90% of the time by June 30, 2017					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Administrative Office of the Courts and FamLink.					
Regional representatives on the permanency team will identify regional and local office practice and jurisdictional barriers to timely filing using a standardized process	Report clarifying issues to be addressed on a statewide basis vs. local jurisdiction	9/30/14 10/01/14	01/31/15	Target date updated. CFWS/Permanency leads will begin meeting again as early as June 2016.	Ongoing
Utilize new federal OSRI for case review Conduct statewide permanency targeted case review	Review practice strengths and challenges are identified. Completion of review.		01/16 09/15; annually there after	Working with the case review team and statewide QA/CQI team to identify areas of strength and areas needing support. The first review using the instrument was 1/11/16 and so far 7 offices have been reviewed with OSRI.	1/2016 and ongoing
Review Permanency curriculum for inclusion of timeframes, definitions of compelling reasons and documentation process	Training will accurately reflect requirements and expectations		12/31/14	Training began in November 2014 and is ongoing.	Complete and ongoing
Concurrent planning/lessons learned training presented at Children's Justice Conference			05/16	Training for May 2015 was completed. Request for another training for next year has been submitted.	

Well-Being Action Plan

Areas of Focus for Next Review Period (2016- 2017)

- Implement a managed health care program for children and youth in out-of-home placement. The managed care plan will provide health and mental health care oversight and coordination.
- Psychotropic medication reviews will be provided within AHCC program under their Psychotropic Medications Utilization Review program for children and youth of all ages. The Foster Well-Bell Program has been providing care coordination and medication reviews for the birth to six population. This process will be migrated to the new AHCC program by the end of 2016.
- Collaborate with AHCC to increase awareness of the informed consent process for youth who are prescribed a psychotropic medication.
- Trainings are being developed help caseworkers understand the content of various assessments to include the CHET report so they make appropriate educational referrals and take action to assure education needs are met by the child’s team.
- Throughout the year, provide reminders to caseworkers about the importance of addressing education needs of the child during health and safety visits via “Practice Tips” pop-ups which display daily upon logon. These reminders will continue to be generated in 2017.
- Implementation of state legislation that will allow for improved information sharing between CA, the Office of the Superintendent for Public Instruction and the Washington Student Achievement Council.
- AHCC has responsibility for communicating with CA caseworkers and foster parents and caregivers to ensure access to and coordination of services to meet the physical and behavioral health care needs of the child.
 - Work with the AHCC Behavioral Health Care team to aid children, youth, parents, caregivers and CA caseworkers to navigate Medicaid funded behavioral health services and improve coordination between AHCC, Behavioral Health Organizations (formerly known as Regional Support Networks) and CA in meeting behavioral health needs of the children and youth served by CA.
- Collaborate with AHCC to develop and implement training for parents and caregivers on the importance of their involvement in the child/youth’s behavioral health treatment and how they can be involved in the treatment.
- Continue to rely on expertise of Psychological Services Advisory Team (a CA internal advisory team consisting of CA caseworkers, supervisors, HQ program staff and a consulting psychologist) to provide guidance, advice and oversight to reassure that CA specific contracted behavioral health services are operated under standard criteria and guidelines that match the national best practices to ensure high-quality behavioral health services are provided to CA children and families.

- Collaborate with and support Health Care Authority (HCA), Behavioral Health Administration (BHA), families, youth and other system partners to fully implement Washington State’s Wraparound with Intensive Services (WISe) program. WISe provides comprehensive behavioral health services and supports to youth with complex behavioral health needs and their families in their communities. Between November 1, 2015 and April 1, 2016, there were 133 CA involved children who used the WISe program. This number is expected to grow as the WISe capacity increases until the statewide full implementation in June 2018.
- Throughout the year, provide reminders to CA caseworkers about the importance of addressing behavioral health needs of the child at health and safety visits via “Practice Tips” pop-ups which display daily upon logon. These reminders will continue to be generated in 2016.
- Continue to provide “Mental Health Critical Aspect to Permanency and Well-Being” in-service mental health training to educate CA caseworkers on the value of addressing behavioral health needs.
- Continue to provide “Things I Wish My Therapist Knew – A Child Welfare Training for Mental Health Therapists” to community mental health providers and agencies statewide to increase understanding of the child welfare system within the mental health provider community.
- Provide reminders to foster parents and caregivers via the Caregiver Connection newsletter and the Foster Parent Listserv regarding the importance of addressing the behavioral health needs of children placed in their home.
- Continue to increase CA caseworker’s awareness of the Ongoing Mental Health program screening reports uploaded in FamLink in order to address the behavioral health needs of the child by making appropriate behavioral health referrals.

Well-Being Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Purpose: Increase engagement with children, parents and caregivers

Goal 1: Increase the percentage of CFWS cases with two parents identified in FamLink by 50%					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Establish data baseline for CFWS cases with identified parents.	Accurate data baseline will be established with information at the state, region, office and unit levels. Distribute the report to the CFWS/Permanency and QA leads		06/30/15	Information can be obtained from SSR01; data in this report is validated. Need baseline report only. Reports can be pulled for comparison.	
Identify resources available statewide to staff for parent search.	Parent search resources will be identified		01/31/15	Guidelines for Reasonable Efforts To Locate Children and/or Parents (DSHS 02-607) revised.	Completed 12/14
Establish and document clear processes for accessing parent search resources	Written procedures developed		01/31/15	Guidelines for Reasonable Efforts To Locate Children and/or Parents (DSHS 02-607)	Completed 12/14
Review and update protocol for locating absent parents	Update protocol		01/31/15	Guidelines for Reasonable Efforts To Locate Children and/or Parents (DSHS 02-607) revised and posted on CA intranet. Communication with the field completed.	Completed 12/14
Disseminate updated guidance and expectations to staff regarding identification, location and documentation of efforts	Guidance distributed		01/31/15	Guidelines for Reasonable Efforts To Locate Children and/or Parents (DSHS 02-607) revised and posted on CA intranet. Communication with the field completed.	Completed 12/14

Well-Being Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 1: Increase the percentage of CFWS cases with two parents identified in FamLink by 50%					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
regarding absent parents.					
Validate CA caseworker-Parent visit report	Report will accurately reflect documented CA caseworker-parent visits. Increase the number of cases with both parents identified		9/30/15 9/30/16	In process with statewide QA/CQI team	
Update data report and disseminate to staff. Provide report with drill down capacity to regions semi-annually.	Data report updated and provided semi annually		06/30/15		N/A

Goal 2: Streamline shared planning meeting continuum					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Review meetings report change request; ensure it accurately captures and reflects data needed for practice improvements	Change request is updated to accurately reflect data needed to support practice		12/31/15 6/2017	In Process	
Complete a lean problem solving process to improve	Process completed.		03/31/15	Completed 4/15.	04/15

Well-Being Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 2: Streamline shared planning meeting continuum					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
the quality of shared planning meetings				Recommendations are in review.	Ongoing
Develop shared planning meeting improvement plan for implementation and integration into CA 5 year plan based on outcome of lean problem solving process (A3).	Improvement and implementation plan developed.		06/30/15	Completed 4/15. Recommendations are in review.	04/15 Ongoing
Validate CA caseworker-parent visit report	Report will accurately reflect properly documented CA caseworker-parent visits		09/30/15	In Process	N/A

Goal 3: Increase the frequency and improve the quality of shared planning meetings					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Utilize data to develop a quarterly report reflecting contact with/participation by parents in shared planning meetings. and monthly CA caseworker-parent visits	To increase the frequency and consistency of shared planning meetings.		09/30/15	These items are all part of the process to improve shared planning. Shared planning A-3 completed 4/2015. Recommendations are in review. Some of the regional QA leads use data to help track shared planning meetings and alert staff about upcoming or overdue meetings.	Ongoing

Well-Being Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 3: Increase the frequency and improve the quality of shared planning meetings					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Add Education and child development information to the FTDM agenda	Agenda and introduction revised; documentation of information confirmed in review of FTDM data review		11/30/14	These items are all part of the process to improve shared planning.	N/A
Incorporate standard use of skype/phone conferencing for distant parents. Explore mobile computing options.	Standard guidance regarding options and how/when to use will be developed and disseminated		12/31/15	Shared planning A3 completed 4/2015. Recommendations are in review.	N/A
Create and submit FamLink change request to enhance data collection including: <ul style="list-style-type: none"> • Youth participation • Both parent participation • Primary and alternate plans 	Change request submitted		09/30/15	These items are all part of the process to improve shared planning. Shared planning A-3 completed 4/2015. Recommendations are in review.	N/A

Goal 4: Improve engagement with fathers					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Review and update guidance regarding paternity testing. Collaborate with community	Website will be updated		06/30/16	Coordinate with work being done by courts.	

Well-Being Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 4: Improve engagement with fathers					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
partners to streamline the process.					
Review Permanency Planning training module for fatherhood information	Curriculum reviewed.		08/31/14	Permanency Program Manager has been identified as the fatherhood/parent lead.	Completed
Update the Father's Matter intranet site to include fatherhood activities statewide and contact information	Website will be updated		09/30/14 and ongoing	Permanency Program Manager has been identified as the lead.	Completed
Review regional core and in-service training curriculum for engagement information regarding fathers. Explore updates to curriculum with the Alliance for Child Welfare Excellence if needed.			12/31/14	Complete	Complete
Maintain a centralized list accessible to office and region staff reflecting current activities	Website will be updated		09/30/15 and ongoing	In-Process	N/A

Indian Child Welfare (ICW) Action Plan

Areas of Focus for Next Review Period (2016- 2017)

Specific activities the state will focus on to improve or maintain compliance with each of the five major requirements of the Indian Child Welfare Act include:

- 2015 ICW Case Review Regional Action Plan Development
 - CA in partnership with tribes will develop action plans at the local regional/office level to improve case timeliness and outcomes for Indian children and the plans to positively impact caseworker practice and understanding of when ICWA applies.
 - Deeper analysis of the ICW Case Review results will be conducted to understand the differences between prior year results and inform possible changes in practice and policy.
- Training for Regional Staff
 - CA will continue coordinating with the UW Alliance and The National Indian Child Welfare Association to implement training for all CA caseworkers. The first trainings will be completed July 2016.
 - 2016 Indian Child Welfare Summit, CA is currently in discussion with the Office of Indian Policy to explore a multi-agency supported initiative. Funds have been offered by Casey Family Programs, Rehabilitation Services, Administrator of the Courts and the UW Alliance to support a summit which will provide training to state and tribal workers, including tribal judges and attorneys.
- Complete updates to the ICW policy and procedure manual.

Indian Child Welfare (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Purpose: Increase compliance with ICWA and assure the safety and well-being needs of Indian Children are met.

Goal 1: Increase identification of native children					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Data cleanup on initial inquiry report.	Monthly status reports will show a decrease in the number of errors.	8/1/14	12/31/14 07/31/19	<p><u>2016 Update:</u> Staff are currently doing ongoing monitoring of the data at a regional level. And improvements to the FamLink system. Data clean-up activities are on hold pending FamLink changes to ICW, which are in process and will minimize further errors being generated. Planned implementation is in late May 2016 and early June 2016 with a potential release later in 2016. FamLink changes will address many known input errors. Once all changes have been implemented, program staff will determine next steps.</p> <p><u>2015 Update:</u> Region 1 was at 85% in December 2014 and has improved in both these categories by 22% and is currently at 63%.</p> <p>Region 2 was at 23.5% in December 2014 and has improved in both these categories by 7.7% and is currently at 16%. They continue to have the</p>	

Indian Child Welfare (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 1: Increase identification of native children					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
				lowest overall pending and blank records requiring follow up. Region 3 was at 60% in December 2014 and has improved by 24% and is currently at 36%. This shows a statewide improvement of 14% since the assignment rolled out for clean-up.	
ICW Case Reviews	Measure compliance with ICWA (asking about ancestry, completing inquiry and improving intake notification).		2015 and 2018	<p><u>2016 Update:</u> The 2015 tool was updated and the ICW Case Review was completed</p> <p><u>2015 Update:</u> CA has revised the ICW Case review tool and will conduct the ICW Case Review in the late summer and early fall of 2015.</p>	Completed for 2015
ICW Case Review	Analyze review results, develop improvement strategies and implement	9/2016	6/2017	In process	
Centralization of inquiry letters.	Decrease in the number of pending errors and an increase in the completion of the inquiry process.	01/2014	07/31/14	The inquiry unit process approximately 700 referrals per month and 1400 initial inquiries.	08/14

Indian Child Welfare (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 1: Increase identification of native children					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Communication to staff regarding new process to complete inquiry and provide e-learning.	Data from the centralized inquiry unit will show staff use and understand the inquiry process.	07/31/14		An E-Learning has been developed in coordination with the UW Alliance and is available to staff via the Learning Management System.	Staff notified in 08/14 and 11/14.
LICWAC/ICW Conference with workshops that focus on ICW issues to help improve practice; and coordination and collaboration with Tribes.	Conference is held, & evaluation by participants identifies strengths and if the conference workshops met expectations and intent to help improve practice.		Annually October	The 2014 LICWAC/ICW Summit had 260 participants over 2.5 days. Average participant rating of the ICW workshops on a 5 point scale was 3.93. Planning is underway for the 2015 Summit.	10/14

Goal 2: Increase notification of intakes to Tribes					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Ensure staff notifies Tribes of intakes using the preferred method identified by the Tribe.	Monthly reports will track timeliness of notifications	07/15	12/31/16	<p><u>2016 Update:</u> The report will be developed upon the intake reference table change request which was submitted to CATS in 2014 being implemented.</p> <p><u>2015 Update:</u> The tracking report has not yet been developed. However, we had ongoing meetings with Tribes and CA staff to clarify the rolls and responsibilities of intake staff in</p>	

Indian Child Welfare (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 2: Increase notification of intakes to Tribes					
				notifying Tribes of an initial intake. This included revisions to a statewide Tribal contact list which is posted on the CA intranet and internet for use by CA staff.	
Preferred notification to Tribes of intakes	Update the WA State Tribes Intake & Afterhours contact information on a monthly basis.	01/01/16	12/31/16	Contact list is emailed out the last week of each month for Tribes to update and is then posted on the CA internet & intranet. There is also a link within FamLink.	
Add WA State Tribes to the intake reference table in FamLink.	Change Request submitted & completed by CATS.	01/15	06/31/15	Change request has been submitted to CATS and is waiting prioritization for FamLink release.	10/14

Goal 3: Active Efforts to engage with Native American Children and Families					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Full implementation of in-service training for caseworkers, AA's, supervisors of the revised UW Alliance ICW training.	Staff will receive training on how to engage with Native American children and families through the life of a case including intake, Native American Inquiry, family ancestry chart and engagement processes.		09/30/16	<p><u>2016 Update:</u> The contract with NICWA has been extended and there will be six statewide trainings completed by September 30, 2016. Due to the upcoming completion of revisions to the ICW policy and procedure the audience for the trainings has been expanded to include all CA staff.</p> <p><u>2015 Update:</u> The UW Alliance held a series of workgroups to revise the Regional Core</p>	

Indian Child Welfare (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 3: Active Efforts to engage with Native American Children and Families					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
				Training for CA caseworkers. This is now implemented and work has begun on a contract with NICWA to establish the following: 1. Advanced training 2. Supervisor/AA training	
Increased coordination with Administration of the Courts to implement training for the judiciary to ensure best-practices related to ICWA compliance.	The proposed Washington Tribal-State Judicial Consortium is established and curriculum development is completed.	03/14	Ongoing	Tribal court judges and state court judges met in 2013 and 2014 to discuss the potential for establishing a tribal-state court forum that will facilitate collaboration between tribal courts and state courts in Washington.	First regional meeting was held February 2015
Training evaluations by staff will be completed.	Evaluations will demonstrate staff understand and know how and when to apply ICWA and the importance for making active efforts.		Ongoing at the end of training.	<u>2015 Update:</u> Staff evaluations of the ICW regional core training have been very positive. They like the mix of e-learning and being given “field assignments” to complete prior to becoming case carrying caseworkers.	Completed
Case reviews to assess practice.	Case reviews will show an increase in performance related to ICW cases.		2015 and 2018	<u>2016 Update:</u> The 2015 tool was updated and the ICW Case Review was completed See goal 1 #4	Completed for 2015
Annual regional plans updated in accordance with Administrative policy 7.01	The 7.01 plans are submitted annually to the Assistant Secretary and a statewide		Reviewed quarterly	<u>2016 Update:</u> These are ongoing requirements per DSHS 7.01 administrative policy and will not be included in future action plan updates.	Annual updates

Indian Child Welfare (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 3: Active Efforts to engage with Native American Children and Families					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
between CA regions and Tribes to record the work of the region & identify specific activities CA and the Tribe will work on over a 12 month period.	roll-up report is submitted to the Office of Indian Policy.			<u>2015 Update:</u> The 7.01 plans have been submitted for 2014 and provided to the Office of Indian Policy. Regional staff continues to meet with Tribes on a quarterly basis.	are required

Disproportionality Action Plan

Areas of Focus for Next Review Period (2016- 2017)

- In June 2016 WSRDAC sponsored a retreat that included the committee, community and CA staff working directly on disproportionality.
- The attendees participated in small group discussions to narrow down recommendations from prior retreats, identify potential impacts to decision points, and suggest potential strategies for implementation.
- During the 2016-2017 review period, the committee will review results from the small groups and recommend strategies for implementation with higher potential for impact. This work will be reflected in the 2018 APSR action plan update.

Disproportionality (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Purpose: Decrease racial disproportionality and racial disparities in the child welfare system

Goal 1: Improve the quality, availability and use of data regarding racial disproportionality and racial disparities					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
The Disproportionality CQI team will perform a quarterly review of CQI objectives, goals and action planning for key performance outcomes to ensure they include race and ethnicity data.	Plans for improvement and outcome reports will incorporate reference data regarding race/ethnicity.	9/1/14	9/1/18	<p><u>Update 2016:</u> In order to streamline and integrate efforts to address disproportionality, the work is being incorporated into the work of the state and region QA/CQI processes.</p> <p><u>Update 2015:</u> The team was meeting quarterly with facilitation by the Disproportionality Program Manager.</p>	
Data reports will be available and used for presentations and dialogues with community partners, interest groups and policy makers.	A trend report within the interactive spreadsheets that can be accessed by staff at all levels will be established. Presentations and handouts will include data and information regarding racial disproportionality and racial disparities.	12/1/14	12/1/17	<p><u>Update 2016:</u> The data report is not currently available as a self-service product. An annual report is available. Due to the small change in performance over time, a quarterly view is not value added but semi-annual reports may be an option if needed.</p> <p><u>Update 2015:</u> The CA data unit maintains a report for racial disproportionality at placement, which is where we believe disproportionality is occurring in CA. Field staff cannot access this report directly. Future data reports need to include data for the goals in this action plan.</p>	

Disproportionality (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 1: Improve the quality, availability and use of data regarding racial disproportionality and racial disparities					
Data reports for key measures and indicators will include race/ethnicity detail at the state, region and local office levels.	Reports will be produced, disseminated quarterly and accessible to staff at all levels of the organization.	9/1/14	12/1/14	Reports that are updated or created have the disproportionality race codes included as a standard feature. Racial disproportionality reports are currently produced annually.	12/1/14

Goal 2: Decrease length of stay for Hispanic, Native American and African American children					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
				<p>Redundant- addressed in Goal 1</p> <p><u>Update 2016:</u> At this time analysis is occurring to assess the true cause of disproportionality within CA. Disparities appear to be occurring in the calls we get and then at the placement decision. We will have more information regarding this issue next fall when the data is run for the annual disproportionality legislative report.</p>	

Disproportionality (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 3: CA will establish racially equitable practices					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
CA leadership and staff will participate in prejudice reduction training.	100% of existing staff will complete training. A process to ensure new staffs receive training will be established.	8/1/14	8/1/16	<u>Update 2016:</u> Discussion about culture and disproportionality is being integrated into Regional Core Training. A day-long training, “Racial Microaggressions: Developing Cross Cultural Communication Skills”, is provided by a contracted provider, and will be offered twice in each region during the current fiscal year.	
CA will implement the Racial Equity tool in the development, analysis and implementation of new policies.	Training will be developed and provided and an implementation schedule for the tool will be established.	1/1/15	9/1/2019	<u>Update 2016:</u> The Program and Policy Division has implemented the tool for use in the development of new policies. CA will continue to assess the usefulness of the tool.	
Statewide disproportionality CQI team will be formed including existing stakeholders. The team will, implement, update and monitor the approved disproportionality CQI action plan.	CQI plan completed implementation in process.	1/1/15	1/1/19	<u>Update 2016:</u> Teams that included regional disproportionality leads and the assigned HQ program manager were formed. Currently, disproportionality efforts are being integrated into state and regional QA/CQI work. The regional disproportionality leads continue to provide focus on disproportionality efforts.	

Disproportionality (ICW) Action Plan

2017 APSR Well-Being Action Planning Summary, Updated April 2016

Goal 4: CA will engage, educate and collaborate with tribes and community around efforts to eliminate disproportionality					
Action Item	Intended Outcome	Begin Date	Target Due Date	Status	Date Action Completed
Regions will develop a community collaboration project in a targeted area to address overrepresentation of children of color.	Developed projects will show community involvement as well as feedback for improvement around the action identified in Goal 2.	1/1/15	1/1/17	<p><u>Update 2016:</u> Further analysis has shifted our thinking around actions and resources that will directly impact disproportionality. The updated data available Fall 2016 will help inform potential projects.</p> <p><u>Update 2015:</u> This goal is to be refined. It is part of the Racial Equity Strategic Plan to Eliminate Disproportionality which was approved November 2014.</p>	

Section IV – Service Description

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1) Contracted Services

The services detailed below are supported by title IV-B, subpart 1 funding.

- *Crisis Family Intervention (CFI)* – CFI is a brief, voluntary service directed to preserve, strengthen and reconcile families or caregivers in conflict.
 - CFI is available to families and youth (ages 12 to 18) involved with CA when:
 - There is conflict between youth and caregiver, or
 - The caregiver requests support with an at-risk youth.
 - CFI is available statewide.
 - CA estimates CFI will be provided to 350 families in fiscal year 2017.
- *Early Intervention Program (EIP)* – EIP is a home visiting nurse program. Nurses provide assessments, education/counseling, care management and linkage into community programs for identified concerns.
 - EIP is available to families and children (birth to six years old) involved with CA where there are child health concerns.
 - EIP is available in the following counties:

Island	Jefferson	King	Mason	Okanogan
Pacific	Pierce	Spokane	Stevens	Whatcom

- CA estimates EIP will be provided to 1,340 families in fiscal year 2017.
- *Foster Care Support Goods/Services* – Concrete goods or services needed to support safe, stable placement or help maintain placement in foster care. Examples include bedding/furniture, car seats, safety locks.
 - This resource is available to all licensed and unlicensed caregivers throughout the state who are providing care to children placed by CA.
 - CA estimates reimbursements for foster care goods/services will be made on 5,300 cases in fiscal year 2017.
- *Evaluations and Treatment* – Evaluations and treatment are contracted services provided by CA when no other evaluation or treatment service is available. CA uses these services to assess and address mental health and behavioral needs to support improved safety, stability and permanency.
 - Evaluation and Treatment is provided to:
 - Evaluate and support child well-being towards permanency
 - Improve parental capacity for parents to provide safe care for their children.
 - Evaluation and Treatment is available statewide
 - CA has transitioned to a single managed care organization for the health care of children in foster care. The managed care organization, Apple Health Core Connections (AHCC), also provides care coordination for foster children. Every child in out-of-home

placement is eligible for care coordination through AHCC. We anticipate that care coordination will increase access to counseling services provided through Medicaid and reduce counseling purchased directly by CA. The size of this shift is not possible to estimate.

Children's Administration Workforce

- *Child Protective Services (CPS) and Child Protective Services Family Assessment Response (CPS FAR)*
 - CPS social service specialists provide family services throughout WA to reduce risk to children and to maintain them in their own homes. Ongoing CPS includes direct treatment, coordination and development of community services, legal intervention and case monitoring. CPS includes both investigations and FAR.
- *Child and Family Welfare Services (CFWS)*
 - When children have been placed into the custody of CA through a court order, CFWS social service specialists work with the families and children to reunify the children or to find other permanent families for them.
- *Family Voluntary Services (FVS)*
 - Supports families on a voluntary basis following a CPS investigation. Services with families are designed to help prevent chronic or serious problems which interfere with their ability to protect or parent their children. This program serves families where the children can safely remain home while the family engages in services through a Voluntary Service Agreement or for children who are temporarily placed in an out-of-home care through a Voluntary Placement Agreement.
- *Family Reconciliation Services (FRS)*
 - Supports families on a voluntary basis to address issues of family conflict. Time-limited services are provided to families with adolescents where there are no allegations of abuse or neglect.
- *Division of Licensed Resources (DLR)*
 - Licenses foster homes and investigates alleged violations of licensing standards by licensed providers as well as allegations of abuse or neglect by licensed providers. DLR staff also conducts home studies for licensed, non-licensed, and adoptive homes.
- *Social Service Specialist Supervisor*
 - Supervisors provide supervision, consultation, planning, accountability and tracking processes to ensure Social Service Specialists meet all casework management directives as required by law, policy or other mandates. Our ideal candidate will be highly organized, self-motivated and able to work independently.

Promoting Safe and Stable Families Program (title IV-B, subpart 2)

These services are available across the state and for any family who meets the service criteria and are supported by title IV-B subpart 2 funding.

Family Preservation – 30 percent of IV-B Subpart 2 funding

- PCIT is offered in the family home or outpatient setting and consists of live coaching in which parents are coached by the therapist through an earpiece while the therapist observes their interactions.
- FPS is offered in the family home and is designed to reinforce the strengths of the family to safely maintain children in their own homes and prevent the out-of-home placement of a child.

Time Limited Family Reunification/Family Support - 20 percent of IV-B Subpart 2 funding

- Counseling Services provides counseling, therapy or treatment services, using Evidence-Based, Promising Practice, or recognized therapeutic techniques, to assist in amelioration or adjustment of mental, emotional or behavior problems that impact child safety and stability.
- FPS is offered in the family home and is designed to reinforce the strengths of the family to safely maintain children in their own homes and prevent the out-of-home placement of a child.

Adoption Promotion Supports and Services – 20 percent of IV-B Subpart 2 funding

- Medical and dental coverage is provided to every adopted child in Washington.
- Non recurring costs up to \$1,500 are available to families to offset adoption related expenses.
- Pre-authorized counseling services are available and follow the program requirements.
- A monthly cash payment may be provided for those who qualify.

In addition to the services listed above, post adoption families have equal access to services provided by CA.

Community-Based Family Support – 20 percent of IV-B Subpart 2 funding

- Contracted providers in communities throughout Washington State provide Parent Education and Support.

Chafee Foster Care Independence Program (CFCIP)

State agency overseeing the CFCIP programs

The Washington state Department of Social and Health Services, CA, administers, supervises and oversees the Title IV-E program and the Chafee Foster Care Independence Program (CFCIP). The two Chafee funded programs, Independent Living (IL) and Educational and Training Vouchers (ETV) are part of an array of services available to youth transitioning from state foster care.

IL Program

Washington State is divided into six regions for purposes of the IL Program. Each region has an IL Coordinator that supports and monitors eligibility, financial records and program compliance. The coordinator is responsible for establishing IL program contracts with local providers. CA currently serves approximately 2,039 youth and young adults (not including Tribal youth) in the contracted IL program. Washington participates in national evaluations on the impacts of the programs in achieving the purposes of CFCIP.

IL Eligibility

To be eligible for the IL Program, youth must be:

- at least 15 years old;
- under the age of 21; and
- in foster care in an open dependency action through CA or a tribal child welfare agency for at least 30 days after their 15th birthday.

Once youth are determined eligible, they remain eligible until age 21 even if they have achieved permanence (such as adoption, kinship guardianship and return home).

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/her home state the youth is eligible for services in Washington. CA contacts the IL lead in the child's home state to determine eligibility status.

IL Service Provision

There are 12 contracted IL providers and 21 Tribal IL providers the provide support and IL services to eligible youth across Washington State. Most of the state has contracted IL services although there are a few remote areas where services are limited and the local CA office provides IL services.

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

CA and IL providers recognize that youth engagement in IL services relies heavily on establishing relationships that can bring about trust. IL providers develop relationships with their youth, meeting with them frequently during the month. Youth prefer to meet one-on-one with the provider. IL providers also hold workshops focused on specific skill sets.

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

Participation in contracted IL services is voluntary for youth. If a youth declines services the CA caseworker is responsible for ensuring they receive IL skills, complete the Casey Life Skills Assessment and develop a Learning Plan. The CA caseworker and foster parent must provide opportunities for the youth to practice life skills in the home or within the community. The CA caseworker is responsible for documenting services pertaining to the National Youth in Transition Database elements that were provided to the youth by the CA caseworker and foster parent in FamLink.

IL Services

Casey Life Skills Assessment (CLSA)

CA uses the nationally recognized web-based CLSA tool provided by Casey Family Programs. The tool assesses various life domains and calculates a score based on the youth's answer to the assessment questions. CLSA reports are developed from the score, identifying the youth's greatest strengths and challenges. The assessment is administered annually to youth participating in the program and is used to develop a learning plan to address their individual needs.

- Youth ages 15 – 16 receive training on a variety of skills including life skills and educational services.
- Youth ages 16 – 18 receive training on a variety of skills including life skills, educational services and transition planning.
- Young adults ages 18 – 20 receive training on a variety of skills including life skills, education supports and services, housing assistance and employment supports and services.

Transitional Living Services (TLS)

The IL Program delivers TLS to current and former foster youth ages 18 to 21 through contracts with community service providers and tribes. Most youth remain with the same IL case manager if the youth was participating in IL services prior to turning age 18.

Funding is available to eligible youth ages 18 to 21 on an individual basis for housing and incidental expenses. Funding can be provided to youth to assist with a variety of needs and is related to their independent living goals.

“Room and Board” is defined as assistance provided to current and former foster youth from age 18 to 21 in the form of payment for rent, utilities, deposits and housing costs. Room and board or housing costs are budgeted and tracked separately by CA to ensure that no more than 30% of the state's Chafee IL funds are used for this purpose. In fiscal year 2014, CA spent 4% of the CFCIP grant on room and board assistance.

TLS case managers help youth locate affordable housing, negotiate leases and make rent and utility payments. Housing assistance is available for youth who are employed, seeking employment, or enrolled in an educational or vocational program. Youth who are participating in the extended foster care program are eligible to receive help with housing

costs. If a contracted service agency is not readily available, youth may still apply for transition funds for housing through a CA office.

A review of program expenditures revealed that CA utilization of funds for room and board or housing costs was low. In August 2015, CA amended the IL contracts to allow youth participating in EFC who have been approved for or are residing in a Supervised Independent Living situation to request and receive financial assistance towards housing costs. CA had previously limited the 30% spending cap of the TL funds of the contracted providers. It is now our understanding the total grant award is included in the total when calculating the 30%. CA will be revising the upcoming year's IL contracts and will not include a housing cap on the TL funds.

Responsible Living Skills Program (RLSP)

The RLSP program provides dependent youth, ages 14 to 18 in the custody of the state or tribe who are not returning to their families, and who have been unsuccessful in traditional foster care with long-term housing, assessment and life skills training to youth to help transition to adulthood. This program has 32 beds statewide. In Region 2N, Cocoon House has an RLSP placement for youth who are pregnant or a parenting mother.

Extended Foster Care Program

In 2011, the Washington state legislature created the legal foundation for youth to remain in care voluntarily after their 18th birthday if they qualify for the program and elect to participate. This legislative action supports the federal Fostering Connections Act of 2008 and allows Washington to claim federal Title IV-E funding to support these youth in placement.

To be eligible for EFC, a youth on his/her 18th birthday must be dependent, in foster care 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
- A documented medical condition (effective July 1, 2016)

Youth can transition between categories and placement settings can vary to include supervised independent living settings while remaining eligible for the program. Youth in EFC receive the same case management services and supports as youth under the age of 18 in out-of-home care.

Extended Title IV-E Assistance

EFC was created in Washington to allow the state to claim IV-E reimbursement for this population. FamLink includes an EFC eligibility page in that captures detailed demographic information on youth who are participating in the program.

Extended Foster Care Data as of May 2016		
AGE	NUMBERS	PERCENTAGE
18	244	45%
19	176	33%
20	121	22%
Total	541	100%
PLACEMENT TYPE		
Supervised Independent Living	296	55%
Foster Care Settings	245	45%
NUMBER OF YOUTH THAT EXITED IN 2015		
18	62	48%
19	29	23%
20	16	13%
21	21	16%
Total	128	100%
ETHNICITY		
White/Caucasian	249	46%
Native American	49	9%
Black	63	12%
Multiracial	77	14%
Hispanic	86	16%
Asian/Pacific Islander	17	3%
REGION		
1 North	66	12%
1 South	70	13%
2 North	66	12%
2 South	151	28%
3 North	71	13%
3 South	115	21%

Data Source: Children's Administration, FamLink; Extended Foster Care

CA supports youth’s educational goals by allowing foster parents to maintain a bed for youth residing on a college campus while school is in session so the youth has a place to return to during school breaks. Youth have scholarships and access to IL services to support ongoing educational goals. Youth are also able to reside in supervised independent living settings to support being closer to educational services.

2015 Summary of Updates and Progress	
Activity	Status
Make It Happen is a three-day event for foster youth who will be high school juniors, seniors or incoming college freshman to visit a college campus and experience life as a student on a college campus. This provides learning opportunities on how to apply for college, the financial aid process and how to navigate a college campus, including dorm living and cafeteria dining.	Annual event 85 Foster youth participated in 2015
Camp to Belong Washington is a collaborative effort and partnership with Foster Family Connections, CA and Camp to Belong NW. The event reunites siblings who are placed in separate foster homes and other out-of-home care settings and offers fun activities, emotional empowerment and much needed sibling connections.	Camp was held in August 2015 and continues to be held annually
The Foster Club All-Star Program provides youth development opportunities by building leadership skills, providing public speaking experiences, advocacy skills and development of professional proficiencies through intensive training. The sponsored All-Star will serve a one-year term and will complete a 7-week internship to build leadership skills.	In May 2015 Washington State interviewed and selected one youth to represent WA state as a Foster Club All-star.
IL providers continue to prepare and mentor foster youth ages 15 to 18 to complete high school or a High School Equivalency Exam program and enter post-secondary education programs.	Ongoing
The Supplemental Educational Transition Planning (SETuP) program provides foster youth age 14-18 with educational planning, information, links to other services/programs and coordination with high school counselors to ensure youth have an educational transition plan.	Ongoing The program served approximately 250 foster youth between the ages of 15 and 18 annually.
The CA IL Program Manager provides assistance and training to CA caseworkers and IL Providers on how to administer and use the online Casey Life Skills Assessment (CLSA) tool.	The CLSA has a free online training that is accessible to the public. The CA IL Program Manager refers staff and contracted

2015 Summary of Updates and Progress	
Activity	Status
	providers to Casylifeskills.org to complete the training.
Transitional Living Services (TLS)	Washington State provided services to 1,161 Transitional Living youth.
Responsible Living Skills Program (RLSP) - Washington state has thirty-two beds for foster care or "street youth" who are unable to sustain placements in a traditional foster home setting.	Ongoing
Foster Youth and Alumni Leadership Summit Foster youth and alumni come together from across the state and provide presentations on key "issues" of the foster care system and request reform and system change. This function grows every year. The Washington state Supreme Court Commission on Children in Foster Care is able to hear directly from the youth about their experiences in care.	Annually; 50 youth participated in August 2015.
CA Foster Youth and Alumni Advisory Board: Passion to Action Retreat The advisory board meets over the summer to discuss the previous year's goals and progress and develops plans for the new year. Elections of new officers occur at the retreat.	August 2015. Elections have not occurred. No youth applied for the positions. The group is learning leadership skills, how to conduct meetings and practicing leading activities in hopes to spark interest in applying for positions in the future.
Updated the Foster Childhood Activities to incorporate Prudent Parent Standards.	Completed
Normalcy workgroup created "Know before you say No" Myth Busters and posted on the foster parent website and newsletter.	Completed

2015 Summary of Updates and Progress	
Activity	Status
Provide funding to support extracurricular activities through Chafee funds beginning at age 15.	Ongoing
Partner with other funding sources within the communities to support childhood activities.	Ongoing

Eight Purpose Areas

1. Assist youth in transition from dependency to self-sufficiency

Planned Activities for Next Review Period (2016-2017)	
Activity	Frequency
Convene Foster Youth and Alumni Leadership Summit	Annually
Convene Passion to Action Day Retreat	Annually
Make it Happen College Experience	Annually
Camp to Belong Washington is a collaborative effort and partnership with Foster Family Connections, CA and Camp to Belong NW. The event reunites siblings who are placed apart in a week-long camp designed to provide siblings valuable time together, allowing youth to maintain sibling relationships.	Annually in August
The Foster Club All-Star Program provides youth development opportunities by building leadership skills, providing public speaking experiences, advocacy skills and development of professional proficiencies through intensive training. The sponsored All-Star serves a one year term and will complete a 7 week internship to build leadership skills.	Annual selection in May
Regional Activities –	
Region 1 North – Annual Real World Conference	Spring
Region 1 South – Graduation Celebration, Annual Real World Conference	June
Region 2 North - Annual Graduation Dinner and Summer Event for Youth	Summer
Region 2 South- Annual Independent Living Conference, Passages Event	April
Region 3 North- Annual Graduation Celebration and College Push trainings	April, May, June

Planned Activities for Next Review Period (2016-2017)

Activity	Frequency
Region 3 South- Graduation Celebrations, Independent Living Conference, Career Fair	May and June

2. Help youth receive the education, training and services necessary to obtain employment

Planned Activities for Next Review Period (2016-2017)

Activity	Frequency
<p>Employment Services - Contracted IL program staff incorporate employment modules and workshops into their day-to-day work with youth and link youth to existing community resources. IL providers provide employment services all year and specifically coincide with the summer and holiday hiring, school breaks and near the end of the school year. Youth receive:</p> <ul style="list-style-type: none"> • Coaching on activities related to employment readiness, interviewing, resume writing and appropriate dress • Assistance gaining and retaining employment • Assistance obtaining or securing items needed to gain or maintain employment, such as, a social security card, dress attire and transportation (if possible) • Assistance using community employment resources to gain employment • Information on how to enroll in available Workforce Investment Act youth programs or to register with the Employment Security One Stop Career Centers (if available) 	Ongoing

3. Help youth prepare for and enter post-secondary training and educational institutions

Planned Activities for Next Review Period (2016-2017)

Activity	Frequency
Governors' Scholarship.	Annually
Collaborate with the Passport to College Promise Program.	Ongoing
CA, in partnership with the College Success Foundation and the Washington Student Achievement Council (WSAC) Passport summits in April/May	Ongoing
IL providers continue to prepare and mentor foster youth ages 15 to 18 to complete high school or a GED program and enter post-secondary education programs.	Ongoing

Planned Activities for Next Review Period (2016-2017)

Activity	Frequency
The Supplemental Educational Transition Planning (SETuP) program provides foster youth age 14-18 with educational planning, information, links to other services/programs and coordination with high school counselors to ensure youth have an educational transition plan.	Ongoing. This program will transfer to the Washington State Student Achievement Council (WSAC) effective June 6, 2016.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults
- Contracted IL providers, SETuP providers, foster parents and community service providers' link youth with dedicated adults as the youth transitions out of care.
 - The required 17.5 year old staffing helps youth identify important adults in their life who can support them through their transition from foster care and beyond into adulthood.
 - Foster parents connect youth with peer mentoring programs in local communities.

Planned Activities for Next Review Period (2016-2017)

Activity	Frequency
CA partners with Washington Mentors which matches youth with adult mentors through the Big Brothers and Big Sisters program.	Ongoing
Contracted IL providers use Foster Club's Permanency Pact Tool Kit to assist in identifying significant adults the youth can trust and count on as a lifelong support person.	Ongoing
CA holds a yearly event called "We Are Family" at a Seattle Mariners game to celebrate caregivers who are important to our youth we serve. Members of Passion to Action present on what their connected and caring adult did for them while they were in foster care and beyond.	Yearly
Passion to Action Foster Youth and Alumni Advisory Board provides mentoring and support from adult supporters in the group. While the adult supporters are modeling mentorship the alumni members take the role of mentoring the younger members of the board.	Ongoing

- Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

Planned Activities for Next Review Period (2016-2017)	
Activity	Frequency
Expand EFC as required by legislation. All five categories will be implemented July 2016.	Completed - effective July 2016
Expand the IL provider's contract to allow more Chafee funding for "housing costs" for youth	Ongoing
WA state provides Transitional Living skills for youth up to age 21. The youth may self-refer to an IL provider.	Ongoing

- Make vouchers for education and training, including post-secondary education and available to youth who have aged out of foster care.

Planned Activities for Next Review Period (2016-2017)	
Activity	Frequency
See ETV Section below.	

- Provide Services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

2016 Planned Activities	
Activity	Frequency
Once a youth is determined eligible for IL services, they remain eligible regardless of their permanent plan. The youth is also eligible for TLS between 18-21 years of age.	Ongoing

- Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities.

Planned Activities for Next Review Period (2016-2017)	
Activity	Frequency
Use Shared Planning Meetings and Health and Safety visits to identify youth's interests in extracurricular activities	Ongoing
Provide funding to support independent living activities through Chafee funds	Ongoing
Collaborate with Community partners to support youth interests in extracurricular childhood activities	Ongoing
Explore feasibility of directly paying the Department of Licensing for Washington State identification cards for youth in out-of-home care.	December 2016

Planned Activities for Next Review Period (2016-2017)	
Activity	Frequency
Update policy for foster parents consent to youth participation in drivers education	July 2016
IL providers hold enriched activities and community events for youth who are involved in the IL program. IL providers will address the unique needs of LGTBQ and pregnant/parenting populations and ensure that activities are inclusive to all.	Ongoing
Update IL contracts to incorporate language that contractors will support or affirm the sexual orientation and gender identities of youth served by the IL program.	October 1, 2016

Describe policies or practices in place to support or affirm the sexual orientation and gender identities of youth served by the program. This includes ensuring that venues hosting activities or events, providers and other individuals working with youth are affirming of their sexual orientation and gender identity

Currently there are no policies and practices in place to support or affirm the sexual orientation and gender identities of youth served by the program. CA will be updating the IL contracts to include the appropriate language to support and affirm LGTBQ youth. Please refer to page 175-176 section: “Describe any policies or practices in place to train foster parents, adoptive parents, workers in group homes and case managers to support and affirm LGBTQ youth and/or address the unique issues confronting LGBTQ youth “for planned activities to strengthen practice for this unique population.

National Youth in Transition Database (NYTD)

CA has had successful submissions meeting all the reporting requirements since NYTD has been implemented. CA will continue to maintain successful submissions, analyze the process, make appropriate changes to collect data and provide the services needed to transition youth to adulthood.

CA continues to use the Quality Assurance Plan to increase awareness and priority of NYTD and the work we do for youth transitioning to adulthood from the foster care system. CA has been successful due to capturing and cleaning up NYTD error reports prior to submission.

The Quality Assurance Plan includes:

- CATS provides the IL program manager a quarterly list of names that are missing NYTD components such as highest grade completed, if the youth is an adjudicated delinquent and tribal affiliation.
- The IL program manager sends the list to the regional IL leads for clean-up

This plan captures NYTD errors, educates staff about the requirements of NYTD, and provides the opportunity to clean-up or eliminate errors. Each successive list has produced fewer names and errors as caseworkers and providers have made improvements in inputting the information

on an ongoing basis rather than leaving the areas blank. The IL program manager is teaming with the ICW Inquiry unit (NAIR) to resolve tribal pending status. The IL program manager provides a list of pending names to the ICW Inquiry unit and if the documentation of tribal status has been received the unit updates the ICW status.

As part of the ongoing effort to improve programs and service to transitioning youth, our survey team through DSHS Research and Data Analysis Unit added two qualitative experience questions to the survey of the 19 year olds this year. The first question asked “What is needed to become independent?” and the second “What is one thing you want caseworkers to know?” The answers will be prepared and provided to the IL Program Manager. We plan to continue to ask quantitative experience questions tailored to the age being surveyed.

Reporting Data

CA has an MOU with DSHS Research and Data Analysis Unit to review the data collected from NYTD and identify trends, challenges and strengths of the services we provide for youth and young adults aging out of the foster care system. DSHS Research and Data Analysis Unit provides in-depth and thorough reports. CA works with Passion to Action and Mockingbird youth to assist with translating the report into a “youth friendly” document to meet the needs of a broad audience. The reports are published and made available to community stakeholders, youth, legislative partners, tribal partners (through IPAC meeting) and are available on [DSHS’s Research and Data Analysis Unit RDA’s internet page](#) and on CA intranet and the foster youth website, www.independence.wa.gov. DSHS Research and Data Analysis Unit is in the final stages of releasing a report on comparing the results of the first completed cohort round. When the report is finalized CA will provide the report to stakeholders, publish in on the RDA website as well as translate to a youth friendly version and post on the foster youth’s website www.independence.wa.gov.

CA IL Program Manager uses the NYTD data as a training resource to inform staff and IL providers of the importance of identifying and addressing IL skills and services needed for our youth to become independent and documenting the work we assist with our youth. The “snap shot” gives a glimpse of the outcomes our youth are reporting and can provide insight into the areas we should be addressing for practice improvement. The “snap shot” is not readily available and requires states to request the information. When a “snap shot” is requested the NYTD data is reported and discussed at CA IL provider’s Meetings. The NYTD data was provided and was useful in the preparation of the writing of the YARH grant by our community partners.

Youth Involvement in State Agency Efforts

The statewide CA youth advisory board “Passion to Action” is used to capture youth’s point of view on all aspects of child welfare. This board consists of approximately 25 current and former foster youth from across Washington who have received services provided by CA. They provide input and recommendations regarding policy and practices. Feedback from the board aids in improving CA’s ability to effectively meet the needs of children and adolescents. The board brings a youth voice to the forefront of the work we do. Youth provide feedback to many Washington state community partners who are working with the foster care population.

CA also collaborates with The Mockingbird Society, an advocacy group of foster youth and alumni that identifies issues in the foster care system and works toward reforming and improving the lives of children and youth in the child welfare system. The Mockingbird Society

is invited to participate in workgroups and meetings to provide an external voice to CA. The Mockingbird Society is a vital stakeholder and is included in the process of reviewing Children Administration's adolescent policies.

The Mockingbird Society hosts an annual foster youth leadership summit. The youth identify areas for change and present the topics to the Supreme Court Commission for Children in Foster Care. CA partners in the event as advisors that provide child welfare expertise when the youth are preparing their topics for presentation. The Mockingbird Society advocates for youth and works closely with the IL program manager on IL services.

Involvement of the Public and Private Sectors in Helping Adolescents in Foster Care Achieve Independence

- Annual Foster Youth and Alumni Leadership Summit
- Annual Make it Happen College Experience
- Camp to Belong Washington is a collaborative effort and partnership with Foster Family Connections, CA, and Camp to Belong NW. The event reunites siblings who are placed in separate foster homes and other out-of-home care.
- Region 1 – Annual Independent Living “Real World” conference for foster youth age 15-18 to provide them with trainings and information on resources needed to help promote self-sufficiency.
- Region 2N – Annual Summer event for Youth
- Region 2S – Annual Independent Living workshops
- Region 3 – “Block Party” Thurston County IL Provider, Summer Bar-B-Q, Grays Harbor IL Conference
- Graduation Ceremony's across the state

Casey Family Programs - The Washington state CA staff are closely aligned with Casey Family Programs. They are currently working on:

- The annual Foster Youth and Alumni Leadership Summit
- Normalcy Work Group
- Annual Passport Summit

Casey Family Programs provides technical assistance to CA on permanency for foster youth.

Individual Development Accounts – Treehouse, United Way of King County and the YMCA IL Program collaborate to provide Individual Development Accounts to 83 foster youth and alumni of care in King County.

Living Interdependently for Tomorrow's Success (LIFTS), collaboration between ILS and TLS providers in Region 1 South, is funded through donations to Catholic Family and Child Services. Each contribute funds primarily for individual youth assistance, based on the youth's Ansell Casey Life Skills Assessment learning plan needs.

The Transitions Collaboration Network, chartered in 2005 by CA, Casey Family Program-Yakima, and Catholic Family and Child Services, meets periodically to discuss Federal and CA policies regarding youth who transition to adulthood from care. Inter-agency planning for upcoming activities will target housing, health care, education, and employment needs for these youth.

Participants include representatives from Education Service Districts, Economic Services Administration, Division of Vocational Rehabilitation, Developmental Disabilities Administration, and contracted Child Placing Agencies.

YMCA Young Adult Services in Region 2 South is a strong partner for CA and connects our youth to many resources that meet their transition needs. The YMCA Young Adult Service operates the young adult community resource center (The Center). The Center is the gateway to YMCA services for foster youth, foster alumni and other transitioning youth ages 15-25. The YMCA provides supportive housing, case management and referral services through its three core programs: IL Program, Transitions, and Young Adults in Transition.

- Transitions – Supportive short-term housing and services for young adults transitioning from foster care or homelessness. Includes seven houses located in neighborhoods throughout King County.
- LifeSet – Pilot project with Youth Village’s model LifeSet to provide intensive support and clinical services for youth preparing to age out of foster care and are at highest likelihood to experience homelessness.
- Next Step – Short- or long-term housing with support services and up to 18 months of financial subsidy, for young adults who are homeless or living in transitional housing.

CA utilizes the Family Search and Engagement program. The program collaborates with CA and outside resources in locating family connections for youth. Family involvement can take many forms, from becoming a caregiver to being a supportive contact. These family connections provide children with a sense of family identity and guidance that they will need to prepare them for adulthood.

The Youth Advocates Ending Homelessness (YAEH) program is a branch of Mockingbird. The IL program manager is an advisor for the Summit Leadership Council that meets quarterly. CA provides feedback to the group’s efforts in reducing homelessness among former foster youth. YAEH gives youth and young adults who have experienced homelessness a chance to speak up, tell their stories, and advocate for programs and services they think will improve the lives of young people living on the streets throughout King County. The YAEH program engages over 100 homeless or formerly homeless participants between the ages of 13 and 24 each year.

YAEH participants advocate for budget and policy change at all levels of government—from City Hall to the Halls of Congress—in the effort to end youth homelessness in King County. Special attention is paid to informing the [King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness by 2020](#).

YAEH will be integrated in the Mockingbird’s Youth Leadership Summit presenting on concerns and actions needed to prevent homelessness among former foster youth and young adults. During the preparation of their presentation CA staff will be advisors critiquing and supplying corrective feedback for the presentation materials.

CA refers and collaborates with *The Foster Teens to College Program* assists current and former foster youth, ages 16 to 23, in completing high school and GED programs and then pursuing, persisting in, and completing post-secondary education programs, including four year institutions, two-year institutions, vocational programs, certificate programs, and apprenticeship programs. Staff work one-on-one with youth to help them plot the path to their

educational goals, including help with such tasks as applying to college, identifying sources of financial aid and scholarship funds, navigating school campuses and systems, and maintaining class schedules and grades. Peer mentors who have successfully completed a semester of higher education may also be available to work one-on-one with youth to offer guidance and support from someone who has walked in their shoes.

CA refers youth for tangible services or needs to Treehouse. *Treehouse* is a private non-profit agency serving foster youth in Region 2 South by providing clothing, school supplies, funding for enrichment activities, summer camp and in-school tutoring. It offers an outreach program to foster youth in middle school and a coaching to college mentoring program to youth who are college bound.

Coordination of Services with other Federal and State Programs

Community collaboration continues to be a vital part of CA's efforts to strengthen its delivery of services to foster youth, former foster youth, and with the community as a whole. Some of these efforts include:

Homelessness Prevention

In 2011, the Washington state legislature passed a law allowing Washington to extend foster care services to youth between the ages of 18 and 21. This legislation takes advantage of the Federal Fostering Connections for Success and Increasing Adoptions Act of 2008. Youth participating in the EFC program remain dependents of the state of Washington while they complete secondary or post-secondary education programs, including vocational or technical training, and participate in programs or activities designed to promote or remove barriers to employment, including part and full time employment, and as of July 1, 2016, the criteria will expand to include youth unable to participate in any of the other activities due to a documented medical condition. Services offered to youth in EFC include case management and placement, including housing assistance and foster care reimbursement for approved and eligible youth in a supervised independent living placement.

In 2015, The Washington State Homeless Youth Act (HYPP Act, SSB 5404) created the new Office of Homeless Youth Prevention Programs (OHYPP) within the Department of Commerce. The contracts for management, oversight, guidance and direction of the Crisis Residential Centers (CRC), Street Youth and HOPE Centers were transferred from CA to OHYPP as of July 1, 2016. In 2016, new legislation increased the amount of program funding for beds and services that are linked to homeless students, further expanding the resources available for all homeless youth.

Youth are referred to community providers for housing needs. Many of Washington State's IL providers are also recipients of federal grants for transitional housing.

CA, in collaboration with the Economic Services Administration (ESA) and statewide Housing Authorities covering 16 Washington counties, came together in 2012 and signed an MOU with the shared interest of promoting housing stability among families and young adults served by both of the DSHS agencies. This collaboration continues to combine resources for families and young adults aging out of foster care who meet the criteria for the Family Unification Program as specified by the US Housing and Urban Development Administration. The MOU commits the agencies to combine efforts in providing housing assistance through a variety of programs

including: Housing Choice Vouchers (Section 8); Family Unification Program vouchers; Moving to Work Program participation; and transitional housing assistance. Since 2014, CA has maintained and updated the MOUs with the highest populated counties in Washington State: Spokane, King, Pierce, Thurston and Clark. New collaborations have also been established in Pacific and Grays Harbor Counties. In April 2016, use of FUP vouchers through the Seattle Housing Authority in King County (the most populated urban area in Washington State) was the first to reach 100%. Of the 21 counties involved in the MOU, all utilization is above 90%. Some of the smaller rural counties such as Walla Walla, Franklin, and Benton, do not have more vouchers available and have not received additional vouchers from the federal government. Utilization of the vouchers is highly dependent on housing, and there is limited housing available in King, Pierce and Clark counties. Therefore, although we have a high rate of voucher delivery, there continues to be a lack of affordable housing for youth and families

IL providers and local CA offices are working directly with local Housing Authorities to help identify safe and affordable housing options and landlords who are willing to accept Family Unification Program vouchers.

Independent Youth Housing Program (IYHP)-The Department of Commerce oversees the housing program. The IYHP provides rental assistance and case management services to eligible youth who have aged out of the foster care system. The program helps prepare youth to become independent and self-sufficient so that over time they will be less dependent on state assistance. IYHP is available in ten counties in the state. The program includes tribal dependent youth who have exited the foster care system.

CA collaborates with DSHS Economic Services Administration, the Department of Commerce and contracted providers by participating in task forces, and committees that promote ending youth homelessness including: The Youth Advocates Ending Homelessness (YAEH) program, YMCA Young Adult Services King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness, The Foster Teens to College Program, The Statewide Advisory Council on Homelessness (SACH) and the Interagency Council on Homelessness (ICH). In 2015, WA state enacted the Washington State Homeless Youth Act (HYPP Act, SSB 5404) to match the efforts of the federal Runaway and Homeless Youth Act and created the Office of Homeless Youth Prevention and Protection Programs in the state of Washington. CA works closely and with the new Office in making sure all runaway and homeless youth in the child welfare system are receiving the necessary support and services they need, and also providing the Office with guidance, referrals and contact information to aid in the prevention of homelessness among youth in Washington state.

Pregnancy Prevention

CA and IL providers are focusing on pregnant and parenting teens in foster care. CA has strengthened its policies, practices and educational materials to include a tool kit for youth that CA caseworkers and caregivers can use when working with pregnant or parenting youth. Additional focus on pregnant and parenting youth will provide consistency of practice and promote healthy pregnancies and active parent engagement. Pregnant and Parenting training is provided to staff state wide and is open to contracted providers. Each IL provider has identified a pregnant and parenting “specialist” for their program. County resource lists have been

developed and are readily available to youth. IL Providers report quarterly on the number of pregnant or parenting youth that they serve. CA partnered with Washington Department of Health to connect IL providers with the information of developing a program to help reduce teen pregnancy through the Personal Responsibility Education Program. Several providers were interested. Two IL providers applied and received a grant in 2014 that was linked to the 2010 Affordable Care Act. Personal Responsibility Education Program works to lower teen pregnancy and sexually transmitted infections among teens and prepares the youth for adulthood. The model chosen for prevention was Sexual Health and Adolescent Risk Prevention. The provider continues to provide this service for all youth in their community. Both agencies were successful and plan to train more staff and provide future classes.

Employment

CA is partnering with ESA 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:

1. Identifying employers willing to work with DSHS and our clients to offer meaningful, long-term employment opportunities, ideally building transferable skills;
2. Providing basic training and skills to meet the specific jobs available from these employers; and
3. Helping clients stay employed by providing support to resolve issues that might jeopardize job retention.

The skills provided are inclusive and many youth are learning basic life skills as well as tools to use on the job. ESA Employer Navigators will collaborate with clients and businesses. Navigators will meet with clients at or near their facilities to help resolve issues that might jeopardize their ability to stay employed. Assistance includes:

1. Supports businesses with trained, job-ready candidates;
2. Provides “on site” support by a DSHS Employer Navigator to work through issues that cause them to leave employment and end up back at our CSOs;
3. Provides additional access to CSO services; and
4. Reduces the client’s time away from work, increasing employer satisfaction because they don’t lose their employee for a long period while they seek services. Onsite Employer Navigators will be able to serve as a “Mini-CSO” and provide assistance for a variety of needs, allowing clients to get back to work more quickly.

BFET-RISE (Resources to Initiate Successful Employment) is a three year, \$22 million pilot program funded by the U.S. Department of Agriculture Food and Nutrition Service. RISE is offered in King, Pierce, Spokane and Yakima counties. The project has reached out to CA and wants to partner with the contracted IL providers. RISE provides additional services for BFET participants who face even greater barriers to finding employment. RISE participants are assigned to case managers who provide coaching, guidance in navigating the process, and referrals to other services. Participants also benefit from work-based learning opportunities. These include unsubsidized and subsidized employment, pre-apprenticeships, work-study, internships, community jobs and courses that integrate vocational and employability lessons

with on-the-job training. They also learn how to manage work and life stress, solve problems and think critically.

Medicaid

Washington State provides foster care medical benefits for eligible former foster youth up to the age 26. Youth are eligible for the program if they:

- Are currently under 26 years of age, and
- Were in foster care on their 18th birthday, under the legal responsibility of DSHS or a federally recognized tribe located within the state.

Washington State has a designated foster care medical unit focusing on foster youth who are eligible for medical coverage. Former foster youth are directed to contact the foster care medical team to confirm eligibility for their medical benefits to begin. Washington state has moved to a managed care Medicaid program. Apple Health Core Connections provides a team approach to the youth's medical care. The team supports the youth and the youth's transition to adulthood. AHCC offers a variety of services for pregnant and parenting youth and youth who are preparing to be independent. CA will continue its outreach efforts to ensure all eligible former foster youth receive foster care medical benefits up to age 26. The IL program manager receives many medical coverage questions and provides education about the program and works directly with the Foster Care Medical Team to support alumni of care in accessing medical care.

The NYTD survey team informs youth that they may be eligible for foster care medical up to age 26. The team provides the contact information for AHCC. The survey teams reports that many youth who have left foster care are unaware that medical is covered until the age of 26.

Washington State does not recognize former foster youth who have aged out of another state.

Patient Protection and Affordable Care Act

CA provides information in the transition plan for youth regarding the importance of the continuity of health care and the access to the Medicaid to 26 programs for medical coupons to purchase health care services. Other important information includes:

- Designating another individual to make health care treatment decisions on behalf of the youth if the youth does not have, or does not want, a relative who would otherwise be authorized under state law to make such decisions.
- Executing a health care power of attorney, health care proxy, or other similar document recognized under state law.

Implementation of Annual Credit Checks

In March 2012, Washington implemented the federal requirement that each youth age 16 and older receive copies of his or her consumer credit reports annually until he or she transitions from care into young adulthood. CA staff assist youth in obtaining their annual free credit report until the age of 18. If the credit report returns with any discrepancies CA will help facilitate steps to correct the report. CA is working to develop agreements with the three credit-reporting agencies. Once all three credit-reporting agencies agreements are approved,

CA will develop a centralized system for requesting credit reports to alleviate impacts to caseworker workload.

Update

In September 2015, the Annual Credit Check policy was updated to complete credit check for youth beginning at age 14. CA staff have been manually completing credit checks. It came to the attention of CA that staff were having trouble completing the credit checks. The credit bureaus required information that the youth and CA staff did not have. CA reconnected with the credit bureaus to begin the process of creating an online account. CA's attorney, Contract Unit and the CATS team reviewed the contracts from the credit bureaus and approved the plan to enter a contract. The paperwork is being completed by the Contract Unit and the IL Program Manager will be working with the CATS team to develop an implementation plan.

Trust Funds

Washington State does not have established trust funds for youth receiving IL or TL services.

Collaborations with Governmental or Other Community Entities to Promote a Safe Transition to Independence by Reducing the Risk that Youth and Young Adults in the Child Welfare System Will be Victims of Human Trafficking

In 2011 legislation was passed allowing CA to include a child who is sexually exploited in the definition of Child In Need of Services petition process. A county prosecutor is able to divert cases to CA rather than charge a youth with either prostitution or prostitution loitering if it is a first offense. Youth referred to CA through this statute will be connected with services for youth who have been sexually abused or assaulted. CA works with the Department of Commerce and the crime victims' assistance program to access necessary services for these youth. CA also requires all licensed secure and semi-secure crisis residential centers and Hope Centers to have a staff person or access to a person who is trained to work with the needs of sexually exploited children.

In 2014 federal legislation was implemented requiring states to develop policies and procedures to identify, document, and determine appropriate services for children who are at risk of being victims of sex trafficking. CA is working with ACF on an implementation plan to meet this new legislation.

Update

See Attachment A: Child Abuse Prevention and Treatment Action State Plan Update regarding implementation of CSEC policy and procedures.

Specific Training in Support of the Goals and Objectives of the State's CFCIP and to Help Foster Parents, Relative Guardians, Adoptive Parents, Workers in Group Homes, and Case Managers Understand and Address the Issues Confronting Adolescents Preparing for Independent Living

Over the next year, CA, in conjunction with the Alliance for Child Welfare Excellence, will be reviewing the continuum of training for caseworkers and caregivers including the provision and integration of training regarding adolescents and young adults.

IL Training

Planned Activities for Next Review Period (2016-2017)	
Activity	Frequency
Collaborate with the Alliance for Child Welfare Excellence to include an “adolescent suite “of trainings.	Ongoing
Develop new trainings to IL providers and CA caseworkers in the Casey Life Skills Assessment and Learning Plan.	Ongoing
Develop “Specialized” training for CA caseworkers working with adolescents pertaining to policies, adolescent development, behaviors and community resources.	Ongoing
Provide training to CA caseworkers on how to complete a Transition Plan.	Ongoing
Provide support and training on transition planning for youth beginning at age 14 through EFC.	Ongoing
Passion to Action to provide potential and current caregivers knowledge and shared experiences of what it is to be a youth in foster care. Youth emphasis the importance of providing opportunities for youth to participate in normal childhood activities.	Monthly
The Alliance for Child Welfare Excellence will team with members of Passion to Action to create a video of a youth panel that will present in Caregiver Core training when a youth panel is unavailable.	July 2016
The Alliance for Child Welfare Excellence will provide training for Caregivers and CA staff on Prudent Parenting Standards and Normalcy.	September 2016

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Training

The Alliance for Child Welfare Excellence offers a training for caseworkers and caregivers who are assisting LGBTQ youth and families of LGBTQ youth. The course is an elective and not required of foster parents or caseworkers. *Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth* is an interactive training that offers caseworkers, foster parents, adoptive parents, kinship caregivers and youth provider’s information and tools to provide LGBTQ youth with appropriate and informed care including terminology, risks and resiliency, supporting families, and practical suggestions for working with LGBTQ youth.

- The training also explores:
- Healthy sexual development in children and youth;
- Helping children and youth with development of a healthy sexual identity;
- Sexual abuse may impact the child’s behaviors;
- How to access service to assist a child who has been sexually abused;

- How to care for a child who is experiencing the behavioral, emotional and or developmental effects of sexual abuse; and
- Identify and access services/supports to best meet the needs children and youth who may be questioning their sexual identity.

Describe any policies or practices in place to train foster parents, adoptive parents, workers in group homes and case managers to support and affirm LGBTQ youth and/or address the unique issues confronting LGBTQ youth.

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

Two identified strategies are:

- To establish and fill a program manager position that will focus on racial disproportionality, LGBTQ issues, and Commercially Sexually Exploited Children (CSEC); and
- To establish a CA LGBTQ Advisory Committee

Program manager position:

The process for establishing the program manager position has been initiated and it is anticipated that the position will be filled by late September.

CA LGBTQ Advisory Committee:

To improve support for LGBTQ youth involved in the child welfare system through improved policy, practice and procedures, CA recommends establishing an LGBTQ Advisory Committee composed of external stakeholders and CA representatives.

The Committee will meet monthly with in-person meetings occurring quarterly and phone meetings occurring in the intervening months. The advisory committee will be co-facilitated by the Office Chief for Well-Being, Education and Adolescent Services and a community partner. The first meeting will be held in October 2016.

Proposed membership includes, but is not limited to: alumni of care, representative(s) of community organizations/service providers serving LGBTQ youth, Office of Civil Legal Aid, foster parent or caregiver, representatives from other government agencies/administrations such as the Department of Commerce, the Department of Health or Economic Services Administration, a physician and a behavioral health provider specializing in the care and treatment of LGBTQ youth, one CA representative per region, an Assistant Attorney General, and the CA headquarters program manager for LGBTQ issues.

The advisory committee will provide feedback, guidance, and input related to:

- Policy: Development of LGBTQ specific policies as well as other policies that may have unintended or disproportionate impacts related to sexual orientation, gender identity and/or gender expression;

- Data collection and reporting;
- Language used to refer to gender on documents/forms;
- Service array: Identification and development of services to meet LGBTQ youth needs;
- Caregiver recruitment and support: recruiting caregivers who are interested in serving youth who identify as or may be LGBTQ and identification of resources to assist them in parenting youth in a supportive and prudent manner; and
- CA staff and caregiver training: identifying training needs, reviewing curriculum, and identifying training resources

Washington State Safe and Affirming Care Pilot Project:

In 2013, the eQuality Project at the Center for Children & Youth Justice (CCYJ) began the first comprehensive research effort on the experiences of Washington’s lesbian, gay, bisexual, transgender, queer, and questioning (“LGBTQ”) youth in the child welfare and juvenile justice systems. Since that time, eQuality has gathered first-hand accounts from LGBTQ system alumni, collected the observations of system professionals and community-based service providers about their experiences working with LGBTQ youth, and conducted extensive reviews of existing research, laws, policies, and practices relevant to system-involved LGBTQ youth. This effort culminated in the report, *Listening to Their Voices: Enhancing Successful Outcomes for LGBTQ Youth in Washington State’s Child Welfare and Juvenile Justice Systems* (“LTTV”).

Overview of the project:

Through the design and piloting of the Protocol for Safe and Affirming Care (“PSAC”), eQuality will complement existing efforts to address youth homelessness by improving systems for LGBTQ youth—which will ultimately result in better outcomes for these youth. The PSAC will:

- Provide a detailed guide for youth-serving professionals in both systems to better identify, engage, and serve LGBTQ youth, and a training curriculum that will enable them to do so;
- Set forth a plan for collecting meaningful data on the needs, experiences, and outcomes of LGBTQ system-involved youth; and
- Identify the law and policy changes necessary to improve the lives of LGBTQ system-involved youth.

Tribal Participation

Tribal youth are assured access and availability of IL services across the state. Tribal youth may choose tribal IL contracted services or non-tribal providers. Once the tribal youth ages out of foster care, the tribal youth is eligible for TLS until age 21.

To date, every tribe that requested Chafee funds for their own IL program received approval for funding. Ten percent of the total IL allocation is designated for tribal contracts.

This year CA has contracts with 21 tribes. These tribes are:

Colville	Confederated Tribes of Chehalis	Cowlitz Indian Tribe
Kalispel Tribe	Lower Elwha Klallam Tribe	Lummi Nation
Makah Tribe	Nisqually Indian Tribe	Nooksack Indian Tribe

Puyallup Tribe of Indians	Quileute Tribal Council	Quinault Indian Nation
Samish Indian Nation	Sauk Suiattle Tribe	Skokomish Tribe
Snoqualmie Indian Tribe	Stillaguamish	Spokane Tribe of Indians
Tulalip Tribes	Upper Skagit Tribe	Yakima Indian Nation

Addressing “State Funded” IL Programs Versus “Direct Federally Funded” IL Programming to Tribes

There is currently one tribe in Washington State receiving direct federal funding for their IL program as a result of the Fostering Connections legislation. If the tribe’s direct federal award is less than the state award for IL programming, CA will offer that tribe a contract to make up the difference. This is offered to maintain our agreement of providing tribes with 10% of the total Chafee grant.

No state Chafee funds were awarded to the tribe that received “Direct Federally Funded” IL programming. The tribe’s direct federal award was more than the state award for IL programming.

Tribes-National Youth in Transition Database (NYTD)

CA continues to communicate with tribes about the federal NYTD requirement. This includes providing correspondence to tribes by the IL Program Manager and email reminders from the Office of Indian Policy who oversees the contract. This requirement has been incorporated into the consolidated contracts as a program component.

In Washington, all contracted tribal IL providers were given access and input capabilities to the IL page, education page in FamLink. CA continues to offer ongoing training and extensive support to both tribal and non-tribal IL providers when needed or requested. Each tribe has a designated IL program staff person who identifies youth who are eligible for IL/NYTD services and provides education to the tribe and their youth on the program.

Update

Tribes continue to struggle with turnover of staff at the service and manager levels. Many tribes do not have FamLink access or IL inputting capabilities in FamLink. The IL Program Manager continues to reach out to the tribes to provide assistance and has provided FamLink training when it has been requested. CA discovered that many tribes do not have computer operating systems that are compatible with FamLink. Washington state is not able to support the IT complications that the tribes are experiencing. CA created a hard copy form of the NYTD documentation for tribes to complete manually as an alternative process. The forms are accompanied with the quarterly reports and will be input into FamLink. The forms are made available on the Office of Indian Policy’s website. The tribes are responding positively to completing the NYTD forms and submitting them quarterly for inputting by CA. Reminders are sent out if the tribes provide the quarterly reports with NYTD documentation.

Outreach to Tribes regarding IL

Outreach to tribes regarding CFCIP programs continues on a regular basis. The IL Program Manager and/or ETV Program Manager attend the IPAC meetings to provide information on

the Chafee programs and various tribal meetings to educate tribes about IL and ETV services when requested by the tribes. CA also meets with individual tribes upon request to train on IL and ETV related topics.

Regional IL Coordinators meet regularly with the tribes to discuss IL issues and collaboration.

Update

CA requested all tribes to reapply for Tribal ILS funds for the 2016-2017 program year. The application outlined the ILS requirements and how the funds could be spent. Tribes submitted proposals of their planned activities and services for the tribe’s IL program. Currently 18 tribes have submitted applications.

Data reported from Independent Living Providers

Youth Services by *Contracted Year					
	2011 Statewide	2012 Statewide	2013 Statewide	2014 Statewide	2015 Statewide
Number Children that received Independent Living Services	970	1,198	1,334	921	891
Number Children that received Transitional Living Services	1,333	1,464	1,368	1,421	1,172
Total number of youth	2,303	2,662	2,702	2,342	2,063

*Data Source: Data from Independent Living Providers for the *contracted year (September 1st – August 31st)*

In the number of youth served the IL program has decreased from 2013 to 2015. Several factors contributing to the drop in youth served over the years include:

- CA staff turnover;
- New Regional IL leads;
- Disbandment of local office Adolescent Units;
- New CA staff without the history or a knowledge of IL;
- Staff turnover with contracted provider’s;
- Youth are declining or not engaging in IL services; and
- Changes in the way IL providers report status of active, inactive and youth exiting the IL program.

CA is working on a plan to address the decline in numbers of youth served. Some strategies CA has developed include:

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

- Revising and restructuring the adolescent policies to align with responsibilities and functions by age.
- IL Program Manager and Regional IL Program Managers will be visiting local offices and presenting IL services at staff meetings.
- Regional IL Leads will be sending reminder emails to caseworkers on how to refer youth to the IL program.
- Regional IL Leads will provide a list of eligible youth to the IL provider as an outreach effort to engage youth into participating in IL services. The RDA NYTD survey team will discuss IL/TL services with survey participants. If a youth is not engaged in services, RDA staff will inform the IL Program Manager and will direct TL youth to TL providers.

Underspend of Chafee Independent Living Grant

Federal Fiscal Year 2014

One of the challenges faced by the IL Program during federal fiscal year 2014 was the IL Program Manager was new and learning the various components and requirements of the program. An area identified early by the Program Manager was the inconsistency in the receipt of the fiscal reconciliation reports, they were being provided quarterly at best and sometimes not at all. This lack of consistent fiscal information limited the Program Manager's ability to identify and develop strategies to fully expend the funds in allowable categories, including outreach to providers to expand service availability for their contracted area.

The IL program also faced on-going challenges in the coordination with the Tribes participating in the Tribal IL program. The Tribal challenges for the IL program began in 2008 when policy was implemented allowing all Tribes to receive ILS funding regardless of having an established IL program or infrastructure to support one in place. During this time CA also agreed to dedicate 10% of the ILS Chafee Grant to the Tribal programs as an assurance there would be support for Tribal youth. In 2013, the Office of Indian Policy (OIP), within the Department of Social and Health Services, developed a consolidated contract which is governed by guidelines established in coordination with the Tribes. The dynamics of the execution and monitoring of the contract presented several challenges in the administration of the IL program. As the consolidated contract process was new, there was misunderstanding as to roles and responsibilities associated to the new contract process including oversight. As a result, completion of quarterly QERs and NYTD documentation, which is tied directly to the funding, did not occur timely.

Each year, after prior year funding has been reconciled in September, state funds are then provided to the Administrator of the consolidated contract. This money is divided and disbursed equally to the participating Tribes by the Office of Indian Policy (OIP). This process proved challenging given the receipt of final reports from the Tribes may be many months after the fact which, in turn, delayed the distribution of the subsequent year's funds to the Tribes. The delay in distribution affected the Tribes' ability to then spend their allotted funds timely. Tribes have had the option to opt out of the program due to lack of participating youth but have been reluctant to do so in fear they may not later opt back into the program should

eligible youth come into their program. A typical scenario included the Tribes accepting the IL funds and later determining they did not have youth participating in IL services but no process for returning the funds to OIP for processing back to CA. In cases where the funds were not utilized or returned by the Tribe, the next year's award was reduced by the funding level already received but not utilized. In doing so, the total award per Tribe remained the same within the consolidated contract but it did not allow for timely reallocation of the unspent funds to be re-allotted to other IL eligible program areas.

Many challenges came to light during this year of learning and understanding of the program. The plan for addressing these challenges is provided in the federal fiscal year 2015 section below.

Deobligated Funds for FFY14

The amount of unused funds for FFY 2014 is \$448,054.

Federal Fiscal Year 2015

Many of the challenges experienced in spending the federal fiscal year 2014 award continued into federal fiscal year 2015. Another misinterpretation found during federal fiscal year 2015 spending was the IL grant housing rule that states no more than 30% of the total grant can be spent on IL youth housing costs. Turnover of two regional IL Coordinators and an unexpected medical leave of absence for another IL Coordinator gave way for the 30% to be limited per contract not total grant award. This area has been clarified to help better support housing costs for youth in need.

