



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION
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June 29, 2018

Summer Puckett
Child Welfare Program Specialist
Children's Bureau, ACF/DHHS Region 10
701 5th Ave, Suite 1600, MS-73
Seattle, WA 98104

Dear Ms. Puckett:

Washington State is submitting the 2019 Annual Progress and Services Report with the following attachments for your review:

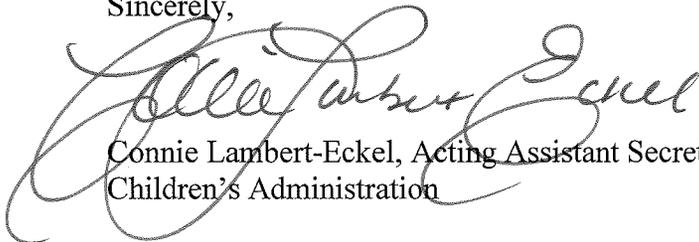
- Child Abuse Prevent and Treatment Act (CAPTA) State Plan
- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Continuity Plan for DSHS Children's Administration
- Education and Training Vouchers Annual Report
- Financial CFS-101 Forms Part I, II, and III: Excel and Signed PDF
- Training Plan
- Tri-West Washington State Title IV-E Waiver Evaluation

As required, final copies of these documents will be posted to Washington State's website and will be available at <http://www.dcyf.wa.gov/practice/oiaa/reports> no later than July 15, 2018.

If you have questions, please contact Jessica Pierce at (360) 999-0444.

Thank you.

Sincerely,



Connie Lambert-Eckel, Acting Assistant Secretary
Children's Administration

Enclosures



2019 ANNUAL PROGRESS AND SERVICES REPORT

2015-2019 Child and Family Services Plan
Department of Social and Health Services
Children's Administration

June 29, 2018; Revised August 9, 2018

TABLE OF CONTENTS

SECTION I: GENERAL INFORMATION	3-15
Message from the Acting Assistant Secretary	3
Children’s Administration Structure, Vision, Mission, and Values	3
Transition to Washington State Department of Children, Youth, and Families	5
Collaborations	7
Acronyms and Abbreviations.....	14
SECTION II: ASSESSMENT OF PERFORMANCE	16-202
Statewide Data Indicators	17
Recurrence of Maltreatment	19
Maltreatment in Out-of-Home Care	19
Placement Stability	20
Permanency in 12-months for Children Entering Out-of-Home Care	21
Permanency in 12-months for Children in Care 12-23 Months	22
Permanency in 12-months for Children in Care 24 Months or More	23
Re-entry in 12-months.....	24
Safety Outcomes	25
Permanency Outcomes	35
Well-being Outcomes.....	62
Statewide Information System	85
Case Review System	89
Quality Assurance System	108
Staff and Provider Training.....	119
Service Array and Resource Development	142
Agency Responsiveness to the Community.....	159
Foster and Adoptive Parent Licensing, Recruitment, and Retention.....	178
SECTION III: PLAN FOR IMPROVEMENT	204-223
Safety Action Plan.....	205
Permanency Action Plan.....	210
Well-being Action Plan	215
ICW Action Plan.....	217
Disproportionality Action Plan.....	220
SECTION IV: SERVICE DESCRIPTION	224-258
Stephanie Tubbs Jones Child Welfare Services Program	224
Promoting Safe and Stable Families Program.....	225
Populations at Greatest Risk of Maltreatment	226
Services for Children under the Age of Five	227
Data on Child Maltreatment Deaths.....	232
Services for Children Adopted from Other Countries.....	233

John H. Chafee Foster Care Program for Successful Transition to Adulthood <i>updated</i>	234
Extended Foster Care (EFC) Program	253
Education and Training Vouchers (ETV) <i>updated</i>	254
SECTION V: PROGRAM SUPPORT	259-262
SECTION VI: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES	263-268
SECTION VII: MONTHLY CASEWORKER VISITS FORMULA GRANTS	269-271
SECTION VIII: ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS.....	272-273
SECTION IX: CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES	274-277
SECTION X: QUALITY ASSURANCE SYSTEM	278
SECTION XI: PAYMENT LIMITATIONS <i>updated</i>	279
ATTACHMENTS	
Child Abuse Prevent and Treatment Act (CAPTA) State Plan <i>updated</i>	Attachment A
Foster and Adoptive Parent Diligent Recruitment Plan	Attachment B
Health Care Oversight and Coordination Plan	Attachment C
Continuity Plan for Children’s Administration.....	Attachment D
Education and Training Vouchers Annual Report	Attachment E
Financial CFS-101 Forms Part I, II, and III	Attachment F
Training Plan <i>updated</i>	Attachment G
National Youth in Transition (NYTD) FY 2013-2017 Data Snapshot	Attachment H
Tri-West Washington State Title IV-E Waiver Evaluation.....	Attachment I

SECTION I: GENERAL INFORMATION

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

Message from the Acting Assistant Secretary¹

I am pleased to submit to you the 2019 Annual Progress and Services Report (APSR). This report comes at a unique time for the administration.

As shown in Washington's Statewide Assessment (SWA) submitted February 2018, Children's Administration has made significant improvements in how we understand our success in serving children and families. This knowledge has been used to develop the necessary strategies and plans for improving outcomes. This work will continue and evolve as we leave the Department of Social and Health Services (DSHS) to join the newly formed Department of Children, Youth, and Families (DCYF) on July 1, 2018.

The Administration's move to DCYF represents significant change for CA staff, children and families, caregivers, and other partners in Washington State. In establishing the new agency, the legislature provided an extensive scope, including a notable emphasis on preventative services to strengthening families, even in the absence of involvement in the child welfare system. Simply put, the new organization will engage with children and families in a more holistic manner, providing valuable supports beyond CA's current offerings and aligning with work included in the Family First Preventive Services Act.

Finally, CA is in the midst of the Round III Child and Family Services Review (CFSR), which began on April 1, 2018. The SWA and key stakeholder interviews were completed in May 2018 and the state-led case reviews will conclude in September 2018. We look forward to the CFSR Final Report and to the close collaboration with the Children's Bureau in establishing our Performance Improvement Plan (PIP). The PIP has historically been important for Washington State, allowing the administration to make enormous improvements which advance child safety and improve our service to children and families. These improvements would not have been possible in the absence of federal partnership and accountability. As I reflect on the final day of DSHS' Children's Administration, it is with great pride, hope, and excitement that I look forward to what we will accomplish in the next year.

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

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

Headquarters

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

- Field Operations
- Executive Staff
- Finance and Performance Evaluation
- Program and Policy
- Technology Services

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

- Indian Child Welfare
- Legislative and External Relations
- Quality Assurance and Continuous Quality Improvement

Field Operations includes:

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

Executive Staff includes:

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

Finance and Performance Evaluation includes:

- Budget
- Contracts
- Finance and Accounting
- Data Unit

Program and Policy includes:

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

Children's Administration Regional Operations

Washington’s 39 counties are divided into three regions (or six sub regions). This report will primarily refer to sub regions unless otherwise noted. Region 1 East and Central are primarily rural areas with some urban areas, while

Region 2 North and South includes the county with the state’s largest population and some rural areas. Region 3 North and South is an even mix of urban and rural offices.

Each region provides:

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



DSHS CA Mission

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

DSHS CA Vision

An end to child abuse and neglect

DSHS CA Values

- Inclusion
- Collaboration
- Compassion
- Respect

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

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

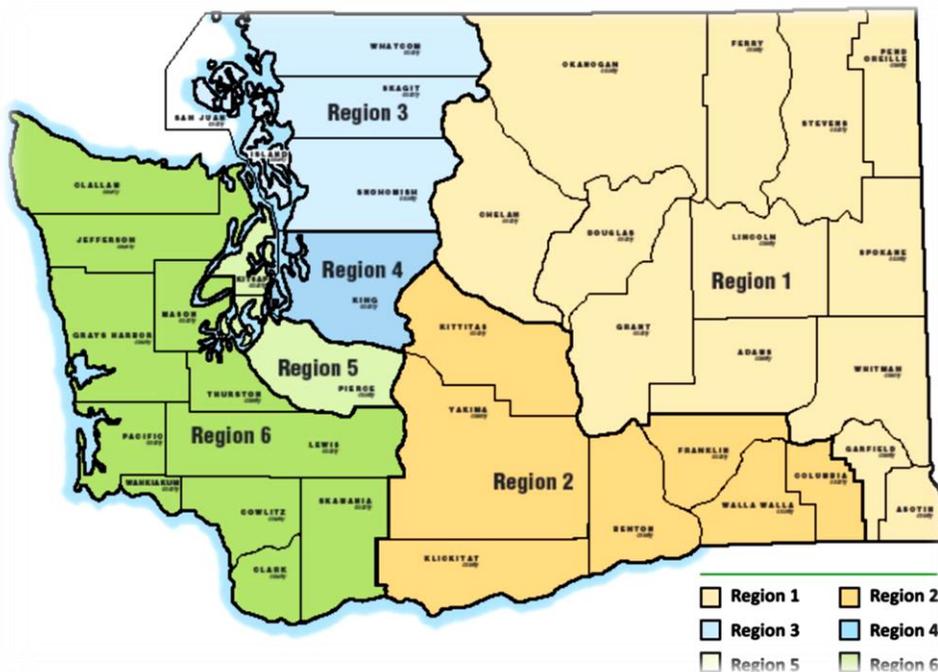
This new department will merge the Children’s Administration of the Department of Social and Health Services (DSHS) with the Department of Early Learning and, a year later, the Juvenile Rehabilitation and the Office of Juvenile Justice components of DSHS. The new agency will oversee several services now offered through the state Department of Social and Health Services and the Department of Early Learning. These include all currently represented in the Children’s Administration in DSHS such as Child Protective Services, the Family Assessment Response program, and adoption support, as well as all DEL services, including the Early Childhood Education and Assistance Program for preschoolers and Working Connections Child Care.

DCYF Organizational Structure, Vision, Mission, and Values

On July 1, 2018, the new Department of Children, Youth, and Families (DCYF) will become operational. DCYF is a cabinet-level agency focused on the well-being of children. The vision for the department is that “Washington state’s children and youth grow up safe and healthy—thriving physically, emotionally and academically, nurtured by family and community.”

The organization of functions within DCYF will include six offices/divisions that report to the new Department's Secretary:

- Office of Communications
- Office of External Relations
- Operations and Infrastructure – Deputy Secretary
- Programs for Children and Families – Deputy Secretary
- Office of Tribal Relations
- Office of Innovation, Alignment, and Accountability



DCYF Regional Operations

The regional structure for the new Department will move to a six region model, based on the regional structure previously used by DSHS.

Switching to this type of structure is not an overnight task and it will take some time to transition from the various regional models that the agencies of origin have now to this new DCYF model. The child welfare field division will transition first, with the licensing and other regional activities being phased in future stages.

DCYF Mission

The mission of DCYF is to protect children and strengthen families so they flourish.

DCYF Vision

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

DCYF Values

- Inclusion
- Respect
- Integrity
- Compassion
- Transparency

Emerging Structure and Changes

As vacant office and division leadership positions are filled and reporting relationships identified, leadership will work with their teams to consider how best to organize within each division or office. For many groups, there may be very little change on July 1. In other areas, particularly the administrative areas, there will be more changes. More information about the new agency is available at <https://www.dcyf.wa.gov/>.

Collaboration

Washington has a strong culture and structure that supports collaborating, coordinating, and partnering with a wide variety of internal and external stakeholders, Tribes, courts, and community partners. The Department engages stakeholders in a continuous improvement cycle by encouraging and facilitating ongoing, year-round stakeholder engagement to successfully implement the provisions of the 2015-2019 CFSP and the 2019 APSR. Through this collaboration, CA is able to assess the needs of children and families, use the input to amend strategies, and monitor progress towards achieving identified outcomes and measures.

The Department, at the state and regional level, consults with a large and diverse group of stakeholders through advisory groups, oversight committees, provider meetings, and other workgroups to assess the goals, objectives, data, and progress related to implementation of the CFSP and subsequent APSR's, as well as, the day to day work of the Department. Partnership has been key to CA's success in the past year and will continue to move the Department towards achieving the outcomes of safety, permanency, and well-being. Through ongoing collaboration with stakeholder groups including, but not limited to: courts, Tribes, behavioral health representatives, youth, and internal staff, CA is able to better utilize resources, identify needs and services, and develop new goals and improvement efforts that will have a positive impact on the children and families served. In the coming year, CA will continue to collaborate and partner with the following external stakeholders:

Citizen Review Panels

Washington has three (3) Citizen Review Panels statewide whose purpose is to evaluate the extent to which the Department is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act state plan. Feedback from the three Citizen Review Panels are shared with the appropriate HQ program managers (ICW, CPS and Safety/DV/Intake) and the Office Chiefs for the Program and Policy division. In addition, CAs Assistant Secretary attends the Children, Youth and Family Advisory Committee meetings and the information obtained is shared with the CA executive team and the CA leadership team. The feedback is utilized to ensure appropriate improvements are implemented for the Department to provide quality and comprehensive services to children and families.

Court Improvement Programs

CA works with the Court Improvement Programs (CIP), Administrative Office of the Courts (AOC), on a number initiatives including:

- *Permanency CQI Workgroup* – The Permanency CQI Workgroup is a statewide stakeholder group that was formed by CA and the AOC in 2015. The goal of this groups to increase the number of children who achieve timely reunification and permanency. Besides staff from CA and AOC, the team consists of representatives from the judiciary, Tribes, Office of Public Defense, Washington State CASA, Court Improvement Training Academy, Office of Civil Legal Aid Children's Representation Program, Casey Family Program, and Attorney General's Office. The group reviewed both court and CA data regarding permanency and came up with the following team tasks:
 - Identify contributing factors to racial disparities in system processes.
 - Develop and finalize permanency CQI plan.
 - Develop/identify key permanency data measures for ongoing progress and performance review. Include ability to breakdown by race/ethnicity in all measures.
 - Identify practice improvements to support timely filing/compelling circumstances.
 - Establish and act on interim targets for performance improvement.

- Foster and maintain cross-agency perspective on permanency and permanency improvements.
- Make recommendations as indicated.

The workgroup meets on a regular basis to review data provided by CA and the courts. The current focus of the workgroup is on length of stay for children in out-of-home care. Information was gathered regarding child welfare stakeholders in areas that had high lengths of stay, as well as, low lengths of stay, to identify commonalities and differences. Through this process, large caseworker turnover was observed and other root causes were explored. The workgroup identified a need for child welfare system professionals to gather in a forum outside of the courtroom setting to develop an understanding of each other's roles in the child welfare process. The workgroup also wanted to provide an opportunity for local stakeholders to address system issues, share ideas for system improvement, and inspire and build champions for permanency. As a result, the workgroup developed a format and held three Permanency Summits between 2016 and 2017.

- *Permanency Summits* – The criteria for choosing Permanency Summit locations is determined by counties with longest length of stay that lack system improvement resources, such as state Family and Juvenile Court Improvement Program (FJCIP) grants and the Court Improvement Training Academy (CITA) Tables of Ten stakeholder groups. The first Permanency Summit was held in September 2016 in Clark and Cowlitz Counties. In 2017 Grant and Benton/Franklin Counties held permanency summits. The CQI Workgroup co-chairs facilitated discussions with the local stakeholder groups to share information and plan for the summit. The summits culminate in the creation of action plans for each of the selected counties, and the Permanency CQI Workgroup tracks the progress of the action plans.

These permanency summits should facilitate better working relationships between child welfare partners, in and out of the courtroom. The action plans created by each community will work toward reducing lengths of stay and increasing reunification and permanency rates and ultimately improving permanency outcomes that will be measured in the 2018 Child and Family Services Review. The goal is to provide two to three summits per year, depending on available resources.

- *Best for Babies Court Appointed Special Advocates Pilot Project* – Pierce County sponsors the Best for Babies Court Appointed Special Advocates Pilot Project which launched in August, 2014. The program's focus is front-loading services to infants (0-3 years) and their parents, in accordance with current best practices, to preserve the infant-parent bond, promote child well-being, and reduce time to permanence. Pierce County assembled an advisory team consisting of community stakeholders from the fields of medicine, mental health, social work, nutrition, education, law, and others. The team meets twice monthly with parents, foster parents, social workers, and CASAs. The team offers input, feedback, and suggestions to enhance the infant-parent relationship and development, and provides information, support, and encouragement to parents and caregivers. With the help of community partners, families are referred to programs already in existence in the community, such as Parent-Child Assistance Program, Nurse Family Partnership, Early Head Start/Head Start, YMCA, Family Support Centers, and Children's Museum of Tacoma. These programs provide avenues for families to engage with their children and become well-grounded in their community. With these natural community supports in place, families receive continued support from programs that promote healthy families, long after the dependency is dismissed.
- *Baby Court Docket* – In October 2016, Pierce County implemented a Baby Court docket providing increased judicial oversight of the Best for Babies cases. In keeping with the Zero to Three's Safe Babies Court Team model, Baby Court cases are heard by the court every 60 days before the same judicial officer. Pierce County adopted setting a status hearing between review hearings, which helps reduce workload requirements. The status hearing requires the social worker and CASA to create a shorter written update, rather than a full court report. The Children's Administration social worker is an active participant in Baby Court and there is a designated social worker from each participating office assigned

to the Baby Court cases. Currently Baby Court cases are recruited from the Pierce East and Pierce West catchment areas. Baby Court will expand to the Pierce South office in 2018.

- *Children’s Home Society Child Welfare-Early Learning Partnership* – The Partnership conducts case staffing meetings in each of the region’s child welfare offices, in which early learning and early intervention providers help caseworker’s problem-solve and refer young children to services that support healthy development and address developmental delays and disabilities. Statewide in 2017, 60 staffings were held, over 600 cases were reviewed, and 134 children were directly referred for services.
- *Visitation Policy Implementation* – The Court Improvement Program sponsored a Region 10 (Alaska, Idaho, Oregon and Washington) Parent Representation Leadership Forum November 2016, convened to improve the quality of parent representation. The Washington State team that attended the forum represented state and tribal courts, Children’s Administration, Office of Public Defense, Attorney General’s Office, Court Appointed Special Advocates, parent allies, foster parents, legislators, and several child welfare community stakeholders. The team determined that, while Children’s Administration adopted an improved visitation policy, most dependency court partners are not aware of the new policy, nor are they implementing its provisions. To support effective implementation of the new visitation policy, a cross-systems team comprised of state and community partners chose to develop a multidisciplinary education program to be delivered at the local court level.

The project was successfully piloted in Grays Harbor County in November 2017 and will be further implemented throughout the state. The multidisciplinary stakeholder trainings will include an education component on the content of the policy, as well as the development of a shared improvement plan tailored to each community. Pre and post forum surveys will aid in the evaluation of the project. Visitation data will also be monitored before and after implementation of the local plans to determine if the visitation policy is being followed, including the requirement that visitation be unsupervised unless present danger, risk, or safety concerns exist.

The education and local improvement plans should facilitate a more meaningful discussion of parent-child visitation before and during hearings. Judicial officers will be better prepared to ask the right questions during hearings, understanding the requirements of the revised policy, and litigants will be better prepared to answer. By putting these elements in place, it is more likely that a quality court hearing or review will occur, ensuring safety of children while protecting the rights of both children and parents to spend quality time together. Higher quality legal representation should result from working with Children’s Administration and the court to improve visitation planning and implementation.

Continuous Engagement Initiatives

The following advisory groups, oversight committees, provider meetings, and other workgroups are utilized to complete requirements of the CFSP and subsequent APSR’s.

- *Casey Family Programs* – CA and Casey Family Programs has a long standing relationship of collaboration to improve outcomes for children and families by providing technical assistance and funding in many areas of CA’s work. Ongoing collaboration includes efforts to reduce racial disproportionality through training and hosting Washington State Racial Disproportionality Advisory Committee events, permanency related efforts particularly focused on finding permanent placements for children in long-term foster care by planning for technical assistance to increase kinship care and subsidized guardianship, improving service support for foster children in education and early childhood development.

In 2017, CA and Casey partnered to complete Targeted Permanency Reviews and are one element of Children’s Administration’s Continuous Quality Improvement (CQI) approach. These targeted reviews help inform the CQI efforts through collecting, analyzing, and disseminations of data as part of our targeted reviews and are focused on two distinct populations.

- Children ages 2 to 5-years-old who have been in out-of-home care for two or more years and have not yet reached permanency.

- Children who have returned home and whose case is still open 8 months or longer (following the return home).

The Targeted Permanency Reviews are designed to highlight system barriers to permanency to inform further deeper review and strategies for improvement and this work will help inform and achieve our Program Improvement Plan (PIP) goals.

In the first round of the Targeted Permanency Reviews, CA reviewed 509 cases. Below is a summary of the most commonly identified systemic barriers:

- Shared Planning Meetings did not occur or were not documented in 38% of the cases;
- The process to establish a parenting plan was a barrier in 43% of the cases;
- Lack of father engagement was identified in 40% of the cases; and
- Difficulty in locating parents was a barrier in 34% of the cases.

CA will continue the targeted permanency review and is working on updating the tool to track policy timeframes as well as performing a more thorough root cause analysis into some of the identified barriers.

- *Office of Public Defense (OPD)* – OPD was established by the Legislature in 1996 and is an independent agency of the judicial branch. The Parents Representation Program is administered by OPD and contracts with attorneys to represent indigent parents, custodians and legal guardians involved in child dependency and termination of parental rights proceedings. The program operates in 31² of Washington's 39 counties and key elements of the program include: caseload limits and professional attorney standards; access to expert services and independent caseworkers; OPD oversight; and ongoing training and support.

In partnership with local courts, court partners, and other stakeholder’s permanency summits were held in 3 locations around Washington state. Locations were determined based on their long lengths of stay and the local court willingness to look at improvements in permanency outcomes for children and youth in the child welfare system. Summit activities focused on a deeper discussion of data, and identifying strategies to achieve timely permanency. Action plans were developed which included decreasing the length of stay for children in out-of-home care and better engagement in permanency planning. One of the barriers of timely permanency identified is the delay in setting a termination of parental rights trial date. As a result of the permanency summit, the local court, Attorney General’s Office and CA leadership have established a process to set trial dates in a timelier way. Four more permanency summits are scheduled in other counties around Washington in 2018.

- Washington’s Children’s Administration is one of eight sites awarded a grant by the federal government to test innovative workforce interventions that study and seek to address staff turnover and retention, a challenge for states across the nation and a threat to achieving the highest quality child welfare practice. The Quality Improvement Center for Workforce Development (QIC-WD) at the University of Nebraska-Lincoln will lead a team of experts in child welfare, workforce, implementation, evaluation, and dissemination from University of Colorado, Denver; University of Louisville; University of Tennessee, Knoxville; C.F. Parry Associates; CLH Strategies & Solutions; and Great Eastern Consulting.

Over the next four years, the QIC-WD will work with the selected sites to study and address potential solutions to their specific workforce issues. A review of the literature, benchmarking survey of current workforce trends, and implementation and evaluation tools will be developed and shared as part of the project. The QIC-WD is committed to using the best available research from a variety of fields to identify strategies to strengthen the workforce of its partner sites.

² Parents Representation Program operates in the following Washington counties: Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grant, Grays Harbor, Jefferson, King, Klickitat, Kitsap, Kittitas, Mason, Pacific, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Whatcom, Whitman, and Yakima.

Washington is one of many child welfare agencies across the country striving to attract and retain well-qualified staff, and we look forward to this opportunity to work with the QIC-WD and use the best available research to help us achieve this goal. We believe that a strong workforce is essential to the children and families served in child welfare, and we are pleased with the opportunity to be part of this project that is building an evidence base to address and study potential solutions around workforce development and support strategies to reduce staff turnover.

Targeted Engagement Initiatives

Other stakeholder engagement is utilized to achieve a specific purpose and may be time-limited. As specific topics and initiatives arise, the Department may require input from a specific group of subject matter experts in the community to participate in focus groups, workgroups, Lean improvement events, and other activities. Examples of targeted engagement initiatives completed in calendar year 2017 include:

- *CA Transition to DCYF* – In preparation for this transition, incredible work has and will continue to occur with tribes and stakeholders of the Department of Children, Youth, and Families. Since the inception of DCYF, dozens of community and staff meetings have been held. This ongoing “listening tour” has allowed Washingtonians the opportunity to provide deep input on how our clients and caregivers can be better served. CA has had significant involvement in supporting and participating in these efforts. DCYF is committed to continue working with our court and community partners to serve these vulnerable children and their families.
- *State of the State Presentations* – In 2017, the Children’s Administration Executive Management visited the three regions and sent out invitations to all external stakeholder groups inviting them to a discussion on the “State of the State”. Direct reports to the Assistant Secretary shared both quantitative and qualitative data across all areas of the organization, including: budget, staffing and caseload ratios, child related outcome metrics, new legislation, changes in policy and recent policy, updates in technology and mobility, background check changes, risk management, federal outcomes and systemic factors, and the upcoming CFSR.

In addition to the new stakeholder outreach at the executive level, each region conducted their own stakeholder meetings with the focus of sharing current performance data, engaging discussion of improvements, and informing participants about the upcoming CFSR. In Region 1, regional leadership and the QA/CQI leads broke up the stakeholder meetings by court teams in the Spokane office. There are five court teams in Spokane County and each court team participated in separate meetings to review and discuss the dependency data from their own team. Participants included members of the bench, defense attorneys, CASAs, guardians’ ad litem, caseworkers, and AAGs. In addition to reviewing their dependency data, they reviewed case review data and discussed strengths and challenges currently facing the teams. Each team left with action plans for improvement. Region 1 intends to expand this model to other counties in 2018.

- *PIP Kick-off* – In November 2017, this one-day event was specifically designed to discuss CA’s current performance in the seven (7) CFSR outcomes and eighteen systemic factors. This event was designed to bring a multidisciplinary group together to discuss Washington’s current performance, the state’s five-year plan, our upcoming state-led CFSR, and the direction for stakeholder involvement in the upcoming PIP. Internal and external stakeholders in attendance included: line staff, supervisors, program managers, leadership at both the regional and HQ level, Alliance staff representing training, curriculum developers, coaches, tribal members, parent allies, representatives of the Office of Public Defense, representatives of Administrative office of the Courts, Casey Family programs staff, service providers, and caregivers. During the daylong event the 115 participants were arranged according to their area of expertise and seated at a table with other stakeholders. Each table represented at least one outcome area or systemic factor. Data for that particular outcome or systemic factor was provided and a discussion was led by the HQ program expert (owner) and a member of the CQI team. For the seven (7) outcomes, the CQI members served as

experts in the OSRI tool available to answer questions about data and provide more information about what compliance looks like in practice. The discussion included feedback from the table participants.

CA will continue to engage this group in 2018, as well as other stakeholders. Engagement will include the use of Mail Chimp, an automated communication tool with flexibility to target stakeholder groups and deliver routine communication. In addition to this “push” method of communication CA will have a “pull” method that includes the ability to seek information or questions.

- *Development of Topic Specific Informational Resources* – CA collaborated with the Office of the Superintendent of Public Instruction, Treehouse, and Texas Education Agency to develop a resource guide for teachers and caseworkers. The purpose of the *Educator’s Guide To Supporting Students in Foster Care*³ is to empower education professionals with information, resources, and tools to positively impact the educational experience for students in foster care. While the guide is primarily designed for education professionals, it will also benefit caregivers, child welfare workers, child advocates, and others who work with students to help them achieve success in school and in life.
- *Every Student Succeeds Act 2015* – Education assessment and referrals for supports improved during 2017, in large part due to the reauthorization of the federal Every Student Succeeds Act 2015 (ESSA), which was enacted December 2016. ESSA provided additional provisions for students in foster care and new mandates that the school and child welfare agencies strengthen collaborations.

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

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

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

In October 2017, the bi-directional education data share agreements were signed. This data will populate statewide education information into CA’s case management system for individual children and youth. Under the Family Educational Rights and Privacy Act (FERPA), caseworkers will be able to access the education information specific to the children on their caseload. Having education information readily available to caseworkers will improve capacity to act promptly in supporting a child’s educational needs, make appropriate referrals for education services, and discuss educational status with the child, caregivers, parents and the courts. This should lead to improved educational outcomes for children in out-of-home care. The FamLink user interface is currently being developed and information should be available to caseworkers by fall 2018. The signed data share agreements also allow OSPI to share lists of foster care students with school districts for coordination and development of educational supports, allow OSPI to complete state and federal reporting mandates and to provide lists of eligible youth to their contractor, Treehouse, to provide Graduation Success Services.

³ http://www.treehouseforkids.org/wp-content/uploads/2016/06/Educators-Guide-Final_Digital-Version.pdf

- *Regional Education Agreements* – CA and OSPI spent the Summer 2017 updating the Regional Education Agreement. The agreement was completed and released for signatures October 2017. The agreement emphasizes collaboration and coordination between 45 local child welfare offices and 295 school districts and addresses enrollment, records transfer, transportation, and joint education planning. These agreements are signed by the individual school districts and their local CA office.
- *National School Attendance Campaign* – The month of September was National School Attendance Month. OSPI and DSHS collaborated to create a campaign to share the importance of regular school attendance. Both agencies created and collected campaign materials to include posters, fliers, PSAs with the Governor and robo-call messages for parents and students recorded by Seattle Seahawk player Jermaine Kearse. OSPI and DSHS have invited individual administrations within DSHS to participate. CA participated by providing information about the importance of school attendance to children/youth, caseworkers, caregivers and the Administrative Office of the Courts (AOC).
- *Memorandum of Understanding/Border Agreements with Neighboring States* – In 2010, the Department of Social and Health Services entered into agreement 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.

In 2014, the agreement was expanded to include all border counties in Washington and Oregon. The implementation of the border agreement to additional counties has continue through 2017, finalizing the remaining counties in fall 2017. The border agreement with Oregon covers the following counties in Washington: Pacific Wahkiakum, Cowlitz, Clark, Skamania, Klickitat, Benton, Franklin, Walla Walla, Columbia, Garfield and Asotin. In Oregon, the following counties are covered: Clatsop, Columbia, Washington, Multnomah, Clackamas, Hood River, Wasco, Sherman, Gilliam, Morrow, Umatilla, Union and Wallowa. In calendar year 2017, Washington sent twenty-two (22) requests, 12 were approved and children placed. In the same year, Oregon sent thirty-four (34) requests to Washington, 20 were approved and children placed. The scope of the agreement remains limited, but is another option available to staff to safely and quickly place children in another state while following ICPC law.

Strategic Plan

Children’s Administration is committed to keeping children safe while supporting children and families. CA’s strategic plan was updated in October 2017 and the plan focuses on commitment to continual quality improvement and is in alignment with federal performance measures. Development of the plan included robust communication with external partners and their feedback is routinely used to inform changes throughout the administration. Major work includes:

- Strengthening collaborations: establishing more robust and responsive communication with staff, stakeholders, and partners such as tribes and courts.
- Strengthening use of data-driven decisions, including use of the Plan-Do-Check-Act cycle, as well as other forms of routinized accountability.
- Make CA an employer of choice by improving our engagement in employee-centered equity, diversity, and inclusion.

Additional committees, activities, and ongoing consultation with employees and external stakeholders can be found under [Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR](#) of this report.

Acronyms and Abbreviations

AAG	Assistant Attorney General
AFCARS	Adoption and Foster Care Analysis and Reporting System
AGO	Attorney General's Offices
AHCC	Apple Health Core Connections
AOC	Administrative Office of the Courts
APSR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
CA	Children's Administration
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocates
CATS	Children's Administration Technological Services
CCRT	Central Case Review Team
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CPS	Child Protective Services
CPS FAR	Child Protective Services Family Assessment Response
CSEC	Commercially Sexually Exploited Children
CQI	Continuous Quality Improvement
DCYF	Department of Children, Youth, and Families
DLR	Division of Licensed Resources
DSHS	Department of Social and Health Services
EFC	Extended Foster Care
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ETV	Education and Training Voucher Program
FAB	Field Advisory Board
FRS	Family Reconciliation Services
FTDM	Family Team Decision Making
FVS	Family Voluntary Services
HQ	Headquarters
ICW	Indian Child Welfare

ICWA	Indian Child Welfare Act
IL	Independent Living
IPAC	Indian Policy Advisory Committee
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
MOU	Memorandum of Understanding
NCANDS	National Child Abuse and Neglect Data System
NAIR	Native American Inquiry Referral
NYTD	National Youth in Transition Database
OMS	Onsite Monitoring System
OPD	Original Placement Date
OSRI	Onsite Review Instrument
QA	Quality Assurance
SACWIS	Statewide Automated Child Welfare Information System
SCARED	Screen for Childhood Anxiety and Related Emotional Disorders
SCOMIS	Superior Court Management Information System
TPR	Termination of Parental Rights
WISe	Wraparound with Intensive Services
WSRDAC	Washington State Racial Disproportionality Advisory Committee

Section II: Assessment of Performance

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

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

- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS data files. CA produces data profiles semi-annually which are submitted to the U.S. Department of Health and Human Services. The semi-annual submissions are considered the official data for determining conformity with the CFSR Statewide Data Indicators on safety and permanency.
- *infoFamLink* – This is the reporting system for Children’s Administration which is integrated into our information management system, FamLink. The reporting system includes reports regarding safety, permanency, well-being, licensing and caregivers, and administrative that are populated from information data entered into FamLink. All CA staff including caseworkers, supervisors, regional leadership, and program managers, have access to run reports.
- *Monthly Informational Report* – The Department uses a monthly informational report to track performance on several key indicators, including but not limited to percentage of intakes requiring a face-to-face, number of children residing in out-of-home care, number of licensed foster homes statewide, and percent of children in out-of-home care placed with a relative or kin. This data is based on activities documented in FamLink on or before the report “as of” date.
- *Dependent Children in Washington State: Case Timeliness and Outcomes 2017 Annual Report* – This report is published by Administrative Office of the Courts (AOC), Washington State Center for Court Research and reflects all of the juvenile dependency and termination cases that were filed in Washington’s courts from January 2000 through December 2017. Court records from the AOC’s Superior Court Management and Information System (SCOMIS) were matched with information from CA’s statewide information system, FamLink. Information represents a subset of matched cases that were documented before January 1, 2018. The complete report can be viewed on the Washington Courts website at: <http://www.courts.wa.gov/subsite/wscsr/docs/2017DTR.pdf>.
- *Central Case Review Team (CCRT)* – This data is generated by reviewing investigation, in-home, and out-of-home care cases utilizing the Online Monitoring System (OMS) for documenting case review results and reviewing cases according to the federal Onsite Review Instrument (OSRI) standards.

In calendar year 2016, there were 23 onsite reviews of 25 offices. The case sample for each review was designed to be large enough to show practice trends within the office, to include at least one case from each case-carrying worker, and to not over-represent a single program or worker. The sample included randomly selected cases that were open one or more days in the six months prior to the review date. A total of 566 cases were reviewed. Parent interviews occurred on a sample of the cases which remained open beyond CPS. There were a total of 105 parents interviewed by phone who were available and willing to participate in interviews.

Offices Reviewed by the Central Case Review Team Calendar Year 2016

Region 1		Region 2		Region 3	
Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South
Moses Lake	Ellensburg	Bellingham	King East	Pierce East	Centralia
Colfax	Richland	Smokey Point	King South		Kelso

Newport Clarkston Colville	Walla Walla	Mount Vernon* Friday Harbor* Lynnwood	King West		Long Beach** South Bend** Shelton Stevenson Vancouver – Cascade Vancouver – Columbia
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Data Source: Central Case Review Team, 2016 Annual Report; February 2017

*Cases from the Mount Vernon and Friday Harbor offices were reviewed together at one site during the same week.

**Cases from the Long Beach and South Bend offices were reviewed together at one site during the same week.

In calendar year 2017, 18 onsite reviews of 20 offices were completed. The case sample for each review was designed to be large enough to show practice trends within the office, to include at least one case from each case-carrying worker, and to not over-represent a single program or worker. The sample included randomly selected cases that were open one or more days in the six months prior to the review date. A total of 290 cases were reviewed. Parent, caseworker, and caregiver interviews occurred as part of the case review process. There were a total of 111 mothers, 69 fathers, 378 caseworkers, 32 caseworker supervisors, 194 caregivers, and 28 target children who were available and willing to participate in an interview by phone or in-person.

Offices Reviewed by the Central Case Review Team Calendar Year 2017

Region 1		Region 2		Region 3	
Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South
Spokane	Omak Sunnyside Toppenish Wenatchee Yakima	Everett Oak Harbor	King Southeast King Southwest MLK Office Office of Indian Child Welfare	Bremerton Lakewood Tacoma	Forks* Port Angeles* Port Townsend* Shelton Tumwater

Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

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

The CCRT results do provide information about areas of strength and challenges in the Washington which helps to identify target areas for further analysis and improvement.

Statewide Data Indicators

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

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

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

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

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

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

Risk standardized performance (RSP) interval is the state's 95% confidence interval estimate for the state's RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the Children's Bureau is 95% confident that the true value of the RSP is between the lower and upper limit of the interval. If the interval overlaps the national performance, the state's performance is statistically no different than the national performance. Otherwise, the state's performance is statistically higher or lower than the national performance. Whether higher or lower is desirable depends on the desired direction of performance for the indicator.

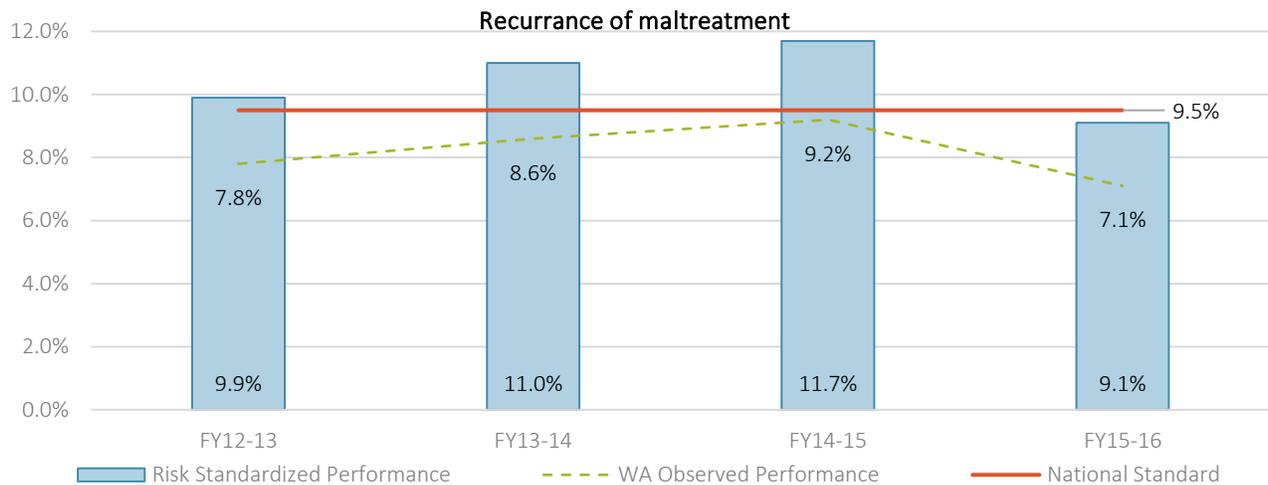
Risk standardized performance (RSP) is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's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

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

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

Recurrence of maltreatment

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



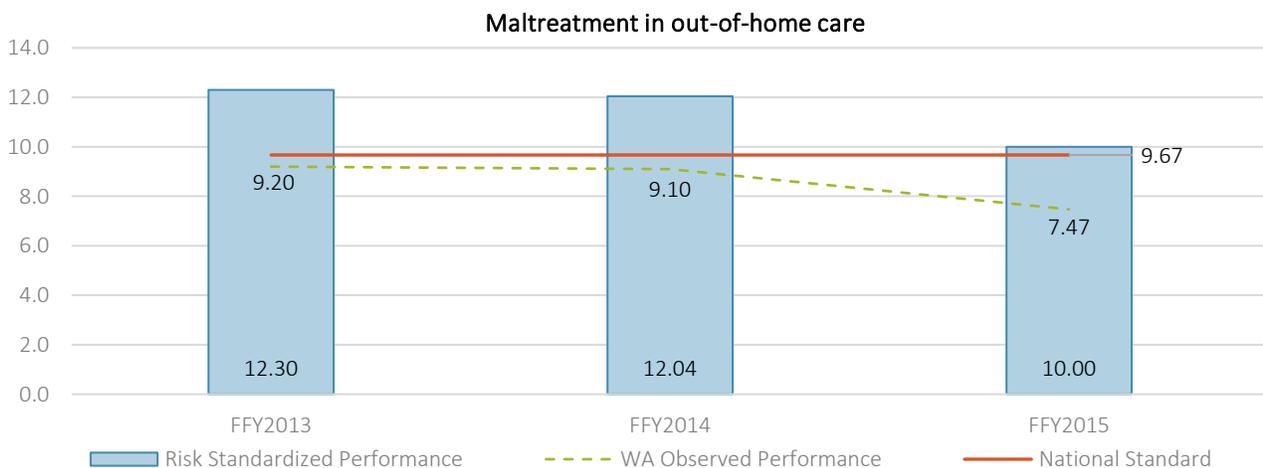
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

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

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

Maltreatment in out-of-home care

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



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

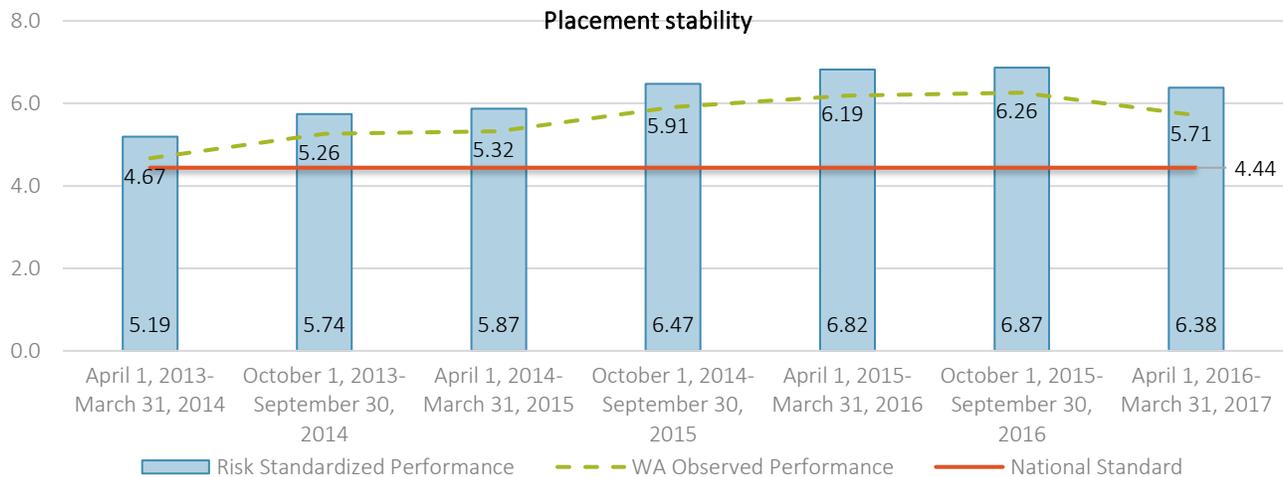
This statewide data indicator measures whether the Department is able to ensure that children do not experience abuse or neglect while in out-of-home care. The statewide data indicator holds states accountable for keeping

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

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

Placement stability

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



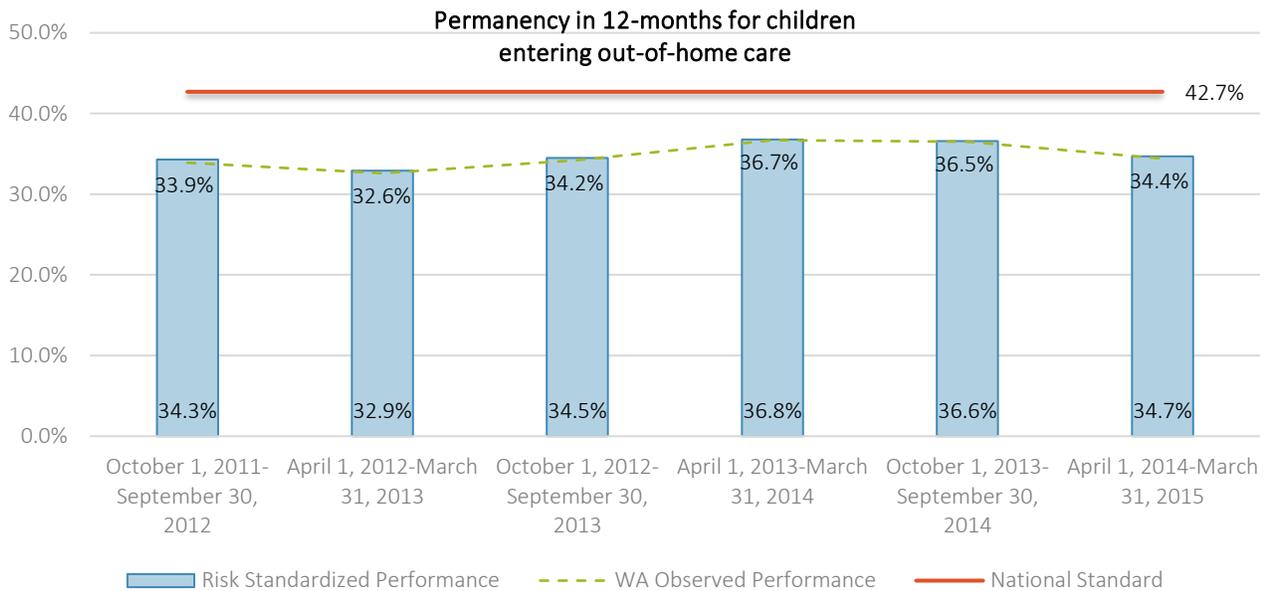
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

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

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

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

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



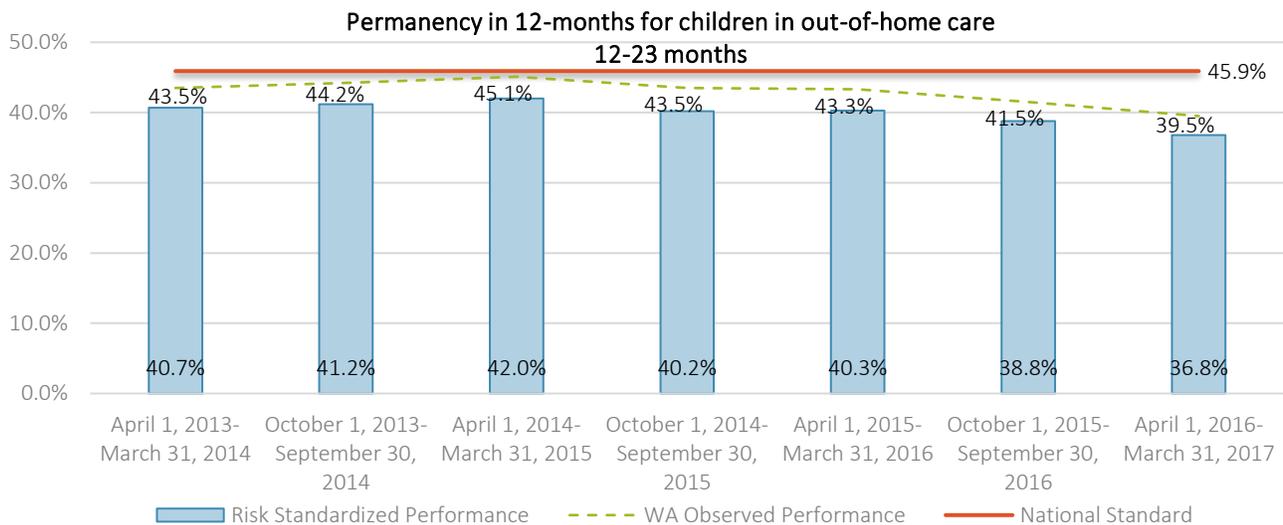
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

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

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

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

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



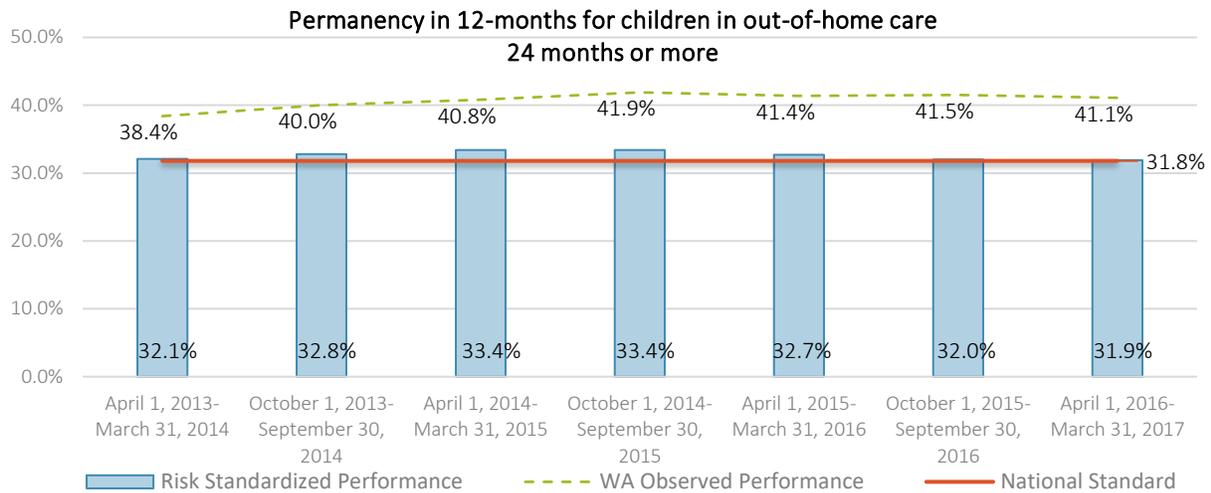
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

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

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

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

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



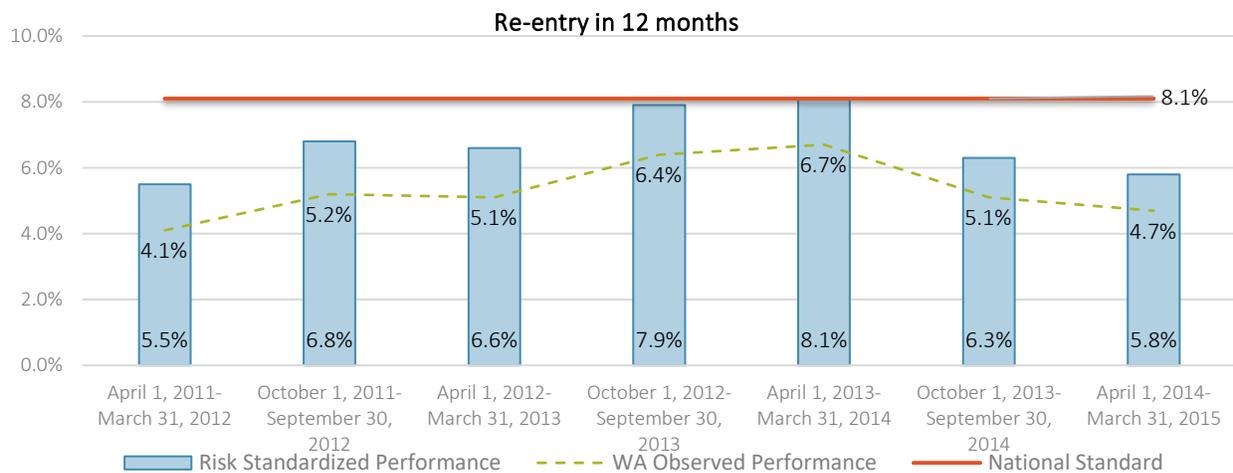
Data Source: Child and Family Services Review (CFSR 3) Data Profile; Submissions as of 6/17/17 (AFCARS) and 6/1/17 (NCANDS); September 2017

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

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

Re-entry in 12 months

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



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

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

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

Safety Outcomes 1 and 2

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

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

	Federal Target	Calendar Year 2017 Performance	Status
Safety Outcome 1: Children are first and foremost protected from abuse and neglect	95%	85% 5% decrease since CY2016	
Item 1: Timeliness of initiating investigations of reports of child maltreatment	95%	85% 5% decrease since CY2016	
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	95%	69% 7% decrease since CY2016	
Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of-home care	95%	85% 9% decrease since CY2016	
Item 3: Risk assessment and safety management	95%	24% 7% decrease since CY2016	

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

Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

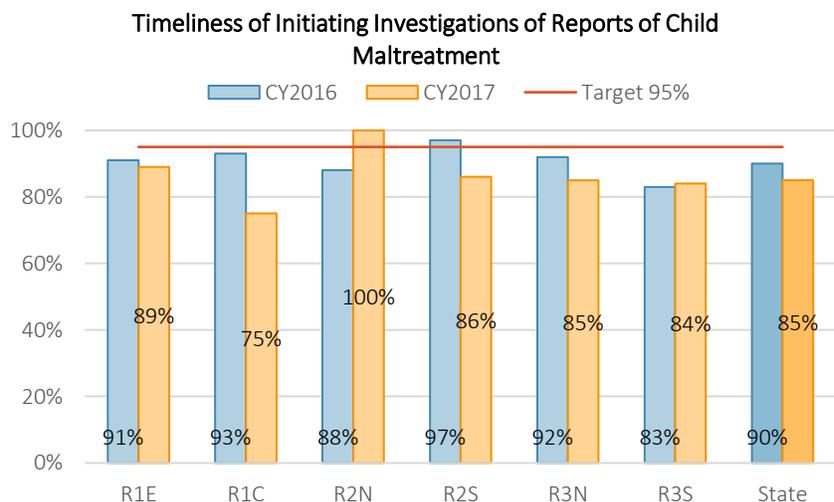
Safety Outcome 1: Children are first and foremost protected from abuse and neglect

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

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

CCRT results found that the timeliness of initiating an investigation or assessment of reports of child maltreatment were found a strength in 85% (122 out of 144) of the cases reviewed calendar year 2017.