At the beginning of federal fiscal year 2015 the IL Program Manager developed a strategic plan to strengthen program practice and begin extensive work collaborating with IL Coordinators, IL Providers, Office of Indian Affairs and dedicated Fiscal staff. The plan included:

- Ongoing communication and coordination with Fiscal and the OIP Administrator who monitors the Consolidated Contract. Several meetings were held to learn and understand the history and development of the Consolidated Contract and Tribal ILS Program. These meetings offered opportunities to discuss and address the concerns of the Consolidated Contract, which led to the implementation of the new application process.
- Developing a procedure to include OIP managers on all correspondence with the Tribes so OIP can assist with requesting late or missing QERs/NYTD documentation.
- Regular and ongoing visits offered to the Tribes to help provide technical support, training and development of the Tribal IL Program.
- Monthly expenditure reconciliation reports and financial reviews to be provided to the Program Manager on a regular ongoing basis to ensure funds are monitored and adjustments and strategies can be made to swiftly and effectively to ensure the grant is fully utilized for its intended purpose of supporting youth as they transition into adulthood.
- Many steps were taken throughout the year by the Program Manager to utilize program funds such as incorporating into IL contracts with providers additional funds and reallocating \$450,000 to the regions to support high school graduation events.

- The ILS contracts have been realigned to follow the FFY. This will improve fiscal tracking to ensure spending is on target. Additional funds were added to the contracts for the first year to help cover expenditures incurred during the extra month added to the contract period. This will help normalize periods of availability and spending.
- A survey was sent to the providers to determine if there was a need to increase TL funds.
- Amending the IL contracts to allow EFC youth living in an approved Supervised Independent Living (SIL) placement to access TL funds to assist with housing costs.
- Creating budgets for each of the contracted providers and amending the budgets if additional funds are needed in real time versus waiting for a new contract period to begin.
- Developing relationships with the regional business offices to educate and train staff about the IL Program and the monitoring of expenditures.
- Reestablishing the Adolescent Unit in early 2016 which includes the hiring of a dedicated Adolescent Unit Supervisor. Half of the salary and benefits for the Adolescent Unit Supervisor is now paid using IL funds.
- Developing and hiring an Administrative Assistance position to help support both the IL and ETV Programs.

Next Steps

For federal fiscal year 2016, the IL Program is working collaboratively with the Adolescent Supervisor to implement additional strategies to ensure the 2016 IL grant is fully utilized in the support of eligible youth. The plan includes:

- Creating a new Tribal ILS email address to submit the QERs to program and fiscal staff, and submit NYTD documentation. As part of this new process:
 - The Administrative Assistant will track the receipt of the QERs and provide the IL program manager a quarterly update re: missing QERS/NYTD and any underspending. The QERs are due October 30, January 30, April 30, and Sept 30.
 - The Administrative Assistant will verify NYTD documentation in FamLink and input NYTD information received from the Tribe into FamLink.
 - The IL Program Manager will contact the Tribes and include the OIP program managers when requesting the QER/NYTD documentation or if a discussion needs to occur about spending levels. Tribes who submit a QER reporting no expenditures will be asked to provide documentation as to why they are not utilizing IL funds.
 - Tribes who submit a QER without expenditures for two consecutive quarters will be contacted by the IL program manager. The Tribe will be required to submit a plan re: spending the funds allotted within a timely manner or a request for the Tribe return the funds to be reallocated will be submitted.
 - Fiscal will review historical spending patterns to analyze and help determine an accurate percentage of the grant dedicated Tribal IL programs. Tribes that consistently spend their IL funds in full may be able to request additional funding when applying for the IL grant for the next year's contract cycle.

- Fiscal has created a timesheet for the regional IL coordinators in an effort to help create a sustainable structure for the ILS program across all regions. The timesheet effort will begin July 1, 2016 and end no sooner than 6 months to help establish a baseline of time spent in various program areas. This will help determine time spent in the regions on ILS to better determine future program functions and need to ensure eligible youth are fully supported and federal reporting requirements are met in a timely manner.
- The IL program manager is seeking information from the contracted IL providers as to the unmet needs in their IL programs. CA will then review current allotments per region and determine how to better match the funding to the needs of the program specific to each region. An email was sent to contracted IL providers on June 22, 2016, responses are due on July 15, 2016.
- With the federal fiscal year 2016 grant, funds will be allocated to the regions to be used for “normal childhood” activities for IL eligible youth.
- Quarterly IL Coordinator meetings have been in place and will be ongoing but a new area of focus with regard to regional spending and budgets will be added to the agenda. For the August 2016 meeting, IL Regional Coordinators and Fiscal will convene to discuss and address any questions or concerns. Fiscal will provide an update on expenditures and projections for the upcoming year to help the Regional IL coordinators plan and monitor their budgets.

Deobligated Funds for FFY15

The amount of unused funds for federal fiscal year 2015 is \$533,000.

Education and Training Vouchers (ETV)

The ETV program supports eligible current and former foster youth in pursuing their post-secondary education. ETV provides support and funding to help youth successfully navigate the college system and graduate. Supports may include referrals to designated support staff on college campuses to help youth who are struggling academically or financially.

ETV Eligibility

To be eligible for the ETV program, youth must be enrolled in, or accepted for, a post-secondary degree or certificate program and meet any one of the following criteria:

- Youth is 16 years old or older, currently involved in dependency action in a Washington State or tribal court, in the custody of CA or a tribal child welfare agency and in foster care. This includes youth who have elected to participate in Extended Foster Care.
- Youth is age 18 to 20 and exited state or tribal foster care because youth reached the age of majority at age 18. Youth who exited foster care in a state other than Washington may be eligible for the Washington ETV program.
- Youth is age 16 to 20 and left Washington State or tribal foster care at age 16 or older for an adoptive or relative guardianship placement.
- Youth is age 21 up to age 23 and received ETV funds before their 21st birthday.

Once youth are qualified to receive an ETV award, they may receive funds each year as long as they are enrolled in school at least half time, maintain a 2.0 cumulative grade point average, are eligible for financial aid and are less than 23 years old.

ETV program staff regularly coordinate with college financial aid administrators and staff to ensure awards given to eligible youth do not exceed the total cost of attendance as set by their institution. If a revision is found to be necessary, this is communicated to the student and an award adjustment is made. At the time of application youth are also asked if they are receiving other forms of assistance (e.g., participation in EFC). This allows ETV staff to avoid duplication of benefits.

To ensure unduplicated awards, ETV has an access database for tracking students. This allows staff to differentiate between academic years and whether a student is a new or renewal student.

ETV Service Provision (only the top three percentages are shown)

Primary expense category	2013-2014	2014-2015	2015-2016
Housing/Rent	39%	34%	34%
Books	8%	11%	
Groceries (Safeway gift cards)	22%	23%	17%
Tuition			20%

2015-16 School Year

The maximum ETV award amount in the 2015-2016 academic year was \$5,000.00. The actual amount awarded is based on the student's unmet need. Beginning this academic year, it was

determined that ETV can be considered as a form of self-help. This means that it can be used by students to replace loans or meet the self-help component of the State Need Grant (SNG) Program.

In this academic year, 32% of the students awarded ETV were new participants (no prior award) and 68% of the students had previously participated in the ETV program. The average award for new and renewal students was \$3,797.98.

ETV Services

Updates and Progress for Next Review Period (2016-2017)	
Activity	Status
1. Coordinated with Port Gamble S'Klallam Tribe as needed to serve youth who are eligible for both the state and tribal ETV program.	Ongoing
2. Streamlined the A-19 process. This allows students to get one payment for multiple reimbursement types rather than multiple payments.	Completed March 2016
3. Filled vacant ETV program manager and Case manager positions and added and filled an Office Assistant position during the 2015-2016 academic year	Completed February 2016
4. Participated in the 2015 College Success Foundation (CSF) Make It Happen Event	Completed June 2016

Planned Activities for Next Review Period (2016-2017) Practice, Program and Service Enhancements	
Activity	Target Date
1. Participate in the CSF Make It Happen Event	June 2016
2. Re-examine adding the governor's scholarship to shared application since new legislation has made eligibility criteria similar	June 2016
3. ETV renewal application online	December 2016
4. Explore expanding gender selection options on applications	December 2016
5. Update independence.wa.gov as new resources and opportunities for youth are available	Ongoing
6. Outreach efforts to CA Field offices, IL Providers, Tribes, Caregivers, Middle School and High School counselors	Beginning April 2016
7. Increase outreach efforts to youth who are participating in Extended Foster Care and not participating in the ETV program	May 2016

Planned Activities for Next Review Period (2016-2017) Practice, Program and Service Enhancements	
Activity	Target Date
8. Update ETV pamphlet, booklet, posters	June 2016
9. Develop a Welcome Packet for ETV Participants	December 2016
10. Develop an ETV student survey, collect and report on the data for continuous quality improvement	September 2016

ETV Collaboration Efforts

CA continues to coordinate with the CSF, the Washington Student Achievement Council, and other agencies in an effort to maximize former foster care youth access to financial aid assistance (e.g., federal student financial aid programs, grants, scholarships, and ETV services). Staff from these agencies often “triage” student financial aid awards, and on a case-by-case basis have successfully helped students receive a financial aid award to pay their full cost of attendance. They also connect students to staff on college campuses who can help file a financial aid appeal in the event they are suspended from financial aid participation. A Passport Summit was held at the University of Washington Tacoma campus on April 21, 2016 with wide participation expected from educators, post-secondary programs, CA caseworkers, CASA’s, youth and foster parents.

ETV program staff continues to collaborate with community partners statewide to coordinate youth access and promote education success. Activities include a joint presentation with Washington Student Achievement Council at the Washington Financial Aid Administration conference to educate college campus staff, designated college support staff and high school advisors about the unique needs of foster care youth pursuing their post-secondary education. This includes information on how to verify eligibility for the different programs and how to engage youth on education outcomes and who to contact when struggling to succeed. In addition, CA staff presented educational and ETV information at the training for newly hired staff with the new health care managed care organization coordinating health care for foster youth and former foster youth.

Cooperation in National Evaluations

CA will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Underspend of Chafee ETV Grant

Federal Fiscal Year 2014

During federal fiscal year 2014, the ETV Program faced several barriers including; staff turnover, challenges with awarding practices, and competition with various programs such as Extended Foster Care, the Passport Scholarship, and the implementation of the new College Bound Program.

The Program Manager, who had been with the program for six years, took a new position in October 2013. Five months later, in February 2014, the new Program Manager was hired. In June 2014, one of the ETV Coordinators took another position. This position was vacant for six months and the new hire was made in November 2014. The time and training involved to get staff up to speed, took away staff time from outreach efforts, that were in effect, but not at the same level of a seasoned team.

With the implementation of the EFC Program, youth now have more options as they transition into adulthood. With the EFC options available, ETV Program staff noticed a significant decline in youth attending post-secondary education. Outreach efforts were made to youth who were dually enrolled in EFC and ETV, but with staff turnover, awarding and processing reimbursements took priority and outreach efforts were reduced.

In Washington state, ETV is considered “last” for awarding purposes. All other federal, state, institutional, and private funding must be awarded to the student first. If the student has any unmet need, after all other aid is applied, ETV can then be awarded up to \$5,000. However, due to the competing financial aid programs such as the Passport, Governors, and the College Bound Scholarship, ETV often could not be awarded because the student had been fully funded.

Also, due to the nature of the Washington State Need Grant and Passport Program, each of these programs has a required “self-help” component; meaning the student would either need to contribute funds out of pocket, participate in a federal, state or institutional work-study program or take out loans. During 2014, ETV was not considered a form of “self-help” and therefore if students were in this situation they could not be awarded ETV. The “self-help” policy was reversed by the Washington Student Achievement Council and went into effect July 1, 2015. This policy change allowed students to utilize ETV and reduce their loan debt.

Deobligated Funds for Federal Fiscal Year 2014

The amount of unused funds for federal fiscal year 2014 is \$277,345.81.

Federal Fiscal Year 2015

During federal fiscal year 2015, the program was fully staffed with a Program Manager and two Program Coordinators. As indicated in federal fiscal year 2014 the hire of the new Program Coordinator was made November 2014. However, in July 2015, the Program Manager was reassigned and the position was vacant until the new Program Manager was hired in October 2015. Additional turnover occurred when both Program Coordinators took different positions in September of 2015. Due to the circumstances, one of the former Program Coordinators who accepted a different position internally, was able to award and process reimbursements to help keep the program going until the hire of the Program Manager.

Currently the ETV program is fully staffed, with a Program Manager and Coordinator. A half-time Office Assistant was added to the ETV team in March 2016. This position has taken on administrative tasks, allowing the program and case managers to expand their outreach efforts, engagement with students and focus on program development.

Additionally, the Adolescent Unit was reestablished in early 2016, with the hire of a dedicated Adolescent Unit Supervisor. In coordination with the supervisor, ETV program staff are working on a plan that includes:

- Developing and implementing statewide training to CA caseworkers who work with adolescents.
- Outreach and training efforts for IL providers, EFC Program Managers, caseworkers, and caregivers on ETV eligibility and requirements.
- Improved processes for submitting new and renewal applications.
- Utilizing social media by creating an ETV Facebook page to increase student communication as well as work with IT staff to create an ETV smart phone application.
- Regular database reviews will occur to remedy any barriers students face in accessing their funds.
- Communication with other states on “Best Practices” to learn how they allocate ETV funds to students and utilize their grant awards.
- Review of internal policy and processes that may impose unnecessary barriers.
- Ongoing and consistent outreach practices to EFC youth, youth attending their 17.5 Transition Plan meetings, and BRS placements to ensure youth know their post-secondary options.
- Develop a pilot program with High School Counselors across the state to educate and support staff about the ETV Program.
- ETV Toolkits will be sent to every eligible ETV student beginning July 1, 2016, which will include forms, instructions, envelopes and tools to help them organize and budget their funds.
- Develop two ETV Participant Retreats, one on the East and one on the West side of the state, with the goal of strengthening partnerships, developing relationships, providing training, and increase camaraderie among students.
- Coordination with the Alliance for Child Welfare Excellence to include an Adolescent and Education Track training to new caseworkers and care givers.
- Increase participation and attendance at regional High School graduations.

Deobligated Funds for Federal Fiscal Year 2015

Based on historical patterns, the ETV Program will not utilize \$558,964.

Populations at Greatest Risk of Maltreatment

Children aged 0-3 continue to be at greatest risk of maltreatment as reflected in the data provided in the [Safety section](#). In the fall of 2014 Infant safety education and intervention policy was developed and implemented in response to the 0-3 safety workgroup's findings. The policy has three components:

1. **Newborn: Plan of Safe Care.** This plan must be developed and documented for infants born to dependent youth and on screened in intakes where a newborn is affected by substance abuse.
2. **Birth to 6 months: Period of Purple Crying.** CA and DLR staff will inquire if a parent or caregiver has received information on period of purple crying and when and if the materials were received. Provide materials to the parent or caregiver and document receipt and review if they report never having received the information.
3. **Birth to One year: Infant Safe Sleep.** CA and DLR staff will conduct a safe sleep assessment when placing a child in a new placement setting or when completing a CPS intervention when the identified child or any other child in the home is birth to one year of age. Evaluation of the sleeping environment is an expectation of the monthly health and safety visit with the child.

CA continues to emphasize the importance of the Infant Safety and Education policy and procedures to staff across the state and caseworkers continue to participate in trainings that enhance their knowledge of the three components listed above. In June 2015, CA enacted new intake policy regarding children ages birth to three years old. The policy requires intakes with allegations of physical abuse of children ages birth to three years old that meet the sufficiency screen-in criteria will be assigned to the CPS investigation pathway for a 24 hour response. In May 2016, Safety Bootcamp training will roll out across the state with a focus on the fundamentals of assessing child safety, dynamics of child abuse and neglect from a medical perspective and lessons learned curriculum. The training reinforces the need to assess the safety of children of all ages and also focuses on the Infant safety and education policy.

CA has continued to be part of the Frontiers of Innovation statewide initiative focusing on children birth to five in partnership with the Center on the Developing Child at Harvard. The Department of Health, Department of Early Learning, Office of the Superintendent of Public Instruction, Health Care Authority and the Department of Social and Health Services are all partners in this work. Frontiers of Innovation has afforded all the partners engaged in the work to focus on collaboration and alignment of services for young children and their families. Enrollment prioritization in early learning programs administered or overseen by Department of Early Learning has been one of the results of the Frontiers of Innovation initiative.

Evidenced based programs including Homebuilders, Incredible Years (ages 2-7), PCIT (ages 2-7), SafeCare (ages birth to 5), Promoting First Relationships (ages birth to 3) and Triple P (ages 2-16) are interventions for families with children within the 0-3 age range.

CA has four regional education leads who are responsible for early learning and K-12 education. Duties include, but are not limited to:

- Act as policy and practice consultants to caseworkers, foster parents and community partners.

- Participate in caseworker, caregiver and community meetings.
- Provide general and specialized trainings on educational engagement.

The caseworker regional core training stresses the importance of assessing birth to 5 safety and developmental needs and appropriately addressing identified needs in case planning and case management activities.

In 2015 the legislature passed the Early Start Act and it was signed into law. Department of Early Learning is responsible for implementation. Increasing the quality of early care using a 0 to 5 quality rating system called Early Achievers is one main focus of the bill. It requires providers who are receiving childcare subsidy payments to rate at a level 3 or higher by 2020 to continue to receive payments. Early Childhood Education and Assistance Program providers will need to be rated at a level 4-6 by 2016, provide full and school day options and move to entitlement by the 2020-2021 school year. Young children in CA's care access the two programs talked about and these changes would impact the quality of early care received.

Services for Children under the Age of Five

Children under the age of 5 have been included CA's permanency activities.

CA caseworkers are required to assess safety, overall well-being and distinct individual developmental needs on an ongoing basis while children are placed in out-of-home care. Ongoing assessment is one of the tools used to match children to a permanent family with the skills and abilities to meet their short and long-term needs as well as create individualized plans to ensure referrals to appropriate services.

CA uses the CHET Program to assess all children including those from *birth to five* years old to identify well-being needs of the child within the first thirty days of entering out-of-home care. If developmental or mental health concerns are identified, a direct referral is made to local service providers. CA's Ongoing Behavioral Health Screening program uses the CHET behavioral health screening tools to re-screen children and youth ages 3-18 every 6 months for behavioral health symptoms. The Ages and Stages Questionnaire-Social-Emotional (ASQ-SE) is used for children ages 3 years to 66 months. In addition, information is shared with caregivers and used by CA caseworkers to develop an effective case plan and help identify an appropriate placement for the child.

CA caseworkers use the following services for children birth to five to address the well-being needs and support a permanency plan:

- Early Support for Infants and Toddlers (ESIT) – Washington State's IDEA Part C Program that serves children birth to three when developmental concerns are identified.
- ChildFind – Referrals are made for children age three to five when developmental concerns are identified. 34 CFR 300.111 (a)(1)
- Head Start – Federally funded program available to children age three to five. The program addresses the child's social-emotional and developmental needs and also provides family support and community resource referrals.
- Early Head Start – Federally funded program available to children birth to three that addresses children's socio-emotional, behavioral and developmental needs. The program provides family support and community resource referrals.
- Early Childhood Education Assistance Programs – State funded pre-school program for children three to five years of age. Provides a comprehensive family and individual child assessments, support and community resource referrals as needed. If developmental concerns are identified, support and interventions are provided.
- Medicaid Treatment Child Care (Title XIX)/ ECLIPSE – Provides assessment and therapeutic interventions for developmental and mental health needs in a daycare environment. This service is no longer federally funded and has been renamed ECLIPSE. Health Care Authority is working with Department of Early Learning to reestablish the program's ability to draw down Medicaid dollars.
- Fostering Well-Being Care Coordination Program – Provides care coordination services to children with complex health, mental health and developmental needs
- Foster Care Assessment Program – Provides a comprehensive assessment for children experiencing challenges to permanency.

- Home Visiting - State and federally funded programs that provide home-based child and family assessment, support and community resource referrals.
- The child's assigned caseworker completes a Comprehensive Family Evaluation/Court Plan to update the court on the child's well-being, development and progress towards permanency.
- EBP's that support permanency and reunification of the family
 - Parent Child Interaction Therapy (PCIT)
 - Incredible Years
 - Nurse Family Partnerships
 - Promoting First Relationships
 - Triple P (Positive Parenting Program)
 - Homebuilders
 - SafeCare

CA has four regional education leads responsible for early learning and K-12 education. Duties include, but are not limited to:

- Act as policy and practice consultants to caseworkers, foster parents and community partners.
- Participate in caseworker, caregiver and community meetings.
- Provide general and specialized trainings on educational engagement.

The caseworker regional core training stresses the importance of assessing birth to 5 safety and developmental needs and appropriately addressing identified needs in case planning and case management activities.

In 2015 the legislature passed the Early Start Act and it was signed into law. Department of Early Learning is responsible for implementation. Increasing the quality of early care using a 0 to 5 quality rating system called Early Achievers is one main focus of the bill. It requires providers who are receiving childcare subsidy payments to rate at a level 3 or higher by 2020 to continue to receive payments. Early Childhood Education and Assistance Program providers will need to be rated at a level 4-6 by 2016, provide full and school day options and move to entitlement by the 2020-2021 school year. Young children in CA's care access the two programs talked about and these changes would impact the quality of early care received.

Psychotropic Medication Review for 0 – 5 Year Olds

- CA completed a psychotropic medications targeted case review for children 0-5 year olds in April 2015 for the purpose of:
 - Identify children 0-5 year olds in out-of-home care on psychotropic medication; and
 - Determine if the identified children are engaged in psychosocial interventions in conjunction with medication treatment.
- The results of the Psychotropic Medication Review for 0-5 year olds were communicated to the Fostering Well-being Care Coordination Unit and established an ongoing case monitoring process of all children identified in the review and new children 0-5 years of age

who are prescribed any psychotropic medication. This ongoing review will be transitioned to the new AHCC program during 2016.

- AHCC embeds a formal psychotropic medication utilization review (PMUR) into their practice. CA will use data gathered from April 1, 2016 through December 31, 2016 to inform the 2018 APSR submission. A similar PMUR process is in place with CCWs sister plan in Texas (STAR Health). The Texas PMUR has seen positive impacts on psychotropic medication prescribing practices, polypharmacy and monitoring. In 2015 the legislature passed the Early Start Act and it was signed into law. Department of Early Learning is responsible for implementation. Increasing the quality of early care using a 0 to 5 quality rating system called Early Achievers is one main focus of the bill. It requires providers who are receiving childcare subsidy payments to rate at a level 3 or higher by 2020 to continue to receive payments. Early Childhood Education and Assistance Program providers will need to be rated at a level 4-6 by 2016, provide full and school day options and move to entitlement by the 2020-2021 school year. Young children in CA's care access the two programs talked about and these changes would impact the quality of early care received.

Legally Free Children Aged 0-5 Years Old

CA is not able to collect data on whether legally free children are in their permanent adoption home. CA analyzes legally free cases by assessing length of time from termination of parental rights to adoption finalization to determine strategies that will improve permanency for children. Based on calendar year 2015 data, 70 percent of legally free children aged 0 to 5 years old were adopted within six months of termination of parental rights. In calendar year 2015, there were 1,530 legally free children. Of those, 558 were aged five years old or younger. 166 of the 558 children had been legally free for at least six months (30%). Assessing the numbers statewide showed that of the 166 children, 58 were from Region 1; 52 from Region 2; and 65 from Region 3. 62 children out of the 558 children aged 0 to 5 years old (11%) had been legally free for at least one year by December 31, 2015. When assessing the 62 children aged 0 to 5 years old and legally free for over 12 months, the difference in numbers between Regions is negligible: 24 from Region 1; 17 from Region 2; and 21 from Region 3. Each of the 62 cases was assessed to determine if the child was in his or her permanent home and to identify barriers to timely adoption finalization.

- 5 of the 62 children were not in their permanent placements (8%). Children were not in identified permanent homes because of the child's medical issues (2), the child's behavioral issues (2), or the caregivers changed their mind (1).
- 57 of the 62 children aged 0 to 5 years old and legally free for over one year are placed in permanent homes without adoption finalizations (92%). Causes for delays in finalization include:
 - Home study issues (35%): adoption home studies were delayed because of ICPC placement of child (40%), significant changes in family circumstances warranting a new or updated home study, slow transfer of case to adoptions unit and denied adoption home studies with court ordered placements.
 - Appeal issues (35%): adoption finalizations were delayed in 20 cases because the biological parents had appealed their termination of parental rights hearing and the appellate process was not completed.

- Other reasons for delays in adoption finalization included adoption support subsidy negotiations (10%), issues with the child's behavior (9%), case transfer issues (9%), and waiting for disclosure completion (1%).

CA continues to work to address barriers to adoption finalization. A workgroup was established in 2014 to identify barriers to timely home study referrals. Solutions were identified to streamline and simplify the referral process. Implementation of some of those recommendations began in calendar year 2015. In a separate analysis of home study update requests from adoption workers by the Statewide Adoption Program Manager, it was found that several home study update requests were unnecessary. Training was provided in calendar year 2015 to adoption management teams that addressed when an adoption home study update was warranted. DLR also updated its policy on home studies which included a section on the specific circumstances that would warrant a home study update.

Regional management continues to work with Assistant Attorneys General and the court to address the increase in appeals for termination orders. CA policy discourages an adoption finalization during the appellate process. Appeals can take up to 18 months in some cases.

Training was completed in fiscal year 2015 with Adoption and Adoption Support workers to streamline the adoption support subsidy packet process. Both the Adoption Support and Adoption Statewide Program Managers have facilitated communication within both programs so that issues can be identified and resolved. Quarterly adoption conference calls occur with Adoption Area Administrators who have the opportunity to identify barriers that might include the adoption support contract negotiations. Any case identified is relayed to the Adoption Support Program Manager for resolution.

In calendar year 2015, CA initiated a workgroup to establish statewide Adoption Consortia. The Consortium brings together CA workers and private agency partners to discuss children who need an adoptive family, and to present licensed, waiting families from private agencies and DLR. The goal of these meetings is to identify prospective adoptive families for each youth or sibling group presented, and to utilize licensed, adoption-ready families. The workgroup identified an action plan to involve every statewide office in the monthly Consortium presentation. This action plan was initiated in fiscal year 2016.

CA also began a workgroup in calendar year 2015 to establish consistent, standardized statewide caregiver training targeting those caregivers who intend to adopt. A focus of the training addresses potential child behaviors and the caregiver's ability to adjust his or her parenting styles to fit what is needed for the child. The goal is to educate caregivers about the issues children in foster care may experience and resources to assist with parenting.

Services for Children Adopted from Other Countries

DSHS provides services and supports to families of children adopted from other countries in a way that is consistent with those provided to all Washington State families. Examples of agencies that provide these services are: Children’s Administration, Developmental Disability Administration, Behavioral Health Administration’s Division of Behavioral Health and Recovery, and Economic Services Administration’s Community Service Division.

As with families that adopt from the child welfare system, families with children adopted from other countries have equal access to services provided by CA. An example of those services include: Family Voluntary Services, Child Family Welfare Services, and Family Reconciliation Services.

A family that adopts a child from another country is not eligible for Adoption Support unless the child meets the requirements outlined in the federal Child Welfare Policy Manual, Washington State Administrative Code, and the Regulatory Codes of Washington.

Country	Agency	Reason for Disruption/Dissolution	Plan
Russia	Unknown	Child was removed due to allegations that he was sexually abusive to sibling and another family member.	Long-term foster care agreement
Ethiopia	Unknown	Child was removed due to allegations of physical abuse by parent.	Return Home
Guatemala	Unknown	Child was removed due to allegations of neglect and physical abuse by parents.	Adoption

Section V – Program Support

During calendar year 2015, CA sought and received technical assistance from a number of organizations to support the achievement of goals and objectives and improve the child welfare system.

Specific assistance included:

- Washington State has reached out to the Capacity Building Center for States in regard to technical assistance around the CFSR and caseworker retention. The Center for States assessment is projected to be complete by June 2016. Washington State has also accessed the Center for States Library as a resource.
- Casey Family Programs provided financial assistance, consultation and professional guidance regarding strategies to CA to improve permanency outcomes for youth in out-of-home care.

Washington’s SACWIS system, FamLink, allows for the creation of data reports which are used to identify practice strengths, capture key required data elements to ensure practice requirements are being met and support ongoing practice improvements. Many of these reports can be accessed by staff at all levels of the agency and the data is available both in summary format and with case level detail. Reports are routinely used by staff at all levels of the agency including field managers and supervisors to support good practice related to child safety, permanency and well-being. In 2015 for two key measures, IFF contact with an alleged victim and monthly caseworker contact with a child in out-of-home care, Washington implemented an email notification system, notifying staff of IFF’s or monthly contacts that had not occurred before the expired timeframes.

Examples of information available through reports accessible in infoFamLink include:

- Legal status and length of stay
- Relative versus non relative placements
- Youth turning 17 years of age, transition staffing reports

The data unit is focused on developing and providing comprehensive, accessible reports to support practice and practice improvements. In addition to standard reports, data reports are available on request to support specific quality assurance, practice improvement and CQI activities at statewide, region and office levels. In addition, the data unit provides data analysis to CA Leadership with recommendations for systemic and programmatic changes to improve performance as measured by the Federal Data Indicators and CFSR metrics.

Examples of reports developed or modified in calendar year 2015 by the data unit include:

Report Name	Report Type	New or Modified	Reason Work Completed	Date Implemented
Monthly Social Worker Visits	infoFamLink Report	Modified the logic that evaluates H&S Case Notes for compliance; when there are multiple	Field identified problem	2/10/2015

Report Name	Report Type	New or Modified	Reason Work Completed	Date Implemented
		H&S visits Case Notes recorded during a month and the first one recorded was did not qualify as a face-to-face visit and a subsequent visit did, the subsequent visit was not being picked up and now is.		
Licensed Foster Homes Report	infoFamLink Report	Modified added a custom date parameter to the report to allow the user to select the date range for which they are looking for Licensed Foster Home during.	Field requested	6/17/2015
Initial Face-to-Face Visits	infoFamLink Report and Data Driven Subscription	Modified: <ol style="list-style-type: none"> Added a column to the summary report for IFF's that were compliant because an Attempted IFF was made, but the actual IFF has not yet been recorded to bring to the caseworkers attention kids that still need to be visited. Added a new filter to the report to allow the user to only report on 	Field requested and FamLink Change	6/22/2015

Report Name	Report Type	New or Modified	Reason Work Completed	Date Implemented
		<p>kids still needing to be visited</p> <p>3. Added filters for all intervention types (CPS Investigation, CPS FAR, CPS-Risk Only, DLR CPS & DLR CPS Risk Only) to allow users to monitor compliance within a particular intervention.</p>		
<p>Monthly Metrics:</p> <p>8c) Children living with relative/kin caregivers and</p> <p>8f) Youth in other types of out-of-home care</p>	infoFamLink report	Modified – kid placed in a Court Ordered suitable placement are now being counted under “relative/kin” placements rather than “other” placements.	Management Team decision	7/14/2015

CA has an established process to support the development of new reports and modification of existing reports as new data needs are identified.

CA headquarters program managers continue to be a resource to regions and field offices on specific program and practice areas. They use data and feedback to assess performance, training and support needs. With the integration of the OSRI, program managers are being trained on accessing data generated by the tool for analysis regarding the efficacy of implemented initiatives or policies and to identify any specific statewide, regional, or office trainings that are needed.

Washington’s Central Case Review Team began using the OSRI for case reviews in January 2016. As part of the implementation strategy, case review team members work with regional case review program consultants to provided training to the field in regard to the use of the tool, tool content, metrics, inter-rater reliability, and action planning.

Section VI – Consultation and Coordination Between States and Tribes Collaboration Process

The 2016 APSR was shared with tribes during the May 2016 CA IPAC meeting. This subcommittee is made up of representatives from the 29 federally recognized tribes in Washington State. The plan was sent to tribes by email before and after the meeting and tribal representatives were asked to provide input on the proposed activities. The suggestions received have been incorporated into this section of the larger APSR document for the 2017 report.

Ongoing Coordination Plan Description

Since the development and submission of the 2015-2019 CFSP, CA has had ongoing coordination with the 29 federally recognized tribes in Washington (see below) at both the statewide and local level. All tribes receive distribution of minutes from the monthly CA IPAC meetings and the tribes shown in bold also regularly participate². Names of tribal staff with whom CA consulted on child welfare policy and practice that impact Indian children and families throughout the year are also provided.

Tribe	Tribal Staff Name
Confederated Tribes of the Colville Reservation	Preston Boyd, Anne Marchand
Cowlitz Indian Tribe	Jim Sherrill/Mike Yates
Jamestown S’Klallam Tribe	Liz Mueller, Tonya Pankowski, Sue Mapes
Lower Elwha Klallam Tribe	Monica Henry
Makah Nation	
Nisqually Tribe	
Port Gamble S’Klallam Tribe	
Quileute Nation	Nicole Earls
Samish Nation	
Shoalwater Bay Tribe	
Snoqualmie Tribe	
Squaxin Island Tribe	
Suquamish Tribe	

² Attend CA IPAC more than 2-3 times in a year, those tribes not in bold may participate regularly at the regional ICW program and/or 7.01 meetings which happen on a quarterly basis. These meetings at the local level are a venue for tribes to give input and collaborate with regional offices on CA policy and procedure that impact the tribe’s children and families. The 7.01 meetings and action plans developed are informed by the monthly CA_IPAC meetings which regional CA staff attend. Discussion at both these forums inform APSR goals and objectives.

Tribe	Tribal Staff Name
Tulalip Tribe	Helen Fenrich, Michelle Demmert, Roberta Hillaire
Yakama Nation	Monica George
Confederated Tribes of the Chehalis Reservation	Nancy Dufraime, Frances Pickernell
Hoh Tribe	
Kalispel Tribe	Wendy Thomas, Shannon Thomas
Lummi Nation	
Muckleshoot Tribe	Bobbi Keeline-Young, Betsy Toulee
Nooksack Tribe	
Puyallup Tribe	Jill LaPointe, Katie Riebel
Quinault Nation	
Sauk-Suiattle Tribe	
Skokomish Tribe	
Spokane Tribe	Tawhnee Colvin
Stillaguamish Tribe	
Swinomish Tribe	
Upper Skagit Tribe	

In addition to federally recognized tribes/nations, CA recognizes, through policy, input from DSHS Recognized American Indian Organizations. The primary goal is to recognize a government to government relationship between the state and Indian tribes/nations through the maintenance and support of the:

- Washington State Indian Child Welfare Act
- Federal Indian Child Welfare Act
- Washington State Centennial Accord
- Washington State Basic Tribal State Agreement
- Washington State Tribal State Memorandums of Understanding
- DSHS Administrative policy 7.01

The CA Assistant Secretary works with the Office of Indian Policy to meet with Washington State tribes in their communities. In addition, efforts by CA to comply with federal ICWA include participation by the state and tribes at the:

- Department of Social and Health Services: Indian Policy Advisory Committee
- Indian Policy Advisory Committee: CA Subcommittee; and

- 7.01 Roundtables and consultation

The DSHS IPAC meets on a quarterly basis and is coordinated by the Office of Indian Policy. This venue provides the Assistant Secretary an avenue to give updates, discuss concerns tribes may have and work closely with staff to ensure a timely and effective response.

The CA IPAC subcommittee is co-chaired by the CA headquarters ICW program supervisor. The subcommittee consists of tribal representatives delegated by their tribal councils. These representatives participate in policy and procedure workgroups, including those mandated by legislation. Minutes from the monthly meeting are regularly provided to all tribes via an email listserv that includes tribal social service directors and staff (attendance rosters and minutes are available on request). Roundtables and consultation occur at the local or statewide level and help ensure that the state is working in partnership with tribes to help Indian families.

Provision of Child Welfare Services and Protections for Tribal Children

The state supports tribes in their delivery of child welfare services through IV-E agreements. Three tribes Quinault, Makah (not active) and Lummi currently have pass through IV-E agreements with CA. Washington State was the first in the nation to have a federally recognized tribe (Port Gamble S'Klallam) apply and receive approval for direct Title IV-E funds for foster care, adoption assistance and guardianship assistance. Other tribes who have expressed a strong interest and are known to be working with the federal government on direct IV-E agreements are Colville Confederated Tribes, Muckleshoot tribe and Lummi nation.

Updating the local MOUs with the Tribes remains a priority of CA and is part of the CA strategic plan. As of May 2016 CA has [completed and signed 13 MOUs](#) and 16 others are in process. This count includes tribes who do not want an MOU and have declined CA's invitation to meetings to discuss the process. The MOUs use a [standard format](#) but allow for tribes to customize the delivery of child welfare services (provided by the state) across all programs that specifically meet the needs of the tribe. In addition, CA pays for services for Indian children in the custody of a federally recognized tribe as requested by the tribe. Tribes may also access CA funded services by opening a tribal payment only case with CA. [RCW 74.13.031 \(14\)](#) gives the department authority within funds appropriated for foster care services to purchase care for Indian children who are in the custody of a federally recognized tribe. These services may be identified through MOUs with individual tribes. And tribes may also access services (including pre-placement services) through opening tribal payment only cases with the State. The MOUs and state statute help delineate who (CA or tribe/s) and how protections for tribal children delineated in section 422 (b)(8) can be provided.

Credit Report Requirement

CA was in the process of setting up contracts with the three major credit reporting agencies, Trans Union, Experian and Equifax to create "online" accounts to process all foster youth credit reports. The process was never completed and caseworkers have been requesting the credit reports manually for youth on their caseloads through www.annualcreditreport.com. CA has re-started the application process to get accounts with all three credit reporting agencies. CA's Assistant Attorney General's office and the CA Contract Unit have reviewed the application and provided feedback and changes. CA is waiting for CATS response to the application to determine if our SACWIS system can support the language in the applications. Once everyone has agreed on the proposed language of the application CA will send the edits to the credit

agencies for negotiations of the contracts. Two of the credit reporting agencies provides “online” accounts free of charge. The third agency charges a one-time set up fee of \$500.00 and a monthly processing fee of \$50.00.

CA will share the process to obtain “online” accounts with the tribes once CA has secured the contracts with the three credit reporting agencies. The tribes will have the option of entering into their own contracts with the credit reporting agencies or providing eligible youth’s information to CA who will complete the credit check process and provide results to the tribes.

ICWA Compliance

The statewide ICW program supervisor, program manager, and regional program consultants coordinate with tribes to assure state and federal ICWA compliance. Headquarters staff oversees contract management and policy collaboration with tribal staff for ICW matters throughout the state. The ICW program supervisor helps to assure communication, consultation, and relationships between CA and the tribes/nations are honored. The CA IPAC subcommittee serves as an ongoing venue for tribal representatives to voice concerns and issues related to policy and practice and the impact on Native American children and families. Local offices work directly with tribes in their area.

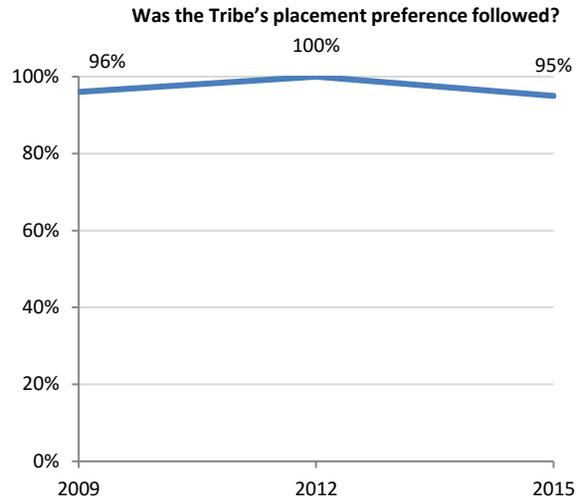
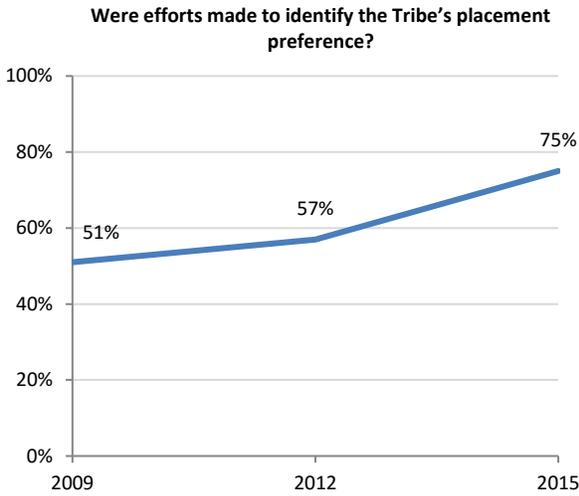
Statewide ICW case reviews are conducted on a triennial basis by the CA Central Case Review Team and includes tribal representatives. The focus of these reviews is to assess, in detail, compliance with the federal and state ICWA and CA ICW policy, as well as the quality of the ICW practice in cases where it is believed the child is Native American. Some local offices have also agreed to coordinate with the federally recognized tribes in their catchment area to conduct ongoing ICW case reviews throughout the year.

Placement preference is an essential component of the federal ICWA that states must follow and is included in the ICW case reviews. These data are gathered from a targeted case review sample which is reviewed by teams made up of both CA and tribal staff.

See attachment G for a complete copy of the 2015 ICW Case Review Report which includes results on all of the elements reviewed including:

- Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- Tribal right to intervene in state proceedings or transfer proceedings to the jurisdiction of the tribe.

The ICW Case Review is a process CA first implemented in 2007 and statewide reviews have happened every three years since implementation.



Were efforts made to identify the Tribe's placement preference? ³		Was the Tribe's placement preference followed? ⁴	
Year ICW Case Review Conducted	Performance Cases Reviewed	Year ICW Case Review Conducted	Performance Cases Reviewed
2009	51% 48 of 94	2009	96% 43 of 45
2012	57% 34 of 60	2012	100% 33
2015	75% 50 of 67	2015	95% 40 of 42

Data source: 2009, 2012 and 2015 ICW Case Reviews

Placement preference is also specifically called out in the MOUs between CA and Washington State tribes, when requested. CA also expects the recent re-focus on timely intake notification to tribes is expected to help CA follow placement preferences early within the case and better comply with ICWA.

CA will use administrative data from FamLink and outcomes from federal and state case reviews to assess its ongoing compliance with ICWA. Monthly and quarterly meetings with tribes will continue to support communication between CA and the tribes to ensure the needs of Native American children and families are being met.

Update on Planned Activities Completed in Fiscal Year 2015

- 2015 ICW Case Review

³ This speaks to the *attempts* from a CA caseworker to identify the Tribe's placement preference (i.e. in 2015 there were 67 potential attempts, 50 attempts were documented).

⁴ This speaks to the placement preferences known and how many were followed (i.e. in 2015 there were 42 placement preferences documented, of those 40 were documented as being followed).

- This was conducted statewide in the late summer and early fall. A full report is available and results have been shared with tribes during the April CA IPAC subcommittee.
- Training for Regional Staff
 - The UW Alliance currently provides four ICW focused trainings to CA and tribal staff and three ICW focused trainings to caregivers. Trainings to caseworkers include two special topic areas including the Native American Inquiry Request process and Identifying and Supporting Commercially Sexually Exploited Children. And caregivers may register to take full day training on the Indian child welfare act which includes the historical, legal and socio/economic basis for Indian child welfare law and policy, as well as how these laws and policies may affect case planning and permanency for Indian children who are placed in care.
 - The UW Alliance is working with The National Indian Child Welfare Association to develop and implement statewide training on revisions to ICW policy and procedure. We were unable to complete this in 2015 and the activity has been carried over to 2016.
 - 2015 Local Indian Child Welfare Advisory Committee Summit is a Casey supported initiative and LICWAC volunteers will be provided training on their roles and responsibilities.
 - A LICWAC summit was held in October 2015 which provided training to volunteers on historical trauma. There was an update in the afternoon on changes to CA policy and procedure which included a question and answer period for volunteer members.
- During May CA IPAC Tribes asked that CA explore a joint conference with DSHS: Juvenile Rehabilitation Administration.
 - CA explored opportunities with Rehabilitation and was unable to collaborate on an event in 2015.
- Updates to the ICW policy and procedure manual will be completed.
 - CA has completed ten chapters of the ICW manual and we expect the remaining chapters to be complete in time for training staff by late summer and early fall.
- New Case Review provisions: CA updated policy to reflect additional case review requirements. This included an invitation to tribes to participate in an external stakeholder permanency team (two tribal staff who participated at the CA IPAC meeting when this request was made put their names forward – Shannon Thomas, Kalispel and Jim Sherrill, Cowlitz). The focus is on identifying practice improvement to support timely permanency and foster cross agency collaboration on permanency and court-system improvements.
- Tribal right to intervene in state proceedings
 - For a second year, the Court Improvement Training Academy facilitated dependency training with a focus on the ICWA in December 2015 at the Port Madison Indian Reservation. Seven tribal court judges and eleven state court judicial officers participated in discussions about the differences between state and tribal dependency courts. Relationships were developed between tribal and state court judges as they learned together about trauma responsive courts and peacemaking courts. The event culminated in a State-Tribal Roundtable hosted by the National American Indian Court

Judges Association and Casey Family Programs, which focused on the new ICWA guidelines.

- The 3rd Annual Tribal State Court Consortium (TSCC) met on October 4, 2015, in conjunction with the American Judges Association and Washington State Fall Judicial Conference in Seattle. Thirteen tribal court judges and eight state court judges were in attendance. Two regional TSCC meetings were held in 2015 at Suquamish and Swinomish, where tribal court judges invited judicial officers from surrounding counties and tribes to learn about their tribal court and discuss issues of commonality. Other regional meetings will be held to further the collaborative efforts. A new website was created to support the efforts of the TSCC.

Update on Planned Activities for Next Review Period (2016-2017)

Specific activities the state will focus on in the next review period to improve or maintain compliance with each of the five major requirements of the Indian Child Welfare Act include:

- 2015 ICW Case Review Regional Action Plan Development
 - CA in partnership with tribes will develop action plans at the local regional/office level to improve case timeliness and outcomes for Indian children and the plans to positively impact caseworker practice and understanding of when ICWA applies.
 - Deeper analysis of the ICW Case Review results will be conducted to understand the differences between prior year results and inform possible changes in practice and policy.
- Training for Regional Staff
 - CA will continue coordinating with the UW Alliance and The National Indian Child Welfare Association to implement training for all CA caseworkers. The first trainings will be completed August 2016.
 - 2016 Indian Child Welfare Summit, CA is currently in discussion with the Office of Indian Policy to explore a multi-agency supported initiative. Funds have been offered by Casey Family Programs, Rehabilitation Services, Administrator of the Courts and the UW Alliance to support a summit which will provide training to state and tribal workers, including tribal judges and attorneys.
- Complete updates to the ICW policy and procedure manual
- Meeting between tribes and CA to discuss the ability to have write access to FamLink
 - At the request of tribes, CA will invite other state agencies to the CA IPAC subcommittee to discuss implementation of services and programs that impact tribal children and families.

Coordination and Collaboration in the implementation and Assessment of the CFCIP

There are 29 federally recognized tribes across Washington State. This can pose a geographical challenge for statewide engagement. In our efforts to facilitate ongoing collaboration, as of January 2016 CA has made dedicated video conference sites available across the state at local offices for the monthly CA IPAC meetings. CA also works with tribal information technology staff to bridge tribes into these monthly meetings. Additionally, after feedback received during

the 2016 APSR update CA adjusted the timeframes and the way the 2017 APSR update on ICWA compliance was completed, including:

- Discussion at CA IPAC in February on a APSR Update work plan.
 - An email invite was sent to all 29 tribes with the work-plan discussed as requested by the tribes.
- A workgroup meeting with tribes during CA IPAC on March 9, 2016.
 - Tribes who participated gave immediate input on suggested edits to the 2017 APSR update. These edits were then shared with all tribes for the next workgroup meeting.
- A second workgroup meeting was held during April 13, 2016 CA IPAC.
 - This allowed for additional tribal review of edits and input on content for the APSR update.
- Tribes also had the opportunity to respond by email with edits and comments through May 1, 2016.

The suggestions received and accepted over this three month period were incorporated into this section of the APSR. The final version approved by Jennifer Strus, Assistant Secretary and Region 10 will be shared with the tribes.

CA continues to explore the most effective means for coordinating and collaborating with tribes on the goals and objectives incorporated into the APSR. CA IPAC subcommittee is included in review and discussion of practice improvement items and there are opportunities for tribal participation in workgroups and on committees throughout the year. In the coming year, CA will work with tribal partners to identify other strategies for improved coordination and collaboration. CA will also strive to more clearly identify when assessment and practice improvements are related to specific goals and objectives in the CFSP/APSR.

Section VII – Monthly Caseworker Visits Formula Grants

CA Policy 4420 (A) [Health and Safety Visits with Children and Monthly Visits with Caregivers and Parents](#) in the Practices and Procedures Guide was updated April 2015 and states:

1. All health and safety visits and monthly visits must be conducted by the assigned CA caseworker or another qualified CA staff. The number of visits conducted by another qualified CA staff is not to exceed four (4) times per year with no two (2) visits occurring in consecutive months.
2. Children in CA custody or receiving voluntary services (FVS and FRS) must receive private, individual face-to-face health and safety visits every calendar month. Additionally:
 - a. The first visit must occur within one week (seven calendar days) of the child's initial placement or any change of placement. Placement of a child is not considered a health and safety visit.
 - b. The majority of health and safety visits must occur in the home where the child resides. If the CA caseworker must visit the child in another location, the CA caseworker must document the reason and benefit gained.
3. For children on an in-home dependency or trial return home:
 - a. All health and safety visits must occur in the home where the child resides. (This requirement does not preclude additional visits outside the home.)
 - b. For children, ages 0-5 years, two in-home visits must occur every calendar month for the first 120 calendar days of an established in-home dependency or trial return home. *(One of the two visits may be conducted by a CA paraprofessional or contracted provider.)*

The content of these visits must include:

At each visit, the caseworker, at a minimum, completes the following activities:

1. Assess for present danger per Child Safety Section policy
2. Observation of:
 - How the child appears developmentally, physically and emotionally
 - How the parent/caregiver and the child respond to each other
 - The child's attachment to the parent or caregiver
 - The home environment (when the visit occurs in the home where the child lives). If there are changes to a licensed foster home (such as new family members) notify the licensor.
3. Discussion with the verbal child(ren) in private, separate from the parent/caregiver, either in the home or in another location where the child is comfortable.

Discussion will include:

- Inquiry as to whether the child feels safe in their home or placement
- Inquiry about the child's needs, wants and progress
- Visits with siblings and parents
- Case activities and planning such as visits and permanent plan.

4. Confirmation that each child capable of reading, writing and using the telephone has a card with the caseworker's name, office address and phone number.

Monthly Caseworker Visit Grant

The monthly caseworker visit grant is used to improve the quality of monthly caseworker visits with children who are in foster care under the responsibility of the State, 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. CA anticipates spending these funds on, but not limited to, caseworker mobile devices and access, cameras, laptops, and contracted supervised visits to increase caseworker retention.

Section VIII – Adoption and Legal Guardianship Incentive Payments

CA anticipates receiving adoption incentive funds for the 2015-2019 CFSP review period. CA allocates the adoption incentive funds to state only foster care maintenance payments in accordance with PL 105-989, which addresses that CA may use the funds for allowable activities under Title IV-B and Title IV-E. Ongoing and additional payments will be tracked to ensure timely expenditure of funds.

As authorized under Title IV-B and Title IV-E of the Social Security Act, CA may use the adoption incentive funds for a variety of services that includes, but is not limited to:

- Technical assistance to promote more adoptions out of the foster care system, including activities such as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families
- Training of staff and adoptive and foster families on adoption issues to support increased and improved adoptions
- Recruitment of foster/adoptive homes
- Services that fall under the CA Child Welfare Plan

Section IX – Child Welfare Waiver Demonstration Activities

CA will continue to use IV-B funds as in the past. The reinvestment fund will be used to support families in the CPS Family Assessment Response pathway with increased services and concrete goods. These services will help more families keep their children safely at home.

Status of CPS FAR implementation

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

Rural Central Washington

1. Ellensburg
2. Sunnyside*
3. Moses Lake

Northwest Washington

4. Mount Vernon
5. Oak Harbor

Tacoma

6. Pierce East
7. Pierce West*
8. Pierce South*

Rural Eastern Washington

9. Colville*
10. Newport*
11. Republic*

Western Washington

12. Lynnwood
13. Sky Valley*
14. Smokey Point*
15. Bremerton*
16. Vancouver
17. Stevenson
18. Aberdeen
19. Kelso

Washington Coast

20. Long Beach*
21. South Bend*
22. Forks
23. Port Townsend
24. Port Angeles

Seattle

25. Martin Luther King Jr
26. King East *

Eastern Washington

27. Spokane*
28. Lincoln County
29. Walla Walla*
30. Richland
31. Clarkston*
32. Colfax*

Note: offices with an asterisk implemented FAR in 2015

A total of 16 offices were launched in 2015. The CPS FAR Project Team at headquarters continues to work with regional CPS FAR leads and staff on QA activities to ensure fidelity to the CPS FAR model, increase understanding and communication about CPS FAR services, identify needed course correction and staffing support.

In addition to the launching of offices, the following activities occurred during 2015:

- 2 FAR targeted case reviews.

- Monthly case consultations conducted via video conference to facilitate statewide participation. These have been well-attended by CPS FAR caseworkers and supervisors who consistently report that the consultations are useful. Case consultation opportunities rotate, office-to-office, with caseworkers presenting cases. The monthly case consultations also include time for questions and clarification on CPS FAR practice.
- Provided 4 FAR trainings to FAR caseworkers.
- Supervisors statewide had the opportunity participate in supervisory coaching training provided by contracted trainers. This training focused on leading staff through change, coaching staff for success and promoting the parallel process.
- Weekly CPS FAR Project Team meetings to discuss implementation, policy and practice, successes and challenges as well as planning for future CPS FAR related activities.
- The CPS FAR Project Team meets monthly with the Regional CPS FAR Leads. The leads share updates from their regions and local offices and bring issues to the attention of the FAR CPS FAR Project team.
- The CPS FAR Project Team conducts site visits to offices to observe CPS FAR operations at the local level, assess unmet training needs and provide consultation on CPS FAR cases, with the goal of supporting caseworkers and striving for fidelity to the CPS FAR model.
- The CPS FAR Project Team meets monthly with the CPS FAR Steering Committee, comprised of the CA Assistant Secretary, division directors including Program and Policy, CQI, Finance and Performance Evaluation, the Alliance for Child Welfare Excellence and Casey Family Programs. The committee receives updates on implementation, CPS FAR data reports and serves as a decision-making body as needed.
- The CPS FAR Team has met with numerous community groups and stakeholders and presented at the National Differential Response Conference in Minneapolis in October 2015.
- Meetings with TriWest Group, the contracted evaluator of CPS FAR, occur monthly. The meetings cover activities and work products accomplished over the previous month, allow opportunities for information sharing and more recently the review of preliminary data.
- The CPS FAR Project Team attends monthly statewide CPS and Intake program manager meetings to talk about CPS FAR progress, lessons learned and monitor impacts to the local offices. The CPS FAR Project Team also participates in monthly intake consultation calls with intake supervisors from across the state. The intake consultation calls assist in developing statewide consistency in screening intakes for CPS investigation and the CPS FAR pathway.

CPS FAR Intake Data

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

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

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

Data Source: Hand Count and FamLink

Data note: We were hand counting for a period and comparing to FamLink data. At this point the FamLink data is lining up with the hand counts so hand counts are now discontinued.

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

Statewide CPS Intakes for FAR Offices Calendar Year 2015			
Location	Total Number of CPS Intakes	Percent of FAR Intakes	Percent of Intakes Investigated
Region 1	7,361	46%	54%

Statewide CPS Intakes for FAR Offices Calendar Year 2015			
Location	Total Number of CPS Intakes	Percent of FAR Intakes	Percent of Intakes Investigated
Region 2	6,845	55%	45%
Region 3	9,803	61%	39%
Statewide	24,009	55%	45%

Data Source: Hand Count and FamLink

In addition to the continuation of activities noted above, these additional activities are planned for 2016:

- In July 2016, CA will launch FAR in the following offices: Tumwater, Shelton, Centralia, King West, White Center, Toppenish and Goldendale. This includes readiness work to prepare for the launch as well as training of FAR staff for these offices.
- Continue to assess practice in FAR and provide additional supports/training as needed to improve practice.
- Conduct a FAR targeted case review in the fall of 2016.
- Conduct FAR training for newly hired FAR staff in existing FAR offices. One session was completed in March 2016. A second session is planned for June 2016. Depending upon need, a third training may occur in the fall of 2016.
- Prepare the next set of office for July 2017 launch. Training of this cohort of offices (Wenatchee, Omak, Everett and Bellingham) will occur in December 2016.

Section X – Quality Assurance System

CA continues to build and improve its Quality Assurance (QA) and Continuous Quality Improvement (CQI) system. Ongoing improvement efforts are aligned with the five QA/CQI components defined in the Information Memorandum ACYF-CB-IM-12-07.

In 2015-2016, notable improvements have resulted from CA's continued commitment to QA/CQI efforts at every level of the organization. CA continues to build a solid CQI framework using the complete cycle of evaluating our various subsystems and structures, identifying our strengths and challenges and implementing new solutions for positive change and revising when necessary. A current strength of the system is our consistent use of Tribal, internal and external stakeholders in this process. As you will see later in this section, we are working on strengthening our use of parent and child input.

The CQI cycle is becoming an integral part of the culture of our agency from the statewide level out to the local offices. This is evident in major initiatives such as our Family Assessment Response (FAR) at the statewide level to the many CQI teams and activities in the local offices. CA is evolving into more of a learning organization where not only are we creating change at the lowest level but we are sharing our learning with others across the state.

Results from CA's central case review also indicate practice improvements. In 2015, the case review team reviewed cases from 15 local offices and conducted its fourth statewide ICW review. There were 411 cases reviewed as part of the office reviews and 207 cases reviewed as part of the statewide ICW review. Results from the case review are used by local offices to develop action plans to implement practice improvement strategies. Practice improvements related to child safety have the highest priority for action planning. CA's QA/CQI staff actively participates in the development and monitoring of the action plans. When statewide performance in 2015 was compared to the 2014 case review results, statewide improvements were identified in the following areas of practice:

- Providing services to the family to prevent removal or re-entry into care
- Assessing and addressing the safety of children in out-of-home cases
- Accurately assessing if a child is safe or unsafe according to the safety threshold
- Compliance with health and safety visits with children in out-of-home care
- Ongoing collaboration with the child's Tribe
- The quality of investigative interviews of subjects in CPS investigations
- The quality of in-home safety plans
- Providing translation and interpretive services to families

In 2016 the case review team began using the Online Monitoring System (OMS) and is reviewing cases according to the federal Onsite Review Instrument (OSRI) standards. The case review team plans to review 23 field offices in 2016 utilizing the OSRI.

There are highlights to the CQI process. The initial ICW CQI team identified inquiry work as an area needing improvement. This resulted in the creation of the Native American Inquiry/Relative Search unit which is a centralized work group that processes all initial inquiry work with one exception; the Spokane office does its own inquiry work. In the recent ICW case

review, results showed a significant improvement statewide as a result of focused work with well trained staff.

In the area of Critical Incidents, we have monitored recommendations from the Critical Incident staffings quarterly as to the status of the recommendations. This is an area where CA collaborates with the Office of the Family and Children's Ombuds, an external stakeholder, to coordinate information for their annual report. In the recent report from the Office of the Family and Children's Ombuds, they reported significant improvement with addressing recommendations.

Foundational Structure

Children's Administration within the Washington Department of Social and Health Services is the single state agency with authority and oversight of the implementation of the CQI system. CA leadership continues to support and enhance a statewide CQI system.

The CQI structure at the HQ level has continued to expand and is currently a unit within the Office of the Assistant Secretary. This change has improved responsiveness, reduced lag time between decisions and placed CQI within the leadership management team. The unit includes a supervisor, four managers and a support staff. The managers work together on statewide CQI issues but have oversight for distinct areas within Quality Assurance and Continuous Quality Improvement.

Additionally, the CQI HQ unit manages the monthly statewide CQI committee which includes representatives from the Central Case Review unit, Regional management, HQ Program and Policy, Regional CQI and the Alliance. The charter has recently been updated to further align with the work of CQI to support strengths and identify challenges using the federal items as a foundation. The monthly statewide CQI committee includes subject matter experts as needed depending on the agenda.

The Data Management and Reporting Section is the data unit for CA and focused on developing and providing comprehensive, accessible reports to support practice and practice improvements. In addition to standard reports, data reports are available on request to support specific quality assurance, practice improvement and CQI activities at statewide and local region and office levels. The data unit provides data analysis to CA Leadership with recommendations for systemic and programmatic changes to improve performance as measured by the Federal Data Indicators and CFSR metrics.

In 2014 the state's CQI policies and written procedures were updated and current work is being done to better communicate and train on CQI processes through the intranet, online training, video and video messages communicated through the assistant secretary.

Regional and local offices continue CQI efforts. CQI efforts can be found across our entire organization across the state however are not as consistent as we would like. In 2016, CA will be implementing a CQI structure and model to increase consistency across the state around structure, documenting and reporting. Specifically, the plan for the upcoming year to further enhance the Foundational Administrative Structure is to:

- Coordinate with the regional CQI leads to further develop a structured CQI model within existing resources;
- Develop a consistent method of capturing the various CQI activities;

- Develop consistent guidelines around the process of the local teams;
- Provide ongoing technical assistance to support to the local office/community;
- Create a structured model for developing action plans and implementation following case review, peer reviews and targeted reviews.

Quality Data Collection

As CA continues to build a robust CQI system we continue to improve our system of collecting, analyzing and disseminating data. CA collects both quantitative and qualitative data from a variety of sources including:

- Case Reviews
 - Targeted Practice case reviews
 - Peer/ad hoc practice reviews
 - ICW reviews
 - Foster Parent Surveys
 - Department of Licensed Resources CPS Surveys
 - FamLink System reports
 - Data Unit and Federal Reporting Measures
- Collaborative Partners including:
- DSHS Research and Data Unit
 - Administrative Office of the Court
 - National Youth in Transition Database

Quality data collection is a continual effort led by CA's Data Management and Reporting Section. The section works continually to ensure data is of the highest quality and used appropriately in reporting to reflect practice. In the past year, there continued to be a focus on improving the quality of administrative data relating to CPS response, placement, permanency, tribal affiliation and legal status. The Data Management and Reporting Section works closely with the QA/CQI managers and program managers to ensure data and reports are valid. This work is considered on-going and adapts to the data needs of the organization. In 2014-2015, new data reports for CA's differential response were developed.

Data quality is an important aspect of data collection. For the qualitative processes there is a QA and interrater reliability process to ensure consistency on the case reviews. This process happens at the Central Case Review level and at the peer review level. The QA/CQI managers provide QA and training support to field staff to ensure reliability with quantitative and administrative data.

Last reporting cycle there were two goals to support Quality Data Collection, regular review and correction of AFCARS data errors and identification of ways to increase the use of data shared between CA and the Administrative Office of the Courts (AOC). Both goals were realized and CA continues to improve in these areas. The primary goal for 2016 is to work with the program managers at the headquarters office to assist with identifying reports to support programs and assist with data collection as necessary.

Case Record Review Data and Process

CA's central case review continues to be an area of strength for CA's CQI system. In 2015, 411 cases from 15 offices were reviewed by a team of five review specialists and their supervisor. The reviews included 190 out-of-home cases, 86 in-home cases, and 135 CPS policy only cases. In addition to reviewing case documents and electronic records, 88 interviews were conducted with parents associated with the cases included in the reviews. The team of case review specialists continues to support targeted case reviews in specific practice areas such as Intake, Indian Child Welfare and management requested office reviews targeted at a specific program. In 2015, the case review team facilitated a statewide ICW case review. The ICW review included a stratified sample of 207 ICW cases across the state.

To increase the understanding about central case reviews, an all staff meeting is held at the end of a review to talk about the preliminary results. This meeting is structured as part of the developmental process and meant to be an open question and answer conversation with the staff. The meeting helps provide clarification regarding important aspects of social work practice and documentation of those practice areas. Areas of strength and areas needing improvement are identified following each individual office review. The office then works with their CQI team in order to develop improvement strategies which meet the individual needs of their office.

In preparation for the next CFSR, CA has begun to use the Online Monitoring System (OMS) which reviews cases to OSRI standards. The case review team is scheduled to complete 23 office reviews across all areas of the state in 2016 and review approximately 580 cases. In 2017, the case review team will begin incorporating interviews of key case participants into the case review process. With this significant change in the case review process, it is difficult at this time to identify the number of cases that will be reviewed. Case review and QA/CQI members from HQ and Regions have access to the CFSR training portal and have utilized the online trainings. As new members join the case review team they utilize the online training and the mock cases to orient to the OSRI and OMS components. New members to the case review team read and rate cases in pairs with a more senior member of the case review team as part of their training. All cases reviewed by the case review team go through a second level QA process in order to improve inter-rater reliability. The case review team and QA/CQI members have participated in conference calls with Region 10 staff to develop an incremental preparedness plan for the fiscal year 2018 CFSR. The case review team is also partnering with regional QA/CQI members to present information at all office staff meetings regarding CFSR requirements.

In 2016, the CQI team will look at how to increase involvement of a broader range of staff and community partners as reviewers as well as implement a process to interview stakeholders as part of the case review process. Additionally, the statewide CQI team will partner with Division of Licensed Resources (DLR) to assess the quality of DLR-CPS Investigations. While DLR already assesses the quality of their investigations, this project will include infrastructure and automation for sustaining ongoing reviews. This completes their system of quality reviews for work within DLR. This project is in the planning stages with implementation for fall of 2016.

Analysis and Dissemination of Quality Data

Data Analytics occurs at multiple levels within the organizations and through partnerships with DSHS Research and Data Administration. At the local levels, CQI leads work with supervisors,

Area Administrators, Deputy Regional Administrators and Regional Administrators to publish data for their regions and to provide opportunities for questions at the local level to the regional level. Data at this level is usual focused on process measures such as timely investigations, monthly face-to-face visits and other process measures supervisors and other managers use to provide assurance these processes are occurring.

Managers and the regional and HQ levels use process measures as well as outcome measures on a regular basis to better understand the current picture of the organization and their perspective areas. As detailed earlier in the report, each measure has an owner at the HQ level who manages the data and uses staff at the regional and at times local levels to better understand the impact and current state.

In the last several months of 2015, CA leadership committed to spending time each month during the CA leadership team meetings looking at different measures and discussing unpacking what each measure means for the regions and the state of the system.

Additionally, CA partners with Research and Data Administration on a regular basis to conduct more in-depth analysis of CA activities, trends and performance measures. In 2016 CA expects to have finalized Priority Performance Measures which will include the top performance measures that lead to the most positive outcomes for Children and Family based on historical data.

This past year, CA has continued to partner with Tribes, Stakeholders and courts in involving them in data and conversations around the use of the data and how data impacts decisions at both the statewide and local levels. In the upcoming year, CA is working to provide a consistent way of capturing this information and documenting the various improvements that have resulted from CA sharing and exploring data with its various partnerships. In 2016, the CQI unit is developing a training model for data and storytelling as part of a multi-pronged approach at targeting key outcomes for CA.

Feedback to Stakeholders and Decision Makers

CA has continued to grow in this area over the past several years. Throughout the state, at local and HQ levels, CA shares data with a variety of stakeholders and gets feedback on improvements regarding policies, practices, planning and services. CA dialogues with groups through locally formed CQI teams, CQI teams at the HQ level and through a variety of committees. Some of these committees include: Statewide Indian Policy Advisory Committee, Children's Youth and Family Advisory Committee, Washington State Racial Disproportionality Advisory Committee (WSRDAC) and CQI Permanency Committee with court partners.

In addition to regular standing committees, CA regularly invites stakeholders to participate on work groups and lean improvement processes to gain valuable insight and suggestions for improvements.

In 2016, the CQI unit will be developing a tracking system for a many CQI committees to provide: structured training, technical assistance and a consistent way of tracking the many activities and CQI improvements that occur throughout the state. Additionally, the CQI unit has identified ways to communicate to internal and external groups about current data trends, analysis and improvements within the agency. Some examples include the CA Suggestions, a feedback collection email box. CA Suggestions collects topics from staff who want more

information on their topic or who have an improvement idea. The “ideas” are forwarded to a director who has responsibility for that area of work for implementation consideration. Suggestions that are more about information are developed into a Quick Tip with hyperlinks to detail which is then shared as a pop up on staff computers.

In 2016 the CQI unit is looking at new ways to involve stakeholders in the CQI process including surveys and utilizing our CA intranet. We will continue to share key quantitative and qualitative data with the management team and CQI statewide team for discussion and action planning for ongoing improvement.

Overall, the CQI process within Children’s Administration has continued to improve and additional improvements are underway. As mentioned previously we have goals for 2016 that will contribute to a more robust and consistent CQI system across the state.

Section XI – Payment Limitations

Title IV-B Sub-Part 1 and 2

Payment Limitations - Title IV-B Subpart 1

- Washington State expenditures of Title IV-B subpart 1 funds in Federal Fiscal Year 2005 for child care, foster care maintenance, and adoption assistance payments was \$0 and we will not be expending any of these funds in these areas in federal fiscal year 2017.
- The amount of non-federal funds expended by Washington State for foster care maintenance payments that may be used as match for Title IV-B subpart 1 award in fiscal year 2005 was \$0 and we will not be expending any of these funds in these areas in federal fiscal year 2017.

Non-Supplantation Requirement - Title IV-B Subpart 2

- The 1992 base year amount was \$24.257M.
- The state and local share expenditure amounts for IV-B subpart 2 for Fiscal Year 2014 was \$25.648M.

Federal Law Changes - Title IV-B Subpart 2

- Washington State does not plan to revise the use of Title IV-B, subpart 2 funds based on the amendment to P.L. 112-34.

Title IV-B Subpart 2 Services: Examples of Key Service Providers

Family Preservation (30% of grant)	Community-Based Family Support (20% of grant)	Time-Limited Family Reunification (20% of grant)	Adoption Promotion and Support (20% of grant)	Administrative (10% of grant)
<p>Children’s Administration contracts with providers throughout Washington State for Family Preservation Services (FPS). Key services include:</p> <ul style="list-style-type: none"> • Parent Child Interaction Therapy • Intensive Family Preservation Services(IFPS)/ HomeBuilders 	<p>Children’s Administration contracts with providers for Parent Education and Support in communities throughout Washington State.</p>	<p>Children’s Administration contracts with providers for time-limited services throughout Washington State. Key services include:</p> <ul style="list-style-type: none"> • Family Preservation Services • Parent Child Interaction Therapy 	<p>Qualified providers in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the most needy and difficult to adopt. Adoption services are</p>	<p>Title IVB-2 is allocated its share of indirect administrative costs through base 619, some of these cost include: salaries, benefits, goods, and services for Finance and Performance Evaluation Division (FPED), the Assistant Secretary’s Office, Children’s Administration</p>

Family Preservation (30% of grant)	Community-Based Family Support (20% of grant)	Time-Limited Family Reunification (20% of grant)	Adoption Promotion and Support (20% of grant)	Administrative (10% of grant)
<ul style="list-style-type: none"> Incredible Years Triple P 		<ul style="list-style-type: none"> Evaluations and Treatment 	<p>provided by Adoption Caseworkers who facilitate adoptions and perform home studies, as well as, Adoption Support program staff who negotiate adoption support agreements, and provide case management for about 17,000 children and families.</p>	<p>Technology Services (does not include staff working on FamLink) and leases.</p>

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

ATTACHMENT A

CHILD ABUSE PREVENTION AND TREATMENT ACT ANNUAL REPORT

JUNE 30, 2016

REVISED AUGUST 8, 2016 AND SEPTEMBER 12, 2016

Table of Contents

Child Abuse Prevention and Treatment Act Update	3
Children’s Administration Indian Policy Advisory Subcommittee CAPTA Citizen Review Panel ...	17
Children, Youth and Family Services Advisory Committee Citizen Review Panel CAPTA Report .	20
Children’s Administration Region 1 South Oversight Committee Citizen Review Panel CAPTA Report and Work Plan	24
DSHS – Children’s Administration Response to Washington State Citizen Review Panels	27

Child Abuse Prevention and Treatment Act Update

Use of State Grant Funds

CA provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), request child placement, or family reconciliation services to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- Regional CPS Program Managers and Safety Administrators assigned in each of Washington's three regions to help coordinate CPS services and program design. Includes salary, benefits and travel costs.
- Three Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. Includes salary and benefits.
- The Child Abuse and Neglect Consultation Network.

CAPTA Goals

CA's Child Abuse Prevention and Treatment Act (CAPTA) goals for improvement are similar to last fiscal year as we continue to develop and implement improvements to our Child Safety Framework and implement the new differential response system, Family Assessment Response (FAR).

Goals for calendar year 2016 are:

1. Enhance the intake, assessment, screening, and investigation of reports of abuse and neglect, including intakes related to commercially sexually exploited children.
2. Enhance the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.
3. Improve case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
4. Develop agency response to Public Law 114-22: Impacts/Justice for Victims of Trafficking Act of 2015 for youth under the age of 18 years old. Washington State is not electing to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.

2015-2016 Summary of Accomplishments

Each of Washington's three regions has a CPS Program Manager or Safety Administrator assigned to help coordinate CPS services and program design. To assist field staff in skill development regarding assessing and planning for child safety, six Quality Practice Specialists (QPS's) were hired statewide.

Outlined below are CA's accomplishments for calendar year 2015 for designated goals.

- CA developed and implemented policy on Commercially Sexually Exploited Children (CSEC). A six hour CSEC training has been developed and delivered to staff statewide. Current CA policy applies to children or youth in the placement, care, or supervision of CA who are at

risk of, or are victims of commercial sexual exploitation or sex trafficking per PL 113-183 Preventing Sex Trafficking and Strengthening Families Act. This policy includes dependent children who are legally free, in out-of-home placement, on an in-home dependency, or participating in the Extended Foster Care program. This policy is currently under review by Region 10. Definitions for CSEC were added to the CA policy manual.

Training for CSEC began in September 2015 in King County and continues to roll out over the next few months. Missing from Care Locators received training in November 2015 and Child Health and Education Tracking workers received training in December 2015 and January 2016. Child and Family Welfare Services staff began training in March 2016 and all staff including intake and CPS workers, as well as caregivers will receive training over the next several months.

The policy can be found at: <https://www.dshs.wa.gov/node/23166>. CA was an active participant in the development of the Washington State Model Protocol for Commercially Sexually Exploited Children in 2012. This effort, led by the Center for Children and Youth Justice, brought together representatives from Children’s Administration, law enforcement, public schools, prosecutor’s, juvenile courts, community service and advocacy agencies, victim advocacy, youth advocacy and services, probation, public defense, and state legislators. These representatives provided input into the model protocol through a series of “mini-summits” held across the state between February 2012 and August 2012. CA is an active and on-going partner in the five local/regional CSEC task forces across Washington State that implemented this model protocol. Each task force includes representatives from CA, law enforcement, community service and advocacy agencies.

- CA is in the process of hiring a program manager for CSEC to manage statewide implementation of the two federal laws. In consultation with the Attorney General’s Office, it was determined that request legislation will be required to allow CA to assess and offer services to children “identified as victims of sex trafficking and severe forms of trafficking in persons.” Washington Administrative Code (WAC) will also be revised regarding the definitions of child abuse and neglect to include CSEC. Below is a tentative work plan.

Children's Administration CSEC Work Plan	
Task	Due Date/Progress
Consult with AAG on implications	Completed
Draft legislation	Draft completed; Due September 2016
Revise WAC	Due May 2017
Draft decision package for additional funding	Draft completed; Due September 2016
Identify and update policy	Due May 2017
Identify case flow	Draft completed
Engage CPS/Intake Leads workgroup	Ongoing
Change Request for FamLink (intake and assessment	Due November 2016

Children's Administration CSEC Work Plan	
tools)	
Review existing assessment tools or create new assessment	Due January 2017
Engage community partners (Sexual assault and DV centers) statewide around potential service delivery to confirmed CSEC youth	Begin October 2016; Ongoing there after
Coordination with law enforcement, juvenile justice, and social service agencies (youth shelters) <ul style="list-style-type: none"> • Build on existing task forces statewide. Refer to model protocol for commercially sexually exploited children. • Reach out to local law enforcement agencies to share information, joint training, etc. 	Begin October 2016; Ongoing there after
Develop resource packet on treatment of CSEC for CA contracted therapists.	Due May 2017
CSEC Training: <ul style="list-style-type: none"> • 6-hour training already developed and offered to Missing from Care Locators, CHET workers and CFWS worker. • Need to make it mandatory training for Intake, CPS (investigations and FAR), FRS and FVS. • Develop community training with law enforcement, juvenile justice, etc. • Modified training for Caregivers/CPA staff 	Training curriculum completed

2016-2017 Review Period Progress and Updates

Activity	Status
1. Continued implementation of FAR in remaining offices. Since January 2014 FAR has been implemented in 32 offices. There are 16 offices remaining implementation in 2016 and 2017.	Ongoing
2. Ensure consistent use of the Child Safety Framework and Intake Screening Tool for CA 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
3. 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 Area Administrators for action.	Ongoing

Activity	Status
Provide monthly performance reports that include real time, 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 Alternative Response intakes.	
4. A Statewide CPS Intake Review will occur in June 2016 to identify practice trends and review intake decision making.	June 2016
5. A Lean A3 workgroup was convened to identify an action plan to decrease the percentage of children with a founded allegation of abuse or neglect who then have a new founded allegation within 6 months from 7.9% to 6% by the end of 2015. Action plan items include a qualitative review of 250 recurrence cases for identification of patterns and reasons for recurrence, the creation of consensus building meetings in select offices with higher than average recurrence rates, and improved training on risk assessment to better identify families most at risk of future child maltreatment.	Completed
6. Explore existing RCW/WAC regarding definitions of child abuse and neglect as it relates to CSEC and whether request legislation will be required.	Ongoing

CAPTA Services

Regional CPS Program Managers and Safety Administrators

The Regional CPS Program Managers and Safety Administrators continue to support intake, assessment, screening, and investigation of reports of abuse and neglect through:

- Training their regional staff and community partners.
- Representation on statewide project teams regarding CPS and intake time frames, functions, and screening and assessment tools.
- Consultation and consensus building at the regional and statewide level.
- Coordination of regional community-based child protection teams.
- Participation in local child fatality reviews.
- Coordination of regional services for low risk families.

Critical Incident Case Review Specialists

The Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. These cases involve child fatalities, near fatalities, other critical incidents, high risk, high profile, complex cases, or tort cases.

Child Abuse and Neglect Consultation Network

The Child Abuse and Neglect Consultation Network, funded by the CAPTA Basic State Grant, is available for use by CPS staff, law enforcement, other physicians and prosecuting attorneys to obtain a physician's opinion about abuse and neglect cases. The Network is made up of

pediatricians throughout the state who are recognized experts in diagnosing child maltreatment. The physicians are affiliated with major hospitals serving children in Washington. Those hospitals include:

- Children’s Hospital and Medical Center in Seattle
- Harborview Medical Center in Seattle
- Mary Bridge Children’s Hospital in Tacoma
- Providence St. Peter Hospital in Olympia
- Deaconess Medical Center in Spokane
- Yakima Pediatric in Yakima

In 2015, available medical child abuse and neglect experts expanded from six physicians to include 18 physicians statewide.

Other CAPTA Activities

Parent Trust for Washington Children

Parent Trust for Washington Children is a contracted CA service with the mission of creating lasting change and hope for the future by promoting safe, healthy families, and communities.

Parent Trust reduces risk factors associated with child abuse and neglect by:

- Improving parent and child attachment.
- Increasing positive family and life management skills.
- Increasing knowledge of normal child development and appropriate parent and caregiver expectations.
- Decreasing isolation through developing positive support networks.
- Increasing knowledge and use of community resources.

Parent Trust Programs include:

- Family Help Line and Support Services
- Parent Education and Support Services
- Community Based Programs
 - Circle of Parents Parent Education and Support Groups
- Home Based Programs
- Child and Teen Services
- Expectant and New Parent Services
- Conscious Fathering Program

CAPTA Review Hearings

CAPTA 2015 Case Review / Summary	
Outcomes from all cases received in 2015	495
Decisions issued by Administrative Law Judge Founded/Affirmed: 200 Unfounded/Reversed: 7 Founded Reinstated on appeal by BOA: 4	211
Findings changed to Unfounded by Area Administrator based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge	98
Findings changed to Invalid Subject / Victim by Area Administrator	2
Findings changed to Inconclusive by Area Administrator	9
Transferred to AGO for licensing or conflict cases	29
Scheduled for a pending administrative hearing	140
Hearing completed and decision pending from OAH	6

Washington State Citizen Review Panels (CRP)

Washington State has three Citizen Review Panels that meet at least quarterly throughout the year. Each Citizen Review Panel 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.

Attached are the completed 2015 reports for the three Washington State Citizen Review Panels and CA's response to recommendations made by the Citizen Review Panels in 2015.

Child Protection Services Workforce

1. Number of families that received differential response as a preventative service during the year.

	Total
Number of CPS Intakes screened in for Family Assessment Response for January – December 2015	13,549

Data Source: InfoFamLink CPS Intakes by Supervisor Decision Type 1/1/2015 to 12/31/2015

2. Average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B)).
 - Intake/Screening – average caseload

Federal Fiscal Year 2015 Monthly Averages		
Intake / Screening CPS workers as of 9/30/2015	Average Number of Intakes	Average Number of Intakes per FTE
566	8943	81

Data Source: FamLink (NCANDS agency report FFY15 and monthly metrics FFY 2015)

- Assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. CA uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

Date	Child Protective Services: Average Caseload	CPS Full-time Employee (FTE)	Total CPS Cases
October 2014	19.7	322.3	6,337.8
November 2014	19.2	319.0	6,130.4
December 2014	18.5	318.8	5,890.0
January 2015	17.9	306.4	5,479.3
February 2015	17.1	306.2	5,222.0
March 2015	18.5	267.2	4,939.4
April 2015	18.6	264.0	4,905.5
May 2015	17.7	234.6	4,161.4
June 2015	18.6	226.9	4,212.4
July 2015	16.4	233.5	3,830.1
August 2015	14.6	246.2	3,594.1
September 2015	13.0	244.5	3,180.9

Data source: FamLink Workload FTE Summary Report

- Information on the education, qualifications, 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)):
 - Information on the education, qualifications, and training requirements established by the state for child protective service personnel.
 - Data for education, qualifications, and demographic information of personnel.

Children's Administration CPS Workforce

Race/Ethnicity	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
American Indian/Alaskan	6	1.28%
Asian or Pacific Islander	20	4.28%
Black/Not Hispanic origin	33	7.07%
Hispanic	41	8.78%
Unknown	64	13.70%
White/Not Hispanic origin	303	64.88%

**Children's Administration
CPS Workforce**

Total	467	100.0%
Gender	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
Female	369	79.01%
Male	98	20.99%
Total	467	100.0%
Age	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
Under 35 Years Old	153	32.76%
35 - 45 Years Old	142	30.41%
46 - 60 Years Old	143	30.62%
Over 60 Years Old	29	6.21%
Total	467	100.0%
Education	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
AA Degree	2	0.43%
College Grad 4 Year Degree	116	24.84%
High School or GED	0	0.00%
Master's Degree	274	58.67%
PHD, LLD, MD, JD	4	0.86%
Some College - 2 quarters or more	4	0.86%
Some Graduate Work	9	1.93%
Unknown	58	12.42%
Voc. or Bus. School	0	0.00%
Total	467	100.0%

Data source: HRD as of 4/4/2016

DSHS Children’s Administration 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
<p>A Master's degree in social services, human services, behavioral sciences, or an allied field.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field and one year of social service experience.</p> <p>Note: Employees must successfully complete the formal training course sponsored by their division within eighteen months of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>	<p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and eighteen months as a Social Service Specialist 1.</p> <p><u>OR</u></p> <p>A Master's degree in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 1 or equivalent paid social service experience.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and two years of paid social service experience performing functions equivalent to a Social Service Specialist 1.</p> <p>Note: A two year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>	<p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Master's degree in social services, human services, behavioral sciences, or an allied field and two years of paid social service experience equivalent to a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and three years of paid social service experience performing functions equivalent to a Social Service Specialist 2.</p> <p>Above experience must include one year paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units</p> <p>NOTE: A two year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>	<p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and two years of experience as a Social Service Specialist 3.</p> <p><u>OR</u></p> <p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and four years of experience as a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Master's degree in social services, human services, behavioral sciences, or an allied field and four years of paid social service experience equivalent to a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and six years of paid social service experience performing functions equivalent to a Social Service Specialist 2.</p> <p>Above experience must include two years paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units</p> <p>NOTE: A two year Master's degree in one of the above fields that included a practicum may be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>

**CPS Training Related Information
Calendar Year 2015**

Training Title	Required For	Mandate	CPS		DLR		Intake		Social and Health Program Consultants (SHPC)
			SW's	Sups	CPS	Licensors	SW's	Sups	
Child Abuse Interviewing and Assessment	Required for CPS & DLR/CPS SWs & Sups	Operations Manual Chapter 8000, Section 8323 RCW 74.14B.010	127	0	Counted with CPS SWs	0	0	0	0
SW Regional Core Training (RCT)	Required for all SWs	Operations Manual Chapter 8000, Section 8323 RCW 74.14B.010	185	0	Counted with CPS SWs	Counted with CPS SWs	0	0	0
Supervisor Core Training	Required for all Supervisors of Case-Carrying staff	DSHS Admin Policy 1834 WAC: 357-34-055	0	36	0	0	0	0	0
Intake Specialized Track	Required for all intake SWs & Sups	Operations Manual Chapter 8000, Section 8323	0	0	0	0	28	0	0
Total Trained by Position / Job Classification:			312	36	0	0	28	0	0

4. The number of children referred to CPS under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d)(15)).

	Federal Fiscal Year 2015 Total
Number of children referred to CPS with Substance Exposure Evident at Birth for the period of October 1, 2014–September 2015	308

Data Source: FamLink Production Query Request 1145

5. The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16)).

	Federal Fiscal Year 2015 Total
Number of children with a founded finding for abuse and/or neglect that are age 3 or under and have a documented referral to the Early Support for Infants and Toddlers Program for the period of October 1, 2014–September 2015	303

Data Source: FamLink- pulled data reported in NCANDS IDEAREF Field in Agency file.

Juvenile Justice Transfers

Children experiencing a Juvenile Rehabilitation placement remain in the custody of the CA, unless they are transferred because their Juvenile Rehabilitation stay will exceed the child's 18th birthday.

While transfer of custody is rare, CA gathers data from FamLink on children who experienced a Juvenile Rehabilitation placement during the year. In federal fiscal year 2015, 144 youth were identified as experiencing a Juvenile Rehabilitation placement.

Below is the juvenile justice transfers table which reflects the number of children in the custody of CA who experienced a Juvenile Rehabilitation placement during federal fiscal year 2015.

Federal Fiscal Year 2015 October 1, 2014– September 30, 2015

Race	Female		Male			Total
	12 – 15 Years	16 – 18 Years	10 – 12 Years	13 – 15 Years	16 – 18 Years	
American Indian/ Alaskan Native	3	7	0	7	7	24
Asian	0	2	0	0	1	3
Black/ African American	8	8	0	7	12	35

**Federal Fiscal Year 2015
October 1, 2014– September 30, 2015**

Race	Female		10 – 12 Years	Male		Total
	12 – 15 Years	16 – 18 Years		13 – 15 Years	16 – 18 Years	
Multi	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	1	1	0	1	3	6
Unable to determine	0	0	0	0	0	0
White/Caucasian	9	27	0	11	29	76
TOTAL	21	45	0	26	52	144

Data Source: FamLink

Includes any youth in an open episode for any length of stay during FFY15, who were also placed into a state regulated JJRA facility sometime during FFY15. Includes only the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, WOODINVILLE TREATMENT CENTER

Data on Child Maltreatment Deaths

The Critical Incident Case Review unit reviews cases across Washington State when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. The deceased or severely injured child must also have received services from CA within the previous 12 months to meet the statutory requirement for a review. State law also mandates that fatality and near-fatality review committees are comprised of community professionals who are experts in fields relevant to the dynamics of the case under review. These fields include: law enforcement, pediatrics, child advocacy, parent education, mental health, chemical dependency, domestic violence, Indian child welfare, and infant safe sleep.

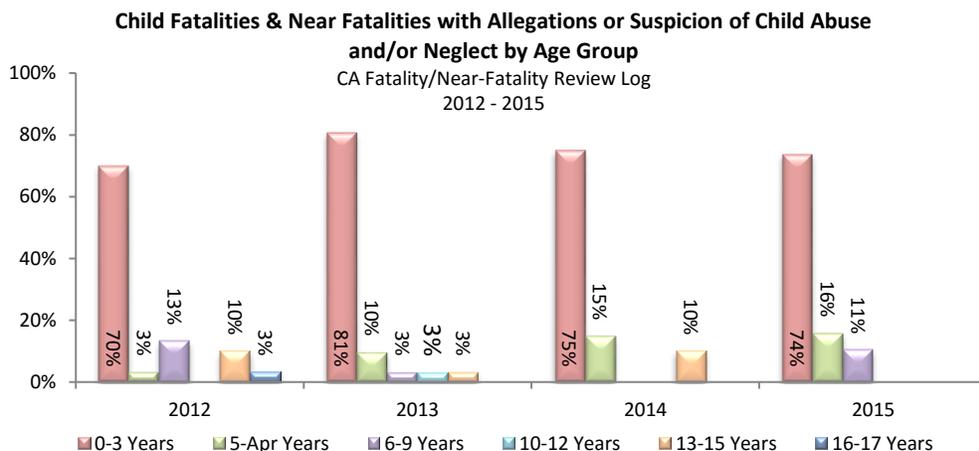
Children under age three are consistently the most vulnerable to serious injury or death from abuse. In fiscal year 2015, 83% of children who died or suffered near fatal injuries from abuse or neglect were five years old and younger. Eighty-three percent of child fatalities and near fatalities occurred while the child’s case was open. Sudden Infant Death Syndrome/Sudden Unexplained Infant Death was the most common cause of death for infants and toddlers age birth to three and was the most common cause of death resulting from child maltreatment. Co-sleeping, bed sharing with a parent, or unsafe sleep environments were contributing factors in the SIDS/SUID child fatalities. CA’s efforts to reduce child fatalities include the following:

- Lessons Learned training was provided to nearly every office in the state. This training focuses on lessons learned from cases involving child fatalities and near fatalities. This training was presented to small work units of 10 to 15 staff to encourage active group interaction. This training was tailored to intake workers, supervisors and licensing staff.
- New policy went into effect during fiscal year 2015 to address unsafe sleep to reduce the risk of injury and death for children birth to one-year-old. This new policy affects all staff who work with families with newborns. The policy requires caseworkers to complete a Safe Sleep assessment for families with children under 12 months of age, even if the child is not an alleged victim of abuse or neglect. Also, the worker must engage the parent or caregiver to create a safe sleep environment if one does not exist.

New legislation was enacted in 2015 instructing the department to review the actions taken by the CPS social worker and his/her supervisor if the social worker investigated allegations of abuse or neglect and the identified child victim sustains life threatening injuries within a year of the investigation. This law is referred to as the Aiden’s Act. The law requires a formal employee investigation on the social worker and supervisor if violations of policies, rules, or statutes are found. There were no cases that met the statutory criteria for an Aiden’s review during fiscal year 2015.

CA uses the following sources of information relating to child maltreatment fatalities and reports this data to NCANDS:

- Washington state’s SACWIS system (FamLink)
- CA’s Administrative Incident Reporting System (CAAIRS).
 - CAAIRS is a standalone database of information regarding all critical incidents involving CA clients and staff, including information on child fatalities.
- Coroner’s Offices
- Medical Examiner’s Offices
- Law Enforcement agencies
- Washington State Department of Health, which maintains vital statistics data, including child deaths



Update on Services to Substance-Exposed Newborns

CA Intake policy requires allegations of child abuse, neglect or imminent risk of serious harm to screen in reports involving a newborn exposed to substances (alcohol, marijuana and all drugs with abuse potential; including prescription medications).

During the course of the CPS response, the caseworker monitors the safety of the infant involved and continues to work with and refer parents to relevant services to increase the safety and well-being of the infant involved. CPS caseworkers complete a "Plan of Safe Care" as required by the Child Abuse Prevention and Treatment Act (CAPTA) when a newborn has been identified as substance affected by a medical practitioner. The plan must include, but is not limited to:

- a. Medical care for the newborn.

- b. Safe housing
- c. A plan of child care if the parent is employed or in school.
- d. A list of phone numbers and contacts for the parent to call, including:
 - i. Emergency care for the newborn.
 - ii. Help with parenting issues.
 - iii. Help during a crisis.
- e. A referral for the parent to necessary services, e.g., local chemical dependency professional, substance abuse assessment/treatment, or mental health assessment/treatment.
- f. 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.

In October 2014 CA launched the Infant Safety Education and Intervention policy to improve child safety outcomes for children under one-year of age through early intervention and education with caregivers. The development of a Plan of Safe Care is part of this policy and has been required prior to October 2014; however, a renewed emphasis came with this policy rollout.

In Washington State, health care providers are mandated reporters are required to notify Child Protective Services when there is reasonable cause to believe a child has been abused or neglected. If a newborn has been identified as substance exposed or affected this may indicate child abuse or neglect and should be reported. CA contributed to the development of protocol by the Washington State Department of Health for substance exposed or affected newborns in their [Guidelines for Testing and Reporting Drug Exposed Newborns in Washington State](#). In addition, CA partnered with the Washington State Department of Health to the develop the [Substance Abuse During Pregnancy: Guidelines for Screening](#) practice guide which includes details for health care providers on how to make a report, what information will need to be provided, what happens after the report is made and more.

CA regularly updates the Mandated Reporter video for Washington State that provides education on reporting requirements.

CAPTA Program Manager

Contact: Stephanie Frazier
 Address: Department of Social and Health Services
 Children’s Administration
 1115 Washington Street, SE
 P O Box 45710
 Olympia, WA 98504-5710
 Phone: 360-902-7922
 E Mail: stephanie.frazier@dshs.wa.gov

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

CHILDREN'S ADMINISTRATION

INDIAN POLICY ADVISORY SUBCOMMITTEE

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

CITIZEN REVIEW PANEL

CAPTA REPORT FOR CALENDAR YEAR 2015

JUNE 30, 2016

Children's Administration Indian Policy Advisory Subcommittee Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel CAPTA Report for Calendar Year 2015

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 Children's Administration Indian Policy Advisory Committee (CA_IPAC) serves as a CRP. The CA_IPAC Subcommittee meets monthly in Olympia and uses video conferencing for statewide participation. The function of CA_IPAC is to assure quality and comprehensive service delivery from the Department of Social and Health Services (DSHS) to all American Indians and Alaska Natives in Washington State.

Area of Focus Selected

During the calendar year 2015 reporting period, the Panel reviewed and consulted on a number of areas related to improvement of child welfare services that impact the best interests of American Indians and Alaska Natives. The primary areas focused on by the panel in calendar year 2015 are shown in bold font below and an update on progress is also provided.

- **Revisions to the CA Tribal Memorandum of Understanding**
 - As of May 2016 we have [completed and signed 13 MOUs](#) and 17 others are in process. This count includes tribes who do not want an MOU and have declined CA's invitation to meetings to discuss the process. The MOUs use a [standard format](#) and allow for tribes to customize the delivery of child welfare services (provided by the state). The MOUs also help identify and facilitate delivery of services and enhance the government-to-government relationship as it applies to each tribe.
- **ICW manual revisions**
 - Tribes have participated in the review and revision of ten chapters, and CA anticipates the remaining chapters will be ready for review by tribes before early summer 2016.
- **Develop a revised ICW training in partnership with UW Alliance**
 - The UW Alliance held a series of workgroups to revise the Regional Core Training for CA caseworkers. This is now implemented and work has begun on a contract with NICWA to establish training for all CA staff and tribal workers.
- **WAC Revisions**
 - Following DSHS Administrative 7.01 policy CA has conducted two round tables and consultation with tribes on revisions to Washington Administrative Code 388-70. The WAC is being revised to align the definition of Indian child with federal and state Indian Child Welfare laws, and to be consistent with current CA policy and procedure.

Recommendations to the Agency for Calendar Year 2016

1. Continue to monitor and track Indian Child Welfare Act (ICWA) compliance and

Disproportionality impacts.

2. Complete a deeper analysis of the ICW Case Review results to understand the differences between prior year results and inform possible changes in practice and policy.
3. Continue to work on the following:
 - MOU reviews and completing updated agreements - there are currently 13 MOUS completed, and CA continues to work with tribes that don't have and MOU in place
 - ICW Manual revisions
 - UW Alliance ICW Training – Children's Administration should prioritize and support changes to the FamLink ICW management module. These changes would promote better ICWA compliance by CA staff. Who is making the recommendation? And what is the content within the Change Requests that has been put forward. Legal field within the ICW tab as to whether a tribe has care and authority which is an area that generates services but has consistently not been updated correctly. This is a major area that is extremely inconsistent and a partner to notification.
4. Service availability to rural tribes and local offices.
5. Recommendation around FAR – Department should be looking at impact of FAR on disproportionality and reporting back to CA_IPAC and WSRDAC.
6. Workforce stabilization - what can CA do to impact retention and provide consistency to families.
7. Hold a meeting with tribes and CA to discuss the ability to have write access to FamLink.

Citizen Review Panel Members

The CA_IPAC is comprised of representatives from the 29 federally recognized tribes in Washington, the five Recognized American Indian Organizations, and staff from other DSHS Administrations. The Tribes highlighted in bold gave input for the calendar year 2015 report.

- | | |
|--|---|
| <ul style="list-style-type: none">• Confederated Tribes of the Colville Reservation• Cowlitz Indian Tribe• Jamestown S'Klallam Tribe• Lower Elwha Klallam Tribe• Makah Nation• Nisqually Tribe• Port Gamble S'Klallam Tribe• Quileute Nation• Samish Nation• Shoalwater Bay Tribe• Snoqualmie Tribe• Squaxin Island Tribe• Suquamish Tribe• Tulalip Tribe• Yakama Nation | <ul style="list-style-type: none">• Confederated Tribes of the Chehalis Reservation• Hoh Tribe• Kalispel Tribe• Lummi Nation• Muckleshoot Tribe• Nooksack Tribe• Puyallup Tribe• Quinault Nation• Sauk-Suiattle Tribe• Skokomish Tribe• Spokane Tribe• Stillaguamish Tribe• Swinomish Tribe• Upper Skagit Tribe |
|--|---|

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

CHILDREN, YOUTH AND FAMILY SERVICES ADVISORY COMMITTEE

CITIZEN REVIEW PANEL

CAPTA REPORT FOR CALENDAR YEAR 2015

JUNE 30, 2016

Child Abuse Prevention and Treatment Act Children, Youth and Family Services Advisory Committee Citizen Review Panel CAPTA Report for Calendar Year 2015

Purpose

The purpose of the Citizen Review Panel (CRP) (the Panel) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act. This is done through examining policies, procedures, and practices of state and local child protection agencies, reviewing specific cases where appropriate, and examining other criteria that are important to ensure the protection of children. The Children, Youth, and Family Services Advisory Committee serve as a Statewide Citizen Review Panel for Washington State.

Area of Focus Selected for this Report

During the calendar year 2015 reporting period, the Panel continued their review of the Family Assessment Response (FAR) implementation. The panel members participated in a survey designed to identify a primary focus for 2016. The options were:

1. Continue monitoring of FAR implementation
2. Improvements to the parent/child visitation process
3. Further review and evaluation of the Child Safety Framework
4. Caseworker recruitment and retention

As a result of the survey the group decided to continue monitoring FAR implementation data as it is made available, continue monitoring the parent/child visitation workgroup outcomes, and to make caseworker recruitment and retention the panel's primarily focus.

Process

The Panel met four times in 2015. The Panel was given a presentation on Federal Plans and the review processes. The Panel also participated in a continuous quality improvement activity designed to help CA:

- Engage with stakeholders and Tribes
- Elicit feedback from stakeholders and Tribes
- Provide updates to stakeholders and Tribes regarding feedback given to CA

CA Assistant Secretary, Jennifer Strus attends all of the meetings and engages the Panel in discussion to review and give advice on numerous child welfare topics including:

- Family Assessment Response (FAR)
- CA employee recruitment, retention, compensation, training
- The role of the Citizen Review Panel
- Federal plans and review processes
- The Braam dashboard and performance measures
- Performance Based Contracting
- New / proposed legislation
- Parent/child visitation

- Foster parent recruitment and retention
- CA budget
- Draft child protection services guide
- Intake screening
- Mobile computing
- Placement resources
- Background check processes

The Role of the Citizen Review Panel

This year the Panel continued discussion regarding the usefulness of the CRP. The Assistant Secretary attends every meeting and engages members in a dialogue that encourages candid feedback from all members on a variety of child welfare topics. The topics cover areas that are important under CAPTA and other areas that are important for the smooth operation of a functioning child welfare system. At the end of the calendar year acknowledging the improved relationship between the Panel and CA, the members agreed to continue operating as one of Washington States CRPs and completed a survey to identify an area of focus for 2016.

Action by the Citizen Review Panel

During calendar year 2015 panel members participated in the following actions:

- Some members participated in a workgroup assembled to make improvements to the policies and processes for parent/child visitation. This work is continuing into 2016.
- A survey of the CRP was completed to help identify and prioritize the interests of the whole group.
- Members reviewed proposed legislation and provided feedback as to benefits and consequences of the legislation.
- Panel members brought concerns regarding individual case examples and patterns of case management to discuss as a group.
- In preparation for the panel's future plans, members researched and reviewed other states CRP actions and efforts to address child welfare employee recruitment and retention.
- Panel members continued support of CA request to the legislature to fund the implementation of FAR.

Recommendations for Calendar Year 2016

The Citizen Review Panel made the following recommendations to CA during the 2015 calendar year:

- Continue rolling out the Family Assessment Response (FAR) across the state as funding allows. (The 2016 legislature approved funding for continuation of the FAR roll out to the remaining offices.)
- Continue examining employee recruitment and retention in order to develop strategies for building employee capacity to deliver child welfare services.
- Continue to inform work by the parent/child visitation workgroup regarding policy, training and contracts.

Future Plans

The CRP will continue reviewing and tracking implementation of Family Assessment Response in relation to child safety, race and disproportionality in the coming year. Child Safety and Racial Disproportionality

are part of the Tri-West evaluation for FAR. The panel is requesting that Tri-West give a presentation to the group regarding the assessment of the FAR implementation. The panel will collect data from CA and others sources as available regarding child welfare employee recruitment and retention. The panel will provide the data collected and recommendations from the panel’s review of the data to CA in calendar year 2016.

2015 Citizen Review Panel members

Jacob D’Annunzio, Office of Public Defense – **Co-Chair**

Byron Manering, Director of Brigid Collins, Family Support Center, Bellingham—Co-Chair

Janis Avery, Treehouse, Seattle

Julie Engle, Treehouse

Jason Bragg, Parent Mentor/Ally

Rea Culwell, Washington Association of Prosecuting Attorneys

Robert Faltermeyer, Excelsior Youth Center, Spokane

Alise Hegle, Catalyst for Kids, Seattle

Ed Holm, Attorney, Olympia-

Laurie Lippold, Partners for Our Children, Seattle

Julie Lowery, Washington Association of Juvenile Court Administrators, Pierce County Ron Murphy, Casey Family Programs, Seattle

Dan Newell, Office of Superintendent of Public Instruction

Jess Lewis, Office of Superintendent of Public Instruction

Esther Patrick, Foster Parent

Michelle Ressa, Spokane County Superior Court

Jim Sherrill, Indian Policy Advisory Committee, Longview

Jim Theofelis, The Mockingbird Society, Seattle

Tess Thomas, Thomas House, Seattle

Tiffany Washington, Big Brothers, Big Sisters of Puget Sound

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

CHILDREN'S ADMINISTRATION REGION 1 SOUTH
OVERSIGHT COMMITTEE CITIZEN REVIEW PANEL
CAPTA REPORT AND WORK PLAN

JUNE 30, 2016

Region 1 South Children’s Administration Oversight Committee Citizen Review Panel 2015 CAPTA Report and Work Plan

It is the mission of the Region 1 South Oversight Committee and Citizen Review Panel (CRP) to be a presence in the community by reaching out and advocating for the needs of children and families across Region 1 South. In addition, this committee will be reviewing and evaluating performance measures, state and federal, and offer suggestions or help to overcome internal or external barriers to families.

Purpose

The purpose of the CRP is to evaluate the extent to which the state agency in Region 1 South is fulfilling its child protection responsibilities in accordance with the Federal Child Abuse Prevention and Treatment Act (CAPTA) State plan.

Areas of Focus

The Region 1 South Oversight Committee serves as a CRP for Washington State. The Oversight Committee CRP invites local community members to join committee meetings to discuss the accessibility and effectiveness of CA services, with emphasis on policies, practices and community collaborations that support child safety and well-being. Due to unforeseen circumstances involving the retirement and change of positions for both of the Oversight Committee CRP facilitators in 2014, the Region 1 South Oversight Committee CRP did not meet during 2015. The process of re-establishing the group began in late 2015 and involved the recruitment of new members, the assignment of new facilitators, and development of focus areas and goals for 2016. The next Oversight Committee meeting will occur in April 2016. Specific areas of focus for 2016 include: recruitment for additional CRP members, CA staff recruitment and retention, CA Region 1 South performance in meeting State and Federal child safety measures related to Child Protective Services intervention, and enhancing resources for children and families in rural areas of Region 1 South.

Process

The Region 1 South Oversight Committee CRP did not meet in 2015 due to the unforeseen circumstances described above. The Committee historically met quarterly in various communities in each of the seven counties which comprise Region 1 South. The newly assigned committee facilitator plans to continue this process starting in April 2016 and has started work on establishing areas of focus and goals for 2016.

Findings, a continuation of state and community efforts since 2001

No findings are available at this time due to the committee not meeting during 2015.

1. Improving performance in both State and Federal child safety measures for Child Protective Services intervention.
2. Enhancing services for children and families in rural areas of Region 1 South.
3. CA staff recruitment and retention.

Committee Work Plan 2016

1. Foster youth and alumni will be invited to Committee meetings to share their experiences, make recommendations for improving practice.
2. Committee will meet every quarterly. Telephone meetings may be used in place of face to face meetings dependent upon budget constraints and weather. As offices in CA are able to take advantage of video conferencing equipment, the oversight members and additional members may

be able to participate through that modality which hopefully will improve productivity while maintaining rural uniqueness.

3. Committee members will communicate by e-mail, in order to share current/critical information, receive special event news, and share training opportunities, and most importantly share outcomes of CA's progress toward achieving better outcomes.
4. Committee will recruit additional members from under-represented areas, including new Tribal members, a new member from the foster care alumni and service recipients from those areas.
5. The Oversight committee will consider holding some meetings at local CA offices in order to meet with Social Workers and Supervisors (this has occurred in past years).

Region 1 South Oversight Committee CRP Members

- Mary O'Brien, Yakima Valley, Administrator Yakima Valley Farmworker's Clinic
- Joel Chavez, Franklin County Drug and Alcohol Program, Kennewick
- Linda Watts, Yakima Police Department
- Jessica Hodges, 3 Rivers Wrap Around, Kennewick
- Kim Foley – CWCMH, Yakima
- Lynn Biggs – Casey Families
- Nancy Jewett-Kittitas County CASA program
- Dorene Perez – DSHS/CA Deputy Regional Administrator Region 1 South
- Theresa Malley – DSHS/CA Area Administrator, Richland and Walla Walla
- Christine Garcia – DSHS/CA Area Administrator, Moses Lake and Ellensburg
- Monica Jenkins- Regional Programs Supervisor, Region 1
- Jenna Kiser – Safety and Intake Program Manager, CA Headquarters

Submitted by:

Jenna Kiser in consultation with new committee facilitator Monica Jenkins, Region 1 South

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

DSHS - CHILDREN'S ADMINISTRATION

RESPONSE TO WASHINGTON STATE REVIEW PANELS

JUNE 30, 2016

DSHS - Children's Administration Response to Washington State Citizen Review Panels

Purpose

The purpose of this report is to respond to the Citizen Review Panels' recommendations to improve the state and local child protection system. To coincide with the Annual Progress and Services reporting period, this report covers the calendar year 2015 reporting period.

Background

Washington State Citizen Review Panel Program was established in 1999 in response to the CAPTA requiring states to develop and establish Citizen Review Panels. Washington State has one regional Panel and two statewide Panels. These include:

1. Children's Administration Indian Policy Advisory Subcommittee
2. Children, Youth and Family Services Advisory Committee
3. Region 1 South Oversight Committee

More than 40 Panel members, representing a broad spectrum of Washington communities participate on these panels. As required by CAPTA, Panel members play an integral role in reviewing whether the state is meeting its goals of protecting children from abuse and neglect.

CA helps Panels by providing logistical and technical support; assisting with training, recruiting, and strategic planning; and facilitating the exchange of pertinent information. More information on Washington State Citizen Review Panels is located at: [DSHS - Children's Administration - Citizen Review Panels](#)

Washington State Citizen Review Panels' Areas of Focus for Calendar Year 2015

Citizen Review Panel	Areas of Focus
Children, Youth and Family Services Advisory Committee	<p>During the calendar year 2015 reporting period, the Panel continued their inquiry of the Safety Framework, began an examination of CPS FAR and reviewed its role as an active CRP. The primary focus in 2015 was for the panel to become more proficient in the safety framework and how CA was addressing two areas of concern:</p> <ol style="list-style-type: none"> 1. the gathering of information, and 2. safety planning
Children's Administration Indian Policy Advisory Subcommittee	<p>During the calendar year 2016 reporting period, the Panel focused on the following efforts:</p> <ul style="list-style-type: none"> • Revisions to the CA/Tribal Memorandum of Understanding • Finalization of a ICW Continuous Quality Improvement Action Plan • Revisions to ICW Manual • Modifications to ICW FamLink page for better data accuracy and monitoring of ICW cases • Revised ICW training in partnership with UW Alliance developed
Region 1 South Oversight Committee	<p>Due to unforeseen circumstances involving the retirement and change of positions for both of the Oversight Committee CRP facilitators in 2014, the</p>

Region 1 South Oversight Committee CRP did not meet during calendar year 2015.

Citizen Review Panel’s Recommendations

Citizen Review Panel	Recommendation
<p>Children’s Administration Indian Policy Advisory Subcommittee</p>	<ol style="list-style-type: none"> 1. Continue to monitor and track Indian Child Welfare Act (ICWA) compliance and Disproportionality impacts. 2. Complete a deeper analysis of the ICW Case Review results to understand the differences between prior year results and inform possible changes in practice and policy. 3. Continue to work on the following: <ul style="list-style-type: none"> • MOU reviews and completing updated agreements - there are currently 13 MOUS completed, and CA continues to work with tribes that don’t have an MOU in place • ICW Manual revisions • UW Alliance ICW Training – Children’s Administration should prioritize and support changes to the FamLink ICW management module. These changes would promote better ICWA compliance by CA staff. Who is making the recommendation? And what is the content within the Change Requests that has been put forward. Legal field within the ICW tab as to whether a tribe has care and authority which is an area that generates services but has consistently not been updated correctly. This is a major area that is extremely inconsistent and a partner to notification. 4. Continue to look at service availability to rural tribes and local offices. 5. Recommendation around FAR – Department should be looking at impact of FAR on disproportionality and reporting back to CA_IPAC and WSRDAC. 6. Workforce stabilization - what can CA do to impact retention and provide consistency to families. 7. Hold a meeting with tribes and CA to discuss the ability to have write access to FamLink.
<p>Children, Youth and Family Services Advisory Committee</p>	<ol style="list-style-type: none"> 1. Continue rolling out the Family Assessment Response (FAR) across the state as funding allows. (The 2016 legislature approved funding for continuation of the FAR roll out to the remaining offices.) 2. Continue examining employee recruitment and retention in order to develop strategies for building employee capacity to deliver child welfare services. 3. Continue to inform work by the parent/child visitation workgroup regarding policy, training and contracts.

Children's Administration CPS Response to Citizen Review Panel Recommendations Children's Administration Indian Policy Advisory Subcommittee

Recommendation 1

Continue to monitor and track Indian Child Welfare Act (ICWA) compliance and Disproportionality impacts.

Children's Administration Response

CA will continue to monitor and track ICWA compliance and Disproportionality impact through established ICW Case Review, Central Case Reviews, Continuous Quality Improvement and Quality Assurance evaluations. Results of these evaluations will be shared with CA_IPAC and WSRDAC to gain feedback on how to improve CA's performance on these items. CA will then share the results of any policy and systemic changes implemented as a result of the feedback provided by CA_IPAC and WSRDAC.

Recommendation 2

Complete a deeper analysis of the ICW Case Review results to understand the differences between prior year results and inform possible changes in practice and policy.

Children's Administration Response

Each region will develop a plan to address areas of concern from the results of the ICW Case Review. In regions 1 & 3, action plans will be monitored by regional CQI managers and ICW program consultants. In Region 2 plans will be monitored by a deputy regional administrator and ICW program staff.

Recommendation 3

Continue to work on the following:

- MOU reviews and completing updated agreements - there are currently 13 MOUS completed, and CA continues to work with tribes that don't have and MOU in place;
- ICW Manual revisions;
- UW Alliance ICW Training – Children's Administration should prioritize and support changes to the FamLink ICW management module. These changes would promote better ICWA compliance by CA staff. Who is making the recommendation? And what is the content within the Change Requests that has been put forward. Legal field within the ICW tab as to whether a tribe has care and authority which is an area that generates services but has consistently not been updated correctly. This is a major area that is extremely inconsistent and a partner to notification.

Children's Administration Response

CA will continue efforts to improve FamLink functionality to accurately record ICW information. In September 2016 a change request will be implemented allowing staff to launch intakes for tribal notification.

Recommendation 4

Service availability to rural tribes and local offices.

Children's Administration Response

Finding qualified providers to deliver services in rural areas is a great challenge throughout the state.

CA regional program and contracts managers continue their efforts to form partnerships with other child serving agencies (e.g. Juvenile courts, community centers, and mental health agencies) in the hopes to reach families living in rural areas. CA is making progress in making more services available and the gains are slow.

Recommendation 5

Recommendation around FAR – Department should be looking at impact of FAR on disproportionality and reporting back to CA_IPAC and WSRDAC.

Children's Administration Response

TriWest is independently evaluating the FAR implementation for CA and as part of this evaluation they are reporting on the effects of FAR on disproportionality. TriWest is scheduled to provide the results of the interim evaluation report to WSRDAC in September 2016. The report will be shared with CA_IPAC and a presentation scheduled if requested for CA_IPAC.

Recommendation 6

Workforce stabilization - what can CA do to impact retention and provide consistency to families.

Children's Administration Response

During 2015 CA continued its focused examination of the factors that contribute favorably to employee recruitment and retention and developed strategies for building employee resources, capacity and commitment in the delivery of consistent and excellent services to the families served and to keep children safe. Strategies already in place include routinely conducting exit interviews for staff leaving service with CA, benefiting from agency wide annual employee survey feedback, offering supervisor/management education to increase supervisory and administrative skills along with regular meetings and conferences to train and support supervisors, seeking additional resources in the number of direct service staff through legislative requests, ongoing workload reduction and streamlining work, development of new hiring strategies to increase CA's ability to identify and hire staff who have the qualities that contribute most to success in child welfare work, the development of a Field (staff) Advisory Board to offer consultation on policy & program development and continued workload reduction recommendations, the addition of more entry level staff positions, and planning to seek increases in compensation and numbers of staff along with creation of a new case support position expected in 2016.

Recommendation 7

Hold a meeting with tribes and CA to discuss the ability to have write access to FamLink.

Children's Administration Response

Meetings with CATS and CA IPAC sub-committee have happened and the feasibility of adding write access to portions of FAMLINK are being examined.

Children, Youth and Family Services Advisory Committee

Recommendation 1

Continue rolling out the Family Assessment Response (FAR) across the state as funding allows. (The 2016 legislature approved funding for continuation of the FAR roll out to the remaining offices.)

Children's Administration Response

CA is continuing the implementation of FAR for all offices in the state and has 9 offices left to implement. Statewide implementation is scheduled to be complete by April 2017.

Recommendation 2

Continue examining employee recruitment and retention in order to develop strategies for building employee capacity to deliver child welfare services.

Children's Administration Response

During 2015 CA continued its focused examination of the factors that contribute favorably to employee recruitment and retention and developed strategies for building employee resources, capacity and commitment in the delivery of consistent and excellent services to the families served and to keep children safe. Strategies already in place include routinely conducting exit interviews for staff leaving service with CA, benefiting from agency wide annual employee survey feedback, offering supervisor/management education to increase supervisory and administrative skills along with regular meetings and conferences to train and support supervisors, seeking additional resources in the number of direct service staff through legislative requests, ongoing workload reduction and streamlining work, development of new hiring strategies to increase CA's ability to identify and hire staff who have the qualities that contribute most to success in child welfare work, the development of a Field (staff) Advisory Board to offer consultation on policy & program development and continued workload reduction recommendations, the addition of more entry level staff positions, and planning to seek increases in compensation and numbers of staff along with creation of a new case support position expected in 2016.

Recommendation 3

Continue to inform work by the parent/child visitation workgroup regarding policy, training and contracts.

Children's Administration Response

Parent-Child Visit policy was updated in March 2016 to address feedback from the work groups and CA field staff. The workgroup has continued to meet and work continues on updating training and contacts.

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

ATTACHMENT B

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN UPDATE

JUNE 30, 2016

REVISED AUGUST 8, 2016

Foster & Adoptive Parent Diligent Recruitment Plan 2015-2019

In partnership with our recruitment contractors, CA Foster Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence, and Washington's many child placing agencies and tribes CA endeavors to continuously strengthen, improve, and diversify recruitment efforts to seek potential foster and adoptive families. Under CA's Foster Parent or Unlicensed Caregiver policy, Children's Administration is prohibited from denying any person the opportunity to become a foster or adoptive parent, on the basis of race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability or national origin of the foster or adoptive parent, or the child, involved [42 USC 671a](#) and [RCW 49.60.030](#).

Recruitment, Development and Support (RDS) teams have been developed in each region and also in local offices. These teams bringing together a variety of agencies and individuals committed to caregiver recruitment and support including CA staff, Olive Crest, Eastern Washington University (EWU), tribal partners, caregivers, and representatives from racially and ethnically diverse community groups, and faith communities.

CA focuses recruitment efforts on foster and adoptive families who:

- Reflect the ethnic and racial diversity of children in care.
- Are committed to the safety and well-being of children placed in their care.
- Celebrate and respond to each child's unique characteristics.
- Care for children of all age, gender, sexual orientation, sibling groups and children with special developmental, behavioral or medical needs.

New recruitment and retention contracts were awarded in July 2015. These contracts include anti-discrimination language which states *"At all times during the term of this Contract, the Contractor shall comply with all applicable federal, state, and local laws and regulations, including but not limited to, nondiscrimination laws and regulations."* The new contracts are regionally located to better align with local communities and based on the needs identified by the procurement development workgroup.

Olive Crest was awarded contracts for Regions 2 and 3. Eastern Washington University received the contract for Region 1. CA, Olive Crest, and EWU provide ongoing recruitment efforts supported by the State Recruitment Information Center (SRIC). The SRIC tracks prospective foster and adoptive families from the point of inquiry through completion of the foster care license. These new contracts build on prior work and continue to utilize current or former foster parents as recruiters. Olive Crest Liaisons and EWU Resource Peer Mentors (RPM) work with potential foster families and provide support for caregivers to complete the required pre-service training, licensure requirements, and assistance understanding and navigating the child welfare system.

All RDS teams utilize local data to inform their work and focus efforts to recruit quality, safe foster families able to meet the needs of children placed in out-of-home care in the region and

support the existing foster families and caregivers. RDS teams further individualize recruitment planning based on:

- Characteristics of children needing foster homes in the area of focus.
- Greatest numbers of removals occurring in specific neighborhoods and placements needed in those neighborhoods.
- Review of data on the current number of open or active foster families and their current capacity/ability to accept children for placement.
- Review of data on prospective foster families, including new inquiries, families currently in training, and those who have submitted licensing applications. Review of data on follow up support from the Contractor's staff to prospective caregivers navigating the system.
- Identifying the need for and access to resources and activities available to help support caregivers and the children placed in their home.

Based on regional needs, recruitment planning seeks foster parents to care for children who have the following diverse characteristics:

- Male and female children
- Ages 0 – 21 years, especially for youth 13 years and older
- Sibling groups
- Racial, cultural and ethnic diversity – with specific focus on Native American, Hispanic and African American children
- Children and youth with behavioral/emotional needs and intense supervision needs
- Medically fragile infants and young children
- Lesbian, gay bisexual transgender and questioning children and youth
- Mono-lingual Spanish speaking
- Deaf and hard of hearing

The newly developed contracts with Olive Crest and EWU establish performance outcome measures tied to recruitment work of the contractors in four specific areas:

1. Contractor's attendance at 90% of all scheduled RDS team meetings
2. Contractor's attendance at 90% of all DLR group orientations
3. Contractor's attendance at 90% of all Alliance trainings
 - Olive Crest's attendance is in compliance with the required RDS team meetings, DLR group orientations and Alliance Trainings.
 - CA entered into a compliance agreement with EWU due to poor outcome performance for several months at the beginning of the contract. The contractor is now in compliance with attendance requirements for RDS team meetings, DLR group orientations and Alliance trainings.
4. New foster home applications received by
 - DSHS CA Department of Licensed Resources, or
 - Child Placing Agencies (CPAs) under contract to DSHS CA

		TX_LICENSE_FACILITY ▾	APPLICATION_STATUS ▾				Private Agency Foster Home			Grand Total	
		Foster Home									
APP MONTH	Values	Complete	Withdrawn	Incomplete	Denied	Complete	Withdrawn	Incomplete			
7/1/2015	# FH Apps	52	42	7		28	17		146		
	% FH Apps	35.6%	28.8%	4.8%	0.0%	19.2%	11.6%	0.0%	100.0%		
8/1/2015	# FH Apps	67	43	6		33	12	6	167		
	% FH Apps	40.1%	25.7%	3.6%	0.0%	19.8%	7.2%	3.6%	100.0%		
9/1/2015	# FH Apps	53	41	20	1	52	17	2	186		
	% FH Apps	28.5%	22.0%	10.8%	0.5%	28.0%	9.1%	1.1%	100.0%		
10/1/2015	# FH Apps	63	34	22	1	41	17	3	181		
	% FH Apps	34.8%	18.8%	12.2%	0.6%	22.7%	9.4%	1.7%	100.0%		
11/1/2015	# FH Apps	46	29	21		47	14	13	170		
	% FH Apps	27.1%	17.1%	12.4%	0.0%	27.6%	8.2%	7.6%	100.0%		
12/1/2015	# FH Apps	45	32	42		36	8	7	170		
	% FH Apps	26.5%	18.8%	24.7%	0.0%	21.2%	4.7%	4.1%	100.0%		
1/1/2016	# FH Apps	49	28	57		12	2	26	174		
	% FH Apps	28.2%	16.1%	32.8%	0.0%	6.9%	1.1%	14.9%	100.0%		
2/1/2016	# FH Apps	16	9	109		6	2	67	209		
	% FH Apps	7.7%	4.3%	52.2%	0.0%	2.9%	1.0%	32.1%	100.0%		
3/1/2016	# FH Apps	8	3	120		1	1	62	195		
	% FH Apps	4.1%	1.5%	61.5%	0.0%	0.5%	0.5%	31.8%	100.0%		
Total # FH Apps		399	261	404	2	256	90	186	1598		
Total % FH Apps		25.0%	16.3%	25.3%	0.1%	16.0%	5.6%	11.6%	100.0%		

Data Source: FamLink, As of 3/31/2016

The data set above tracks statewide applications by month both for the DSHS CA Division of Licensed Resources and private Child Placing Agencies. Application counts by month for the state indicate strong recruitment responses (through the submission of a licensing application) over the nine months since the Olive Crest and EWU regional contracts began. Typically, application submissions slowdown in the summer and during the holidays this trend is reflected in this data set.

The Olive Crest and EWU contracts include incentive payments tied to providing ongoing support for prospective foster parents as they move through the training and application process. Data from SRIC documented many families who are not supported from inquiry to prior to the submission of an application are lost after their first contact. Recruitment contractors provide “hand holding” for potential caregivers in addition to disseminating recruitment messages, building awareness about the general need for foster parents, and conducting targeted recruitment. Periodic contacts, information, and answers to questions from potential families is critical in supporting them through the system to avoid dropouts.

Olive Crest (aka Fostering Together)

Olive Crest’s contract implements a wide array of recruitment and retention efforts. Their recruitment liaisons input information into SRIC which allows data tracking of prospective caregivers. They maintain a [website](#) to help both prospective and current foster parents learn about our recruitment needs and efforts. The website can be modified daily, ensuring timely access to updated information. This website provides easy to access information on:

- CA’s need for foster parents, especially foster parents who could care for children in the identified priority populations.
- Training availability across the state, in each region, and any office providing foster parent training, including a link to the Alliance’s caregiver’s training page.
- Families’ success stories.
- Recruiter/Liaison’s contact information.
- Adoption services.
- Statewide foster care and adoption service agencies.

- List of events of interest for foster and adoptive parent's.
- Caregiver Support:
 - Foster Intervention Retention and Support Services (FIRST Program)
 - Foster Parent Critical Support and Retention Services
- In-person and online via closed Facebook Support Groups:
 - 39 in-person support groups exist across Western Washington in urban and rural areas and offer wide topics of interest.
 - 30 Facebook pages exist to support foster parents, prospective foster parents, military foster parents, adoptive parents, relative caregivers, and deaf foster parents. The Olive Crest Facebook online groups are utilized and praised by both veteran and new foster parents. New support tools offer information to new or prospective foster parents and secure member groups are available for existing foster parents or relative caregivers. The Facebook pages enable caregivers to connect with other caregivers. Caregivers seek information and support from other caregivers and share information and resources. Online groups also offer CA the ability to quickly share information with caregivers.

Throughout this year, Olive Crest has continued to forge recruitment partnerships with Tribal, Hispanic, African American, and LGBTQ community partners and stakeholders. New partnerships have been developed with Hispanic newspaper, radio, faith, and business leaders. African American faith communities, service organizations, and community partners have received links to Olive Crest's newly created African American foster parent video recruitment. Similar recruitment videos have been created this year focusing on recruitment for Hispanic children, sibling groups, LGBTQ youth, and Native American youth.

Eastern Washington University (EWU) (Fostering Washington)

EWU's contract implements a wide array of recruitment and retention efforts developed in conjunction with multiple partners to address recruitment and support of foster parents in Eastern Washington. The RDS teams in this area develop recruitment guidance based on data driven placement needs. EWU's contract is effective July 2015-June 2017. EWU has structured their service delivery to address the need for local mentors to help prospective families navigate the system. Regional Coordinators direct recruitment efforts through the SRIC data system, with the RPMs responding to inquiries within 24 hours. RPMs also provide ongoing support to potential families and veteran foster parents. EWU has established a strong online presence with their [website](#), as well as four foster parent Facebook pages to support foster parents and relative caregivers interested in applying to become a foster parent. Twelve foster parent in-person support groups currently exist under EWU's contract with the groups supported and facilitated by a Recruitment Coordinator or RPM.

EWU has built a strong presence in each of the local RDS meetings across Region 1. As part of their transitional plan, EWU has researched and suggested team additions from the community to widen recruitment diversity and partnership. Recent online Facebook ads targeting specific recruitment efforts have been developed and launched to reach specific populations in identified communities across Region 1.

The Alliance for Child Welfare Excellence (Alliance)

The Alliance pilot for foster parent recruitment and training continues in the Grays Harbor area. The pilot was developed in conjunction with both the Alliance and Olive Crest and is supported by the local RDS team. This area has been underserved in foster parent recruitment, due to the more rural nature of these communities. The pilot has found the most success in combining support services with foster parent training.

Targeted Recruitment

CA has continued to support recruitment efforts that have been responsive to specific community partners:

- **Spanish Speaking Foster Parent Recruitment**

In partnership with Washington's Commission on Hispanic Affairs, radio broadcasts on Spanish Radio continue to be aired statewide. Partnership with the Hispanic Commission has assisted CA in the preparation of the materials, which are developed to provide clear, basic information about licensing requirements and to develop trust within Hispanic communities. The Spanish Radio recruitment effort was continued this year. The SRIC data tracker demonstrates increased calls from Spanish speaking families after each radio broadcast.

- **Deaf and American Sign Language (ASL) Proficient Foster Parent Recruitment**

The partnership developed between CA and the Office of Deaf and Hard of Hearing continues to offer consultation and resources to benefit families and children across Washington.

The Statewide Recruitment Information Center (SRIC)

The Statewide Recruitment Information Center (SRIC) Data Tracker has been a contracted service through Northwest Resource Associates (NWRA) since 2009. The contract serves as the data management system for CA's Recruitment and Retention contractors, CA staff, and RDS Teams. This system tracks prospective foster parents who inquire about becoming a foster parent via the online inquiry/questionnaire form or from individuals/families who call the state's recruitment phone line at 1-888KIDS-414. The new contract for the SRIC Data Tracker and call center was reproduced and awarded again to NWRA through 2019.

The Data Tracker identifies and provides data on:

- General and specific forms of recruitment information that have prompted the family to inquire about foster care and adoption, including families who have responded to AdoptUSKids.
- City and county of prospective foster families.
- Family's specified area of interest (foster only, foster and adopt, relative care, adoption only).
- Special needs of children the family may be able to manage.
- Numbers of new inquiries made each month.
- Referrals directed to the contractor.

- Contacts (date, time, type) made by the recruiter or liaison.
- Specific recruitment efforts made by the liaison in their identified area.
- Follow up contacts made with each individual prospective family.
- Group contacts made by the recruiter or liaison.
- Bulk email messaging to all prospective families in the recruiter or liaisons area or by region.

Data Tracker information continues to confirm that foster and adoptive parents serve as the highest source of referrals for new prospective foster families, with a new trend developing that indicates internet searches about becoming a foster parent are increasing.

NWRA staff is developing enhanced reporting capacities under the new contract.

Enhancements will also include a responsively designed mobile application to allow mobile device users to access a user friendly system.

The SRIC and its call center respond to families inquiring by phone. To ensure strong customer service is provided by the contractor, CA completes brief quarterly customer service reviews with feedback to the contractor.

New data breakout is now reported from NWRA to track contacts through the SRIC. Four areas are currently being tracked:

1. SRIC Toll Free Recruitment Line

Calls made to 1-888-KIDS-414 state recruitment phone line. Callers are assigned to a recruiter through Olive Crest or EWU program.

Statewide Toll Free Recruitment Line Calls				
2016	Total Calls	Unrelated to Recruitment	WA PFP Calls	PFPs added to Database
January	84	8	76	43
February	64	13	51	22

Data Source: Northwest Resource Associates

2. Potential Foster Parent Intakes

Prospective foster parents are entered into the SRIC data base through five primary channels:

- i. Inquiry Questionnaires on the CA website
- ii. Northwest Adoption Exchange
- iii. AdoptUSKids website
- iv. SRIC toll free hotline
- v. Directly by recruitment agency staff

Potential Foster Parent Intake by Source					
2016	CA Website	NWAE Website	AdoptUSKids FITT Referral	SRIC Hotline	Other*
January	490	18	35	43	222
February	369	17	36	22	198

Data Source: Northwest Resource Associates

3. New Potential Foster Parents by Region (Monthly Inquiries Extracted by Region)

Potential Foster Parent Intake by Region and Source					
January 2016					
Region	SRIC Phone Call	Online Questionnaire	AdoptUSKids FITT Referral	Other*	Total
1 North	9	61	1	62	133
1 South	4	39	5	27	75
2 North	5	70	7	43	125
2 South	7	115	5	21	148
3 North	11	94	8	22	135
3 South	7	129	9	47	192
Total					808

Data Source: Northwest Resource Associates

Potential Foster Parent Intake by Region and Source					
February 2016					
Region	SRIC Phone Call	Online Questionnaire	AdoptUSKids FITT Referral	Other*	Total
1 North	3	55	4	40	102
1 South	0	24	3	35	62
2 North	4	60	9	48	121
2 South	6	79	9	28	122
3 North	2	83	7	19	111
3 South	7	85	4	28	124
Total					642

Data Source: Northwest Resource Associates

4. Spanish Speaking Foster Families

Spanish speaking families typically make contact through the SRIC phone hotline 888-KIDS-414.

Spanish Speaking Families			
2016	Active Families	New Families	Total Contacts
January	44	7	51
February	46	2	38

Data Source: Northwest Resource Associates

Caregiver Core Training

Training for prospective and existing foster and adoptive families is available through the Alliance. The Alliance is a comprehensive statewide partnership developed with the University of Washington School Of Social Work, the University of Washington – Tacoma, Eastern Washington University, CA and Partners for our Children, a policy and analysis group. The Alliance partnership delivers training for CA staff as well as foster parents. Cultural competency is a foundational part of the curriculum. CA staff, prospective, and existing caregivers receive cultural awareness and competency training in the Core Curriculum.

The Caregiver Core Training curriculum provided to prospective foster families is available in all regions and many communities across the state. A wide variety of training times and locations, include days, evenings, and weekends, are available to ensure prospective foster families have easy access to classes. Olive Crest’s recruiter or liaisons and EWU’s resource peer mentors are present at these trainings to support and answer questions prospective families may have. Early

and ongoing foster parent support through Olive Crest, EWU, and CA helps support families. Newly licensed foster families receive support from Olive Crest's foster parent liaisons and the EWU RPMs to ensure a resource of support for the many questions caregivers have during their first placement. This support by the Olive Crest liaison and EWU RPM encourages caregivers to consider accepting placements of children with diverse, unique, and often challenging needs, promoting ongoing development and helps achieve the right placement for a child the first time.

Through partnership with DLR, prospective foster families learn about:

- Children who enter foster care, trauma they may have experienced, and available services.
- Licensing requirements.
- The home study process and background check requirements.
- Opportunities for direct contact with CA contracted and partner agencies and experienced foster parents during the Caregiver Core Training field experience.
- Ongoing support from either Olive Crest's liaisons or EWU's resource peer mentors when questions arise regarding training, applications, home studies, and licensure process.

Seattle Mariners We Are Family Event (National Foster Care Month and Kinship Caregiver Day) Celebration

CA has partnered with the Seattle Mariners and other community partners for eight years to recognize the extraordinary efforts made by foster, relative, adoptive families, and the caseworkers, and agencies who support them. Attendance has doubled over the last three years from 700 participants in 2013, 1,400 in 2014, and 2,800 participants in 2015.

Washington's First Lady, Trudi Inslee, has embraced this recruitment effort speaking at the morning recognition event and appearing on the field pre-game with youth throwing out the first pitch. The event serves as a major effort in recruiting foster and adoptive parents with attendance from across the state. The Mariners cover all expenses of the morning recognition ceremony and offer substantially reduced tickets at \$12.00 each. 100 free tickets were provided to caregiver families to help cover the cost of attendance. Through this partnership, CA, Washington's child placing agencies, Northwest Adoption Exchange, and caregiver support organizations offer a one stop shop of resources and supports for prospective families and current caregivers.

The Mariners' Community Relations staff and CA continue to expand our partnership to build greater awareness of the need for foster and adoptive parents. The Mariners Spring Caravan promoted the upcoming season with ten local appearances; offering advance notice, and offering children in care who attended the opportunity to meet players and obtain autographs. Two pitchers met the youth who will throw the first pitch on May 1, 2016. CA developed a project proposal for the Mariners spring training seeking a player with an interest in serving as a goodwill ambassador for foster care recruitment. CA is waiting for a response from the proposal.

Strategies for the Next Five Years

- Continue to utilize the Foster Parent Survey conducted by the DSHS Resource Data and Analysis as a tool to gauge foster parent support and retention. Satisfied foster parents are

the best recruiters of new foster parents. The finalized 2015 survey will be released in May 2016. The foster parent survey achieved an extraordinarily high completion rate of 92% and a cooperation rate of 95%. It indicated that:

- 75% of foster parents report they received adequate agency support.
- 85% of foster parents report the training they are receiving adequately prepares them for their roles as a foster parent.
- Continue to operate a listserv for foster parents and relative caregivers. The listserv, which has been used for six years, allows online distribution of the monthly *Caregiver Connection* newsletter and additional information to caregivers as needed. The subscription rate continues to remain over 9,000 members and has become an exceptional tool in helping link caregivers with information, resources and supports across the state.
- Streamline, update, and maintain the foster parent and caregiver internet page to allow caregivers greater ease of use. This resource allows both prospective and existing caregivers to access information on recruitment efforts, training information, caseworker staff and supervisory contact information, policies, and news and frequently utilized forms.
- Continue the Quarterly Foster Parent Consultation Team meetings. This forum was developed through 2007 legislation. It established a forum for foster parents to consult quarterly with CA's leadership both on a regional and statewide basis. The team focuses on reducing foster parent turnover rates, providing effective training for foster parents and strengthening services for the protection of children. The team celebrated eight years of collaboration and consultation in 2015.
- Continue active recruitment efforts through regionally based recruitment and retention contracts and the regional RDS Teams. Recruitment efforts will be more closely tied to the local community, region, and address the specific needs of that area.
- All retention and support services for foster parents will continue to be combined through the recruitment contracts. These services include the Foster Intervention Retention and Support Team (FIRST) and the Foster Parent Critical Support and Retention Program.
- CA will continue to focus on facilitating timely adoptions. Adoption training for CA caseworkers will continue to be available. All adoption staff continue to utilize redaction software to assist with pre-adoption disclosure. Barriers to adoption will be identified and strategic planning will be implemented to address identified barriers.
- Continue to improve CA's post adoption services website to help parents' access information on post adoption services and resources that are accurate and parent friendly.

FY2016 Updates and Progress

Foster Care and Adoption General Recruitment

Activity	Status
<p>1. CA and the regional RDS Teams continue to provide partnership, consultation and feedback to Olive Crest and EWU in messaging general foster care and adoption recruitment efforts. This partnership has produced excellent results in the development of general recruitment messages and materials. Recruitment materials are promoted and available on both a statewide and regional/local basis. General recruitment material shares the message of Washington state’s need for foster families and the diverse characteristics of children who enter out-of-home care.</p> <p>This year CA entered into new regionally based foster parent recruitment and retention contracts with Olive Crest and EWU. The new regional contracts will enhance local and regional collaborations and partnerships needed to effectively recruit within local communities.</p> <p>RDS Teams now review regional data related to child removal and numbers of existing foster homes and available beds.</p> <p>EWU was awarded the contract for Region 1 and Olive Crest was awarded the regional contracts for both Regions 2 and 3. Regional RDS Teams meet on a monthly basis to partner with the new contractors and develop recruitment planning based on data driven regional needs for children in out-of-home care.</p>	Ongoing/ July 1, 2016
<p>2. CA and the local RDS teams will continue to consult with Olive Crest and partner with EWU in the development of any new recruitment materials. This partnership improves the quality of Olive Crest’s existing and new recruitment materials (media, billboard, radio, online, written brochures and pamphlets, website, Facebook, and online and in-person support groups).</p> <p>Olive Crest continues to distribute recruitment materials extensively across each region to ensure resources are available in local communities and through their regional recruiters. New recruitment videos have been developed by Olive Crest for targeted recruitment related to: Sibling Groups, African American, Hispanic, Native, LGBTQ Youth, and Teens. Twenty-six (26) school districts have participated in foster care recruitment messaging through a school recruitment flyer developed by CA titled, “Got Room?” This flyer is distributed electronically through Peach Jar, a leading online digital distribution system for school informational flyers.</p>	Ongoing
<p>3. Utilization of data on removal of children into out-of-home care continues to improve in each region. RDS teams are reviewing placement data in conjunction with licensed foster home data to focus generalized awareness and targeted recruitment needs.</p>	Ongoing

Activity	Status
<p>4. CA's Foster Care Recruitment and Retention program manager actively partners with RDS Teams, Olive Crest, and EWU's staff to review progress, needs, and adjust planning for both general, targeted, and child specific recruitment outreach efforts. RDS teams now meet in all regions and have assumed a stronger role in reviewing recruitment progress and adjusting planning for outreach efforts by their contractors. RDS teams continue to demonstrate ongoing leadership in identifying their local/regional recruitment needs and partnering in recruitment activities within the local communities to achieve generalized recruitment goals. CA Foster Care Recruitment and Retention Program Manager will continue to meet with regional RDS teams to strengthen local and regional recruitment knowledge to enhance the ongoing partnership and collaboration with the recruitment contractors in defining regional recruitment needs.</p>	Ongoing

Foster Care and Adoption Targeted Recruitment

Activity	Status
<p>1. CA's Vancouver placement desk Facebook group page continues as a strong tool in targeting recruitment for specific groups of children, individual children, and sibling groups. This effort also serves as an ongoing direct child specific recruitment and placement strategy.</p> <p>This method of seeking placements for specific children and sibling groups is an effective tool for quickly messaging placement needs to caregivers who may have placement availability. The page is monitored by the placement desk staff and now utilized by the after-hours staff as well. Foster parents also use this tool to find respite providers and to provide respite for others.</p> <p>Olive Crest now operates 30 additional Facebook pages for caregivers in Western Washington. EWU also has established two Facebook pages; one covering Region 1 North and the other focused on Region 1 South. Placement Desk staff can request to have information posted directly with notices about placement needs for specific children and groups of children.</p> <p>This capacity within all regions enhances the ability for staff, especially after-hours staff to connect with the foster parent community when a placement is needed. The Olive Crest liaisons continue to assist placement desk staff by posting notices on other regions' Facebook pages.</p> <p>CA has reviewed the Facebook pages and has found this tool to be effective in promoting child specific recruitment and placements for identified children and sibling groups.</p>	Complete and Ongoing
<p>2. Improve and promote targeted recruitment needs with specific working groups, i.e., Washington State Racial Disproportionality Committee (WSRDAC), CA's Indian Policy Advisory Committee (IPAC) subcommittee, Hispanic Commission,</p>	Ongoing

Activity	Status
<p>Tribes, Office of Deaf and Hard of Hearing, Black Child Development Institute, Passion to Action (youth alumni group), and other groups. These organizations serve as resources and guides to improve targeted recruitment for children with diverse needs who enter out-of-home care, including racial, ethnic, and marginalized populations.</p> <p>Children’s Administration continues to seek input and recommendations from WSRDAC and CA IPAC to develop greater partnership for recruitment efforts.</p> <p>CA’s partnership with the Hispanic Commission continues to provide Spanish radio program broadcasts to share the need for both mono-lingual and bi-lingual Spanish speaking foster families. A series of 30 minute recruitment programs are broadcast live in Spanish across Washington state. Included this year was a live interview with a Spanish speaking foster mother who is one of the Resource Peer Mentors for EWU. Her story encouraged other Spanish speaking families to inquire and take the training as Spanish speaking staff are available to work with mono-lingual families. Follow up supports for families who inquire are provided in Spanish by Olive Crest, EWU, NWRA, and CA Spanish speaking staff.</p> <p>CA and the Office of Deaf and Hard of Hearing (ODHH) collaborated to identify the population of deaf and hard of hearing children in out-of-home care. Based on this effort, CA and ODHH launched a statewide recruitment effort to reach deaf and ASL proficient families to serve as foster parents for this small population of children and youth in care. An ASL YouTube invitation was developed to reach out to the deaf community. The final presentation slated in the Tri-Cities area was cancelled due to staff workload. This model was successful with demonstrated strong promise for recruitment of families for this population of children.</p>	
<p>3. Efforts in targeted recruitment partnerships for LGBTQ youth have seen improved success. Olive Crest has made diligent efforts in developing collaborations with Parents and Families of Lesbians and Gays (PFLAG) and local Gay Pride events. These efforts are building stronger partnerships with the gay, lesbian, and transgender communities and other ally groups to support foster care resources for Gay, Lesbian, Bisexual, Transgender, and Questioning Youth. Olive Crest recruitment staff has created a video championing LGBTQ youth and the needs for specific recruitment efforts for this population. It is widely utilized and available for use in the community. Olive Crest has made extensive efforts in reaching out to organizers of the Gay Pride Parades and events in Western Washington to establish recruitment booths. Successful efforts took place in Vancouver, Olympia, Seattle, Kitsap County and at the Rainbow Center. CA, Olive Crest, and EWU will initiate efforts and continue to collaborate with Families Like Ours, PFLAG, Rainbow Group, and other resources within the Gay community to gain information, education, training, and support to develop:</p>	Ongoing

Activity	Status
<ul style="list-style-type: none"> • Recruitment responsive to the needs of LGBTQ youth in out-of-home care. • Recruitment efforts to reach out to the LGBTQ community with inclusiveness. • Support services for caregivers of LGBTQ youth. The Olive Crest website offers information and directs interested families to foster parent pre-service trainings by multiple providers, including Families Like Ours. <p>CA, Olive Crest, and EWU will continue collaboration with resources within the LGBTQ community and with the CA Office of Diversity to improve inclusiveness in foster parent recruitment.</p>	
<p>4. CA will continue to collaborate through a contract with NWRA and NWAE for the Special Adoption Recruitment Program serving 20 identified special needs children who are not in permanent homes.</p>	Ongoing
<p>5. Over the last calendar year, the regional adoption consortium meetings have not been consistently held statewide. These meetings are recruitment and networking opportunities that bring together CA staff, private agency adoption workers, and staff from NWAE, and the Washington Adoption Resource Exchange to identify permanent homes for children. The meetings have been more consistent and active in the regions with a dedicated staff member to support the meetings. In an effort to restart, refocus, and build statewide consistency a kickoff event is scheduled for early summer. CA is partnering with Casey Family Programs to bring statewide adoption, adoption support staff, and private agency partners together for two days. The first day will be focused on training and planning; day two will consist of a statewide video conference consortium meeting.</p>	Ongoing
<p>6. CA will continue facilitating a Statewide Adoption Facebook page. This social media page provides statewide adoption information such as meetings, classes, and resources. It also profiles special needs children who are in need of a permanent home.</p>	Ongoing
<p>7. CA's Foster Care Recruitment and Retention program staff will continue to partner with staff at Olive Crest, EWU, and regional RDS teams to review progress, needs, and adjust planning for targeted recruitment efforts. The RDS teams will continue utilization of local and regional data on children entering care and current DLR licensing data available to inform decision making on targeted recruitment efforts.</p>	Ongoing

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

ATTACHMENT C

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

UPDATE

JUNE 30, 2016

2017 Update to the Washington State Health Care Oversight and Coordination Plan

The Program Instructions for the first APSR to the 2015-2019 CFSP directed states to address the following in an update to the Health Care Oversight and Coordination Plan:

- Describe the progress and accomplishments in implementing the state’s 2015-2019 Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care;
- Indicate in the 2016 APSR if there are any changes or additions needed to the plan. In a separate word document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.

Changes and updates are provided below and identified within each section of the Health Care Oversight and Coordination plan.

1. Developing a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice
 - No updates or changes were made to this section
2. How health needs identified through screenings will be monitored and treated:
 - Training to CA staff regarding trauma symptoms, mental health diagnoses, evidence based treatments, and psychotropic medications has been fully implemented. Trainings are in person and provided by the Alliance for Child Welfare Excellence via In-Service and Regional Core Trainings.
 - A six-hour in-service training for CA staff regarding mental health needs and trauma identification is available throughout the year around the state.
 - Four Ongoing Behavioral Health screeners conduct mental health screenings, at six month intervals, for children ages 3-17 who received a CHET upon entering out-of-home placement. Tools used in the screen are the:
 - Ages and Stages Questionnaire-Social/Emotional (ASQ-SE)
 - Pediatric Symptoms Checklist-17 (PSC-17)
 - Screen for Child Anxiety and Related Emotional Disorder (SCARED) – trauma tool.These screeners assist CA workers and caregivers by identifying new behavioral health concerns and making recommendations for referrals to services and evidence-based treatments.
 - Fostering Well-Being Care Coordination Unit staff attends the CA_IPAC Committee meetings. Feedback from these meetings is used to ensure Tribes are aware of any changes to programs or policies that impact health and mental health care for Tribal children served by CA and or a Tribe.
3. How medical information for children in care will be updated and appropriately shared which may include the development and implementation of an electronic health record;
 - The Ongoing Behavioral Health screeners upload the results of the mental health screening tools into FamLink.
 - In August 2015, Coordinated Care of Washington (CCW) was selected as the successful bidder for the Apple Health Foster Care (AHFC) contract. CCW will operate the AHFC

contract under Apple Health Core Connections (AHCC) brand. AHCC is a managed care plan specifically designed to serve children and youth in the foster care, adoption support, Extended Foster Care, and alumni of care programs. The goal of the AHCC is to improve coordination, access, availability, and oversight of the physical and behavioral health care services and treatment provided to children and youth in the eligible populations.

This effort represents the primary focus of Washington's Health Care Oversight Plan for the next five years. Additional requirements of the managed care plan will be to provide measureable outcomes regarding the aspects of the Health Care Oversight and Coordination Plan.

- By summer 2016, CA will complete data share agreements, memorandums of understanding, and business associate agreements in order to establish data and information sharing protocols with CCW, the Health Care Authority (HCA), and other DSHS administrations. This information sharing is necessary to ensure children served through the AHCC plan receive timely, appropriate, and coordinated physical and behavioral health care services. The agreements will allow:
 - Access for CA staff to the CCW Centelligence Health Record 360 (CHR 360) which is a web-based, electronic health record for each child. Information in the CHR 360 will be used for case planning and reports to the court.
 - Real-time consultation between AHCC, CA staff, and caregivers regarding the child's current physical and behavioral health needs.
 - Interface between FamLink and ProviderOne to better inform and coordinate information between DSHS, HCA, and AHCC.
4. Steps to ensure continuity of health care services (which may include the establishment of a medical home for every child in care)
- In August 2015, CCW was selected as the successful bidder for the AHFC contract. CCW will operate the AHFC contract under AHCC brand. AHCC is specifically designed for children and youth in the foster care, adoption support, Extended Foster Care, and alumni of care programs. The goal of the AHCC is to improve coordination, access, availability, and oversight of the physical and behavioral health care provided to children and youth in the eligible populations.
 - This effort represents the primary focus of Washington's Health Care Oversight Plan for the next five years. Additional requirements of the managed care plan will be to provide measureable outcomes regarding the aspects of the Health Care Oversight Plan.
 - AHCC is focused on ensuring that every child in the health plan has an assigned Primary Care Provider. The health plan and the Primary Care Provider are responsible for coordinating all aspects of a child's physical and behavioral health care services and treatments. This coordination is done in collaboration with the child's assigned CA caseworker and caregiver.
 - All physical and behavioral health care providers contracted with AHCC are able to access a child's Medicaid billing data to ensure services, treatments, and medications continue without interruption regardless of any changes in placement.
 - HCA provided AHCC with the most recent two years of Medicaid billing data for all newly enrolled children into the AHCC plan. This provides AHCC with a baseline of

services, treatments, and the contact information for physical and behavioral health care providers who saw the children under the fee-for-service Medicaid system.

- Since August 2015, AHCC has made statewide efforts to contract with physical and behavioral health care providers who see fee-for-service Medicaid children to ensure continuity of care under the new AHCC managed care plan.

5. Oversight of prescription medications

- Information about the youth's rights to informed consent for psychotropic medications is included in the "Your Rights, Your Life" booklet for youth.
- CA completed a case review in spring 2015 of children ages 0 – 5 years old who were prescribed a psychotropic medication between January 1, 2014 and June 30, 2014. Medications prescribed for ADHD were included in this review.
 - As a result of the case review, the Fostering Well-Being Care Coordination Unit receives a monthly list from the HCA of fee-for-service (not enrolled in AHCC) children ages 0 – 5 years old who are prescribed a psychotropic medication. Fostering Well-Being Care Coordination Unit will monitor and provide care coordination until they turn six years of age.
 - AHCC receives a monthly list of children ages 0 – 5 years old, who are enrolled in the plan and prescribed a psychotropic medication. AHCC will monitor and provide care coordination for these children as needed.
- A targeted case review for adolescents 12 – 17 years of age who are prescribed multiple psychotropic medications will be conducted by CA by December 2015. Recommendations based on the findings of this case review will be used to inform the need for CA staff and caregiver training and to identify areas where appropriate evidence based treatments should be developed.
 - The case review was not completed in 2015. Staff time and resources focused on the development and implementation of the new AHCC managed care program and contract with HCA. The contract was awarded to CCW and operates as the AHCC plan. It began on April 1, 2016.
 - AHCC embeds a formal psychotropic medication utilization review (PMUR) into their practice. CA will use data gathered from April 1, 2016 through December 31, 2016 to inform the 2017 APSR submission. A similar PMUR process is in place with CCW's sister plan in Texas (STAR Health). The Texas PMUR has seen positive impacts on psychotropic medication prescribing practices, polypharmacy, and monitoring.
- As a quality assurance mechanism, CA HQ observed the Alliance trainers who provide the, "Mental Health: A Critical Aspect to Permanency and Well-Being" training to ensure fidelity of the model.
 - Expanded training opportunities for CA staff and caregivers are available through AHCC.
- The prescriber report card to inform health and mental health providers when their prescribing practices are outside established HCA parameters is still an option being explored by HCA but the data query and programming time necessary for development have been prohibitive.