The investigation or assessment was initiated in accordance with the state timeframes (24-hours or 72-hours) and requirements in 97% (139 out of 144) of cases reviewed. 75% (108 out of 144) of child(ren) who is (are) the subject of the maltreatment report had face-to-face contact within the state timeframes (24-hours or 72-hours) and requirements. When face-to-face contact did not occur within the required timeframe, 36% (14 out of 36) of reviewed cases included documentation of an acceptable reason for the delay which was due to circumstances beyond the agencies control.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	75%	89%	90%	91%	85%	84%	85%
<i>Total applicable cases</i>	36	27	31	11	20	19	144
Strength cases	27	24	28	10	17	16	122
Area Needing Improvement cases	9	3	3	1	3	3	22

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

CA staff (caseworkers, supervisors, regional QA staff, regional leadership) have the ability to monitor completion of initial face-to-face visits utilizing an infoFamLink report which identifies each intake assigned for investigation or assessment. In calendar year 2017⁴, 97.6% (19,469 out of 19,946) of 24-hour CA Division of Child and Family Services (DCFS) intakes (excluding DLR CPS investigations and DLR CPS risk only intakes) were completed and attempted with appropriate documentation within the required timeframe. For the same time period, 97.9% (40,012 out of 40,882) of 72-hour DCFS intakes (excluding DLR CPS investigations and DLR CPS Risk only intakes) were completed and attempted with appropriate documentation within the required timeframe. The use of exceptions and extensions can also be monitored through an infoFamLink report⁵. For 24-hour response intakes received during calendar year 2017, 412 (out of 4,529) DCFS intakes had a documented exception and 4,117 (out of 4,529) DCFS intakes had an extension documented; accounting for 22.7% (4,529 out of 19,946) of all 24-hour intakes. DCFS intakes with a response time of 72-hours noted 18.4% (7,510 out of 40,882) had an exception or extension documented; 1,125 intakes had an exception and 6,385 intakes noting an extension.

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

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

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

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

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

⁴ Data Source: Initial face-to-face summary report; Calendar Year 2017; infoFamLink; April 2, 2018

⁵ Data Source: Initial face-to-face exception and extension summary report; Calendar Year 2017; infoFamLink; April 2, 2018

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

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

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

- Appropriate use of extensions by field supervisors within the FamLink database system is an area needing improvement. (Region 1 and 2)
- Workload management regarding intake assignment in large geographical coverage areas impact this measure. Common issues in these areas are distance from the field office, weather conditions, and lack of cellular phone service for communication purposes. (Region 1)
- Inaccurate information listed on the intake to include address, contact information, names of family members was identified as a barrier. (Region 1)
- Delays due to inclement weather and not having vehicles that are equipped to handle severe weather conditions. (Region 1)
- Resistance from after hours to make IFF contact in some areas is a barrier. (Region 1 and DLR)
- DLR CPS Intakes assigned by intake staff to the wrong unit is a barrier. (DLR)

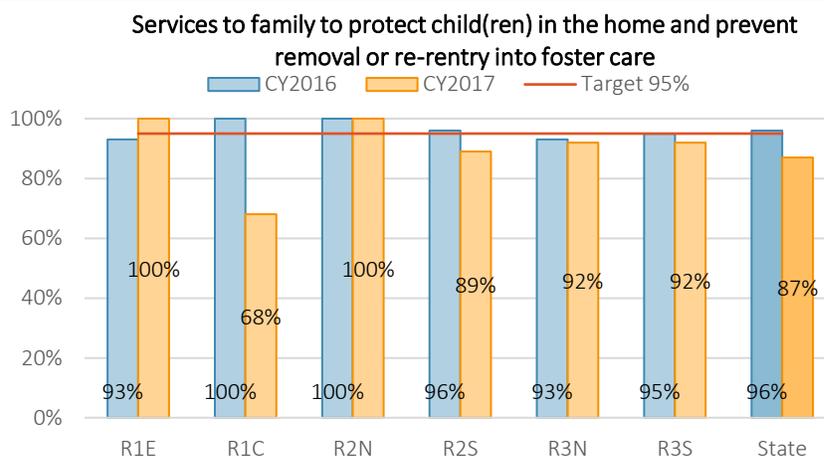
Strategies implemented in 2017 to address areas of improvement and challenges include:

- Implemented the *MyCases* phone application that allows workers to access limited case information in SACWIS system while in the field as well as document IFF case notes and audio recorded interviews. (Statewide)
- Updated SACWIS system to email incomplete IFF notifications to field staff and supervisors twice weekly until IFF has been correctly documented in FamLink. The report was also modified for use in the field by including access via links to the *MyCases* mobile application so caseworkers can more easily find information such as date and time IFF is due, family address, age of child and child’s school. (Statewide)
- CA practices and procedures manual policies 2310: Initial Face-to Face Response, 2333: Interviewing Children, 4431: Legal Jurisdiction and Office Assignment, and 6600: Documentation were clarified to help caseworkers understand IFF expectations, intake assignment locations and documentation timeframes. These clarifications were communicated to all CA staff through policy roll-out trainings and statewide CPS leads meetings. (Statewide)

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

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

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



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	100%	68%	100%	89%	92%	92%	87%
<i>Total applicable cases</i>	11	22	7	18	12	12	82
Strength cases	11	15	7	16	11	11	71
Area Needing Improvement cases	0	7	0	2	1	1	11

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

CCRT results found that the agency made concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into out-of-home care or re-entry into out-of-home care after reunification in 44% (36 out of 82) of reviewed cases. Further analysis noted that 56% (20 out of 36) of applicable foster care cases were rated a strength. Applicable in-home and CPS FAR cases were rated a strength for 44% (16 out of 36) of the reviewed cases. When any child was removed from the home without providing or arranging for services, the removal was necessary to ensure the child's safety in 89% (40 out of 45) of the cases reviewed.

Practice statewide was relatively consistent among sub regions, with the exception of Region 1 Central at 68% (15 out of 22). In reviewing the seven cases rated area needing improvement, three were in-home and four were foster care cases. For the in-home cases, services were not provided for children at risk of foster care placement to remain safely in their homes (2 out of 3). A quarter (1 out of 4) of the foster care case reviewed, the child was reunified or returned home on a trial basis and the reviewer determined there were concerns regarding the safety of that child in the home.

According to Washington State Center for Court Research, our states dependency filing rate (per 1,000 children in general population) in 2016 was 2.97⁶ with 4,837 dependency petitions filed. Dependency filings rose in 2017 by 3% with 4,989 dependency petitions were filed in 2017⁷.

In calendar year 2017, 9.2% (462 out of 4,995) of newly established dependencies had a previously dismissed dependency case⁸. In reviewing the time between the previously dismissed and newly established dependency case, 47% (215 out of 462) remained home more than 24 months before reentry and 35% (162 out of 462) reentered care within 12-months of dismissal⁹.

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

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

Statewide challenges identified by the CCRT include:

- Delay of service referrals being processed and sent to identified provider due to established regional process related to approval of referrals. (Region 1)
- Court ordered services are being ordered in some jurisdictions that may not be appropriate to meet the needs of the family which can create a delay in service delivery. (Region 1)
- Lack of culturally appropriate providers in the area to include a lack of dual-language providers. (Region 1)
- When the case is identified as services only, there is a lack of Family Voluntary Services (FVS) caseworkers to facilitate transfer of the case. (Region 1)

⁶ Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2017; as of December 31, 2017

⁷ Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2017; as of December 31, 2017

⁸ Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2017; as of December 31, 2017

⁹ Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2017; as of December 31, 2017

- Addressing all allegations that were listed in the intake prior to case closure to prevent re-referral for the same concern that may escalate in severity. (Region 3)

Item 3: Risk Assessment and Safety Management

Cases reviewed statewide by the CCRT during calendar year 2017 found 69% (214 out of 308) of the cases were rated a strength regarding risk assessment and safety management.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	75%	60%	70%	72%	75%	65%	69%
Total applicable cases	65	67	27	58	51	40	308
Strength cases	49	40	19	42	38	26	214
Area Needing Improvement cases	16	27	8	16	13	14	94

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

The agency conducted an accurate initial assessment that identified all risk and safety concerns for the child in out-of-home care and or any child(ren) remaining in the family home in 76% (98 out of 129 applicable cases reviewed in calendar year 2017) of cases opened during the period under review. Reviewing case type for the cases had an accurate assessment noted in-home cases as an area needing improvement.

- Foster care cases - 83% (40 out of 48)
- CPS FAR cases - 74% (26 out of 35)
- In-home cases - 70% (32 out of 46)

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

- *Was the parent contacted in advance to arrange the initial meeting without compromising child safety? (CPS FAR)*¹⁰

The parent was contacted in advance by phone to arrange the initial meeting, unless a significant safety concern required an unannounced home visit in 82% (37 out of 45) of cases reviewed.

Region 1 – 79% (19 out of 24)

Region 2 – 89% (8 out of 9)

Region 3 – 83% (10 out of 12)

- *Were the investigative interviews and observations of child victims sufficiently comprehensive? (CPS Investigation and CPS FAR)*¹¹

¹⁰ Data Source: Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

¹¹ Data Source: Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

Statewide, 88% (98 out of 111) of investigative interviews with all verbal alleged child victims occurred face-to-face, were comprehensive, and thoroughly addressed all allegations, risk, and safety threats.

Region 1 – 84% (41 out of 49)

Region 2 – 93% (28 out of 30)

Region 3 – 91% (29 out of 32)

Statewide, 73% (33 out of 45) of interviews with all verbal alleged child victims were comprehensive and thoroughly addressed all allegations, risk, and safety threats.

Region 1 – 71% (17 out of 24)

Region 2 – 78% (7 out of 9)

Region 3 – 75% (9 out of 12)

- *Were all subjects interviewed face-to-face?* (CPS Investigation)¹²

All subjects who were reasonably available were interviewed face-to-face or by law enforcement in 77% (86 out of 111) of cases reviewed statewide.

Region 1 – 78% (38 out of 49)

Region 2 – 77% (23 out of 30)

Region 3 – 78% (25 out of 32)

- *Were the subject interviews sufficiently comprehensive?* (CPS Investigation)¹³

Statewide, 87% (94 out of 108) of investigative interviews with all subjects comprehensively addressed all identified allegations of child abuse or neglect, risk and safety threats identified during the course of the CPS investigation.

Region 1 – 88% (42 out of 48)

Region 2 – 83% (24 out of 29)

Region 3 – 90% (28 out of 31)

- *Were the parent interviews sufficiently comprehensive?* (CPS FAR)¹⁴

Statewide, 69% (31 out of 45) interviews with parents were sufficiently comprehensive and addressed all identified allegations and child abuse or neglect, risk and safety threats during the course of the CPS FAR intervention.

Region 1 – 63% (15 out of 24)

Region 2 – 67% (6 out of 9)

Region 3 – 83% (10 out of 12)

- *Were collateral contacts made with all important individuals who may have relevant information regarding child safety?* (CPS Investigation and CPS FAR)¹⁵

Statewide, 89% (99 out of 111) of collateral contacts were made to gather and verify information regarding child safety with all important individuals who may have relevant information regarding the CPS investigation.

Region 1 – 86% (42 out of 49)

Region 2 – 90% (27 out of 30)

Region 3 – 94% (30 out of 32)

¹² Data Source: Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

¹³ Data Source: Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

¹⁴ Data Source: Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

¹⁵ Data Source: Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

Statewide, 67% (30 out of 45) of collateral contacts were made to gather and verify information regarding child safety with all important individuals who may have relevant information regarding the CPS FAR intervention.

Region 1 – 75% (18 out of 24)

Region 2 – 44% (4 out of 9)

Region 3 – 67% (8 out of 12)

- *Was the CPS investigation (or the CPS FAR intervention) sufficiently comprehensive to determine if all children were safe, and were all risk and safety threats adequately addressed?* (CPS Investigation and CPS FAR)¹⁶

Statewide, 86% (95 out of 111) of CPS investigations were sufficiently comprehensive to determine if all children were safe and all risk and safety threats were adequately addressed.

Region 1 – 80% (39 out of 49)

Region 2 – 87% (26 out of 30)

Region 3 – 94% (30 out of 32)

Statewide, 69% (31 out of 45) of CPS FAR interventions were sufficiently comprehensive to determine if all children were safe, and all risk and safety threats were adequately addressed.

Region 1 – 75% (18 out of 24)

Region 2 – 56% (5 out of 9)

Region 3 – 67% (8 out of 12)

The OSRI found that an accurate ongoing assessment was conducted in 73% (223 out of 304) of the reviewed cases, with the majority of reviewed cases identified as foster care (183 out of 221). An accurate ongoing assessment occurred in 83% (183 out of 221) of foster care cases, 51% (26 out of 51) of in-home cases, and 44% (14 out of 32) of CPS FAR cases¹⁷.

An analysis of office results found that statewide six offices achieved 80% or better in assessing and addressing risk and safety concerns for children. While there were a few large offices in this count, the majority were smaller offices across the state.

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

- *Was there was an adequate assessment of other adults who reside in parents' household or with frequent unsupervised access to the child(ren) and were all concerns related to the child's safety adequately addressed?*¹⁸

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

Statewide, 61% (69 out of 113) of other adults with access to the child(ren) were adequately assessed and all concerns related to the child's safety were adequately addressed.

Region 1 – 57% (29 out of 51)

Region 2 – 56% (16 out of 27)

Region 3 – 69% (24 out of 35)

¹⁶ Data Source: Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

¹⁷ CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

¹⁸ Data Source: Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

- *Was domestic violence assessed and addressed when a child resided in the household?*¹⁹

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

Statewide, 52% (82 out of 159) of households where a child resided received a domestic violence assessment and addressed when applicable.

Region 1 – 50% (34 out of 68)

Region 2 – 59% (24 out of 41)

Region 3 – 48% (24 out of 50)

- *Were infant safe sleep and the Period of Purple Crying assessed and addressed for children 12 months or younger?*²⁰

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

Statewide, 57% (37 out of 65) of children 12 months or younger were assessed for infant safe sleep and the period of purple crying.

Region 1 – 50% (11 out of 22)

Region 2 – 62% (13 out of 21)

Region 3 – 59% (13 out of 22)

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

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

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

- Afterhours caseworkers and supervisors not provided consistent training and messaging as daytime staff. To address this, an updated training has been developed and will be implemented in 2018.
- Court may order the return of a child without adequately or appropriately addressing all safety concerns.
- Inconsistency in dissemination of policy updates and practice priorities between offices and sub regions.
- Quality of work due to employee turnover, retention, and managing high volume of cases.

¹⁹ Data Source: *Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018*

²⁰ Data Source: *Children's Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018*

- Caseworkers are not interviewing children privately, away from the presents of caregivers. The importance of private conversations was included in the statewide monthly health and safety visit campaign started in August 2016.
- Caseworkers are not: assessing all children in the home, not just the identified child; other adults in the home; or conducting a domestic violence assessment.
- Continuing to assess risk and safety after the initial contact with the family.
- Time management for caseworkers with emergent 24-hour intakes increasing.
- Caseworker training needs to be provided or improved regarding:
 - Difficult conversations with adults around child safety
 - Practical aspects and planning for child safety focused on the Child Safety Framework
 - Ensuring sufficient information is gathered and documented to complete an accurate assessment
- A CPS in-service training has been developed and will be implemented in 2018. The training will include the key areas noted above.

Permanency Outcomes 1 and 2

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

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

	Federal Target	Calendar Year 2017 Performance	Status
Permanency Outcome 1: Children have permanency and stability in their living situations	95%	24% 3% decrease since CY2016	
Item 4: Stability of out-of-home care placement	95%	68% 5% decrease since CY2016	
Item 5: Establishment of an appropriate permanency goal for the child in a timely manner	95%	68% 5% improvement since CY2016	
Item 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangement	95%	38% 10% decrease since CY2016	
Permanency Outcome 2: The continuity of family relationships and connections is preserved	95%	63% 10% improvement since CY2016	
Item 7: Placement with siblings	95%	83% 10% improvement since CY2016	
Item 8: Visiting with parents and siblings in out-of-home care	95%	63% 4% improvement since CY2016	
Item 9: Preserving connections	95%	83% 2% improvement since CY2016	
Item 10: Relative placements	95%	70% 3% increase since CY2016	
Item 11: Maintaining relationships between the child in out-of-home care and his or her parents	95%	59% 19% improvement since CY2016	

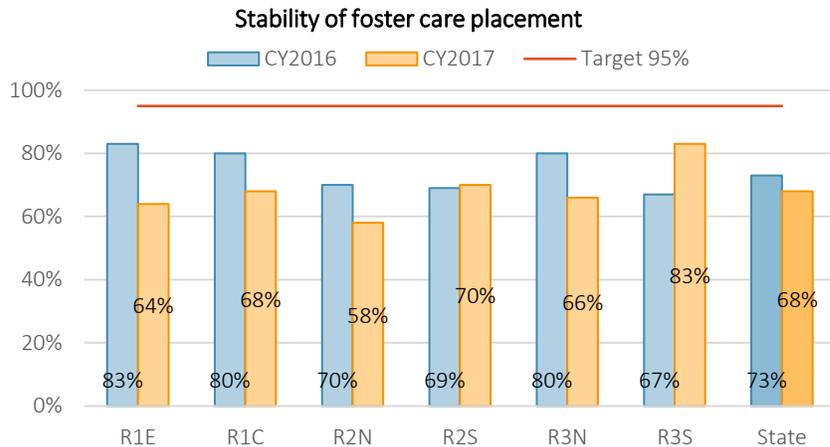
 Federal Target Achieved
  Within 10% of Federal Target
  Greater than 10% of Federal Target

Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

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

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

Over two thirds of cases reviewed by the CCRT revealed that 68% (151 out of 221) of the target children maintained stability in their living situation during the period under review.

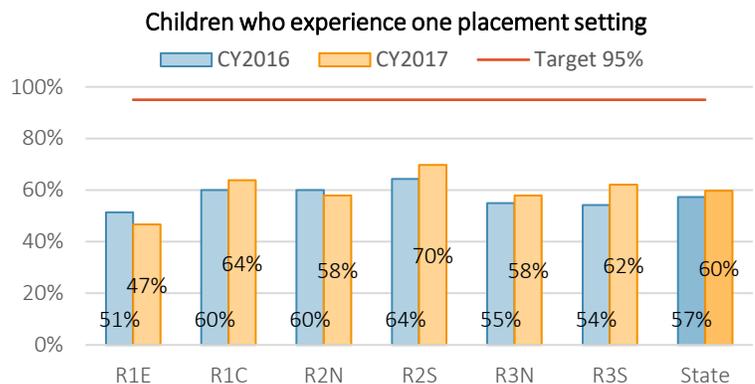


	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	64%	68%	58%	70%	66%	83%	68%
Total applicable cases	45	47	19	43	38	29	221
Strength cases	29	32	11	30	25	24	151
Area Needing Improvement cases	16	15	8	13	13	5	70

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

An analysis of reviewed cases found that 60% (132 out of 221) of children experienced only one placement setting during the period under review. For children who experienced more than one placement setting in calendar year 2017, 22% (49 out of 221) had two placements, while 11% (25 out of 221) of children experienced three placements.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	47%	64%	58%	70%	58%	62%	60%
Total applicable cases	45	47	19	43	38	29	221
Strength cases	21	30	11	30	22	18	132
Area Needing Improvement cases	24	17	8	13	16	11	89
1 placement setting	21	30	11	30	22	18	132
2 placement settings	9	8	4	11	10	7	49
3 placement settings	7	7	2	2	5	2	25
4 placement settings	7	1	1	0	0	1	10
5 placement settings	1	1	0	0	0	1	3
7 placement settings	0	0	1	0	0	0	1
10 placement settings	0	0	0	0	1	0	1

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

The stability of the child’s current placement setting was the leading strength with the majority of regions and sub regions at 89% or higher. Placement stability by sub region found that Region 2 South had the highest percentage of children who experienced only one placement.

CCRT results found 35% (31 out of 89) of placement changes that occurred during the period under review were planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child. Planning placement changes, in order to achieve a child’s case goals or meet a child’s needs, is an area needing improvement. The lowest performing sub regions for this question were Region 2 North and Region 2 South. These areas were at 13% and 23% for this question. Based on these numbers it appears that there is a large variation in performance across the state.

Through deep dives, Region 3 indicated that proper documentation regarding why a placement change might be in the best interest of the child is not consistently occurring. The identified cases did not have documentation to support efforts to prevent a placement disruption or services that were offered to assist in maintaining the placement. To improve the identified barrier, Region 3 has implemented several strategies, including:

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

The largest population of applicable children for this question was in Regions 1 East and 1 Central (41 out of 89 children). Of the 41 children who experienced a placement change, 17 were planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child. Through conversations with staff, Region 1 noted that caseworker’s willingness to be available for caregivers when they need someone to talk with and listen, as well as the use of services to prevent placement disruption, is a strength.

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

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

Calendar Year	Total Number of Run Events	Number of Youth with Multiple Run Events
2013	1,112	244
2014	1,013	205
2015	997	215
2016	921	195
2017	940	192

Data Source: FamLink Data Warehouse; March 1, 2018

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

- Large sibling groups (3 or more children)
- Girls and boys over 12-years-old
- Children with developmental delays including children with Autism Spectrum Disorder
- Medically needy children
- High behavior needs (BRS level)

Factors affecting placement stability are regularly discussed at the monthly CFWS/Permanency Leads meeting, which includes representatives from all of the regions, headquarters and the Alliance. In November 2017, the CFWS/Permanency Leads indicated that some of the barriers to unstable placements were the inconsistent use of

Evidence Based Practices; a lack of time to mindfully plan moves due to workload; and home studies being denied or not referred to DLR timely.

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

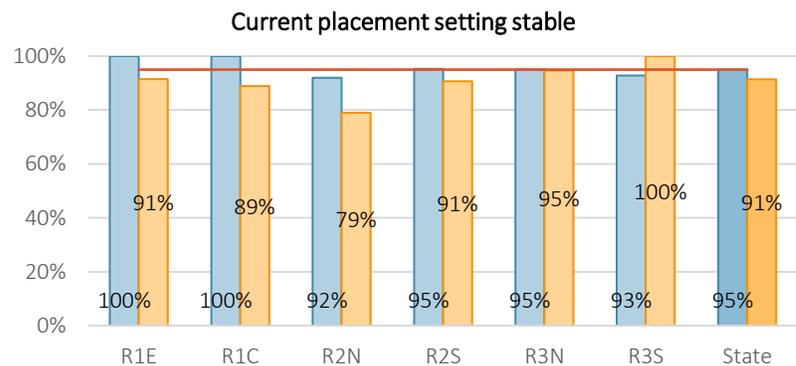
- Centralized desks/staff have less than high quality relationships with caregivers.
- Beds go empty despite kids staying in hotels because foster parents are never contacted and not aware of the need.
- The relationship between caregivers and placement staff has led to an increased use of higher cost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

A 3-day value stream mapping (VSM) was conducted in February of 2018 to conduct a root cause analysis and recommend the best placement support structure to meet CA’s overall placement needs. As part of this VSM, an action plan was recommended to Children’s Administration Leadership Team (CALT). These recommendations are being considered as the agency moves towards six separate regions and new leadership under DCYF.

For the majority of cases reviewed statewide, the child’s current or most recent placement was stable.

Performance by the sub regions is relatively the same indicating that once a child is placed, they remain stable.

During the case review process, foster



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	91%	89%	79%	91%	95%	100%	91%
<i>Total applicable cases</i>	47	45	19	43	38	27	221
Strength cases	43	40	15	39	36	29	202
Area Needing Improvement cases	4	5	4	4	2	0	19

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

parents and caregivers are contacted to participate in an interview specific to the child placed in their care. Since January 2017, 194 foster parents and caregivers have agreed to participate in the interview process. During the interviews, kinship caregivers expressed a stronger desire to maintain placement and work through case planning issues with the caseworker.