- CA and HCA have not been able to finalize this tool. CA will collaborate with AHCC to see if they can provide a similar service or have other mechanisms to monitor prescribing practices within their network.
 - HB 1879 passed by the 2015 legislature, requires all children in foster care ages 0 - 18 years old to receive a review by the HCA contracted Second Opinion Network when one or more antipsychotic medications are prescribed. The bill also requires integration of all physical and mental health care into the Apple Health Foster Care managed health care plan scheduled for initial implementation in October 2015. Per this legislation, integration of mental health services is to occur by October 2018. Language in this bill was informed by community physicians, the University of Washington Evidence Based Practice Institute, consultation with multiple DSHS agencies, and the Pediatric Mental Health Stakeholder Workgroup.
 - HCA contracted with AHFC to provide the Second Opinion Network aspect of the legislation.
6. How the state actively consults with and involves medical or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for foster children.
- By summer 2016, CA will complete data share agreements, memorandums of understanding, and Business Associate Agreements in order to outline clearly appropriate data and information sharing protocols with CCW, the HCA, and other DSHS administrations. This information sharing is necessary to ensure children served through the AHFC plan receive timely, appropriate, and coordinated physical and behavioral health care services. The agreements will allow:
 - CA staff involved in a child's case to access the CCW Centelligence Health Record 360 (CHR 360), a web-based, electronic health record. Information in the CHR 360 will be used for case planning and reports to the court.
 - Real-time consultation between AHCC, CA staff, and caregivers regarding a child's current physical and behavioral health needs.
 - Interface between FamLink and ProviderOne to better inform and coordinate information between DSHS and HCA.
7. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for Health Care Insurance and Health Care Treatment Decisions.
- No changes were made to this section.

DSHS Emergency Operations Plan

Emergency Management Services

January 2016

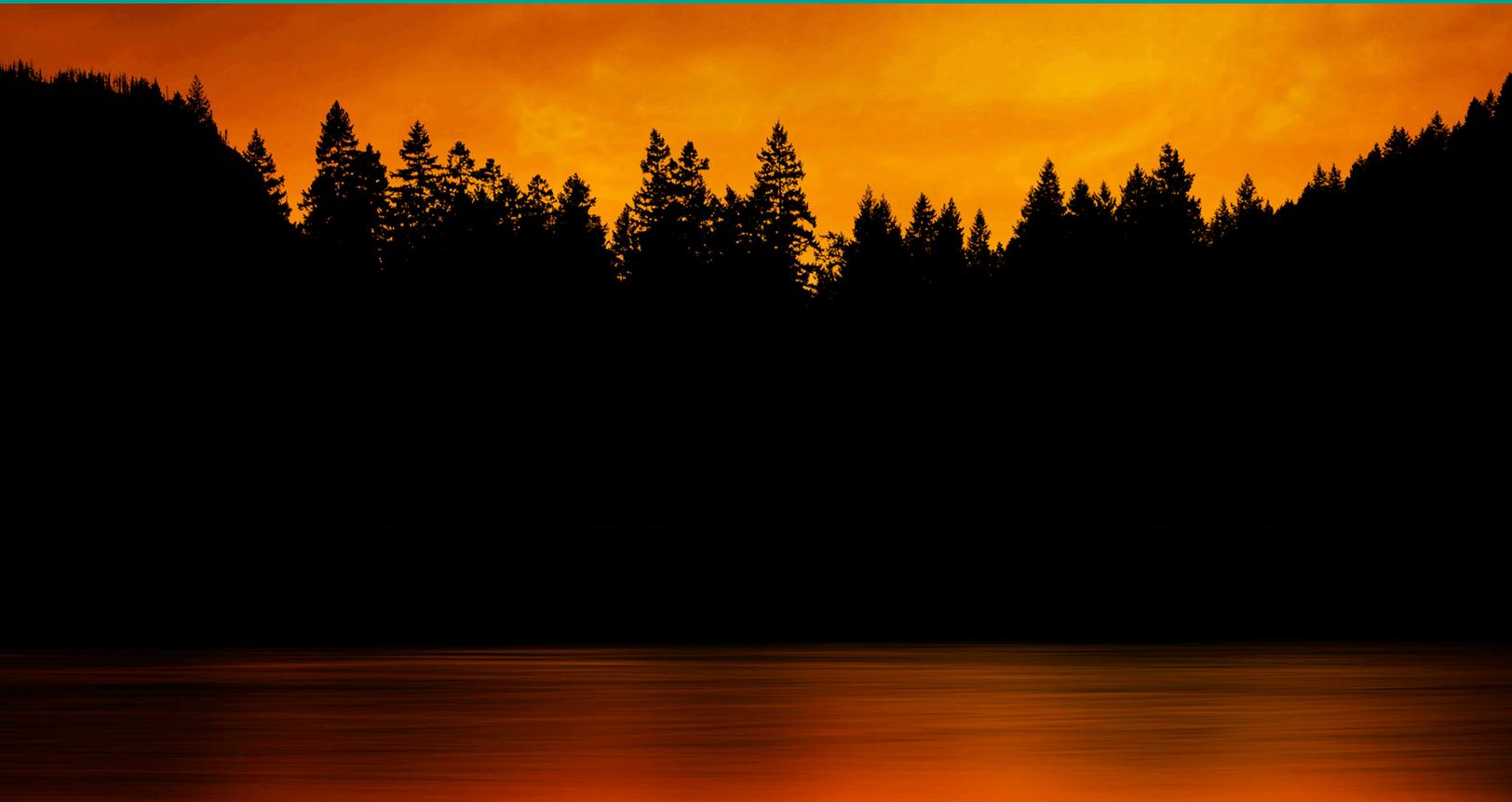




TABLE OF CONTENTS

FOREWARD	1
REVIEW	2
RECORD OF CHANGES	3
PURPOSE, SCOPE, SITUATION AND ASSUMPTIONS	4
Purpose	4
Scope	5
Situation	5
Assumptions	6
CONCEPT OF OPERATIONS	7
RESPONSE PLAN	8
Normal Operations	8
Enhanced Operations	8
Full Operations	10
NOTIFICATIONS OF EMERGENCIES AND DISASTERS	11
Notification to Administration Liaisons	11
Notification to Executive Leadership	11
EMERGENCY COORDINATION CENTER ACTIVATION	12
ACTIVATION GUIDE	13
CONTINUITY OF OPERATIONS	14
Suspension of Operations	14
AUTHORITIES AND REFERENCES	15
ANNEX A – EMERGENCY COORDINATION CENTER OPERATING PROCEDURES ..	16
ANNEX B – EMERGENCY COMMUNICATIONS PLAN	43

FOREWORD

The primary goal of emergency management in the Department of Social and Health Services (DSHS) is to reduce the consequences of emergencies and disasters through reasonable preparation to provide effective responses. Preparation includes planning, training and testing and exercising.

The objectives of the DSHS Emergency Operations Plan (EOP) include:

- Protecting the well-being and life safety of DSHS employees
- Minimizing the disruption to DSHS operations and mission essential functions
- Protecting DSHS capital facilities and leased facilities, state equipment, essential records and other assets critical to the performance of DSHS mission essential functions
- Coordinating the implementation of DSHS continuity of operations plans
- Quickly enabling operational capability of continuity facilities
- Recovering from any disruption and returning to routine operations as soon as possible
- Implementing a program of training, testing and exercising employees to support preparedness at the organizational and individual employee levels

The DSHS EOP guides the Department's overall preparedness, response, and recovery activities.

The 2015 DSHS Emergency Operations Plan (EOP) includes a Basic Plan, and three Annexes that provide specific procedures and information related to the Department's Emergency Coordinating Center, emergency communications, and a glossary. This EOP revises and replaces the 2015 EOP and all other DSHS Department level emergency management plans. Previous version may be retained for reference only.



PURPOSE, SCOPE, SITUATIONS AND ASSUMPTIONS

Purpose

Emergencies and disasters happen every year in Washington State; some of them impact DSHS operations and disrupt service delivery. A recent example is the 2015 Wildfires Disaster. DSHS operations in the Town of Republic were closed for several days due to extreme fire activity, prolonged road closures, and fluctuating evacuation levels. Additionally, Lakeland Village Residential Habilitation Center laterally evacuated all residents from their living quarters to the gymnasium when fire threatened the perimeter of the campus. Owing to the coordinated response of over 85 DSHS employees, staff sustained no injuries and services to our clients continued with minimal disruption during the Wildfires Disaster.

The 2015 Wildfires were the worst in the state's history, destroying over a million acres and 140 homes. The fire suppression costs to the state have exceeded \$100 million. Thousands of residents evacuated their homes, some had only three minutes to get out of harm's way.

Approximately one out of every three people, including half the children, in Washington State rely on DSHS for support in the form of cash, food or medical assistance; protective services; rehabilitation or other treatment services; collection of child support and other services that are life-sustaining. Continuity of services is critical to DSHS clients and all of the Department's mission essential functions must be performed consistently with minimal disruption even during emergencies or disasters.

The disaster cited above illustrates why every DSHS Administration and residential program need complete and current emergency operations and continuity plans: to mitigate the impacts of emergencies and disasters so that DSHS can continue to serve its clients.

The purpose of this EOP is to:

- Provide an overview of the Department's approach to emergency preparedness
- Describe roles and responsibilities
- Identify or provide relevant tools, templates and resources to facilitate planning, training, testing, and exercising

Scope

This EOP constitutes the sole emergency operations plan for DSHS headquarter operations on Capitol Campus. It is developed and maintained by DSHS Emergency Management Services.

The EOP describes how DSHS responds to a major emergency or disaster and provides overarching guidance for all DSHS Administrations, residential programs, and field offices to use in developing their own EOPs. The EOP uses an all-hazards approach to planning and response and specifies the emergency response procedures for DSHS Executive Leadership and headquarters operations.

If program Administrations or residential programs develop their own EOPs, they must align vertically with this plan and linkages must be clearly specified so that communications are not conflicted and coordination is simplified. DSHS Administrations and residential programs are responsible for developing continuity of operations plans (or simply: continuity plans) to provide formalized procedures and identify those responsible as key leaders and critical staff for continued delivery of DSHS mission essential functions.

Situations

Emergencies or disasters can occur causing human suffering, injury and death, property damage, environmental degradation, loss of essential services, economic hardship and disruption to state, local, and tribal governments.

The EOP prepares DSHS to respond to the emergencies and disasters and possible cascading effects that are most likely to impact DSHS operations or mission essential functions: earthquakes, floods, landslides, severe storms, wildfires, disease outbreaks, or human caused incidents. The emergencies and disasters most likely to occur in Washington are described in the Washington State Enhanced Hazard Mitigation Plan, developed by the Military Department's Emergency Management Division (EMD). <http://mil.wa.gov/other-links/enhanced-hazard-mitigation-plan>



Assumptions

- Preparation and response to emergencies and disasters begins and ends at the local level most directly impacted.
- Response is most effectively managed at the level directly impacted and this is the proper locus for Incident Command. This is a foundational principle of Incident Command Systems.
- Most emergencies or disasters, such as severe weather incidents, occur with enough warning that appropriate notification can be issued to enable some level of preparation.
- Other incidents, such as earthquakes, occur with no advanced warning.
- DSHS staff, resources or systems may become overwhelmed during a major or prolonged disaster.
- DSHS may be unable to satisfy all emergency resource requests during a major emergency or disaster and require outside assistance from the jurisdiction, state, or federal responders.
- Emergencies often cause confusion and anxiety.
- Employees may want to make sure that their families and homes are safe and secure before they are able to focus on work.
- Managers must expect that employees on duty may want to leave work immediately with or without notice and that they may not be able or willing to return to duty due to the exigent circumstances of the incident.
- Some employees may sustain injuries, become ill or die as a result of the disaster.
- Key leaders and critical staff should expect that they may be assigned to different duties, at different locations, working different hours than usual.
- DSHS response to a given incident is limited by available resources and capabilities.
- Depending on the type and severity of the incident, the Department's response may be limited by factors such as:
 - o Damage to DSHS facilities or property
 - o Damage to surrounding transportation infrastructure
 - o Staff availability
 - o Disruptions to communication capabilities
 - o Actions by federal agencies or other state agencies
 - o Other unforeseen limitations

CONCEPT OF OPERATIONS

Emergencies or disasters that impact DSHS facilities, operations, staff, clients, or mission essential functions necessitate activating the Emergency Coordination Center. When needed, DSHS Emergency Management Services coordinates support to and the actions of all DSHS Administrations and residential programs in response to emergencies and disasters. (Please refer to Annex A – Emergency Coordination Center Operating Procedures for detailed information.)

Every DSHS Administration plays an integral role in the DSHS Emergency Coordination Center by designating staff who are available to receive training, participate in drills and assist in the Department's overall response.

The Emergency Coordination Center is organized using flexible and scalable components under a modified Incident Command System specifically adapted for use in DSHS. It is designed to function at a level that is sufficient to meet the size and complexity of a given incident.

The primary actions of the Emergency Coordination Center are:

- **Communication facilitation** – establishing communications among all DSHS Administrations and with external partners, as necessary for the response
- **Information collection and evaluation** – collecting, analyzing, and interpreting information from impacted DSHS locations and other sources
- **Coordination** – coordinating the information flow and resources in response to complex incidents or multiple incidents occurring simultaneously
- **Priority setting** – ensuring that response systems among all DSHS Administrations and locations are interconnected and complementary, reinforcing interoperability among the DSHS responders, making the response more efficient and effective by coordinating all available resources, and making decisions based on established or otherwise agreed policies and procedures
- **Resource coordination** – identifying and acquiring needed resources and allocating existing resources

A program of training, testing and exercising is an integral component of emergency preparedness. Emergency Management Services establishes related standards for all DSHS Administrations and provides expert level training and technical assistance to DSHS headquarters, regional offices and residential programs. Additional requirements for residential programs are set forth by federal or state accrediting or funding authorities, such as the Joint Commission on Healthcare Accrediting Organizations and the Centers for Medicaid and Medicare. DSHS Administrations and residential programs are expected to incorporate these standards in their respective emergency response and continuity plans.

RESPONSE PLAN

Normal Operations – Level 1

DSHS offices and residential programs are able to respond effectively to most emergencies without support from Emergency Management Services. The response begins and ends locally. For this reason, management and staff at the location where the emergency or disaster impacts DSHS operations are best able to address the response. Incident Command is established at the location of impact.

Example: if a wildfire is affecting the DSHS Office in Republic due to the proximity of burning or heavy smoke, road closures or evacuation levels, the decision to close that office and activate the necessary elements of related continuity plans must be made by management at that office. Incident Command is in Republic, not Region 1 or DSHS headquarters. DSHS managers in every office and residential program are empowered to make immediate decisions as necessary to safeguard

Incident Command is established by Emergency Management Services at DSHS headquarters only when the incident is impacting headquarters operations. For this reason, the lead position in the Emergency Coordination Center is titled “Emergency Manager” rather than Incident Commander.

Enhanced Operations – Level 2

All DSHS Administrations respond in accordance with this plan when an emergency or disaster to support the response by management and staff at the residential program or field office level, when needed. This plan is also activated when one of more DSHS headquarters offices is affected and central coordination is needed; in such an instance, Incident Command is established by Emergency Management Services. Additionally, Emergency Management Services may coordinate the DSHS response when an emergency or disaster does not directly impact Department operations, but DSHS clients are affected or the Governor calls upon DSHS to support a state level response.

The Director of Emergency Management Services decides when to activate the Emergency Coordination Center. The decision to activate is based on information about an anticipated or actual emergency or disaster that is likely to cause or has caused impacts that disrupt DSHS operations to such an extent that local managers and staff would require support. This could be either a major incident at a single DSHS office or residential program or a disruption across multiple locations. It could also be an incident that directly impacts our clients without directly impacting DSHS operations.

The Emergency Coordination Center, supported by all DSHS Administrations, is able to address the response needs of most emergencies by activating a minimal number of command and general staff positions, typically including the Emergency Manager, the Operations Section Chief, Planning Section Chief and Administration Liaisons. Descriptions for each of the above positions and more are detailed in the Emergency Coordination Center Procedures. Staff assigned by their respective Administrations to these positions are expected to carry out the responsibilities outlined in the Procedures of this plan. In most cases, responsibilities include:

- Developing and maintaining situational awareness and a common operating picture
- Delivering and sharing timely, vetted information
- Providing reports at designated intervals

The Emergency Manager reports directly and regularly to Executive Leadership, typically the Assistant Secretary for Support and Enterprise Services Administration.

The Emergency Manager may also be expected to participate in regular teleconference briefings with the State Emergency Operations Center when it is activated. The Emergency Coordination Center shares information with other state agencies, such as the Department of Health and Department of Enterprise Services, as directed by the Emergency Manager.



During Level 2 and Level 3 (below) activations, one or more DSHS Administration may want to deploy additional staff to the impacted DSHS location to support the Administration's mission essential functions and/or the state's overall response. The receiving location may be an established DSHS residential program or office or an alternate location at or near the impacted DSHS operations. These staff may establish local Incident Command for DSHS or integrate with the existing DSHS Incident Command at the impacted receiving location.

Remember, DSHS Incident Command is at the impacted location, not at a remote location such as a Region Office or DSHS headquarters. Region Offices and headquarters serve in supportive, coordinating roles to assist the impacted DSHS programs. Deployment of any DSHS staff or other assets must be coordinated in advance through the Emergency Manager of the Emergency Coordination Center. All deployments of personnel are reported daily by the Emergency Coordination Center Operations Section Chief to the State Emergency Operations Center for tracking and safety purposes. Deployed personnel must be fully equipped, briefed on safety considerations, and understand procedures and intervals for reporting. Failure to comply may result in the deployment being terminated and the Emergency Manager is authorized to end any deployment for safety reasons.

The Emergency Manager may also receive requests for information about the response from the legislature, the Governor's Office, or Congressional Offices. The Director of Emergency Management Services speaks for the Department on all matters pertaining to emergency management. Responses to elected officials are coordinated with the Senior Director of the Communications Office.

Full Operations – Level 3

The EOP and Emergency Coordination Center Operating Procedures are based on standardized principles and guidance set forth by the Federal Emergency Management Agency (FEMA) that have proved effective in many major disasters across the country and have been demonstrated to be effective over the past several years in DSHS responses to emergencies.

When an emergency or disaster causes serious disruption to operations at one or more DSHS locations, it may become necessary for the Emergency Coordination Center structure to expand to include a Logistics Section, a Finance & Administration Section and multiple general staff positions in each section. Again, this requires that an adequate number of DSHS staff be trained in advance to fill these roles and drilled to the procedures.

The circumstances of most responses permit the Emergency Coordination Center to be operated by Administration staff working part time on the response from their usual duty stations. However, during full operations, it may become necessary for Administration staff to be detailed to the Emergency Coordination Center at the Human Services Building in order to work together most effectively. Every DSHS Administration is asked to cooperate fully with the Emergency Manager by responding to requests for staffing and following the guidance and direction provided. The Emergency Coordination Center exists to coordinate an effective response to the incident in support of DSHS programs that are impacted; this sometimes requires setting aside the daily priorities and established reporting chains in order to meet the demands of the response.

It is also conceivable that, depending on the nature of the emergency or disaster, the DSHS Emergency Coordination Center may send a Liaison to work with the Department of Health's agency coordination center or to the Department of Enterprise Services. The latter is responsible for coordinating the emergency response impacting Capitol Campus. In situations where DSHS operations on Capitol Campus must scale up to join other state agencies in responding to an incident, the agencies' combined actions are facilitated by the common use of the Incident Command System.

NOTIFICATION OF EMERGENCIES OR DISASTERS

Emergency Management Services receives notifications from the State Emergency Operations Center via text message, email and phone call of state level activations. State level activations usually, but not always, trigger activations of the DSHS Emergency Coordination Center.

Notification to the Administration Liaisons

When Emergency Management Services receives alerts from the State Emergency Operations Center or other trusted source that warrant action or should be shared for situation awareness, they are distributed to Executive Leadership, Administration Liaisons, and others with a need to know.

Many emergencies that impact DSHS are caused by severe inclement weather. As a best practice, all DSHS staff across the state are encouraged to sign up for National Weather Service alerts at: <https://inws.wrh.noaa.gov/user/register>.

Notification to the Executive Leadership

The Director of Emergency Management Services notifies the Services and Enterprise Support Administration Assistant Secretary when:

- The severity of the situation warrants such notification;
- It is politically prudent to do so; or
- The State Emergency Operations Center has notified the Governor's Office.

The Secretary and Executive Leadership are notified directly when:

- The anticipated or actual incident is likely to cause widespread damage, injury or death;
 - Operations at multiple DSHS locations are disrupted or likely to be disrupted;
 - Any DSHS mission essential function is interrupted;
 - A suspension of operations may be needed for one or more mission essential function;
- or
- The incident may result in widespread negative media coverage.

Notification to the Secretary and Executive Leadership will include, at a minimum, the following:

- Nature of the incident
- Impacts likely to ensue over the next 24-72 hours
- Actions underway
- Actions recommended
- Resource projections
- Operational rhythm - schedule for conference calls, briefings, etc.

Notification to the Department of Enterprise Services

The Department of Enterprise Services is responsible for the overall response coordination for emergencies and disasters on Capitol Campus. The DSHS Emergency Coordination Center Emergency Manager notifies the Department of Enterprise Services Duty Officer and the any time the DSHS Emergency Coordination Center is activated at Level 2 or Level 3. The Department of Enterprise Services must also be notified regarding disruptions to the operational status of the Human Services Building; this is typically communicated by the DSHS Operations Support Services Division.

EMERGENCY COORDINATION CENTER ACTIVATION

The steps for activating the Emergency Coordination Center are detailed in the Operating Procedures in Annex A. Activation is usually within the discretion of the Director of Emergency Management Services. The Director reports as soon as possible to the Human Services Building and notifies the Assistant Secretary of the Support and Enterprise Services Administration of the activation.

In the event that the Director is not available, the Assistant Secretary designates a DSHS senior manager who is trained to fill the role of Emergency Manager.

The Emergency Manager notifies all Emergency Management Services personnel of the activation and provides further instruction regarding when and where to report for duty. An Incident Briefing, which incorporates an initial Incident Action Plan for the first operational period, is developed by the Operations Section Chief for approval by the Emergency Manager. The Operations Section Chief notifies the Administration Liaisons and other positions that are required for the initial activation (as provided in the Incident Briefing), direction regarding reporting requirements and any other pertinent information.

The following guide presents some considerations for decision making prior to activating the Emergency Coordination Center or a continuity plan.



Decision Guide for Activation of Emergency Coordination Center			
Scope of damage	Level 1 Normal or Limited Operations	Level 2 Enhanced Operations	Level 3 Full Operations
	Localized incident limited to a single building	Multiple buildings on the same campus, multiple programs within the same building	Significant impacts to infrastructure: roads & bridges, utilities, communications
	Minor damage to DSHS facility or systems or to surrounding roads, bridges, utilities or other infrastructure	Significant damage to facility or systems or to surrounding roads, bridges, utilities or other infrastructure	Facility or systems or surrounding infrastructure is destroyed
Client/staff impact	No medical response is needed	One or more people are injured and medical response is needed	Multiple casualties or fatalities
	Staff are able to get to/from work location	Some staff unable to get to work location or cannot remain	Continuity plan must be activated to continue mission essential functions
	Staff absence is within normal limits	Staff absence exceed normal limits	Insufficient staffing to sustain mission essential functions
Ability to recover and response coordination	Single resource local response is sufficient or response coordination is uncomplicated	Multiple DSHS locations inoperable for > 24 hours; response coordination involves multiple DSHS programs	Significant external response is necessary, i.e., building owner, utility company, contractor, etc. multiple first response agencies/resources
	Return to normal operations is likely to be < 24 hours	Return to normal operations is likely to be > 24 hours but < 72 hours	Return to normal operations is likely to be > 72 hours or uncertain, operations may be suspended. Multiple first response resources needed

CONTINUITY OF OPERATIONS

As required by Ch. 38.52 RCW Emergency Management, all state agencies must maintain continuity plans. In DSHS, continuity plans must be developed at the Administration and residential program levels. Continuity plans detail how DSHS prepares for disruptions and continues to perform its mission essential functions during emergencies and disasters, and how normal operations are resumed.

To distinguish between EOP and continuity plans, the EOP describes actions that must be taken immediately in response to an emergency or disaster to protect the well-being of employees and clients during brief disruptions – those generally lasting less than one business day. Continuity plans are needed to provide additional guidance regarding actions that must be taken when the disruption will last for more than a single business day. Another significant difference between EOPs and continuity plans is: the EOP combines the response actions of all DSHS occupants at a given location while continuity plans are specific to the DSHS Administration or residential program. (See Annex C for continuity plans.)

Continuity plan development, implementation and sufficiency are the responsibility of the organizational heads (Assistant Secretaries and Chief Executive Officers or Superintendents) for each DSHS Administration and residential program. Organizational heads are required to review continuity plans, in part or in whole, and approve any revisions every year by January 1. Approved continuity plans must be submitted in electronic format to Emergency Management Services for reference and record keeping purposes.

All Administration and residential program continuity plans must vertically align with the DSHS Headquarters EOP – all elements must be addressed. DSHS residential programs operate under requirements in addition to those applicable to non-residential program operations. These may be stipulated by the Joint Commission on Accrediting Healthcare Organizations, the Centers for Medicare and Medicaid Services, the National Commission for Correctional Health Care, and/or the American Correctional Association.

Suspension of Operations

A suspension of operations requires authorization from the Secretary. (See WAC 357-31-260 and DSHS Administrative Policy 18.32 Severe Inclement Weather) The period of suspended operations must not exceed fifteen calendar days without approval by the State Human Resources Director, Office of Financial Management. (See WAC 357-31-280)

DSHS continuity plans must be written and implemented to forestall suspension of operations. While it is sometimes necessary to temporarily close an office or a portion of a residential campus, and that decision making authority is delegated to appointing authorities, a suspension of operations is a rare occurrence.

AUTHORITIES AND REFERENCES

Public Law 93-288, The Disaster Relief Act of 1974, as amended by Public Law 100-707, the Robert T. Stafford Act as amended

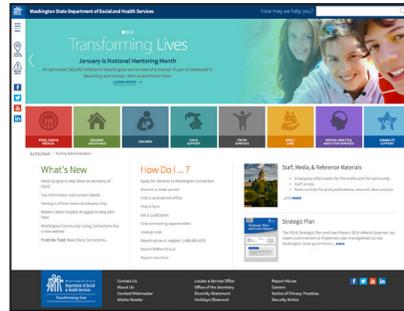
Chapter 38.08, RCW, Powers and Duties of Governor

Chapter 38.52 Revised Code of Washington, Emergency Management
<http://apps.leg.wa.gov/rcw/default.aspx?cite=38.52>

Chapter 43.06 RCW, Governor's Emergency Powers

DSHS Administrative Policy 9.11, Emergency Management
<http://asd.dshs.wa.gov/RPAU/RPAU-adminpolicy.htm#chapter9>

DSHS Administrative Policy 18.32 Severe Inclement Weather
<http://asd.dshs.wa.gov/RPAU/documents/Admin-Policy/18-32%20housekeeping.htm>



Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
<http://www.jointcommission.org/>

Centers for Medicare and Medicaid Services
<http://www.cms.gov/>

National Commission of Correctional Health Care
<http://www.ncchc.org/>

American Correctional Association
http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Home/ACA_Member/Home.aspx



ANNEX A.

EMERGENCY COORDINATION CENTER OPERATING PROCEDURES

EXECUTIVE SUMMARY

The Emergency Coordination Center Operating Procedures outlines activation, operation and deactivation of the DSHS Emergency Coordination Center.

The Emergency Coordination Center provides a central location for all levels of DSHS to coordinate information and support during an emergency response at any DSHS office or residential program. The Emergency Coordination Center also supports executive decision making by providing timely and accurate information about the impacts of the incident.

The Emergency Coordination Center functions as the Incident Command Center only in instances when the emergency is occurring at DSHS headquarters in the Human Services Building. In all other instances, the Emergency Coordination Center does not command and control the on-scene response by DSHS managers at impacted locations. Emergency response is directed as close to the impacted location as possible; this is a core principle of Incident Command Systems under the National Incident Management System, which is the nationally recognized standard for use in all levels of government and is required for those parts of the Department receiving federal Homeland Security grant funding.

The Emergency Coordination Center provides:

- Information collection and analysis
- Setting priorities for the response
- Managing resources
- Support for the on-scene DSHS response and management decision making at that location
- Relief of local management and/or DSHS Incident Command resources when requested or when the Emergency Manager determines that the local response would benefit from such direct aid

During responses to major or prolonged emergencies, the Emergency Coordination Center is located at facility with sufficient space and connectivity to accommodate representation from all DSHS Administrations.

Activation of the Emergency Coordination Center is determined by DSHS Director of Emergency Management Services. In her absence, other Emergency Management Services staff may make this determination in consultation with the Assistant Secretary of Support and Enterprise Services Administration.

The lead position in the Emergency Coordination Center is known as the Emergency Manager and is staffed by the Director of Emergency Management or other duly trained and experienced DSHS senior manager. In the absence of the Director of Emergency Management Services, the SESA Assistant Secretary shall appoint qualified staff to fill Command and General staff positions in the Emergency Coordination Center.

The Emergency Manager stands up the Emergency Coordination Center by notifying designated liaisons from each DSHS Administration and provides an Incident Briefing. Notification is typically done via email, but may be done telephonically or through the Washington Secure Electronic Communications, Urgent Response, and Exchange System (SECURES).

The DSHS Emergency Coordination Center is activated based on the internal needs of the organization immediately preceding, during, or after an emergency or disaster. Activation of the Emergency Coordination Center is not dependent on the activation of the State Emergency Operations Center at Camp Murray. However, the Emergency Coordination Center always activates under a Phase II or higher state level activation of Emergency Support Function #6 (ESF #6).

The Emergency Coordination Center typically operates virtually, with Administration Liaisons emailing reports and requests based on information gathered from DSHS operations impacted by the incident. However, the Emergency Manager may request responsible managers to detail additional staff to fill Command and General Staff positions and to be physically present in the Emergency Coordination Center to support clear communication and optimal coordination. Managers are expected to cooperate with reassignment of staff during major emergencies, consistent with terms of Collective Bargaining Agreements and DSHS Administrative Policies.

The primary physical location for the Emergency Coordination Center is:

Human Services Building
1115 Jefferson Street SE
Olympia, WA

However, operations at this location are entirely dependent on undisrupted power supply for lights, computers and phones. The Department of Enterprise Services does not provide generator support for this building. In the event of a sustained loss of power, the Operations Support Services Division would identify and stand up an appropriate hot site for the Emergency Coordination Center and the Executive Leadership Team.



ANNEX A: TABLE OF CONTENTS

INTRODUCTION	19
CONCEPT OF OPERATIONS	19
CHANGES TO PROCEDURES	21
OPERATIONAL PROCEDURES	21
ORGANIZATION AND POSITION RESPONSIBILITIES	26
COMMUNICATIONS	29
REPORTING	30
JOB ACTION SHEETS	32
FORMS	42

INTRODUCTION

Purpose

The purpose of this document is to describe procedures for activation, operation and deactivation of the Department of Social and Health Services (DSHS) Emergency Coordination Center.

Scope

These procedures focus on the response phase of emergency management, which includes overall support and coordination of continuity of operations plans by impacted Administrations and residential programs. The Emergency Coordination Center remains activated through the Department's transition to the recovery phase. It is applicable to DSHS operations for hazards and contingencies outlined in the DSHS Emergency Operations Plan (EOP).

CONCEPT OF OPERATIONS

Activation

The Emergency Coordination Center is part of a larger system of multiagency coordination that is integral to state or federal declared emergencies. The Emergency Coordination Center is based on the concepts of interoperability, reliability, scalability, portability and resiliency and redundancy of communications and information systems. The Emergency Coordination Center serves as a central point for gathering and transmitting timely, accurate and useful information in order to support:

- Response at impacted DSHS locations
- Decision making by DSHS leadership
- Continuity of DSHS mission essential functions

The Emergency Coordination Center is activated when, in the judgment of the DSHS Director of Emergency Management Services, centralized coordination would provide need support and relief to DSHS offices and residential programs and would enhance the ability of DSHS to respond to and recover from an emergency or disaster.

The Emergency Coordination Center supports the State Emergency Operations Center when ESF #6 is activated at Phase II or above.

Liaisons from DSHS Administrations and other Command and General staff may be present (as required by the Emergency Manager) in the Emergency Coordination Center located in the Human Services Building to coordinate their programs' response operations. However, as long as voice and data systems are operational, and the response can be handled through intermittent involvement of assigned staff, the Emergency Coordination Center operates virtually using email and telephone communications.

Communication assets and capabilities for the Emergency Coordination Center include:

- Two 800 MHz radios for communications with the State Emergency Operations Center
- Two 400 MHz radios for communications on Capitol Campus
- Two 400 MHz radios for communications within the Human Resources Building
- 10 analog telephones
- Access to WebEOC supported by the Military Department – Emergency Management Division, at Camp Murray, Washington.

Core Functions

The Emergency Coordination Center coordinates with on-scene DSHS Incident Command, as well as other state agencies to:

- Receive, vet and respond to resource requests by the impacted DSHS operations
- Acquire, allocate, and track resource purchases and deployment
- Establish response priorities
- Liaison with other state agencies
- Collect and analyze operational data from DSHS operations and providing information and analysis to:
 - o DSHS Executive Leadership Team
 - o DSHS staff
 - o State Emergency Operations Center
 - o Governor's Office, legislature, public and media through the DSHS Communications Office
- Support impacted DSHS operations by providing assistance to meet the demands of the emergency
- Facilitate decision making by DSHS leadership during emergency response.

Organization

The Emergency Coordination Center is organized using a modified Incident Command System (ICS), under the National Incident Management System (NIMS). ICS is the recognized standard for organizing incident response for all levels of government and its use is required for those parts of the Department that receive federal Homeland Security grant funding.

Public Information

Communications of any type that describe DSHS activities or that provide guidance to the public to aid them in dealing with the disaster must be coordinated with the DSHS Office of Communications.

CHANGES TO PROCEDURES

DSHS Emergency Management Services reviews these procedures annually and make revisions based on lessons learned from actual responses, exercises, new requirements and other input. Proposed changes should be sent to:

Director, Emergency Management Services
Department of Social and Health Services
PO Box 45021
Olympia, WA 98504-5021

OPERATIONAL PROCEDURES

Purpose

This appendix describes how DSHS activates, operates and deactivates the Emergency Coordination Center.

Decision to Activate

Emergency Coordination Center activation is a decision made in response to an incident or in anticipation of an incident that directly impacts or is expected to impact DSHS operations or clients anywhere in the state. The Table on the following page provides guidance on triggers and thresholds for activation.

The DSHS Director of Emergency Management Services activates the Emergency Coordination Center when it is determined that a centralized operations center would enhance the ability of the agency to respond to and recover from the incident or disaster. Activation of the Emergency Coordination Center is not dependent on activation of the State Emergency Operations Center, but may be associated with such activation(s). For example, the Emergency Coordination Center activates in support of the state's response when the State Emergency Operations Center activates ESF #6 at Phase II or above.

Emergency operations take priority over other activities that may be scheduled for a particular facility or room in that facility.



Degree of Impact	Level 1 - Minor	Level 2 - Major	Level 3 - Significant
Scope of damage	Most likely scenario: Localized severe inclement weather or human caused disruption	Most likely scenario: widespread, sustained, severe inclement weather; human caused disruption	Most likely scenario(s): flooding, moderate-severe earthquake; tsunami; human caused disruption
	<ul style="list-style-type: none"> No voice or data disruptions or intermittent 	<ul style="list-style-type: none"> Intermittent or sustained voice or data disruptions 	<ul style="list-style-type: none"> Failure of normal voice or data communications
	<ul style="list-style-type: none"> The impacts are localized and limited in scope and/or severity 	<ul style="list-style-type: none"> Single or multiple DSHS offices, or multiple facilities on a residential campus 	<ul style="list-style-type: none"> Significant damage to surrounding transportation or utility infrastructure
	<ul style="list-style-type: none"> Minor damage to building, workspaces, equipment or system disruptions 	<ul style="list-style-type: none"> Major damage requiring repair of replacement of building systems or equipment likely required 	<ul style="list-style-type: none"> Major or total destruction to DSHS offices, or multiple facilities on a residential campus
Staffing/Client Impacts	<ul style="list-style-type: none"> Incident requires no evacuation or facilities are reoccupied in less than 1 hour 	<ul style="list-style-type: none"> Evacuation of all or part of premises and facilities cannot be reoccupied for over 1 hour 	<ul style="list-style-type: none"> Reoccupation is not possible for extended period
	<ul style="list-style-type: none"> Limited minor injuries 	<ul style="list-style-type: none"> Casualties or fatalities (within the capability of the local jurisdiction to respond) 	<ul style="list-style-type: none"> Mass casualties and/or mass fatalities (overwhelm the local jurisdictions ability to respond)
	<ul style="list-style-type: none"> Emergent position staff absences do not impact mission essential functions 	<ul style="list-style-type: none"> Emergent position staff absences impact mission essential functions 	<ul style="list-style-type: none"> Emergent position staff absences significantly delay or preclude delivery of mission essential functions

(continued next page.)



(continued.)

Degree of Impact	Level 1 - Minor	Level 2 - Major	Level 3 - Significant
Recovery Time Estimate	<ul style="list-style-type: none"> Voice/data likely to be restored within a few hours 	<ul style="list-style-type: none"> Voice/data likely not restored for one or more business days 	<ul style="list-style-type: none"> Recovery time for voice/data is unknown and likely long-term
	<ul style="list-style-type: none"> Facility or other damage repaired within one business day 	<ul style="list-style-type: none"> Facility or other damage repairs require more than one business day 	<ul style="list-style-type: none"> Significant portion(s) or all of the facility cannot be occupied for foreseeable future
	<ul style="list-style-type: none"> No or minor transportation or utility infrastructure disruption 	<ul style="list-style-type: none"> Surrounding infrastructure damage prevents staff from getting to multiple DSHS locations for more than one business day 	<ul style="list-style-type: none"> Surrounding infrastructure damage prevents staff from getting to multiple DSHS locations for an extended and indeterminate period
	<ul style="list-style-type: none"> Agency/facility level response is minimal or not needed 	<ul style="list-style-type: none"> Local jurisdiction emergency operations center is activated 	<ul style="list-style-type: none"> Local jurisdiction emergency operations center is activated
		<ul style="list-style-type: none"> State Emergency Operations Center or if applicable, DOH Agency Coordination Center is activated 	<ul style="list-style-type: none"> State Emergency Operations Center or if applicable, DOH Agency Coordination Center is activated
		<ul style="list-style-type: none"> Federal response may be needed 	<ul style="list-style-type: none"> Federal response is crucial
	<ul style="list-style-type: none"> Emergency response is within the capability of a single resource (one of: law enforcement, fire, medical, utility) 	<ul style="list-style-type: none"> Emergency response requires multiple resources (two or more of: law enforcement, fire, medical, utility) 	<ul style="list-style-type: none"> Emergency response requires multiple resources (two or more of: law enforcement, fire, medical, utility)
<ul style="list-style-type: none"> Response at impacted location is adequate 	<ul style="list-style-type: none"> DSHS recovery requires coordination with DES, OFM, WSP or other state agencies 		
Decision	<ul style="list-style-type: none"> Activation of continuity plans Activation of DSHS Emergency Coordination Center Other: 	<ul style="list-style-type: none"> Activation of continuity plans Activation of DSHS Emergency Coordination Center Other: 	<ul style="list-style-type: none"> Activation of continuity plans Activation of DSHS Emergency Coordination Center Other:

Notification

To initiate activation of the Emergency Coordination Center, the Director of Emergency Management Services assumes the role of the Emergency Manager and notifies other Emergency Management Services staff, DSHS leadership, and DSHS Administration Liaisons. Liaisons are requested to report their availability to staff the Emergency Coordination Center. Notification may be via email, telephone, or SECURES. Activation of the Emergency Coordination Center is determined by the anticipated or actual impacts of the emergency to DSHS operations (See Table on preceding page.)

If Director of Emergency Management Services is not available, the SESA Assistant Secretary appoints a trained and experienced DSHS senior manager to fill the role of Emergency Manager.

The Emergency Manager decides when to expand or reduce staffing based on the scope and scale of the emergency and available resources and requests additional resources, as needed. Emergency Coordination Center staff should remain available until released by the Emergency Manager.

If necessary, the Emergency Manager requests additional staffing through the Chief Financial Officer (CFO), if activated. The Finance & Administration Section Chief establishes appropriate cost and accounting codes.

The Emergency Manager requests IT and telephone support through the DSHS Enterprise Technology Service Desk to support unbroken data and voice connectivity throughout the response.

For most emergencies, the Emergency Coordination Center does not need all positions to be staffed. Depending on the incident the Emergency Coordination Center can be scaled up or down as required. The Emergency Manager makes this decision.

Emergency Management Services provides necessary training on these procedures, maintains a roster of persons trained to work in the Emergency Coordination Center, and requests additional staffing designations when needed.

Alternate (Continuity) Site Activation

In the event that the Human Services Building is not operational, the Emergency Manager notifies the Senior Director, Operations Support Services Division, to provide staffing for the Logistics Section and requests assistance in identifying appropriate alternate facility space.

Sustained Operations

The Emergency Coordination Center hours of operations for most emergencies will be Monday through Friday within the hours of 6:00 a.m. and 6:00 p.m.

Under extraordinary conditions in response to a major disaster, the hours of operations for the Emergency Coordination Center may be extended.

The Emergency Manager may request additional staff to the Emergency Coordination Center, as needed. If the Emergency Manager is unable to fill positions from the Emergency Coordination Center distribution list, she notifies the Chief Financial Officer to request the assignment of additional staff to fill positions as needed in the Emergency Coordination Center.

Staffing assignments are made by the Emergency Manager and are solely within her discretion.

External Notifications

When activated, the Emergency Manager notifies the State Emergency Operations Center Duty Officer at (253) 512-7191 and msg@mystateusa.com of the DSHS activation status. The 800 MHz radio may be used if voice/data connectivity is disrupted.

The Emergency Manager notifies the Department of Health Duty Officer at (360) 888-0838, or (360) 971-0601 (pager) and hanalert@doh.wa.gov of the activation.

The Emergency Manager notifies the Department of Enterprise Services by calling (360) 725-0000 or via the 400 MHz radio of the activation.

Other state agencies or individuals may be notified at the discretion of the Emergency Manager.

Deactivation

The Emergency Manager decides when to deactivate the Emergency Coordination Center. This decision may be made in consultation with the SESA Assistant Secretary, as appropriate. Deactivation of the Emergency Coordination Center is not dependent on the State Emergency Operations Center activation level. Once the situation has stabilized for DSHS, the Emergency Coordination Center is not needed unless there are recovery activities that would benefit from central coordination or support. The Emergency Coordination Center generally does not deactivate until all deployed DSHS personnel have returned to their usual work locations and duties.

The Emergency Manager gives direction to deactivate the Emergency Coordination Center. Command positions that are staffed complete any activities and paperwork, assist with the breakdown of any physical set up, and submit paperwork to the appropriate Section Chief.

The Emergency Manager or the Operations Section Chief conducts a debrief commonly known as a "hot wash" of the response. All DSHS personnel who participated in the response are given a chance to comment on the opportunities for improvement and the aspects of the response that worked well. DSHS Emergency Management Services retains record of all after-action reviews.

ORGANIZATION AND POSITION RESPONSIBILITIES

ORGANIZATION

The Emergency Coordination Center is organized as a modified Incident Command System (ICS) using guidance from the National Incident Management System (NIMS). The Emergency Coordination Center organization chart is depicted on page 9.

Emergency Management Services is responsible for operations of the Emergency Coordination Center. This includes but is not limited to recommending and training staff for Emergency Coordination Center positions and operations. Emergency Management Services maintains Job Action Sheets for the Emergency Coordination Center and trains and exercises staff based on these procedures.

POSITION RESPONSIBILITIES

This section provides brief descriptions for the positions designated in the DSHS Emergency Coordination Center in accordance with a modified ICS structure. The Emergency Manager, appropriate Section Chiefs, and Administration Liaisons are activated for all responses. Other positions included (and not included) below may be added based on the need as determined by the Emergency Manager. Please refer to the Job Action Sheets for detailed lists of responsibilities and activities for each position.



Emergency Manager

The Emergency Manager is the Emergency Coordination Center lead position and is filled by a DSHS senior manager who is trained and experienced to meet the associated responsibilities. Under most circumstances, this role initially is filled by the Director of Emergency Management Services. This position reports to the Assistant Secretary of the Services and Enterprise Support Administration and is responsible for the overall management of the incident response and all activities under the Emergency Coordination Center organization.

The Emergency Manager has overall authority and responsibility for operations and has delegated authority from the Secretary to direct the emergency response actions of any DSHS employee, when necessary, to support the objectives of the response.

The role of the Emergency Manager is to:

- Implement the direction and decisions from the Secretary or Executive Leadership Team for the emergency response
- Represent the Department to the Governor's Office on matters pertaining to the response
- Review and approve public information related to the response
- Direct the overall DSHS response to the emergency
- Supervise Command and General staff under the Emergency Coordination Center organization

Operations Section Chief

The Operations Section Chief is responsible for all tactical response activities. The Operations Section Chief has limited delegated authority to act in place of the Emergency Manager for brief durations.

Logistics Section Chief

This position is filled by an Emergency Coordination Center trained manager from the DSHS Operations and Support Services Division. This position is responsible for providing facilities, goods, and services to support DSHS operations impacted by the emergency. Responsibilities include identifying DSHS leased and capital facility needs, such as: alternate (continuity) locations set up and supply; Central Maintenance Operations services; security; transportation; and other resource needs.

Finance & Administration Section Chief

The Finance & Administration Section Chief reports directly to the Emergency Manager and is responsible for all cost accounting for the response and all related documentation, including:

- Proper coding
- Staff time records
- Purchase requests
- Receipts for expenditures

Another critical role of the Finance & Administration Section Chief is to make sure that the Emergency Coordination Center has adequate staffing through the course of the emergency response.

Finance & Administration Assistant

This position reports to the Finance & Administration Section Chief and maintains necessary records, such as staff time records and receipts for expenditures.

Planning Section Chief

The Planning Section Chief is responsible for the collection, evaluation, and distribution of information related to the incident and for preparing the Incident Briefing for the Emergency Manager's approval. This section maintains information on the current and projected impacts of the emergency on DSHS operations and the status of the DSHS response.

Safety Officer

The Safety Officer reports directly to the Emergency Manager and is responsible for monitoring incident response operations and advising the Emergency Manager on all matters related to operational safety for DSHS staff and clients, as applicable. A key role of the Safety Officer is to provide safety guidance to DSHS staff at the impacted location and to any DSHS staff deployed to the location of the incident impact.

Public Information Officer

The Public Information Officer (PIO) coordinates closely with the Emergency Manager and is responsible for interfacing with the media and public to provide incident-related information as it pertains to DSHS for internal and external audiences.

Administration Liaison

Each DSHS Administration supports the Emergency Coordination Center by designating one or more representatives. Administration Liaisons report to the Operations Section Chief and should have sufficient knowledge of their respective Administration's operations and management points of contact to be able to convey timely, accurate, and sufficient information. Another important role of the Administration Liaisons is to keep the DSHS Duty Station Status Report and the DSHS toll-free Employee Emergency Information Line updated for their respective programs.

IT Lead

This position reports to the Logistics Section Chief. The IT Lead provides Emergency Coordination Center set up and technical support for computer (desktop or laptop) and telephone. For virtually every emergency response, this position supports the continuity of the DSHS Duty Station Status Report (or successor system) and the DSHS toll-free Employee Emergency Information Line.

COMMUNICATIONS

Purpose

This section describes how operational information is communicated when the Emergency Coordination Center is activated. (It does not describe the public information function. It does not describe the Emergency Communication Procedures for Management.)

Voice Communications

There are analog phones available in Emergency Management Services and analog phone jacks are identified. These phones connect directly to the public switched network, not through the standard Private Branch Exchange (PBX). They may continue to function even if the PBX fails. There are also standard (digital) telephone lines connected to the PBX.



Wireless phone communications may be available when other communications means are not. Staff assigned to the Emergency Coordination Center should always bring a wireless phone and charger with them, if available.

Data communications

The primary email account for Emergency Coordination Center communications is DSHSEOC01@dshs.wa.gov. The account is used by the Emergency Manager and the Operations Section Chief. Access to use the account must be preauthorized by the Director of Emergency Management Services.

The Director has access to WebEOC administered by the Military Department, Emergency Management Division. When the Emergency Manager position is filled by a staff member from Emergency Management Services, reporting to the State Emergency Operations Center is completed through WebEOC. When the Emergency Manager role is filled by another DSHS senior manager, communications with the State Emergency Operations Center is completed via email with the Operations Section Desk at the State Emergency Operations Center. The State Emergency Operations Center Duty Officer can provide the correct email address at the time of the response.

FAX Communications

The fax machine is located on the southwest wing, 4th floor of the Human Services Building near the copy room. The fax number is 360-902-7848.

Radio Communications

- One two-way radio and charger for the Human Resources Building response
- Two hand-held 800 MHz radios with chargers. These radios are meant primarily for communication with the State Emergency Operations Center from the Olympia area. Use System 2, Group 2. When communicating with the State Emergency Operations Center, the call sign is "DSHS."
- Two handheld 400 MHz radios for communications with the Department of Enterprise Services and other state agencies on the Capitol Campus.
- Government Emergency Telephone System (GETS) and Wireless Priority Service (WPS) cards issued by the Federal Communications Service. Individuals who are issued these cards have priority while making phone calls in an emergency or disaster. All members of Executive Leadership Team and their assistants should have these cards and know how to use them.

When communicating by radio, always use plain English, no radio codes or "10 codes." Keep transmissions brief and to the point. Only one location can talk at a time. Use "over" or "go ahead" to let the other location know to begin transmitting. Use the term "out" at the end of the last transmission to indicate end of the conversation. To initiate conversation, call the name of the location you are trying to reach followed by identifying your location. Example: "State Emergency Operations Center, this is DSHS Emergency Coordination Center, over."

REPORTING

Purpose

This section describes reporting requirements for the Emergency Coordination Center to aid in the response to, and recovery from, disaster.

Briefings

The Emergency Coordination Center Emergency Manager or Operations Section Chief provides an Incident Briefing to the Emergency Coordination Center staff via Conference Bridge or email and to staff assembled in the Human Services Building Executive Conference Room on the 4th floor. The Briefing includes information on the current situation, confirms Emergency Coordination Center position assignments, reminders to review Job Action Sheets and maintain an Events Log, as well as any other administrative issues.

The Briefings with Emergency Coordination Center Command and General staff are held on a schedule determined by the Emergency Manager. During these briefings, designated positions may be asked to report out on specific items that have changed since the last report and any new information.

If necessary, the Emergency Manager may also conduct Briefings, as needed, with Executive Leadership Team to summarize information, solicit input from administrations, and to facilitate decision making. This information is also provided in the Executive Leadership Team Snapshot, described below.

Administration Snapshot

Each Administration Liaison submits a Snapshot report for his/her respective programs once per operational period by a deadline set by the Emergency Manager. The deadlines are established to allow DSHS staff as much time as possible to collect information and to sync with the operational rhythm as established by the State Emergency Operations Center. Administration Snapshots are the primary basis for developing the Executive Leadership Team Snapshot and are retained by Emergency Management Services as part of the permanent record for the incident.

Executive Leadership Team Snapshot

The Executive Leadership Team Snapshot provides an at-a-glance status summary of DSHS efforts in support of a disaster response. Typically, the Emergency Manager submits the Executive Leadership Team Snapshot once per operational period. The Emergency Manager approves the Executive Leadership Team Snapshot prepared by the Planning Section Chief. When the Planning Section Chief is not activated, the Emergency Manager prepares the Snapshot.

The Emergency Manager distributes the Executive Leadership Team Snapshot to the Emergency Coordination Center and Executive Leadership Team and others as she determines necessary. The Snapshot may be posted to the DSHS Office of Emergency Management SharePoint site, at the discretion of the Emergency Manager. Information for the Executive Leadership Team Snapshot is derived from Administration Snapshots, Log of Actions Taken, email, and other documentation provided by Administration Liaisons, the EPRS Representative, the Facilities & Resources Lead and other sources. The Executive Leadership Team Snapshot is developed based on timely input from the impacted DSHS Administrations. (See Forms)

Log of Actions Taken

The Emergency Manager or the Operations Section Chief may request that all activated positions implement a Log of Actions Taken to record their actions. At a minimum, each person records the time they reported for duty, any task assignments, completion of those tasks, time of briefings, receipt of significant information, time they complete their duty shift that day, and anything other information deemed significant enough to record. Log of Actions Taken entries are to be brief, descriptive, to the point and entered as events occur. The Log is a record of events, not an explanation. Entries vary depending on the circumstances of the incident. The Logs are submitted to the Operations Section Chief at the close of the operational period each day.

Message Log

The Operations Section Chief may request all activated positions to use the Message Log to track phone calls received and initiated from each position. The Message Log is used to document the time of the calls, person making or receiving the call, a short description or purpose of the call, and sign and date the form. The Message Log is used only for extended incidents lasting multiple days and is submitted to the Operations Section Chief at the close of the operational period each day.

JOB ACTION SHEETS

Purpose

This appendix contains Job Action Sheets for Emergency Coordination Center staffing positions. Each staff person should review the Job Action Sheet (checklist) for his/her assigned position at the beginning of the operational period and refer to it frequently as a guide. The Job Action sheets are intended as guides, but do not constitute all-encompassing duty lists for the positions. Flexibility is expected and different assignments may be made by the Emergency Manager or Operations Section Chief to support the needs of the DSHS response.

EMERGENCY MANAGER Job Action Sheet

ICS Chain of Command	
Reports to: Assistant Secretary, Support and Enterprise Services Administration	
Positions that Report to Emergency Manager:	
<ul style="list-style-type: none"> • Public Information Officer • Safety Officer • Operations Section Chief • Logistics Section Chief • Finance & Administration Section Chief • Planning Section Chief 	
Activation	
	Notify the Assistant Secretary and determine a contact point for scheduling briefings, if necessary
	Officially activate the Emergency Coordination Center via email or SECURES
	Review all Job Action Sheets
	Assess the situation and establish immediate priorities
	Establish an appropriate organization
	Schedule meetings, briefings, conference bridges
	Conduct briefings
	Establish and maintain Log of Actions Taken, as needed
	Confirm that appropriate Emergency Coordination Center positions are staffed. (The Operations Section Chief is the only other position staffed for all initial activations.)
	Establish communication with State Emergency Operations Center Duty Officer at 1-800-854-5406. Obtain incident number and WebEOC incident name.
	Consult with the Senior Director of the Office of Communications to establish a Public Information Officer assignment and/or a Communications Assistant assignment

EMERGENCY MANAGER

Job Action Sheet (continued)

Activation	
	Provide situation updates via email or conference bridge to all activated positions, as appropriate
	Provide overall direction to the Emergency Coordination Center
	Approve Executive Leadership Team Snapshot
Continued Operations	
	Monitor situational developments and communicate to activated positions, as appropriate
	Coordinate with other activated state agencies and key DSHS positions
	Develop and/or approve the Incident Briefings
	Monitor completion of any tasks assigned to Emergency Coordination Center
	Approve items to be placed on Significant Events Log
	Initiate periodic briefings for the Emergency Coordination Center staff at established intervals
	Periodically update Executive Leadership Team, as situation dictates
	Brief incoming Emergency Manager on ongoing activities
	Consult with Finance & Administration Section Chief if additional positions need to be filled)
	Review and approve Executive Leadership Team Snapshot
Closing the Emergency Coordination Center for the day	
	Consult with Assistant Secretary to determine if Emergency Coordination Center will close at the end of the business day
	Determine coverage for Emergency Coordination Center on-call activities during the closed period, if needed
	Consult directly with DSHS staff deployed to the State Emergency Operations Center or other location to inform them of closing hours and how to contact the Emergency Coordination Center, if required
	Provide briefing to Executive Leadership Team as to their responsibilities while Emergency Coordination Center is closed
Deactivation	
	Consult with the Assistant Secretary to determine when it is appropriate to deactivate the Emergency Coordination Center
	Notify State Emergency Operations Center that the DSHS Emergency Coordination Center is deactivated
	Notify the Department of Health Duty Officer and other applicable state agencies of deactivation
	Collect all documentation for assigned personnel, complete all forms, reports and documents
	Handoff Emergency Coordination Center responsibilities to the Director of Emergency Management Services
	Conduct hot wash

OPERATIONS SECTION CHIEF Job Action Sheet

ICS Chain of Command	
Reports to: Emergency Manager	
Positions that Report to Operations Section Chief: As determined by the Emergency Manager	
Activation	
	Assume duties of Emergency Manager in her absence. (See Emergency Manager Job Action Sheet)
	Confirm appointment with Emergency Manager
	Complete log-into Web EOC and Emergency Coordination Center
	Meet with all activated positions to review expectations, such as: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Communications <input checked="" type="checkbox"/> Assignments, including any documentation and deadlines <input checked="" type="checkbox"/> Future staffing needs <input checked="" type="checkbox"/> Questions and concerns
	Conduct a Briefing in the Human Services Building, Executive Conference Room in the absence of the
	Emergency Manager
	Establish and maintain Log of Actions Taken
	Coordinate with other activated Section Chiefs
	Assist Emergency Manager with Briefings for Emergency Coordination Center staff
Continued Operations	
	Collect Administration Snapshots from Liaisons in accordance with schedule established by the Emergency Manager
	Draft the Executive Leadership Team Snapshot for the Emergency Manager's approval
	Provide input to the Planning Section Chief or the Emergency Manager for the Significant Events Log
	Receive and validate and resource requests from DSHS Administrations and/or the Operations Center and route them for response
Deactivation	
	Complete all resource requirements still pending
	Complete all forms, reports and documents
	Conduct final communication with State Emergency Operations Center that the DSHS Emergency Coordination Center is deactivated
	Assist Emergency Manager with final staff briefing and hot wash

Operations Section ADMINISTRATION LIAISON Job Action Sheet

ICS Chain of Command	
Reports to: Operations Section Chief	
Activation	
	Confirm appointment with Operations Section Chief
	Receive briefing and assignments from Emergency Manager or Operations Section Chief
	Provide contact information for managers at the impacted locations to the Operations Section Chief
	Review entire position checklist
	Establish and maintain Log of Actions Taken, if requested
Continued Operations	
	Transmit and receive information relative to represented Administration managers and subject matter experts
	Coordinate Administration resources, as needed
	Participate in Briefings and planning meetings, as required
	Provide input on use of DSHS resources
	Support the well-being of DSHS personnel at the impacted location(s) and account for all of them
	Advise the Operations Section Chief of any actual or anticipated needs or requests
	Provide Administration input to Emergency Coordination Center reports and status updates on current mission assignments
	Provide timely and complete Administration Snapshots at intervals established by the Emergency Manager
Deactivation	
	Complete all forms, reports and documents
	Participate in the hot wash



LOGISTICS SECTION CHIEF Job Action Sheet

ICS Chain of Command	
Reports to: Emergency Manager	
Activation	
	Confirm appointment with Emergency Manager
	Receive briefing from Emergency Manager or Operations Section Chief
	Review entire position checklist
	Complete the set-up of the Emergency Coordination Center to include all equipment, connectivity, and systems to support all positions
	Establish and maintain Log of Actions Taken, if requested
	Coordinate with Administration Liaison and other key DSHS personnel to assess facilities and resource impacts Determine facility and resource support needs of impacted DSHS operations
Continued Operations	
	Oversee deployment of Central Maintenance Operations staff responding to the impacted location(s)
	Participate in Briefings and planning meetings, as required
	Oversee use of DSHS resources and address facility and other resource requests in coordination with the Finance & Administrative Section Chief
	Provide ongoing input to the Emergency Manager and other Section Chiefs regarding any special needs or requests
	Coordinate with DSHS Administrations, the Operations and Support Services Division, Executive IT, and the Department of Enterprise Services to arrange for alternate facility space and supply for DSHS operations, as needed
	Purchase goods and services approved by the Emergency Manager or as directed by the Finance & Administration Section Chief
	Arrange for set up of alternate facility space
	Arrange for transport of supplies, equipment, and, as needed
	Arrange for personnel transportation and lodging or billeting, as needed
	Arrange for facility security
	Provide Administration input to Emergency Coordination Center reports and status updates on current mission assignments
Deactivation	
	Complete all forms, reports and documents
	Participate in the hot wash

PLANNING SECTION CHIEF Job Action Sheet

ICS Chain of Command	
Reports to: Emergency Manager	
Positions that Report to Operations Section Chief: As determined by the Emergency Manager	
Activation	
	Confirm appointment with the Emergency Manager
	Receive briefing from Emergency Manager
	Establish and maintain Log of Actions Taken, if required
	Develop initial staffing schedule to fill all activated positions
	Draft the Incident Briefing
	Directly contact impacted DSHS locations to gather information regarding the impact on DSHS offices and residential programs
	Determine whether any special resources or support is needed at any DSHS location
Continued Operations	
	Draft an Incident Briefing for the initial and next operational period for the Emergency Manager's approval
	Maintain staffing schedule for all activated positions, notify Emergency Manager of any gaps
	Establish special information collection activities, e.g. weather, environmental, etc.
	Forecast incident impact potential to DSHS operations
	Report any significant changes in incident status to Emergency Manager
	Collect, interpret, and synthesize data regarding status and response
	Develop a projection (estimate) of future plausible developments and an estimate of the requirements that DSHS may be tasked to fill and review with Emergency Manager
	Submit suggestions to the Emergency Manager for approval and posting to the Significant Events Log
	Prepare the Executive Leadership Team Snapshot for approval by Emergency Manager
	Draft deactivation plan for Emergency Manager's approval
Deactivation	
	Complete all forms, reports and documents
	Participate in hot wash

PUBLIC INFORMATION OFFICER

ICS Chain of Command	
Reports to: Emergency Manager	
Activation	
	Confirm appointment with Emergency Manager
	Receive briefing and assignments from Emergency Manager
	Determine limits on information release
	Communicate information release restrictions
	Establish and maintain Log of Actions Taken, when requested
Continued Operations	
	Gather and compile relevant incident related data from activated positions, the, and other sources for distribution and posting
	Coordinate distribution and posting of messaging with Emergency Manager prior to release
	Coordinate and validate information with other DSHS communications staff
	Monitor social media networks for action items
	Assist with all reports and tracking of events
Deactivation	
	Complete all forms, reports and documents
	Participate in hot wash

FINANCE & ADMINISTRATION SECTION CHIEF Job Action Sheet

ICS Chain of Command	
Reports to: Emergency Manager	
Positions Reporting to Finance & Administration Section Chief: Finance & Administration Assistant	
Activation	
	Confirm appointment with Emergency Manager
	Review roles and responsibilities with staff assigned to section
	Assign project code for the incident and manage all financial aspects of the incident
	Provide direction to DSHS managers at impacted locations regarding tracking of response related employee overtime, travel and other expenses
	Establish and maintain Log of Actions Taken, when requested
Continued Operations	
	Maintain ongoing communication with DSHS locations with staff who are responding to the incident and/or that are purchasing supplies and materials
	When asked by the Emergency Manager, contact Executive Leadership Team to request assistance to establish and maintain sufficient staffing for the Emergency Coordination Center
	Post staff roster and organization chart
	Order, receive, distribute goods and services approved by the Emergency Manager, to include staff or contracted field work, supplies, equipment, lodging, and travel
	Maintain detailed records and provide financial information, as requested
	Ensure accurate completion and coordination of time records by all Emergency Coordination Center positions and locations with staff responding to the incident
	Request support from Facilities & Resources Lead, if needed, to ensure that facility requirements are met (heating and cooling, light, repairs, etc.).
	Coordinate access to the Human Resources Building, if needed, with the Facilities & Resources Lead
	Brief the Emergency Coordination Center throughout the event as requested or required on the status of staffing, personnel issues, security information, cost tracking, etc.
Deactivation	
	Prepare financial reports on cost incurred
	Coordinate documentation of employee time
	Complete all forms, reports and documents
	Participate in hot wash

FINANCE & ADMINISTRATION ASSISTANT Job Action Sheet

ICS Chain of Command	
Reports to: Finance & Administration Section Chief	
Activation	
	Confirm appointment with Finance & Administration Section Chief
	Review roles and responsibilities with Finance and Administration Section Chief
	Completes tasks delegated by the Finance & Administration Section Chief (see related Job Action Sheet)
	Set up check-in station for Emergency Coordination Center staff, if needed
	Provide sign in/out sheet and make staff aware that they need to sign in/out
	Maintains Log of Actions Taken for position, if requested
Continued Operations	
	Coordinate maintenance of all cost records
Deactivation	
	Assist in preparing cost reports
	Complete all forms, reports and documents
	Participate in the hot wash



IT LEAD Job Action Sheet

ICS Chain of Command	
Reports to: Logistics Section Chief	
Activation	
	Confirm appointment with Logistics Section Chief
	Set up and test voice/data equipment and connections in the Emergency Coordination Center, when requested
	Establish and maintain Log of Actions Taken, when requested.
Continued Operations	
	Remain readily available to assist Emergency Coordination Center staff with voice/data issues
	Arrange for voice/data equipment, including portable equipment, and connectivity in alternate (continuity) locations coordinated by the Facilities & Resources Lead
	Trouble shoot the Duty Station Status Report and the toll-free Employee Emergency Information Line
	Provide ongoing support to the Emergency Coordination Center and all continuity locations
Deactivation	
	Complete all forms, reports and documents
	Participate in hot wash



FORMS

This section identifies the DSHS forms that are most likely to be used in the Emergency Coordination Center. They are based on commonly used ICS forms. In a major or sustained incident, additional ICS forms may be modified for use in the Emergency Coordination Center, or may be required each day by the State Emergency Operations Center. Paper versions of Emergency Coordination Center forms are included here and available from the Planning Section. All forms used in this section may also be found on the DSHS Forms Home Page <http://asd.dshs.wa.gov/FormsMan/FormPicker.aspx>

Documentation is important: certain activities performed in response to an emergency or disaster may be reimbursable under the Robert T. Stafford Act when a federal declaration authorizes Public Assistance or Individual Assistance. Documentation is required to support any claim that DSHS may make for federal reimbursement.

Completed forms are submitted to the appropriate Section Chief and become part of the permanent record of the Emergency Coordination Center activities.

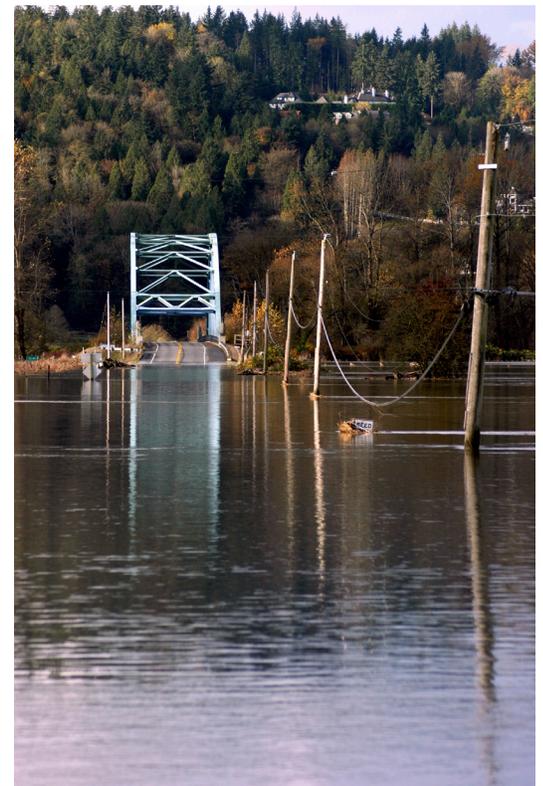
DSHS Emergency Management Services maintains the official record of the Emergency Coordination Center activation in accordance with state records management guidelines.

Additional forms required for tracking staff time, purchases, use of equipment, payments to contractors, etc. are maintained by the Finance & Administration Section and are not included in this section.

The DSHS forms typically used in the Emergency Coordination Center include:

- 02-595 Log of Actions Taken
- 02-602 Executive Leadership Team Snapshot
- 02-603 Incident Briefing
- 02-618 Administration Snapshot
- 02-620 Hot Wash Report

Additional ICS forms may be adapted and converted to DSHS forms in order to meet the needs of record keeping in a response.



ANNEX B.

EMERGENCY COMMUNICATION PLAN

INTRODUCTION

The Emergency Communication Plan provides basic procedures for establishing contact and sharing information among Executive Leadership, senior managers, and other key staff during an emergency or disaster response. It describes responsibilities for the DSHS Executive Leadership Team (ELT), DSHS Emergency Management Services, and Administration liaisons designated to support an emergency response.

Each Administration and residential program are responsible for developing and maintaining detailed emergency communication procedures as part of their respective emergency operations and continuity of operations plans. Critical components of emergency communications plans include contact information for all key managers and critical staff.

Administration emergency communication procedures must align vertically with the guidance provided in these procedures and the DSHS Emergency Operations Plan.

PREPAREDNESS

Every member of the DSHS Executive Leadership Team and his/her Assistant is assigned a Government Emergency Telecommunications/Wireless Priority Service (GETS/WPS) card and should carry it at all times <http://gets.ncs.gov/> and know how to use it. This service is for use in official state business only by designated government employees during emergencies when usual phone services are overloaded. The GETS/WPS system increases the probability of call completion during emergencies.

Emergency Management Services manages GETS/WPS cards for the Secretary's Office, Support and Enterprise Services Administration (SESA), and the Executive Leadership Team. Emergency Management Services provides necessary training to any DSHS cardholder, upon request.

Administrations may request cards for use by management and key staff and those cards must be managed by designated staff in the each Administration.

In January of each year, Emergency Management Services asks each Administration to formally designate at least two employees (a primary position and back up), to support emergency response and the Emergency Coordination Center when needed. Liaisons are considered by Emergency Management Services as incumbents in emergent positions. These positions must also have designated back up to respond during their absences. Emergency Management Services conducts periodic training, testing and exercises to support preparedness related to this strategy.

As part of the duties related to emergency response coordination for the Department, Administration Liaisons are responsible for:

- Collecting and reporting information about facility operations, employee status, client status, mission essential functions and other pertinent information and transmitting this information to Emergency Management Services at DSHSEOC01@dshs.wa.gov in accordance with intervals established by the Emergency Manager, using DSHS Form 02-618 Administration Snapshot.
- Providing timely updates to the DSHS toll-free employee emergency information line
- Providing concurrent updates to the DSHS online duty station report roster (or successor system), consistent with information given on the emergency information line.
- Supporting these functions throughout the duration of the incident, or until directed to stand down by the Emergency Manager.

Liaison duties are described in the DSHS Emergency Coordination Center Operating Procedures.

RESPONSE

The incident response is coordinated by responsible management and key staff at the location(s) directly impacted by the emergency or disaster. Managers at each DSHS office and residential program have full authority to take immediate action to protect the life-safety of employees and clients directly in the Department's care.

Major incidents at any single DSHS location and those that impact multiple DSHS locations may necessitate activation of the Emergency Coordination Center. The Emergency Coordination Center is also activated any time the State Emergency Operations Center is at a Phase II or higher activation for Emergency Support Function #6.

Emergency Management Services/Emergency Manager

- Notify Executive Leadership Team and Administration Liaisons, as indicated
- Activate the Executive Leadership Team conference bridge, as necessary
- Activate and staff the Emergency Coordination Center following established procedures
- Compile and de-conflict reports submitted by Administration Liaisons on DSHS Form 02-618 Administration Snapshot onto DSHS Form 02-602 DSHS Executive Leadership Team Snapshot
- Brief the SESA Assistant Secretary and other members of the Executive Leadership Team, as appropriate to the situation

Executive Leadership Team

- Empower DSHS managers and key staff at the local level where the incident is happening to direct the response
- Receive periodic briefings from the Emergency Manager to maintain situational awareness and a common operating picture
- Anticipate the needs of operations in the field and support response through the Emergency Coordination Center structure
- Provide policy level direction to Administrations appropriate to the incident
- Address the demands and requests of the external environment, i.e., Governor's Office, Legislature, other state agency senior leadership, media, etc.

PROCEDURES FOLLOWING AN INCIDENT

If the incident occurs during core business hours (Monday through Friday, 6:00 a.m. until 6:00 p.m.), all ELT members must contact the Office of the Secretary to report status and information regarding response actions to be taken. Be prepared to provide the following information:

- Personal safety and wellbeing status
- Voice-data connectivity for the location from which you are calling
- Personal ability to report to your headquarters office
- Ability to work from an alternate location, e.g., home, other DSHS office, etc.
- Ability to connect with direct reports

An emergency conference bridge is available for the DSHS Emergency Management Services to activate following the incident. Emergency Management Services notifies the Executive Leadership Team via phone or email of conference bridge information. The Executive Leadership Team must be prepared to call in without fore notice at the soonest scheduled interval following the incident:

- 6:00 a.m. on the calendar day following the incident.
- 10:00 a.m. on the same day
- 2:00 p.m. on the same day
- Recurring until participants are notified to stand down

The conference bridge is a WebEx, multi-point, multi-user, out-of-area option for use when needed during emergencies. The call-in and PIN number remain consistent. Please refer to assigned wallet card for call in information.

After-hours contact information for the Executive Leadership Team and Executive Staff are provided to each member. If you cannot contact the Secretary's Office, you should attempt to contact:

- Assistant Secretary, SESA, or
- Chief Financial Officer, or
- Director of Emergency Management Services, or
- Emergency Coordination Center DSHSEOC01@dshs.wa.gov





State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

ATTACHMENT D.1

CONTINUITY PLAN FOR CHILDREN'S ADMINISTRATION

JUNE 30, 2016



ANNEX D:

Continuity Plan for Children's Administration

DSHS

Transforming Lives

This is the Continuity Plan for the Washington State Department of Health and Social Services, Children's Administration for the calendar year 2016. It provides the management framework in which the Children's Administration, along with its component programs and offices can plan and perform their respective functions during an emergency or disaster.

DSHS

1115 Washington St. SE
Olympia, WA 98501

FOR OFFICIAL USE ONLY

WARNING: This document is **FOR OFFICIAL USE ONLY (FOUO)**. Portions of the Plan contain information that raises personal privacy, security, public safety, or other concerns, and those portions may be exempt from public disclosure under the [Public Records Act, Ch. 42.56 RCW](#). Emergency and continuity plans are to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with rules that document disclosure of personal or other confidential information. Continuity plans should not be released to the public or other personnel who do not have a valid "need to know" without prior approval of the responsible DSHS manager or consultation with the appropriate public records coordinator.

Employee's personal phone numbers included in this plan are exempt under [Ch. 42.56.250\(3\) RCW](#). In addition, the disclosure of information in this plan could compromise the security of essential equipment, services, and systems of DSHS public safety, or otherwise impair DSHS' ability to carry out mission essential functions. These parts of this plan may be exempt and protected from disclosure under [Ch. 42.56.420 RCW](#). Distribution of the Continuity Plan in whole or part is limited to those personnel who need to know the information in order to successfully implement the plan.

CONTENTS

ANNUAL REVIEW AND APPROVAL 6

INTRODUCTION 7

REVISION RECORD 8

DISTRIBUTION LIST 9

EXECUTIVE SUMMARY10

CONTENTS.....11

1.0 PLANNING RESPONSIBILITIES.....12

Table 1 Continuity Program Management Team 13

2.0 ESSENTIAL FUNCTIONS14

Table 2 Essential Functions, Dependencies and Recovery Time Objective15

3.0 KEY PERSONNEL18

Table 3 Key Personnel19

4.0 ORDERS OF SUCCESSION26

Table 4 Orders of Succession27

5.0 DELEGATION OF AUTHORITY29

5.1 Rules and Procedures for Delegating Authority31

5.2 Limitations of Authority and Accountability of the Delegation

Table 5 Delegation of Authority

6.0 DEVOLUTION DIRECTION AND CONTROL40

Table 6 Devolution of Direction and Control41

7.0 VITAL RECORDS AND DATABASES43

Table 7 Vital Records and Databases44

8.0 SYSTEM AND EQUIPMENT47

Table 8 System and Equipment.....48

9.0 CRITICAL VENDORS.....51

Table 9 Critical Vendors.....52

10.0 CONTINUITY FACILITIES54

10.1 Relocation Team and Responsibilities54

Table 10 Relocation Team

Table 11 Continuity Facility

10.2 Continuity Facilities -- Logistics54

Transportation, Lodging, and Food

Security and Access

10.3 Continuity Facilities and Work Sites54

10.4 Continuity Facilities Information.....55

10.5 Locating and Securing a Continuity Facility55

10.6 DSHS Leased Facilities Unit55

10.7 DSHS Office of Capital Programs56

11.0 INTEROPERABLE COMMUNICATIONS.....60

Table 12 Interoperable Communications.....61

12.0 MAINTAINING CONTINUITY READINESS.....62

12.1 Training Plan62

12.2 Testing and Exercising the Plan.....62

Scope of Exercises62

Exercise Schedule63

12.3 Multi-Year Strategy and Program Management Plan63

12.4 Continuity Plan Maintenance63

APPENDICIES.....65

Introduction65

APPENDIX A: CONTINUITY TEST, TRAINING AND EXERCISE (TT&E) EVENT CHECK LIST.....66

APPENDIX B: EMERGENCY OR DISASTER DECISION-MAKING TOOL72

APPENDIX C: ALERTS AND NOTIFICATIONS74

APPENDIX D: CALL TREES.....76

APPENDIX E: CONTINUITY GO KITS.....77

APPENDIX F: EMERGENCY COORDINATION CENTER RESPONSIBILITIES79

F.1 ADMINISTRATIVE LIAISON OFFICER JAS

F.2 CPS CENTRAL INTAKE RECOVERY PROTOCOLS.....86

F.3 FIELD OFFICE CONTINUITY COORDINATORS89

F.4 FIELD OFFICE PHONES/FAX LINES.....93

LIST OF TABLES

Table 1	Continuity Program Management
Table 2	Essential Functions, Dependencies and Recovery Time Objectives
Table 3	Key Personnel
Table 4	Orders of Succession
Table 5	Delegation of Authority
Table 6	Devolution of Direction and Control
Table 7	Vital Records and Databases
Table 8	System and Equipment
Table 9	Critical Vendors
Table 10	Relocation Team
Table 11	Continuity Facility
Table 12	Interoperable Communications

ANNUAL REVIEW AND APPROVAL

This is the Continuity Plan for the Washington State Department of Health and Social Services (DSHS), Children's Administration (CA) for the calendar year 2016. It provides the management framework under which CA, along with its component programs and offices can plan and perform their respective functions during an emergency or disaster.

This Continuity Plan was prepared to comply with, [Ch. 38.52 RCW Emergency Management, Governor's Directive 16-01](#), and in accordance with direction from Federal Emergency Management Administration (FEMA), [Continuity Guidance Circular 1 \(CGC 1\)](#), and [Continuity Guidance Circular 2 \(CGC 2\)](#). It is in accordance with other existing Federal and State requirements and understanding of the various agency Administrations and programs involved. This plan supersedes any previous Continuity Plan and has been certified by the Secretary of DSHS. It will be reviewed and re-certified annually. Recipients are requested to advise the Agency Office of Emergency Management of any changes which might result in its improvement or an increase in its usefulness.

Approved: _____

Jennifer A. Strus, Assistant Secretary
Children's Administration

Date: _____

INTRODUCTION

The Department of Social and Health Services (DSHS) Children's Administration has essential operations and functions that must be performed, or rapidly and efficiently resumed, during and following an emergency or disaster. Emergency events have the potential to significantly interrupt, paralyze, and/or destroy the ability of CA to perform these essential operations. While the impact of these emergencies cannot be predicted, planning for operations under such conditions can mitigate the impact of the emergency on our staff, clients, facilities, services, and our mission.

CA staff have prepared this comprehensive Continuity Plan to ensure that essential operations can be performed during an emergency situation that may disrupt normal operations. This plan was developed to establish policy and guidance to ensure the execution of mission essential functions and to direct the relocation of personnel and resources to a continuity facility capable of supporting operations. The plan outlines procedures for alerting, notifying, activating, and deploying personnel; identifying the mission essential functions; establishing a continuity facility; and identifying personnel with authority and knowledge of these functions.

REVISION RECORD

It is the responsibility of the Assistant Secretary for Children's Administration to ensure that this plan is reviewed at least annually and that all changes and updates are made. The plan holder must:

- Remove and destroy obsolete pages
- Replace obsolete pages with the updated pages
- Ensure that the plan is readily available

REVISION RECORD		
Date	Affected Page Numbers	Description of Changes (Reason, Authorization, Approval)
June 2016	All	Initial distribution

DISTRIBUTION LIST

Children's Administration will distribute copies of the Continuity Plan on a need-to-know basis. Copies of the plan are available to designated staff in each Administration program if needed. Emergency Management Services also retains copies of completed plans. Redacted copies of the Plan may be distributed internally to authorized employees within DSHS as necessary to promote information sharing and facilitate a coordinated continuity effort. Further distribution of the Plan is not permitted without approval from the DSHS Privacy Officer. Emergency Management Services and designated employees in each Administration and residential program coordinate the distribution of updated versions of the continuity plans annually and as substantive revisions are made.

DISTRIBUTION LIST	
1.	Jennifer A. Strus, Assistant Secretary
2.	Edith Hitchings, Executive Staff Director
3.	Jenny Heddin Director, Finance and Performance Evaluation Division
4.	Toni Sebastian Director, Program and Policy
5.	Michael Smith Director, CA Technology Services (CATS)
6.	Connie Lambert-Eckel, Director of Field Operations
7.	Marilee Roberts, Region 1 Administrator
8.	Natalie Green, Region 2 Administrator
9.	Joel Odimba, Region 3 Administrator
10.	Darcey Hancock, Division of Licensed Resources Administrator
11.	Deputy Administrators List
12.	Regional Operations Managers List
13.	Field Continuity Coordinators (Area Administrators) List
14.	Nicole Muller, Centralized Services Administrator
15.	Diane Inman, Field Operations Administrator

General Distribution

General distribution of selected unclassified sections of the Continuity Plan may be issued to all employees to ensure a high level of readiness. Distribution methods may be a combination of the Agency's instructional letters, employee bulletins, or other internal memoranda. Redacted copies of the Plan may be distributed internally to authorized employees within the Agency as necessary to promote information sharing and facilitate coordination.

EXECUTIVE SUMMARY

Washington State responds to disasters and emergencies to save lives; protect the public's health, safety, and well-being; protect property; maintain essential communications; provide for business continuity; and restore public services. However, Governor Jay Inslee and our elected state officials are concerned about the extent to which disasters and emergencies can disrupt or destroy state government capabilities to preserve civil institutions and perform essential governmental functions effectively.

Consequently, the Legislature determined that it is imperative that each state agency, board and commission develop and maintain a Continuity Plan, as specified in Ch. 38.52 RCW. Continuity planning is designed to develop and maintain a comprehensive set of policies and procedures that enable each state agency to preserve, maintain, and resume its capability to function effectively in the event of the threat or occurrence of any disaster or emergency that could potentially disrupt governmental operations and services.

ANNEX D: CHILDREN'S ADMINISTRATION

The following information is specific to Children's Administration

1.0 PLANNING RESPONSIBILITIES

While ultimate responsibility for continuity planning resides with the Secretary of the Department of Social and Health Services, the Assistant Secretary for Children's Administration is directly responsible for the continuation of essential services in an emergency and, consequently, for the related planning for the administration.

The Assistant Secretary has several continuity planning responsibilities including, but not limited to, the following:

- Appointing an Administration Liaison for the DSHS Emergency Coordination Center (ECC)
- Ensuring the development, approval, and the maintenance of Continuity Plans for other programs and offices under the Administration, as necessary
- Ensuring that all Administration staff are trained for their continuity responsibilities
- Participating in periodic continuity exercises
- Notifying appropriate internal and external entities when Administration Continuity Plans are activated

The DSHS Emergency Management Services (EMS) will assist in the development of Administration Continuity Plans and continue to regularly monitor and be updated on continuity efforts, as required under statute. Importantly, there will be close coordination between the Administration's senior management and the OEMS team responsible for continuity planning.

Table 1 lists the names, designated positions and the responsibilities of the personnel who are responsible for continuity planning.

Table 1 Continuity Program Management Team

EMERGENCY MANAGEMENT SERVICES CONTINUITY PROGRAM MANAGEMENT TEAM	
Name and Position Title	General Responsibilities
Sue Bush, Director	Develops Agency level policies to supporting a comprehensive emergency management program including preparedness, response, and recovery. Oversees Agency compliance with relevant Federal and State statutes and other authorities pertaining to emergency management and makes recommendations to Executive Leadership for improvement.
Robert Soldier, Continuity Planning Manager	Overall coordination of the Agency's continuity planning outcomes. Establish and support compliance with Agency level standards and objectives pertaining to continuity planning. Provide ongoing guidance and support to all Administrations for the development and maintenance of Continuity Plans.
David Shannon, Training Manager	Overall coordination of the Agency's emergency preparedness. Establish and support compliance with Agency level standards and objectives pertaining to training, testing and exercising Continuity Plans.

2.0 ESSENTIAL FUNCTIONS

The Children's Administration has identified the essential functions that enable it to provide vital services, exercise authority, maintain the safety and well-being of the staff, and sustain the support functions of the Administration in an emergency. Essential functions provide the basis for continuity planning.

The essential functions are prioritized according to those activities that are pivotal to resuming operations when a catastrophic event occurs. Prioritization is determined by the following:

- Time criticality of each essential function
- Sequence for recovery of essential functions and their critical processes

Note: An essential function's time criticality is related to the amount of time that function can be suspended before it adversely affects the Administration's core mission. Time criticality can be measured by either recovery time or recovery point objectives. The Recovery Point Objective (RPO) is more specific to information systems. It is the amount of data that can be lost measured by a time index. Not all processes have RPOs, and some processes can have both a RPO and a Recovery Time Objective (RTO).

Essential functions and their supporting processes and services are intricately connected. Each essential function has unique characteristics and resource requirements, without which the function could not be sustained. Those processes and services that are necessary to assure continuance of an essential function are considered critical. Often, the processes and services deemed critical vary depending upon the emergency or if they have a time or calendar component.

Table 2 lists the essential functions within the Administration. For each essential function listed, their critical dependencies (supportive processes or services) and their recovery time objectives (RTO) are provided.

Table 2 Essential Functions, Dependencies and Recovery Time Objective

ESSENTIAL FUNCTIONS, DEPENDENCIES AND RECOVERY TIME OBJECTIVES				
Essential Functions	Essential Function Operational	Supportive Processes or Continuity Strategy	Supporting Offices and Staff	Recovery Time Objective
Respond to new emergent CPS intakes	Leadership and decision making	Appoint qualified leadership Establish CA wide communications	CA Senior Management Secretary/ELT	IMMEDIATE
	Emergency Management	Designate staff for Agency ECC Enter Duty Station Status Reports	Centralized Services Field Office Continuity Coordinators	IMMEDIATE
	Disaster Recovery of all mission critical IT and communications systems	All automated data and payment systems CATS IT Disaster Recovery Plan Telephone service (CTS)	CA Technological Services (CATS) Consolidated Technology Services (CTS) Enterprise Technology (ET)	IMMEDIATE
	Child Protective Services Central Intake/End Harm Line	Central Intake/Seattle CPS Intake Line Recovery Protocols Telephone Services	Region 1: Richland, Spokane Region 2: Sky Valley, Seattle Region 3: Tacoma, Tumwater, Bremerton, Centralia, Shelton, Vancouver, Port Angeles, Aberdeen	IMMEDIATE

Table 2 Essential Functions, Dependencies and Recovery Time Objective

ESSENTIAL FUNCTIONS, DEPENDENCIES AND RECOVERY TIME OBJECTIVES				
Essential Functions	Essential Function Operational	Supportive Processes or Continuity Strategy	Supporting Offices and Staff	Recovery Time Objective
Respond to new emergent CPS intakes	Process new Child Protective Services (CPS) intakes	CA Phone tree activation CA Emergent positions activation CPS Intake Line Coordination with law enforcement CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	IMMEDIATE
	Identify/access services and resources	CA Phone tree activation CA Emergent positions activation CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	24 Hours
Provide foster care support	Identify/locate children who may be displaced	CA Phone tree activation CA Emergent positions activation CPS Intake Line CA IT Systems ArcGIS Mapping	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	IMMEDIATE
	Assess needs of displaced or affected children	CA Phone tree activation CA Emergent positions activation CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	IMMEDIATE

Table 2 Essential Functions, Dependencies and Recovery Time Objective

ESSENTIAL FUNCTIONS, DEPENDENCIES AND RECOVERY TIME OBJECTIVES				
Essential Functions	Essential Function Operational	Supportive Processes or Continuity Strategy	Supporting Offices and Staff	Recovery Time Objective
Provide foster care support	Assess needs of caregivers (e.g., need for relocation)	CA Phone tree activation CA Emergent positions activation CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	IMMEDIATE
	Parental notification of children in affected areas	CA Phone tree activation CA Emergent positions activation CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	IMMEDIATE
	Process and maintain payments to resource families	CA Phone tree activation CA Emergent positions activation CA IT Systems (SSPS)	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	IMMEDIATE

3.0 KEY PERSONNEL

Each essential function has associated key personnel and positions that are necessary to the Continuity Plan. They represent strategically vital points in Children's Administration management and authority, and underscore the essential functions of the Administration that must be carried out. If these positions are left unattended, the administration will not be able to meet administration and client support needs or fulfill its mission essential functions.

Table 3 lists the key personnel, and their contact information, that perform essential functions, including supporting process and procedures. Also provided are the key personnel's current title and their role once operating under the Continuity Plan.

Table 3 Key Positions

KEY POSITION / PERSONNEL				
Essential Functions	Essential Functions Operational	Title	Continuity Role	Name & Contact Information
Respond to new emergent Child Protective Services intakes	Leadership and decision making	Assistant Secretary/CA	Administration Leadership	Jennifer Strus Telephone: [REDACTED] Cell Phone:
		Director of Field Operations		Connie Lambert-Eckel W- Spokane Telephone: [REDACTED] W – Olympia Telephone: [REDACTED] Home Phone: [REDACTED] Cell Phone:
	Recovery of all mission critical IT and communications systems	Director Children's Administration Technology Services (CATS)	Disaster recovery of mission essential IT systems	Michael Smith Telephone: [REDACTED] Home Phone: Cell Phone:
	Emergency Management	Field Operations Continuity Administrator	Administration Emergency Operations	Diane Inman Telephone: [REDACTED] Home Phone: Cell Phone:
Child Protective Services Central Intake	Centralized Services Administrator	Ensure availability of CPS Abuse Reporting Central Intake	Nicole Muller Telephone: [REDACTED] Home Phone: Cell Phone:	

Table 3 Key Positions

KEY POSITION / PERSONNEL				
Essential Functions	Essential Functions Operational	Title	Continuity Role	Name & Contact Information
Respond to new emergent Child Protective Services intakes	Intake Response Activities: <ul style="list-style-type: none"> Process new CPS intakes Complete assessments on new intakes Law enforcement coordination Identify/access services & resources 		Ensure that new CPS intakes are processed	
		Central Intake Area Administrator		Michael Behar Telephone: [REDACTED] Cell Phone:
		Region 1 Regional Administrator		Marilee Roberts Telephone: [REDACTED] Cell Phone:
		Region 2 Regional Administrator		Natalie Green W - Seattle Telephone: [REDACTED] W – Everett Home phone: [REDACTED] Cell Phone:
		Region 3 Regional Administrator		Joel Odimba Telephone: [REDACTED] Home phone: [REDACTED] Cell Phone:

Table 3 Key Positions

KEY POSITION / PERSONNEL				
Essential Functions	Essential Functions Operational	Title	Continuity Role	Name & Contact Information
Respond to new emergent Child Protective Services intakes	Intake Response Activities: Process new CPS intakes Complete assessments on new intakes Law enforcement coordination Identify/access services & resources	Division of License Resources (DLR) Administrator	Ensure that new CPS intakes are processed	Darcey Hancock Telephone: [REDACTED] Home phone: [REDACTED] Cell Phone: [REDACTED]
		Region 1 North Deputy Administrator		Nicole Labelle Telephone: [REDACTED] Cell Phone: [REDACTED]
		Region 1 South Deputy Administrator		Dorene Perez Telephone: [REDACTED] Cell Phone: [REDACTED]
		Region 1 Operations Manager		Joseph Crawford Telephone: [REDACTED] Cell Phone: [REDACTED]
		Region 2 North Deputy Administrator		Yen Lawlor Telephone: [REDACTED] Cell Phone: [REDACTED]
		Region 2 South Deputy Administrator		Bolesha Johnson W - Seattle Telephone: [REDACTED] W – Everett Cell Phone: [REDACTED]

Table 3 Key Positions

KEY POSITION / PERSONNEL				
Essential Functions	Essential Functions Operational	Title	Continuity Role	Name & Contact Information
Respond to new emergent Child Protective Services intakes	Intake Response Activities: <ul style="list-style-type: none"> • Process new CPS intakes • Complete assessments on new intakes • Law enforcement coordination • Identify/access services & resources 	Region 2 Operations Manager	Ensure that new CPS intakes are processed	John Jewell Telephone: [REDACTED]
		Region 3 North Deputy Administrator		John March Telephone: [REDACTED] Home phone: [REDACTED] Cell Phone: [REDACTED]
		Region 3 South Deputy Administrator		Debbie Lynn W - Tumwater Telephone: [REDACTED] W – S. Bend Cell Phone: [REDACTED]
		Region 3 Operations Manager		Dave Steward Telephone: [REDACTED]
		Field Continuity Coordinators (Area Administrators)		Field Office Continuity Coordinator list: Appendix F.3
		Designated Emergent Field Staff		Office based lists: Maintained by Field Continuity Coordinators for specific areas. Lists accessible by Regional Deputy Administrators
		Central Intake Field Staff		Central Intake Field Staff lists: Maintained on SharePoint by Central Intake Area Administrator

Table 3 Key Personnel

KEY POSITION / PERSONNEL				
Essential Functions	Essential Functions Operational	Title	Continuity Role	Name & Contact Information
Provide foster care support	Support Response Activities: <ul style="list-style-type: none"> Identify/locate children who may be displaced Assess needs of displaced or affected children Assess needs of caregivers Parental notification of children in affected areas Ensure payments to caregivers 	Region 1 Regional Administrator	Ensure displaced children are located and needs are assessed	Marilee Roberts Telephone: [REDACTED] Cell Phone: [REDACTED]
		Region 2 Regional Administrator		Natalie Green W - Seattle Telephone: [REDACTED] W – Everett Home phone: [REDACTED] Cell Phone: [REDACTED]
		Region 3 Regional Administrator		Joel Odimba Telephone: [REDACTED] Home phone: [REDACTED] Cell Phone: [REDACTED]

Table 3 Key Positions

KEY POSITION / PERSONNEL				
Essential Functions	Essential Functions Operational	Title	Continuity Role	Name & Contact Information
Provide foster care support	Support Response Activities: <ul style="list-style-type: none"> Identify/locate children who may be displaced Assess needs of displaced or affected children Assess needs of caregivers Parental notification of children in affected areas Ensure payments to caregivers 	Division of License Resources (DLR) Administrator	Ensure displaced children are located and needs are assessed	Darcey Hancock Telephone: [REDACTED] Home phone: [REDACTED] Cell Phone: [REDACTED]
		Region 1 North Deputy Administrator		Nicole Labelle Telephone: [REDACTED] Cell Phone: [REDACTED]
		Region 1 South Deputy Administrator		Dorene Perez Telephone: [REDACTED] Cell Phone: [REDACTED]
		Region 2 North Deputy Administrator		Yen Lawlor Telephone: [REDACTED] Cell Phone: [REDACTED]
		Region 2 South Deputy Administrator		Bolesha Johnson W - Seattle Telephone: [REDACTED] W – Everett Cell Phone: [REDACTED]
		Region 3 North Deputy Administrator		John March Telephone: [REDACTED] Home phone: [REDACTED] Cell Phone: [REDACTED]

Table 3 Key Personnel

KEY POSITION / PERSONNEL				
Essential Functions	Essential Functions Operational	Title	Continuity Role	Name & Contact Information
Provide foster care support	Support Response Activities: <ul style="list-style-type: none"> Identify/locate children who may be displaced Assess needs of displaced or affected children Assess needs of caregivers Parental notification of children in affected areas Ensure payments to caregivers 	Region 3 South Deputy Administrator	Ensure displaced children are located and needs are assessed	Debbie Lynn W - Tumwater Telephone: [REDACTED] W – S. Bend Cell Phone: [REDACTED]
		Interstate Compact Manager		Maya Brown Telephone: [REDACTED]
		Field Continuity Coordinators (Area Administrators)		Field Office Continuity Coordinator list: Appendix F.3
		Designated Emergent Field Staff		Office based lists: Maintained by Field Continuity Coordinators for specific areas. Lists accessible by Regional Deputy Administrators
		Central Intake Staff		Central Intake Staff list: Maintained on SharePoint by Central Intake Area Administrator

4.0 Orders of Succession

Succession planning ensures the continued effective performance of the community facility by making provisions for the replacement of people in key positions. Triggering conditions in most all scenarios would be incapacitation or absence of key personnel.

Succession orders should be of sufficient depth to ensure the Administration's ability to manage, direct, and perform essential functions through any emergency. Geographical dispersion is encouraged, consistent with the principle of providing succession to the administration in emergencies of all types.

Emergency Management Services has developed an Order of Succession and Delegation of Authority (OS/DA) procedure for use by all Administrations. This form should be completed, reviewed, updated on an annual basis, and stored with CA's Continuity Plan.

Table 4 lists the key positions by essential function and the successors for the position.

Table 4 Orders of Succession

ORDERS OF SUCCESSION					
Essential Functions	Essential Functions Operational	Key Position / Personnel	Successor 1 (By position)	Successor 2 (By position)	Successor 3 (By position)
Respond to new emergent Child Protective Services intakes	Leadership and decision making	Assistant Secretary/ Jennifer Strus	Director Field Operations	Regional Administrators	Deputy Regional Administrators
	Emergency management	Field Operations Continuity Administrator/ Diane Inman	Centralized Services Administrator	Director of Field Operations	Regional Administrators
	Recovery of all mission critical IT and communications	Director CATS/ Michael Smith	IT Operations Coordinator Deputy Director	Communications Function Business Manager	IT Operations Manager
	Child Protective Services Intake	Centralized Services Administrator/ Nicole Muller	Central Intake Area Administrator	Regional Intake Area Administrators	Field Intake Staff
	CPS field response to emergent intakes	Director of Field Operations/ Connie Lambert-Eckel	Regional Administrators, DLR Administrator	Regional Intake Area Administrators	Field Intake Staff
	Complete assessments of new CPS intakes	RAs/ (see Table 3) DLR Administrator/ Darcey Hancock	Deputy Administrators	Area Administrators	Field Office Supervisors/Staff
	Identify/access services & resources	RAs/ (see Table 3) DLR Administrator/ Darcey Hancock	Deputy Administrators	Area Administrators	Field Office Supervisors/Staff

Table 4 Orders of Succession

ORDERS OF SUCCESSION					
Essential Functions	Essential Functions Operational	Key Position / Personnel	Successor 1 (By position)	Successor 2 (By position)	Successor 3 (By position)
Provide foster care support	Identify/locate children who may be displaced	Director Field Operations/ Connie Lambert-Eckel	Regional Administrators, DLR Administrator, ICPC Manager	Deputy Regional Administrators, Area Administrators	Field Office Supervisors/Staff
	Assess needs of displaced or affected children	Director Field Operations/ Connie Lambert-Eckel	Regional Administrators, DLR Administrator, ICPC Manager	Deputy Regional Administrators, Area Administrators	Field Office Supervisors/Staff
	Assess needs of caregivers (i.e., need for relocation)	RAs/ (see Table 3) DLR Administrator/ Darcey Hancock	Deputy Regional/DLR Administrators	Area Administrators	Field Office Supervisors/Staff
	Parental notification of children in affected areas	Regional Administrators/ (see Table 3)	Deputy Regional Administrators	Area Administrators	Field Office Supervisors/Staff
	Process and maintain payments to resource families	Regional Administrators/ (see Table 3)	Deputy Regional Administrators	Area Administrators	Field Office Supervisors/Staff

5.0 DELEGATION OF AUTHORITY

Delegation of Authority in continuity planning ensures rapid response to an emergency that requires Continuity Plan activation. Triggering conditions in most all scenarios would be incapacitation or absence of key personnel. The following Agency Administrative Policies (AP) would apply:

- AP 04.05

Emergency Management Services has developed an Order of Succession and Delegation of Authority (OS/DA) procedure for use by all Administrations. This form should be completed, reviewed, updated on an annual basis, and stored with OCF's Continuity Plan. The OS/DA form would indicate the following:

- Rules governing the successor's ability to exercise authority
- Procedures that must be followed before successors exercise authority
- Any limitations of authority

The types of authority that are addressed are emergency authority and administrative authority.

Emergency Authority refers to the ability to make decisions related to an emergency, such as deciding whether to activate a Continuity Plan, deciding whether to evacuate a building, or determining which personnel should report for their duties.

Administrative Authority refers to the ability to make decisions that have effects beyond the duration of the emergency. Unlike emergency authority, administrative authority does not have a built-in expiration date. Such decisions involve policy determinations and include hiring and dismissal of employees and allocation of fiscal and non-monetary resources. A successor's authority is either full or limited.

Full Successor will assume full responsibility for essential function(s) during an emergency event.

Limited Successor will assume limited responsibility for essential function(s) during an emergency event. If a successor's responsibility is limited the limitations need to be defined.

5.1 Rules and Procedures for Delegating Authority

This delegation of authority component requires a list of conditions or events that will trigger the delegation of authority for each key position. Activation of any delegation of authority is tied to the level of threat or the category of emergency. How the designee will assume authority and how staff will be notified of the delegation are included in Table 6.

5.2 Limitations of Authority and Accountability of the Delegation

Limitations on the delegation are often restrictions on the duration, extent, or scope of the authority. Officials who may be expected to assume authority in an emergency are

trained to perform their emergency duties.

Delegation of Authority outlines the breadth and depth of responsibility of the successor for the following:

- Each essential function
- Each key position

Table 5 lists the position(s) being delegated.

Table 5 Delegation of Authority

DELEGATION OF AUTHORITY – SUCCESSOR 1				
Essential Functions	Essential Functions Operational	Successor Position 1	Type of Authority	Authority
Respond to new emergent Child Protective Services intakes	Leadership & decision making	Director of Field Operations	Full	Administrative
	Emergency management	Centralized Services Administrator	Limited	Emergency
	Recovery of all mission critical IT and communications	IT Operations Coordinator Deputy Director	Limited	Emergency
	Child Protective Services Intake	Central Intake Area Administrator	Limited	Emergency
	CPS field response to emergent intakes	Regional Administrators, DLR Administrator	Limited	Administrative, Emergency

Table 5 Delegation of Authority

DELEGATION OF AUTHORITY – SUCCESSOR 1				
Essential Functions	Essential Functions Operational	Successor Position 1	Type of Authority	Authority
Respond to new emergent Child Protective Services intakes	Complete assessments of new CPS intakes	Deputy Administrators	Limited	Emergency
	Identify/access services & resources	Deputy Administrators	Limited	Emergency
Provide foster care support	Identify/locate children who may be displaced	Regional Administrators, DLR Administrator, ICPC Manager	Limited	Administrative, Emergency, Emergency
	Assess needs of affected or displaced children	Regional Administrators, DLR Administrator, ICPC Manager	Limited	Administrative, Emergency, Emergency

Table 5 Delegation of Authority

DELEGATION OF AUTHORITY – SUCCESSOR 1				
Essential Functions	Essential Functions Operational	Successor Position 1	Type of Authority	Authority
Provide foster care support	Assess needs of caregivers (i.e., need for relocation)	Deputy Regional/DLR Administrators	Limited	Emergency/ Emergency
	Parental notification of children in affected areas	Deputy Regional Administrators	Limited	Emergency
	Process and maintain payments to resource families	Deputy Regional Administrators	Limited	Emergency

Table 5 Delegation of Authority

DELEGATION OF AUTHORITY – SUCCESSOR 2				
Essential Functions	Essential Functions Operational	Successor Position 2	Type of Authority	Authority
Respond to new emergent Child Protective Services intakes	Leadership & decision making	Regional Administrators	Limited	Administrative
	Emergency management	Director of Field Operations	Full	Administrative
	Recovery of all mission critical IT and communications	Communications Function Business Manager	Limited	Emergency
	Child Protective Services Intake	Regional Intake Area Administrators	Limited	Emergency
	CPS Field Response to emergent intakes	Regional Intake Area Administrators	Limited	Emergency

Table 5 Delegation of Authority

DELEGATION OF AUTHORITY – SUCCESSOR 2				
Essential Functions	Essential Functions Operational	Successor Position 2	Type of Authority	Authority
Respond to new emergent Child Protective Services intakes	Complete assessments of new CPS intakes	Area Administrators	Limited	Emergency
	Identify/access services & resources	Area Administrators	Limited	Emergency
Provide foster care support	Identify/locate children who may be displaced	Deputy Regional Administrators, Area Administrators	Limited	Emergency
	Assess needs of affected or displaced children	Deputy Regional Administrators, Area Administrators	Limited	Emergency

Table 5 Delegation of Authority

DELEGATION OF AUTHORITY – SUCCESSOR 2				
Essential Functions	Essential Functions Operational	Successor Position 2	Type of Authority	Authority
Provide foster care support	Assess needs of caregivers (i.e., need for relocation)	Area Administrators	Limited	Emergency
	Parental notification of children in affected areas	Area Administrators	Limited	Emergency
	Process and maintain payments to resource families	Area Administrators	Limited	Emergency

Table 5 Delegation of Authority

DELEGATION OF AUTHORITY – SUCCESSOR 3				
Essential Functions	Essential Functions Operational	Successor Position 3	Type of Authority	Authority
Respond to new emergent Child Protective Services intakes	Leadership & decision making	Deputy Regional Administrators	Limited	Emergency
	Emergency management	Regional Administrators	Limited	Administrative
	Recovery of all mission critical IT and communications	IT Operations Manager	Limited	Emergency
	Child Protective Services Intake	Field Intake Supervisors	Limited	Emergency
	CPS field response to emergent intakes	Field Intake Supervisors	Limited	Emergency

Table 5 Delegation of Authority

DELEGATION OF AUTHORITY – SUCCESSOR 3				
Essential Functions	Essential Functions Operational	Successor Position 3	Type of Authority	Authority
Respond to new emergent Child Protective Services intakes	Complete assessments of new CPS intakes	Field Office Supervisors	Limited	Emergency
	Identify/access services & resources	Field Office Supervisors	Limited	Emergency
Provide foster care support	Identify/locate children who may be displaced	Field Office Supervisors	Limited	Emergency
	Assess needs of affected or displaced children	Field Office Supervisors	Limited	Emergency

Table 5 Delegation of Authority

DELEGATION OF AUTHORITY – SUCCESSOR 3				
Essential Functions	Essential Functions Operational	Successor Position 3	Type of Authority	Authority
Provide foster care support	Assess needs of caregivers (i.e., need for relocation)	Field Office Supervisors	Limited	Emergency
	Parental notification of children in affected areas	Field Office Supervisors	Limited	Emergency
	Process and maintain payments to resource families	Field Office Supervisors	Limited	Emergency

6.0 DEVOLUTION OF DIRECTION AND CONTROL

Devolution planning supports overall continuity planning and addresses catastrophic and other disasters or events that render leadership and staff unavailable to, or incapable of, supporting the execution of its essential functions from either its primary or continuity location(s). Devolution for this Continuity Plan means intra-agency transfer of control.

Children's Administration does not have a comprehensive plan to transfer statutory authority and responsibility for every essential function to other organizations outside of DSHS. However, the Assistant Secretary may transfer authority for some functions by following the Administration's standard business practices.

The execution of Children's Administration's essential functions will in-part or completely devolve to staff that will be reassigned to other facilities, or to staff in other DSHS locations (i.e., DSHS Central Intake). Staff will be temporarily reassigned to provide essential functions that they are trained in, or of existing staff to a different facility. A temporary reassignment from Children's Administration would be set up to assist with agency operations. This support will maintain the specific knowledge base required for working with other or all DSHS offices during a catastrophic event.

The following Table 6 provides the template Children's Administration would use in the event that an essential function needs to be transferred to another internal Administration, office or location.

Table 6 Devolution of Direction and Control

DEVOLUTION OF DIRECTION AND CONTROL							
Essential Functions	Essential Functions Operational	Facility/Program to transfer essential function	Trained staff roster	Trigger for Devolution	Equipment & supplies needed	Procedures for acquiring supplies	Trigger for Reconstitution
Respond to new emergent Child Protective Services intakes	Leadership & decision making						
	Emergency management						
	Recovery of all mission critical IT and communications						
	Child Protective Services Intake						
	CPS field response to new emergent intakes						
	Complete assessments of new CPS intakes						
	Identify/access services & resources						

Table 6 Devolution of Direction and Control

DEVOLUTION OF DIRECTION AND CONTROL							
Essential Functions	Essential Functions Operational	Facility/Program to transfer essential function	Trained staff roster	Trigger for Devolution	Equipment & supplies needed	Procedures for acquiring supplies	Trigger for Reconstitution
Provide foster care support	Identify/locate children who may be displaced						
	Assess needs of affected or displaced children						
	Assess needs of caregivers (i.e., need for relocation)						
	Assess needs of caregivers (i.e., need for relocation)						
	Process and maintain payments to resource families						

7.0 VITAL RECORDS AND DATABASES

Continuity plans account for identification and protection of vital records and databases (including classified or sensitive data) that are needed to perform essential functions and activities and to reconstitute normal operations following an emergency. Table 7 identifies vital records and/or databases that are needed to support the maintenance of the essential functions. In addition, the following information is also provided:

- Current status of the vital record(s) or database
- Whether the vital record(s) or database is pre-positioned at or is to be hand carried to the continuity facility
- The specific current location of the vital record(s) or database

Note: Table 9, Critical Vendors, is for capturing all vendor information related to vital records and databases.

Table 7.0 Vital Records and Databases

VITAL RECORDS AND DATABASES						
Essential Functions	Essential Functions Operational	Vital Records and Databases/Systems		Record Format	Pre-positioned or Hand carried	Storage Location(s)
Respond to new emergent Child Protective Services intakes	Leadership and decision making	Children's Administration Continuity Plan, Annex D		Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> • CA OB2 • EMS OB2
	Emergency Management	Children's Administration Continuity Plan, Annex D		Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> • CA OB2 • Central Intake • Regional
	Disaster recovery of all mission critical IT and communications systems	CATS IT Disaster Recovery Plan (Appendix K) SSPS		Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> • CA Technology Services
	Child Protective Services Intake	CPS Intake Line Recovery Protocols (Appendix J)		Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> • Central Intake • CA OB2 • Regional Intake offices
	CPS response to emergent intakes	Agency Supported Systems ACES Provider1/PRISM BCU SEMS MODIS ArcGIS HRMS SSPS Arc GIS	Material Records Audio Recordings Photographs DVD's/Video Microfilm Paper Client Records Memory Cards	Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> • CA OB2
	Complete assessments of new CPS intakes					

Table 7.0 Vital Records and Databases

VITAL RECORDS AND DATABASES					
Essential Functions	Essential Functions Operational	Vital Records and Databases/Systems	Record Format	Pre-positioned or Hand carried	Storage Location(s)
	Identify/access services & resources	CA Supported Systems FamLink infoFamLink Background Checks CHET CAPERS CA Offices Consumer Contacts AIRS CATS Intranet Site SharePoint Site ArcGIS	Material Records	Electronic & Hard copy	Pre-positioned <ul style="list-style-type: none"> CA OB2

Table 7.0 Vital Records and Databases

VITAL RECORDS AND DATABASES						
Essential Functions	Essential Functions Operational	Vital Records and Databases		Record Format	Pre-positioned Or Hand carried	Storage Location(s)
Provide foster care support	Identify/locate children who may be displaced	Agency Supported Systems ACES Provider 1/PRISM	Material Records Audio Recordings Photographs DVD's/Video Microfilm Paper Client Records Memory Cards	Electronic & Hard copy	Pre-positioned	CA OB2
	Assess needs of displaced or affected children	Background Checks SEMS MODIS				
	Assess needs of caregivers (i.e., need for relocation)	HRMS SSPS ArcGIS ACD				
	Parental notification of children in affected areas	CA Supported Systems FamLink infoFamLink				
	Process and maintain payments to resource families	Background Checks CHET CAPERS CA Offices Consumer Contacts AIRS CATS Intranet Site SharePoint Site				

8.0 SYSTEM AND EQUIPMENT

A system or equipment is vital if it is essential to emergency operations and/or to the Administration's continuance of essential functions during a crisis for a minimum of thirty days. Continuity planning for vital systems and equipment proceeds in the same way as planning for vital records, (i.e., to the greatest extent possible, back-up electronic systems, pre-position duplicate systems and equipment at a separate facility, and update vital systems and equipment on a regular basis.)

Table 8 identifies the system and equipment that are essential to the continued function of the Administration, program or office and its mission, as well as:

- Current status of the system and equipment (stand-alone or stored on the network)
- Whether the system and equipment is pre-positioned at the continuity facility
- Whether the system and equipment will be hand carried to the continuity facility
- The specific current location of the system and equipment

While Children's Administration is reliant upon a number of IT systems (e.g., SSPS, ACES, etc.), the majority are maintained and supported by ET other administrations within DSHS. However, CA has primary responsibility for FamLink. CA's IT Disaster Recovery Plan (DRP) is located in Appendix J.

Note: Table 8, Critical Vendors, is for capturing all vendor information related to systems and equipment.

Table 8 System and Equipment

SYSTEM AND EQUIPMENT					
Essential Functions	Essential Functions Operational	Equipment and System	Type of Equipment and System	Pre-Positioned or Hand Carried	Storage Location(s)
Respond to new emergent Child Protective Services intakes	Leadership and decision making	<ul style="list-style-type: none"> • Computer/DSHS WAN • Mobile Computing Device/DSHS WAN • Telephone/CTS • DSHS Cell Phone/Verizon 	<ul style="list-style-type: none"> • Computing / Application • Computing/Application • Communication /PBX • Communication/Phone 	<ul style="list-style-type: none"> • Pre-positioned • Hand Carried • Pre-positioned • Hand Carried 	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center
	Emergency management	<ul style="list-style-type: none"> • Computer/DSHS WAN • Mobile Computing Device/DSHS WAN • Telephone/CTS • DSHS Cell Phone/Verizon 	<ul style="list-style-type: none"> • Computing / Application • Computing/Application • Communication /PBX • Communication/Phone 	<ul style="list-style-type: none"> • Pre-positioned • Hand Carried • Pre-positioned • Hand Carried 	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center
	Disaster recovery of all mission critical IT and communications	Computers/DSHS WAN and CA supported IT Systems	All CA computers and IT Systems	Pre-positioned	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center
	Child Protective Services Intake	<ul style="list-style-type: none"> • Telephone/CTS • Computer/DSHS WAN 	<ul style="list-style-type: none"> • Communication /PBX • Computing/Application 	<ul style="list-style-type: none"> • Pre-positioned • Pre-positioned 	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center
	Process new Child Protective Services (CPS) intakes	Agency Supported Systems <ul style="list-style-type: none"> • Computer/DSHS WAN • Mobile Computing Device/DSHS WAN • ACES • Provider 1/PRISM • Background Check • ACD (Agency Contract Database) 	<ul style="list-style-type: none"> • Communication/PBX Phone • Computing/Application 	Pre-positioned	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center

Table 8 System and Equipment

SYSTEM AND EQUIPMENT					
Essential Functions	Essential Functions Operational	Equipment and System	Type of Equipment and System	Pre-Positioned or Hand Carried	Storage Location(s)
Respond to new emergent Child Protective Services intakes	Process new Child Protective Services (CPS) intakes	<ul style="list-style-type: none"> • SEMS • MODIS • HRMS • SSPS 	<ul style="list-style-type: none"> • Communication/PBX Phone • Computing/Application 	Pre-positioned	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center
	Complete assessments of new Child Protective Services	CA Supported Systems <ul style="list-style-type: none"> • FamLink • infoFamLink • CABCheck • CHET • CAPERS • CA Offices • Consumer Contacts • AIRS • CATS • Intranet Site • SharePoint Site 	<ul style="list-style-type: none"> • Communication/PBX • Computing/Application 	Pre-positioned	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center
	Identify/access services & resources				

Table 8 System and Equipment

SYSTEM AND EQUIPMENT					
Essential Functions	Essential Functions Operational	Equipment and System	Type of Equipment and System	Pre-Positioned or Hand Carried	Storage Location(s)
Provide foster care support	Identify/locate children who may be displaced	Agency Supported Systems <ul style="list-style-type: none"> • Computer/DSHS WAN • Mobile Computing Device/DSHS WAN 	<ul style="list-style-type: none"> • Communication/PBX Phone • Computing/Application 	Pre-positioned	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center
	Assess needs of displaced or affected children	<ul style="list-style-type: none"> • ACES • Provider 1/PRISM • Background Checks • SEMS 			
	Assess needs of caregivers (i.e., need for relocation)	<ul style="list-style-type: none"> • MODIS • HRMS • SSPS • ACD 			
	Parental notification of children in affected areas	CA Supported Systems <ul style="list-style-type: none"> • FamLink • infoFamLink • CABCheck 			
	Process and maintain payments to resource families	<ul style="list-style-type: none"> • CHET • CAPERS • CA Offices • Consumer Contacts • CABillTrack • AIRS • CAFPTtraining • CATS_DD • Intranet Site • SharePoint Site 			

9.0 CRITICAL VENDORS

Children's Administration mission essential functions and their supporting dependencies, processes, and services that are necessary to assure continuance has supporting critical vendors. Children's Administration has determined that its critical vendors are those that support its IT needs. The Children's Administration Technology Support (CATS) has identified those vendors in its FamLink Disaster Recovery Plan (**Appendix G.1**).

Table 9 provides a template should the Administration identify other critical vendors in the future required to support Children's Administration.

Table 9 Critical Vendors

CRITICAL VENDORS				
Essential Function	Essential Functions Operational	Vendor (Name & Address)	Vendor (Name & Address), Point of Contact/E-mail	Services Provided
Respond to new emergent Child Protective Services intakes	Leadership and decision making			
	Emergency management			
	Disaster recovery of all mission critical IT and communications			
	Child Protective Services Intake			
	Process new Child Protective Services (CPS) intakes			
	Complete assessments of new Child Protective Services intakes			
	Identify/access services & resources			

Table 9 Critical Vendors

CRITICAL VENDORS				
Essential Functions	Essential Functions Operational	Vendor (Name & Address)	Vendor (Name & Address), Point of Contact/E-mail	Services Provided
Provide foster care support	Identify/locate children who may be displaced			
	Assess needs of displaced or affected children			
	Assess needs of caregivers (i.e., need for relocation)			
	Parental notification of children in affected areas			
	Process and maintain payments to resource families			

10.0 CONTINUITY FACILITIES

Emergencies or potential emergencies, whether anticipated or unanticipated, may affect the ability to perform mission essential functions from the primary locations.

The identification and preparation of facilities that can be used to accomplish essential functions if the administration's primary facilities become unusable is critical. In selecting a continuity facility, it is essential to have a thorough understanding of the administration's mission, essential functions, concept for deployment and operations at a continuity facility, communications connectivity requirements, and resources allotted. These factors can vary widely from one administration to another. An acceptable facility for one administration might be provided in a borrowed conference room for use by a few key people on a temporary basis. A more complex administration might require a complete turn-key facility able to house the entire administration for an extended period.

10.1 *Relocation Team Responsibilities*

During a continuity event, members of the Continuity Relocation Team are responsible for making the recommendation to relocate to a designated Alternate Facility(s) in a timely and efficient manner and re-establishing and recovering the operations of the Administration's essential functions. The Incident Command System (ICS) will be used during an emergency or disaster event.

10.2 *Continuity Facilities – Logistics*

Transportation, Lodging, and Food

In the event that Executive Administration has to move to a continuity facility, the needs of staff operating at the facility must be met. This includes provision for logistical support and lodging through arrangement with vendors for transportation, hotels, catering, etc.

Security and Access

Not only does the continuity work site need to be identified and the care of staff arranged, but the security of and access to both the primary and continuity facilities during emergency and non-emergency situations also need to be arranged. The security procedures should accommodate all hazards and include provisions for identifying access restrictions.

10.3 *Continuity Facilities and Work Sites*

The continuity facility and work site allows the administration's key personnel to perform essential functions when an emergency renders the primary facility unusable.

Provide directions to the continuity facilities and work sites for COOP as well as layouts if possible. Where feasible, layouts could include room assignments, equipment location, etc.

10.4 Continuity Facilities Information

Table 11 lists the requirements for each essential function at the continuity facility and work site. In addition, the following information is also provided:

- Essential functions to be performed at each continuity facility and worksite
- Number of employees needed at the continuity facility
- Logistical support requirements
- Resource and infrastructure requirements

10.5 Locating and Securing a Continuity Facility

State statute RCW 43.82.010 authorizes the Washington State Department of Enterprise Services to enter into real estate contracts on behalf of the state. This includes, but is not limited to, leasing facilities that DSHS may need for its continuity of operations during an emergency or disaster that renders one or more of its capital or leased facilities inoperable, in whole or in part, temporarily or permanently. RCW 43.82.010 also authorizes the Director of the Department of Enterprise Services, on behalf of the state agency involved and after consultation with the Office of Financial Management, to purchase, lease, lease purchase, rent, or otherwise acquire all real estate as may be required by DSHS.

State statute RCW 43.19.500, in relevant part, enables the Department of Enterprise Services to use the enterprise services account for the benefit of facilities on the capital campus, including the Human Services Building (OB2), for the payment of costs related to its rendering of services, furnishing and supplying equipment, supplies and materials, and for providing or allocating facilities, including the operation, maintenance, rehabilitation, or furnishing to other agencies. The schedule of the foregoing shall be determined jointly by the Department of Enterprise Services Director and the Director of the Office of Financial Management.

10.6 DSHS Leased Facilities Unit

The role of the DSHS Leased Facilities Unit during an emergency or disaster causing disruption to DSHS mission essential functions is to work with both the Department of Enterprise Services and the state Office of Financial Management to assist DSHS management in identifying and scoping related requirements for leasing and supplying temporary space for continuity of operations. Requirements necessary for DSHS to continue its operations from an alternate location include considerations such as:

- suitable location
- square footage
- number of workstations
- office equipment
- supplies and materials
- voice and data connectivity (in conjunction with the Information Services Support Division)
- security and other factors

10.7 DSHS Office of Capital Programs

The role of the DSHS Office of Capital Programs during an emergency or disaster causing disruption to DSHS mission essential functions is to assist Consolidated Maintenance and Operations and the state hospitals, residential habilitation centers, institutions, and community facilities to:

- Assess structural damage to buildings, infrastructure, and site facilities;
- initiate and manage emergency contracts for the removal of debris or stabilization of damaged structures;
- initiate and manage public works contracts for the repair of damaged buildings, infrastructure, and site features.

During emergent conditions DSHS Administrations/Residential Programs shall not enter into formal or informal agreements with other outside entities without consulting and working through the Operations Support and Services Division, Leased facilities or Capital Facilities Management groups.

Table 10 Relocation Team

RELOCATION TEAM		
Position Title	Continuity Role	Relocation Tasks
Director Field Operations	Ensure that emergent CPS intakes are processed	<ul style="list-style-type: none"> • Provide leadership and decision making • Invoke plans • Coordinate with incident command system
Regional Administrators	Ensure the needs of displaced children are addressed	<ul style="list-style-type: none"> • Make relocation recommendations • Direct recovery of office operations • Coordinate with incident command system
Deputy Regional Administrators		<ul style="list-style-type: none"> • Assess impacts to affected offices • Provide options/recommendations to senior management • Communicate with senior management and Continuity Administrator
Continuity Coordinators (Area Administrators)		<ul style="list-style-type: none"> • Re-establish office operations and resume essential functions • Communicate up chain
Regional Operations Managers		<ul style="list-style-type: none"> • Support recovery of office operations • Coordinate with incident command system
Director Children's Administration Technology Services		<ul style="list-style-type: none"> • Provide FamLink /IT backup disaster recovery • Coordinate with incident command system
Field Operations Continuity Administrator		<ul style="list-style-type: none"> • Provide support and coordination with EMS • Administration of emergency operations • Coordinate with incident command system
Centralized Services Administrator		<ul style="list-style-type: none"> • Backup support and coordination with EMS • Coordinate with incident command system

Table 11 Continuity Facility

CONTINUITY FACILITY					
Essential Functions	Essential Functions Operational	Continuity Facility (Name & Address)	Number of Employees Required	Logistical Support Required	Resources and Infrastructure Required
Respond to new emergent Child Protective Services intakes	Leadership and decision making				
	Emergency management				
	Disaster recovery of all mission critical IT and communications				
	Child Protective Services Hotline				
	Process new CPS intakes				
	Complete assessments of new CPS intakes				
	Identify/access services & resources				

Table 11 Continuity Facility

CONTINUITY FACILITY					
Essential Functions	Essential Functions Operational	Continuity Facility (Name & Address)	Number of Employees Required	Logistical Support Required	Resources and Infrastructure Required
Provide foster care support	Identify/locate children who may be displaced				
	Assess needs of displaced or affected children				
	Assess needs of caregivers (i.e., need for relocation)				
	Parental notification of children in affected areas				
	Process and maintain payments to resource families				

11.0 INTEROPERABLE COMMUNICATIONS

The communications component of a Continuity Plan requires well-defined chains of Communication with alternative means of communicating should the primary radio communications and/or telecommunications systems (i.e., telephones, faxes, Internet) not be functioning.

The administration strives to maintain communications capabilities commensurate with its essential functions at all times. The Continuity Plan facilitates communication between the administration's Continuity Program Management Team, Executive Management, and administration staff and provides for communication with other Agency administrations, as well as emergency personnel. The plan also provides a means for notifying the community of the administration's relocation and procedures for contacting SESA and the manner of conducting business during an emergency.

Interoperable communications provide the following:

- Communications capability that adequately supports the administration's essential functions and activities
- Ability to communicate with continuity contingency staff, management, and other organizational components
- Ability to communicate with other Agency administrations and with emergency personnel
- Access to other data and systems necessary to conduct essential activities and functions

Table 12 lists:

- The current service's provider along with the representative's name and contact information
- An alternate service provider if primary source becomes unavailable
- Alternate methods or modes of communication if primary and alternate sources are unavailable

Table 12 Interoperable Communications

INTEROPERABLE COMMUNICATIONS				
Communication System Needed in Continuity Facilities	Current Provider	Alternative Provider	Alternate Mode 1	Alternative Mode 2
Landlines	CTS/Avaya PBX		Analog Phones	Agency Cell Phones
Cell Phones	Verizon	AT&T/Sprint		
Internet	DSHS WAN			
Email	DSHS WAN			
Website	DSHS WAN			
Citrix	DSHS WAN			
*Two-way radios				
Couriers				

Note: Notifications to the community pertaining to the emergency situation and/or each Agency administration, program or office during an emergency will be conducted via the appropriate medium, (e.g., PIO) announcements and/or when instructed, answering machine message at the appropriate level).

* VHF: 146-174MHz” and “UHF: 468-470MHz”; “UHF 462.5500 and 467.7125 MHz”; “VHF MHz 151-159 and UHF MHz 462-470”

12.0 MAINTAINING CONTINUITY READINESS

Major components of the continuity maintenance program are the training of all key personnel in the performance of their continuity responsibilities; the conducting of periodic exercises to test and improve Continuity Plans and procedures, systems, and equipment; and the institution of a multi-year process to ensure that the plan continues to be updated in response to changing conditions.

12.1 Training Plan

All personnel who will be involved in continuity activities will be trained and equipped to perform their emergency duties. Consideration will be given to “cross-training” team members to ensure that the team is prepared to deal with the unusual demands that may arise when emergency conditions must be faced by a reduced staff. Continuity training will include the following:

- Individual and team training of Continuity Team members and emergency personnel to ensure currency of knowledge and integration of skills necessary to implement the Continuity Plan and carry out essential functions; team training will be conducted at least annually to ensure that Continuity Team members are current on their respective responsibilities
- Refresher orientation for the Continuity Team as it arrives at a continuity operating facility; the orientation will cover the support and services available at the facility, including communications and information systems, and administrative matters, including supervision, security, and personnel policies
- Training courses and materials designed to improve knowledge and skills related to carrying out responsibilities

12.2 Testing and Exercising the Plan

Testing and exercising of continuity capabilities are essential to demonstrate and improve the ability of the administration to execute its Continuity Plan. They serve to validate, or identify for subsequent correction, specific aspects of Continuity Plans, policies, procedures, systems, and facilities.

Scope of Exercises

An effective program will include a variety of exercise types, including tabletops, drills, and full-scale exercises. Full-scale exercises will simulate actual emergency conditions, and exercises may include the phase-down of continuity facility operations and return to normal operations. Following an exercise, a comprehensive debriefing and after-action report will be completed.

The Agency will conduct continuity awareness campaigns and seminars throughout the fiscal year. This Executive Administration will conduct the following exercises:

- Year 1: Discussion
- Year 2: Tabletop
- Year 3: Drills
- Year 4: Functional
- Year 5: Full Scale

Each annual exercise will build upon the previous year's exercise, resulting in a full-scale exercise. This full-scale exercise will occur every five years.

The Agency Office of Emergency Management Services will facilitate the After Action Report (AAR) meeting. This meeting will be conducted within 30 days of an exercise or full-scale continuity activation. Within 60 days of conducting the meeting, DSHS will publish the AAR.

Exercise Schedule

Testing and exercise plans for continuity will include:

- Internal testing/exercising of Continuity Plans and procedures
 1. As changes warrant
 2. Upon implementation of the Executive Administration's Continuity Plan, with after actions and lessons learned,
 3. At least annually to ensure the ability to perform essential functions and operate from designated continuity facilities and work sites
- Testing of alert and notification procedures and systems for any type of emergency at least quarterly
- Joint agency exercising of Continuity Plans, where applicable and Feasible

12.3 Multi-Year Strategy and Program Management Plan

It is effective to maintain continuity capabilities using a multi-year strategy and program management plan. Such a management plan outlines the process(s) to be followed in designating essential functions and resources, defines short and long-term continuity goals and objectives, forecasts budgetary requirements, anticipates and addresses issues and potential obstacles, and establishes planning milestones.

12.4 Continuity Plan Maintenance

The plan will be reviewed and updated at least annually, or whenever necessary, to reflect changes in Executive Administration, essential functions, procedures, or contact information. Changes to the plan will be noted in the Revision Record provided in the Foreword. The Continuity Program Management Team (Table 1) is responsible for ensuring that the plan is reviewed and updated.

The Continuity Program Management Team is also responsible for the following:

- Addressing and resolving Continuity Plan policy issues
- Advising the Agency Secretary on continuity-related matters
- Conducting training, testing, and exercises
- Updating plans annually to incorporate lessons learned from testing and exercises as well as any actual events that occurred during the year

APPENDICES

Introduction

The following plans, procedures, and checklists are support documents which record the operational processes and implementation actions required to execute a Continuity Plan. A viable continuity capability is dependent upon the following:

- Maintaining a high-level of readiness;
- Capable of implementation both with and without warning;
- Operational no later than six hours after activation;
- Maintaining sustained operations for up to 30 days; and,
- Taking maximum advantage of existing Agency infrastructures.

When developed, these documents will ensure that a comprehensive and viable Continuity Program is in place and capable for execution. These documents will ensure that the Fircrest School is able to perform its mission essential functions in all-hazard scenario independent of their primary operating facility. As always, each Agency Administration, program or office will have to make an independent determination of what documents are applicable to their specific Continuity Plan and their unique operations and functions. Support documents include, but are not limited to the following:

- Continuity Testing, Training, and Exercising Plans
- Alert and Notification Checklist and Procedures
- Call Trees
- Emergency Activation Procedures for Command and Control
- Site-Support Procedures
- Building Evacuation Plan
- Assembly Site(s) and Deployment SOP
- Family Preparedness Plan
- Communication to Critical Customers SOP
- Contingency Procedures for Availability of Vital Records and Databases
- Annual Review and Remedial Action Plan
- Advance Team SOP
- Continuity Team SOP
- Organizational Work Unit Continuity Implementation Plans
- Relocation Group Rosters and Updates
- Logistics Mobile Communications Support SOP

APPENDIX A: CONTINUITY TEST, TRAINING AND EXERCISE (TT&E) EVENT CHECKLIST

Event Name: _____ Event Date: _____				
No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
Event Development and Planning				
1.	Determine purpose, objectives, and concept (format)			
2.	Determine event location(s) and reserve space, as appropriate			
3.	Develop detailed schedule/timeline with milestones			
4.	Obtain management approval on concept and schedule			
5.	Announce/distribute approved dates and location(s) to all personnel involved in effort			
6.	Draft invitation/event announcement for participants and individuals involved in conduct of event Include suspense date for attendees' names and required information (e.g., clearance status, social security numbers, and requirement for transportation to the event site) Provide directions/map to training location, if applicable Provide information on lodging/billeting and meals, if applicable Provide any special security requirements or instructions, including name and fax number of security representative to whom clearance information should be submitted, if necessary			
7.	Obtain management approval of invitation/event announcement and finalize announcement at least 1 month before the event			
8.	Distribute invitation/event announcement at least 3 weeks before event			

No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
Event Development and Planning				
9.	Develop documentation/materials required to support event in accordance with approved schedule: <ul style="list-style-type: none"> • Concept & Objectives Paper • Event Plan • Evaluation Plan • Agenda • Slides • Participant Observation Form/Critique Form • Handouts/Participant Packets • Facilitator Books <i>Add other documents/materials as required based on nature of event.</i>			
10.	Coordinate with guest speakers and presenters, if applicable <ul style="list-style-type: none"> • Provide copy of approved agenda • Advise them of their allocated briefing/presentation timeframe • Request copies of their materials for inclusion in briefing slides and participant packet and indicate suspense date for these • Request list of their equipment/supply requirements • Provide lodging/billeting information, if applicable • Provide directions/map to training location, if applicable • Obtain speaker biography for introduction at the event 			
11.	Confirm space and dates with training location point of contact (POC)			
12.	Create attendee list/roster <ul style="list-style-type: none"> • Update list as necessary • Forward all updates to other applicable POCs for administration, event site, transportation, security, and IT/communications, as applicable 			

No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
Event Development and Planning				
13.	Create list of individuals requiring lodging/billeting			
14.	Complete and submit travel authorizations, if applicable			
15.	Make travel arrangements as necessary			
16.	Distribute read-ahead materials to rostered attendees according to approved concept and/or schedule. Include any site-specific information as necessary			
17.	Prepare/obtain nametags and name tents, if applicable, for rostered attendees (Prepare extra nametags and tents to have on hand)			
18.	Identify and notify individual(s) to staff the administration desk/sign-in table at the beginning of each day of the event <ul style="list-style-type: none"> • Provide individual(s) with phone numbers of training site POCs (e.g., billeting/lodging, security, transportation, and IT/communications) 			
19.	Prepare and pre-position sign-in sheet/ attendance roster for each day of the event <ul style="list-style-type: none"> • Provide copy of the completed sign-in sheet to the individuals preparing the after-action report • Provide copy of the completed sign-in sheet to the building POC if applicable 			
20.	Identify individuals to serve as recorders (i.e., note takers) during the event			
21.	Determine requirements for escorts/guides and designate personnel, as applicable			
22.	Prepare appropriate number of copies of event materials and distribute these at event			
23.	Distribute participant packets/handouts on first day of event			

No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
Event Development and Planning				
24.	Collect Participant Observation Forms/critique forms <ul style="list-style-type: none"> • Provide box or container for collection purposes • Provide copy of the completed forms to the individuals preparing the after-action report 			
25.	Collect notes/comments from recorders at the end of the event; Forward these to the individual(s) preparing the after-action report			
Site Logistics				
1.	Coordinate with building POC at event site/visit site prior <ul style="list-style-type: none"> • Determine existing equipment and resources • Identify any additional equipment and resources that will be required. Provide list of requirements and supplies to building POC • Determine best room layout/arrangement based on agenda and number of attendees • Determine if location is accessible to participants with disabilities if applicable 			
2.	Coordinate with cafeteria/food service POC at the training site, if applicable			
3.	Coordinate with billeting/lodging POC at event site <ul style="list-style-type: none"> • Forward copy of updated attendee lists as received • Obtain information (e.g., cost and location) on alternative lodging options if necessary 			
Transportation				
1.	Determine if transportation to training site is required. If so: <ul style="list-style-type: none"> • Determine number of personnel to be transported • Identify any special access transportation needs • Forward requirements to site transportation POC • Devise transportation schedule (i.e., marshalling point) 			

No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
Event Development and Planning				
2.	Determine if on-site transportation is required. If yes: <ul style="list-style-type: none"> • Determine when transportation will be required and number of personnel to be transported • Identify any special access transportation needs • Forward requirements to site transportation POC 			
Information Technology/Communications				
1.	Coordinate with IT/communications POC at event site. <ul style="list-style-type: none"> • Provide list of IT/communications requirements based on event agenda and attendee list • Request IT/communications specialist(s) to be available throughout the day to provide assistance as needed 			
2.	Designate individual with responsibility for ensuring that IT and communications equipment is set up and operational on day of event <ul style="list-style-type: none"> • Advise individual of time to arrive on site • Provide individual with phone number of IT/communications POC at event site 			
Security				
1.	Coordinate with site security POC <ul style="list-style-type: none"> • Advise of classification level and location (e.g., building and room) of event • Provide any attendee information needed by security staff • Determine special security concerns associated with event (e.g., special passes or badges, classified computer, classified material, etc.) 			

No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
Event Development and Planning				
2.	Identify individual who will courier classified event materials to the site, if necessary			
3.	Ensure appropriate measures are in place during event to protect classified and "For Official Use Only" (FOUO) information <ul style="list-style-type: none"> • Develop procedures for dissemination and collection of materials and distribute to staff members who will participate in conduct of event • Coordinate storage for classified materials, for overnight or temporary storage • Perform security check of room(s) at conclusion of each day of event 			

APPENDIX B: EMERGENCY OR DISASTER DECISION-MAKING TOOL

EMERGENCY OR DISASTER LEVEL: The following table is similar but not identical to guidance found in the DSHS Emergency Operations Plan. This table presents considerations for DSHS managers to assist them in determining the level of DSHS and external support needed in responding to an emergency or disaster. Generally, the column with the most triggers checked determines the level of the incident and the potential actions required – judgment is required.

DEGREE OF IMPACT	LEVEL 1 – MINOR	LEVEL 2 – MAJOR	LEVEL 3 - Catastrophic
SCOPE OF DAMAGE	Most likely scenario: Localized severe inclement weather or human caused disruption	Most likely scenario: widespread, sustained, severe inclement weather; human caused disruption	Most likely scenario(s): flooding, moderate-severe earthquake; tsunami; human caused disruption
	No voice or data disruptions or intermittent	Intermittent or sustained voice or data disruptions	Failure of normal voice or data communications
	The impacts are localized and limited in scope and/or severity	Single or multiple DSHS offices, or multiple facilities on a residential campus	Significant damage to surrounding transportation or utility infrastructure
	Minor damage to building, workspaces, equipment or system disruptions	Major damage requiring repair or replacement of building systems or equipment likely required	Major or total destruction to DSHS offices, or multiple facilities on a residential campus
STAFFING/CLIENT IMPACTS	<input type="checkbox"/> Limited minor injuries	<input type="checkbox"/> Casualties or fatalities (within the capability of the local jurisdiction to respond)	<input type="checkbox"/> Mass casualties and/or mass fatalities (overwhelm the local jurisdictions ability to respond)
	<input type="checkbox"/> Emergent position staff absences do not impact mission essential functions	<input type="checkbox"/> Emergent position staff absences impact mission essential functions	<input type="checkbox"/> Emergent position staff absences significantly delay or preclude delivery of mission essential functions
RECOVERY TIME ESTIMATE	<input type="checkbox"/> Voice/data likely to be restored within a few hours	<input type="checkbox"/> Voice/data likely not restored for one or more business days	<input type="checkbox"/> Recovery time for voice/data is unknown and likely long-term
	<input type="checkbox"/> Facility or other damage	<input type="checkbox"/> Facility or other damage repairs	<input type="checkbox"/> Significant portion(s) or all of

DEGREE OF IMPACT	LEVEL 1 – MINOR	LEVEL 2 – MAJOR	LEVEL 3 - Catastrophic
	<p>repaired within one business day</p>	<p>require more than one business day</p>	<p>the facility cannot be occupied for foreseeable future</p>
	<p><input type="checkbox"/> No or minor transportation or utility infrastructure disruption</p>	<p><input type="checkbox"/> Surrounding infrastructure damage prevents staff from getting to multiple DSHS locations for more than one business day</p>	<p><input type="checkbox"/> Surrounding infrastructure damage prevents staff from getting to multiple DSHS locations for an extended and indeterminate period</p>
	<p><input type="checkbox"/> Agency/facility response is minimal or absent</p>	<p><input type="checkbox"/> Local jurisdiction emergency operations center is activated</p>	<p><input type="checkbox"/> Local jurisdiction emergency operations center is activated</p>
		<p><input type="checkbox"/> State Emergency Operations Center or if applicable, DOH Agency Coordination Center is activated</p>	<p><input type="checkbox"/> State Emergency Operations Center or if applicable, DOH Agency Coordination Center is activated</p>
	<p><input type="checkbox"/> Emergency response is within the capability of a single resource (one of: law enforcement, fire, medical, utility)</p>	<p><input type="checkbox"/> Emergency response requires multiple resources (two or more of: law enforcement, fire, medical, utility)</p>	<p><input type="checkbox"/> Emergency response requires multiple resources (two or more of: law enforcement, fire, medical, utility)</p>
	<p><input type="checkbox"/> Response at impacted location is adequate</p>		<p><input type="checkbox"/> Federal response may be needed</p> <p><input type="checkbox"/> Federal response is crucial</p>
<p>DECISION</p>	<p><input type="checkbox"/> Activation of continuity plans</p> <p><input type="checkbox"/> Activation of DSHS Emergency Coordination Center</p> <p><input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> Activation of continuity plans</p> <p><input type="checkbox"/> Activation of DSHS Emergency Coordination Center</p> <p><input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> Activation of continuity plans</p> <p><input type="checkbox"/> Activation of DSHS Emergency Coordination Center</p> <p><input type="checkbox"/> Other:</p>

APPENDIX C: ALERTS AND NOTIFICATIONS

Children's Administration maintains plans and procedures for communicating and coordinating activities with employees before, during, and after an emergency or disaster. Each program within Children's Administration is responsible for ensuring all communications equipment and systems for alerts and notifications are fully functional.

Children's Administration has formally designated staff to maintain information regarding the operational status of every program, office and institution. This information is updated at each Administration office and institution for that location as conditions change. Emergency Management Services maintains this information for DSHS operations in the Human Services Building (OB2) in Olympia.

Designated Children's Administration staff are contacted by Emergency Management Services using email, phone, or SECURES (Secure Electronic Communications, Urgent Response and Exchange System) during emergencies

In the event normal operations are interrupted or an incident appears to be imminent, Executive Administration takes the following steps to communicate the administration's operating status:

All staff

- The Emergency Coordination Center Manager (initially, the Director of Emergency Management Services) provides vetted information regarding the threat and its impacts.
- The Emergency Manager briefs all employees in Executive Administration regarding operational and communications status, and the anticipated duration of the emergency response.
- The Emergency Manager, in consultation with Executive Leadership, determines the content of messages that affect employees in the Human Services Building.
- DSHS programs in other co-located facilities must collaborate prior to making decisions on messages for staff.
- When state email is not operational, Emergency Management Services may use the Washington Secure Electronic Communications, Urgent Response and Exchange System (SECURES) to push notification using electronic voice messaging and Short Message Service (SMS or text).
- The Office of Communications maintains the DSHS Intranet, Internet, Facebook and Twitter, as applicable.

Children's Administration Offices

Notify the Emergency Management Services as soon as feasible to coordinate contact with affected and interdependent programs and agencies and to provide an update on status for overall Agency situational awareness and reporting.

When activation of the DSHS Emergency Coordination Center is indicated or notification to Executive Leadership is required, Emergency Management Services sends a message with pertinent information to designated personnel using email or the SECURES system.

For overall coordination, Emergency Management Services maintains an 800 MHz radio connection with the State Emergency Operations Center at Camp Murray. Additionally, Emergency Management Services and designated staff in Operations Support and Services Division have a 400 MHz radio connection with the Capitol Campus agencies.

Staff call-down

Children's Administration maintains a call down procedure and retains current hard copies of contact information in accessible locations so designated employees can be reached during non-business hours. Children's Administration supervisors keep an updated staff phone list available at all times.

Children's Administration Emergency Call-Down Procedure

A call-down is a series of telephone calls from one person to the next used to relay specific information during an emergency. This is generally used within specific offices and typically is started by the most senior person in the office. For obvious reasons, the messaging on a call-down is kept to a minimum – communications in fewer than 30 words supports the recipients' comprehension.

Procedure:

1. Incident occurs and a decision is made to implement a staff call-down.
2. The first person on the list calls the next person and provides them with the required information and request that they call the next person on the list.
3. This continues until all staff has been contacted.
4. The last person on the list calls the first person on the list to verify completion of the call-down.
5. If during the call down any person is unable to reach the next person on the list, they should leave a message requesting a call back and move on to the next person on the list. When leaving the message to the person unable to be reached, make sure they know that you have called the next person on the list.
6. The call down list is updated and exercised quarterly.

APPENDIX D: CALL TREES

This call tree is used as part of the Alert Notification Procedures to notify Children's Administration senior management that an event has occurred that could impact operations, along with any instructions. When calling, start with Tier 1, then Tier 2, then Tier 3.)

Call Tree Initiator	Call Tree Tier 1	Call Tree Tier 2	Call Tree Tier 3
Director Field Operations	Regional Administrators	Deputy Administrators	Direct Reports
Regional Administrators	Deputy Administrators	Area Administrators	Direct Reports
Deputy Administrators	Area Administrators	Unit Supervisors	Direct reports
Continuity Administrator	Deputy Administrators	Area Administrators	Direct reports
DLR Administrator	DLR Deputy Administrators	Area Administrators	Direct reports
Area Administrators	Supervisors	Direct Reports	
Directors	Office Chiefs	Program Managers / Direct Reports	

APPENDIX E: CONTINUITY GO KITS

GO-KITS are packages of records, information, communication, and computer equipment and other items or material related to an emergency operation to be used by those deployed to continuity facilities. A GO-KIT should be prepared, maintained in a ready to go condition and be immediately accessible for each member of the Continuity Team for response to any incident. The kit should contain those items essential to supporting the team member's operations at the continuity site. Each kit may be unique, but most should include items such as checklists, key contact lists, electronic storage media, and files specific to the member's position and specialized tools as needed.

Consideration should be given to the possibility that an employee may not be able to access the GO-KIT at the time of an emergency. For example, an employee might be away from the Agency, program or office at the time an event rendered it unusable and, thus, unable to return to retrieve the GO-KIT. It is prudent to take action to address such situations before an emergency occurs, such as storing drive-away kits in the employee's home or car.

The following are examples of items that may be included in GO-KIT:

Continuity Operations Essential Items:

- Administration, Program, Office Continuity Plan;
 - Agency laptop(s) with necessary documents, forms, contacts, etc.
 - Updated phone tree listing.
 - Hard copies of necessary forms, printouts of client names, pertinent client information, locations, contact information, etc.
 - Updated equipment inventory
- Identification and Charge Cards:
 - DHS ID Card;
 - Driver's License;
 - Health Insurance Card; and/or
 - Personal Charge Card.
- Communication Equipment:
 - Government Cell Phone;
 - Personal Cell Phone;
 - Government Phone Card;
 - GETS Card.

Personal Items (Discretionary):

- Medical Needs:
 - Insurance Information;
 - List of Allergies/Blood Type;
 - Hearing Aids and Extra Batteries;
 - Glasses and Contact Lenses;
 - Extra Pair of Glasses/Contact Lenses;
 - Prescription Drugs;

- Over-the-Counter Medications; and/or
- Postage Stamps and Personal Stationary;
- Cash for Miscellaneous Expenses (including coins for vending machines);
- Toiletries:
 - Toothbrush, Toothpaste, Dental Floss;
 - Bath Soap;
 - Shampoo;
 - Hair Dryer, Curling Iron;
 - Electric Razor or Razor and Shaving Cream;
 - Nail Clippers and File;
 - Deodorant or Antiperspirant; and/or
 - Personal Hygiene Products.
- Personal Contact Numbers;
- Emergency Phone Numbers and Addresses (for relatives, medical doctor, and pharmacist);
- Clothing (consider potential for extreme weather conditions at the ERS):
 - Business Casual Work Attire (4–5 days);
 - Leisure Clothes (workout clothing, etc.);
 - Underwear and Socks, Sleepwear, Robe, Slippers;
 - Light-Weight and Medium-Weight Sweater or Jacket;
 - Seasonal Outerwear; and/or
 - Comfortable Shoes.
- Recreation/Entertainment (reading materials, playing cards, puzzles, games);
- Small Portable Battery-Operated Radio/CD Player/Alarm Clock;
- Flashlight and Extra Batteries; and
- Bottled Water and Non-Perishable Food (e.g., granola, dried fruit, etc.).

APPENDIX F: EMERGENCY COORDINATION CENTER RESPONSIBILITIES

The Children's Administration is responsible for providing an Administration Liaison to the agency Emergency Coordination Center (ECC) for the duration of the emergency or disaster event.

F.1: JOB ACTION SHEET

Job Action Sheet: ADMINISTRATION LIAISON OFFICER

January 2016

Position Assigned To:	XXXXXXXXX /Alternate _____	
Supporting Essential Function:	Emergency Coordination Center Operations	
Administration/Office:	SESA	Report To: OPS Section Chief/Alternate
Work Assignment Site:	4SW Core	Telephone/FAX: X28143/X27848
	2NW - Room 43	Telephone/FAX: X20272/X28233
	Computer Training Room	

Mission: Function as the incident contact person in the agency Emergency Coordination Center (ECC) for their respective Administration.

Reporting: Executive Administration

Immediate Response (0 – 2 hours)	Time	Initial
<p>Receive appointment</p> <ul style="list-style-type: none"> ● Obtain briefing from the Incident Manager on: <ul style="list-style-type: none"> ○ Size and complexity of incident ○ Expectations of the Incident Manager ○ Incident objectives ○ Involvement of outside agencies, stakeholders, and organizations ○ The situation, incident activities, and any special concerns ● Assume the role of Liaison Officer for (Administration) ● Review the Job Action Sheet ● Put on position identification (e.g., position vest) ● Notify your usual supervisor of your assignment 		
<p>Assess the operational situation</p> <ul style="list-style-type: none"> ● Establish contact with your Administration facilities, programs and offices as appropriate to ascertain current operational status, contacts, and message routing 		

Immediate Response (0 – 2 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Obtain initial status and information about the event from the Operations Section Chief • Establish communication for information sharing with other Administrations • Respond to information and or resources inquiries from other Administrations 		
<p>Documentation</p> <ul style="list-style-type: none"> • ICS 204: Appoint liaison team members for your Administration, if assigned, and complete the Assignment List • ICS 213: Document all communications on a General Message Form • ICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis 		
<p>Resources</p> <ul style="list-style-type: none"> • Request one or more recorders as needed from the Logistics Section to perform all necessary documentation 		
<p>Communication</p> <p><i>Insert communications technology, instructions for use and protocols for interface with external partners (i.e., State EOC)</i></p>		
<p>Safety and security</p> <ul style="list-style-type: none"> • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. 		