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

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

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

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

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

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

Regional semi-annual deep dives evaluated and compared the differences between offices, sub regions and regions. Region 2 South has the lowest placement stability in the state at 52% and Region 2 North was also low at 66%. Both Region 2 North and South were at 0% around the specific question of placement changes being undertaken to achieve the child's case goals or meet the needs of the child. One factor that affects these percentages is Region 2 has elected to use receiving homes for initial placements. These are homes that take children, when they are first placed, for three to five days, giving CA additional time to find kinship care or match the child with a foster home that can best meet that child's specific needs. In doing so this increases the likelihood of a successful and least restrictive first placement but also increases the number of placements. Region 2 reported that although these are planned moves and in the child's best interest, there is a lack of documentation. Region 2 South also has the greatest turnover rate for caseworkers in the state which impacts the subsequent learning curve for the new staff. The caseworker turnover rate for Region 2 South (King county) offices between July to December 2017, was 31% (66 caseworkers out of 210 caseworkers). This could account, in part, for the lack of documentation in Region 2 South which is the lowest in overall placement stability. Region 2 also reported an increase in the court ordering placement against CA's recommendation. It is later revealed that the placement failed the home study or the caregiver did not want to provide permanency for the child leading to disruption.

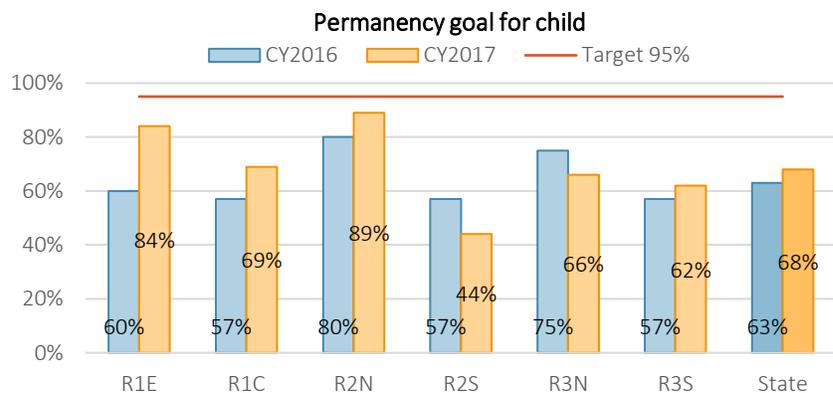
Region 3 South had the highest placement stability at 95%. During the region 3 semi-annual deep dive, they reported that the quality assurance and continuous quality improvement managers have met with the regional FTDM team to discuss ways to document FTDM's that occur to support the documentation of placement changes

to achieve the child’s case goals of needs of the child. The region also reported that they are working toward communicating the need for earlier FTDMs to prevent placement moves. This has been ongoing work to help address the lack of local placement options and to keep children in their communities as often as possible. The placement coordinators were also included in this work to understand their role in promoting placement stability. Other statewide and regional efforts that currently exist to support caregivers and in turn positively affect placement stability include:

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

Item 5: Permanency Goal for Child

In calendar year 2017, the department established an appropriate permanency goal for the child in a timely manner statewide in 68% (148 out of 219) of the cases reviewed.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	84%	69%	89%	44%	66%	62%	68%
<i>Total applicable cases</i>	45	45	19	43	38	29	219
Strength cases	38	31	17	19	25	18	148
Area Needing Improvement cases	7	14	2	24	13	11	71

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

Washington’s CCRT found that the child’s permanency goal(s) were specified in the case file in 100% (219) of the cases reviewed. CCRT results noted that statewide 80% (176 out of 219) of the cases reviewed, all the permanency goals in effect during the period under review were established in a timely manner. Timeliness refers to establishment of the initial permanency goal no later than 60 days from the child’s original placement date. It also refers to the changing of a child’s permanency goal throughout the case.

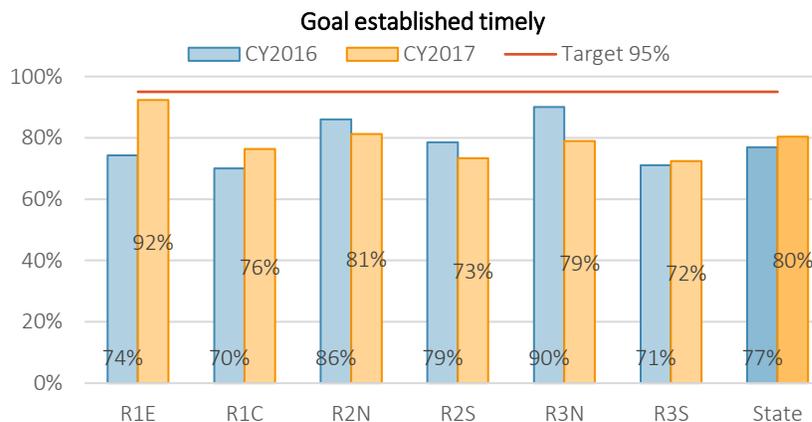


Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Furthermore, 78% (170 out of 219) of the established permanency goals were appropriate to the child's needs for permanency and the circumstances of the case. Region 1 Central had the highest performance, 90% (47 out of 52), of appropriate permanency goals to the child's needs and to the circumstances of the case. Barriers experienced statewide were most pronounced in Region 2 South. Timely filing of termination of parental rights was one of the identified barriers. There is significant congestion within the court system as well as significant turnover in the AAG and CA offices. The combination of these factors has significantly impacted timeliness. The Region notes concerns with caseworkers delaying referrals to the office of the Assistance Attorney General (AAG) as well as delays with the AAG office filing petitions with the court. Another potential challenge exists around limited use of the range of permanency planning options. Cases in Region 2S had permanency planning goals of adoption and reunification. While statewide awareness and appropriate use of guardianship continues to grow, additional information from Region 2 indicates that use of guardianships at times still reflects adherence to old policy and practice. This culture shift is being addressed by the HQ Adoption and Guardianship Program Manager in collaboration with regional staff and leads. In 2017, the CA HQ Adoption and Guardianship program manager provided 13 trainings in the DCFS regions. Additional trainings were provided for the CASA conference, Children's Justice Conference, assistant attorney general staff, CASA staff in Kennewick, and for MSW students through CTWAP. Trainings included detailed information regarding the permanency options of adoption, guardianship, and non-parental custody. Region 2 developed a specific strategy to begin addressing existing cases. The Region has identified cases involving children who have been in kinship placements for over six months. They are working to assess the appropriateness of the permanent plan and create plans to get the cases to permanency. Specific consideration is being given to guardianship. In conjunction with this effort is an emphasis on children who have been in care longer than 18 months. The region utilizes a system that flags children at the 18 month and prompts office leadership to identify barriers and strategies to move the case to permanency.

One hundred fifteen (115) of the 219 target children were in foster care for at least 15 of the most recent 22 months. Region 1 East and Central had the largest number of children with 47 out of 90 in care at least 15 of the most recent 22 months. The agency filed a timely termination of parental rights petition for 28 (out of the 47) of the children. An exception to file a termination of parental rights existed for 13 (out of the 19) of the children.

Region 3 North and South had 31 children in care at least 15 of the most recent 22 months. A timely termination of parental rights petition was filed for 15 (out of 31) children and 13 children had an existing exception to file a termination of parental rights petition. In Regions 2 North and South there were 37 (out of 62) children in care at least 15 of the most recent 22 months. An exception to file a petition for termination of parental rights existed for 14 (out of 24) children and the agency filed a timely termination of parental rights petition for 13 (out of the 37) of the children. Statewide, 14.7%²¹ of children in out-of-home care on the last day of December 2017 became legally-free during the identified month when the removal date was at least or greater than 15 months.

Statewide there appears to be more consistent practice around timely identification and appropriateness of the child's permanency goals. The main barrier is the timely filing of a termination of parental rights petition. The challenges experienced with termination filings were experienced across the state (at a lesser degree). Other barriers have included a lack of awareness about when permanency goals can be changed and waiting to update permanency goals until there is a hearing. Likewise, newer staff may not have the same breadth of experience to inform their perspective and values around permanency. New Children's Administration staff are not always prepared to articulate reasons why they believe a specific permanent plan is in the child's best interests. Likewise, it is a challenge to learn and retain the breadth of policy and practice knowledge that impact permanency outcomes. This is exacerbated by competing priorities and large caseloads.

Fortunately, a handful of strategies are being used to alleviate these barriers. In addition to the Region 2 strategy previously described, the area has been using safety framework training to encourage specific considerations around child safety, parental progress, and related impacts for reunification. Region 3 is similarly using the safety assessment to discuss reunification and considerations for use of other permanency planning goals. There is a

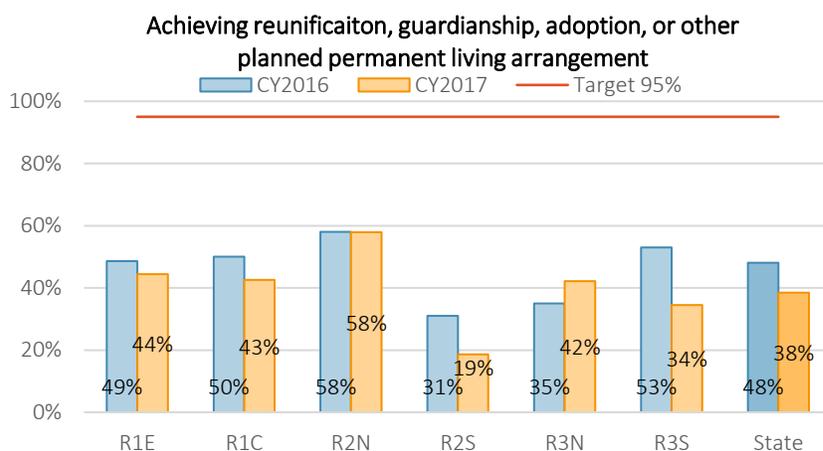
²¹ Data Source: Legally free in 15 months; infoFamLink; January 8, 2018

specific focus on reunification and safety when children have been in out-of-home care between six and nine months. A unique effort has been occurring in one Region 3 south office. In this locale the period of time between a referral and filing for TPR has been longer than desired. In order to make sure that TPR petitions are being filed timely, the office has been making referrals earlier to offset any unforeseen delays. Additionally, the region has been using data to ensure that compelling reasons not to file a TPR are being re-assessed and documented. Region 1 has an added emphasis on training workers to evaluate each case and family based on their unique needs while complying and responding to ASFA timelines. Historically, the region has noticed an emphasis on training that focuses on compliance rather than a balanced presentation that reinforces the values and skills reflected within federal timelines and that is responsive to the unique needs of each family.

Statewide, training is also being offered that highlights how and where to document permanency goals and legal actions in the electronic FamLink system.

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

Statewide, concerted efforts were made, or are being made, to achieve the child’s identified permanency goal in 38% (85 out of 221) of the cases reviewed.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	44%	43%	58%	19%	42%	34%	38%
<i>Total applicable cases</i>	45	47	19	43	38	29	221
Strength cases	20	20	11	8	16	10	85
Area Needing Improvement cases	25	27	8	35	22	19	136

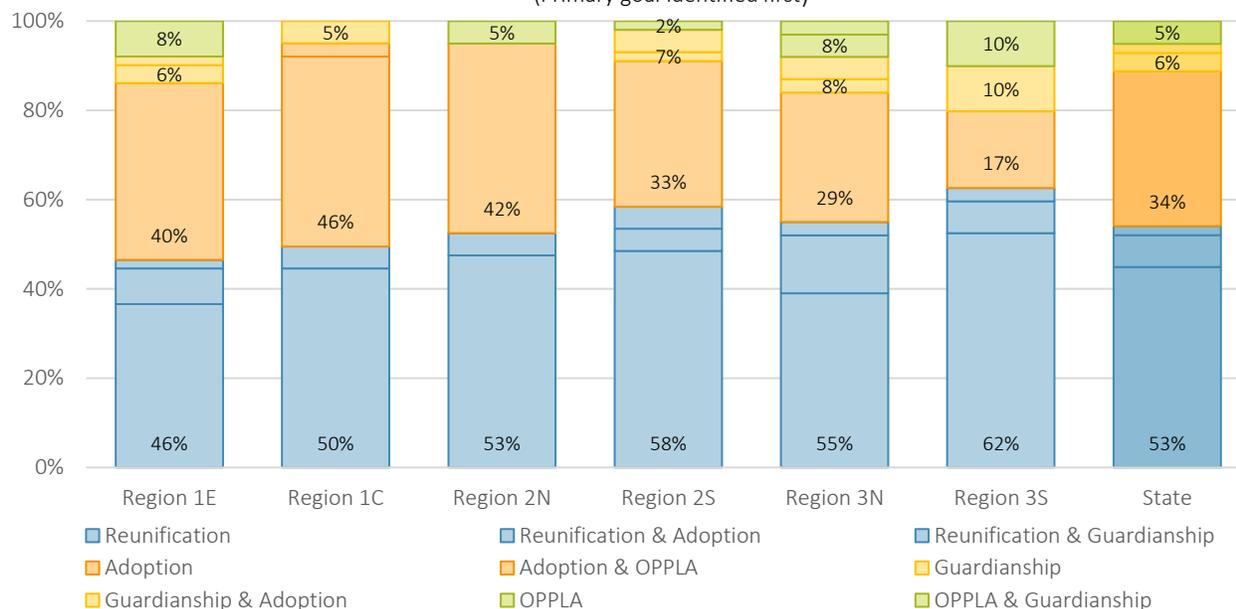
Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

Nearly half of the identified current permanency goals during the period under review, or before the case was closed, were reunification (118 out of 221). Adoption was the permanency goal for 35% of cases, while guardianship accounted for 6% of the reviewed cases. Twelve (12) cases had a permanent goal of other planned permanency living arrangement.

Concurrent Permanency Goal(s)

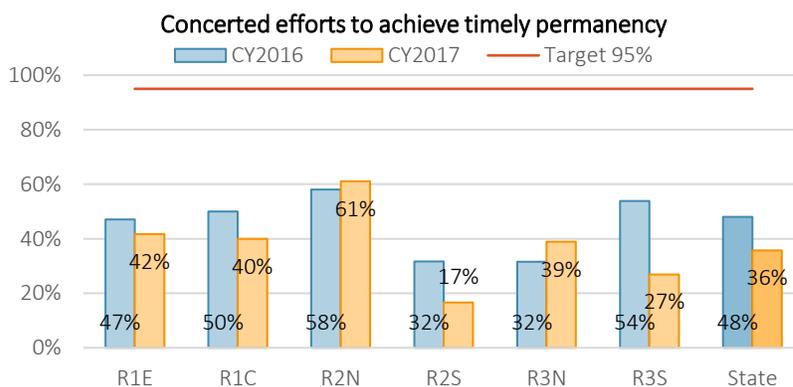
(Primary goal identified first)



	R1E	R1C	R2N	R2S	R3N	R3S	State
Reunification	37% (19 out of 52)	45% (18 out of 40)	47% (9 out of 19)	49% (21 out of 43)	39% (15 out of 38)	52% (15 out of 29)	44% (97 out of 221)
Reunification & Adoption	8% (4 out of 52)	5% (2 out of 40)	5% (1 out of 19)	5% (2 out of 43)	13% (5 out of 38)	7% (2 out of 29)	7% (16 out of 221)
Reunification & Guardianship	2% (1 out of 52)	0% (0 out of 40)	0% (0 out of 19)	5% (2 out of 43)	3% (1 out of 38)	3% (1 out of 29)	2% (5 out of 221)
Adoption	40% (21 out of 52)	43% (17 out of 40)	42% (8 out of 19)	33% (14 out of 43)	29% (11 out of 38)	17% (5 out of 29)	34% (76 out of 221)
Adoption & OPPLA	0% (0 out of 52)	3% (1 out of 40)	0% (0 out of 19)	0% (0 out of 43)	0% (0 out of 38)	0% (0 out of 29)	0% (1 out of 221)
Guardianship	4% (2 out of 52)	5% (2 out of 40)	0% (0 out of 19)	2% (1 out of 43)	3% (1 out of 38)	10% (3 out of 29)	4% (9 out of 221)
Guardianship & Adoption	2% (1 out of 52)	0% (0 out of 40)	0% (0 out of 19)	5% (2 out of 43)	5% (2 out of 38)	0% (0 out of 29)	2% (5 out of 221)
OPPLA	8% (4 out of 52)	0% (0 out of 40)	5% (1 out of 19)	2% (1 out of 43)	5% (2 out of 38)	10% (3 out of 29)	5% (11 out of 221)
OPPLA & Guardianship	0% (0 out of 52)	0% (0 out of 40)	0% (0 out of 19)	0% (0 out of 43)	3% (1 out of 38)	0% (0 out of 29)	0% (1 out of 221)

Data Source: CFSR Onsite Review Instrument; January-December 2017 Case Review Results; March 1, 2018

Individual questions for this item were reviewed to help identify barriers and areas needing improvement. The CCRT results indicated that CA and the court made concerted efforts to achieve permanency in a timely manner for 36% (75 out of 210) cases reviewed.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	42%	40%	61%	17%	39%	27%	36%
<i>Total applicable cases</i>	48	40	18	42	36	26	210
Strength cases	20	16	11	7	14	7	75
Area Needing Improvement cases	28	24	7	35	22	19	135

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

For cases with reunification as the primary permanency plan, 33% (39 out of 118) of cases achieved permanency within 12-months of entering out-of-home care. Adoption was achieved within 24-months of entering out-of-home care in 40% (31 out of 77) of the cases reviewed. When the primary plan identified guardianship, 36% (5 out of 14) of cases achieved the goal within 18-months of entering out-of-home care. For the one (1) applicable case²² with a primary plan of “other planned permanent living arrangement” (or long-term out-of-home care), concerted efforts were not made to place the child in a living arrangement that can be considered permanent until discharge from out-of-home care.

Twelve (12) cases reviewed identified the permanent plan as long-term foster care and OSRI data indicates areas for growth in documentation and ongoing case planning. CA does not consider long-term foster or kinship care a permanent plan. In response to the Preventing Sex Trafficking and Strengthening Families Act, the Department’s [Permanent and Concurrent Planning](#) policy was updated to limit the use of long-term foster or kinship care to youth ages 16-years and older. Long-term foster care is only considered when it is determined through the shared decision making process that other permanent plans are not in the best interest of a child. This decision must be reviewed at each court hearing.

In addition to the OSRI being utilized for central case reviews, Washington’s CCRT conducts a review of specific programs using a CA created central case review tool. One of the additional questions relates to a shared planning meeting to address permanency occurring every six months until the child achieves permanency. For cases reviewed in calendar year 2017, 39% (84 out of 213) of the cases had the appropriate shared planning meetings to address permanency for the child. The meeting should address the safety, permanency, and well-being needs of the child and should include attendance from important participants beyond the assigned caseworker and supervisor. All Shared Planning meetings include a discussion of safety, permanency, well-being and visitation. Types of Shared Planning Meetings include:

- Transition Plan for Dependent Youth 17 through 20 Years
- Permanency Planning Meeting
- Family Team Decision-Making (FTDM) meeting
- Adoption Planning Review (APR)
- Behavioral Rehabilitation Services (BRS)
- Multi-Disciplinary Team staffing
- Mental Health/Substance Abuse Treatment Planning
- Local Indian Child Welfare Advisory Committee (LICWAC)

Another part of the case review process includes interviews with foster parents and caregivers related to the child who is in their home and their case. Since January 2017, 194 foster parents and caregivers agreed to participate in the interview process. Foster parents expressed frustration with the timeframes for achieving permanency for children and that dependency cases were open too long.

²² A total of twelve (12) cases had a permanency plan of other planned permanent living arrangement; however, eleven (11) of the cases were determined not applicable for OSRI question 6B, did the agency and court make concerted efforts to achieve permanency in a timely manner.

Across the state, caseworkers remark on the impact of staff turnover in achieving timely permanency outcomes. In addition to impacts previously cited, specific concerns include new caseworkers waiting to file for termination of parental rights because they want to complete their own assessment of the family and the parents' progress. Workers are often concerned about returning children home until parents have completed all services. If the parents are living separately, workers may wait until a parenting plan is in place before recommending dependency dismissal.

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

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

CA partners with Washington State Center for Court Research and utilizes their data which is matched from FamLink with court data from SCOMIS. This data provides monthly and/or quarterly data counts on fact-findings, review hearings, permanency hearings, type of permanency achieved, and termination of parental rights by county. The Washington State Legislature has set a goal of achieving permanency for children in out-of-home care within 15-months of entering care. In calendar year 2017, 86% (1,014 out of 1,178) of children in out-of-home care less than 15-months exited care due to reunification.

Exits by Length of Stay
Calendar Year 2017

	Less than 15 months	15 – 24 months	More than 24 months	Total
	Percent / Count	Percent / Count	Percent / Count	Percent / Count
Reunifications	86% (1,014)	59% (608)	30% (569)	53% (2,191)
Adoptions	3% (37)	29% (302)	54% (1,027)	33% (1,366)
Guardianships	5% (56)	9% (88)	9% (176)	8% (320)
Age of Majority/ Emancipation	1% (9)	2% (25)	7% (130)	4% (164)
Transfer of Custody	5% (54)	1% (7)	0% (4)	2% (65)
Deceased	1% (8)	0% (1)	0% (1)	0% (10)
Total	100% (1,178)	100% (1,031)	100% (1,907)	100% (4,116)

Data Source: Washington State Center for Court Research Dependency Interactive Data; Permanency Outcomes, Calendar Year 2017; May 8, 2018

The unified home study simplified the adoption home study process in Washington state. Since implementation of the unified home study in 2012, the number of finalized adoptions continues to increase. Based on FamLink data, the number of finalized adoptions decreased 8% between calendar year 2015 and 2016. In calendar year 2017, 1,384 adoptions were finalized statewide, a slight increase over adoptions finalized in 2016 (1,356 finalized adoptions).

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

- Appeals of orders terminating parental rights.
- Caregivers who struggle with caring for children who have experienced trauma based on physical and medical neglect.
- An increase in the number of relatives opting to complete a guardianship over adoption.
- ICW cases in which the tribes are opposed to adoption.

- Attorneys now being assigned to every child legally free over six months has increased the workload of adoption workers. The attorneys request discovery on each case which requires redaction and disclosure of a file that can take days to complete.
- Caseworker turnover.
- Cases are transferred into adoption units when they have denied home studies. The denial is not addressed until the case resides in the adoption unit and it becomes a contested adoption.
- Cases are being transferred into adoption units where permanency planning staffing's have not taken place and children are not in stable or appropriate placements. As a part of this, the needs of the caregivers and children are not being assessed and the adoption units must then address them before an adoption can be finalized.
- When permanency planning meetings do occur, adoption staff are usually not invited.
- Delayed case transfers between CFWS and Adoptions, which directly impacts finalization.
- A significant amount of time between filing of a termination of parental rights petition and termination hearing.
- Lack of resources and services to families.
- Court issues such as shelter care hearings well beyond 75 days from OPD and ATGs holding onto termination petitions due to time factors.
- Lack of assessing caregiver and child needs leading to inappropriate matches of child and family.
- Staff are not trained in permanency planning and do not understand the basic definition of concurrent planning.
- Permanency decisions being made based on AAG or OPD attorney direction rather than child's best interest.
- Shortage of available homes for adoption.

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

- Region 1:
 - High adoption worker caseloads: Wenatchee worker has 40 cases, all over offices carrying over 18 per worker.
 - Lack of follow through with relative search.
 - Adoption workers have to put services in home to strengthen caregivers.
 - Adoptions units do not have the staff to be assigned all the legally free children in the region.
- Region 2:
 - A decrease in finalization of adoptions in the region to fewer resources and placements for youth, which results in children being placed in ill-equipped homes, from which they disrupt. The workers must then manage the crisis rather than focus on permanency.
 - High adoption worker caseloads: 25-30 weighted cases per worker on average.
 - Supervisors are training their staff to pursue guardianships as the primary plan because they are quicker and easier without consideration of child's best interest. Workers becoming supervisors without having any permanency planning training.
 - Child attorneys and court focus on how long a child has been in a home versus looking at long term safety and stability and if child's needs are being met. Some adoption units now retain legally free youth who are in the extended foster care program and are no longer able to be

adopted through CA. Adoption workers are focused on maintaining these children rather than completing adoptions for them.

- Children or youth who are in Behavioral Rehabilitation Services (BRS) group care with severe behavioral and/or mental health issues and are legally free are transferred into adoption units which impacts the focus of the adoption caseworker. Instead of focusing on facilitating adoptions of children in adoptive homes, the adoptions caseworkers are reacting to the significant issues of these youth who are not stable and may run from placements.
- Region 3:
 - There has been an increase from prior years in the number of children entering out-of-home care who appear to have significant behavioral, mental health and medical issues. This may be correlated to a rise in opiate use in the state.
 - Continual placement disruptions based on inappropriate placements for children.
 - Adoption case load size is high: Tumwater adoption worker has 35 cases.
 - Adoption workers are not allowed to request courtesy supervision services from other offices and times drive large distances to complete monthly visits.
 - Supervisors in north part of region stating that if child is not in permanent home, do not file TPR as well as children with medical or severe behavior issues. If they consider a child “unadoptable” will not move forward with TPR.

Legally free data from FamLink is reviewed periodically to identify barriers to adoption completion and timely permanency. As of December 31, 2017, 1,821 children and youth were legally free statewide; Region 1 had 556, Region 2 had 594, and Region 3 had 671 children and youth. 904 of those children have been legally free less than six months. Statewide, 31% of children (569 out of 1,821) have been legally free for over one year.

Statewide, 569 children were legally free over 12-months with children 11-years-old and under accounting for 45% of children (259 out of 569) and the remaining 55% (317 out of 569) of children 12 to 17-years-old. CA is unable to identify the percentage of legally free children in permanent placements through FamLink, however through periodic reviews completed in 2017 for this population indicates that approximately 30% of children legally free over one year are not in permanent placements. Targeted reviews to look at all children 2 to 5 who have been out of the home for 12-months and longer are currently being reviewed statewide to identify systemic barriers. Additionally, targeted recruitment efforts were increased in 2017 to locate permanent homes for legally free youth.

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

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

- Invalid legal results due to caseworker inputting errors.
- Unreliable numbers for exit from care reasons, which impacts reunification data.
- Case closure reasons entered vary from actual reasons for case closure.