Intermediate Response (2-12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Transfer the Liaison Officer role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of the ECC in support of Administration facilities, programs and offices ○ Address any heal, medical, and safety concerns ○ Address political sensitivities, when appropriate <ul style="list-style-type: none"> ▪ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see ICS Forms 203, 204, 214 and 215A) ▪ Attend all briefings and Incident Action Planning meetings to gather and share incident and Administration information 		

Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> ▪ Provide information on your Administrations operational status, goals and objectives to the Incident Action Plan (IAP) • Report to the Incident Manager the following minimum data on ICS 259: Casualty/Fatality Report: <ul style="list-style-type: none"> ○ Number of casualties received and types of injuries treated ○ Current client and/or patient capacity and census ○ Number of clients and patients admitted, discharged home, or transferred to other agencies ○ Number deceased ○ Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition 		
<p>Documentation</p> <ul style="list-style-type: none"> • ICS 204: Document assignments and operational period objectives on Assignment List • ICS 213: Document all communications on a General Message Form • ICS 214: Document actions, decisions, and information received on Activity Log • ICS 259: Report data from the Casualty/Fatality Report 		
<p>Resources</p> <ul style="list-style-type: none"> • Consider the need to deploy a liaison representative to the local public health or emergency management Emergency Operations Center (EOC); if warranted, make a recommendation to the Incident Manager 		
<p>Communications</p> <p><i>Insert communications technology, instructions for use and protocols for interface and external partners (i.e., State EOC)</i></p>		
<p>Safety and security</p> <ul style="list-style-type: none"> • Ensure your physical readiness through proper nutrition, water intake, rest and stress management techniques • Observe all staff for signs of stress and inappropriate behavior; report issues to the Safety Officer 		

Extended Response (greater than 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Transfer the Liaison Officer role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available recourses, and the role of external agencies in support of the agency and specifically, your Administration 		

Extended Response (greater than 12 hours)	Time	Initial
<ul style="list-style-type: none"> ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see ICS Forms, 203, 204, 214, and 215A) 		
<p>Documentation</p> <ul style="list-style-type: none"> ● ICS 204: Document assignments and operational period objectives on Assignment List ● ICS 213: Document all communications on a General Message form ● ICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis ● ICS 259: Report updated data on the Agency Casualty/Fatality Report 		
<p>Communication <i>Insert communications technology, instructions for use and protocols for interface with external partners (i.e., State EOC)</i></p>		
<p>Safety and security</p> <ul style="list-style-type: none"> ● Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques ● Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer 		

Demobilization/Safety Recovery	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> ● Transfer the Liaison Officer role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the agency ○ Address any health, medical and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see ICS Forms 203, 204, 214, 215A) ● As objectives are met and needs decrease, return liaison team to their usual roles ● Coordinate the release of client and/or patient information to external agencies with the Public Information Officer ● Upon deactivation of your position, brief the Incident Manager on outstanding issues, and follow up requirements 		

Demobilization/System Recovery	Time	Initial
<ul style="list-style-type: none"> • Submit comments to the Planning Section for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: <ul style="list-style-type: none"> ○ Review of pertinent position activities and operational checklists ○ Recommendations for procedure changes ○ Accomplishments and Issues ○ Participate in Stress Management and after action debriefings 		
<p>Documentation</p> <ul style="list-style-type: none"> • ICS 221 – Demobilization Check-Out • Ensure all documentation is submitted to Planning Section Documentation Unit 		

Documents and Tools
<ul style="list-style-type: none"> <input type="checkbox"/> Incident Action Plan <input type="checkbox"/> ICS 203 - Organization Assignment List <input type="checkbox"/> ICS 204 - Assignment List <input type="checkbox"/> ICS 205A - Communications List <input type="checkbox"/> ICS 213 - General Message Form <input type="checkbox"/> ICS 214 - Activity Log <input type="checkbox"/> ICS 221 - Demobilization Check-Out <input type="checkbox"/> ICS 252 - Section Personnel Timesheet <input type="checkbox"/> ICS 259 - Agency Casualty/Fatality Report <input type="checkbox"/> DSHS Emergency Operations Plan <input type="checkbox"/> DSHS policies and procedures <input type="checkbox"/> DSHS organization chart <input type="checkbox"/> DSHS telephone lists <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/2-way radio for communication

JOB ACTION SHEET ATTACHMENTS

[Incident Action Plan \(IAP\) Quick Start](#)

[ICS 200 - Incident Action Plan \(IAP\) Cover Sheet](#)

[ICS 201 - Incident Briefing form](#)

[ICS 202 – Incident Action Plan](#)

[ICS 203 - Organization Assignment List](#)

[ICS 204 - Assignment List\(s\)](#)

[ICS 205A - Communications List](#)

[ICS 207: Incident Management Team \(IMT\) Chart](#)

[ICS 213 - General Message Form](#)

[ICS 214 - Operational Log](#)

[ICS 215A - Incident Action Plan \(IAP\) Safety Analysis](#)

[ICS 221 Demobilization Check-Out](#)

[ICS 251 Facilities Systems Status Report](#)

[ICS 252 - Section Personnel Time Sheet](#)

[ICS 257 – Resource Accounting Record](#)

DSHS Emergency Operations Plan (EOP)

DSHS organization chart

DSHS Phone lists

APPENDIX F.2: CPS CENTRAL INTAKE RECOVERY PROTOCOLS

Central Intake Transfer of Phones
to Sky Valley CI
Instructions

1) TO FORWARD TO PHONES TO SKY VALLEY

- a) FROM EXTENSION 7377 DIAL *5601400 (DUTY SUPERVISOR)
- b) FROM EXTENSION 7380 DIAL *5601400 (KEVIN)
- c) FROM EXTENSION 7356 DIAL *5601400 (ANNA)
- d) FROM EXTENSION 7349 DIAL *5601400 (GRETLYN'S PHONE)
- e) FROM EXTENSION 7305 DIAL *5601400 (BEVERLY PAYNE)

REMEMBER THE ORIGINATING PHONE NUMBER FORWARDING THE INTAKE PHONES MUST BE THE PHONE THAT BRINGS THE INTAKE PHONES BACK. FROM THAT PHONE DIAL *57 AND THIS WILL BRING THE PHONES BACK TO CI SEATTLE.

This Protocol is utilized for coverage, i.e. office meetings, daytime Fire Drills, or as directed by Area Administrator for daytime phone problems.

Stericycle Communication Solutions

Our Account # 893886

Seattle Address:

2926 Eastlake Ave. E
Seattle, WA 98102
Voice: 206-726-2000 / Toll Free (800) 726-2100
Fax: 206-726-2009 / 800-865-2009

email: iwhitlatch@appletreanswers.com

Faith Ruiz - Lead of Client Relations, #206-726-4444

Sayda Elmore - Manage, #206-726-4652



When the Phones Are Completely Down
Duty Supervisor Will Do The Following...

1. Call the on-call manager for that evening (located on the whiteboard in the duty sup office) and inform them the phones are completely down and you will follow the set protocol and inform all concerned parties.
2. Contact CTS Service Desk by
 - a. Calling 1-888-241-7597 (using the emergency cell phone in the duty sup office)
AND
 - b. Email: ctsservicedesk@cts.wa.gov [cc Beverly Payne, Nicole Muller, Gretlyn Dawson, , Rich Young (rich.young@cts.wa.gov), and Cindy Connolly (cindy.connolly@cts.wa.gov)]
3. Contact ISSD Service Desk by
 - a. Calling 1-888-329-4773 (using the emergency cell phone in the duty sup office)
AND
 - b. Email: issdservicedesk@dshs.wa.gov (cc Beverly Payne, Nicole Muller, Gretlyn Dawson, , Rich Young, and Cindy Connolly)
4. Contact X5 Solutions by calling 1-888-588-1501 and let them know that our phones are completely down and ask if they are aware of any problems on their end.
5. Send an updated email to Beverly Payne, Nicole Muller, Gretlyn Dawson, and with all the information you have obtained from each of the 3 agencies above about the outage and what is being done as well as who you spoke with at each agency and their contact phone number.
6. If the phones are still down at 7:00 a.m. call the CI AA. Inform them of the situation and determine where the phones will be forwarded to at that time. If the CI AA is unavailable, call the CI Appointing Authority.
7. Contact the AA at the designated office where the calls will be pointed until Central Intake phones are back up and working. Contact information is located in the last tab of the binder titled, "General Contacts."
8. Call ISSD at 1-888-329-4773 and have them forward all calls to the designated office which will be coordinated by the CI AA with the other. If there is a dispute regarding where the calls are routed, the CI Appointing Authority will resolve the dispute and make the determination.
9. Send an email to the CA Help Desk at help300@dshs.wa.gov and inform them that all phones are down at Central Intake.

APPENDIX F.3: FIELD OFFICE CONTINUITY COORDINATORS (AREA ADMINISTRATORS)

Function	Location	Name	Telephone Numbers	Additional Information	
1. Respond to Child Protective Services Emergent cases 2. Provide foster care support	R1	Spokane	Launi Burdge	[REDACTED]	[REDACTED]
		Spokane	Rob Larson	[REDACTED]	[REDACTED]
		Spokane	Brett Helling	[REDACTED]	Intake Area Administrator
		Colville/ Newport/ Republic	Geri Phillips	[REDACTED]	[REDACTED]
		Colfax/ Clarkston	Kris Randall	[REDACTED]	[REDACTED]
		Omak/ Wenatchee	Jennifer Godfrey	[REDACTED]	[REDACTED]
		Moses Lake/ Ellensburg	Christine Garcia	[REDACTED]	[REDACTED]
		Yakima/ Sunnyside	Claudia Rodriguez Rocha	[REDACTED]	[REDACTED]
		Toppenish/ Goldendale/ White Salmon	Berta Norton	[REDACTED]	[REDACTED]
		Richland/ Walla Walla	Theresa Malley	[REDACTED]	[REDACTED]
	R1 Intake Area Administrator	Brett Helling	[REDACTED]	[REDACTED]	
	R2	Everett Regional Office	Yen Lawlor	[REDACTED]	[REDACTED]
		Seattle Regional Office	Bolesha Johnson	[REDACTED]	[REDACTED]

Function	Location	Name	Telephone Numbers	Additional Information
			[REDACTED]	[REDACTED]
	Bellingham	Laurie Alexander	[REDACTED]	Esther Parker [REDACTED]
	Mt. Vernon/ Oak Harbor/Friday Harbor	Silvia Johnson	[REDACTED]	Nancy Potter [REDACTED]
	Smokey Point	Ida Keeley	[REDACTED]	Kathy Spade [REDACTED]
	Everett	Patty Turner	[REDACTED]	[REDACTED]
	Lynnwood/ Sky Valley	Sandra Jewell	[REDACTED]	

Function	Location		Name	Telephone Numbers	Additional Information
		OICW/White Center	Kathy Picard	[REDACTED]	Travis Aragon [REDACTED]
		King East	Stephanie Allison-Noone	[REDACTED]	
		King West	Tabitha Pomeroy	[REDACTED]	Dave Richards [REDACTED]
		MLK	Ivana Rozekova	[REDACTED]	
		Kent	Cleveland King	[REDACTED]	Larry Jefferies [REDACTED]
		R2 Intake Area Administrator	Michael Behar	[REDACTED]	
		R3	Aberdeen/ South Bend/ Long Beach	Melissa Wittmayer	[REDACTED]

Function	Location		Name	Telephone Numbers	Additional Information
		Bremerton	Ursula Petters	[REDACTED]	
		Centralia/ Kelso	Cheryl Rich	[REDACTED]	
		Forks/ Port Angeles/ Port Townsend	Tom Stokes	[REDACTED]	
		Pierce East	Betsy Rodgers	[REDACTED]	
		Pierce South	Vickie Stock	[REDACTED]	
		Pierce West	Stephanie Long	[REDACTED]	[REDACTED]
		Shelton/ Tumwater	Kui Hug	[REDACTED]	
		Stevenson/ Vancouver Columbia	Cindy Hardcastle	[REDACTED]	
		Vancouver Cascade	Terri Barnett	[REDACTED]	
		R3 Intake Area Administrator	Scott Adams	[REDACTED]	

APPENDIX F.4: FIELD OFFICE PHONES/FAX LINES

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
REGION 1					
Clarkston 525 5th St Clarkston WA 99403		0	1	10	2
Colfax 418 S Main St Colfax, WA 99111		1	1	5	0
Colville/Republic 1100 South Main Colville, WA 99114		1	2	13	2
Ellensburg 1000 East Jackson Ste 301 Ellensburg, WA 98926	"VHF: 146- 174MHz" "UHF: 468-470MHz"	0	1	10	2
Goldendale/White Salmon Po Box 185 Goldendale, WA 98620		0	1	2	2
Moses Lake 1620 S Pioneer Way Ste. A Moses Lake, WA 98837		2	2	36	2
Newport 1600 West First Street Newport, WA 99156		1	1	4	0
Omak 130 South Main Omak, WA 98841		0	1	11	0

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
Richland 1661 Fowler St Richland, WA 99352		2	2	60	2
Spokane 1313 N Atlantic Ste. 2000 Spokane, WA 99201	"VHF: 146-174MHz" "UHF: 468-470MHz"	6	5	162	17
Sunnyside 2010 Yakima Valley Highway Ste. 19 Sunnyside, WA 98944		1	1	9	1
Toppenish 4 East Third Ave Toppenish, WA 98948	"VHF: 146-174MHz" "UHF: 468-470MHz"	3	1	31	3
Walla Walla 206 W Poplar Walla Walla, WA 99362		0	1	12	1
Wenatchee 805 S Mission Wenatchee, WA 98807		1	2	26	1
Yakima Regional Hub Office 315 Holton Ave Ste. 200 Yakima, WA 98902		1	2	60	3
REGION 2					
Bellingham DCFS 1720 Ellis Street, Suite #100 Bellingham, WA 98225 Mail Stop: MS B37-4		1	2	62	5

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
Oak Harbor 275 SE Pioneer Way Ste. 301 Oak Harbor WA 98277	—	1	1	10	1
Friday Harbor 604 Mullis St. Bldg. A Ste. 104 Friday Harbor WA 98250	—	0	1	0	1
Mt. Vernon 900 E. College Way MS: B29-02 Ste. 200 Mt. Vernon WA 98273- 5682	UHF 462.5500 467.7125 MHz	0	3	43	0
Smokey Point/Arlington 3906 172nd Street NE Ste. 200 MS: B65-04 Arlington WA 98223		1	2	22	0
Everett DCFS 840 N. Broadway Bldg. A Ste. 340 MS: N31-10 Everett WA 98201	—	1	2	47	0
Everett Regional 840 N. Broadway Bldg. A Ste. 540 MS: N31-09 Everett WA 98201		2	5	28	0
Sky Valley/Monroe 953 Village Way MS: B68-02 Ste. 100 Monroe WA 98272	—	2	3	22	1

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
Lynnwood/Creekside 20311 52nd Ave W Ste. 201 MS:N52-02 Lynnwood WA 98036-9712	–	1	3	49	1
King West - Harrison 100 W Harrison Ste. S200 MS: N56-2 Seattle WA 98119-4116	–	0	2	41	1
King East - Bellevue 805 156th Ave NE MS: N40-04 Bellevue WA 98007-4614	–	1	3	41	2
Seattle Regional 500 1st Ave S Ste. 300 MS: N17-21 Seattle WA 98104-2830	–	1	3	4	1
MLK - Graham St 3600 S Graham St MS: N41-04 Seattle WA 98118-3034		4	2	59	4
OICW - Delridge 4045 Delridge Way SW Ste. 300 MS: N56-01 Seattle WA 98106	VHF MHz 151-159 UHF MHz 462-470	3	2	29	3
King South - Kent 1313 W. Meeker Street Ste. 102 MS: N43-04 Kent WA 98032	–	6	3	77	6
REGION 3					

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
Port Angeles DCFS 201 West First Street, Suite 2Port Angeles, WA 98362 Mail Stop: MS B5-2		2	2	9	3
Port Townsend DCFS 915 Sheridan, Suite 201 Port Townsend, WA 98368 MailStop: MS B16-2		2	1	7	0
Forks DCFS 421 5th Avenue Forks, WA 98331 MailStop: MS B64-3		1	1	6	0
Bremerton DCFS 3423 6th Street, Suite 217 Bremerton, WA 98312 MailStop: MS W18-3		2	2	50	0
Centralia DCFS 3401 Galvin Road Centralia, WA 98531 MailStop: MS S21-2		2	1	11	0
Shelton DCFS 2505 Olympic Hwy N. Suite 440 PO Box 1127 Shelton, WA 98584 MailStop: MS W23-4		2	1	10	0
Tumwater DCFS 6860 Capitol Blvd., Bldg. 2 Tumwater, WA 98501 MailStop: MS 45715	"VHF: 146- 174MHz" "UHF: 468-470MHz"	2	3	30	0

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
Aberdeen DCFS 415 West Wishkah Suite 2C Aberdeen, WA 98520 Mail Stop: MS W14-4	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	2	35	0
South Bend DCFS 307 East Robert Bush Dr. PO Box 87 South Bend, WA 98586 No Mailstop	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	1	4	0
Long Beach DCFS 2601 Pacific Avenue NE Long Beach, WA 98631 MailStop: MS B71-02		1	1	5	0
Kelso DCFS 711 Vine PO Box 330 Kelso, WA 98626 MailStop: MS S8-6	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	2	12	0
Vancouver DCFS PO Box 9809 (Mailing Address) 907 Harney St (Physical Location) Vancouver, WA 98666-8809 MailStop: MS S6-7	"VHF: 146-174MHz" "UHF: 468-470MHz"	5	3	35	4
Pierce West 1949 South State Street 1st Floor Tacoma, WA 98405 MailStop: MS N27-1	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	2	40	0

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
Pierce South 1949 South State Street 3rd Floor Tacoma, WA 98405 MailStop: MS N27-31	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	1	25	0
Pierce East 1949 South State Street 2nd Floor Tacoma, WA 98405 MailStop: MS N27-32	"VHF: 146-174MHz" "UHF: 468-470MHz"	0	2	50	0
Region 5 - Tacoma Regional 2121 South State Street Tacoma, WA 98405 MailStop: MS N27-30	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	2	40	0
Stevenson DCFS 266 SW Second Street PO Box 817 Stevenson, WA 98648 MailStop: MS B30-2		0	1	2	0

Sub Totals		68	88	1354	71
Admin/IT					
Children's Administration Technology Services Mailing: PO Box 45605, Olympia, WA 98504-5605 Street: 7240 Martin Way E Lacey, WA 98516-5533 MailStop: 45605 Email: help300@dshs.wa.gov	"VHF: 146- 174MHz" "UHF: 468-470MHz"	3	2	121 - CATS & HQ	0
Headquarters 1115 Washington Street SE Mailing: PO Box 45710 Olympia, WA 98504 MailStop: 45710	"VHF: 146- 174MHz" "UHF: 468-470MHz"	16	4		0
TOTALS		87	95	1477	71

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

ATTACHMENT D.2

2015 WILDFIRES AFTER-ACTION REPORT AND IMPROVEMENT
PLAN

JUNE 30, 2016



2015 Wildfires

After-Action Report and Improvement Plan

EMERGENCY MANAGEMENT SERVICES

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DATE: NOVEMBER 2, 2015

<Page left blank intentionally>

INCIDENT /EXERCISE OVERVIEW

Title	2015 Wildfires
Dates	August 13 – September 9, 2015
Scope	DSHS HQ and Region 1 Response
Mission Area(s)	Planning, Organizing, Equipping, Training and Exercising
Threat or Hazard	Wildfires
Scenario	<p>The 2015 Wildfires were the worst in the state’s history. Over a million acres burned, most heavily impacting Okanogan County and the Confederated Tribes of the Colville. Over 3,000 firefighters were deployed and 200 soldiers from the 17th Field Artillery Brigade of the United States Army. International support from New Zealand and Australia was called upon to assist. Fire suppression resources were completely overwhelmed for several days as fires burned out of control. The fire conditions were extreme due to the drought, persistent high temperatures, periodic lightning strikes and high winds. Winds carried burning embers as far as two miles and ignited new fires. Air quality in some areas was extremely degraded due to smoke. Evacuation levels changed frequently and without notice. In some situations, residents had less than three minutes to flee their homes for safety. In another situation, the State Emergency Operations Center questioned one county sheriff’s decision not to escalate the evacuation level from 2 to 3 when fires were closing in and a windstorm was predicted. Road closures presented challenges. Three fire fighters died while fleeing when their truck went down an embankment and they were unable to escape.</p>
Participating Organizations	<p>Children’s Administration, Community Services Division, Developmental Disabilities Administration, Division of Behavioral Health Resources, Division of Child Support, Emergency Management Services, Home and Community Services, Financial Services Administration, Naselle Youth Camp, Office of Communications, Research and Data Analysis Division, Residential Care Services, and Western State Hospital</p>
Point of Contact	Sue Bush, Director, Emergency Management Services, 360.902.8159

SUMMARY OF THE DSHS RESPONSE

The Department of Social and Health Services responds to emergencies and disasters at both an agency level as well as providing leadership and support at the state level. The agency level response is often three-tiered: local, regional, and headquarters.

During an emergency, DSHS must first take action to address the immediate life-safety needs of our personnel and clients in our care. This entails ongoing assessment of the evolving threat, its impacts to our facilities and our ability to continue our mission essential functions. The challenges and complexities of the response increase as the scope and scale of the threat – such as that created by this summer’s wildfires – expands and stretches our capabilities.

Over 85 DSHS personnel in headquarters and across Region 1 continuously worked together to address the impacts within our agency by monitoring the fluid and rapidly changing fire activity, evacuation levels and road closures and keeping staff and management informed. Our office in Republic was closed for several days due to the threat surrounding the area. Another DSHS office in Omak closed briefly under a level 2 evacuation notice and subsequently reopened and remained open under a level 1 notice for several days.

Lakeland Village laterally evacuated all clients to the gymnasium on campus and prepared them for onward movement when a small fire threatened the perimeter of the campus.

DSHS supported the response in the impacted communities:

- The Division of Behavioral Health Resources (DBHR) worked through the Regional Support Networks and community mental health providers to assess whether the behavioral health needs of all impacted populations were being addressed.
- Children’s Administration (CA) closely monitored the status and movement of child foster care families impacted by evacuations.
- Home and Community Services (HCS) and Residential Care Services (RCS) collaborated across divisions and with the Area Agencies on Aging to track evacuated individuals and long-term care facilities and support their needs.
- The Research and Data Analysis Division (RDA) responded quickly to multiple support requests including one from the FEMA Incident Management Assistance Team who were developing a mass fatality contingency plan by providing mapped data related to the location of clients with access or functional needs.
- DSHS identified bi-lingual (English/Spanish) speaking staff who were willing to deploy anywhere in the state to support interpretation and translation of messaging to the Spanish speaking communities, particularly farmworkers.

Additionally, DSHS coordinated the mass care and human services response for the state. Representatives from Behavioral Health Services Administration (BHSIA), CA, Division of Child Support, HCS, Services and Enterprise Support Administration each took a turn at staffing the mass care and human services desk at the State Emergency Operations Center (SEOC) at Camp Murray.

REVIEW OF MISSION AREAS

The DSHS Emergency Coordination Center (ECC) serves as the central coordination point to support DSHS headquarters, regional and local managements with incident response. The ECC follows modified Incident Command System guidelines. The ECC is led by Emergency Management Services and is staffed by trained DSHS personnel designated from each Administration. The ECC is activated when centralized coordination would enhance the ability of DSHS to respond to and recover from an emergency or disaster.

The following sections provide an overview of the performance related to each mission area highlighting strengths and areas for improvement. Typically, an After-Action Review and Improvement Plan addresses specific objectives, as identified in the response plan. For the purposes of this report, we have chosen to address broader federally standardized mission areas to inform the development of future planning objectives.

This report was developed with input from 18 individuals representing all DSHS Administrations at the headquarters, regional, institutional, and local levels.

The strengths and areas for improvement for each mission area are described in the section immediately following.

1 – Planning

Strengths

1. EMS advanced briefings to Administration HQ and Regional management teams in delivered prior to the onset of fire season.
2. Monday briefings from the Emergency Coordination Center (ECC)
3. Region 1 personnel, including those in Omak and Colville Offices, remained vigilant of changing conditions and shared information.
4. Lakeland Village Residential Habilitation Center conducted a successful lateral evacuation of all clients to the gymnasium based on its existing emergency response plans and in response a small fire adjacent to the campus. They debriefed their response and identified opportunities for improvement.
5. The Research and Data Analysis Division responded to multiple support requests from Children’s Administration, Home and Community Services, and the FEMA Incident Management Assistance Team at the State EOC for mapped data to support the response to clients with access and functional needs.
6. Naselle Youth Camp deployed teams of residents and staff with the Department of Natural Resources to support firefighters.
7. The DSHS “Mass Care Cadre,” consisting of personnel from Behavioral Health Services and Integration, Children’s Administration, Division of Child Support, Emergency Management Services, Home and Community Services, Office of Communications, and

Western State Hospital staffed the State Emergency Operations Center throughout the course of the response.

Areas for Improvement

1. Region 1 Offices in Spokane could have benefited from management team briefings that EMS provided at other locations.
2. Region 1 and field offices did not receive ECC briefings on a timely or consistent basis. They also were not aware of the EMS SharePoint site where timely reports and information was posted.

Social media and fire related websites, including vetted sources, cannot be relied upon to ground truth actual conditions. Many social media sites caution readers that information may not be updated timely. Decisions regarding office closures and whether it is safe for staff to be conducting field work must not be based solely on these reports.

3. DSHS Administrative Policy 18.32 Inclement Weather does not fully address issues encountered in a wildfire response. The policy is written specifically for inclement weather conditions but its guidance is insufficient to address the life-threatening conditions that wildfires pose; for example, the overly bureaucratic multi-tiered decision making process is too time consuming. Also, fire behavior, evacuation levels and road closures completely precluded delivery of DSHS services to clients in the field in some instances, which constitutes a de facto suspension of operations.

Not all managers and supervisors understand the difference between “facility closure” and “suspension of operations,” as defined in AP 18.32.

Facility closure: Preventing partial or complete access and use of a facility, office building, or section of an office building. Full or partial closure of an office building does not necessarily result in suspended operations. For a facility closure, appointing authorities/designee is required to activate continuity plans including consideration of alternative staff assignments to assure continued service delivery.

Appointing authorities have the Secretary’s delegated authority to implement facility closure.

Suspended operations: Cessation of any DSHS vital service [sic] of the entire agency or any portion of the organization. The Secretary retains the authority to direct suspension of operations.

Offices in Omak and Colville did not have clear guidance on which to base decisions related to office closure and decisions at the local level were not coordinated consistently across all DSHS programs and WorkSource. This meant that some programs closed and/or suspended operations at times others did not.

4. Children's Administration had staff who were temporarily forced to remain in Omak when the road to their homes closed. State travel rules do not currently allow for lodging staff under these conditions, which were completely beyond the control of staff.
5. CSD Region 1 felt that having the ability to send and receive SMS (text) messages on state issued cell phones would provide more robust communications capability. Staff are reluctant to use their personal devices for state business.
6. Residential Care Services requested development of an approved list of evacuation sites to share with homes that must evacuate to other locations.

At the request of Aging and Adult Care of Central Washington, the EMS Director is supporting an effort to empower local Senior Centers to develop emergency preparedness plans that could enable them to become a resource for emergency services and evacuations; this would create up to 30 locations across north central Washington.

7. The DSHS Emergency Operations Plan, which includes Operating Procedures for the ECC, is approaching its sunset review date.

2 – Organizing

Strengths

1. All Administrations' liaisons participated actively in supporting the ECC; their involvement was characterized by frequent communications and a high degree of collaboration. At least 85 DSHS personnel in headquarters and throughout Region 1 worked together for the duration of the response.
2. Region 1 Offices in Spokane have their own response organization that initiated daily conference calls among managers at affected locations. They maintained situational awareness of the fluid and rapidly changing threat conditions. They shared information to sustain a common operating picture. They made decisions based on the best available information.
3. Home and Community Services Regional Office reports were a huge help to Residential Care Services.

Areas for Improvement

1. The proposed deadline for receipt of Administration Snapshots each day was challenging for most Administrations. Headquarters ECC liaisons contact the Region 1 Office and then the Region 1 Office contacts field offices. EMS vets and compiles individual Snapshots into a summary ELT Snapshot for executive leadership.

DSHS frequently has information that is considered essential to the state level report to the Governor's Office and this is the main rationale for the time pressure in reporting. EMS attempts to establish an operational schedule to allow as much time as possible for

staff to gather data while at the same time synchronizing the DSHS reporting schedule with the multiple daily deadlines established by the State Emergency Operations Center. (This includes conference calls and meetings with various principles, counties and tribes, and the Governor’s Office and developing plans and situation reports, and other deadline driven activities.) The schedule is beyond the control or influence of EMS and the State Emergency Operations Center may change it without notice.

2. EMS did not fully integrate the Mass Care Cadre who were supporting the state level response at Camp Murray with the ECC. This created some confusion for liaisons and some perception of a “side effort.”

Earlier this year, several Administrations responded to a request from the Secretary to designate staff to receive training and participate in the state level response, when requested and within their availability. The Secretary was responding to a request from the Military Department’s Adjutant General to all large Cabinet agencies. These staff do not necessarily understand the DSHS level response and they and the ECC liaisons have been likely unaware of the others’ existence.

3. An employee from Western State Hospital served as the Operations Section Chief for several days at the State Emergency Operations Center. This designation was not coordinated with EMS; however, the employee worked at the Emergency Management Division until very recently and she was contacted by them directly for assistance.

All DSHS staffing at the State Emergency Operations Center should be coordinated through EMS prior to deployment.

3 – Equipping

Strengths

1. EMS recommendation to management teams in advance of fire season to purchase N95 masks to be available to staff.
2. Region 1 programs capitalized on Fire Management Assistance Grant (FMAG) declarations, which allows 75 percent federal reimbursement on qualified expenses, and purchased over \$27,000 worth of equipment and services. Most of the equipment purchased was for air purification. Additionally, Rehabilitation Services had trees removed from the Canyon View Community Facility to minimize the fire risk and Home and Community Services supported the relocation of Harmony House Healthcare Center.

Areas for Improvement

1. EMS did not review the status of FMAG declarations on a daily basis and provide updates to involved DSHS personnel so that purchases of equipment, supplies and services could be completed within authorized periods.

4 – Training

Strengths

1. No strengths were identified.

Areas for Improvement

1. Children’s Administration and Home and Community Services request training from the Research and Data Analysis Division on pulling reports from Enterprise GIS and using the system to identify the location of clients and providers.
2. Children’s Administration also requests training for headquarters leads, Deputy Regional Administrators and Area Administrators related to their continuity plans and expectations/responsibilities pertinent to responding to active emergencies. Children’s Administration would like Incident Command System training as it relates to the DSHS Emergency Operations Plan.
3. Lakeland Village staff may benefit from training on how to conduct an after action review to improve upon their existing solid foundation for emergency response.

4 – Exercising

Strengths

1. No strengths were identified during the hotwash.

Areas for Improvement

1. No areas for improvement were identified during the hotwash.

APPENDIX A: IMPROVEMENT PLAN

This improvement plan summarizes the recommendations from participants who collaborated on the incident response/exercise.

Area for Improvement	Corrective Action	Approximate Deadline	Point of Contact
1.1. Management team briefings	Present hazard specific information to each region's management team on a quarterly basis to prepare them to respond to disasters common to their area	11/30/15	Sue Bush
1.2. Timely distribution of Incident Briefings to Region and field offices	Post relevant information to SharePoint	Daily by c.o.b. during response	Sue Bush
1.3. Administrative Policies	18.32 Inclement Weather is past its sunset review date. EMS and HRD to collaborate on revisions to address issues identified during this (and previous) response	6/30/16	Sue Bush Wendy Long
1.4. Travel rules restricting payment for lodging	Clarify existing or develop new guidance to address anomalies likely to be encountered during emergencies that impede or preclude travel	3/31/16	Sue Bush Karen McGowan
1.5. TXT messaging	ISSD prefers not to allow blanket exceptions to policy to permit unsecured communications. DSHS is working on a secure text solution.	12/31/16	Dana Phelps
1.6. Evacuation sites	Work with AACCW on a pilot to prepare Senior Centers	12/31/15	Sue Bush
1.7. Emergency Operations Plan	Review and revise existing EOP in 2016	1/31/16	Sue Bush
2.1. Snapshot reporting deadlines	Allow as much time as possible and explain why suspense time is short	With each Snapshot request	David Shannon
2.2. Integrate SEOC and ECC liaisons	Develop and present training on DSHS and state level responses	3/31/15	David Shannon
3.1. Monitor FMAG declarations	Communicate with the ESF #6 desk at the SEOC and monitor WebEOC and keep DSHS personnel apprised of FMAG declaration status	Daily during fire response	David Shannon

Area for Improvement	Corrective Action	Approximate Deadline	Point of Contact
4.1. Enterprise GIS training	Assist representatives from RDA to train staff on the use of new GIS duty station tool	3/31/16	David Shannon Tim Minter
4.2. ICS/EOP training	Revise existing training materials, schedule and present workshops to interested personnel	4/30/16	David Shannon
4.3. AAR training for Lakeland Village	Work collaboratively with responsible personnel at LV to provide or coordinate training appropriate to meet their needs	6/30/16	David Shannon

APPENDIX B: INCIDENT PARTICIPANTS

Participating Organizations
DSHS
ALTSA: Lori Brown, Cindy Coville, Elizabeth Donovan, Susan Engels, Vicky Gawlik, Robert Gutierrez, Lori Heiner, Lynn Kimball, Kristi Knudsen, Ken Michie, Kathy Morgan, Robert O'Dowd, Pao Vue
BHSIA: Sandy Bigelow, Stephanie Endler, Tom Gray, Barbara Manning
CA: Tammy Cordova, Connie Lambert-Eckel, Jennifer Godfrey, Diane Inman, Jeff Kincaid, Nicole LaBelle, Beth Norton, Dorene Perez, Geri Phillips, Wendy Pratt, Marilee Roberts, Charlie Watts
DDA: Kim Abe-Gunter, Carlene Bergquist, Diane Ewer, Saif Hakim, Kevin Kernan, Lorna Morris, Rob Thompson, Brenda Verbeck, Michelle Wolf, Socorro Wright
ESA: Jean Alexander-Brandt, John Camp, Larry Frick, Janet Hentze, Carol Lee, Josie Mendoza, Betty Monahan, Mary O'Brien, Babette Roberts, Roxie Schalliol, Chris Scott, Samantha Smithingell, Bill Suits
FSA: Rich Klemmer, Jay Minton, Maria Siguenza
RA: Cary Bloom, Scott Carrell, Mary Crago, Greg Do, Art Garza, Aaron Gasser, Duane Johnson, Teresa Kutsch, Theresa Miller, Spencer Mooers, Edgar Mora, Travis Pakenen, Brandy Pinder, Jennifer Redman, Tamera Roberts, Dan Schaub, Michael Tyers, Jan Varila, Shamrun Wulf, Genie Ybarra
SESA: Elsy Bamert, Sue Bush, Val Cannon, Andy Glenn, Alice Huber, Steve Liebenguth, Tim Minter, Ian Mooser, David Shannon, Cindy Spencer, Rebecca Yette, Jane Zerbe, Shidong Zhang
Other
Aging & Adult Care of Central Washington: Bruce Buckles, Ken Sterner
Aging & Long Term Care of Eastern Washington: Lynn Kimball, Jennifer Lichorobiec

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

ATTACHMENT D.3

FAMLINK BACKUP AND DISASTER RECOVERY PLAN

JUNE 30, 2016



State of Washington

Statewide Automated Child Welfare Information System



FamLink Backup and Disaster Recovery Plan

Version: 1.7

Submission date: Nov 30, 2015



Revision History

Version	Date	Summary of Update	Author	Reviewer
1.0	October 6, 2009	Initial version	Hisham Chekali Kevin James	Kevin James
1.1	October 11, 2009	Updates after document walkthrough with the State and partners	Kevin James	
1.2	March 8, 2011	Updates to CA contacts and Backup schedules	Marty Belfield	
1.3	April 30, 2012	Updates to CA contacts and Backup schedules	Marty Belfield	
1.4	August 19, 2013	Updates to CA contacts and Backup schedules	Dan Cahill	
1.5	August 20, 2014	Updates to CA Contacts and backup schedules	Dan Cahill	
1.6	July 30, 2015	Updates to CA Contacts and backup schedules, changes to Facilities	Pablo F Matute	
1.7	Nov 30, 2015	Updates to Backups Schedules, Recovery Steps, changes to DSHS ET	Pablo F Matute	
1.8	Dec 30, 2015	Clean Up	Pablo F Matute	
1.9	January 31, 2016	Add Step by Step Recovery Application and Databases. Update Diagram	Pablo F Matute	



Table of Contents

Chapter 1	Introduction	5
1.1	Purpose	5
1.2	Scope	5
1.3	Assumptions and Constraints.....	6
Chapter 2	Disaster Recovery Plan	7
2.1	Overview	7
2.2	Incident Command Flow	8
2.3	Roles and Responsibilities	9
2.3.1	Operations Coordinator.....	11
2.3.2	Crisis Management Team (CMT).....	11
2.3.3	Administrative Coordinators	11
2.3.4	Communications	11
2.3.5	Business Continuity Coordinators	12
2.3.6	Operations Manager	12
2.3.7	Recovery Teams	12
2.3.8	Extended Crisis Management Team	13
2.4	Disaster Management.....	14
2.4.1	The First 12 Hours	14
2.4.2	Notification and Escalation	15
2.4.3	Damage Assessment	16
2.4.4	Recommendation Process to Assess Problems.....	17
2.5	Recovery Management.....	19
2.5.1	Recovery Plan Format.....	19
2.6	Appendix A – Recovery Team Lead Responsibility.....	20
2.6.1	Recovery Team Leader Responsibilities / Checklist.....	20
2.6.2	Team Leader Recovery Steps.....	22
2.6.3	Reports.....	22
2.7	Appendix B – Operations Coordinator Response Checklist – The First 12 Hours...	23
2.8	Appendix C – Key Points of Contact	25



2.8.1	FamLink Project Contacts	25
2.8.2	Permanent Conference Bridge – Command Center	27
2.9	Appendix D – Notification Instructions	28
2.10	Appendix E – Notification Aide Memoire	29
2.11	Appendix F – Damage and Situation Report Format.....	30
2.11.1	Damage Assessment (Salvage and Restoration) Procedures Checklist	30
2.11.2	Damage Assessment Report	31
2.11.3	Situation Report.....	32
2.12	Appendix G – WaTech Facilities Disaster Recovery Team	35
2.12.1	Team Responsibilities	35
2.12.2	WATech and ET Key Points of Contacts	35
2.12.3	Recovery Dependencies	36
2.12.4	Notification	37
2.12.5	Key FamLink Vendors	Error! Bookmark not defined.
2.13	Appendix H – FamLink Application and Services Recovery Team	39
2.13.1	Team Responsibilities	39
2.13.2	Prioritized Recovery Procedures	50
2.13.3	Notifications	55
2.13.4	Key Vendors	Error! Bookmark not defined.
2.14	Appendix I – Disaster Recovery Specifications	57
2.14.1	Physical Disaster Recovery Site Specifications.....	57
2.14.2	Physical Production Site	57
2.14.3	Hardware Equipment Specifications.....	57
	Reference Document CU-05 Support and Operations Plan Version 1.4 (Section 2.4)	57
2.14.4	Architecture	57
2.14.5	Current System Backup Schedule.....	61
2.15	Recommendations	61
2.16	APPENDIX J – Reference Documents	67



Chapter 1 Introduction

1.1 Purpose

This document details the resources, actions, tasks and locations of data required to manage the business recovery process of the FamLink system in the event of a business interruption due to a disaster or catastrophic disruption. This includes the organizational structure, roles, responsibilities, and key recovery activities of the Disaster Recovery Plan (DRP).

The goals of this DRP are to:

- Minimize the impact and duration of a serious disruption.
- Commence timely response to a disaster.
- Facilitate effective coordination of recovery tasks.
- Provide procedures and a listing of resources needed to recover critical system functions.
- Identify those vendors or business partners requiring notification of a disaster due to their necessary involvement with recovery.
- Document the storage, safeguarding and retrieval procedures for vital records.
- Identify areas of the business where a communications strategy will be needed to keep stakeholders informed of recovery progress.

The plan addresses the disaster recovery requirements at the data, software, and hardware levels. It references, but does not duplicate, other recovery guidelines and procedures covering the facilities, infrastructures and/or networks that are documented and supported by other information technology groups including but not limited to WaTech and DSHS ET.

1.2 Scope

- The DRP highlights the State provided services for hosting the FamLink Application, located at: State Data Center WaTech Building 1500 Jefferson Olympia, WA 98504. The application itself is managed by DSHS CA.
- The DRP captures the details related to the recovery of the FamLink application and supporting components in the event of a disaster. The document is not intended to document the overall Continuity of Operations Plan (COOP) or Emergency Response Plan (ERP) for the State.
- Documenting or changing WaTech or DSHS ET internal recovery procedures is beyond the scope of this document.



The following are out of scope for this DRP:

- Routine Maintenance – Details for scheduled downtime or cutover periods are not included in the DRP.
- Business Resumption – In the event of a disaster, the State staff has sole responsibility to manage and execute the recovery process.
- Business Resumption – The activation of the Business Continuity Plan (BCP), Continuity of Operations Plan (COOP) or Continuity of Governance Plan (COG) is out of scope for this document.

1.3 Assumptions and Constraints

This subsection defines and describes the assumptions or constraints affecting the process or content that was considered when preparing the Backup and Disaster Recovery Plan. These assumptions include the following:

- At the time of this writing, the logistics for a Failover Site has not been confirmed by the State. This poses an immediate risk in the event of a disaster.
- At the time of this writing, a State Continuity of Operations Plan has not been provided that the DRP Plan will be a component of. This poses an immediate risk to the overall emergency response process.
- The plan references existing state and agency-level disaster recovery and business continuity planning documentation dealing with the recovery guidelines for the communication infrastructure, facilities and organizational continuity plans.
- Recovery Point Objectives (RPO) and Recovery Time Objectives (RTO) are conducted on best effort taking into consideration that there are manual workaround(s) as defined by each division contingency plan.

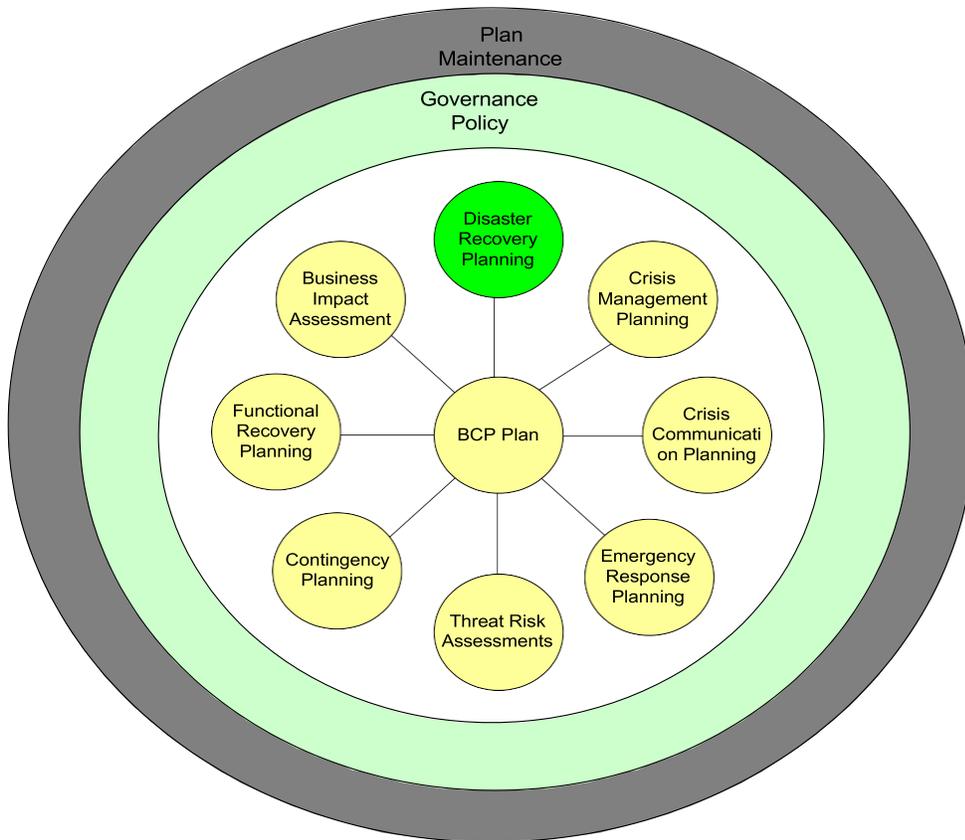


Chapter 2 Disaster Recovery Plan

2.1 Overview

The Disaster Recovery Plan (DRP) is a component of the Business Continuity Plan (BCP). The DRP is a living document that should be incorporated into the organizations change management process and routinely updated as changes within the organization occur. The DRP also has elements similar to what you will see within various components of the BCP (i.e. Emergency Response Plan, Contingency Plans, Functional Recovery Plans, Communication Plan, etc.). However, the DRP is designed for IT Staff and administration. Figure 1 Components of a BCP below illustrates where the DRP resides within the BCP.

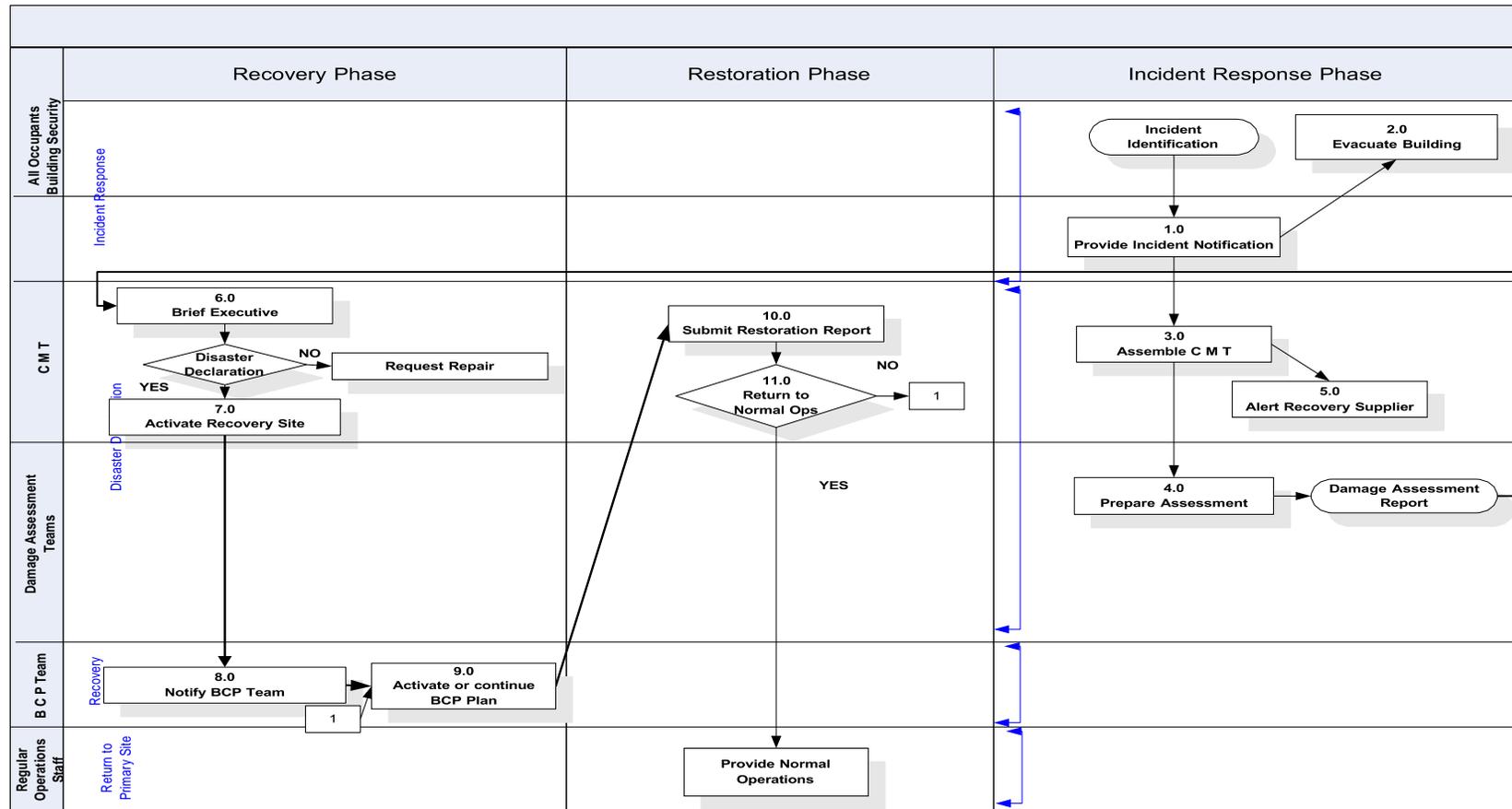
Figure 1 Components of a BCP





2.2 Incident Command Flow

Immediately after an incident, the alert and declaration process is implemented based on the following outlined network diagram:





2.3 Roles and Responsibilities

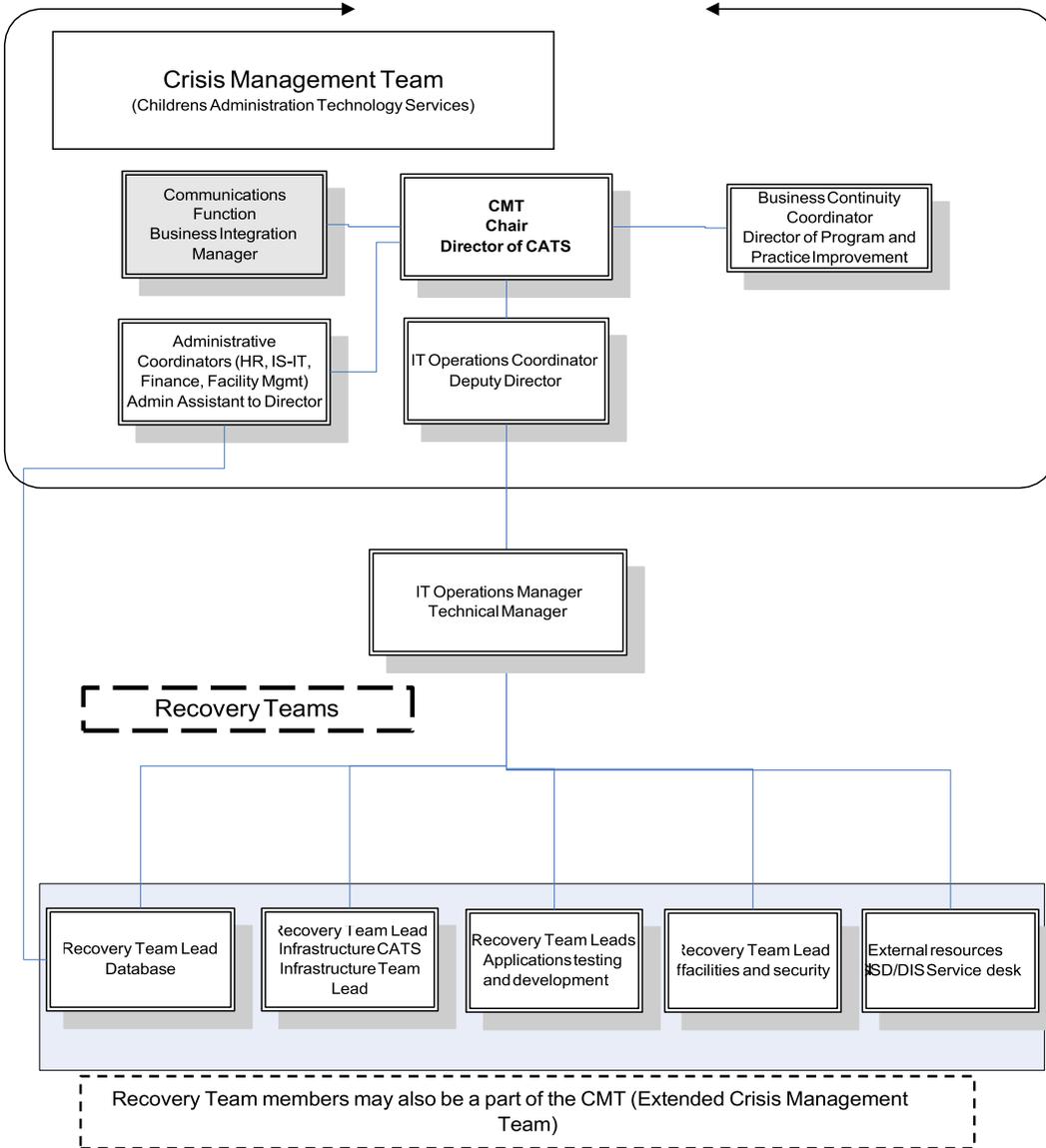
The State of Washington Children's Administration Technology Services (CATS) conforms to Department of Social Health Services (DSHS) Business Continuity Planning (BCP) Program. CATS adhere to a modified "Incident Command System" to manage a crisis within their sphere of operations. Effective management of a crisis leading to a prompt resolution can often preclude the need to declare a disaster. This system is a combination of facilities, equipment, personnel, procedures, and communications all operating within a common organizational structure with responsibility for the management of assigned resources to effectively direct and control the response to a severe incident.

The recovery process involves designated teams and individuals each with specialized roles – Crisis Management Team (CMT), Operations Coordinator, Business Continuity Coordinator, Communications, Administrative Coordinator, Operations Manager and Recovery Teams. Each identified team or individual and their backup have an important role to play in ensuring the CATS organization is in a position to recover the FamLink application in the event of a disaster.

The figure below depicts the structure of the Disaster Recovery organization.



Figure 2 FamLink DRP Recovery Team



Every member of the recovery organization is expected to:

- Carry out their assigned task in a professional manner, without hesitation or excuse in an emergency or crisis situation, and with due regard for their safety and security.
- Be thoroughly familiar with the contents of this document, their respective roles and responsibilities.



2.3.1 Operations Coordinator

The Operations Coordinator manages the local Command Center. The person in this role also employs a four phased process to manage an incident:

- Assess the damage based on impact.
- In collaboration with CMT establish recovery efforts.
- React by establishing communication protocol with emergency responders and recovery team internal to the organization, evacuation of the building, limiting impact.
- Manage the recovery by providing feedback from recovery teams to CMT, identify recovery strategy/options with recovery team, establishing a communication dialog with internal and external stakeholders.

The Operations Coordinator provides recommendations based on damage assessments to the Crisis Management Team (CMT), and will provide the CMT and stakeholders with timely situation reports on the recovery progress. The Operations Coordinator has the authority to invoke elements of the DRP without having to have a disaster officially declared. Once invoked, the Operations Coordinator manages and coordinates the recovery effort.

2.3.2 Crisis Management Team (CMT)

This group is comprised of the team members who are responsible for declaring a disaster, directing the development and execution of the business continuity plan and providing direction and communications during the recovery process. The Operations Coordinator is responsible for maintaining communication with the CMT to keep them well informed of the current status of the recovery effort.

2.3.3 Administrative Coordinators

The Administrative Coordinators provide support with procurement, payroll, Human Resource relations, recruiting and contacting suppliers throughout the planning and execution of the DR Plan.

2.3.4 Communications

The Communications team communicates with the stakeholders of the application outlining the status of the application outlining alternate workarounds if available, length of the outage and assuring efforts to resolve the incident are presently being conducted. The communication team assists the CMT Chair in formulating and delivering a message to his/her staff.



2.3.5 Business Continuity Coordinators

The Business Continuity Coordinators play the role of liaison between the strategic (CMT) and tactical (Tactical and Operational) teams in the plan development and execution. His job is to ensure the information within the BCP Plan is accurate; the plans have been tested and audited; and full senior management commitment and support is received for the BCP Program. The BCP Coordinator provides support to the CMT during recovery efforts to ensure prioritized recovery procedures are properly addressed.

2.3.6 Operations Manager

The primary responsibility of the Operations Manager is to provide leadership to the recovery team leads and members plus coordinate support for the recovery effort. The responsibilities of this individual include but are not limited to:

- Contact the recovery team leads
- Communicate the team needs and priorities
- Follow up on the recovery activities and assist team to resolve issues.
- Serve the CMT as an important decision-making resource.

2.3.7 Recovery Teams

The Recovery Teams report to the Operations Manager. Recovery team members are a cross section of the sub-teams or work groups which are typically subject matter experts within their respective areas of responsibility. These pre-selected individuals are trained to perform their individual responsibilities in case of a crisis and are familiar with the contents of this DRP. Over and above the execution of their DRP, the recovery teams are charged with the responsibility of creating, periodically testing, and updating (maintenance) of their respective plans. All teams are led by a Disaster Recovery Team Lead. In times of crisis; the recovery teams report to and receive direction from the Team Lead, Operations Manager and/or the Operations Coordinator. The responsibilities of the recovery team leads include but are not limited to:

- Contact the recovery team members
- Communicate the needs and priorities
- Follow up on the recovery activities and assist team to resolve issues.
- Serve the CMT as an important decision-making resource.
- Report recovery status to the Operations Coordinator



Roles and responsibilities are detailed in
Appendix A – Recovery Team Lead Responsibilities.

2.3.8 Extended Crisis Management Team

The extended crisis management team is comprised of individuals from the recovery teams that are requested to attend the CMT gatherings as subject matter experts to provide recovery advice.



2.4 Disaster Management

2.4.1 The First 12 Hours

The Operations Coordinator is responsible for initiating the following actions that will ensure that FamLink system and services are recoverable.

- **Initiate the Alert Notification Process**
 - Identify & define type, scope, impact & location of incident (potential or real).
 - Alert Disaster Operations Manager and Recovery Team Leads and prepare to further assess situation.
- **Initiate the Security Process**
 - While the safety of all staff is paramount, ensure that all state assets and information is safeguarded.
- **Initiate the Assessment Process**
 - Define the problem; focusing on impact / potential impact if situation is prolonged.
 - Assess the impact of situation, determining the possible length of outage.
- **Initiate the Recommendation Process**
 - Confer with and provide to the CMT a clear picture of the situation, as well as recommendations and options for resolution.
- **Execute the Management Decision**
 - Based upon the recovery strategy of the Crisis Management Team:
 - Activate the DRP (all plans or parts thereof).
 - Stand down; or
 - Stand by – Continue to monitor situation and reassess options to determine if necessary to activate or can stand down.

Review and Use are detailed in
Appendix B – Operations Coordinator Response Checklist



2.4.2 Notification and Escalation

The contacts listed in this plan are State personnel or other third party personnel who play a critical role in FamLink recovery operations. This list is confidential, and has restricted distribution. It is intended to be used in the event of a disaster to implement the recovery plan. Notification must be carried out using an escalation process, which means contacting the first person on the list first. If this person does not answer or is not available, the second person on the list is called. It is of the utmost importance to keep this list up-to-date. Any name change to this list must be communicated immediately to the Operations Manager and/or the respective Recovery Team Lead.

Prior to initiating contact, review
Appendix D – Notification Instructions.

A triggering incident, typically a combination of mundane incidents, can combine to cause a disruption of services. This incident or incidents may be discovered or reported by any source and will be escalated internally to management. Depending on the initial assessment by the manager of that affected service, (determining cause, extent of the damage, and a time estimate to restore the service); it will be quickly escalated through the state management chain to the Technical Group Manager.

End-users will be contacted at both the management level (via the Communications team) and at the tactical level (via the FamLink applications and services Operations Coordinator).

Key contact information is found in
Appendix C – Key Points of Contact

The Operations Coordinator assumes local control of the crisis, and will direct recovery efforts. Under the authority of the CMT, the Operations Coordinator will inform the relevant FamLink disaster recovery teams to assemble at another facility if the OB2 Data Center is unusable. The alternate facility is not predefined and will be identified at the time of impact.

Review **Appendix D – Notification Instructions**
Complete **APPENDIX E Notification Aide Memoire** prior to initiating any calls.

Using the Famlink team member contact list and the after hour server support list, the recovery team leader, alternate or assigned individual will convey the following information when contacting the team personnel.

- Brief description of the problem;



- Location of the Command Center;
- Phone number of the Command Center;
- Immediate actions to be taken;
- Whether or not the facility can be entered;
- Location and time the team will meet;
- Remind all team members to carry photo identification with them at all times and be prepared to show it to security or local authorities; and
- Instruct everyone notified not to make any statements to the media.

During notifications of an alert or declared disaster, this procedure will be used to alert all personnel.

2.4.3 Damage Assessment

Damage assessment is the process of assessing damage following a disaster to computer hardware, vital records, office facilities etc. The assessment also tries to determine what can be salvaged or restored and what must be replaced.

Disaster Recovery Teams will be tasked by the Operations Manager or Coordinator to take part in assessing the damage, and report back the findings to the local Command Center. The purpose of this activity is to give the Operations Coordinator and the CMT the information that is needed to determine which measures must be taken.

Damage reporting provides valuable information for an emergency response and assists in the mobilization of resources required to assist in the response and recovery phase of an emergency. It is incumbent upon the damage assessment teams to provide this factual information, in a timely manner that will allow the CMT to consider options and render appropriate direction for recovery efforts.

Based on the results of the damage assessment (survey), a report will be prepared for the CMT, by conducting a systematic analysis (based upon actual observation and inspection) of the nature and extent of the damage and making proposals for remedying the damage.

- An overview of the impacted site.
- An assessment of the time required to clean, repair or replace the damaged equipment (restoration time).
- Any supporting material documenting or depicting the extent of the disaster, including photographs or film.



Damage Assessment forms and the Situation Report are found in
APPENDIX F – DAMAGE & SITUATION REPORTS TEMPLATE

2.4.4 Recommendation Process to Assess Problems

Problem assessment is an iterative and evaluative process of decision making that will determine the nature of the issue to be addressed, and a severity assessment will be made at the outset of a crisis. Factors to be considered include the size of the problem, its potential for escalation, and the possible business impact.

The following criteria in Table 1 are used to assist in assessing a problem. One compares the impact of the event against table to determine the appropriate level of damage.

Table 1 - Problem Assessment Criteria

Level 1	Level 2	Level 3	Level 4
----------------	----------------	----------------	----------------



<p>Emergency incident that is resolved with negligible impact to business</p>	<ul style="list-style-type: none"> • No casualties • Minor business interruptions • Minimal damage • Limited impact to clients • No community impact • Fact that there is/was a problem limited to local media coverage only 	<ul style="list-style-type: none"> • Moderate business interruptions • Several injuries or deaths • Moderate damage • Moderate impact workers • Moderate community impact • Fact that there is/was a problem. known by National media 	<ul style="list-style-type: none"> • Major business interruptions • Major impact in all areas
---	--	---	---

Based on damage assessments, and personal observations, the Operations Coordinator can report findings and make recommendations back to the CMT. The level of impact will drive both IT Operations and State Executive level response.

The CMT through the Operations and Communications Coordinators will confer with the affected workers. This will be done through approved communiqués which present the recommendations of the CMT on how they intend to proceed with the recovery and provide them with recovery activity updates until the situation is stabilized.



2.5 Recovery Management

2.5.1 Recovery Plan Format

This plan is structured in a modular format to provide general guidelines and checklists for all staff involved in the recovery effort and individual Recovery Team Plans maintained by each respective recovery team to recover their area of responsibility.

The Recovery plans contain the following pertinent information.

- **Team Responsibilities** - This section identifies scope of the recovery plans and the Recovery teams assigned in the event of a disaster. The team leader is responsible to identify changes in assigned personnel and make changes to their section as required.
- **Disaster Recovery Team Alert List** - This section provides contact information for all personnel assigned to the team.
- **Dependencies** - This section describes the dependencies on other services (and teams) that must be in place in order to assure successful recovery.
- **Recovery Procedures** - This section identifies the strategies for recovery of critical functions. This section also details the sequence and steps that must be initiated and completed, as well as where the reference documents are located in order to accomplish their recovery.
- **Notification** -This section ensures that the Operations Coordinator is informed of the conclusion of the recovery work and that the Operations Coordinator is able to inform the CMT and end-users that they are now able to use their systems in recovery mode.
- **Key Vendors** - This section identifies the contact information for critical vendors. The team leader will review this list to determine that the list is complete and accurate.



2.6 Appendix A – Recovery Team Lead Responsibility

When notified by the Operations Coordinator that an incident has occurred and the FamLink Disaster Recovery Plan (DRP) has been activated, the primary responsibilities of the team will be to use their resources to support the FamLink system recovery effort and to activate recovery procedures.

2.6.1 Recovery Team Leader Responsibilities / Checklist

The Primary responsibility of the Team Leader is to provide leadership of the disaster recovery team and coordinate support for the recovery effort. Responsibilities include:

- Contact their recovery teams members;
- Ensure their backup has been designated
- Assess the impact to their services provided and the priorities
- Communicate the needs and priorities
- Follow up on the recovery activities and manage the situations
- Provide an important decision-making resource
- Provide Status to the Operations Manager

Recovery Team Leaders are to read the entire section before performing any assignments and check-off actions in the following list as they are performed.

Situation Occurred / Potential:	
	Notification Process:
	Note, scope, impact & location of incident (potential or real)
	Fill in Appendix B, review Notification and Escalation (section 3.2), initiate Recovery Team call tree, and record results on plan checklist
	Go directly to assembly location
	Notify the Operations Manager and wait for further instructions
	Continue to escalate the notifications and make additional contacts, as required



Situation Occurred / Potential:	
Security and Evacuation, if required:	
	Follow standard building evacuation procedures
	Go directly to assembly location, and ensure that sufficient copies of recovery plan is are available
	Notify management and wait for further instructions
	Conduct a head count to track for all staff and provide appropriate direction
Assessment and Recommendation Process:	
	Participate in Resumption meetings with the Operations Manager and Coordinator
	Assess the impact of situation in area of responsibility
	Determine the possible length of outage
	Provide to the Operations Manager options and recommendations for prioritization and resolution of problem.
Recovery Process:	
	When instructed, distribute and execute plans or parts there of
	Direct the Disaster Recovery efforts of your team
	Perform scheduled contact with the Command Center
	Escalate issues as appropriate
Management Decision:	
	Invoke plans or parts there of – proceed to activation
	Stand down or
	Stand by – Continue to monitor situation & reassess options to determine if necessary to activate or can stand down



2.6.2 Team Leader Recovery Steps

The following recovery actions are to be used as a guide. During a disaster circumstances may dictate that some or all of the steps documented may have to be altered. The team leader is to use his/her judgment while managing the recovery operation.

Task List:	
	Review tasks to be performed and assign personnel
	When instructed, designated personnel will contact vendors and advise them about the situation and the recovery requirements.
	Distribute copies of any forms that will be needed during the recovery operation.
	Personnel may be assigned to provide recovery support needed by other teams, as needed
	Identify the category in which personnel will be alerted. Consider: <ul style="list-style-type: none">➤ Personnel that may be needed to give aid to other teams;➤ Personnel that will be needed at the work area to resume normal business functions; and➤ Personnel who will stay home and remain on standby (they may be needed when the initial group needs rest).

2.6.3 Reports

When requested, the Team Leader will prepare a detailed Damage Assessment (see Appendix F – Damage Assessment Report) and follow up Situation Reports at a minimum of **60** minutes after the recovery task commences then as directed by the Operations Manager or Coordinator up to, or on completion of an activity.



2.7 Appendix B – Operations Coordinator Response Checklist – The First 12 Hours

Situation occurred / potential:	
	Alert Notification Process:
	Identify and define type, scope, impact & location of incident (potential or real)
	Notify Disaster Recovery Team Leaders teams to further assess situation
	Notify others in organization that need to know assessment is under way
	Advise others who may be indirectly affected, for information only
	Continue to escalate the notifications & make additional contacts, as required
Security and Evacuation, if required:	
	Follow standard building evacuation procedures
	Go directly to assembly location
	Notify management & wait for further instructions
	Conduct a head count to account for all staff & provide appropriate direction
	Arrange for the securing of the facility and all State assets
Assessment Process:	
	Define the problem, focus on impact / potential impact if situation is prolonged
	Assess the impact of situation to your business, customers, suppliers, other business groups
	Determine the possible length of outage
	Gather and validate information about situation as it evolves
Recommendation Process:	



Situation occurred / potential:	
	Provide to senior management a clear picture of the situation
	Provide to senior management options and recommendations for resolution, prioritization of effort, etc.
	Management Decision:
	Invoke plans or parts there of – proceed to activation
	Stand down or
	Stand by – Continue to monitor situation and reassess options to determine if necessary to activate or can stand down



2.8 Appendix C – Key Points of Contact

2.8.1 FamLink Project Contacts

Last Name	First Name	Role	Company	Business Phone	Mobile Phone
Cahill	Dan	-CMT Chair Alternate -Operations Manager -Security and Facilities Recovery Team Lead	CATS	360-412-3934	360-239-7438
Chiechi	Lori	Admin Coordinator	CATS	360-486-2304	360-790-0802
Chun	Hee	Application Dev	CATS	360-412-3915	
Cooper	Doug	Application Testing	CATS	360-412-3941	
Corkill	Rick	Infrastructure support	CATS		360.518.7397
Dalebout	Don	Infrastructure support	CATS	360.725.6994	360.507.3095
Davis	Pam	Infrastructure support	CATS	425-339-1957	
CATS Service Desk		360-412-3952			
Forrester	Diane		CATS	360-412-3975	
Gallagher	Michael	Application Dev	CATS	360-412-3909	
Gansberg	Barbara	Reporting Data Warehouse	CA	360-412-3908	
Hunt	Anne	Project Coordinator	CATS	360-412-3930	360-791-6824
Johnson	Suzanne	Infrastructure support	CATS	509-737-2820	
Longnecker	Scott	Infrastructure Support Lead	CATS	360-412-3955	
Matute	Pablo	IT Security Administrator	CATS	360-486-2342	360-688-4169
McAllister	Mike	Application Dev	CATS	(360)-412-3910	(206)-271-7682
Monnett	Jeffery	Application Testing	CATS	360-486-2356	360-280-2966
Pirkle	Anita	Reporting Data Warehouse	CA	360-412-3928	
Regalado	Jesse	IT Security Analyst	CATS	360.418.3903	
Ruff	Chris	Business Functional	CATS	360-412-3942	
Sarber	Stephanie	Business Functional Manager	CATS	360-486-2360	253-318-3377
Smith	Michael	CMT Chair, CATS Director	CATS	360-412-3913	
Teshome	Mehrit	Infrastructure support	CATS	206-691-2466	



Turner	Larry	Infrastructure Support Security and Facilities Recovery	CATS	360-412-3929	360-239-7422
Weirauch	Michael	Application Testing	CATS	360-412-3919	
Wang	Wei	Database Recovery Lead	CATS	360.486.2352	
White	Chris	Application Testing	CATS	360-412-3912	509-750-1181
Winter	Colleen	Release Manager	CATS	360 486 2324	360 280 7907
Woodward	Carol	Application Testing Recovery Team Lead	CATS	360 412-3911	
Zhao	John	Application Recovery Lead	CATS	360.412.3980	



2.8.2 Permanent Conference Bridge – Command Center

To be used for conference communications only in an emergency.

Conference	
Conference Room Name	Panther Jungle
Local Dial-in number	360.412.3949
Video Conferencing Name	CA.Lacey.Martinway.HW
Conference Code	N/A



2.9 Appendix D – Notification Instructions

By using the following instructions, you will not unnecessarily alarm family members of a member who was working at the affected site at the time of the disaster.

All callers should record status of everyone they call, noting the time the call was placed and whether the interested person was reached.

A reasonable number of attempts will be made if the phone is busy or there is no answer.

If contact is made with an answering machine - Make no statement regarding the situation. Provide the phone number to call at the Command Center and that the member should make contact at that number as soon as possible.

1. Place phone call and say, "May I speak with (individual)?"

If available, provide the information you called to convey.

- Remind the person to make no public statements about the situation
- Remind the person not to call co-workers (unless instructed to) and to advise their family not to call other employees

Record the status of the phone call.

If not available, try for an alternate contact information say, "Where may I reach (individual)?"

- If the individual was working at the affected site, indicate that you will reach the individual there. DO NOT discuss the disaster with the person answering the phone.
- If at any location other than the affected site, get the phone number. Call the other location and provide the information you wanted to convey.

2. Immediately notify the Operations Coordinator of the results.

- Record the status of the phone call.



2.10 Appendix E – Notification Aide Memoire

When notified by the Operations Coordinator that the DRP has been activated, the recovery team leader or alternate may record the following information that will be passed along to Disaster Recovery Team personnel:

- Brief description of the problem:

- Location of the Command Center:

- Phone number to contact the Command Center:

- Any immediate support requested by the Operations Coordinator:

- Whether or not the facility can be entered: Yes () No ()

- If the facility cannot be entered, the location that the team will use for a work area or meeting place:



2.11 Appendix F – Damage and Situation Report Format

2.11.1 Damage Assessment (Salvage and Restoration) Procedures Checklist

Task List:	
	Obtain an inventory list of the FamLink computer equipment and other office supplies
	Obtain support from the manufacturers and insurers, if necessary
	Obtain authorization to access the disaster site, if necessary
	Assess the area in question attentively. Pay particular attention to the infrastructure, including the walls, floor, ceiling, water lines, ventilation, electrical supply, etc
	Note all major damage
	Assess all damage caused to the products on the computer equipment inventory list, such as the CPU, servers, workstations, tape units, disks, cassettes and computer supplies
	Photograph the damage
	Draw up a list of the damage and assess the time required to restore the equipment
	<p>Prepare Damage reports. When requested, individual reports will be prepared to cover the following areas:</p> <ul style="list-style-type: none"> • Main Computer Room; • Equipment Damage (IT and non-IT assets); • Electrical Supply; • Air Conditioning/HVAC; • Data and Telecommunications; • Network Operations Center (NOC); • Security Operations Center (SOC); and



Task List:	
	<ul style="list-style-type: none"> Any other area of interest or damage not specified above.
	Submit the damage report to the Operations Coordinator

2.11.2 Damage Assessment Report

Damage Assessment Report for: _____

AS OF (DATE AND TIME) _____

Level of impact:	Level 1		Level 2		Level 3		Level 4	
	Negligible		Minor		Medium		Major	
Extent of damage:								
Time anticipated for recovery:								
Damage description :								



COMPLETED BY :

2.11.3 Situation Report

All FamLink disaster recovery teams are required to send a progress report of the recovery activities to the Operations Coordinator at a minimum of 30 minutes after the recovery task commences then as directed by the Operations Coordinator up to, or on completion of an activity.

Team Name: _____



Name: _____

Title: _____ **Date and Time:** _____

Topic and Location:

Summary/problems/recommendations/assigning solving responsibilities:



Completed by:



2.12 Appendix G – WaTech Facilities Disaster Recovery Team

2.12.1 Team Responsibilities

The WaTech Facilities Disaster Recovery Team is responsible for the provision and continued upkeep of the shared facilities known as the State Data Center. The team is responsible for providing the actual real-estate, procurement, the allocation of space within the Data Center as per each Projects stated requirements, security, environment (HVAC, power, fire suppression), Data and Telecommunications connectivity and procurement services.

The State Data Center must have space for the Main Computer Room (MCR), Network Command Center (NCC), and Enterprise Command Center (ECC). Space in each area is allocated as per FamLink system requirements.

In the worst possible case, the Disaster Recovery Team will arrange for new facilities. In the event of an event less serious, the Team will arrange for stabilization and repair of the physical environment.

The WaTech Disaster Recovery Team is also responsible for the restoration of Shared Operations infrastructure that includes any Service Desk Tools (i.e. Remedy, etc.).

In the event of a major disruption the individual acting as the liaison to CATS partners will contact the WaTech and DSHS ET service desks requesting situation reporting and approximate time for recovery or service provision in terms of site network infrastructure. The WaTech and DSHS ET Key Points of Contact are:

2.12.2 WaTech and DSHS ET Key Points of Contacts

Facilities Team Members		
Name	Role	Number
WaTech Service Desk	24hr	360-753-2454 or 1-888-241-7597
DSHS ET Service Desk	Core Hours	360-902-7700 or 1-888-329-4773
Tammy Cordova	BCP Coordinator CA headquarters	360-902-7909
Debbie Frost	DSHS ET Primary Contact	360-902-7513



2.12.3 Recovery Dependencies

- Secure facility with adequate space, HVAC, power, data and Telecommunications to the site
- Trained staff available to implement the plan
- SLA's in place with vendors to meet our RTO
- FamLink Project Bill of Materials (BoM) in order to know what and quantities of items to procure if necessary
- Accessibility to recovery plans to assist in recovery efforts
- Must have computing environment necessary to restore Famlink application.

2.12.3.1 Other Systems Recovery Dependencies

Workers can conduct much of their mission critical work in FamLink alone, or independent from most other system interfaces, for roughly a 30 day's window. At this point some of our partners that rely on our information start to miss information that is important to their business.

Given that most of the work can be done within the FamLink application we would need this restored as soon as possible, and likely before our other interfaces. That being said, we have some systems that provide key supplemental data and services that need to feed FamLink. We assume that to get these data feeds the other system would have to be operational, but not necessarily before FamLink.

- We identified two systems that provide inbound data to FamLink that would be needed in a situation of an outage that occurs for more than 30 days (FamLink Need)
 - ACD (Agency Contract Database) - Sends FamLink information contract data related to Children's providers, allowing FamLink to perform financial edits against the contract data
 - SSPS (Social Services Payment System) – Send payment and provider information to FamLink to synch payment records between SSPS which makes the payments, and our system which issues the authorization for payment.



- We identified 4 systems that have a need for outbound FamLink data to receive this data within 30 days, as well as 4 that would be needed in a situation of an outage that occurs for more than 30 days (FamLink Partner needs)
 - *Within 30 days*
 - BCCU - Background Check Central Unit (BCCU) is provided with a list of FamLink persons who have had at least one allegation with a finding. This helps CA to identify these individuals and share the information to other possibly affected programs.
 - CTF Outbound – Allows Children's Trust Funds group to be made aware of new placements, as well as payments that may affect Children/youth who have trust funds and whose payments need to be coordinated accordingly.
 - RSO Outbound – The Registered Sex Offender file is sent, after being combined with a DEL, to ISSD to form a list of RSOs to send to the State patrol. This information is then returned to DSHS in order to prevent RSOs from being in a home where a child/youth is placed.
 - *After 30 days*
 - ACES Outbound - The Automated Client Eligibility System (ACES) interface is used to prevent duplication of benefits between Children's Administration and TANF.
 - AFRS Outbound - The Agency Financial Reporting System (AFRS) Interface is used to transmit Source of Funds (SOF) information from Famlink to AFRS.
 - SEMS Outbound Initial - This interface sends the Support Enforcement Management System (SEMS) identifying and demographic data on children with new placements in order for SEMS to conduct their work.
 - SEMS Outbound Update – Similar to the above but updates SEMS on a number of data elements once the information has been sent in the initial file.

2.12.4 Notification

When the recovery activities have been completed, the Team leader ensures that the Operations Coordinator is informed of the conclusion of the recovery work and that workers are now able to use the FamLink application.



ACTIVITY	RESPONSIBLE	REFERENCE	VERIFIED
When the recovery work is completed, worker may use the FamLink application	Operations Coordinator		



2.13 Appendix H – FamLink Application and Services Recovery Team

2.13.1 Team Responsibilities

The FamLink System and service Recovery Teams are composed of the following groups:

- DSHS ET Network Security Infrastructure
- Database Support
- Facilities and Security
- Application Support
 - Online – Web Application including both UI and Java components;
 - Batch – COBOL based programs;
 - Interfaces – Interacts with external partner systems. Comprised of technologies such as JMS, Message Borker, MQ etc.; and
 - Reports – This is a Microsoft Reporting Services solution which supports the FamLink Data Warehouse (infoFamLink) and reports requirements.

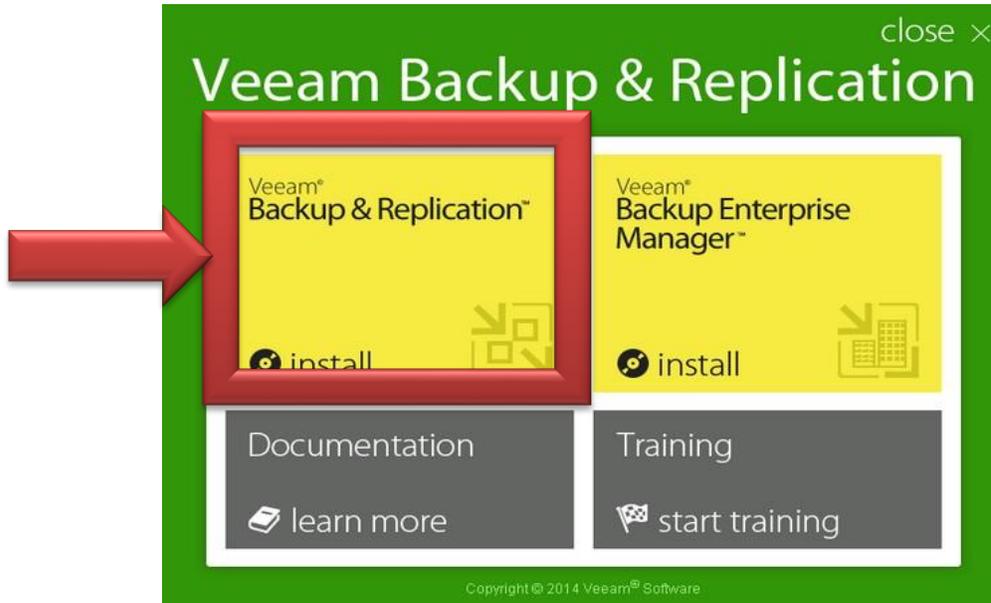
The FamLink Recovery Teams are divided along specific areas of expertise, but work as an integrated team restoring Famlink applications and servers environments for the targeted environments.

2.13.2 Install Veeam Backup and Replication: VMWare

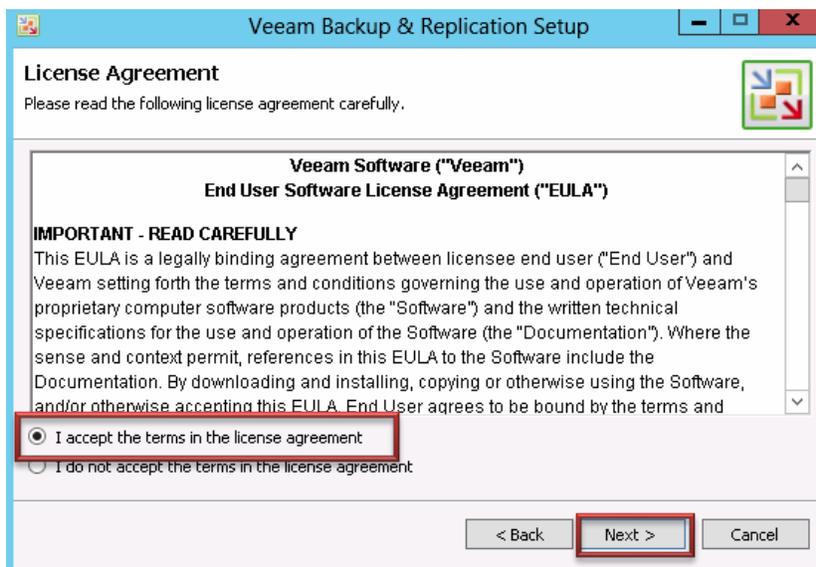
How to Install Veeam Backup and Replication: VMWare

Run your veeam backup setup.exe from here \\dshsflcy3601\software\Veeam Backup and Replication, After you run Veeam Backup & Replication setup, Autorun will open a splash screen with installation options.

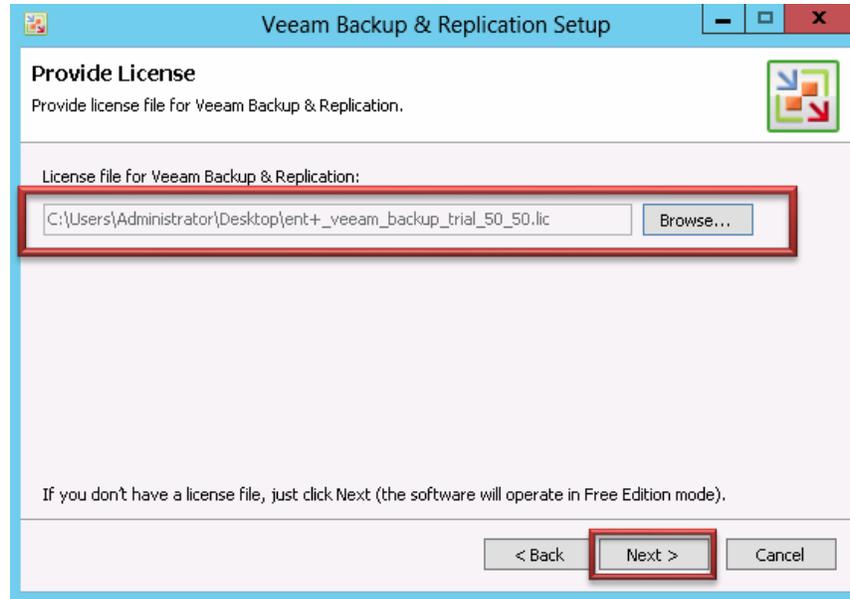
1. **Click** the **Install** link in the **Veeam Backup & Replication** section of the splash screen.



2. **On the Welcome step of the wizard**, click **Next** to start the installation. To install Veeam Backup & Replication, you must accept the license agreement. Read the license agreement, select the **I accept the terms in the license agreement** option and click **Next**.



3. **Provide a license for installation**, Here is the full license for our CA Veeam Backup Replication software: \\dshsfilcy3601\software\Veeam Backup and Replication. To install a license click Browse and select your full license from the share software folder.



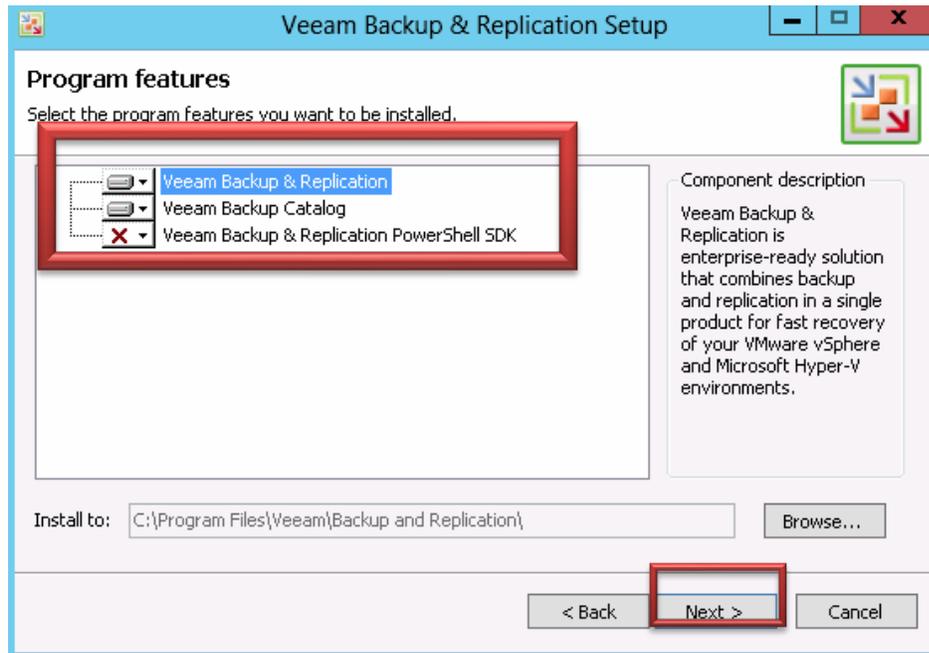
4. **Install components:** You can select what Veeam Backup & Replication components you want to install and choose the installation folder. The setup wizard includes the following components:
- Veeam Backup & Replication
 - Veeam Backup Catalog for indexing VM guest OS files
 - Veeam Backup PowerShell snap-in for automating data protection and disaster recovery activities via scripts.

The setup wizard also installs: Veeam Explorer for Microsoft Active Directory, Microsoft Exchange, Microsoft SQL and Share Point. These components do not require additional licenses; they are integrated with Veeam Backup & Replication. To select components and choose the installation folder:

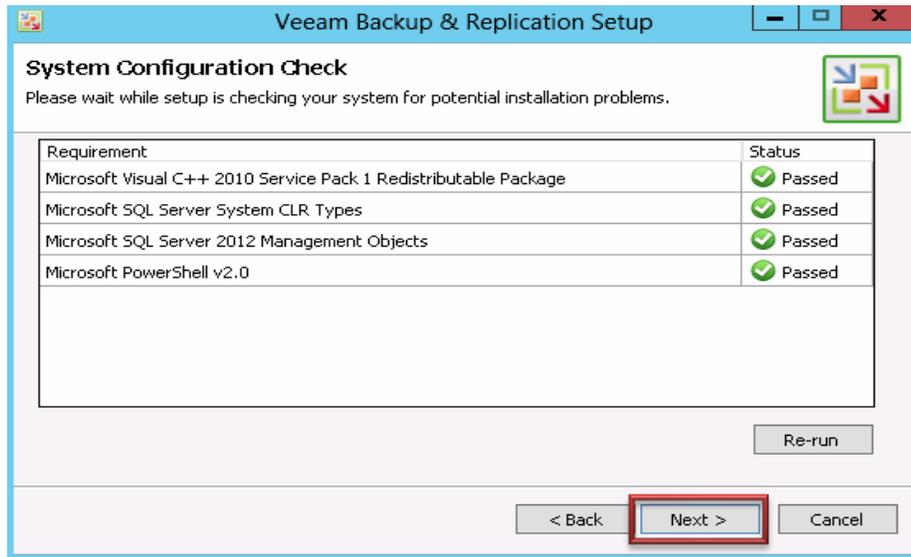
- a. In the component list, click an icon next to the necessary component and select to enable or disable this component.



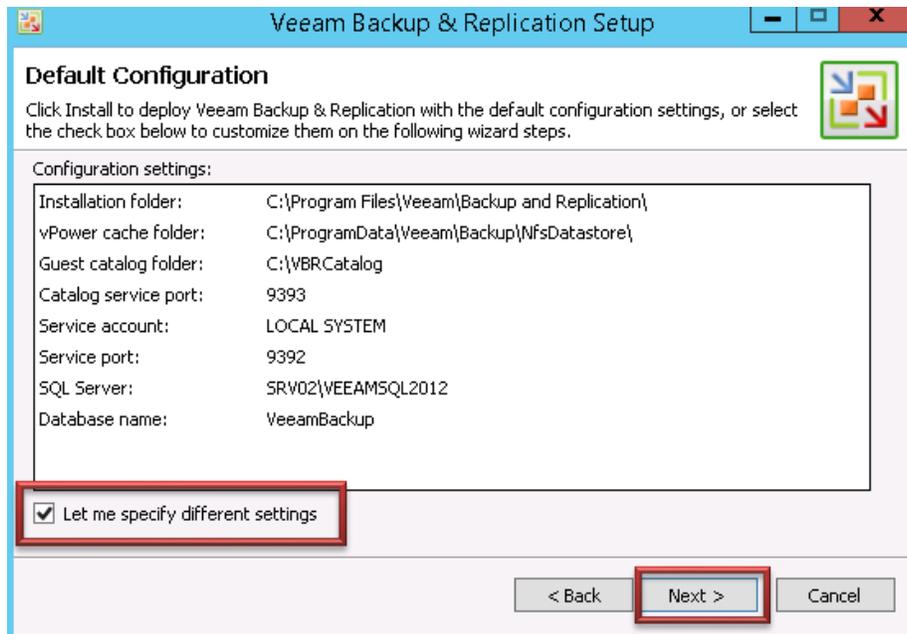
- b. In the **Install to** field, choose an installation folder for the product. By default, Veeam Backup & Replication uses the following folder: C:\Program Files\Veeam\Backup and Replication.



5. **Install Missing Software components during setup:** Before proceeding with the installation, the setup wizard will perform a system configuration check and determine if all prerequisite software is installed on the machine. If some of the required software components are missing, the wizard will offer you to install missing components. If you miss any software component click on **Install**



6. **Select installation location:** To use default installation settings leave the **Let me specify different settings** check box not selected. Click **Install**. The installation process will begin. To use custom installation settings, select the **Let me specify different settings** check box. In this case, the setup wizard will include additional steps for configuring the necessary installation settings.

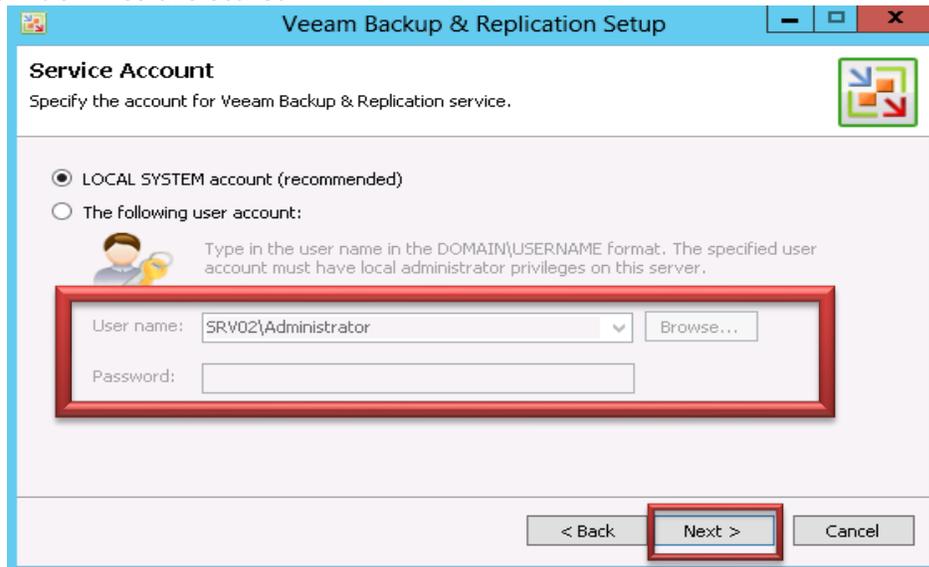


7. **Select Service account:** The **Service Account** step of the wizard is available if you have selected to manually configure installation settings. You can select an account under which you want to run the Veeam Backup Service. Current service account is



dshs\svcveeamcadshs. The user account must have the following rights and permissions:

- The account must be a member of the Administrators group on the machine where Veeam Backup & Replication is installed.
- The account must have the database owner rights for the Veeam Backup & Replication database on the Microsoft SQL Server instance.
- The account must have full control NTFS permissions on the VBRCatalog folder where index files are stored.

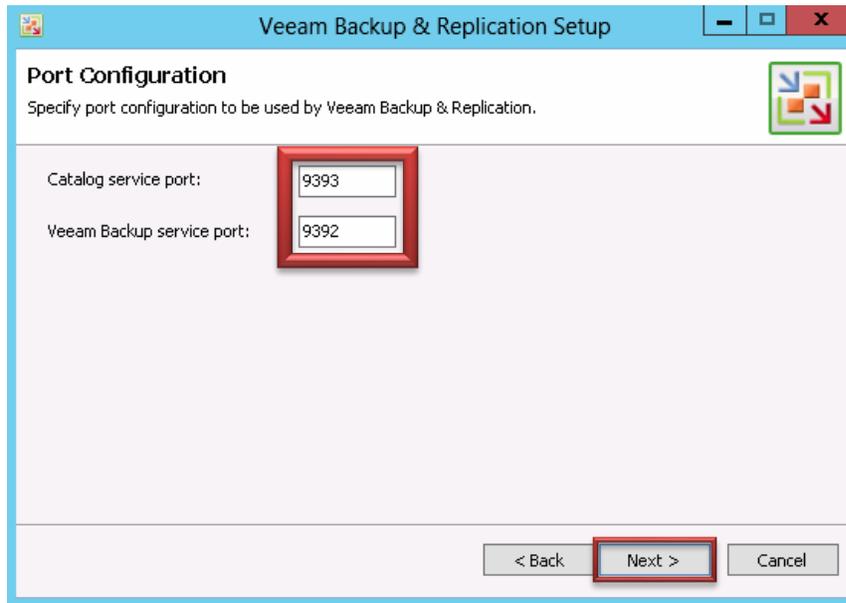


8. **Select the SQL instance:** The **SQL Server Instance** step of the wizard is available if you have selected to manually configure installation settings. You can select a Microsoft SQL Server instance on which the Veeam Backup & Replication database will be deployed and choose the authentication mode.

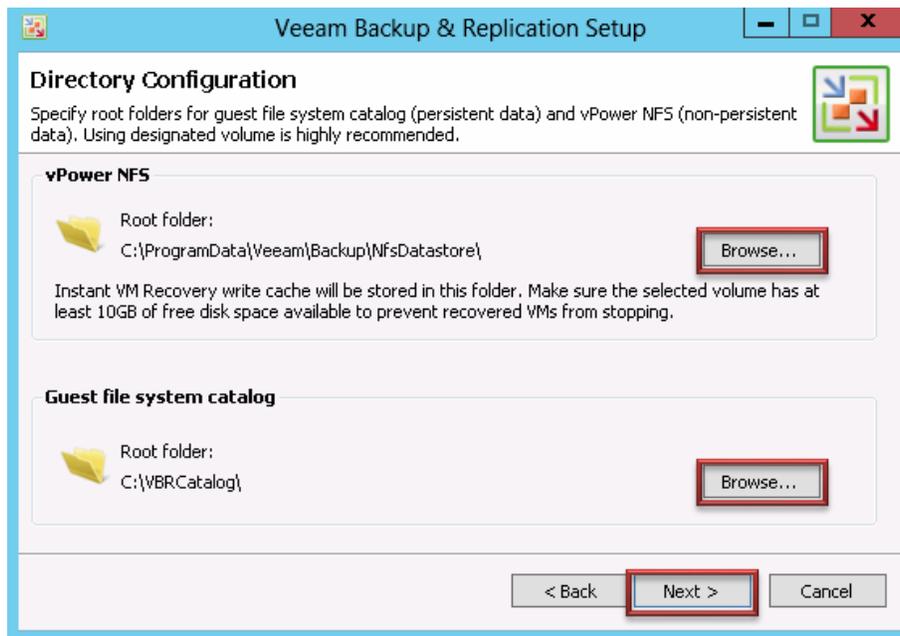
A screenshot of the "Veeam Backup & Replication Setup" wizard, specifically the "SQL Server Instance" step. The window title is "Veeam Backup & Replication Setup". The main heading is "SQL Server Instance" with a subtitle "Choose SQL Server instance to create Veeam Backup & Replication databases on.". There are two radio button options: "Install new instance of SQL Server (localhost\VEEAMSQL2012)" and "Use existing instance of SQL Server (HOSTNAME\INSTANCE)". The second option is selected and highlighted with a red box. Below the options is a text box containing "localhost\VeeamSQL2012" and a "Browse..." button. The "Veeam Backup & Replication database:" field contains "VeeamBackup". Under "Connect to SQL Server using:", the "Windows authentication credentials of service account" option is selected. Below this are fields for "Login ID:" (containing "sa") and "Password:". At the bottom, there are three buttons: "< Back", "Next >" (highlighted with a red box), and "Cancel".

9. **Specify Ports:** The **Port Configuration** step of the wizard is available if you have selected to manually configure installation settings.

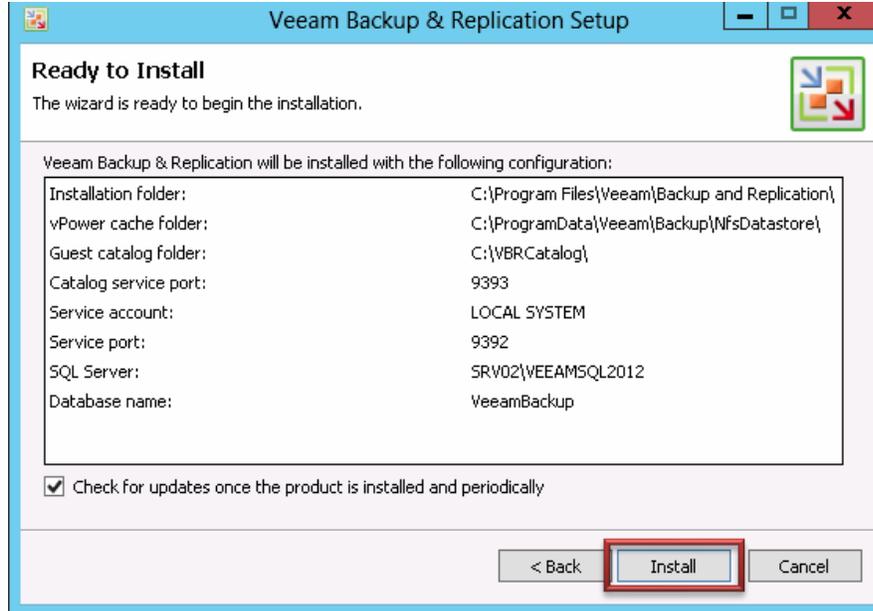
- Veeam Backup Service. By default, port 9392 is used
- Veeam Backup Catalog Service. By default, port 9393 is used.
- Use default ports.



10. **Data Location:** The **Directory Configuration** step of the wizard is available if you have selected to manually configure installation settings. You can specify where Instant VM Recovery write cache and indexing data must be stored.



11. **Install Veeam Backup and Replication:** The **Ready to install** step of the wizard is available if you have selected to manually configure installation settings. You can review the installation settings and start the installation process.



2.13.3 Database Restore Steps

Task	DBA Admin	DBA Backup	Notes	Completed Y/N
DSHSDBOLY3FLP05 – FamLink Online	McLoud, Donna	TBD		
1. Install SQL Server 2012, SP2 and CU7 available from Microsoft.	McLoud, Donna			
2. Install LiteSpeed for database restores	McLoud, Donna			
3. Restore most recent full backup of MSDB. This contains all the jobs, job history and email history.	McLoud, Donna			
4. Restore most recent full backup of Interfaces.	McLoud, Donna			
5. Create databases AX7, DEL_Staging, FamLink and Interfaces.	McLoud, Donna			



6. Use script in SVN to create Del_Staging schema.	McCloud, Donna			
7. Restore most recent full backup of FamLink.	McCloud, Donna			
8. Restore most recent differential backup of FamLink.	McCloud, Donna			
9. Restore all FamLink transactions logs since differential backup from step 8.	McCloud, Donna			
10. Restore most recent full backup of AX7.	McCloud, Donna			
11. Restore most recent differential backup of AX7.	McCloud, Donna			
12. Restore all AX7 transactions logs since differential backup from step 11.	McCloud, Donna			
DSHSDBOLY3FLP04 – Central Distributor				
1. Install SQL Server 2012, SP2 and CU7 available from Microsoft.	McCloud, Donna			
2. Install LiteSpeed for database restores	McCloud, Donna			
3. Restore most recent full backup of MSDB. This contains all the jobs, job history and email history.	McCloud, Donna			
4. Create database CA_REPL.	McCloud, Donna			
5. Use script in SVN to create CA_REPL schema.	McCloud, Donna			
6. Set up DSHSDBOLY3FLP04 to be the distributor for replication	McCloud, Donna			
DSHSDBOLY3FLP03 – Data Warehouse				
1. Install SQL Server 2012, SP2 and CU7 available from Microsoft. Include Reporting Services.	McCloud, Donna			
2. Install LiteSpeed for database restores	McCloud, Donna			



3. Restore most recent full backup of MSDB. This contains all the jobs, job history and email history.	McCloud, Donna			
4. Create database CACHet, FamLinkDW, FamLinkDW_Common, FamLinkDW_Manager, FamLinkDW_Manager_Staging, FamLinkDW_Staging, FamLinkRO and RSEExecutionLog.	McCloud, Donna			
5. Restore most recent full backup of CACHet.	McCloud, Donna			
6. Restore most recent full backup of FamLinkDW.	McCloud, Donna			
7. Restore most recent full backup of FamLinkDW_Common.	McCloud, Donna			
8. Restore most recent full backup of FamLinkDW_Manager.	McCloud, Donna			
9. Restore most recent full backup of FamLinkDW_Manager_Staging.	McCloud, Donna			
10. Restore most recent full backup of FamLinkDW_Staging.	McCloud, Donna			
11. Restore most recent full backup of RSEExecutionLog.	McCloud, Donna			
12. Use script in SVN to create FamLinkRO schema.	McCloud, Donna			
Re-create all snapshots and transactional replication. Scripts are located in subversion				
1. DSHSDBOLY3FLP05 - FamLink to CA_REPL	McCloud, Donna			
2. DSHSDBOLY3FLP04 – CA_REPL to FamLinkRO	McCloud, Donna			
3. DSHSDBOLY3FLP04 – CA_REPL to ADSA	McCloud, Donna			
4. DSHSDBOLY3FLP03 – FamLinkDW_Common to RDA	McCloud, Donna			



5. DSHSDBOLY3FLP03 – FamLinkDW_Manager_Staging to FamLinkDW_Manager	McCloud, Donna			
6. DSHSDBOLY3FLP03 – FamLinkDW_Staging to FamLinkDW	McCloud, Donna			

2.13.4 FamLink Application Recovery Steps

These activities are to setup the DR environment. Once the environment is setup and tested, we will do automatic replication from Production to the DR site.

Prerequisites:

Task #	Task	Resource
1.1	Verify (new environment and or VM is configured) network is configured so the bandwidth exceeds the requirements	Infrastructure Team
1.2	Run storage array analysis on DSHS CA servers	Infrastructure Team
1.3	Verify DSHS CA storage array is configured so the disk (and memory) speed exceeds the requirements	Infrastructure Team
1.4	Apply fixes to issues related to SQL Server 2012 that are found during test and test till it is stabilized	Neil Edging Donna McCloud
1.5	Verify firewall between SAW and CA	Infrastructure Team ET WaTech
1.6.1	Go/ NO Go meeting	Full DTT Team
1.6.2	DTT migration success	Full DTT Team
1.6.3	UAT migration success	Full DTT Team
1.6.4	Prod migration exercise success	Full DTT Team
1.7	New Prod environments test success (ESB MQ requires special attention and coordination)	Xiaowei Liu

Installation:



Task #	Server	Task	Resource
2.1		Reinstall MSDTC to all servers (cloning server with the same name)	Infrastructure Team
2.2	storage server	Verify accessibility to DshsUtLcy3Rst01 and shared folders on it from old and new servers	Infrastructure Team
2.3	DshsDbOly3Fip05	Increase DshsDbOly3FIP05 system memory to 128GB	Infrastructure Team
2.4	DshsDbOly3Fip04	Increase DshsDbOly3FIP04 system memory to 64GB	Infrastructure Team
2.5	DshsDbOly3Fip03	Increase DshsDbOly3FIP03 system memory to 128GB	Infrastructure Team
2.6	DshsDbOly3Fip05	set max memory for SQL Server to 116GB (total system memory is 128GB)	Xiaowei Liu
2.7	DshsDbOly3Fip04	set max memory for SQL Server to 116GB (total system memory is 128GB)	Xiaowei Liu
2.8	DshsDbOly3Fip05	set max memory for SQL Server to 116GB (total system memory is 128GB)	Xiaowei Liu
2.9	DshsDbOly3Fip05	Change DshsDbOly3Fip05 min memory from to 24GB	Xiaowei Liu
2.1	DshsDbOly3Fip04	Change DshsDbOly3Fip04 min memory from to 24GB	Xiaowei Liu
2.1	DshsDbOly3Fip03	Change DshsDbOly3Fip03 min memory from to 24GB	Xiaowei Liu
2.1	DshsDbOly3Fip03, DshsDbOly3Fip04, DshsDbOly3Fip05	Configure TempDB files and their size and growth (Part of SQL Installation)	Xiaowei Liu
2.1	DshsDbOly3FIP04	Create replication distributor	Wei Wang Xiaowei Liu
2.1	DshsDbOly3Fip03	Install Table Difference with permanent license for FamLinkDB	Susan Giordorno
2.1		Create SVN source code branch for fixes to issues found in testing (if applicable)	Neil Edging



2.1 6		If any code modification is made for DR apply these migration-related hotfixes to current production and new servers.	Neil Edging Colleen Ortiz Donna McLoud
2.1 7		Prepare post-cutover smoke test checklists.	Test
2.1 8	DshsApOly3FIP01	Verify FamLink online application code is deployed to new server and is of proper version and contains migration-related fixes	Colleen
2.1 9	DshsDbOly3FIP05 , DshsUtOly3FIP02	Verify FamLink batch program (Cobol, SQL, executables, batches, OpCon jobs,) is deployed and is of proper version and contains migration-related fixes	Mike McAllister
2.2	DshsDbOly3Flp03	Copy DW packages to new server ETL	Susan Giordorno
2.2 1	DshsDbOly3Flp03	Verify FamLink Report code is deployed	Barb Gansburg
2.2 2		Verify cutover plan procedures and tasks.	

2.13.5 Prioritized Recovery Procedures

These activities can be conducted at the Data Center or at the designated failover restore site

ACTIVITY	RESPONSIBLE	REFERENCE	VERIFIED
----------	-------------	-----------	----------



ACTIVITY	RESPONSIBLE	REFERENCE	VERIFIED
<p>1) Assess Damage</p> <p>Detailed report to Operations Coordinator, extent of damage, impacted services, level of effort, salvage and restoration (and every two hours thereof)</p>	<p>CATS (Recovery Team, Operations Coordinator), First Responders</p>	<p>Emergency Response Plan, Damage Assessment Report</p>	<p>Submit a damage assessment Report, and the Situation Report to the Operations Coordinator</p>
<p>2) Reporting</p> <p>Submit a progress report to the Operations Coordinator at a minimum of 60 minutes after the recovery task commences then as directed by the Operations Coordinator up to, or on completion of an activity</p>	<p>CATS (Recovery Team, Operations Coordinator, communications, CMT Chair)</p>	<p>WaTech Service Desk, Situation Report, Damage Assessment Report,</p>	<p>Incident Number, submission of reports to Operations Coordinator</p>
<p>3) Communicate to Stakeholders</p> <p>Communicate to partners, end-users, suppliers of the estimated downtime and workaround process if available.</p>	<p>CATS, CA</p>	<p>Situation Report, COOP Communication Plan</p>	
<p>4) Procure or invoke alternate site</p> <p>Based on the damage assessment provide the BoM to the procurement team order replacement equipment – on going until business as usual</p>	<p>WaTech, CATS, CA (Recovery Team, Operations Coordinator, Administration, CMT Chair)</p>	<p>Continuity of Operations Plan Emergency Response Plan</p>	<p>Submit Purchase Order</p>
<p>5) Relocate</p> <p>Depending on the severity of the situation: Arrange for stabilization of the environment</p>	<p>CA, WaTech, CATS (Administration, Operations Coordinator, Communications, CMT Chair, Recovery Team)</p>	<p>Emergency Response Plan, security policies</p>	



ACTIVITY	RESPONSIBLE	REFERENCE	VERIFIED
<p>6) Retrieve Data and Vital Records Stored in secure cabinets, Drives, etc.</p>	<p>CATS (Recovery Team, Administration)</p>	<p>Backup schedule CU05 Support and Operations Plan</p>	<p>Submit a Progress / Situation Report to the Operations Coordinator</p>
<p>7) Component Restoration Re-Establish Backup Infrastructure</p>	<p>CATS (Recovery Team)</p>	<p>Situation Report</p>	<p>Submit a Progress / Situation Report to the Operations Coordinator</p>
<p>8) Rebuild Account Infrastructure Domain Controllers, DHCP servers, DNS & NTP</p>	<p>CATS (Recovery Team)</p>		<p>Submit a Progress / Situation Report to the Operations Coordinator</p>
<p>9) Restore Operating Systems, Applications, and database Infrastructure</p>	<p>CATS (Recovery Team)</p>		<p>Submit a Progress / Situation Report to the Operations Coordinator</p>
<p>10) Restore Network Security Anti-virus, IDS</p>	<p>DSHS ET, CATS (Recovery Team collaborative effort)</p>		<p>Submit a Progress / Situation Report to the Operations Coordinator</p>



ACTIVITY	RESPONSIBLE	REFERENCE	VERIFIED
11) Re-Establish Service Desk, NCC, ECC	DSHS ET, CATS (Recovery Team)		Submit a Progress / Situation Report to the Operations Coordinator
12) Re-Establish Network Infrastructure Firewalls (Public, Private) – Build Book and config. restoration Distribution Switches – config. res VPN Concentrators (Public) – config. Restore	DSHS ET, CATS (Recovery Team)		Submit a Progress / Situation Report to the Operations Coordinator
13) Restore and Test Ancillary FamLink Apps	CATS (Recovery Team, UAT Test Team, Communications)	CU05 Support of Operations Plan	Submit a Progress / Situation Report to the Operations Coordinator

2.13.6 Notifications

When the recovery activities have been completed, the Team leaders ensure that the Operations Coordinator is informed of the conclusion of the recovery work and that end-users are now able to use their systems in recovery mode. The Operations Coordinator will inform the CMT and the Communications Team who in turn will tell the end-users that they are able to use their systems in recovery mode.

ACTIVITY	RESPONSIBLE	REFERENCE	VERIFIED
When the recovery work is completed for a particular component, the Operations Manager will be notified	Team Leader		





2.14 Appendix I – Disaster Recovery Specifications

This section outlines the specifications on the FamLink DRP equipment residing within the Data Center, the software installed on the equipment, the network architecture and the backup schedule.

2.14.1 Physical Disaster Recovery Site Specifications

To Be Determined

2.14.2 Physical Production Site

1500 Jefferson Street SE Olympia, WA 98504

2.14.3 Hardware Equipment Specifications

Reference Document CU-05 Support and Operations Plan Version 1.4 (Section 2.4)

2.14.4 Architecture

Reference Document CU-05 Support and Operations Plan Version 1.4 (Section 2)

2.14.4.1 Servers Architecture and SDC Diagrams



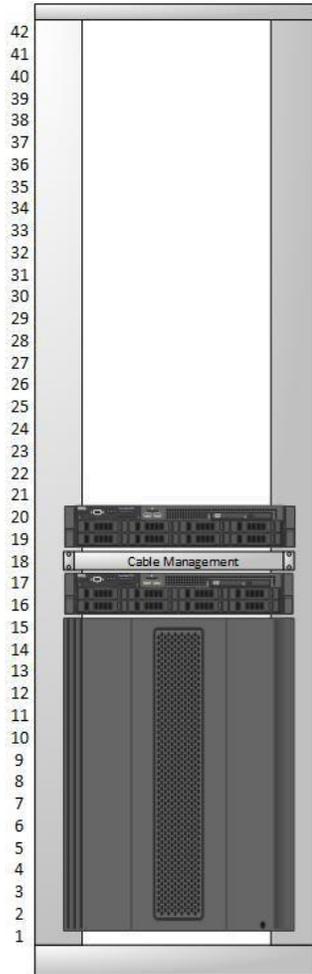
Children's Administration - FamLink Backup and Disaster Recovery Plan

	Production	User Acceptance Testing (UAT)	System Test																																																																																																																																
Web App	 <p>DSHSAPOLY3FLP01/02 Java Application/Web Server/ (JBOSSE) OS: Windows Server 2012 R2 64-bit Processor Count: 8 Amount of RAM: 8 GB Hardware: VMWare ESXi 5.0</p>	 <p>DSHSAPOLY3UAT01/02 Java Application/Web Server/ (JBOSSE) OS: Windows Server 2012 R2 64-bit Processor Count: 8 Amount of RAM: 8 GB Hardware: VMWare ESXi 5.0</p>	 <p>DSHSAPOLY3DST02 Java Application/Web Server/ (JBOSSE) OS: Windows Server 2012 R2 64-bit Processor Count: 4 Amount of RAM: 4 GB Hardware: VMWare ESXi 5.0</p>																																																																																																																																
Online Database Server	 <p>PFLSQLGRP (DSHSDBOLY3FLP05) Clustered Database Server OS: Windows Server 2012 R2 64-bit DB: Sql Server 2012 SP1 64-bit Processor Count: 8 Amount of RAM: 128 GB Hardware: VMWare ESXi 5.0</p>	 <p>UATFLSQLGRP (DSHSDBOLY3UAT05) Clustered Database Server OS: Windows Server 2012 R2 64-bit DB: Sql Server 2012 SP1 64-bit Processor Count: 8 Amount of RAM: 128 GB Hardware: VMWare ESXi 5.0</p>	 <p>DSHSDBOLY3DST02 Clustered Database Server OS: Windows Server 2012 R2 64-bit DB: Sql Server 2012 R2 64-bit Processor Count: 8 Amount of RAM: 32 GB Hardware: VMWare ESXi 5.0</p>																																																																																																																																
	<table border="1"> <thead> <tr> <th>Databases</th> <th>Size</th> <th>Use</th> </tr> </thead> <tbody> <tr> <td>FamLink</td> <td>1.3TB</td> <td>On line database</td> </tr> <tr> <td>Interfaces</td> <td>1GB</td> <td>Used by partners to access FamLink data</td> </tr> <tr> <td>NHS_Registry</td> <td>5.7G</td> <td>Read only DB of NHS data</td> </tr> <tr> <td>NHS_Registry1</td> <td>4.6G</td> <td>Read only DB of NHS data</td> </tr> <tr> <td>APS</td> <td>2.1G</td> <td>**</td> </tr> </tbody> </table>	Databases	Size	Use	FamLink	1.3TB	On line database	Interfaces	1GB	Used by partners to access FamLink data	NHS_Registry	5.7G	Read only DB of NHS data	NHS_Registry1	4.6G	Read only DB of NHS data	APS	2.1G	**	<table border="1"> <thead> <tr> <th>Databases</th> <th>Size</th> <th>Use</th> </tr> </thead> <tbody> <tr> <td>FamLink</td> <td>1.3TB</td> <td>On line database</td> </tr> <tr> <td>Interfaces</td> <td>8.4G</td> <td>Used by partners to access FamLink data</td> </tr> <tr> <td>NHS_Registry</td> <td>5.7G</td> <td>Read only DB of NHS data</td> </tr> <tr> <td>NHS_Registry1</td> <td>4.6G</td> <td>Read only DB of NHS data</td> </tr> <tr> <td>APS</td> <td>2.1G</td> <td>**</td> </tr> </tbody> </table>	Databases	Size	Use	FamLink	1.3TB	On line database	Interfaces	8.4G	Used by partners to access FamLink data	NHS_Registry	5.7G	Read only DB of NHS data	NHS_Registry1	4.6G	Read only DB of NHS data	APS	2.1G	**	<table border="1"> <thead> <tr> <th>Databases</th> <th>Size</th> <th>Use</th> </tr> </thead> <tbody> <tr> <td>FamLink</td> <td>1.3TB</td> <td>On line database</td> </tr> <tr> <td>Interfaces</td> <td>4.3G</td> <td>Used by partners to access FamLink data</td> </tr> <tr> <td>NHS_Registry</td> <td>5.7G</td> <td>Read only DB of NHS data</td> </tr> <tr> <td>APS_Before Conversion</td> <td>G</td> <td>Read only DB of NHS data</td> </tr> <tr> <td>APS</td> <td>1.6G</td> <td>**</td> </tr> </tbody> </table>	Databases	Size	Use	FamLink	1.3TB	On line database	Interfaces	4.3G	Used by partners to access FamLink data	NHS_Registry	5.7G	Read only DB of NHS data	APS_Before Conversion	G	Read only DB of NHS data	APS	1.6G	**																																																																										
Databases	Size	Use																																																																																																																																	
FamLink	1.3TB	On line database																																																																																																																																	
Interfaces	1GB	Used by partners to access FamLink data																																																																																																																																	
NHS_Registry	5.7G	Read only DB of NHS data																																																																																																																																	
NHS_Registry1	4.6G	Read only DB of NHS data																																																																																																																																	
APS	2.1G	**																																																																																																																																	
Databases	Size	Use																																																																																																																																	
FamLink	1.3TB	On line database																																																																																																																																	
Interfaces	8.4G	Used by partners to access FamLink data																																																																																																																																	
NHS_Registry	5.7G	Read only DB of NHS data																																																																																																																																	
NHS_Registry1	4.6G	Read only DB of NHS data																																																																																																																																	
APS	2.1G	**																																																																																																																																	
Databases	Size	Use																																																																																																																																	
FamLink	1.3TB	On line database																																																																																																																																	
Interfaces	4.3G	Used by partners to access FamLink data																																																																																																																																	
NHS_Registry	5.7G	Read only DB of NHS data																																																																																																																																	
APS_Before Conversion	G	Read only DB of NHS data																																																																																																																																	
APS	1.6G	**																																																																																																																																	
Replication Server	 <p>DSHSDBOLY3FLP04 OS: Windows Server 2012 R2 64-bit DB: Sql Server 2012 SP1 64-bit Processor Count: 8 Amount of RAM: 128 GB Hardware: VMWare ESXi 5.0</p>	 <p>DSHSDBOLY3UAT04 OS: Windows Server 2012 R2 64-bit DB: Sql Server 2012 SP1 64-bit Processor Count: 8 Amount of RAM: 128 GB Hardware: VMWare ESXi 5.0</p>	 <p>DSHSDBOLY3DST04 OS: Windows Server 2012 R2 64-bit DB: Sql Server 2012 R2 64-bit Processor Count: 8 Amount of RAM: 32 GB Hardware: VMWare ESXi 5.0</p>																																																																																																																																
	<table border="1"> <thead> <tr> <th>Database</th> <th>Size</th> <th>Use</th> </tr> </thead> <tbody> <tr> <td>CA_REPL Distribution</td> <td>325G / 25G</td> <td>Replicated copy of Production Holds data to be replicated from Prod</td> </tr> </tbody> </table>	Database	Size	Use	CA_REPL Distribution	325G / 25G	Replicated copy of Production Holds data to be replicated from Prod	<table border="1"> <thead> <tr> <th>Database</th> <th>Size</th> <th>Use</th> </tr> </thead> <tbody> <tr> <td>CA_REPL Distribution</td> <td>117G / 13G</td> <td>Replicated copy of Production Holds data to be replicated from Prod</td> </tr> </tbody> </table>	Database	Size	Use	CA_REPL Distribution	117G / 13G	Replicated copy of Production Holds data to be replicated from Prod	<table border="1"> <thead> <tr> <th>Database</th> <th>Size</th> <th>Use</th> </tr> </thead> <tbody> <tr> <td>CA_REPL Distribution</td> <td>97G / 100G</td> <td>Replicated copy of Production Holds data to be replicated from Prod</td> </tr> </tbody> </table>	Database	Size	Use	CA_REPL Distribution	97G / 100G	Replicated copy of Production Holds data to be replicated from Prod																																																																																																														
Database	Size	Use																																																																																																																																	
CA_REPL Distribution	325G / 25G	Replicated copy of Production Holds data to be replicated from Prod																																																																																																																																	
Database	Size	Use																																																																																																																																	
CA_REPL Distribution	117G / 13G	Replicated copy of Production Holds data to be replicated from Prod																																																																																																																																	
Database	Size	Use																																																																																																																																	
CA_REPL Distribution	97G / 100G	Replicated copy of Production Holds data to be replicated from Prod																																																																																																																																	
Data Warehouse/Report Server	 <p>DSHSDBOLY3FLP03 OS: Windows Server 2012 R2 64-bit DB: Sql Server 2012 SP1 64-bit Processor Count: 8 Amount of RAM: 128 GB Hardware: VMWare ESXi 5.0</p>	 <p>DSHSDBOLY3UAT03 OS: Windows Server 2012 R2 64-bit DB: Sql Server 2012 SP1 64-bit Ent Edition Processor Count: 8 Amount of RAM: 128 GB Hardware: VMWare ESXi 5.0</p>	 <p>DSHSDBOLY3DST02 OS: Windows Server 2012 R2 64-bit DB: Sql Server 2012 R2 64-bit Processor Count: 16 Amount of RAM: 128 GB Hardware: VMWare ESXi 5.0</p>																																																																																																																																
	<table border="1"> <thead> <tr> <th>Databases</th> <th>Size</th> <th>Databases</th> <th>Size</th> </tr> </thead> <tbody> <tr> <td>CoChet</td> <td>731MB</td> <td>ReportServer</td> <td>4.5G</td> </tr> <tr> <td>DEL_REPL</td> <td>28G</td> <td>ReportServerTempDB</td> <td>11G</td> </tr> <tr> <td>FamLinkDW</td> <td>35G</td> <td>R3ExecutionLog</td> <td>14G</td> </tr> <tr> <td>FamLinkDW_Common</td> <td>2.7G</td> <td>Text_Propagation</td> <td>139G</td> </tr> <tr> <td>FamLinkDW_Manager</td> <td>23G</td> <td></td> <td></td> </tr> <tr> <td>FamLinkDW_Manager_Stg</td> <td>25G</td> <td></td> <td></td> </tr> <tr> <td>FamLinkDW_Staging</td> <td>165G</td> <td></td> <td></td> </tr> <tr> <td>FAMLINK_KRO</td> <td>135G</td> <td></td> <td></td> </tr> <tr> <td>INFOFAMILINK</td> <td>195G</td> <td></td> <td></td> </tr> <tr> <td>INFOFAMILINK_MANAGER</td> <td>294MB</td> <td></td> <td></td> </tr> </tbody> </table>	Databases	Size	Databases	Size	CoChet	731MB	ReportServer	4.5G	DEL_REPL	28G	ReportServerTempDB	11G	FamLinkDW	35G	R3ExecutionLog	14G	FamLinkDW_Common	2.7G	Text_Propagation	139G	FamLinkDW_Manager	23G			FamLinkDW_Manager_Stg	25G			FamLinkDW_Staging	165G			FAMLINK_KRO	135G			INFOFAMILINK	195G			INFOFAMILINK_MANAGER	294MB			<table border="1"> <thead> <tr> <th>Databases</th> <th>Size</th> <th>Databases</th> <th>Size</th> </tr> </thead> <tbody> <tr> <td>CoChet</td> <td>731MB</td> <td>ReportServer</td> <td>953M</td> </tr> <tr> <td>DEL_REPL_UAT</td> <td>13G</td> <td>ReportServerTempDB</td> <td>5.6G</td> </tr> <tr> <td>FamLinkDW</td> <td>41G</td> <td>ADDA_REPL</td> <td>32G</td> </tr> <tr> <td>FamLinkDW_Common</td> <td>23G</td> <td></td> <td></td> </tr> <tr> <td>FamLinkDW_Manager</td> <td>30G</td> <td></td> <td></td> </tr> <tr> <td>FamLinkDW_Manager_Stg</td> <td>32G</td> <td></td> <td></td> </tr> <tr> <td>FamLinkDW_Staging</td> <td>39G</td> <td></td> <td></td> </tr> <tr> <td>FAMLINK_KRO</td> <td>112G</td> <td></td> <td></td> </tr> <tr> <td>INFOFAMILINK</td> <td>207G</td> <td></td> <td></td> </tr> <tr> <td>INFOFAMILINK_MANAGER</td> <td>271MB</td> <td></td> <td></td> </tr> </tbody> </table>	Databases	Size	Databases	Size	CoChet	731MB	ReportServer	953M	DEL_REPL_UAT	13G	ReportServerTempDB	5.6G	FamLinkDW	41G	ADDA_REPL	32G	FamLinkDW_Common	23G			FamLinkDW_Manager	30G			FamLinkDW_Manager_Stg	32G			FamLinkDW_Staging	39G			FAMLINK_KRO	112G			INFOFAMILINK	207G			INFOFAMILINK_MANAGER	271MB			<table border="1"> <thead> <tr> <th>Databases</th> <th>Size</th> <th>Databases</th> <th>Size</th> </tr> </thead> <tbody> <tr> <td>CoChet</td> <td>631MB</td> <td>ReportServer</td> <td>343M</td> </tr> <tr> <td>FamLinkDW</td> <td>48G</td> <td>ReportServerTempDB</td> <td>513M</td> </tr> <tr> <td>FamLinkDW_Common</td> <td>98G</td> <td></td> <td></td> </tr> <tr> <td>FamLinkDW_Manager</td> <td>23G</td> <td></td> <td></td> </tr> <tr> <td>FamLinkDW_Manager_Stg</td> <td>25G</td> <td></td> <td></td> </tr> <tr> <td>FamLinkDW_Staging</td> <td>114G</td> <td></td> <td></td> </tr> <tr> <td>FAMLINK_KRO</td> <td>135G</td> <td></td> <td></td> </tr> <tr> <td>INFOFAMILINK</td> <td>195G</td> <td></td> <td></td> </tr> <tr> <td>INFOFAMILINK_MANAGER</td> <td>294MB</td> <td></td> <td></td> </tr> </tbody> </table>	Databases	Size	Databases	Size	CoChet	631MB	ReportServer	343M	FamLinkDW	48G	ReportServerTempDB	513M	FamLinkDW_Common	98G			FamLinkDW_Manager	23G			FamLinkDW_Manager_Stg	25G			FamLinkDW_Staging	114G			FAMLINK_KRO	135G			INFOFAMILINK	195G			INFOFAMILINK_MANAGER	294MB		
Databases	Size	Databases	Size																																																																																																																																
CoChet	731MB	ReportServer	4.5G																																																																																																																																
DEL_REPL	28G	ReportServerTempDB	11G																																																																																																																																
FamLinkDW	35G	R3ExecutionLog	14G																																																																																																																																
FamLinkDW_Common	2.7G	Text_Propagation	139G																																																																																																																																
FamLinkDW_Manager	23G																																																																																																																																		
FamLinkDW_Manager_Stg	25G																																																																																																																																		
FamLinkDW_Staging	165G																																																																																																																																		
FAMLINK_KRO	135G																																																																																																																																		
INFOFAMILINK	195G																																																																																																																																		
INFOFAMILINK_MANAGER	294MB																																																																																																																																		
Databases	Size	Databases	Size																																																																																																																																
CoChet	731MB	ReportServer	953M																																																																																																																																
DEL_REPL_UAT	13G	ReportServerTempDB	5.6G																																																																																																																																
FamLinkDW	41G	ADDA_REPL	32G																																																																																																																																
FamLinkDW_Common	23G																																																																																																																																		
FamLinkDW_Manager	30G																																																																																																																																		
FamLinkDW_Manager_Stg	32G																																																																																																																																		
FamLinkDW_Staging	39G																																																																																																																																		
FAMLINK_KRO	112G																																																																																																																																		
INFOFAMILINK	207G																																																																																																																																		
INFOFAMILINK_MANAGER	271MB																																																																																																																																		
Databases	Size	Databases	Size																																																																																																																																
CoChet	631MB	ReportServer	343M																																																																																																																																
FamLinkDW	48G	ReportServerTempDB	513M																																																																																																																																
FamLinkDW_Common	98G																																																																																																																																		
FamLinkDW_Manager	23G																																																																																																																																		
FamLinkDW_Manager_Stg	25G																																																																																																																																		
FamLinkDW_Staging	114G																																																																																																																																		
FAMLINK_KRO	135G																																																																																																																																		
INFOFAMILINK	195G																																																																																																																																		
INFOFAMILINK_MANAGER	294MB																																																																																																																																		



4/17/2015

Enclosure 1S1009
CATS



Dell R720XD (DSHSUTOLY3010; CA-25) – Z127083

Dell R720 (DSHSUTOLY3001; CA-10) – Z127084

Dell ML6020 Tape Library (CA-11) – Z142999

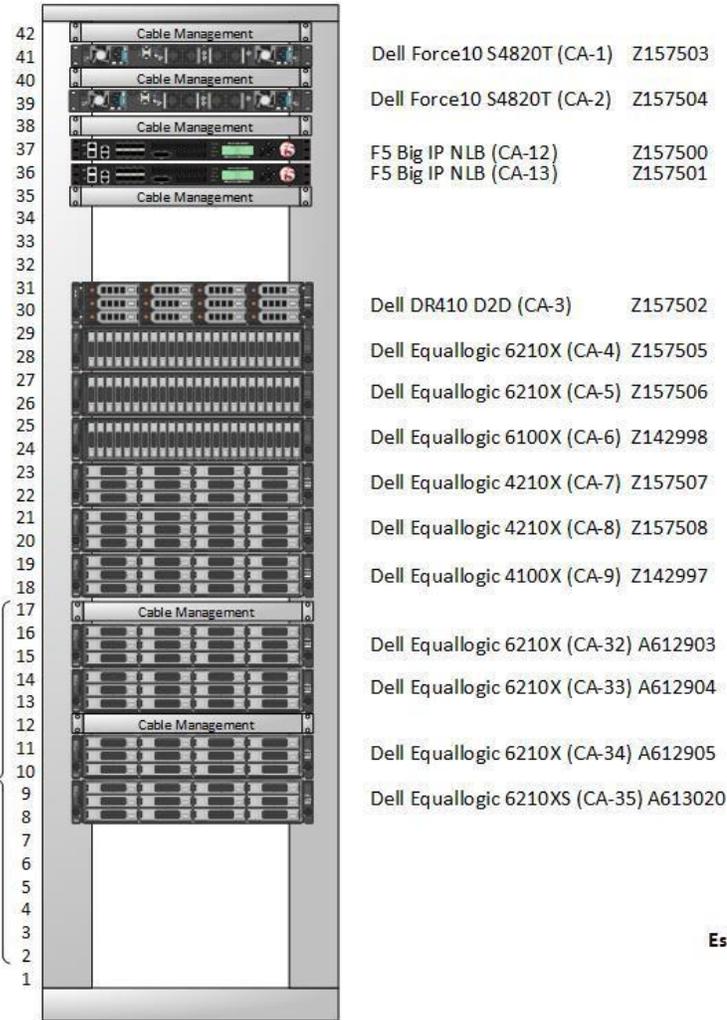
Estimated Power Draw:
TBD kW



4/17/2015

**Enclosure 1S1010
CATS**

Removed CA-10 & CA-11;
moved to 1S1009



**Estimated Power Draw:
4.976 kW**



**Enclosure 1S1011
CATS**

42		Dell R730XD (DSHSVHOLY3001J; CA-17) Z157509	4/17/2015
41			
40	Cable Management		
39		Dell R730XD (DSHSVHOLY3001I; CA-18) Z157511	
38			
37		Dell R730XD (DSHSVHOLY3001H; CA-19) Z157510	
36			
35	Cable Management		
34		Dell R720 (DSHSVHOLY3001B; CA-29) Z142696	
33			
32		Dell R720 (DSHSVHOLY3001A; CA-30) Z142995	
31			
30		KVM Switch (CA-22) A569349	
29	Cable Management		
28		Nexus 2232 (A612121, 1S1011.1)	
27	Cable Management		
26		Nexus 2232 (A612120, 1S1011.2)	
25	Cable Management		
24		Nexus 2248 (A612122, 1S1011.3)	
23	Cable Management		
22		Nexus 2248 (A612123, 1S1011.4)	
21	Cable Management		
20		KVM LCD Panel (CA-23) A563407	
19		Dell R410 (DSHSUTLCY3610; CA-31) No Tag	
18			
17			
16			
15			
14			
13	Cable Management		
12			
11			
10			
9			
8	Cable Management		
7		Dell R720 XD (DSHSVHOLY3001F; CA-26) Z127085	
6		Dell R720 (DSHSVHOLY3001D; CA-27) Z127086	
5			
4			
3	Cable Management		
2		Dell R720 (DSHSVHOLY3001C; CA-28) Z142994	
1			

**Est. Power Draw
6.280**

2.14.5 Current System Backup Schedule

Full system backup occurs weekly on 10pm Fridays. Incrementals backups occur at 9pm on a daily basis. The backups are done first to our digital backup appliance. We make the following backups:

- Application
- Database (full and incrementals)
- Server Image (virtual environment)

There is an offsite copy of the tapes, we send/receive outside tape backups to IronMountain on the 2nd Wednesday of every month, the retention period for tape backup is about 3 years for the weekly full backups. This week backup tapes will come back after 155 weeks.



The fastest recovery time from a backup in an emergency is 2 hours, the tapes are delivered to CATS Infrastructure team.

Recommendations

The following recommendations are to be considered in order to ensure the viability of recovery efforts:

- Ensure that DSHS incorporates policy for CATS to annually test ITDR plans;
- Define how long the manual workarounds in place can be sustained. This will ultimately assist us in defining our Recovery Time Objective (RTO) / Recovery Point Objective (RPO);
- Define an alternate CATS facilities for both delivering services and acting as the CATS Emergency Operations Center (EOC);
- CATS should designate an individual as the BCP Coordinator;
- Receive training from DSHS on their common standard to implementing a COOP and an Incident Command System (ICS)



- Appendix I – Acronyms and Glossary of business continuity Terms

Term Acronym	or Description
Activation	The implementation of business continuity capabilities, procedures, activities, and plans in response to an emergency or disaster declaration; the execution of the recovery plan. Similar terms: Declaration, Invocation
Alert	Notification that a potential disaster situation exists or has occurred; direction for recipient to stand by for possible activation of disaster recovery plan.
Business Continuity Management (BCM)	A holistic management process that identifies potential impacts that threaten an Organization and provides a framework for building resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities. The management of recovery or continuity in the event of a disaster. Also the management of the overall program through training, rehearsals, and reviews, to ensure the plan stays current and up to date.
Business Continuity Planning (BCP)	The process of developing advance arrangements and procedures that enable an organization to respond to an event in such a manner that critical business functions continue with planned levels of interruption or essential change. SIMILAR TERMS: Contingency Planning, Disaster Recovery Planning, Business Resumption Planning, Continuity Planning
Business Continuity Program	An on-going program to ensure business continuity and recovery requirements are addressed, resources are allocated, and processes and procedures are completed and rehearsed. Most effective with management sponsorship and through regular rehearsals.
Business Impact Analysis (BIA)	The business Impact Analysis is a process designed to identify critical business functions and workflow, determine the qualitative and quantitative impacts of a disruption, and to prioritize and establish recovery time objectives. SIMILAR TERMS: Business Exposure Assessment, Risk Analysis
Operations Coordinator	Commands the local EOC reporting up to senior management on the recovery progress. Has the authority to invoke the local recovery plan.



Term Acronym	or	Description
Business Recovery Team		Designated individuals responsible for developing, execution, rehearsals, and maintenance of the business continuity plan, including the processes and procedures. SIMILAR TERMS: disaster recovery team, business recovery team, recovery team. Associated term: crisis response team.
Cold Site		An alternate facility that already has in place the environmental infrastructure required to recover critical business functions or information systems, but does not have any pre-installed computer hardware, telecommunications equipment, communication lines, etc. These must be provisioned at time of disaster. Related Terms: Alternate Site, Hot Site, Interim Site, Internal Hot Site, Recovery Site, And Warm Site
Command Center		A physical or virtual facility located outside of the affected area used to gather, assess, and disseminate information and to make decisions to effect recovery. Associated term: Emergency Operations Center.
Crisis		A critical event, which, if not handled in an appropriate manner, may dramatically impact an organization's profitability, reputation, or ability to operate.
Crisis Management		The overall coordination of an organization's response to a crisis, in an effective, timely manner, with the goal of avoiding or minimizing damage to the organization's profitability, reputation, or ability to operate.
Crisis Management Team (CMT)		A crisis management team will consist of key executives as well as key role players (i.e. media representative, legal counsel, facilities manager, disaster recovery coordinator, etc.) and the appropriate business owners of critical organization functions.
Damage Assessment		The process of assessing damage, following a disaster, to computer hardware, vital records, office facilities, etc. and determining what can be salvaged or restored and what must be replaced.
Declaration		A formal announcement by pre-authorized personnel that a disaster or severe outage is predicted or has occurred and that triggers pre-arranged mitigating actions (e.g. a move to an alternate site.)



Term Acronym	or Description
Disaster	<p>A sudden, unplanned calamitous event causing great damage or loss as defined or determined by a risk assessment and BIA;</p> <p>1) Any event that creates an inability on an organizations part to provide critical business functions for some predetermined period of time.</p> <p>2) In the business environment, any event that creates an inability on an organization's part to provide the critical business functions for some predetermined period of time.</p> <p>3) The period when company management decides to divert from normal production responses and exercises its disaster recovery plan. Typically signifies the beginning of a move from a primary to an alternate location. SIMILAR TERMS: Business Interruption; Outage; Catastrophe</p>
Disaster Recovery	<p>Activities and programs designed to return the entity to an acceptable condition. The ability to respond to an interruption in services by implementing a disaster recovery plan to restore an organization's critical business functions.</p>
Disaster Recovery Plan (DRP)	<p>The management approved document that defines the resources, actions, tasks and data required to manage the recovery effort. Usually refers to the technology recovery effort. This is a component of the BCM Program. See: BCM Plan</p>
Disaster Recovery Teams (Business Recovery Teams)	<p>A structured group of teams ready to take control of the recovery operations if a disaster should occur.</p>
Emergency Operations Center (EOC)	<p>A site from which response teams/officials exercise direction and control in an emergency or disaster. Associated term: Command Center.</p>
Exercise	<p>A people focused activity designed to execute business continuity plans and evaluate the individual and/or organization performance against approved standards or objectives. Exercises can be announced or unannounced, and are performed for the purpose of training and conditioning team members, and validating the business continuity plan. Exercise results identify plan gaps and limitations and are used to improve and revise the Business Continuity Plans. Types of exercises include: Table Top Exercise, Simulation Exercise, Operational Exercise, Mock Disaster, Desktop Exercise, and Full Rehearsal.</p>
High Availability	<p>Systems or applications requiring a very high level of reliability and availability. High availability systems typically operate 24x7 and usually require built-in redundancy to minimize the risk of downtime due to hardware and/or telecommunication failures.</p>



Term Acronym	or Description
Incident Command System (ICS)	Combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for management of assigned resources to effectively direct and control the response to an incident. Intended to expand, as situation requires larger resources, without requiring new, reorganized command structure.
Incident Response	The response of an organization to a disaster or other significant event that may significantly impact the organization, its people, or its ability to function productively. An incident response may include evacuation of a facility, initiating a disaster recovery plan, performing damage assessment, and any other measures necessary to bring an organization to a more stable status.
Network Command Center (NCC)	A place from which administrators supervise, monitor and maintain a telecommunications network.
Plan Maintenance Procedures	Maintenance procedures outline the process for the review and update of business continuity plans.
Response	The reaction to an incident or emergency to assess the damage or impact and to ascertain the level of containment and control activity required. In addition to addressing matters of life safety and evacuation, Response also addresses the policies, procedures and actions to be followed in the event of an emergency. . SIMILAR TERMS: Emergency Response, Disaster Response, Immediate Response, and Damage Assessment
Risk Assessment / Analysis	Process of identifying the risks to an organization, assessing the critical functions necessary for an organization to continue business operations, defining the controls in place to reduce organization exposure and evaluating the cost for such controls. Risk analysis often involves an evaluation of the probabilities of a particular event.
Risk Mitigation	Implementation of measures to deter specific threats to the continuity of business operations, and/or respond to any occurrence of such threats in a timely and appropriate manner.
Salvage & Restoration	The act of performing a coordinated assessment to determine the appropriate actions to be performed on impacted assets. The assessment can be coordinated with Insurance adjusters, facilities personnel, or other involved parties. Appropriate actions may include: disposal, replacement, reclamation, refurbishment, recovery or receiving compensation for unrecoverable organizational assets.



Term Acronym	or	Description
Enterprise Command Center (ECC)		A place from which administrators supervise, monitor and maintain network and system security.

2.15 APPENDIX J – Reference Documents

This document should be used in a disaster situation in conjunction with other FamLink system documentation. The relevant resources are listed below:

- **Development Standards and Procedures** provides detail procedures for development and ongoing support of FamLink. Provides details for the various environments that support the development, CM and production of the FamLink application, creating builds, and maintaining software using version control tools.
- **CU-02 Support and Operations Plan Version 1.4 (Require hard copy on-hand)** is a document that provides tasks and resources needed for operating the FamLink application in production. Includes who is responsible for various operational and support tasks that are required to execute the Disaster Recovery process.
- The State of Washington DSHS COOP **(Require hard copy on-hand)**
- Afterhours server support schedule
- CATS Emergency on-call schedule **(Require hard copy on-hand)**
- CATS Emergency Response Plan **(Require hard copy on-hand)**
- DSHS IT Security Policies and Procedures
- DSHS Emergency Quick Reference Guide **(Require hard copy on-hand)**
- CATS Emergency Response Incident Command System
- **Other agency documentation from CA, WaTech and DSHS ET** that would support application recovery planning would typically include:
 - Office and communications backup site and migration plans
 - WAN/LAN network backup and disaster recovery plans
 - Enterprise storage backup and disaster recovery plans
 - Computing and network facilities/alternate site recovery plans
- **Emergency Quick Reference Guide (April 2005)**
- <http://www.dcs.dshs.wa.gov/dcs/safety/quickref.pdf>
- **DSHS Administrative Policy No. 18.32**
- <http://asd.dshs.wa.gov/RPAU/documents/Admin-Policy/18-32.doc>
- **DSHS Policy & Procedures:**
- [Interim DSHS Emergency Quick Reference Guide \(4/2005\)](#)
- [Safety and Health Program Manual](#)
- **Office of the Governor:**
- [Governor's Office](#)
- **Department of Health:**



- [DOH Home Page](#)
- [Emergency Preparedness](#)
- [Pandemic Flu Q & A](#)
- [Pandemic Flu Preparation](#)
- **Washington Emergency Management Division, Dept. of the Military:**
- [Washington Emergency Management Division Home Page](#)
- [Emergency Resources A to Z](#)
- **Federal Emergency Management:**
- [Dept. of Homeland Security](#)
- [FEMA | Federal Emergency Management Agency](#)
- [NIST IT Contingency Planning Guide 800-34 \(www.nist.org\)](#)
- [Disaster Recovery Institute \(www.drii.org\)](#)

State of Washington

Department of Social and Health Services

Children's Administration

2017 ANNUAL PROGRESS AND SERVICES REPORT

ATTACHMENT E

ETV CHART

JUNE 30, 2016

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Washington

	Total ETVs Awarded	Number of New ETVs
Final Number: 2014-2015 School Year (July 1, 2014 to June 30, 2015)	215	81
2015-2016 School Year* (July 1, 2015 to June 30, 2016)	177	58

Comments: The 2015-2016 award numbers are current as of April 28, 2016.

*in some cases this might be an estimated number since the APSR is due June 30, 2015.

Indian Child Welfare Case Review

**Washington State Tribes
And
The Department of Social and Health Services
Children's Administration**



2015 Report

State and Regional Results



The Children's Administration is committed to:

- Protecting the essential Tribal relations and best interests of Indian children by promoting practices designed to prevent out-of-home placement of Indian children that is inconsistent with the rights of the parents, the health, safety, or welfare of the children, or the interests of their Tribe.
- When placement away from the parent or Indian custodian is necessary, the placement reflects and honors the unique values of the child's Tribal culture and is best able to assist the Indian child in establishing, developing, and maintaining a political, cultural, social and spiritual relationship with the Tribe and Tribal community.

From the 2011 Washington State Indian Child Welfare Act

Acknowledgements

The Department of Social and Health Services, Children's Administration would like to recognize and thank the following individuals for their dedication to Indian Child Welfare and their participation in the 2015 Washington State Indian Child Welfare Case Review.

Washington State Tribes and Recognized American Indian Organizations

Thaidra Alfred
United Indians of All Tribes
Foster Care Licensor and Case Manager

Vanessa Castle
Chehalis Tribe
ICW Social Worker

Nicole Earls
Quileute Nation
Human Services Director

Adirian Emery
Squaxin Island Tribe
ICW Social Worker

Michelle Johnson
Samish Indian Nation
Family Services Specialist

Ken Levinson
Nooksack Indian Tribe
Director of Family Services

Sue Mapes
Jamestown S'Klallam Tribe
Social and Community Services Supervisor

Natalie Meyring
Spokane Tribe of Indians
Social Worker

Buffy Nicholson
Confederated Tribes of the Colville Reservation
CPS/CFWS Supervisor

Tanya Pankowski
Jamestown S'Klallam Tribe
Case Manager

Frances Pickernell
Chehalis Tribe
Protective Services Manager

Shannon Thomas
Kalispel Tribe of Indians
Staff Attorney

Wendy Thomas
Kalispel Tribe of Indians
Social Services Director

Mike Yates
Cowlitz Indian Tribe
ICW Social Worker

Children's Administration

Carmelita Adkins
Region 2 – North, ICW Program Manager

Cassie Anderson
Region 1 – Spokane ICW, CPS Supervisor

Alice Carranza
Region 1 – Toppenish, CFWS Supervisor

Roxanne Finney
Region 2 – South, ICW Program Consultant

Melissa Hall
Region 1 – Spokane ICW, CPS-FAR

Chad Harty
Region 2 – Smokey Point, FVS/CFWS ICW Supervisor

Geri Phillips
Region 1 – Spokane ICW, Lincoln County, Colville, Republic, and Newport, Area Administrator

Geneva Prigan
Region 1 – Spokane ICW, CFWS Supervisor

Becky Sanchez
Region 3 – Aberdeen, CFWS ICW Supervisor

Diane Shimizu
Region 2 – South, CFWS Quality Practice Specialist

Bob Smith
Headquarters, ICW Program Manager

Jessica Tomkins
Region 3 – Pierce East, Social Service Specialist

Zee Triplett
Region 2, Safety Administrator

Tom Young
Region 3, Regional Safety Team

DSHS, Office of Indian Policy

Daryl Toulou
Regional Manager

Children's Administration, Central Case Review Team

Doug Savelesky, Central Case Review Supervisor

Quiana Davis, Central Case Review Specialist

Karen Erickson, Central Case Review Specialist

Laura Garvin, Central Case Review Specialist

Ann Lemieux-Brown, Central Case Review Specialist

Ashley Peres, Central Case Review Specialist

The Department of Social and Health Services, Children's Administration would like to recognize and thank Casey Family Programs for their contribution and commitment to the Washington state ICW case review process. Casey Family Programs supported the process by providing hotel accommodations for the Tribal representatives who participated in the reviews.

Table of Contents

Executive Summary	Page
Background and Purpose.....	7
Definition of an Indian Child.....	8
Indian Child Welfare Case Review Design.....	8
 2015 Indian Child Welfare Case Review Overview	
The Indian Child Welfare Case Review Sample.....	10
Tribal Affiliation of the Children Included in the Review.....	11
 Statewide Indian Child Welfare Case Review Results	
Strengths.....	18
Areas that Showed Improvement from 2012.....	19
Areas Needing Improvement.....	20
Statewide Recommendations for Quality Assurance and Improvement Plans..	23
Statewide Systemic Issues and Recommendations.....	26
State and Regional Results for Each Case Review Question.....	29
Overview: Comparison of 2012 and 2015 Results.....	54

Executive Summary

Background and Purpose

The Department of Social and Health Services (DSHS) Children's Administration (CA) follows a government-to-government approach in working with representatives of Tribal governments in policy development and services to families. CA is committed to collaborating with Federally Recognized Tribes and Recognized American Indian Organizations (RAIO) to ensure quality and comprehensive service delivery to all Indian children and families served. CA recognizes there is a disproportionate number of Indian children represented in the child welfare system and is committed to improving outcomes for Indian children through compliance with the federal Indian Child Welfare Act (ICWA) and Washington state Indian child welfare statutes.

In 2003, Washington State began an effort to develop an Indian Child Welfare (ICW) Case Review. The ICW Case Review is the result of ongoing collaboration between Washington State Tribes, RAIOs, the Indian Policy Advisory Committee (IPAC) and CA. The first ICW Case Review was conducted in 2007. Subsequent reviews occurred in 2009 and 2012. The ICW Case Review Tool was revised in 2015 to include an evaluation of culturally competent case management of ICWA and non-ICWA cases.

The Washington State ICW Case Review represents the commitment of Washington State Tribes, RAIOs, and CA to improve the quality and consistency of ICW social work across the state. The reviews evaluate the compliance and quality of social work in relation to:

- Federal ICWA
- Washington State Indian Child Welfare Act (WSICWA)
- CA ICW policies
- Memorandums of Understanding between Washington State Tribes and CA

The purpose of the ICW Case Review is to inform needed improvements in ICW practice through:

- An evaluation of compliance with the Washington State and federal ICWA. The state and federal ICWA apply to Indian children who are members of tribes or the biological child of a Tribal member and eligible for membership. The Tribe must be a federally recognized Tribe(s) including recognized Alaska Native regional corporations and Alaska Native villages.
- An evaluation of the quality of culturally competent case management for all Indian families. This includes children that meet the ICWA definition of an Indian child, as well as families who self-identify as having Indian ancestry and cultural heritage with a non-federally recognized Tribe, a Canadian First Nation, and descendants of federally recognized tribes who are not eligible for membership.
- The enhancement of staff development and understanding of ICW practice through utilization of the ICW Case Review Tool for training and skill building. The ICW Case Review Tool identifies ICWA requirements and the elements of sound culturally competent case management with references to the WSICWA and CA ICW policies.