In October 2017, CA was able to make changes to FamLink so that the legal entry selections are specific to the correct legal options. This is expected to increase the accuracy of data entry. Data integrity review of all guardianship cases began in September 2017 and should be completed in 2020. The outcome of this review should provide accurate guardianship data in the FamLink system.



Data Source: SCOMIS Washington Courts Database and FamLink data match; March 31, 2018

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

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

and hand counts. As of December 31, 2017, 383 Title 13 guardianships with an R-GAP subsidy in Washington State, an increase from the 266 that were open in 2016. Of these, 109 are in Region 1, 105 are in Region 2 and 169 are in Region 3. Title 13 guardianships with subsidy are limited in Washington state because subsidy is only available to kinship caregivers who meet the definition of relative as defined in RCW 74.15.020(2)(a) or who are defined by tribal code and custom as a relative for Indian children. Cases experience delays in permanency because kinship caregivers must be foster licensed and have placement in their licensed home for a minimum of six (6) months. The decision of guardianship as a permanent plan is typically determined at twelve months from out-of-home placement, and then the relative is requested to start the licensing process which can take up to six additional months. There are relatives who struggle to meet foster license regulations although Washington State does have a relative waiver that can be used for certain licensing requirements. CA provided training in 2017, which will continue in 2018, regarding concurrent planning and recommending that if guardianship is a possible outcome that relatives are referred to licensing early in the life of the case. There is no state funding of R-GAP subsidies; therefore, only families that meet the federal requirements are eligible. Based on payment data, there are 108 dependency guardianships established prior to 2010.

Based on feedback from regional gatekeepers for the R-GAP program, permanency leads and quality assurance leads, the following statewide barriers impacted the completion of guardianships in 2007:

- New staff with no training in permanency and permanency options.
- Staff do not understand the definition and components of concurrent planning.
- Workers are not following up on relative search information.
- A permanent plan is decided for a child because it is “easier”, provides more subsidy, and/or directed by the ATG, caregiver or parent attorney rather than in the child’s best interests.
- R-GAP gatekeepers not invited to shared planning meetings.
- Staff do not have time to learn all information about R-GAP qualifiers and do not contact the R-GAP gatekeepers for assistance.
- Permanency decisions are made late in a case, well beyond the one-year mark from OPD.

In response to requests from the field for training on permanency, in 2017 the statewide Adoption and Guardianship Program Manager trained in 13 offices across the state about concurrent planning and the permanency options of reunification, adoption, guardianship and non-parental custody agreements. This training

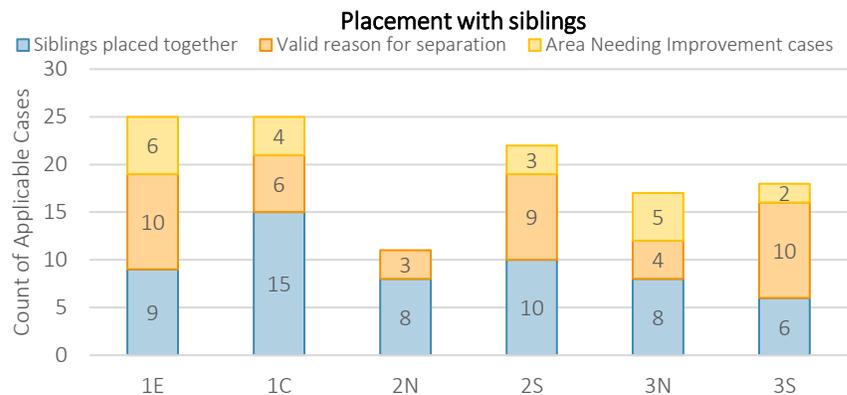
was also provided at the statewide CASA conference, the Children’s Justice Conference, a Region 1 South CASA organization, to ATGs and the CTWAP program.

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

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

Item 7: Placement with siblings

CCRT data found that in 83% (98 out of 118) of cases reviewed, the identified child was placed with siblings who also were in out-of-home care. When siblings were not placed together (62) during the entire period under review, 68% (42 out of 62) indicated a valid reason for the child’s separation from the siblings.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	76%	84%	100%	86%	71%	89%	83%
<i>Total applicable cases</i>	25	25	11	22	17	18	118
Siblings placed together	9	15	8	10	8	6	56
Valid reason for separation	10	6	3	9	4	10	42
Area Needing Improvement cases	6	4	0	3	5	2	20

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

Case review data regarding placement with siblings shows a significant amount of variability between sub regions with Region 2 North being the highest at 100%; the regions with the lowest number of siblings not placed together were Region 1 East, 76% (19 out of 25) and Region 3 North at 71% (12 out of 17).

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

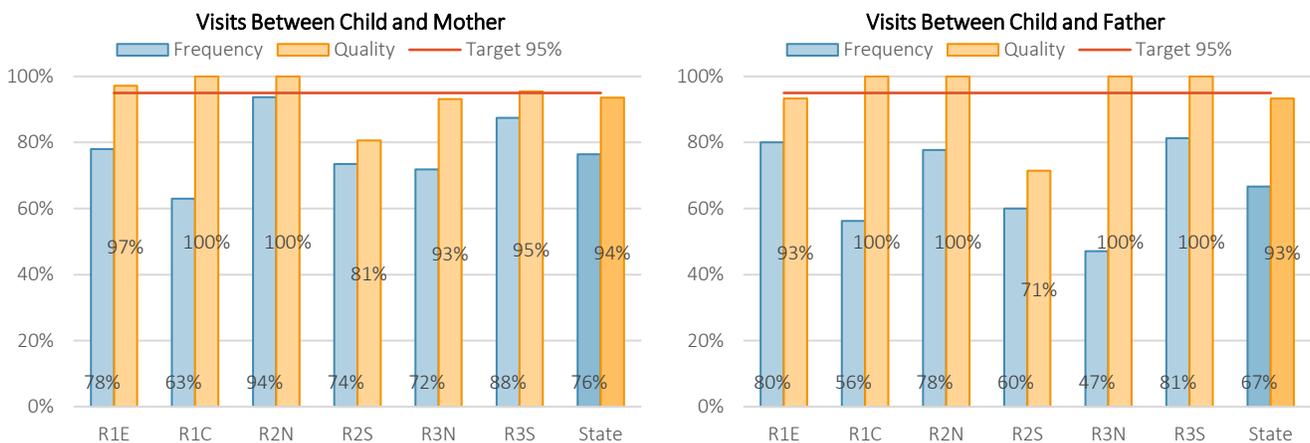
When siblings are not placed together, caseworkers are required to document an exception within FamLink in the visit plan page and the supervisor and area administrator must approve all visit plans. In 2016, visit plans were implemented through our statewide case management system, FamLink, versus on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

In October 2016, the policy roll-out, that is mandatory policy training for all caseworkers, included information around caseworker approval for sibling placement exceptions. This provided a safeguard in which the majority of caseworkers were reminded that sibling placements are a priority, where to document an exception to sibling placement within FamLink, and who needs to approve the exception - if the children cannot be placed together. The Sibling Placement policy was updated again in October 2017 to direct caseworkers to address placement of siblings at every shared planning meeting. Shared planning meetings cover a variety of topics and must occur at least every six months or more, depending on the circumstances of the case.

Factors affecting sibling placements are regularly discussed at a monthly CFWS/Permanency Leads group meeting. Representation from all of the regions and sub regions are included. In November 2017, the leads indicated that one of the barriers to sibling placement involves external partners, such as CASA/GAL's and the courts, making contrary decisions and recommendations that prevent siblings being placed together and courts not considering the adoptive parents of an adopted blood sibling as a relative. The leads indicated that some specific efforts are underway to recruit families who may be willing to adopt sibling groups, if reunification is not achieved. A Value Stream Mapping (VSM) process to analyze the process around placement coordination was completed in February of 2018. Sibling placements were included in the VSM discussions. The VSM resulted in an action plan with recommendations to CALT. These recommendations are being considered as the agency moves towards six separate regions and new leadership under DCYF.

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

Child visitation with parents and siblings in out-of-home care was found to be sufficient to maintain or promote the continuity of the relationship in 63% (126 out of 199) of the cases reviewed by CCRT. Concerted efforts were made to ensure the frequency of visitation with the mother in 76% (133 out of 174) of the cases and the quality of visitation in 94% (146 out of 156) of the cases was sufficient. The frequency of visits with the father was sufficient in 67% (62 out of 93) of the cases and visitation quality was sufficient to maintain or promote the continuity of the relationship in 93% (70 out of 75) of the cases reviewed.



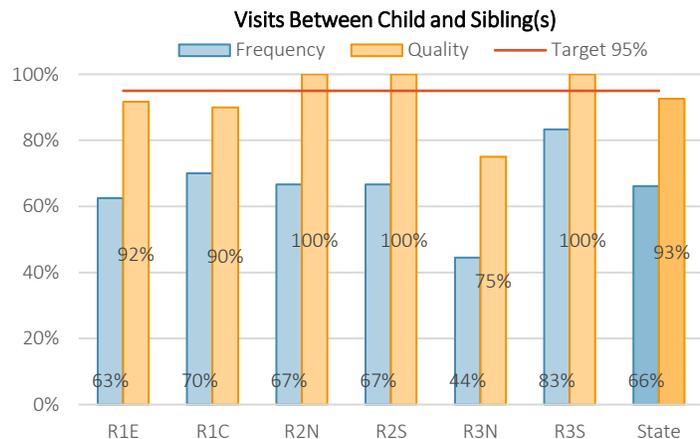
Frequency of Visits Between Child and Mother	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	78%	63%	94%	74%	72%	88%	76%
<i>Total applicable cases</i>	41	27	16	34	32	24	174
<i>Strength cases</i>	32	17	15	25	23	21	133
<i>Area Needing Improvement cases</i>	9	10	1	9	9	3	41
Quality of Visits Between Child and Mother	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	97%	100%	100%	81%	93%	95%	94%
<i>Total applicable cases</i>	36	22	16	31	29	22	156
<i>Strength cases</i>	35	22	16	25	27	21	146

Area Needing Improvement cases	1	0	0	6	2	1	10
Frequency of Visits Between Child and Father	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	80%	56%	78%	60%	47%	81%	67%
Total applicable cases	20	16	9	15	17	16	93
Strength cases	16	9	7	9	8	13	62
Area Needing Improvement cases	4	7	2	6	9	3	31
Quality of Visits Between Child and Father	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	93%	100%	100%	71%	100%	100%	93%
Total applicable cases	15	12	8	14	13	13	75
Strength cases	14	12	8	10	13	13	70
Area Needing Improvement cases	1	0	0	4	0	0	5

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

Additional work is needed to ensure the frequency of sibling visits is sufficient to maintain or promote the continuity of the sibling relationship. For the cases reviewed in 2017, CCRT noted that sibling visit frequency was sufficient in 66% (41 out of 62) of the cases reviewed. For the sibling visits that did occur, 93% (50 out of 54) of cases, the quality of visitation between the sibling(s) was sufficient to maintain or promote the continuity of their relationship.



Frequency of Visits Between Child and Sibling(s)	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	63%	70%	67%	67%	44%	83%	66%
Total applicable cases	16	10	3	12	9	12	62
Strength cases	10	7	2	8	4	10	41
Area Needing Improvement cases	6	3	1	4	5	2	21
Quality of Visits Between Child and Sibling(s)	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	92%	90%	100%	100%	75%	100%	93%
Total applicable cases	12	10	3	11	8	10	54
Strength cases	11	9	3	11	6	10	50
Area Needing Improvement cases	1	1	0	0	2	0	4

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

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

Currently there is not a uniform method of data entry in FamLink permitting the extraction of qualitative data. Visits can be supervised or facilitated by a visit contractor, approved kin, the child's caregiver or caseworker. When visits are conducted by a contractor, the caseworker is able to upload the visit report into FamLink in the file upload section. For visits conducted by caregivers or kinship providers, details are captured during monthly health and safety visits and documented in a case note in FamLink. Likewise, these visits may not get documented at all or the quality of the documentation might not be sufficient.

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

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

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

Children's Administration continues to work to improve and grow visitation practice and resources. Between October 2017 and May 2018, four visitation forums were held in partnership with the Office of Public Defense, Office of the Assistant Attorney General, Administrative Office of the Courts, Washington CASA, and the Court Improvement Training Academy. The forums brought together child welfare team members including attorneys, current and former foster youth, parent allies, caseworkers, supervisors, providers, CASA, and judicial officers. The agenda for each event included presentation of visitation research, clarified policy requirements, and sought to provide common language to discuss safety concerns related to visits. Over the next year, Children's Administration will continue to utilize this approach to develop partnership, common language and policy and practice expectations. Additional forums have been held at the 2017 Children's Justice Conference, 2017 Washington CASA Conference, a regional court meeting and local offices. A new info FamLink report was developed and released in November 2017. The report allows regional QA leads and parent child visit leads to track supervised, monitored, and unsupervised parental visits, as well as the frequency and duration of the visits. Initial feedback regarding the report has been positive with the regions reporting it has helped to see their usage of visit supervision levels and types.

Children's Administration is currently reviewing opportunities to enhance early visits and broaden the scope of supports available in visits. These efforts would be aimed at changing the way providers approach families involved in visits and would include enhanced coordination and engagement. Coordination will include identification of natural supports for visits such as kin who can help supervise visits as well as other individuals who may be able to provide transportation to visits. Providers will also be looking to visits in locations that are known and familiar to the family. Additionally, there is added emphasis on providing foster parent opportunities to determine what role they would like to play in visits. Engagement efforts will be focused on providing parents clear, up front information about expectations related to visits, offering concrete supports to help parents with transportation and food during visits, and supporting parents in planning for visits. In addition to Children's Administration's internal efforts with providers, CA is also working with local child welfare advocacy groups to promote visits that support families to have successful early visits. Other strategies that are being evaluated include the introduction of parent coaching and the creation of visit settings that allow for multiple monitored visits and more natural settings.

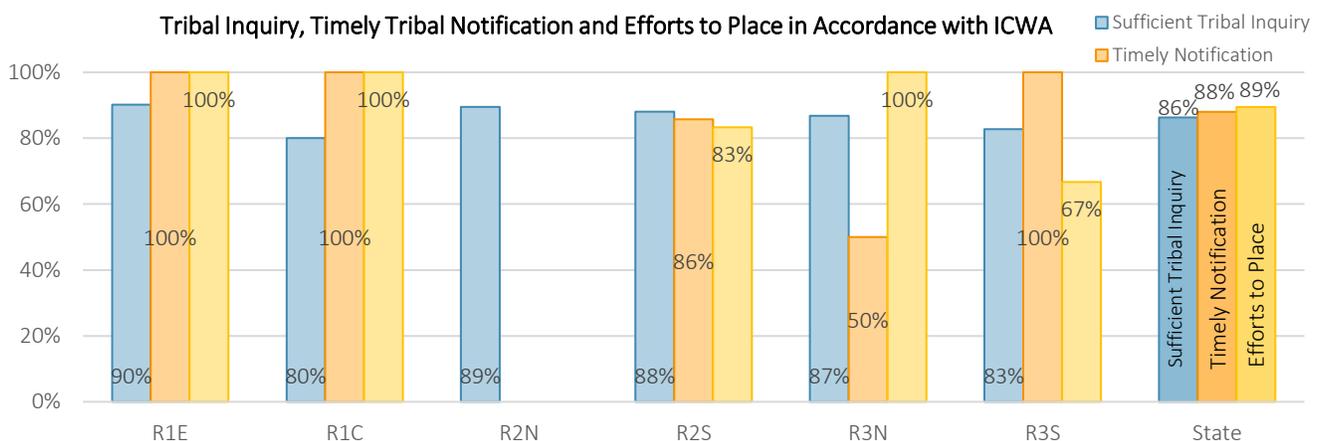
Item 9: Preserving connections

The Department’s performance regarding concerted efforts to maintain important connections the child had prior to his or her placement was a strength in 85% (181 out of 219) of the cases reviewed. Important connections could include maintaining the child in the same school the child attended prior to placement in out-of-home care, connections with siblings who are not in out-of-home care, connections with extended family members, and maintaining the child’s connection to the neighborhood, community, faith, language, tribe, and/or friends.

CA has multiple policy and procedures that reference preserving a child’s connections to his or her neighborhood, community, faith, extended family, tribe, school and friends. Specifically, the Education policy requires that children and youth who enter out-of-home care have the right to remain at the school they were attending when they entered care, whenever it is practical and in the best interest of the child (RCW 74.13.550). Numerous permanency related trainings held in 2017 stress the importance of these ongoing connections and has encouraged caseworkers to shift perspective from only thinking about connections as placement resources to also considering their overall impact on child well-being.

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

In 86% (189 out of 219) of the cases reviewed by the CCRT in calendar year 2017, a sufficient inquiry was conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe. When the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, the Tribe was provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights in 88% (22 out of 25)²³ cases statewide. CCRT found that when the child was a member of, or eligible for membership in a federally recognized Indian tribe, he or she was placed in out-of-home care in accordance with the placement preferences of the Indian Child Welfare Act or concerted efforts were made to place in accordance with placement preferences in 89% (17 out of 19) of the cases statewide.



²³ A total of 219 cases were reviewed; however, 194 of the cases were determined not applicable for OSRI question C, If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights.

Sufficient tribal membership inquiry conducted	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	90%	80%	89%	88%	87%	83%	86%
Total applicable cases	51	40	19	42	38	29	219
Strength cases	46	32	17	37	33	24	189
Area Needing Improvement cases	5	8	2	5	5	5	30
Tribe provided timely notification	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	100%	100%	-	86%	50%	100%	88%
Total applicable cases	7	4		7	4	3	25
Strength cases	7	4		6	2	3	22
Area Needing Improvement cases	0	0		1	2	0	3
Efforts to place child in accordance with ICWA	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	100%	100%	-	83%	100%	67%	89%
Total applicable cases	5	3		6	2	3	19
Strength cases	5	3		5	2	2	17
Area Needing Improvement cases	0	0		1	0	1	2

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

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

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

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

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

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

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

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

When they were available, the mother and the father were asked if the child had Indian ancestry. This

inquiry included asking relatives or other persons who could reasonably be expected to have information when the parent was unavailable.

	Total Cases	Compliant	Non-Compliant	Percentage
Region 1	132	114	18	86%
Region 2	85	73	12	86%
Region 3	91	75	16	82%
Statewide total	308	262	46	85%

Table Data Source: Children’s Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

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

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

	Total Cases	Compliant	Non-Compliant	Percentage
Region 1	53	49	4	92%
Region 2	30	26	4	87%
Region 3	27	23	4	85%
Statewide total	110	98	12	89%

Table Data Source: Children’s Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

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

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

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

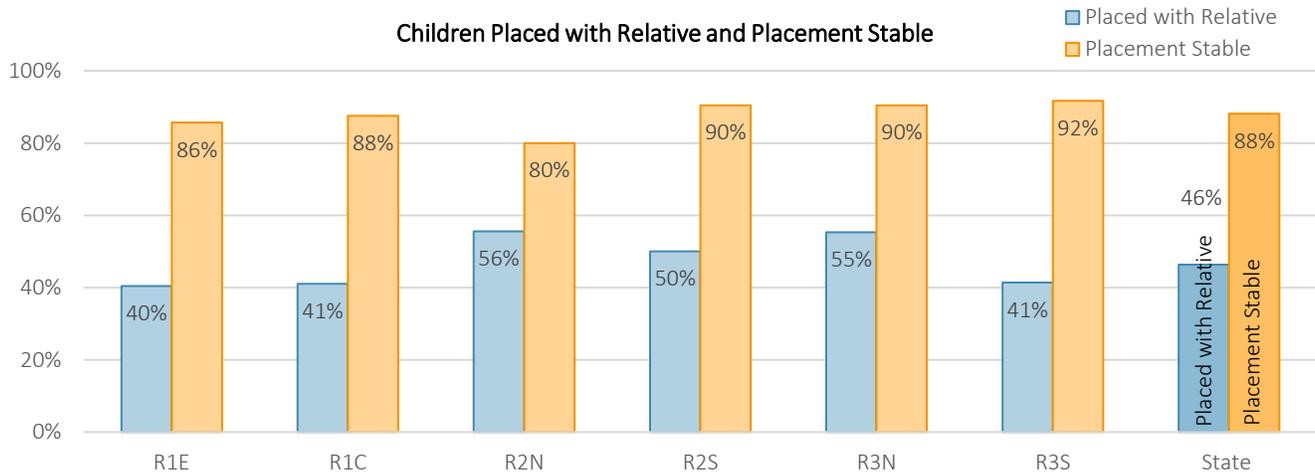
	Total Cases	Compliant	Non-Compliant	Percentage
Region 1	11	9	2	82%
Region 2	8	4	4	50%
Region 3	4	3	1	75%
Statewide total	23	16	7	70%

Table Data Source: Children’s Administration Central Case Review Tool; Calendar Year 2017 Case Review Results; March 1, 2018

Item 10: Relative placement

Case review found that in 46% (101 out of 218) of the cases reviewed, the child’s current or most recent placement was with a relative (kinship care). Of those placements in kinship care, 88% (89 out of 101) were stable and appropriate for the child’s needs.

Children Placed with Relative and Placement Stable



Child placed in kinship care	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	40%	41%	56%	50%	55%	41%	46%
<i>Total applicable cases</i>	52	39	18	42	38	29	218
<i>Strength cases</i>	21	16	10	21	21	12	101
Kinship care placement stable	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	86%	88%	80%	90%	90%	92%	88%
<i>Total applicable cases</i>	21	16	10	21	21	12	101
<i>Strength cases</i>	18	14	8	19	19	11	89
<i>Area Needing Improvement cases</i>	3	2	2	2	2	1	12

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

Placement with a kinship caregiver varies statewide across sub region based on CCRT reviews. Region 3 North found that 55% of children reviewed were placed with in kinship care and 90% of the placements were stable. In contrast, Region 1 East noted only 40% of children reviewed were placed with in kinship care while 86% of the placements remain stable.

Region 1 East, 1 Central and 3 South had the lowest percentage of children placed in kinship care. During regional semi-annual deep dives, Region 1 noted that when a FTDM is held early in the case, the identification of family or other suitable adults is made easier and helps move the process along faster.

The CCRT interviews caseworkers as part of the case review process to gathering additional information regarding the child and case activity. In calendar year 2017, 410 caseworkers and supervisors participated in these interviews, which revealed relative search work was occurring, though it was not being documented in the case file.

Challenges related to kinship placement noted by Region 2, as well as statewide, primarily relates to caseworkers lack of follow-up with relatives who have identified interest in providing placement and assessing them as a placement resource. While a relative search is regularly conducted upon a child’s entry into out-of-home care, caseworkers are not conducting ongoing searches for relatives throughout the case. The lack of ongoing relative search efforts by caseworkers has much to do with the time it takes caseworkers to contact and assess a relative. In addition, the statewide relative search unit is overwhelmed with the amount of relative search requests required and is currently experiencing a delay of four months in completing the requests due to the lack of staffing resources. This delay hinders immediate response, placement with relatives and permanent planning. More relative search specialists are needed to complete the required search for relatives which could improve the probability of stabilizing children by placing with kin or suitable others.

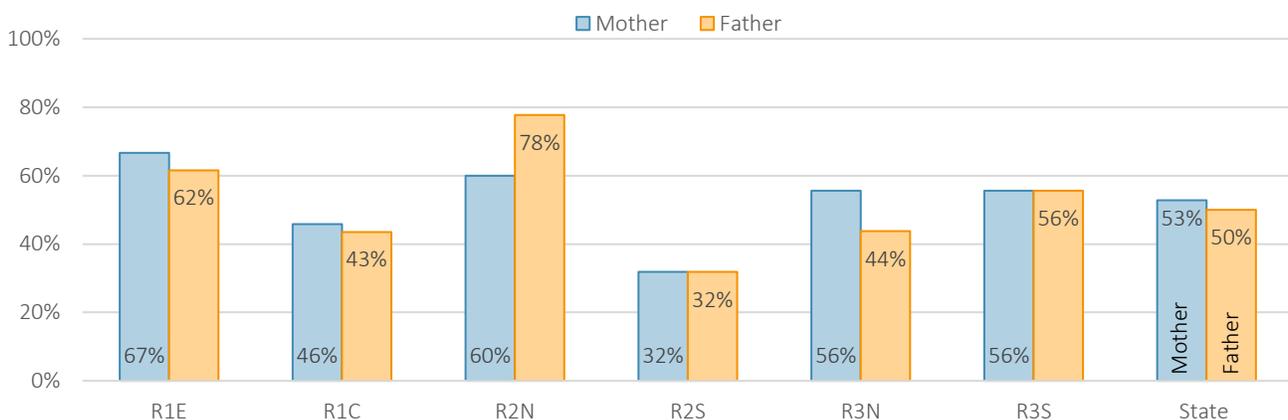
Current state law defines a relative to a degree that includes second cousins and persons of preceding generations such as great-great. It is not uncommon to have a single relative search result in hundreds of letters sent to persons who are unaware of their relation to this family or do not reside in the state or proximity of case services to provide support or placement. The Department is also required to complete these searches for potential relatives within 30 days of a child’s removal from home. In an effort to meet the 30-day requirement, the relative search unit has made adjustments to when the process is completed; however legal requirements are often unmet due to the volume of work and steps required to complete the process. CA’s relative search unit is also struggling with technology to effectively and timely complete their required work. The high volume of work related to relative searches is complicated by an inefficient way to enter results into FamLink which could require hundreds of clicks to enter results from one case search into FamLink. A request has been submitted to improve FamLink documentation, however it has been pending for more than two years; this delay relates to the prioritization of other competing requests.

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

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

The CCRT results noted that for children not placed with in kinship care, documentation regarding concerted efforts to identify locate, inform and evaluate maternal relatives was found in 53% (66 out of 125) of the cases. When looking at efforts to identify locate, inform and evaluate paternal relatives, 50% (57 out of 114) of the cases included caseworker efforts.