The ICW Case Review results lay the groundwork for improving the quality of ICW social work at the regional and statewide level. Specific practice areas include:

- Early identification of Indian children;
- Early engagement and ongoing collaboration with Tribes;
- Active efforts to provide services to parents and families to prevent the removal of the child, or to safely return the child home; and
- Timely legal notice to Tribes of dependency actions

Definition of an Indian Child

Both the state and federal ICWA apply to an Indian child who is a member of a Tribe or the biological child of a member and eligible for membership. The Tribe must be a federally recognized Tribe including recognized Alaska Native regional corporations and Alaska Native villages.

The Washington Administrative Code (WAC) uses a more expansive definition of an Indian child for case planning purposes in order to provide culturally competent services for children who are ethnically Indian but are not considered an Indian child under ICWA. In addition to an Indian child, as defined by the state or federal ICWA, this more expansive definition includes:

- Children who are considered Indian by a non-federally recognized Indian Tribe
- Children who are considered Indian by a Canadian Tribe or Band, Métis community and non-status Indian community from Canada
- Children who are recognized and considered Indian by a federally or non-federally recognized Tribe regardless of enrollment or membership status
- Children of families who self-identify as ethnically and culturally Indian, are not considered Indian by a Tribe, but considered to be Indian by an urban Indian community organization

In order to measure compliance with culturally competent case management for children who are ethnically Indian, as well as those who meet the definition of "Indian child" under ICWA, the ICW Case Review utilized the broader definition of Indian children unless noted otherwise in this report. In addition, CA policy includes requirements that are more expansive than compliance with federal or state ICWA. The ICW Case Review evaluates compliance and quality of practice beyond the scope of the ICWA to the higher standard of CA policies.

ICW Case Review Design

The 2015 ICW Case Review Tool is comprised of 40 questions that are divided into eight practice areas. Five sections are devoted to ICW compliance and quality of practice, and the last three sections focus on child safety, well-being, and permanency. All ICW compliance questions reference the CA ICW Manual, the WSICWA, or the Washington State Tribal/State Agreement. The ICW Case Review Tool is designed to be used for multiple purposes:

- Systematic statewide ICW Case Reviews;
- Training tool for CA caseworkers and managers on requirements of ICWA and CA ICW policy; and
- Local office reviews of ICW cases to be conducted by CA staff and Tribes.

As in the three prior ICW Case Reviews, the 2015 ICW Case Review was facilitated by the CA Central Case Review Team (CCRT) and conducted by a team of reviewers, comprised of:

- Tribal representatives;
- RAIO representatives;

- CA caseworkers and managers;
- Office of Indian Policy (OIP) program managers; and
- The CCRT.

All reviewers had a minimum of two years of ICW experience, demonstrated excellence in social work practice and knowledge of ICW, and are recognized as having a culturally responsive and collaborative approach to ICW social work.

Reviews occurred in six locations across the state. The CCRT developed a random sample, arranged the logistics of the review, and facilitated each of the six reviews. The CCRT facilitated consensus building and assisted reviewers to ensure inter-rater reliability. There were different Tribal, RAIO, and CA participants at each of the six locations. All participants attended mandatory one-day training on the ICW Case Review process and tool. The ICW Case Review design includes:

- Four day reviews that begin on Monday and end on Thursday;
- Review of each case by two team members;
- Feedback sheets completed on each case reviewed identifying strengths and areas needing improvement. The feedback sheets are provided to the caseworker, supervisor, and administrators at the end of the review;
- A review team debrief at the end of the third day to discuss the regional results. During the debrief, the team identifies practice trends, strengths, areas needing improvement, and systemic issues; and
- An exit meeting on the fourth day with local administrators, supervisors, and caseworkers. The review team provides feedback on the regional ICW practice trends.

2015 Indian Child Welfare Case Review Overview

The 2015 ICW Case Review was conducted August – October 2015. Reviews occurred in six locations around the state with two reviews in each region.

The ICW Case Review Sample

A random sample of 207 cases was reviewed. The sample was stratified to be representative of the proportion of ICW cases served by each office within the region. Cases were reviewed in the program areas of Child Protective Services (CPS) Investigations, CPS Family Assessment Response (CPS-FAR), Family Voluntary Services (FVS), Child and Family Welfare Services (CFWS) and Family Reconciliation Services (FRS). The sample included cases of children or parents identified as Native American in FamLink, the CA State Automated Child Welfare Information System (SACWIS). When there were multiple children in the family, the case was evaluated regarding one randomly selected child. Cases were open in one or more of the months from December 2014 through March 2015. The case sample was designed so that approximately 50% of families were only affiliated with a Washington state Tribe.

Region	CPS Investigation Cases	CPS-FAR Cases	In-Home Cases	Out-Of-Home Cases	Total
1 North	5	6	11	14	36
1 South	10	4	7	13	34
2 North	4	8	9	12	33
2 South	9	6	5	13	33
3 North	3	9	6	19	37
3 South	5	6	10	13	34
Total	36	39	48	84	207

Tribal Affiliation of the Children Included in the Review

Tribal affiliation included all Tribes identified by a parent or family member including:

- Tribes that have determined the child's Indian status: member, eligible for membership or non-member
- Tribes whose determination of the child's Indian status was still pending
- Tribes identified by a parent or family member, but inquiry of Indian status was not completed with the Tribe.

Some children were affiliated with more than one Tribe, including Washington State Tribes and Tribes outside of Washington State. In 98 cases, the child had multiple Tribal affiliations.

Children were identified by Tribal affiliation in an effort to assess if there were practice differences when serving families from federally recognized Washington State Tribes, from out-of-state federally recognized Tribes and from non-federally recognized Tribes and Canadian First Nations.

Tribal Affiliation of the Child	Number of Cases
Washington State Tribes: Children affiliated with <u>only</u> federally recognized Washington State Tribe(s) and no other Tribe(s).	96
Out-of-state Tribes: Children affiliated with: <ul style="list-style-type: none"> • Out-of-state federally recognized Tribe(s); • Out-of-state federally recognized Tribe(s) and a Washington State Tribe(s); • Washington State Tribe(s) and a non-federally recognized Tribe(s) or Canadian First Nations; • Out-of-state federally recognized Tribe(s) and a non-federally recognized Tribe(s) or Canadian First Nations; • Out-of-state federally recognized Tribe(s), Washington State Tribe(s) and non-federally recognized Tribe(s) or Canadian First Nations. 	107
Non-federally recognized Tribes or Canadian First Nations: Children affiliated with one or more non-federally recognized Tribe(s) or Canadian First Nations.	4

Children with Washington State Tribal Affiliation

There are 29 federally recognized Tribes in Washington State. The following chart identifies each Tribe's regional location and the number of children included in the review from each federally recognized Washington State Tribe. Many children had multiple Tribal affiliations.

Washington State Federally Recognized Tribes		Number of Children
Region 1 North	Confederated Tribes of the Colville Reservation	23
	Kalispel Tribe of Indians	2
	Spokane Tribe of Indians	5
Region 1 South	Confederated Tribes and Bands of the Yakama Nation	25

Region 2 North	Lummi Nation	25
	Nooksack Indian Tribe	6
	Samish Indian Nation	1
	Sauk-Suiattle Indian Tribe	7
	Stillaguamish Tribe of Indians	1
	Swinomish Indian Tribal Community	7
	Tulalip Tribes	14
	Upper Skagit Tribe	10
Region 2 South	Muckleshoot Indian Tribe	5
	Snoqualmie Tribe	3
Region 3 North	Hoh Tribe	0
	Jamestown S'Klallam Tribe	3
	Lower Elwha Klallam Tribe	5
	Makah Tribe	9
	Port Gamble S'Klallam Tribe	0
	Puyallup Tribe of Indians	13
	Quileute Nation	4
	Suquamish Tribe	1
Region 3 South	Chehalis Tribe	3
	Cowlitz Indian Tribe	5
	Nisqually Indian Tribe	2
	Quinault Indian Nation	14
	Shoalwater Bay Tribe	2
	Skokomish Indian Tribe	2
	Squaxin Island Tribe	4

Children with Out-of-State Federally Recognized Tribal Affiliation

The following chart identifies the out-of-state federally recognized Tribes represented in the review and the number of children affiliated with each Tribe. Many children had multiple Tribal affiliations.

Out-Of-State Federally Recognized Tribe	Number of Children
Ak Chin Indian Community of the Maricopa (Ak Chin) Indian Reservation	1
Aleut (Egegik Village)	1
Angoon Community Association	1
Apache (unspecified)	1
Arapahoe Tribe of the Wind River Reservation	1
Assiniboine and Sioux Tribes of the Fort Peck Indian Reservation	7
Athabascan	1
Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation	2
Blackfeet Tribe of the Blackfeet Indian Reservation of Montana	9
Central Council of Tlingit and Haida Indian Tribes of Alaska	9
Cherokee (unspecified)	14
Cherokee Nation	4
Cheyenne (unspecified)	1
Chippewa (unspecified)	4
Chippewa-Cree Indians of the Rocky Boy's Reservation	3
Choctaw (unspecified)	1
Chugach Alaska Corporation	1
Coeur D'Alene Tribe	4
Cold Springs Rancheria of Mono Indians of California	1
Comanche Nation	1

Confederated Salish and Kootenai Tribes of the Flathead Reservation	1
Confederated Tribes of Siletz Indians of Oregon	2
Confederated Tribes of the Grand Ronde Community of Oregon	1
Confederated Tribes of the Umatilla Indian Reservation	5
Confederated Tribes of the Warm Springs Reservation of Oregon	3
Cook Inlet Native Association	1
Crow Creek Sioux Tribe of the Crow Creek Reservation	1
Crow Tribe of Montana	1
Fort Belknap Indian Community of the Fort Belknap Reservation of Montana	2
Gila River Indian Community of the Gila River Indian Reservation	1
Ketchikan Indian Community	2
Klamath Tribes	3
Metlakatla Indian Community	2
Minnesota Chippewa Tribe, Mille Lacs Band	1
Nana Corporation	1
Native Village of Barrow	1
Navajo Nation	3
Nez Perce Tribe	1
Nome Eskimo Community	1
Northern Cheyenne Tribe of the Northern Cheyenne Indian Reservation	3
Northwestern Band of Shoshone Nation	1
Oglala Sioux Tribe	4
Oneida Tribe of Indians of Wisconsin	1
Ottawa (unspecified)	1

Paiute (unspecified)	1
Pascua Yaqui Tribe of Arizona	1
Peoria Tribe of Indians of Oklahoma	1
Poarch Band of Creeks	1
Pomo (unspecified)	1
Ponca Tribe of Nebraska	1
Ponca Tribe of Oklahoma	1
Potawatomi (unspecified)	1
Rosebud Sioux Tribe of the Rosebud Indian Reservation	3
Round Valley Indian Tribes	1
Shoshone (unspecified)	1
Shoshone-Bannock Tribes of the Fort Hall Reservation	1
Shoshone-Paiute Tribes of the Duck Valley Reservation	1
Sioux (unspecified)	3
St. Croix Chippewa Indians of Wisconsin	1
Standing Rock Sioux Tribe of North & South Dakota	1
The Modoc Tribe of Oklahoma	2
The Muscogee (Creek) Nation	2
The Osage Nation	1
The Seminole Nation of Oklahoma	2
Three Affiliated Tribes of the Fort Berthold Reservation	1
Tlingit (unspecified)	2
Tohono O'odham Nation of Arizona	2
Turtle Mountain Band of Chippewa Indians	5

United Keetoowah Band of Cherokee Indians in Oklahoma	1
White Earth Band of Minnesota Chippewa Tribe	1
Yurok Tribe of the Yurok Reservation	2

Children with Tribal Affiliations with Non-federally Recognized Tribes or Canadian First Nations

The following chart identifies the non-federally recognized Tribes and Canadian First Nations and the number of children affiliated with each. Many children had multiple Tribal affiliations.

Non-federally recognized Tribes/Canadian First Nations	Number of Children
Ahousaht First Nation	1
Alderville First Nation	1
Blackfoot Indian Tribe	3
Blood Tribe	2
Camp Mudge First Nation	1
Chinook Indian Nation	1
Cook's Ferry Indian Band	1
Cowichan Tribes	1
Cree Indians of Canada	1
Duwamish Tribe	3
Hesquiaht First Nation	2
Kyuquot/Cheklesath First Nation	1
Little Shell Tribe of Chippewa Indians of Montana	1
Piikani Nation	1
Pine Creek First Nation	1
Ramapough Lenape Nation	1

Rolling River First Nation	1
Siksika Nation	2
Snohomish Tribe of Indians	3
Snoqualmoo Tribe of Whidbey Island	1
Taku River Tlingit First Nation	1
Teslin Tlingit Council	1
Tsimshian Tribe	1
Yakutat Tlingit Tribe	1

Statewide ICW Case Review Results

Strengths

The practice areas below are identified as strengths with a review rating result of 80% or higher.

1. Asking the mother or maternal relatives if the child had American Indian/Alaska Native ancestry

- In 93% (185 of 198) of the cases, the mother or maternal relatives were asked if the child had American Indian/Alaska Native ancestry. Cases were applicable when the mother or maternal relatives were identified and available.

2. Asking the parents or relatives timely if the child had American Indian/Alaska Native ancestry

- In 88% (114 of 129) of the cases, the parents were asked timely if the child had American Indian/Alaska Native ancestry, in the early phase of the CPS investigation or CPS-FAR intervention or within 30 days of when the parents' whereabouts became known.

3. Second inquiry with federally recognized Tribes to determine Indian status

- In 90% (38 of 42) of the cases, when the federally recognized Tribe(s) did not respond to the initial inquiry a second inquiry was made to the Tribe(s). This was a significant improvement statewide from 53% in 2012.

4. Maintaining family connections

- In 80% (57 of 71) of the cases of children placed in out-of-home care who were a member, eligible for membership or with a pending inquiry with a federally recognized Tribe, there were ongoing efforts to support the child's contact with his/her parents and extended family members.
- In 92% (12 of 13) of the cases of children placed in out-of-home care, when ICWA did not apply to the case but the family self-identified Indian cultural heritage, there were ongoing efforts to support the child's contact with his/her parents and extended family members.

5. Placement preference

- In 95% (40 of 42) of the cases when the Tribe indicated a placement preference, the Tribe's placement preference was assessed for suitability and followed unless there were safety or well-being concerns for the child.

6. Assessing and addressing the child's safety when placed in out-of-home care

- In 88% (74 of 84) of the cases of children placed in out-of-home care, risk and safety threats were adequately identified, assessed and addressed. Children were placed with a safe relative, other suitable person or foster home and if safety threats were identified regarding the child's out-of-home caregiver, all threats were assessed and addressed. There was a plan for safe visitation with parents and family members. Cases were

applicable when the child was placed in out-of-home care 24 hours or more during the last year.

7. Meeting the educational needs of children

- In 86% (72 of 84) of the cases that remained open for services or safety monitoring, the child's educational needs were adequately assessed and appropriate services were provided when needs were identified. When the child's Tribe had educational resources, there was ongoing collaboration with the Tribe regarding meeting the child's educational needs.

8. Actions to achieve permanency

- In 84% (69 of 82) of the cases of children who resided in out-of-home care during the last year, the child returned home during the last year or there were sufficient and timely efforts made in the last year to achieve permanency for the child.

Areas that Showed Improvement from 2012¹

1. Timeliness of second inquiry to federally recognized Tribes

- In 66% (25 of 38) of the cases, when the federally recognized Tribe(s) did not respond to the first inquiry to determine the child's Indian status, a second inquiry was completed within 60 days of the first inquiry. This was an improvement statewide from 56% in 2012.

2. Notification to the Tribe of a Family Team Decision-Making (FTDM) staffing

- In 59% (32 of 54) of the cases of children who were a member or eligible for membership with a federally recognized Tribe, the Tribe was notified and encouraged to participate in a FTDM staffing when placement of the child or a placement move was being considered. This was an improvement statewide from 49% in 2012.

3. Identifying the Tribe's placement preference

- In 75% (50 of 67) of the cases of children placed in out-of-home care who were a member or eligible for membership with a federally recognized Tribe, efforts were made to identify the Tribe's placement preference. This included efforts to consult with the Tribe prior to making a non-emergent placement decision and efforts to consult with the Tribe in a timely manner after an emergency placement occurred. This was an improvement statewide from 57% in 2012.

¹ Improvement is identified as 6% or higher from the 2012 ICW Case Review.

Areas Needing Improvement

The practice areas below are identified as areas needing improvement with a review rating result lower than 80%.

1. Asking the father or paternal relatives if the child had American Indian/Alaska Native ancestry

- In 70% (118 of 168) of the cases, the father or paternal relatives were asked if the child had American Indian/Alaska Native ancestry. Cases were applicable when the father or paternal relatives were identified and available.

2. Contact with the federally recognized Tribe within one working day

- In 60% (54 of 90) of the cases, when it was known at case opening that the child was a member or eligible for membership with a Tribe, the Tribe was contacted within one working day to confirm the child's Indian status and to notify the Tribe(s) of case assignment. This requirement applied to federally recognized Washington State and out-of-state Tribes.

3. First inquiry with all federally recognized Tribes to determine Indian status

- In 70% (95 of 135) of the cases, inquiry was made with all identified federally recognized Tribes to determine the child's Indian status. This inquiry included sending an inquiry letter or other formal correspondence to all Tribes, or there was written verification or confirmation from the Tribe through phone or email. This requirement applied to cases in which Indian ancestry was identified within the last two years.
- In 66% (67 of 102) of the cases, initial inquiry was completed with all federally recognized Tribes within 30 days of Indian ancestry being identified.

4. Comprehensive ancestry charts

- In 71% (86 of 121) of the cases that needed an ancestry chart for purposes of inquiry, comprehensive genealogical information was gathered from the parents or relatives which included the child's, parents' and grandparents' full name, date and place of birth, and Tribe(s).

5. Local Indian Child Welfare Advisory Committee (LICWAC) staffings

- In 22% (2 of 9) of the cases, when the child was in the custody of the Department and determination of the child's Indian status was pending with a federally recognized Tribe, the case was staffed with LICWAC as required by policy. This item applied to cases that were opened within the past two years.
- In 67% (4 of 6) of the cases, when the child was in the custody of the Department and was a member or eligible for membership with a federally recognized Tribe(s), the case was staffed with LICWAC for case planning when the child's Tribe(s) was unavailable or the Tribe was in agreement with a LICWAC occurring.

6. Ongoing active efforts to provide and engage the parents in services

- In 37% (29 of 79) of the cases that remained open for in-home or out-of-home services, there were ongoing active efforts to provide services to the father including engaging and actively working with the father to complete services. This requirement applied to

cases in which the child was a member, eligible for membership or with a pending inquiry to a federally recognized Tribe.

- In 52% (53 of 102) of the cases that remained open for in-home or out-of-home services, there were ongoing active efforts to provide services to the mother including engaging and actively working with the mother to complete services. This requirement applied to cases in which the child was a member, eligible for membership or with a pending inquiry to a federally recognized Tribe.

7. Engaging the child in case planning

- In 70% (44 of 63) of the cases that remained open for in-home or out-of-home services, there were ongoing active efforts to engage school age or older children in case planning, in a developmentally appropriate manner. This requirement applied to cases in which the child was a member, eligible for membership or with a pending inquiry to a federally recognized Tribe.

8. Collaboration with Tribes(s) in case planning

- In 49% (41 of 83) of the cases, when the child was a member of or eligible for membership with a Washington State federally recognized Tribe(s), the Tribe was contacted within one working day from case opening to discuss case planning when the case was opened for a CPS investigation, CPS-FAR intervention or when there was an emergency removal of a child in the last year.
- In 48% (71 of 147) of the cases of children who were a member of or eligible for membership with a federally recognized Tribe, there were ongoing efforts to collaborate with the Tribe in case planning.

9. Culturally competent case planning in non-ICWA cases

- In 25% (3 of 12) of the cases that remained open for in-home or out-of-home services, when ICWA did not apply but the father identified having Indian cultural heritage, there was ongoing engagement with the father including identifying the father's cultural connections based on Indian heritage and involvement in the Indian community and developing a culturally competent case plan.
- In 13% (2 of 15) of the cases that remained open for in-home or out-of-home services, when ICWA did not apply but the mother identified having Indian cultural heritage, there was ongoing engagement with the mother including identifying the mother's cultural connections based on Indian heritage and involvement in the Indian community and developing a culturally competent case plan.
- In 20% (1 of 5) of the cases that remained open for in-home or out-of-home services, when ICWA did not apply but the child/youth identified having Indian cultural heritage, there was ongoing engagement with the child/youth including identifying the child/youth's cultural connections based on Indian heritage and involvement in the Indian community and developing a culturally competent case plan.
- In 14% (4 of 28) of the cases when ICWA did not apply, but the family identified having Indian cultural heritage, efforts were made to identify and encourage involvement in community services and resources specifically for Indian families.

- In 31% (4 of 13) of the cases of children placed in out-of-home care, when ICWA did not apply but the family identified having Indian cultural heritage, ongoing efforts were made to encourage and support the child's participation in Tribal customs and activities.

10. Community services and resources and Tribal customs and activities

- In 31% (40 of 130) of the cases of children who were a member, eligible for membership or with a pending inquiry to a federally recognized Tribe, active efforts were made to identify and encourage involvement in community services and resources specifically for Indian families.
- In 39% (26 of 67) of the cases of children placed in out-of-home care who were a member or eligible for membership with a federally recognized Tribe, ongoing efforts were made to encourage and support the child's participation in Tribal customs and activities specific to the child's Tribe.

11. Court requirements

- In 65% (26 of 40) of the cases of children who were a member, eligible for membership or with a pending inquiry with a federally recognized Tribe, the federally recognized Tribe was notified prior to dependency fact finding and termination hearings. This applied to cases opened within the last two years.
- In 48% (31 of 64) of the cases of children who were a member or eligible for membership with a federally recognized Tribe, the Tribe was notified prior to all dependency review hearings in the last year.
- In 41% (12 of 29) of the cases of children who were a member or eligible for membership with a federally recognized Tribe, there was a qualified Indian expert witness for all dependency fact finding and termination proceedings in the last two years.

12. Assessing and addressing the child's safety while living in the family home

- In 58% (90 of 156) of the cases of children who resided in the family home during the last year, risk and safety threats were adequately identified, assessed and addressed. In some of the remaining cases, the CPS investigation or CPS-FAR intervention did not thoroughly address all of the allegations through child and parent interviews or include important collateral contacts. In other cases, safety planning did not address identified safety concerns or there was a significant gap of time with no contact with the family which impacted the ability to complete a comprehensive assessment of the child's safety and address identified concerns. In some of the cases that remained open for in-home or out-of-home services, an ongoing assessment of the parents' home did not occur, sufficient safety planning or services to the family targeted at the risk and safety threats was not located or there were limited monthly in-person visits with the children and parents.

13. Meeting the physical and mental/behavioral health needs of children

- In 69% (69 of 100) of the cases that remained open for services or safety monitoring, the child's physical health needs were adequately assessed and appropriate health services were provided when needs were identified. For children placed in out-of-home care, these needs included routine well child and dental exams. When the child's Tribe had

health resources, there was ongoing collaboration with the Tribe regarding meeting the child's health needs.

- In 79% (55 of 70) of the cases that remained open for services or safety monitoring, the child's mental/behavioral health needs were adequately assessed and appropriate services were provided when needs were identified. When the child's Tribe had mental health resources, there was ongoing collaboration with the Tribe regarding meeting the child's mental health needs.

Statewide Recommendations for Quality Assurance and Improvement Plans

The recommendations below are developed to address areas needing improvement related to compliance with ICWA and CA ICW policy, and reducing disproportionality. The recommendations are designed to be included in 2016 quality assurance and improvement plans developed in partnership with Washington State Tribes.

1. Early engagement

When it was known at case opening that the child was a member of a federally recognized Tribe or the biological child of a member and eligible for membership, notification to the child's Tribe within one working day of case opening was inconsistent. Timely notification at case opening provides the Tribe the opportunity to take jurisdiction, intervene, or partner in the CPS investigation, CPS-FAR intervention, voluntary services or child custody proceedings.

Notification and collaboration with the child's Tribe early in the case has implications for reducing disproportionality and improving outcomes for Indian children including:

- Reducing the safety threats for the child and providing an alternative to out-of-home placement through the provision of culturally appropriate services;
- Identifying safe relatives as placement resources ; and
- Preventing delays in permanency and reducing the length of stay for children.

When the child's Indian status is unknown at case opening, the worker should immediately inquire with both sides of the family, if available, to determine if the child has any Native American ancestry. When the father or paternal relatives were available, they were asked if the child had American Indian/Alaska Native ancestry 70% of the time. Inquiry with the mother or maternal relatives continues to remain higher than with fathers or paternal relatives. Improvement is needed in the area of asking both sides of the child's family.

When there is reliable information that a child is a member of a federally recognized Tribe(s) or the biological child of a member and eligible for membership, intakes should be provided to the Tribe(s). If the child's Indian status is unknown, detailed intake information should not be disclosed to the Tribe.

2. Ongoing collaboration with Tribes

In many cases, Tribes were notified of an intake early in the case; however, there was very little contact with the Tribe beyond notification that the intake was received. Collaboration with the Tribe includes contacting the Tribe to discuss case planning and ongoing efforts to collaborate with the Tribe according to ICWA, WSICWA, and Memorandums of Agreement/Understanding. Case record documentation was frequently silent regarding the level of involvement the Tribe

was requesting. Training for caseworkers, and a specific place in FamLink to document all ICW related information is necessary to assist caseworkers in meeting ICWA requirements and providing quality services to Native American families. Contact with the child's Tribe should begin early and occur regularly throughout the life of the case.

Improvement is needed in the area of timely notification to Tribes when an FTDM staffing is being scheduled. In 83% of the cases reviewed, an FTDM was held when placement of the Indian child or a placement move was being considered. However, there was documentation that the child's Tribe was notified and encouraged to participate in the FTDM in only 59% of the cases. FTDMs are often arranged on very short notice. The invitation to the Tribe should occur at the same time as an invitation to the mother and/or the father.

Identifying the Tribe's placement preference includes efforts to consult with the Tribe prior to making a non-emergent placement decision or to consult with the Tribe in a timely manner after an emergent placement. Early collaboration with the Tribe can ease crises and reduce unnecessary foster care placement moves. When Tribal recommendations regarding placement preference are discussed during initial case planning more resources may be available to maintain child safety in an emergent situation.

3. Legal notices to Tribes

There are two ICW Case Review measures regarding compliance with legal notice to federally recognized Tribes. The first measure evaluates notice to the Tribe prior to a dependency fact finding and/or termination hearing. In most, but not all, areas of the state, the Assistant Attorney General (AAG) sends this legal notice required by ICWA. In some cases, there was indication the child had a pending inquiry with a federally recognized Tribe and the AAG may not have been aware an inquiry was pending.

In many of the cases in-which legal notice of dependency fact finding and termination hearings were not found, inquiry with the Tribe(s) was not completed or was still pending and the child's Tribal membership status had not been verified. Although the child's status with the Tribe was undetermined, the child may have been a member of a federally recognized Tribe and therefore legal notice to the Tribe was required. Improving compliance with timely inquiry to all Tribes for determination of the child's membership status will assist CA in meeting legal notification requirements to Tribes with children who are members, and reduce the need for legal notification to Tribes with pending inquiry. Increased communication with the AAG when an inquiry is pending will improve ICWA compliance with Tribal notification.

The second measure applies to notification prior to all dependency review hearings regarding children who are members of a federally recognized Tribe or a biological child of a member and eligible for membership. This question is designed to measure compliance with CA ICW policy. Practice across the state is inconsistent as to how this legal notice is provided. In most areas, the assigned caseworker is required to provide this notification. A standardized approach to providing notice to the Tribe would assist in improving the outcome of documented notice occurring 48% of the time. Improved training regarding notification to Tribes regarding both ICWA and CA ICW policy requirements is needed.

In a majority of the cases of children who are members of or eligible for membership with a federally recognized Tribe, the child's Tribe was not contacted to identify a qualified Indian

expert witness for dependency fact finding and termination proceedings. A qualified expert witness assists the court in the determination of whether the continued custody of the child, or return of the child to the parent or Indian custodian, is likely to result in serious emotional or physical damage to the child. Additional training in the area of requesting a qualified Indian expert witness from the child's Tribe or in documenting that a qualified Indian expert witness was present at the proceedings is necessary.

4. Active efforts with the family

Active efforts to provide culturally appropriate services to prevent removal of a child or safely return a child home including actively working with the parent to engage in services was an area of practice that was inconsistent. Active efforts impact disproportionality by allowing parents to gain parenting skills while maintaining cultural connections to the family, community, and Tribe beyond simply providing referrals to services. Throughout the state, active efforts with the mother remain higher than with the father.

Active efforts include identifying and encouraging involvement in community services and resources specifically for Indian families. When children who are a member or eligible for membership with a federally recognized Tribe are placed in out-of-home care, making ongoing efforts to encourage and support the child's participation in Tribal customs and activities specific to the child's Tribe is beneficial to the child. Training for caseworkers regarding active efforts is necessary and is discussed further in the Statewide Systemic Issues and Recommendations section below.

5. Culturally competent case planning in non-ICWA cases

This section applies to families who identify as having Indian ancestry and cultural heritage with a non-federally recognized Tribe, a Canadian First Nation, or identify as descendants of a federally recognized Tribe but are ineligible for membership. In these cases, ongoing engagement with the family should include identifying cultural connections based on the family's heritage and involvement in the Indian community. Development of a culturally competent case plan with the family is necessary to provide effective services and promote engagement with the case plan. When the father identified Indian cultural heritage, there was ongoing engagement with him in culturally competent case planning 25% of the time. When the mother identified Indian cultural heritage, there was ongoing engagement with her in culturally competent case planning 13% of the time.

Culturally competent case planning also includes making efforts to identify and encourage a family's involvement in community services and resources specifically for Indian families. This was identified as an area needing improvement and occurred 14% of the time. Ongoing efforts to encourage and support a child's participation in Tribal customs and activities occurred when the child was placed in out-of-home care 31% of the time.

Statewide Systemic Issues and Recommendations

Statewide systemic issues were identified by ICW review teams as barriers to completing ICW requirements. Recommendations are made to address the systemic issues.

1. Training

Tribal representatives, CA reviewers, and staff present during on-site exit meetings identified the lack of ICW training for new caseworkers as an area for improvement. Training which incorporates ICWA requirements into all training components in addition to training regarding specific sections of ICWA would be beneficial. Involving a Tribal representative during trainings would be valuable to the learning process. This collaboration would assist caseworkers in understanding the “why” behind implementation of ICWA. Having a Tribal representative present at trainings would be similar to having a foster parent present during caregiver training, or a youth present during staff training to talk about his or her experience working with CA. This collaboration would also develop a relationship between the state caseworker and the Tribal caseworker, especially if the in-service trainings involved caseworkers and Tribal partners located geographically close to that particular office.

Specific training recommendations include:

- ICWA overview training which includes why the ICWA is important;
- A session regarding the differences between “Active Efforts” and “Reasonable Efforts”;
- ICWA refresher training for staff that have been with CA for more than three years; and
- Supervisory training focused on providing clinical direction and guidance to caseworkers on meeting ICWA requirements.

Quality supervision is an important factor in improving the quality of ICWA case work. Increasing ICWA-related training will have a positive impact in the areas of early engagement and ongoing collaboration with the Tribes, both identified as statewide recommendations for quality assurance and improvement.

2. Worker Retention and Workload

Few would dispute that turnover is a problem in child welfare. When adequate staff are not available to manage the workload, stress levels increase for those workers who remain. The transfer of a case from one worker to another increases miscommunication, delays permanency, and contributes to disproportionality in ICWA cases. Studies have also shown that inadequate pay, difficult working conditions, lack of recognition for a job well-done, chronic stress, emotional exhaustion, and workload all negatively affect worker retention. High worker turnover affects the relationship with the family and can disrupt the continuity of services, leading to delayed permanency and disproportionality. Increased training and quality supervision have been proven successful in decreasing turnover. The impact of workload in relation to ICWA social work should be considered. During the on-site debriefing sessions with reviewers, there was a discussion regarding the “weighting” of ICWA cases. The consensus of most participants stated that while ICWA cases are “weighted” on workload reports, this does not necessarily occur at the worker-supervisor level. The lack of weighting cases results in the number of cases assigned to an ICWA caseworker being the same as the number of cases for a co-worker who does not carry ICWA cases. This inconsistency in “weighting” the amount of

social work necessary to provide quality ICW casework results in caseworkers transferring out of ICW specific units.

3. LICWAC Process and Procedure

The use and documentation of LICWAC staffings was inconsistent across the state. Currently, there is no standardized statewide process for requesting a LICWAC staffing and documenting the request. Processes to request a LICWAC staffing include: emailing the LICWAC coordinator, the assigned caseworker initiating the shared planning form in FamLink as part of the request, and speaking with the LICWAC coordinator. Documentation of a timely request for staffing was difficult to evaluate. The representatives who participated in the 2015 ICW review process did not recommend that another form be created in regards to this process, only that a standardized documentation process be established.

The type of cases being referred for a LICWAC staffing also varied across the state. In some instances, a LICWAC staffing was requested when the child's identified Tribe was available and actively involved in case planning and the Tribe had not made a request for the caseworker to conduct a LICWAC staffing. In other instances, staff from the CPS, FVS, and FRS programs would refer cases for LICWAC even though only out-of-home placement cases require a LICWAC. Both of these instances may be related to training of staff.

During the reviews, staff expressed a desire for statewide training of LICWAC facilitators and LICWAC members. The understanding of the role of the LICWAC team seems to vary from office to office. Members of the LICWAC committee have expressed to their local facilitators and ICW program managers that they often do not understand why they are hearing a particular case and lack understanding of their role regarding recommendations on individual cases. This confusion may also relate to the type of cases being staffed with the LICWAC. Facilitators also expressed a desire for training related to their role in screening cases prior to staffing and guiding the committee in their decision making role.

4. The Native American Inquiry Referrals (NAIR) Unit

The NAIR unit was implemented in Region 2 North in 2010 and expanded to Region 2 South in 2012. Since the 2012 ICW review, use of NAIR was expanded to include Region 1 (with the exception of the Spokane ICW unit) in March 2014 and Region 3 in July 2014. The 2015 ICW review shows a dramatic increase in compliance with second inquiries to all Tribes to determine the child's Indian status. In 2012 a second inquiry was completed with all Tribes in 53% of the cases and in 2015 a second inquiry was completed with all Tribes in 91% of the cases. The timeliness of the second inquiry also increased from 56% in 2012 to 66% in 2015. Additionally, during the 2015 review, there were often inquiries with Tribes who were not identified by the mother or the father. This was attributed to the ability of NAIR staff to use additional databases to identify additional Tribal ancestry. There were occasions when a child was identified as an Indian child following contact with the additional Tribes.

The NAIR cover sheet may be a tool to use to clarify when a LICWAC staffing is required. The cover sheet, which is disseminated to all staff, could include a quote from the ICW policy manual specifying when staff is required to present a case to the LICWAC committee.

An extensive amount of effort has been expended to improve the accuracy and the quality of data within FamLink. A recommendation is that the child's race and ethnicity on the child's

person card be updated when NAIR receives information verifying a child's Indian status with the Tribe. While only the parent, or the youth should identify themselves with a specific race or ethnicity, these two factors are often identified when the child's person card is created in FamLink and the information has not been gathered from the parent or the youth. The majority of the time, this information is gathered from a referrer or from other databases which may or may not be accurate. If the caseworker has a conversation with the youth or parent regarding their self-identification of race, this information is often not updated in FamLink. It could also be considered that when the parent informs the caseworker that the child may have Native American ancestry with a specific Tribe, that they have identified the child, at least in-part, as Native American.

5. Database with Native American Resources

Across the state there are a multitude of services available to Native American families through Tribes and RAIO. Many of these services are available to all Native American families regardless of Tribal affiliation. Native American families may prefer to attend services provided by a Tribe even if the family is not affiliated with that particular Tribe. A centralized database of services offered by the Tribes and RAIO across the state would benefit staff when a family is being referred for services. A database, similar to the database on the CA intranet page related to evidence-based practices, would provide a centralized location for staff to locate specific services for a family.

State and Regional Results for Each Case Review Question

Unless otherwise specified, the ICW case review questions were designed to measure compliance with the more expansive Washington Administrative Code (WAC) definition of an Indian child and to the broader CA ICW policy requirements than required by the federal or state Indian Child Welfare Act (ICWA).

2012 ICW Case Review data is provided for comparison for case review questions that remained unchanged. For new questions, the 2015 review establishes a baseline.

Inquiry of Indian Status

(The questions in this section were designed to measure compliance and quality of practice regarding inquiry and determination of Indian status per federal and state ICWA.)

All Cases:							
1. Was the father, Indian custodian or paternal relatives asked if the child had American Indian/Alaska Native ancestry?							
2012 State	2015 State	Region 1		Region 2		Region 3	
78% (137 of 175)	70% (118 of 168)	73% (45 of 62)		67% (35 of 52)		70% (38 of 54)	
		North 77% (24 of 31)	South 68% (21 of 31)	North 67% (16 of 24)	South 68% (19 of 28)	North 57% (16 of 28)	South 85% (22 of 26)

Statewide results by case program

CPS Investigation cases: 63% (17 of 27)

CPS-FAR cases: 86% (25 of 29)

In-home cases: 74% (31 of 42)

Out-of-home cases: 64% (45 of 70)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 70% (54 of 77)

All Cases:							
2. Was the mother, Indian custodian or maternal relatives asked if the child had American Indian/Alaska Native ancestry?							
2012 State	2015 State	Region 1		Region 2		Region 3	
96% (190 of 198)	93% (185 of 198)	95% (63 of 66)		98% (62 of 63)		87% (60 of 69)	
		North 94% (31 of 33)	South 97% (32 of 33)	North 97% (29 of 30)	South 100% (33)	North 86% (31 of 36)	South 88% (29 of 33)

Statewide results by case program

CPS Investigation cases: 91% (31 of 34)

CPS-FAR cases: 88% (30 of 34)

In-home cases: 94% (43 of 46)

Out-of-home cases: 96% (81 of 84)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 93% (84 of 90)

This question measured quality of practice that is not specified in CA ICW policy.

All Cases:							
3. If the parents/Indian custodian/relatives were asked regarding the child's Indian ancestry, were they asked timely?							
2012 State	2015 State	Region 1		Region 2		Region 3	
88% (130 of 147)	88% (114 of 129)	89% (42 of 47)		85% (33 of 39)		91% (39 of 43)	
		North 89% (24 of 27)	South 90% (18 of 20)	North 100% (15)	South 75% (18 of 24)	North 95% (18 of 19)	South 88% (21 of 24)

CA policy does not provide a timeframe for asking the mother/father/relatives regarding the child's Indian ancestry; however, it is the intent of CA policy that inquiry occurs upon initial case opening. For this question, the following guidelines were used to determine timeliness of inquiry with the parents:

- At the early phase of the CPS investigation or CPS-FAR Intervention;
- Within 30 days of when the parent/relative/Indian custodian whereabouts became known and the parent was available;
- When extenuating circumstances existed, the parents/Indian custodian/relatives were asked timely after circumstances were resolved.

Statewide results by case program

CPS Investigation cases: 81% (22 of 27)

CPS-FAR cases: 96% (25 of 26)

In-home cases: 88% (30 of 34)

Out-of-home cases: 88% (37 of 42)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 91% (51 of 56)

ICWA Cases:							
4. If it was known at case opening that the child was a member or the biological child of a member and eligible for membership with a federally recognized Tribe(s), was the Tribe(s) contacted within one working day?							
2012 State	2015 State	Region 1		Region 2		Region 3	
68% (79 of 116)	60% (54 of 90)	58% (18 of 31)		74% (20 of 27)		50% (16 of 32)	
		North 61% (11 of 18)	South 54% (7 of 13)	North 79% (15 of 19)	South 63% (5 of 8)	North 43% (6 of 14)	South 56% (10 of 18)

Statewide results by case program

CPS Investigation cases: 65% (13 of 20)

CPS-FAR cases: 65% (13 of 20)

In-home cases: 52% (12 of 23)

Out-of-home cases: 59% (16 of 27)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 74% (40 of 54)

All Cases:							
5. If Indian ancestry was identified with a federally recognized Tribe, was inquiry made with all identified Tribes to determine the child's Indian status?							
2012 State	2015 State	Region 1		Region 2		Region 3	
69% (140 of 202)	70% (95 of 135)	70% (33 of 47)		81% (34 of 42)		61% (28 of 46)	
		North 60% (15 of 25)	South 82% (18 of 22)	North 78% (14 of 18)	South 83% (20 of 24)	North 57% (13 of 23)	South 65% (15 of 23)

Statewide results by case program

CPS Investigation cases: 60% (18 of 30)

CPS-FAR cases: 69% (18 of 26)

In-home cases: 67% (22 of 33)

Out-of-home cases: 80% (37 of 46)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 74% (43 of 58)

This question measured quality of practice that is not specified in CA ICW policy.

All Cases: 6. Was the initial inquiry to the federally recognized Tribe(s) completed within 30 days from the time Indian ancestry was identified?							
2012 State	2015 State	Region 1		Region 2		Region 3	
62% (83 of 133)	66% (67 of 102)	59% (22 of 37)		71% (25 of 35)		67% (20 of 30)	
		North 63% (12 of 19)	South 56% (10 of 18)	North 73% (11 of 15)	South 70% (14 of 20)	North 50% (6 of 12)	South 78% (14 of 18)

CA policy does not provide a timeframe for the initial inquiry to be made to the Tribe; however, it is the intent of CA policy that inquiry with the Tribe occurs timely. For this question, the following guidelines were used to determine timeliness of inquiry with the Tribe(s):

- Inquiry letters or other formal correspondence was sent to all Tribes within 30 days;
- Telephone contact with the Tribe was made within 30 days;
- The case was in Tribal court, or there was coordination with the Tribe in case planning within 30 days; and
- There was documentation of confirmation of the child's Indian status received from the Tribe within 30 days.

Statewide results by case program

CPS Investigation cases: 74% (14 of 19)

CPS-FAR cases: 61% (11 of 18)

In-home cases: 65% (15 of 23)

Out-of-home cases: 64% (27 of 42)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 76% (35 of 46)

This question measured quality of practice that is not specified in CA ICW policy.

All Cases:							
7. Was comprehensive genealogical information gathered to complete the ancestry chart?							
2012 State	2015 State	Region 1		Region 2		Region 3	
67% (101 of 151)	71% (86 of 121)	73% (30 of 41)		89% (33 of 37)		53% (23 of 43)	
		North 74% (17 of 23)	South 72% (13 of 18)	North 79% (11 of 14)	South 96% (22 of 23)	North 43% (9 of 21)	South 64% (14 of 22)

When an ancestry chart was needed for purposes of inquiry, a determination was made if comprehensive information detailing the child's genealogy and Indian ancestry was gathered from the parent(s), relative, Indian custodian and/or other persons who reasonably could be expected to have information regarding the child's Indian ancestry, or through other government databases such as the Department of Health or the Automated Client Eligibility System (ACES). Information gathered when available included the child, parents and grandparents full name, date and place of birth, and Tribe(s).

Statewide results by case program

CPS Investigation cases: 59% (16 of 27)

CPS-FAR cases: 70% (16 of 23)

In-home cases: 76% (22 of 29)

Out-of-home cases: 76% (32 of 42)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 74% (37 of 50)

All Cases:							
8. If a federally recognized Tribe(s) did not respond to the initial inquiry to determine Indian status, was a second inquiry made to the Tribe(s)?							
2012 State	2015 State	Region 1		Region 2		Region 3	
53% (32 of 60)	90% (38 of 42)	88% (15 of 17)		89% (17 of 19)		100% (6)	
		North 86% (6 of 7)	South 90% (9 of 10)	North 88% (7 of 8)	South 91% (10 of 11)	North 100% (2)	South 100% (4)

Statewide results by case program

CPS Investigation cases: 80% (4 of 5)

CPS-FAR cases: 100% (9)

In-home cases: 88% (7 of 8)

Out-of-home cases: 90% (18 of 20)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 86% (12 of 14)

This question measured quality of practice that is not specified in CA ICW policy.

All Cases:							
9. Was the second inquiry to the federally recognized Tribe(s) completed within 60 days of the first inquiry?							
2012 State	2015 State	Region 1		Region 2		Region 3	
56% (15 of 27)	66% (25 of 38)	73% (11 of 15)		59% (10 of 17)		67% (4 of 6)	
		North	South	North	South	North	South
		83% (5 of 6)	67% (6 of 9)	71% (5 of 7)	50% (5 of 10)	50% (1 of 2)	75% (3 of 4)

CA policy does not provide a timeframe for making a second inquiry to the Tribe; however, it is the intent of CA policy that the second inquiry occurs timely. For this question, a guideline of sending the second inquiry within 60 days of the first inquiry was used.

Statewide results by case program

CPS Investigation cases: 50% (2 of 4)

CPS-FAR cases: 56% (5 of 9)

In-home cases: 100% (7)

Out-of-home cases: 61% (11 of 18)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 58% (7 of 12)

This question applied to cases that stayed open beyond CPS Investigation or initial CPS-FAR Intervention and a child was in the custody of the Department.

ICWA Cases:							
10. Was the case staffed with the Local Indian Child Welfare Advisory Committee (LICWAC) when inquiry was pending with a federally recognized Tribe?							
2012 State	2015 State	Region 1		Region 2		Region 3	
39% (28 of 72)	22% (2 of 9)	0% (0 of 5)		0% (0 of 1)		67% (2 of 3)	
		North 0% (0 of 2)	South 0% (0 of 3)	North No applicable cases	South 0% (0 of 1)	North 67% (2 of 3)	South No applicable cases

Criteria for this question was modified for the 2015 case review following clarification that LICWAC is for children in the care and custody of CA. Previously, this question was evaluated for all cases and included all programs.

Statewide results by case program

Out-of-home cases: 22% (2 of 9)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 50% (1 of 2)

This question measured quality of practice that is not specified in CA ICW policy.

ICWA Cases:							
11. If the case was staffed with a LICWAC during the time inquiry was pending with the Tribe, did the LICWAC staffing occur timely?							
2012 State	2015 State	Region 1		Region 2		Region 3	
56% (14 of 25)	0% (0 of 2)	No applicable cases		No applicable cases		0% (0 of 2)	
		North No applicable cases	South No applicable cases	North No applicable cases	South No applicable cases	North 0% (0 of 2)	South No applicable cases

CA policy does not provide a timeframe regarding staffing a case with a LICWAC; however, the intent of policy is to staff a case timely when there is no response from the Tribe. For this question, a timeframe of 60 days was agreed upon as a reasonable measure of timeliness for the case to be staffed with or scheduled for a LICWAC when determination of Indian status was pending with a federally recognized Tribe. As above, criteria for this question was modified for the 2015 case review following clarification

that LICWAC is for children in the care and custody of CA. Previously, this question was evaluated for all cases and included all programs.

Statewide results by case program

In-home cases: *NA*

Out-of-home cases: *0% (0 of 2)*

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): *0% (0 of 1)*

Active Efforts/Collaboration with Tribes

(The questions in this section were designed to measure compliance and quality of practice regarding Active Efforts and collaboration with Tribes per federal and state ICWA.)

This question applied to cases that stayed open beyond CPS Investigation or initial CPS-FAR Intervention and applies to Indian and Non-Indian fathers.

ICWA Cases:							
12. Were ongoing active efforts made to provide services to the father or Indian custodian, including ongoing engagement to complete services?							
2012 State	2015 State	Region 1		Region 2		Region 3	
54% (58 of 108)	37% (29 of 79)	20% (6 of 30)		60% (15 of 25)		33% (8 of 24)	
		North	South	North	South	North	South
		24% (4 of 17)	15% (2 of 13)	71% (10 of 14)	45% (5 of 11)	25% (3 of 12)	42% (5 of 12)

Statewide results by case program

In-home cases: *37% (11 of 30)*

Out-of-home cases: *37% (18 of 49)*

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): *38% (15 of 40)*

This question applied to cases that stayed open beyond CPS Investigation or initial CPS-FAR Intervention and applies to Indian and Non-Indian mothers.

ICWA Cases: 13. Were ongoing active efforts made to provide services to the mother or Indian custodian, including ongoing engagement to complete services?							
2012 State	2015 State	Region 1		Region 2		Region 3	
77% (104 of 136)	52% (53 of 102)	49% (18 of 37)		61% (19 of 31)		47% (16 of 34)	
		North 55% (11 of 20)	South 41% (7 of 17)	North 81% (13 of 16)	South 40% (6 of 15)	North 28% (5 of 18)	South 69% (11 of 16)

Statewide results by case program

In-home cases: 74% (26 of 35)

Out-of-home cases: 40% (27 of 67)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 54% (26 of 48)

This question applied to cases that stayed open beyond CPS Investigation or initial CPS-FAR Intervention.

ICWA Cases: 14. Were ongoing active efforts made to engage the child in case planning on an ongoing basis?							
2012 State	2015 State	Region 1		Region 2		Region 3	
92% (56 of 61)	70% (44 of 63)	70% (19 of 27)		71% (10 of 14)		68% (15 of 22)	
		North 62% (8 of 13)	South 79% (11 of 14)	North 78% (7 of 9)	South 60% (3 of 5)	North 64% (9 of 14)	South 75% (6 of 8)

Statewide results by case program

In-home cases: 52% (12 of 23)

Out-of-home cases: 80% (32 of 40)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 70% (21 of 30)

ICWA Cases:							
15. If the child was a member or the biological child of a member and eligible for membership with a Washington State federally recognized Tribe, was the Tribe(s) contacted within one working day to discuss jurisdiction?							
2012 State	2015 State	Region 1		Region 2		Region 3	
65% (55 of 85)	49% (41 of 83)	43% (12 of 28)		54% (15 of 28)		52% (14 of 27)	
		North	South	North	South	North	South
		41% (7 of 17)	45% (5 of 11)	61% (11 of 18)	40% (4 of 10)	50% (5 of 10)	53% (9 of 17)

Statewide results by case program

CPS Investigation cases: 37% (7 of 19)

CPS-FAR cases: 59% (10 of 17)

In-home cases: 48% (10 of 21)

Out-of-home cases: 54% (14 of 26)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 53% (31 of 59)

ICWA Cases:							
16. Were there ongoing efforts to collaborate with the child's federally recognized Tribe(s) in case planning?							
2012 State	2015 State	Region 1		Region 2		Region 3	
49% (54 of 110)	48% (71 of 147)	41% (21 of 51)		56% (27 of 48)		48% (23 of 48)	
		North	South	North	South	North	South
		46% (13 of 28)	35% (8 of 23)	80% (20 of 25)	30% (7 of 23)	41% (9 of 22)	54% (14 of 26)

Statewide results by case program

CPS Investigation cases: 26% (6 of 23)

CPS-FAR cases: 57% (12 of 21)

In-home cases: 41% (14 of 34)

Out-of-home cases: 57% (39 of 69)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 62% (46 of 74)

ICWA Cases:

17. If the Tribe or LICWAC did not concur with the child's case plan and notified CA that an impasse existed, were the impasse procedures followed?

An impasse is defined as a deadlock between CA, the LICWAC or the child's Tribe regarding the child's case plan. There were no applicable cases to this question in both 2012 and 2015. This question remains in the ICW case review to serve as a reminder to Tribes and LICWACs that CA strongly encourages the use of these procedures as steps to resolve issues at the lowest possible level within the CA organizational structure recognizing that CA cannot impose these requirements on Tribes as Sovereign nations.

Culturally Competent Case Management

(The questions in this section were designed to measure compliance and quality of practice regarding providing culturally competent case management.)

(ICWA questions apply when a child was a member or a biological child of a member of a federally recognized Tribe(s) and eligible for membership.)

(Non-ICWA questions applied when a child was not a member or the biological child of a member and eligible for membership with a federally recognized Tribe; however, the family self-identified as having Indian cultural heritage, e.g., Indian ancestry with a non-federally recognized Tribe, Canadian First Nation or a descendant of a federally recognized Tribe but not eligible for membership.)

All Cases:

18. Did a Family Team Decision Making (FTDM) staffing occur when placement of the child or a placement move was being considered?

2012 State	2015 State	Region 1		Region 2		Region 3	
78% (94 of 121)	83% (68 of 82)	78% (21 of 27)		85% (22 of 26)		86% (25 of 29)	
		North 82% (9 of 11)	South 75% (12 of 16)	North 93% (13 of 14)	South 75% (9 of 12)	North 79% (11 of 14)	South 93% (14 of 15)

Statewide results by case program

CPS Investigation cases: 100% (2)

CPS-FAR cases: NA

In-home cases: 100% (23)

Out-of-home cases: 75% (43 of 57)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 88% (30 of 34)

ICWA Cases:							
19. If a FTDM staffing occurred, was the child's federally recognized Tribe(s) notified and encouraged to participate in the staffing in a timely manner?							
2012 State	2015 State	Region 1		Region 2		Region 3	
49% (33 of 67)	59% (32 of 54)	76% (13 of 17)		59% (10 of 17)		45% (9 of 20)	
		North	South	North	South	North	South
		86% (6 of 7)	70% (7 of 10)	64% (7 of 11)	50% (3 of 6)	30% (3 of 10)	60% (6 of 10)

Statewide results by case program

CPS Investigation cases: 0% (0 of 1)

CPS-FAR case: NA

In-home cases: 54% (7 of 13)

Out-of-home cases: 63% (25 of 40)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 58% (14 of 24)

This question applied to cases that stayed open beyond CPS Investigation or initial CPS-FAR Intervention.

Non-ICWA Cases:						
20. When ICWA did not apply, but the father self-identified Indian cultural heritage, was there ongoing engagement with the father in culturally competent case planning?						
2015 State	Region 1		Region 2		Region 3	
25% (3 of 12)	20% (1 of 5)		0% (0 of 1)		33% (2 of 6)	
	North	South	North	South	North	South
	25% (1 of 4)	0% (0 of 1)	No applicable cases	0% (0 of 1)	0% (0 of 2)	50% (2 of 4)

Statewide results by case program

In-home cases: 14% (1 of 7)

Out-of-home cases: 40% (2 of 5)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 60% (3 of 5)

This question applied to cases that stayed open beyond CPS Investigation or initial CPS-FAR Intervention.

Non-ICWA Cases:						
21. When ICWA did not apply, but the mother self-identified Indian cultural heritage, was there ongoing engagement with the mother in culturally competent case planning?						
2015 State	Region 1		Region 2		Region 3	
13% (2 of 15)	0% (0 of 3)		17% (1 of 6)		17% (1 of 6)	
	North 0% (0 of 3)	South No applicable cases	North 33% (1 of 3)	South 0% (0 of 3)	North 25% (1 of 4)	South 0% (0 of 2)

Statewide results by case program

In-home cases: 0% (0 of 5)

Out-of-home cases: 20% (2 of 10)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 25% (1 of 4)

This question applied to cases that stayed open beyond CPS Investigation or initial CPS-FAR Intervention.

Non-ICWA Cases:						
22. When ICWA did not apply, but the child/youth self-identified Indian cultural heritage, was there ongoing engagement with the child in culturally competent case planning?						
2015 State	Region 1		Region 2		Region 3	
20% (1 of 5)	No applicable cases		33% (1 of 3)		0% (0 of 2)	
	North No applicable cases	South No applicable cases	North 50% (1 of 2)	South 0% (0 of 1)	North No applicable cases	South 0% (0 of 2)

Statewide results by case program

In-home cases: 0% (0 of 1)

Out-of-home cases: 25% (1 of 4)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 33% (1 of 3)

ICWA Cases:							
23. Were "active efforts" made to identify and encourage the involvement in community services and resources specifically for Indian families?							
2012 State	2015 State	Region 1		Region 2		Region 3	
56% (75 of 133)	31% (40 of 130)	26% (12 of 46)		46% (18 of 39)		22% (10 of 45)	
		North 31% (8 of 26)	South 20% (4 of 20)	North 68% (15 of 22)	South 18% (3 of 17)	North 16% (4 of 25)	South 30% (6 of 20)

Statewide results by case program

CPS-FAR cases: 33% (8 of 24)

In-home cases: 31% (11 of 36)

Out-of-home cases: 30% (21 of 70)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 46% (28 of 61)

Non-ICWA Cases:							
24. When ICWA did not apply, but the family self-identified Indian cultural heritage, were efforts made to identify and encourage involvement in community services and resources specifically for Indian families?							
2015 State	Region 1		Region 2		Region 3		
14% (4 of 28)	25% (2 of 8)		0% (0 of 8)		17% (2 of 12)		
	North 40% (2 of 5)	South 0% (0 of 3)	North 0% (0 of 4)	South 0% (0 of 4)	North 0% (0 of 6)	South 33% (2 of 6)	

Statewide results by case program

CPS-FAR cases: 0% (0 of 5)

In-home cases: 20% (2 of 10)

Out-of-home cases: 15% (2 of 13)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 44% (4 of 9)

ICWA Cases:							
25. When the child was placed in out-of-home care, were there ongoing efforts to support the child's contact with his/her parents and extended family members?							
2012 State	2015 State	Region 1		Region 2		Region 3	
86% (79 of 92)	80% (57 of 71)	80% (20 of 25)		95% (19 of 20)		69% (18 of 26)	
		North 83% (10 of 12)	South 77% (10 of 13)	North 90% (9 of 10)	South 100% (10)	North 69% (11 of 16)	South 70% (7 of 10)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 94% (31 of 33)

Non-ICWA Cases:						
26. When ICWA did not apply, but the family self-identified Indian cultural heritage and the child was placed in out-of-home care, were there ongoing efforts to support the child's contact with his/her parents and extended family members?						
2015 State	Region 1		Region 2		Region 3	
92% (12 of 13)	100% (2)		100% (5)		83% (5 of 6)	
	North 100% (2)	South No applicable cases	North 100% (2)	South 100% (3)	North 100% (3)	South 67% (2 of 3)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 83% (5 of 6)

ICWA Cases:							
27. When the child was placed in out-of-home care, were ongoing efforts made to encourage and support the child's participation in Tribal customs and activities specific to the child's Tribe?							
2012 State	2015 State	Region 1		Region 2		Region 3	
57% (48 of 84)	39% (26 of 67)	48% (11 of 23)		47% (9 of 19)		24% (6 of 25)	
		North 67% (8 of 12)	South 27% (3 of 11)	North 60% (6 of 10)	South 33% (3 of 9)	North 13% (2 of 15)	South 40% (4 of 10)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 45% (15 of 33)

Non-ICWA Cases:							
28. When ICWA did not apply, but the family self-identified Indian cultural heritage and the child was placed in out-of-home care, were ongoing efforts made to encourage and support the child's participation in Tribal customs and activities?							
2015 State	Region 1		Region 2		Region 3		
31% (4 of 13)	50% (1 of 2)		0% (0 of 5)		50% (3 of 6)		
	North 50% (1 of 2)	South No applicable cases	North 0% (0 of 2)	South 0% (0 of 3)	North 33% (1 of 3)	South 67% (2 of 3)	

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 50% (3 of 6)

This question applied to cases that stayed open beyond CPS Investigation or initial CPS-FAR Intervention and a child was in the custody of the Department.

ICWA Cases: 29. Was the case staffed with the LICWAC for case planning when the child's Tribe(s) was unavailable or the Tribe was in agreement with a LICWAC occurring?							
2012 State	2015 State	Region 1		Region 2		Region 3	
33% (6 of 18)	67% (4 of 6)	No applicable cases		100% (2)		50% (2 of 4)	
		North No applicable cases	South No applicable cases	North 100% (1)	South 100% (1)	North 50% (1 of 2)	South 50% (1 of 2)

Regional results by case program

In-home cases: *NA*

Out-of-home cases: *67% (4 of 6)*

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): *60% (3 of 5)*

Court Requirements

(The questions in this section were designed to measure compliance and quality of practice regarding notification to Tribes of court proceedings and providing an expert witness per federal and/or state ICWA.)

(The following questions applied to children who are members or a biological child of a member and eligible for membership with a federally recognized Tribe.)

This question also applied to cases with a pending inquiry with a federally recognized Tribe.

ICWA Cases: 30. Was the child's Tribe(s) given legal notice prior to dependency fact finding and termination hearings?							
2012 State	2015 State	Region 1		Region 2		Region 3	
67% (28 of 42)	65% (26 of 40)	75% (9 of 12)		83% (10 of 12)		44% (7 of 16)	
		North 83% (5 of 6)	South 67% (4 of 6)	North 100% (4)	South 75% (6 of 8)	North 45% (5 of 11)	South 40% (2 of 5)

Regional results by case program

In-home cases: 67% (2 of 3)

Out-of-home cases: 65% (24 of 37)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 81% (17 of 21)

ICWA Cases: 31. Was the child's Tribe(s) notified prior to all dependency reviews in addition to fact finding and termination hearings?							
2012 State	2015 State	Region 1		Region 2		Region 3	
56% (41 of 73)	48% (31 of 64)	55% (11 of 20)		53% (10 of 19)		40% (10 of 25)	
		North 50% (5 of 10)	South 60% (6 of 10)	North 90% (9 of 10)	South 11% (1 of 9)	North 33% (5 of 15)	South 50% (5 of 10)

Regional results by case program

In-home cases: 50% (2 of 4)

Out-of-home cases: 48% (29 of 60)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 58% (19 of 33)

ICWA Cases: 32. Was there a qualified Indian expert witness for all dependency fact finding and termination proceedings?							
2012 State	2015 State	Region 1		Region 2		Region 3	
62% (16 of 26)	41% (12 of 29)	50% (4 of 8)		60% (6 of 10)		18% (2 of 11)	
		North 50% (2 of 4)	South 50% (2 of 4)	North 100% (3)	South 43% (3 of 7)	North 22% (2 of 9)	South 0% (0 of 2)

Regional results by case program

In-home cases: 33% (1 of 3)

Out-of-home cases: 42% (11 of 26)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 67% (10 of 15)

Placement Preference

(The questions in this section were designed to measure compliance and quality of practice regarding obtaining and following the placement preference of the Tribe.)

(The following questions apply to children who are members or eligible for membership and the biological child of a member with a federally recognized Tribe.)

ICWA Cases:							
33. Were efforts made to identify the Tribe's placement preference?							
2012 State	2015 State	Region 1		Region 2		Region 3	
57% (34 of 60)	75% (50 of 67)	86% (19 of 22)		70% (14 of 20)		68% (17 of 25)	
		North 100% (12)	South 70% (7 of 10)	North 80% (8 of 10)	South 60% (6 of 10)	North 73% (11 of 15)	South 60% (6 of 10)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 84% (27 of 32)

ICWA Cases:							
34. Was the Tribe's placement preference followed?							
2012 State	2015 State	Region 1		Region 2		Region 3	
100% (33)	95% (40 of 42)	100% (17)		92% (12 of 13)		92% (11 of 12)	
		North 100% (10)	South 100% (7)	North 88% (7 of 8)	South 100% (5)	North 86% (6 of 7)	South 100% (5)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s) 92% (23 of 25)

Safety

(The questions in this section were designed to measure quality of practice regarding identifying, assessing and addressing risk or safety threats for children.)

All Cases: 35. During the time the child(ren) was living in the family home, were risk and safety threats adequately identified, assessed and addressed?							
2012 State	2015 State	Region 1		Region 2		Region 3	
75% (114 of 152)	58% (90 of 156)	55% (29 of 53)		59% (32 of 54)		59% (29 of 49)	
		North	South	North	South	North	South
		70% (19 of 27)	38% (10 of 26)	72% (21 of 29)	44% (11 of 25)	43% (10 of 23)	73% (19 of 26)

Statewide results by case program

CPS Investigation cases: 47% (17 of 36)

CPS-FAR cases: 67% (26 of 39)

In-home cases: 52% (25 of 48)

Out-of-home cases: 67% (22 of 33)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 67% (50 of 75)

Safety Practice

The following practice was identified in the cases that were rated not achieved for adequately identifying, assessing or addressing safety threats to the child while living in the family home:

CPS Investigation

- All subjects and victims were not interviewed or comprehensive information was not gathered during the interviews to assist in identifying if there were safety threats.
- The investigation was not completed in a timely manner. There were significant gaps in time between contacts with the family.
- The CPS investigation lacked adequate collateral contacts to sufficiently determine if the children were safe, to include contacts with medical providers regarding injuries or medical conditions.
- There were multiple intakes assigned for investigation and concerns identified in all of the intakes were not sufficiently addressed.
- Safety planning did not address the identified safety concerns and/or was not sufficient to support the parent(s) or the child(ren).
- Other adults who resided in the home were not assessed to determine if they were safe for the children to be around.

CPS-FAR

- All identified children or parents were not interviewed or comprehensive information was not gathered during the interviews to assist in identifying if there were safety threats.
- There were significant gaps in time between contacts with the family.

- Identified risk and safety concerns were not thoroughly addressed with the family.
- The FAR intervention lacked adequate collateral contacts to sufficiently determine if the children were safe.
- Safety planning did not address the identified safety concerns and/or was not sufficient to support the parent(s) and/or the child(ren).

In-home

- Identified risk and safety concerns were not thoroughly addressed with the family throughout the time the case was open for services.
- There was limited to no in-person contact with the child(ren). On the cases in which monthly visits did occur, a majority occurred outside of the family home.
- Adequate oversight, monitoring and active coordination with service providers could not be found.
- Other adults who resided in or frequented the home were not assessed to determine if they were safe for the children to be around.
- Safety planning did not address the identified safety concerns or there were violations of the safety plan which were not addressed.

Out-of-home

- During trial return home visits, safety planning and services to address identified concerns could not be found.
- During trial return home visits, an adequate assessment of the parents' home to ensure the child(ren)'s safety could not be found.
- Other adults who resided in or frequented the parental home were not assessed to determine if they were safe for the children to be around, prior to or during the children's placement in the parental home.
- Prior to the children's removal from the home, the parents failed to address the identified concerns and despite the concerns, the children were not removed from the home in a timely manner.

All Cases:							
36. During the time the child was placed in out-of-home care, were risk and safety threats adequately identified, assessed and addressed?							
2012 State	2015 State	Region 1		Region 2		Region 3	
99% (100 of 101)	88% (74 of 84)	85% (23 of 27)		88% (22 of 25)		91% (29 of 32)	
		North 86% (12 of 14)	South 85% (11 of 13)	North 100% (12)	South 77% (10 of 13)	North 89% (17 of 19)	South 92% (12 of 13)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): *90% (35 of 39)*

Well-Being

(The questions in this section were designed to measure quality of practice regarding assessing and addressing the well-being needs of children.)

(The following questions applied to cases that stayed open beyond CPS Investigation or Initial CPS-FAR Intervention.)

All Cases:							
37. Were actions taken to assess and address the child(ren)'s educational needs?							
2012 State	2015 State	Region 1		Region 2		Region 3	
95% (82 of 86)	86% (72 of 84)	77% (24 of 31)		100% (21)		84% (27 of 32)	
		North 68% (13 of 19)	South 92% (11 of 12)	North 100% (11)	South 100% (10)	North 90% (17 of 19)	South 77% (10 of 13)

Statewide results by case program

In-home cases: 73% (11 of 15)

Out-of-home cases: 88% (61 of 69)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 89% (33 of 37)

All Cases:							
38. Were actions taken to assess and address the child(ren)'s physical health needs?							
2012 State	2015 State	Region 1		Region 2		Region 3	
93% (125 of 134)	69% (69 of 100)	70% (21 of 30)		79% (26 of 33)		59% (22 of 37)	
		North 82% (14 of 17)	South 54% (7 of 13)	North 84% (16 of 19)	South 71% (10 of 14)	North 57% (12 of 21)	South 63% (10 of 16)

Statewide results by case program

In-home cases: 76% (13 of 17)

Out-of-home cases: 67% (56 of 83)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 66% (31 of 47)

All Cases:							
39. Were actions taken to assess the child(ren)'s mental/behavioral health needs and offer culturally appropriate services when needs were identified?							
2012 State	2015 State	Region 1		Region 2		Region 3	
80% (57 of 71)	79% (55 of 70)	77% (20 of 26)		89% (17 of 19)		72% (18 of 25)	
		North 87% (13 of 15)	South 64% (7 of 11)	North 100% (11)	South 75% (6 of 8)	North 62% (8 of 13)	South 83% (10 of 12)

Statewide results by case program

In-home cases: 83% (15 of 18)

Out-of-home cases: 77% (40 of 52)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s): 86% (32 of 37)

Permanency

(The question in this section was designed to measure quality of practice regarding achieving permanency for children placed in out-of-home care.)

This question reviewed the actions taken in the last year to achieve permanency for the child.

All Cases:							
40. If the child was placed in out-of-home care, were there sufficient and timely actions taken to complete the permanent plan?							
2012 State	2015 State	Region 1		Region 2		Region 3	
93% (93 of 100)	84% (69 of 82)	88% (23 of 26)		88% (21 of 24)		78% (25 of 32)	
		North 86% (12 of 14)	South 92% (11 of 12)	North 91% (10 of 11)	South 85% (11 of 13)	North 84% (16 of 19)	South 69% (9 of 13)

Washington State Tribal Affiliation Only

Cases with Indian children from only federally recognized Washington State Tribe(s) were 89% (34 of 38)

Average Length of Stay for Children included in the 2015 ICW Case Review

Of the 82 dependent children included in the review, 63 remained in placement at the time of the 2015 ICW Case Review

	Number of children	Average Length of Stay
Region 1 North	8	30 months
Region 1 South	9	24 months
Region 2 North	9	23 months
Region 2 South	9	19 months
Region 3 North	17	19 months
Region 3 South	11	26 months
Statewide Total	63	22 months

Of the 82 dependent children included in the review, 19 children either returned home or had their dependency dismissed prior to the 2015 ICW Case Review

	Number of children	Average Length of Stay
Region 1 North	6	28 months
Region 1 South	3	10 months
Region 2 North	2	29 months
Region 2 South	4	18 months
Region 3 North	2	7 months
Region 3 South	2	5 months
Statewide Total	19	18 months

Overview: Comparison of 2012 and 2015 Results

The ICW Case Review is comprised of 40 questions divided into eight sections. In 2015, new questions were added and other questions were revised. There was 2012 comparison data for some practice areas.

ICW Case Review Questions	2012	2015
Inquiry of Indian Status		
All Cases: 1. Was the father, Indian custodian or paternal relatives asked if the child had American Indian/Alaska Native ancestry?	78%	70%
All Cases: 2. Was the mother, Indian custodian or maternal relatives asked if the child had American Indian/Alaska Native ancestry?	96%	93%
All Cases: 3. If the parents/Indian custodian/relatives were asked regarding the child's Indian ancestry, were they asked timely?	88%	88%
ICWA Cases: 4. If it was known at case opening that the child was a member or the biological child of a member and eligible for membership with a federally recognized Tribe(s), was the Tribe(s) contacted within one working day?	68%	60%
All Cases: 5. If Indian ancestry was identified with a federally recognized Tribe, was inquiry made with all identified Tribes to determine the child's Indian status?	69%	70%
All Cases: 6. Was the initial inquiry to the federally recognized Tribe(s) completed within 30 days from the time Indian ancestry was identified?	62%	66%
All Cases: 7. Was comprehensive genealogical information gathered to complete the ancestry chart?	67%	71%
All Cases: 8. If a federally recognized Tribe(s) did not respond to the initial inquiry to determine Indian status, was a second inquiry made to the Tribe(s)?	53%	91%
All Cases: 9. Was the second inquiry to the federally recognized Tribe(s) completed within 60 days of the first inquiry?	56%	66%
ICWA Cases: 10. Was the case staffed with the Local Indian Child Welfare Advisory Committee (LICWAC) when inquiry was pending with a federally recognized Tribe?	39%	22%
ICWA Cases: 11. If the case was staffed with a LICWAC during the time inquiry was pending with the Tribe, did the LICWAC staffing occur timely?	56%	0%

Active Efforts/Collaboration with Tribes		
ICWA Cases: 12. Were ongoing active efforts made to provide services to the father or Indian custodian including ongoing engagement to complete services?	54%	37%
ICWA Cases: 13. Were ongoing active efforts made to provide services to the mother or Indian custodian including ongoing engagement to complete services?	77%	52%
ICWA Cases: 14. Were ongoing active efforts made to engage the child in case planning on an ongoing basis?	92%	70%
ICWA Cases: 15. If the child was a member or the biological child of a member and eligible for membership with a Washington State federally recognized Tribe, was the Tribe(s) contacted within one working day to discuss jurisdiction?	65%	49%
ICWA Cases: 16. Were there ongoing efforts to collaborate with the child's federally recognized Tribe(s) in case planning?	49%	48%
ICWA Cases: 17. If the Tribe or LICWAC did not concur with the child's case plan and notified CA that an impasse existed, were the impasse procedures followed?	--	--
Culturally Competent Case Management		
All Cases: 18. Did a Family Team Decision Making (FTDM) staffing occur when placement of the child or a placement move was being considered?	78%	83%
ICWA Cases: 19. If a FTDM staffing occurred, was the child's federally recognized Tribe(s) notified and encouraged to participate in the staffing in a timely manner?	49%	59%
Non-ICWA Cases: 20. When ICWA did not apply, but the father self-identified Indian cultural heritage, was there ongoing engagement with the father in culturally competent case planning?	NA	25%
Non-ICWA Cases: 21. When ICWA did not apply, but the mother self-identified Indian cultural heritage, was there ongoing engagement with the mother in culturally competent case planning?	NA	13%
Non-ICWA Cases: 22. When ICWA did not apply, but the child/youth self-identified Indian cultural heritage, was there ongoing engagement with the child in culturally competent case planning?	NA	20%
ICWA Cases: 23. Were "active efforts" made to identify and encourage the involvement in community services and resources specifically for Indian families?	56%	31%

Non-ICWA Cases: 24. When ICWA did not apply, but the family self-identified Indian cultural heritage, were efforts made to identify and encourage involvement in community services and resources specifically for Indian families?	NA	14%
ICWA Cases: 25. When the child was placed in out-of-home care, was there ongoing efforts to support the child's contact with his/her parents and extended family members?	86%	80%
Non-ICWA Cases: 26. When ICWA did not apply, but the family self-identified Indian cultural heritage and the child was placed in out-of-home care, was there ongoing efforts to support the child's contact with his/her parents and extended family members?	NA	92%
ICWA Cases: 27. When the child was placed in out-of-home care, were ongoing efforts made to encourage and support the child's participation in Tribal customs and activities specific to the child's Tribe?	57%	39%
Non-ICWA Cases: 28. When ICWA did not apply, but the family self-identified Indian cultural heritage and the child was placed in out-of-home care, were ongoing efforts made to encourage and support the child's participation in Tribal customs and activities?	NA	31%
ICWA Cases: 29. Was the case staffed with the LICWAC for case planning when the child's Tribe(s) was unavailable or the Tribe was in agreement with a LICWAC occurring?	33%	67%
Court Requirements		
ICWA Cases: 30. Was the child's Tribe(s) given legal notice prior to dependency fact finding and termination hearings?	67%	65%
ICWA Cases: 31. Was the child's Tribe(s) notified prior to all dependency reviews in addition to fact finding and termination hearings?	56%	48%
ICWA Cases: 32. Was there a qualified Indian expert witness for all dependency fact finding and termination proceedings?	62%	41%
Placement Preference		
ICWA Cases: 33. Were efforts made to identify the Tribe's placement preference?	57%	75%
ICWA Cases: 34. Was the Tribe's placement preference followed?	100%	95%
Safety		
All Cases: 35. During the time the child(ren) was living in the family home, were risk and safety threats adequately identified, assessed and addressed?	75%	58%

All Cases: 36. During the time the child was placed in out-of-home care, were risk and safety threats adequately identified, assessed and addressed?	99%	88%
Well-Being		
All Cases: 37. Were actions taken to assess and address the child(ren)'s educational needs?	95%	86%
All Cases: 38. Were actions taken to assess and address the child(ren)'s physical health needs?	93%	69%
All Cases: 39. Were actions taken to assess the child(ren)'s mental/behavioral health needs and offer culturally appropriate services when needs were identified?	80%	79%
Permanency		
All Cases: 40. If the child was placed in out-of-home care, were there sufficient and timely actions taken to complete the permanent plan?	93%	84%