Efforts to identify, locate, inform and evaluate maternal and paternal relatives



Maternal relatives	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	67%	46%	60%	32%	56%	56%	53%
<i>Total applicable cases</i>	33	24	10	22	18	18	125
<i>Strength cases</i>	22	11	6	7	10	10	66
<i>Area Needing Improvement cases</i>	11	13	4	15	8	8	59
Paternal relatives	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	62%	43%	78%	32%	44%	56%	50%
<i>Total applicable cases</i>	26	23	9	22	16	18	114
<i>Strength cases</i>	16	10	7	7	7	10	57

Area Needing Improvement cases	10	13	2	15	9	8	57
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Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

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

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

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

In July 2017, information regarding relatives, suitable others, and placement requirements was consolidated into one policy for field staff to support improved understanding and practice.

In August 2017, a Kinship Care Advisory Committee was convened, and now meets quarterly to review kinship care practice and make recommendations for practice improvement. Committee members include field representatives from each region, kinship caregivers and youth in kinship care, as well as community partners and stakeholders. The advisory committee identified navigating the complex child welfare system with inadequate information about available resources and difficulty understanding and completing background and home study processes as two areas of challenge that can impact permanency with kin. The advisory committee has identified the top three challenges or needs related to kinship care as:

- Access to information relatives at the time of placement including: financial supports, other resources, details about foster care licensing
- Training and coaching for relatives and youth soon after placement; consider requiring Kinship 101
- Barriers and issues in background check and home study processes. Need to identify and clarify areas for improvement and information sharing about and throughout the process

Challenges prioritized by Kinship Care Advisory members mirror barriers to kinship care reported by caseworkers across the state, and reflect concerns frequently reported by kinship caregivers within Children’s Administration.

Kinship Care for Youth

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

Kinship Care for Parents

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

Kinship Care for Caregivers

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

In late March of 2018, Children’s Administration and the Alliance for Child Welfare Excellence, CA’s training partner, met to finalize curriculum for a training on the Relative Search Process designed specifically for caregivers. The training will roll out in upcoming months in e-learning format with the possibility of other formats, such as a webinar, in the future. Brochures have been created for kinship caregivers that inform them about what to expect in the first ten days of placement and provide an overview of the dependency process. A limited number of brochures are available in hard copy and they are also available online.

A statewide Value Stream Mapping (VSM) meeting was held in April of 2018 to examine the current Relative Search Process and make recommendations for improvement. Recommendations from this meeting are being evaluated by leadership and next steps are in the process of being finalized.

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

Kinship Care for Caseworkers

Strength

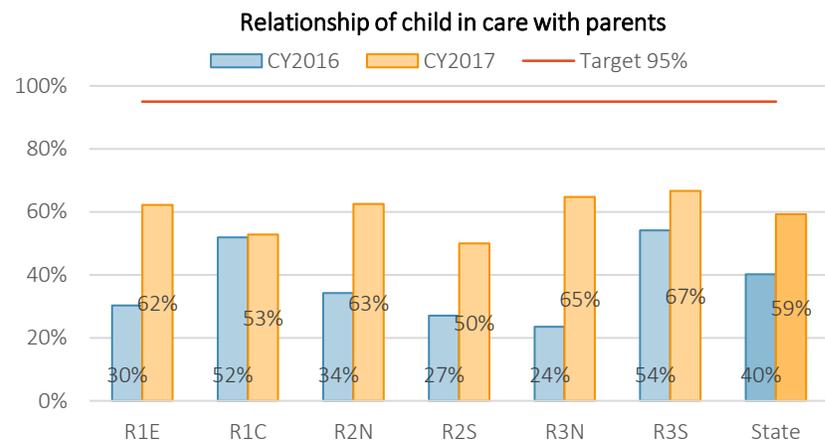
- Natural supports
- Known caregivers
- Increased support (Olive Crest and EWU) for caregivers

Challenges

- Policies and procedures around home studies and licensing
- Greater financial supports needed for kin
- Assistance with permanency options
- Staff turnover impacts the communication of information to caregivers due to lack of knowledge for new caseworkers.
- Lack of respite options
- Kin not following court orders
- Support for challenging behaviors lacking

Item 11: Relationship of child in care with parents

Calendar year 2017, CCRT results confirmed that concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in out-of-home care and his or her mother and father is an area needing improvement. Statewide, 59% (109 out of 184) of cases were a strength; which is a 19% improvement since calendar year 2016.

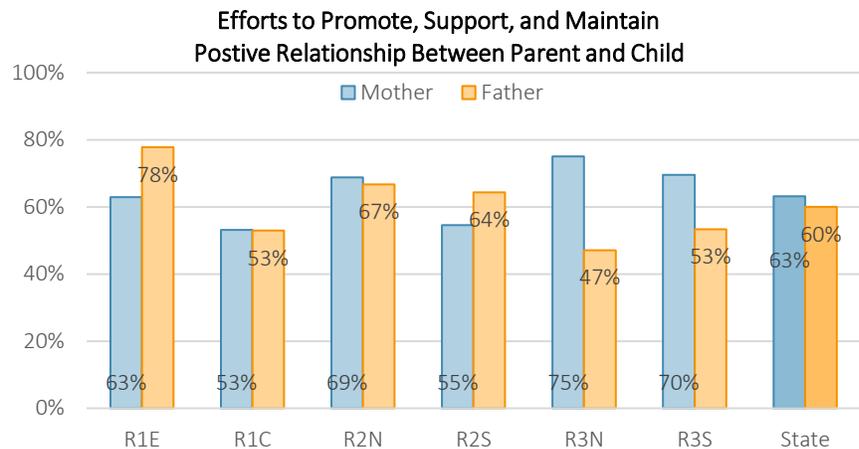


	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	62%	53%	63%	50%	65%	67%	59%
<i>Total applicable cases</i>	37	36	16	34	34	27	184
Strength cases	23	19	10	17	22	18	109
Area Needing Improvement cases	14	17	6	17	12	9	75

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

While caseworkers understand the importance of parental relationships, concerted efforts were made with the mother in 63% (108 out of 171) of cases reviewed and 60% (54 out of 90) of the cases with the father.



Mother	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	63%	53%	69%	55%	75%	70%	63%
Total applicable cases	35	32	16	33	32	23	171
Strength cases	22	17	11	18	24	16	108
Area Needing Improvement cases	13	15	5	15	8	7	63
Father	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	78%	53%	67%	64%	47%	53%	60%
Total applicable cases	18	17	9	14	17	15	90
Strength cases	14	9	6	9	8	8	54
Area Needing Improvement cases	4	8	3	5	9	7	36

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

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

	Mother	Father
Encouraged participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after-school or sports activities.	66% (71 out of 108)	57% (25 out of 44)
Provided or arranged for transportation or provided funds for transportation so that the parent could attend the child's special activities and doctors' appointments.	20% (22 out of 108)	7% (3 out of 44)
Provided opportunities for therapeutic situations to help the parent and child strengthen their relationship.	31% (33 out of 108)	23% (10 out of 44)
Encouraged the foster parents to provide mentoring or serve as role models to the parent to assist his or her in appropriate parenting.	36% (36 out of 108)	25% (11 out of 44)
Encouraged and facilitated contact with a parent not living in close proximity to the child.	13% (14 out of 108)	11% (5 out of 44)

Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

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

- Foster parents that are willing to be mentors

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

Performance among the sub regions is fairly consistent ranging from a low of 50% in Region 2 South (17 out of 34) to a high of 67% (18 out of 27) in Region 3 South. While Washington continues to see improvement related to promoting, supporting and maintaining a relationship between the child and parent, there is still room for growth. Case review results and regional semi-annual deep dives identified several challenges that continue to impact this item, including:

- Many foster parents are not willing or have fears about meeting parents in settings other than supervised visits
- Caseworkers feel they do not have the time to facilitate these additional activities or be the neutral party
- New caseworkers are not sure how to address involvement of parents in additional activities with foster parents
- A continued shift in culture is necessary by both caseworkers and foster parents
- Caseworkers are not affording parents out of the area with opportunities to call, skype, or write letters
- No documentation of visitation or any extra visits occurring

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

A frequently cited barrier to contact between children and parents outside of formal visitation is foster parent reluctance. Statewide, caseworkers have noticed a need to focus foster parent recruitment and retention efforts on caregivers who are interested in supporting reunification. Some caseworkers have surmised that efforts to promote permanency alternatives to reunification amongst foster parents has led to a cohort of foster parents who are focused on adopting a child from care and who are less invested in children returning home. This may contribute to the reluctance of certain foster parents to involve parents in activities. To address this, Children’s Administration is exploring “icebreaker” meetings between foster parents and legal parents. These introductions may help initiate or grow relationships between parties and promote interactions. The foster parent community and parent allies have also begun discussing this dynamic. Children’s Administration will partner with caregivers and parent allies to develop strategies to reduce barriers in caregiver-parent relationships. This will likely include specific focus around visitation.

Caseworkers, especially newer staff, express confusion and are not always sure when parents can be involved in activities. Likewise, there has been recognition that some caseworkers need support developing parent engagement skills necessary to initiate and maintain relationships with parents. The Children’s Administration launched a parent engagement campaign in November 2017 to grow caseworker engagement with mothers and fathers. The campaign includes training, tip sheets, general reminders, and regional and state messaging. In addition to growing parent engagement practice, the campaign supports a culture shift that focuses on parent involvement in case planning and normalizing experiences for children during their time in out-of-home care. This training and supportive messaging has been provided across the state including multiple trainings in each region. Additionally, the training was offered at the 2017 Washington State CASA Conference and there is discussion about using some of the training content in caseworker Regional Core Training.

Well-Being Outcomes 1, 2 and 3

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

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

	Federal Target	Calendar Year 2017 Performance	Status
Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs	95%	37% 5% improvement since CY2016	■
Item 12: Needs and services of child, parents and foster parents	95%	50% 4% decrease since CY2016	■
Item 13: Child and family involvement in case planning	95%	53% 3% improvement since CY2016	■
Item 14: Caseworker visits with child	95%	63% 6% improvement since CY2016	■
Item 15: Caseworker visits with parents	95%	30% 4% improvement since CY2016	■
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs	95%	91% 2% improvement since CY2016	■
Item 16: Educational needs of the child	95%	91% 2% improvement since CY2016	■
Well-Being Outcome 3: Children receive adequate service to meet their physical and mental health needs	95%	56% 13% improvement since CY2016	■
Item 17: Physical health of the child	95%	58% 15% improvement since CY2016	■
Item 18: Mental/behavioral health of the child	95%	74% 7% improvement since CY2016	■

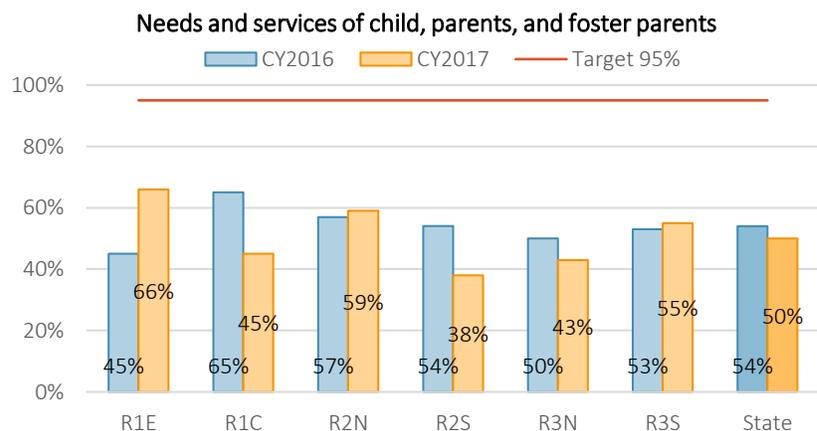
■ Federal Target Achieved ■ Within 10% of Federal Target ■ Greater than 10% of Federal Target

Data Source: CFSR Onsite Review Instrument; January-December 2017 Case Review Results; March 1, 2018

Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs

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

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



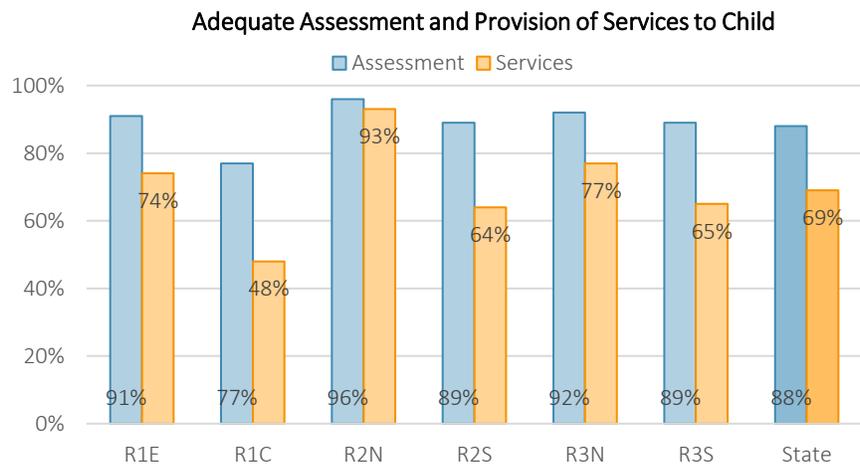
	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	66%	45%	59%	38%	43%	55%	50%
<i>Total applicable cases</i>	65	65	27	58	51	40	306
Strength cases	43	29	16	22	22	22	154
Area Needing Improvement cases	22	36	11	36	29	18	152

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

Needs and Services to Children and Youth

The Department conducted a formal or informal initial and/or ongoing comprehensive assessment which accurately assessed the children's social/emotional development needs in 88% (253 out of 286) of the cases reviewed. In 69% (87 out of 126) of the cases where needs were identified, appropriate services were provided to meet the children's identified social/emotional development needs.



Assessment	R1N	R1S	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	91%	77%	96%	89%	92%	89%	88%
<i>Total applicable cases</i>	67	53	26	55	49	36	286
Strength cases	61	41	25	49	45	32	253
Area Needing Improvement cases	6	12	1	6	4	4	33
Services	R1N	R1S	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	74%	48%	93%	64%	77%	65%	69%
<i>Total applicable cases</i>	27	21	14	25	22	17	126
Strength cases	20	10	13	16	17	11	87
Area Needing Improvement cases	7	11	1	9	5	6	39

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

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

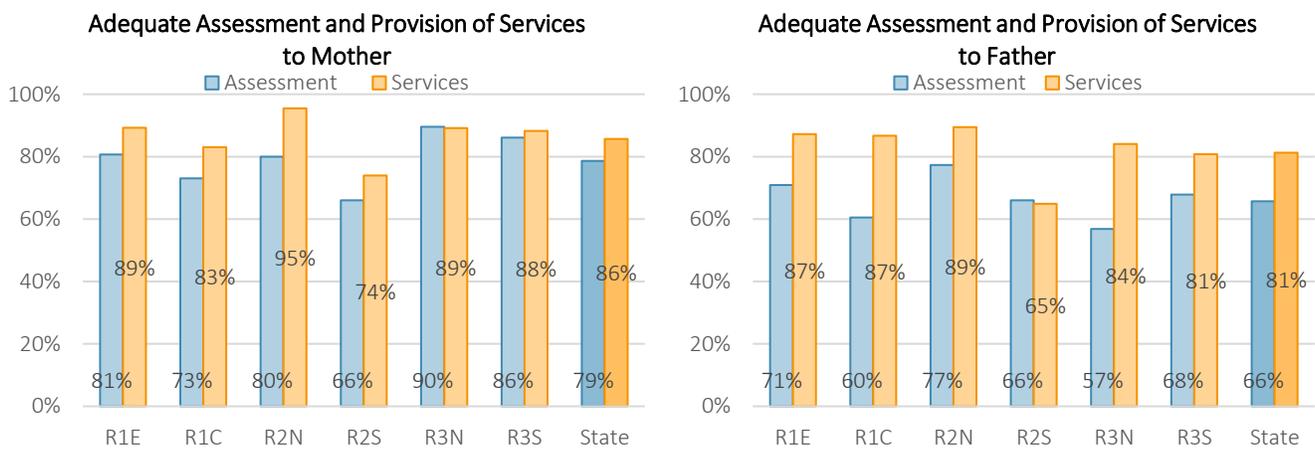
Children in the care and custody of CA, who are expected to remain in care 30 days or more, must receive a Child Health and Education Tracking (CHET) Screening within 30 days of the child's original placement date. CHET assesses the needs of children in five domains including: Physical Health, Mental Health, Education, Development, and Social Connections. The CHET screening documents the short and long term wellbeing needs of child and the caseworker is notified when a concern is identified and needs to be addressed. These recommendations are

included in the child’s case plan. If an urgent need is identified during the CHET process, appropriate referrals are made at that time.

Needs and Services to Parents

Case review results indicate performance is stronger with mothers than fathers. In 79% (217 out of 276) of the cases, a formal or informal initial and/or ongoing comprehensive assessment was conducted which accurately assessed the mother’s needs and in 86% (215 out of 251) of the reviewed cases, appropriate services were provided to address the mother’s identified needs. When looking at cases in which a formal or informal initial and/or ongoing comprehensive assessment of the mother’s needs did not occur, 72% (74 out of 103) were foster care cases, while 17% (17 out of 103) were in-home cases and 11% (12 out of 103) were CPS FAR cases.

In comparison, the father had a formal or informal initial and/or ongoing comprehensive assessment of needs in 66% (157 out of 239) of the cases. When the father had identified needs, appropriate services were provided in 81% (143 out of 176) of the cases. Seventy-three percent (47 out of 64) of the cases where an assessment of the father did not occur were noted to be foster care cases. The remaining were in-home, 16% (10 out of 64) and CPS FAR, 11% (7 out of 64) cases.



Assessment of Mother	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	81%	73%	80%	66%	90%	86%	79%
Total applicable cases	62	52	25	53	48	36	276
Strength cases	50	38	20	35	43	31	217
Area Needing Improvement cases	12	14	5	18	5	5	59
Services for Mother	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	89%	83%	95%	74%	89%	88%	86%
Total applicable cases	56	47	22	46	46	34	251
Strength cases	50	39	21	34	41	30	215
Area Needing Improvement cases	6	8	1	12	5	4	36
Assessment of Father	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	71%	60%	77%	66%	57%	68%	66%
Total applicable cases	55	43	22	47	44	28	239
Strength cases	39	26	17	31	25	19	157
Area Needing Improvement cases	16	17	5	16	19	9	82
Services for Father	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	87%	87%	89%	65%	84%	81%	81%
Total applicable cases	39	30	19	37	25	26	176

Strength cases	34	26	17	24	21	21	143
Area Needing Improvement cases	5	4	2	13	4	5	33

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

CA policy states that caseworkers are to have a minimum of one face-to-face visit with mother's and father's monthly. The purpose of this visit is to conduct an ongoing assessment of services and needs and involve parents in case planning. An appropriate assessment of mothers and fathers is directly related to item 13, involvement in case planning and item 15, caseworker visits with parents. When caseworkers are not having regular visits or contact with mothers and fathers, it is difficult to fully assess needs and involve them in case planning.

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

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

Beginning in January 2017, the CCRT began interviewing parents are part of their case review process in preparation for our state led CFSR review. Since the start of these interviews, 111 mothers and 69 fathers agreed to speak with the case reviewer. Comments from these interviews vary from positive to areas needing improvement and largely depend on the office location. Themes from these comments relating to needs and services for mothers and fathers include:

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

In addition, Region 2 and Region 3 utilize a survey following FTDM meetings to gather family feedback regarding their involvement and understanding of the process. In 2017, family members who participated in a FTDM meeting completed and returned 784 (R2: 475 surveys and R3: 309 surveys) surveys. Both surveys are short and asks four questions rated on a Likert scale. Respondents are also provided an opportunity to include additional comments. Answers rated as strongly agree and agree are considered a strength. Region 1 has recently begun to collect the same information and results will be reflected in upcoming progress reports.

1. 98% (769 out of 784) responded the FTDM was facilitated in a manner that was genuine and respectful.
2. 98% (766 out of 780)²⁴ noted the meeting process was explained clearly.
3. 97% (747 out of 771)²⁵ felt listened to, and his or her ideas and suggestions were used in developing an appropriate family plan.
4. 98% (689 out of 706)²⁶ responded he or she understand what is needed to keep their child(ren) safe.

²⁴ Question #2: 4 respondents selected Not Applicable or did not answer the question.

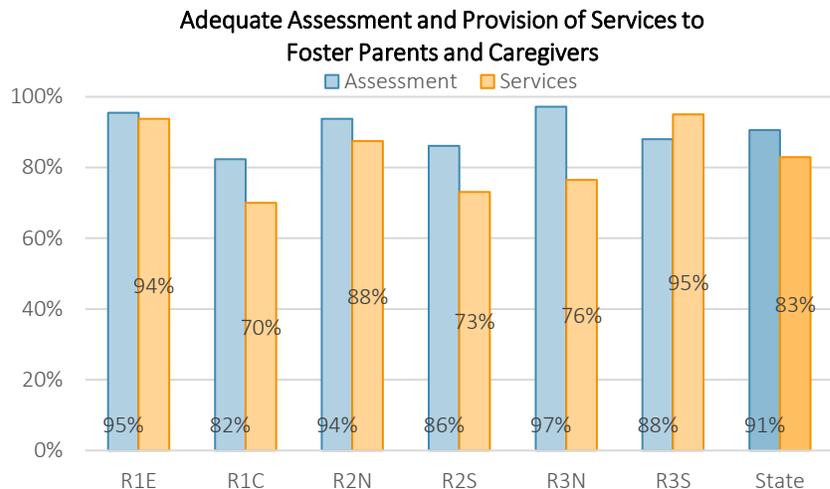
²⁵ Question #3: 13 respondents selected Not Applicable or did not answer the question.

²⁶ Question #4: 78 respondents selected Not Applicable or did not answer the question.

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

Needs and Services to Foster Parents and Caregivers

Needs of foster parents and caregivers were adequately assessed on an ongoing basis to ensure their capacity to provide appropriate care and supervision to the child in their care was a strength in 91% (173 out of 191) of the cases reviewed. When a need was identified, 83% (102 out of 123) of foster parents and caregivers were provided with appropriate services to address identified needs to provide appropriate care and supervision of the child in their care.



Assessment of Caregivers	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	95%	82%	94%	86%	97%	88%	91%
Total applicable cases	44	34	16	36	36	25	191
Strength cases	42	28	15	31	35	22	173
Area Needing Improvement cases	2	6	1	5	1	3	18
Services for Caregivers	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	94%	70%	88%	73%	76%	95%	83%
Total applicable cases	32	20	8	26	17	20	123
Strength cases	30	14	7	19	13	19	102
Area Needing Improvement cases	2	6	1	7	4	1	21

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

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

During the case review process, foster parents and caregivers are contacted to participate in an interview related to the child’s case who is in their home. Since January 2017, 194 foster parents and kinship caregivers have agreed to participate in the interview process. Like with mothers and fathers, the responses varied based on the office location. Themes and comments from these interviews included:

- One kinship caregiver was very appreciative of the caseworker utilizing a certified interpreter for meetings.
- Some foster parents expressed frustration that children were initially brought to their home without adequate clothing or items in order to meet the child’s basic needs. Other foster parents expressed frustration with not receiving reimbursements in a timely manner.

- Foster parents noted a concern regarding unclear communication from the assigned caseworker. Caregivers stated they had trouble distinguishing between what was being required of them versus communication with them for informational purposes.
- Foster parents expressed a lack of support from the caseworker, feeling overwhelmed, and receiving inaccurate information regarding the child’s case.
- Some of the foster parents expressed not having their needs met by the caseworker. The foster parents did not seem to have an understanding of what resources might be available to them and what was not. The foster parents were under a belief that the lack of resources was a system issue and not related to the caseworker’s ability to meet their need.
- Foster parents stated they felt like their caseworkers listened to them and that their needs were being met. Caregivers spoke positively about their caseworkers and shared that the caseworkers were very responsive.
- Caregivers expressed frustration with the caseworker turnover.
- Some caregivers expressed a frustration with not receiving return phone calls from the caseworkers.
- The foster parents stated there is inconsistency regarding the caseworker’s responses to requests for services, such as child care, change of placement, and receiving a voucher for the child. Some of the caseworkers respond timely and others require being asked multiple times.

CA contracts with the Department of Social and Health Services Research and Data Analysis Division to conduct a survey²⁷ of foster parents in Washington. September 2015 through September 2016, DSHS surveyed 1,350 licensed foster parents about their satisfaction with support, training and information provided by Children’s Administration and private agencies contracted by the agency to provide services to foster parents. They were also asked to offer recommendations for change. The majority of foster parents continue to express satisfaction with the support and training they receive, and with the caseworkers assigned to their cases. Key survey findings regarding support for foster parents were:

- Most foster parents are satisfied with the support they receive. Positive responses about the adequacy of support increased in 2016, reversing the negative trend we observed in 2015.
 - 79% of foster parents said that support was “more than adequate” or “somewhat adequate”, a statistically significant increase of four percentage points from 2015.
 - Of the 385 general comments about support, 67% were positive (up from 55% in 2015).
- Perceptions of caseworkers remain mostly positive. Responses to questions about caseworkers did not change significantly from the 2015 survey.
 - 81% of respondents said that caseworkers always or usually listen to their input.
 - Of the 1,151 who commented about caseworkers, 43% made mixed or neutral comments, many including statements that some workers are better than others.
 - Most comments were positive in the areas of caseworker support (59% of 446 comments), courtesy (63% of 188 comments), and listening/understanding (62% of 233 comments).
 - Of the 226 comments about caseworkers’ inclusiveness, 62% were negative or suggestions for improvement.
- Responsiveness and communication are important to foster parents. Most respondents said they can get help when they ask for it, but complaints about responsiveness continue to be a concern.
 - 80% of respondents said they can always or usually get help when they ask for it.
 - Of the 627 foster parents commenting on access to caseworkers, 57% were positive.

²⁷ The complete FY 2016 Survey of Foster Parents in Washington State can be viewed on the Children’s Administration foster parenting [website](#).

- 13% of all respondents expressed concerns that insufficient numbers of caseworkers, high caseworker caseloads, and turnover contribute to a variety of problems (177 comments).
- Foster parents value consistent and fair processes, and smooth coordination of efforts. Although most foster parents said they feel included in the care team, some foster parents described challenges rooted in processes and coordination.
 - 74% said they are always or usually treated like part of the team; and 72% agreed that they are included in meetings about the child in their care.
 - Of the 272 foster parents who commented about processes, 93% offered negative comments or suggestions for improvement.
- Most foster parents were satisfied with the information they receive about the children in their care, but many expressed concern about the consequences of inadequate information sharing. The number of comments on this topic highlights the importance of information for foster parents.
 - 70% of respondents agreed that they always or usually get adequate information about the needs of the children placed with them.
 - There were 740 comments related to information in 2016 (55% of all respondents). Of these, 51% were negative or suggestions for improvement.
 - Foster parents are most concerned when they do not receive information about medical needs and behavioral problems at the time of placement, and when they do not receive information about court hearings or developments in a foster child’s biological family.

Kinship 101, an informational class for Kinship Caregivers that covers financial supports and other resources and provides navigation tips for the child welfare system including the dependency process and court, and permanency options, was expanded from classroom only format in 2016 to webinars in 2017, that have now increased to monthly webinars as of March 2018. The first two webinars had 27-30 participants, compared to an average of 4-6, and sometimes less, for the classroom based version. A one-on-one coaching session curriculum was finalized in April 2018, and is available to caregivers with barriers to both classroom and webinar attendance as of May 2018.

Relative Search for Caregivers, a training for foster and kinship caregivers that provides transparency about this key process in our child welfare system was created in April of 2018. It is also through the Alliance for Child Welfare Excellence, and will be first provided as an e-learning. Caregivers, CA staff, and the Alliance coaches who work with caregivers teamed for curriculum development.

A statewide Values Stream Mapping (VSM) was held in May 2018 that resulted in recommendations to CA leadership that will streamline and improve the initial relative search process in order to better meet the needs of children in out of home care and their caregivers, as well as to comply with federal timelines around relative notification.

Item 13: Child and Family Involvement in Case Planning

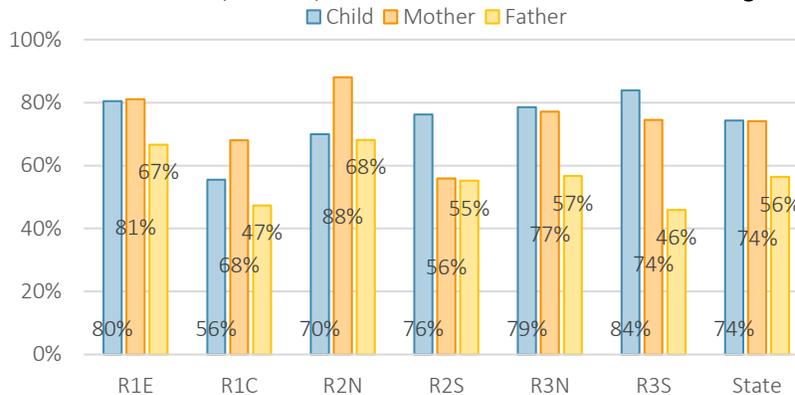
Concerted efforts to actively involve the child, mother and father in the case planning process was noted as a strength in 53% (157 out of 294) of the cases reviewed by the *CCRT*.

In calendar year 2017 there were 137 cases reviewed in which the child was considered old enough to be involved in case planning. Statewide, 74% (124 out of 167) of the cases were rated as a strength. Data indicates that children in out-of-home care are more involved in case planning. Out-of-home care cases accounted for 67% (92 out of 137) of the sample population with 88% (81 out of 92) rated a strength.

The remaining 33% (45 out of 137) of the sample population were in-home and CPS FAR cases; 51% (23 out of 45) were rated a strength. The child’s involvement was through consultation regarding his or her goals and services, the plan was explained in terms the child could understand, and the child was included in periodic case planning meetings.

Caseworkers are more consistently involving youth in case planning. Documentation indicates that caseworkers and children are discussing permanency, well-being and safety. Generally, older youth are more involved in case planning than younger children. In some cases, involving young children, the caseworker visited with the child each month, but could improve practice by asking for the

Child, Mother, and Father Involvement in Case Planning



Child	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	80%	56%	70%	76%	79%	84%	74%
Total applicable cases	41	36	10	21	28	31	167
Strength cases	33	20	7	16	22	26	124
Area Needing Improvement cases	8	16	3	5	6	5	43
Mother	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	81%	68%	88%	56%	77%	74%	74%
Total applicable cases	58	47	25	34	48	47	259
Strength cases	47	32	22	19	37	35	192
Area Needing Improvement cases	11	15	3	15	11	12	67
Father	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	67%	47%	68%	55%	57%	46%	56%
Total applicable cases	48	38	22	29	37	37	211
Strength cases	32	18	15	16	21	17	119
Area Needing Improvement cases	16	20	7	13	16	20	92

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

child’s input into case planning issues. Some caseworkers expressed concern about how to involve younger children (as developmentally appropriate) in their case planning. This assertion was reiterated by Region 1 during the regional semi-annual deep dives and contributed to the lower sub regional data at 56% (20 out of 36) in Region 1 Central. Additionally, while caseworkers ask children and youth about their education, placement, visitation, and sense of safety, practice could be improved by providing children and youth with education about permanency and supporting them in voicing their preferred permanency plan.

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

- Mothers were actively involved in case planning by identifying strengths and needs, identifying services and service providers, establishing goals in case plans, evaluating progress towards goals, and discussing the case plan in 74% (192 out of 259) of the cases reviewed.
 - Out-of-home cases were rated as a strength in 75% (134 out of 179) of the cases.
 - Mothers were involved in nearly three quarters, 73% (58 out of 80), of the in-home and CPS FAR cases reviewed.
- The father’s involvement included identifying strengths and needs, identifying services and service providers, establishing goals in case plans, evaluating progress towards goals, and discussing the case plan. Fifty-six percent (119 out of 211) of the cases were rated a strength.
 - 55% (81 out of 148) of out-of-home cases reviewed were identified as a strength.

- 59% (38 out of 63) of in-home cases were rated as a strength.

The *CCRT* interviews caseworkers as part of the case review process to gathering additional information regarding the child and case activity. In calendar year 2017, 410 caseworkers and supervisors participated in these interviews. Themes from the caseworker interviews related to child and family involvement in case planning include:

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

Mothers and fathers, as well as foster parents and caregivers, are also interviewed by the *CCRT*. Since January 2017, 111 mothers and 69 fathers have agreed to participate in interviews with the case reviewer. Comments from these interviews vary from positive to areas needing improvement and largely depend on the office location. Themes from the parent interviews include:

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

Since January 2017, 194 foster parents and kinship caregivers have agreed to participate in case review interviews. Like with mothers and fathers, the responses varied based on the office location. Themes and comments from these interviews included:

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

In order to meet the practice standards for this item, there must be concerted efforts by the agency to locate and maintain contact with the parents, including incarcerated parents and parents who have not been involved with their children. Cases rated a strength in relation to a parent or the child had evidence that the mother, father, and/or child were invited to participate in Shared Planning Meetings (specifically FTDM meetings) held during the period under review and had periodic substantive conversations with the assigned caseworker, or the caseworker made concerted efforts to have these conversations.

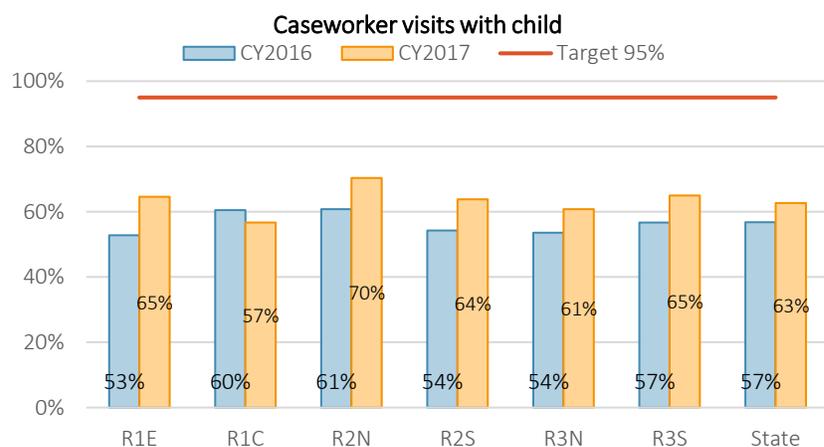
In some cases, there were insufficient efforts to locate and remain in contact with a non-custodial father. Some of the fathers who were not involved in case planning had no recent contact with the child or were incarcerated. Some cases have evidence of contact with the mother or father, but greater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

The Department is committed to continually improving practice and services so positive outcomes are achieved for all children and families served. 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. Outside of parent engagement activities sponsored by headquarters, all three CA regions have hired or allocated staff to locate absent parents. Region 2 North already had this strategy in place which contributes to the data which shows a higher percentage of caseworker visits in that sub region. Region 2 North also has a Family Treatment Court site which has an entire unit that meets with parents weekly.

Likewise, child and youth involvement in case planning offers opportunities for youth development, critical thinking, and buy-in. During monthly visits with the parents and child, caseworkers focus on a number of topics, one being case planning. Broadly, the case review data connected to this item demonstrates inconsistencies in practice. Improvements to parent and child involvement in case planning for in-home and CPS FAR cases is needed. To encourage ongoing development of parent engagement skills, Children’s Administration is actively providing resources and reminders about core engagement skills. This include training, written materials, regional and statewide communication, and messaging from leadership.

Item 14: Caseworker Visits with Child

The frequency and quality of caseworker visits with the child was determined a strength in 63% (193 out of 308) of cases reviewed in calendar year 2017 to promote the achievement of case goals and ensure the safety, permanency, and well-being of the child(ren). There is variability between sub regions with a high in Region 2 North at 70% (19 out of 27) and the lowest in Region 1 Central at 57% (38 out of 67).



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	65%	57%	70%	64%	61%	65%	63%
<i>Total applicable cases</i>	65	67	27	58	51	40	308
Strength cases	42	38	19	37	31	26	193
Area Needing Improvement cases	23	29	8	21	20	14	115

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

The *CCRT* found that the frequency of visits between the caseworker and child was a strength in 82% (253 out of 308) of the cases reviewed, with 72% (221 out of 308) accounting for out-of-home care cases and the remaining 28% in-home cases (in-home 51 out of 308; CPS FAR 36 out of 308). The quality of the caseworker visits with the child only met practice standards in 69% (212 out of 306) of cases reviewed. Quality of visits remained strongest for out-of-home care cases with 73% (221 out of 306), with 27% accounting for in-home cases (CPS FAR 35 out of 306; In-home 50 out of 306). Improvement in practice and documentation of an individual, private conversation with a verbal child each month will increase the quality of caseworker visits with children.

As part of the case review process, caseworkers are interviewed to gather additional information regarding the child and case activity. In calendar year 2017, 410 caseworkers and supervisors participated in these interviews. During the interviews, it was clear the caseworkers spent an ample amount of time during their health and safety visits to thoroughly assess the case circumstances.

During the case review process, foster parents and caregivers are also contacted to participate in an interview related to the child's case who is in their home. Since January 2017, 194 foster parents and caregivers have agreed to participate in the interview process. The foster parents stated during the interviews that they were informed of the need to complete private conversations with the children and the reason that this needed to occur.

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

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

The first report is an infoFamLink monthly health and safety visits report which is utilized by supervisors, Area Administrators and Regional Quality Assurance staff. This report is accessible to all CA staff with access to FamLink and can be run at any time. Part of the infoFamLink report includes weekly case management report emails which are sent to CFWS caseworkers, supervisors, and area administrators. The weekly emails include the names of children who have not had a documented caseworker visit during the current month. Proper documentation in FamLink populates these reports. The ongoing monitoring and email notifications has been greatly successful in CFWS cases. In calendar year 2017, 97.63%²⁸ (123,797 out of 126,804) of children in out-of-home care with an open CFWS case were seen at least once a month.

In order to equally support FVS caseworkers in tracking required in-home monthly visits, an FVS health and safety visit monitoring report was developed in response to feedback from field staff and supervisors. A pilot of the newly developed report was launched in February 2017 in select offices²⁹ from each region. These offices provided feedback to ensure the validity of the report. In July 2017 the FVS health and safety visit monitoring report was launched statewide. In reviewing completion of required FVS monthly health and safety visits between August through November 2017, 58% of children were seen once or twice per month. CA policy requires children

²⁸ Data Source: Monthly Health and Safety Visits with Child report; infoFamLink; May 8, 2018

²⁹ FVS monthly visit pilot offices were Wenatchee (R1C), Bellingham (R2N), Puyallup (R3N), Lakewood (R3N), Aberdeen (R3S), and South Bend (R3S).

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

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

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

- Well-Being Outcome 2: item 16
- Well-Being Outcome 3: item 17
- Well-Being Outcome 3: item 18

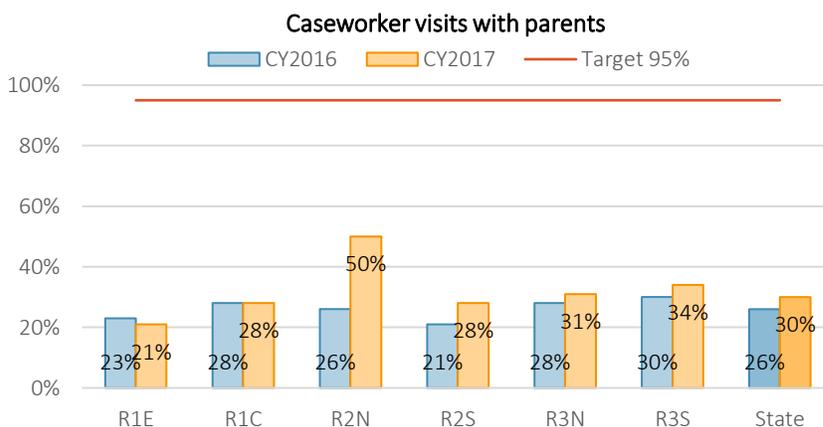
A grass roots campaign was started in Region 1 Central, where they noticed that improvements in the three above topics could be made through improving information gathering and documentation during health and safety visits. Over the Summer of 2016, the office focused on a specific topic each month. Their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

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

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

Item 15: Caseworker Visits with Parents

Case review data reveals that visits and contact with mothers is higher than with fathers. There is variability between sub regions with a significant outlier being Region 2 North with the highest performance at 50% (13 out of 26). The other sub regions are much more consistent with Region 1 East being the lowest at 21% (12 out of 58).



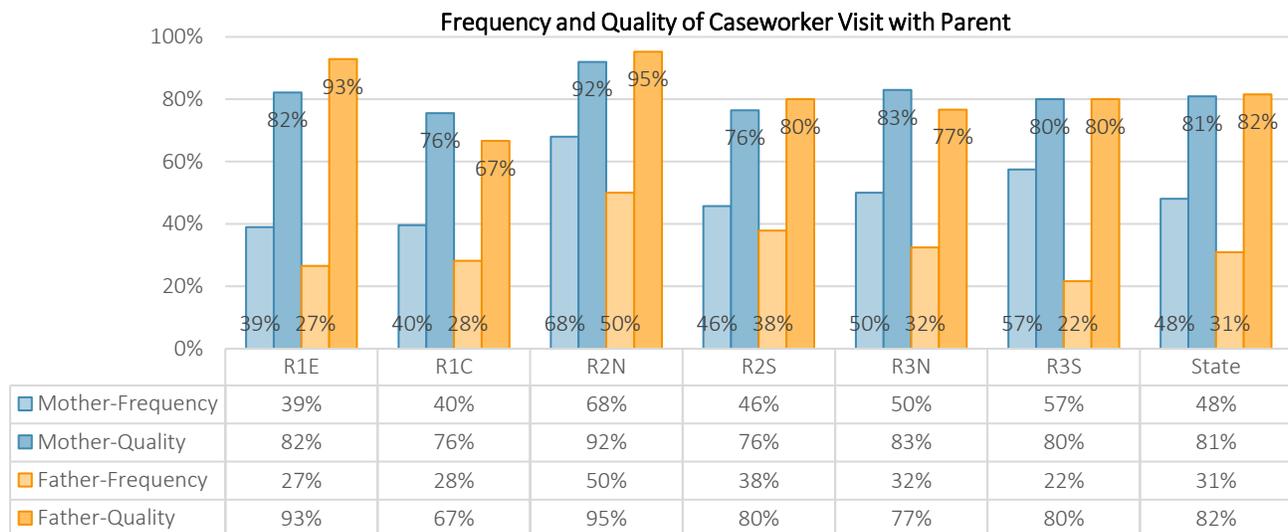
	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	21%	28%	50%	28%	31%	34%	30%
<i>Total applicable cases</i>	58	60	26	50	49	38	281
Strength cases	12	17	13	14	15	13	84
Area Needing Improvement cases	46	43	13	36	34	25	197

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

CCRT results for cases reviewed during calendar year 2017 noted that the frequency of caseworker visits with mothers were found to be a strength in 48% (126 out of 262) of the cases; with 68% (179 out of 262) of these cases being out-of-home cases and the remaining 32% (83 out of 262) for in-home and CPS FAR cases. The quality of visits between the mother and caseworker were sufficient in 81% (204 out of 252) of the cases.

Caseworker visits with father were found to be a strength in only 31% (66 out of 213) of cases reviewed. Out-of-home cases accounted for 69% (147 out of 213) of the cases rated a strength, while 31% (66 out of 213) were in-home and CPS FAR cases. For visits between the father and caseworker that did occur, the quality was sufficient in 82% (150 out of 184) of the cases. The data indicates that if we could increase the frequency of visits, specifically targeting fathers, we could significantly increase this measure.



Data Source: CFSR Onsite Review Instrument; January-December 2017 Case Review Results; March 1, 2018

Utilizing the infoFamLink Caseworker Parent Visit report³⁰, 237,896 visits with mothers (177,636) and fathers (60,260) were required in calendar year 2017. Documentation indicates that 11% (27,279 out of 237,896) of required visits occurred during this time: 17,706 visits with mothers and 9,573 visits with fathers. The remaining 89% (210,617 out of 237,896) of mothers and fathers did not receive the required caseworker monthly visit.

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

- incarcerated parents
- parents that avoid contact with the Department
- caseworker's belief that parents should contact the Department, instead of caseworker making efforts to contact mothers and fathers
- parents residing out of the area

³⁰ Data Source: Social worker parent visit report; infoFamLink; May 8, 2018

- accurate documentation of visits and efforts to locate parents
- workload

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

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

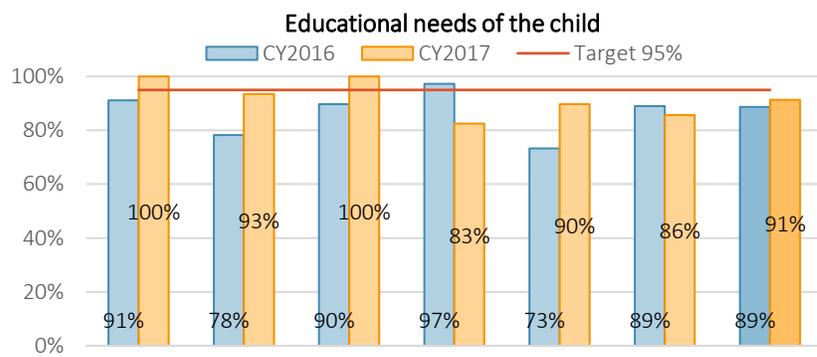
The curriculum includes targeted information around resistant parents, absent parents, fathers, developmentally delayed parents or parents with learning disabilities, incarcerated parents, and parents with substance abuse or mental health disorders. After completing training, the regional permanency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

In April of 2018, CA Program and Policy convened a workshop with Department of Corrections (DOC) to identify barriers between CA and DOC regarding visitation between incarcerated parents in prison and children in out of home care. This workshop was highly successful in identifying barriers and is going to be utilized in future work to provide hands on trainings to staff around how to facilitate these visitations. This is the first step in identifying ways to more effectively work with incarcerated parents in prison, including frequency and quality of visits between the parent and the case worker.

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

Item 16: Educational needs of the child

The Department is performing well in addressing the educational needs for children and has made performance improvements over the last year. CA considers well-being outcome 2 a strength with statewide performance at 91% (179 out of 196) for cases reviewed in calendar year 2017; which is an improvement of 2% since 2016.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	100%	93%	100%	83%	90%	86%	91%
Total applicable cases	39	46	14	40	29	28	196
Strength cases	39	43	14	33	26	24	179
Area Needing Improvement cases	0	3	0	13	3	4	17

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

When looking at individual questions for this item, the CCRT rated 98% (192 out of 196) of the cases a strength regarding concerted efforts to accurately assess the child’s educational needs. In-home cases, including CPS FAR, accounted for 15% (29 out of 196) of the cases reviewed while the remaining 85% (167 out of 196) were out-of-

home cases. If an educational need was identified, 88% (99 out of 113) of the cases identified concerted efforts were made to address the child's educational needs through the provision of appropriate services.

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

- Well-Being Outcome 2: Item 16, Educational needs
- Well-Being Outcome 3: Item 17, Physical/dental health
- Well-Being Outcome 3: Item 18, Mental/behavioral health

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

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

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

In July 2017, CA education policy 4302 was revised and strengthened to match current practice which includes requiring all children in foster care to attend public school, versus homeschool or online school programs, unless they receive approval from CA and the courts. Policy also requires caseworkers to use the [School Notification Form DSHS 27-093](#) to alert schools of all placement changes. CA partnered with program experts at OSPI (Home School Supervisor, Private School Supervisor, and Foster Care Program Supervisor) to draft the revised policy and ensure the revised policy aligns with Washington State education requirements for schools and parents. The policy was also reviewed by Treehouse before finalization.

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

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

- Region 3 North had a compliance rate of 90%, which was an increase from 73% for calendar year 2016. Staff in this region report school districts, foster parents and community providers are engaged in education planning.

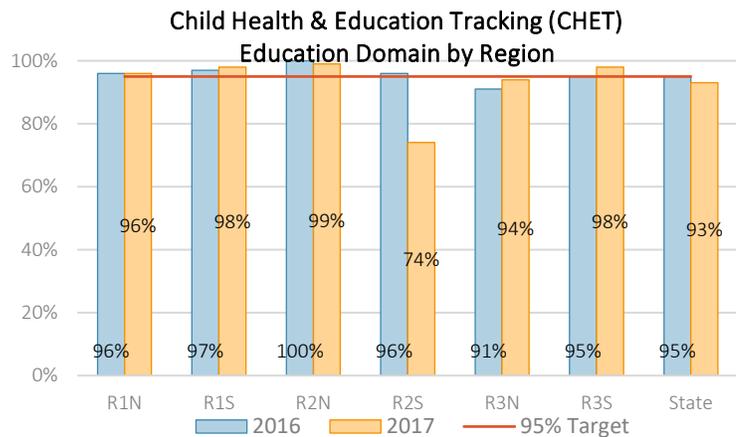
Throughout the year, the CA HQ Education Program Manager coordinated with the CA Foster Care Recruitment and Retention and Kinship Care Program Managers to post articles in the Caregiver Connection Newsletter and various caregiver listserves to communicate with a broad group of caregivers. In July 2017,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

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

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

Under this program, a CHET screening must be completed within 30 days of placement into out-of-home care, which includes the education domain. Completion rates for the education domain across the sub regions range from 99% in Region 2 North to 74% in Region 2 South.

Completion of the CHET education domain is impacted by difficulties in accessing and receiving educational records during school breaks and longer holidays such as the winter break, regional differences in school district procedures in fulfilling the request for educational records, or difficulties accessing records for children who have moved frequently either prior to or after entering out-of-home care. In addition, during this reporting period, Region 2 South had extensive staff and supervision turnover, which dramatically impacted completion rates within 30 days for their overall final CHET reports and individual domains. Region 2 South has filled the vacant supervisor position and has hired for all but one of their vacant staff positions. Training is underway and CA HQ will offer additional supports and technical assistance with the on-boarding of new caseworkers.



	R1N	R1S	R2N	R2S	R3N	R3S	State
CHET Education Domain <i>(Calendar Year 2017)</i>	96%	98%	99%	74%	94%	98%	93%
<i>Total Education domains required</i>	269	288	262	299	452	440	2,010
Completed within 30 days	258	283	260	220	425	432	1,878
Completed 31 days or more	11	5	2	79	27	13	132

Chart and Table Data Source: Children’s Administration; CHET Statewide database; May 30, 2018

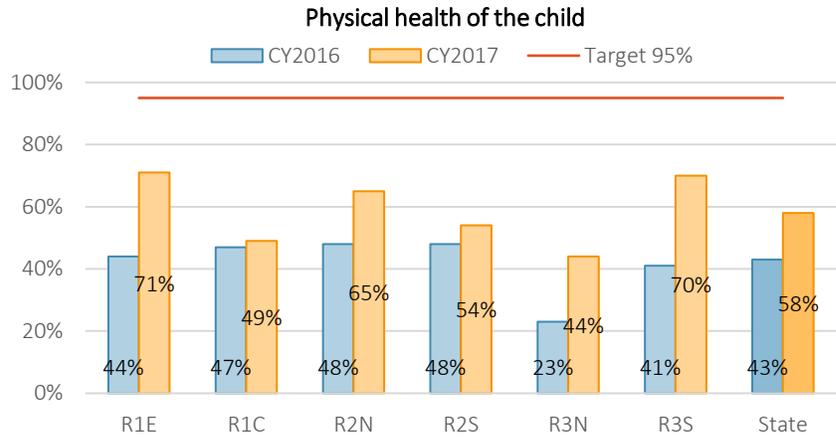
Under the OSPI User Interface (data share agreement), CHET Supervisors have access to OSPI’s student information database which allows them to look up the Student State Identification Number (SSID#) and the name of the last school attended. Having the last school attended allows CHET staff to quickly make records requests in a timelier manner and can increase the accuracy of information requests. Once the OSPI User Interface is operational in FamLink, CHET staff will be able to identify if the child is receiving special education services.

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

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

Item 17: Physical Health of the Child

CA has made performance improvements addressing the physical health needs of the children, including dental health needs, over the last year. Statewide, 58% (149 out of 258) of cases reviewed in calendar year 2017 were rated a strength; this is an improvement of 15%.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	71%	49%	65%	54%	44%	70%	58%
Total applicable cases	52	57	23	50	43	33	258
Strength cases	37	28	15	27	19	23	149
Area Needing Improvement cases	15	29	8	23	24	10	109

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

Case reviewers found that in 88% (227 out of 258) of the reviewed cases, the child’s physical health care needs were accurately assessed and appropriate services were provided to the child to address all identified physical health needs in 84% (182 out of 217) of the cases. The physical health needs assessment included ensuring the child received annual well-child examinations.

For cases reviewed in calendar year 2017, 65% (141 out of 216), found the dental health care needs of the children were accurately assessed and appropriate services were provided to the children to address identified dental needs in 64% (138 out of 215) of the cases. An analysis of cases reviewed indicated the child’s second dental appointment continues to be an issue statewide. This is an improvement of 13% in the assessment and 16% in provisions of services for children’s dental health care needs.

For children in out-of-home care who require medication for physical health needs, 77% (72 out of 93) received appropriate oversight of his or her prescription medications.

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

- Well-Being Outcome 2: Item 16, Educational needs
- Well-Being Outcome 3: Item 17, Physical/dental health
- Well-Being Outcome 3: Item 18, Mental/behavioral health

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

consideration to the monthly theme during monthly health and safety visits with children and documentation. Caseworkers and supervisors received monthly emails which included a topic specific discussion guide, visit tip sheet, and documentation tip sheet. In addition, caregivers were notified of the monthly topic by email and to be aware of the discussion occurring during monthly health and safety visits with children.

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

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

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

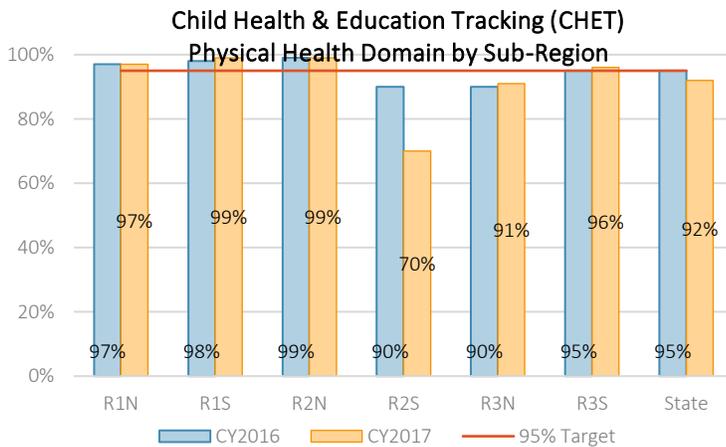
Based on feedback received during the semi-annual regional deep dives, the Health Care Services for Children in Out-of-Home Care policy has been updated to address many of the above issues. The policy will be effective July 1, 2018 and will be included in mandatory policy roll-out training for supervisors and caseworkers. Training will be provided in June 2018 and includes reminders about immunizations, appointments every six months and any necessary follow-up, ongoing medical care upon child's return home, and documentation of necessary elements.

As part of the case review process, caseworkers are interviewed to gather additional information regarding the child and case activity. In calendar year 2017, 411 caseworkers and supervisors participated in these interviews. When caseworkers were interviewed regarding their oversight of the child's medical care, they routinely stated they were not gathering medical information regarding the children. The caseworkers stated they made an assumption that the foster parent was taking care of that aspect of care for the child. The interviews with the caseworkers revealed that much more work was occurring than was being captured in the electronic file. Reviewers were able to fill in many gaps in documentation based on the interviews with the caseworkers.

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

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

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



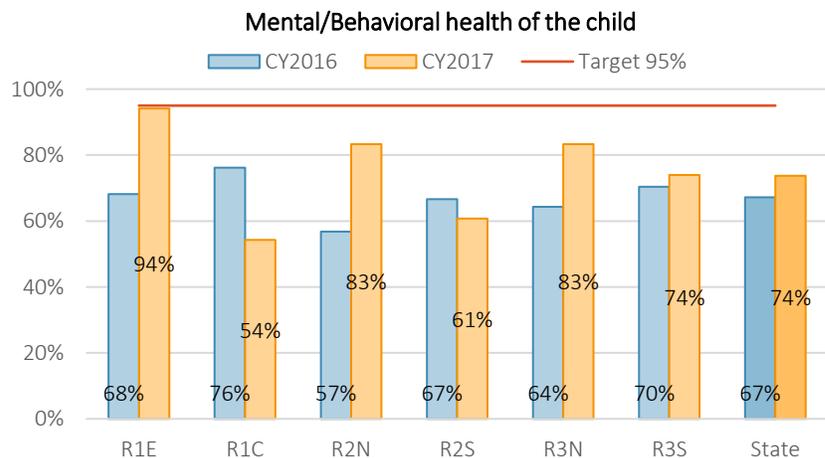
The physical health domain includes an initial EPSDT exam and results are documented in the completed CHET report. Statewide in calendar year 2017, 92% of children had a completed physical health domain within 30 days of placement into out-of-home care. Completion rates for the physical health domain (within 30 days of out-of-home placement) across the sub regions range from 99% in Region 1 South and Region 2 North to 70% in Region 2 South.

Completion of the CHET physical health domain is impacted by difficulties in timely

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

Item 18: Mental/Behavioral Health of the Child

During calendar year 2017, 74% (115 out of 156) of reviewed cases were rated a strength which reflects an improvement of 7% over 2016 performance. Much like the improvement to items 16 and 17, this improvement can be attributed to the statewide monthly health and safety visit campaign launched in September 2016.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	94%	54%	83%	61%	83%	74%	74%
<i>Total applicable cases</i>	34	35	12	28	24	23	156
Strength cases	32	19	10	17	20	17	115
Area Needing Improvement cases	2	16	2	11	4	6	41

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

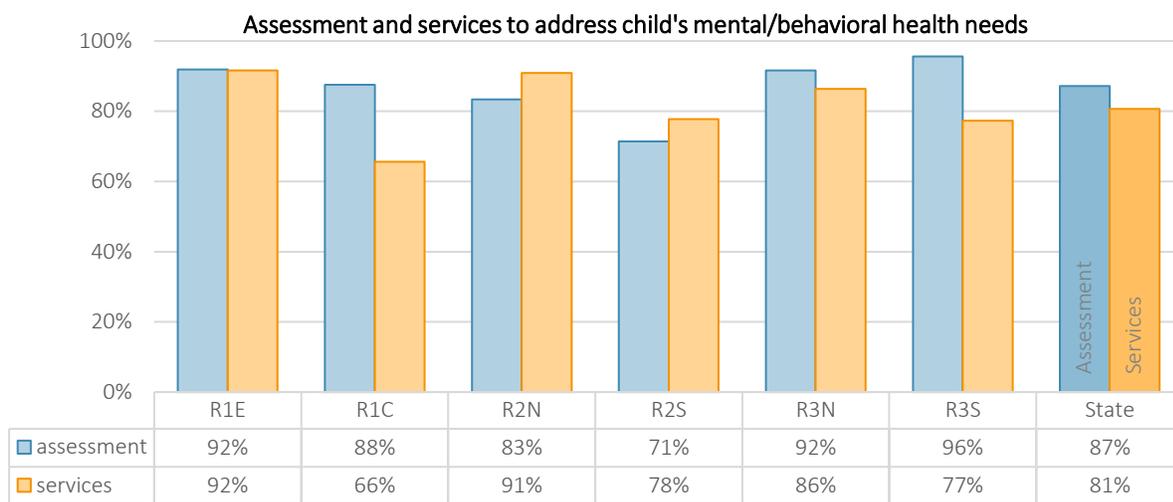
Statewide, 87% (136 out of 156) of the cases reviewed by CCRT included an accurate initial and ongoing assessment of the child’s mental/behavioral health needs to inform case planning decisions. All regions unanimously indicated that for the out-of-home placement cases, the CHET report gets things off to a great start and difficulties identified were mainly for in-home and front end (CPS Investigation and CPS FAR) cases especially for specialized evaluations such as domestic violence and substance use disorder. It is more difficult to track and assure completion of evaluations and assessments for these cases. Strategies identified to address these gaps include: educating caseworkers about the community resources and services available through Medicaid, increasing communication and connection between caseworkers and biological parents, and increasing CPS

supervisors’ focus on completion of mental health related evaluation and assessment prior to authorizing a case closure.

When mental/behavioral health needs were identified, 81% (121 out of 150) of the cases reviewed were provided appropriate services. This data is consistent with findings from the other two questions and reveals two notable challenges:

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

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



Data Source: CFSR Onsite Review Instrument; January-December 2017 Case Review Results; March 1, 2018

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

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

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

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

In addition, a secondary review of children who are prescribed psychotropic medications is completed through the AHCC Psychotropic Medication Utilization Review (PMUR) process. Children are referred to

PMUR when they are prescribed a psychotropic medication and information suggests³¹ the need for an additional review of the child or youth’s clinical status. The PMUR is a retrospective review of medications prescribed to the child or youth to ensure the appropriate dosage is administered and evaluate whether the child is connected to appropriate therapeutic non-medication mental/behavioral health interventions. The AHCC PMUR process uses specific criteria to indicate where there is a need for further review of a child’s clinical status. See [Services for Children under the Age of Five](#) for additional review requirements for children prescribed a psychotropic medication.

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

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

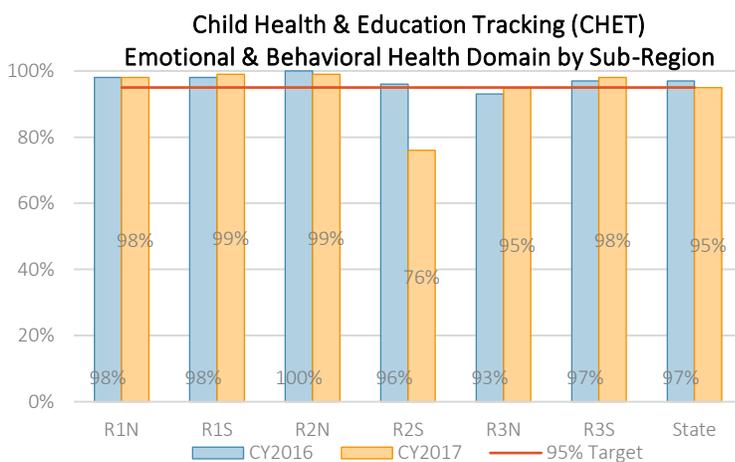
The identified areas needing improvement are:

- Transportation for children and youth to access mental health services outside their immediate area in the more rural areas of the regions where there are limited service providers.
- Documentation regarding the follow-up and outcome of mental/behavioral health services the child received and the oversight of psychotropic medications.
- More consistent follow up and follow through with identified needs of mental health/behavioral health services with children and youth who are involved in front end (CPS Investigation and CPS FAR) or in-home cases.

Creating Connections

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

Every child that enters and remains in out-of-home care for 30 days or more receives a CHET³² screen which includes an assessment of emotional and behavioral health needs. Results from the assessment are used to



develop an appropriate case plan and assist in placement decisions for the child.

The regional differences in the percentage of completed mental/behavioral health domain assessed and documented within 30 days, are likely attributed to: the number of CHET Emotional/Behavioral Domains that are not required due to a child or youth already receiving mental health services or being hospitalized.

The percentage of children whose emotional and behavioral health needs were assessed within 30 days of entering out-of-home care

statewide in calendar year 2017 is 95%. Completion rates for the emotional and behavioral health domain within 30 days of entering out-of-home care across the sub regions range from 99% in Region 1 South and Region 2 North to 76% in Region 2 South. During this reporting period, Region 2 South had massive staff and supervision

³¹ Specific details on when an additional review is suggested can be found in CA’s Health Care Oversight and Coordination Plan.

³² The Child Health and Education Tracking (CHET) program is responsible for identifying each child’s long-term needs at initial out-of-home placement by evaluating his or her well-being. A complete CHET screening includes five domains: Physical Health; Developmental; Education; Emotional/Behavioral; and Connections.

turnover, which drastically impacted completion within 30 days for their CHET reports and domains. Region 2 South has filled the vacant supervisor position and has hired for all but one of their vacant staff positions. Utilizing the Creating Connections (ACF - Children's Bureau) grant, CA continues to collaborate with the University of Washington, DSHS Division of Behavioral Health and Recovery, Health Care Authority and the Harborview Center for Sexual Assault and Traumatic Stress. The grant has supported the continued delivery of training to CA caseworkers and community mental health professionals titled *Mental Health: In-Depth Applications for Child Welfare*. This skill-based training increases participant's knowledge and ability to identify, address, and refer a child or youth to address his or her mental/behavioral health needs. In calendar year 2016, approximately 450 CA caseworkers, both newly hired and existing staff, completed training.

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

- Ages & Stages Questionnaires: Social Emotional (ASQ:SE) for children 36-months to 66-months
- Screen for Child Anxiety Related Emotional Disorders (SCARED) for children and youth 7 to 17-years-old
- Pediatric Symptom Checklist -17 (PSC-17) for children and youth 66-months to 17-years-old

In calendar year 2017, the OMH screeners completed 1,210 re-screens for children and youth who remained in care at least 6 months. Since the program began in 2014, a total of 4,952 children and youth have been re-screened.

In June 2016, three PTSD symptom related questions from the Child Behavioral Health Screener (CBHR) developed by the Oklahoma Trauma Assessment & Service Center Collaborative (OK-TASCC), were introduced as a pilot into the OMH program. The pilot is called *Plus 3* and is administered to all children and youth in the OMH target population. The *Plus 3* pilot will be used to determine if the questions are a viable alternative to the SCARED; accomplishing symptom identification while reducing the overall number of screening tools used in the CHET and OMH programs. The University of Washington (UW) is evaluating the use of *Plus 3* for all OMH children and youth, including those ages 3 to 7-years-old who are currently not able to be screened with the SCARED. Data analysis for efficacy is still underway, however, if validated, the *Plus 3* questions could replace the SCARED for both the CHET and OMH programs. The *Plus 3* would offer a more comprehensive trauma screening by expanding the age of children and youth screened for trauma from 7 to 17-years-old, to all children and youth ages 3 to 17-years-old. The *Plus 3* pilot continued through calendar year 2017 and results are currently being evaluated to determine if it is a valid screening tool for trauma concerns.

Working Across Systems

In order to achieve targeted well-being outcomes, it is important to consider the Washington state mental/behavioral system as a whole, recognizing that CA operates within a larger system to enhance families' capacity to provide for the child's mental/behavioral health needs and ensure children receive adequate services. In 2016, the Children's Mental Health Workgroup³³ was established in Engrossed Second Substitute House Bill 2439 (E2SHB 2439), relating to increasing access to adequate and appropriate mental health services for children and youth. In 2018, Engrossed Second Substitute House Bill 2779 was signed reestablishing the children's mental health workgroup through December 2020. The workgroup was established to identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this population. The workgroup was required to review the barriers that exist to identifying and treating mental health issues in children with a particular focus on birth to age five and to conduct specific tasks.

³³ The [Children's Mental Health Work Group final report and recommendations](#) submitted to the Governor and the Legislature can be viewed online.

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

- System Capacity - shortage of mental health providers at all levels
 - HCA to explore with the legislature regarding increasing Medicaid funding rates, tuition loan repayment program or other incentives to support increasing workforce in child psychiatry and school based behavioral health services
 - HCA to explore increasing network adequacy in contracted Medicaid Managed Care Organizations
 - Work with foster care MCO provider to increase capacity and continue to build network for both health and mental health services
- Lack of culturally and linguistically appropriate services and assessments
 - HCA to lead statewide workgroup to address concerns
- Cross systems collaboration- increase collaboration across health care, mental health, behavioral health, education, and other child serving agencies and systems
 - Increase referrals for screening and participation in the WISE program for intensive community based mental health services to stabilize and treat youth
 - According to the WISE Implementation Status Report produced on January 2018, between July 1, 2014 and September 30, 2017 total of 7,661 WISE screens were conducted with the one of the largest referral source being the CA at 12%.
 - Design and implement fully integrated managed care to serve all children and youth in care, receiving adoption support, extended foster care, and alumni of foster care that includes health, mental health and substance use disorder by January 2019. Planning team includes Health Care Authority, Division of Behavioral Health and Recovery, Children's Administration, and MCO provider, Coordinated Care of Washington (CCW)

Assessment of Systemic Factors

Statewide Information System

Item 19: Statewide Information System

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

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

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

These external entities include:

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

FamLink is the source for Washington’s Adoption and Foster Care Analysis Reporting System (AFCARS) extracts, which includes data specific to location, status, goals, and demographic characteristics of every child in out-of-home care.

The Department just completed its 2018B AFCARS submission and had no elements with error rates above 10%, which meets the “exceeds standards” threshold. Washington runs regular data checks and quality reports using the AFCARS data elements throughout the year. Data is monitored and sent to regional QA leads who work with field staff to complete or correct data entry and data

2017B AFCARS Submission Data Elements

Data Element	Errors
FC-06 Date of Birth:	0 missing records
FC-07 Sex:	0 missing records
FC-08 Race:	92missing records (.64% failing)
FC-09 Hispanic Origin:	228missing records (1.58% failing)
FC-18 First Removal Date:	0 missing records 0 errors
FC-20 Last Discharge Date:	0 missing records, 61 errors (.46% failing)
FC-21 Latest Removal:	0 missing records, 53 errors (.37% failing)
FC-22 Removal Transaction Date:	0 missing records, 7 errors (.05% failing)
FC-41 Current Placement:	0 missing records
FC-42 Out-of-State:	108 missing records (.75% failing)
FC-43 Most Recent Goal:	238 missing records (1.78% failing)
FC-56 Date of Discharge from Foster Care:	0 missing records, 24 errors (.17% failing)
FC-57 Foster Care Discharge Transaction Date:	0 missing records, 24 errors (.20% failing)
FC-22 Removal Transaction Date:	79 total errors (.55% failing)
FC-57 Foster Care Discharge Transaction Date:	161 total errors (5.47% failing)

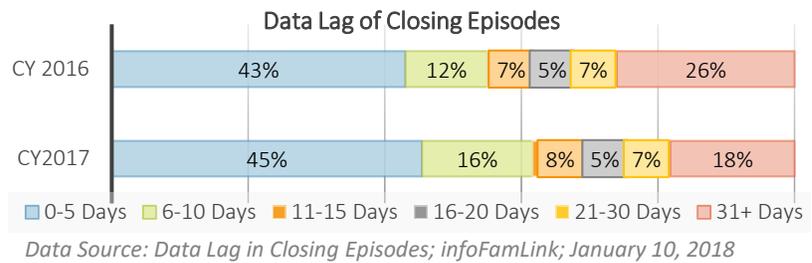
Data Source: Children’s Administration AFCARS 2017B Submission; May 2018

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

Timeliness Errors

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

Comparing calendar years there was an increase of 6% in documenting closing episodes within 10 days since 2016. There was also a decrease of 8% in closing episodes documented 31



days or more after closing. CA continues to use the infoFamLink *Data Lag in Closing Episodes* report to provide clarity in the status of documentation and to support all-staff in reducing the time lag of closing episodes. Emphasis remains a priority as late data entry may lead to overpayments, cause late payments to providers, and means that the system of record (FamLink) has less accurate information regarding the current placement settings for children in out-of-home care.

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

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

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

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

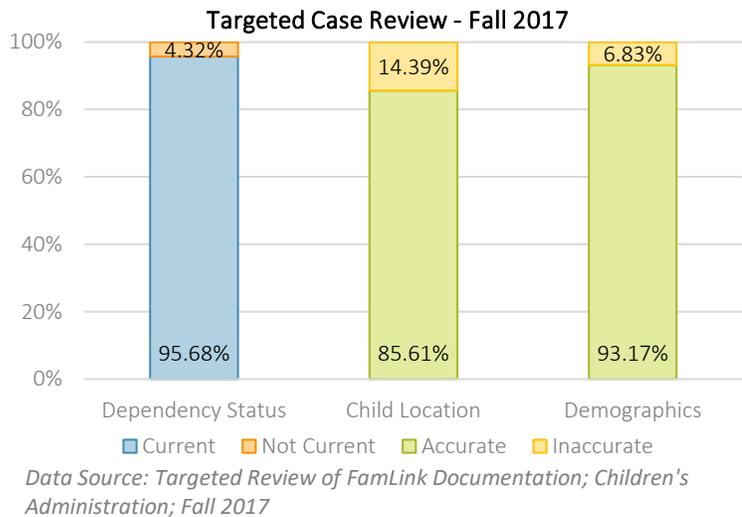
Data Source: Placement Entry Timeframes Report; infoFamLink; January 10, 2018

Review of the business work flow, as well as, the fiscal and reporting needs, provided a solution to allow workers to document the whereabouts of the child; separate from payment. CA is currently developing a technical solution to support timely documentation of a child’s placement location through the use of a mobile device based application. Caseworkers will be able to document the child placement location in FamLink without completing the PET. The child location application will seamlessly integrate with the payment module ensuring a single point of record to a child’s placement location. The Minimal Viable Product (MVP) is targeted for release in spring of 2018. This release date will provide the ability for early placement documentation while some of the enhancement features to streamline existing workflow process are slated for development following the release of the MVP application.

CA released the child location application on April 20th, 2018 providing workers the ability to enter a child’s whereabouts immediately. The Minimal Viable Product (MVP) allows staff to document new placements where the provider is already created. Initial feedback has been positive and usage continues to increase. Implementation efforts began in January with demonstrations of features and discussions with leadership on business work flows. Field trainers began messaging to workers and demonstrating upcoming features.

In April, classroom training and one-on-one sessions occurred for staff. Training staff tailored material and sessions to support different job functions such as fiduciaries, placement staff and the field worker. Training efforts continue post-release supporting field adoption as well as supporting new features enhancements and of the child location application.

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



Demographic Characteristics

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

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

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

Status and Permanency Goal

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

Another area of focus for AFCARS data is completing quality assurance reviews which look at the documentation of the permanency plan and ensuring a permanent plan is documented within the first 60 days of a child's placement in out-of-home care. While we are well within the federal allowable error rate, this is an area that CA can continue to focus on for improvement by reducing the number of missing records/goals.

Case Review System

Item 20: Written Case Plan

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

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

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

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

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

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

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

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

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

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

accountable to these timeframes and will not allow a hearing to move forward without the completed written case plan.

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

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

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

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

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

Regions 2 and 3 utilize a survey following FTDM meetings to gather family feedback regarding their involvement and understanding of the process. In calendar year 2017, family members who participated in a FTDM meeting completed and returned 1,242 (R2: 476 surveys and R3: 766 surveys) surveys. The survey is short and asks four questions rated on a scale of strongly agree, agree, disagree, and strongly disagree. Respondents are also provided an opportunity to include additional comments. Strongly agree and agree are considered a strength.

1. 99% (1,222 out of 1,240) responded the FTDM was facilitated in a manner that was genuine and respectful.
2. 98% (1,203 out of 1,231)³⁴ noted the meeting process was explained clearly.
3. 94% (1,173 out of 1,242)³⁵ felt listened to, and his or her ideas and suggestions were used in developing an appropriate family plan.
4. 98% (1,095 out of 1,116)³⁶ responded he or she understand what is needed to keep their child(ren) safe.

Region 2 and 3 FTDM Satisfaction Surveys Calendar Year 2017

Sub Region	Office	Surveys Returned
R2N	Everett	266
R3	Office Unknown	259
R3S	Kelso	108
R3S	Centralia	88
R3N	Lakewood	81
R2S	King East	77
R3N	Tacoma	76
R3S	Shelton	44
R2N	Oak Harbor	35
R3N	Puyallup	29
R2N	Sky Valley	26
R3N	Bremerton	23
R3S	Aberdeen	20
R2S	King West	18
R3S	Tumwater	17
R3S	Vancouver	16
R2N	Lynnwood	15
R2S	King South	14
R2S	White Center	9
R2N	Mount Vernon	8
R2S	OICW	6
R3S	Pt Townsend	5
R2N	Friday Harbor	2

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

³⁴ Question #2: 4 respondents selected Not Applicable or did not answer the question.

³⁵ Question #3: 13 respondents selected Not Applicable or did not answer the question.

³⁶ Question #4: 78 respondents selected Not Applicable or did not answer the question.

Case plans are also developed jointly during the caseworker's monthly contact with the parents. CA policy requires that caseworkers are to have a minimum of one face-to-face visit with mothers and fathers monthly, unless an exception exists. However, when caseworkers are not having regular visits or contact with mothers and fathers it is difficult to fully assess needs and involve them in case planning. *CCRT* results for cases reviewed in calendar year 2017 noted that caseworker visits with mother was found to be a strength in 48% (126 out of 262) of the cases; with 66% (83 out of 126) of these cases being out-of-home and the remaining 34% (43 out of 126) being in-home and CPS FAR cases. Caseworker visits with father was found to be a strength in only 31% (66 out of 213) of cases reviewed. Out-of-home cases accounted for 64% (42 out of 66) of the cases rated a strength, while 36% (24 out of 66) of the cases rated as a strength were in-home and CPS FAR cases. CA recognizes that performance related to caseworker monthly visits with mothers and fathers is a vital component to involve parents in case planning and recognizes there is much room for improvement. As noted in item 15: caseworker visits with parents, CA has implemented several strategies to bring focus to the importance of these visits.

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

Efforts to actively involve the mother in the case planning process was determined to be a strength in 74% (192 out of 259) of cases reviewed by the *CCRT*. Foster care cases accounted for 70% (134 out of 192) of the strength cases and 30% (58 out of 192) of the strength cases were in-home and CPS FAR cases. Fathers were found to be actively involved in the case planning process in 56% (119 out of 211) of reviewed cases; 32% (38 out of 119) of fathers involved in case planning were in-home and CPS FAR cases; the remaining 68% (81 out of 119) of fathers involved were a party to an out-of-home case.

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

CA developed a Parent Engagement campaign to improve how caseworkers engage parents in all aspects of the case. CA utilized pop up messaging (Quick Tips) in September 2017 followed by training and mentoring co-facilitated with regional and HQ staff. Additional pop up messages, a video, and supportive tools including tip sheets for parents and caregivers were distributed in February 2018. The campaign will conclude in April 2018.

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

- A barrier is that some caseworkers do not have the higher skill level necessary to speak with parents about development of their case plan and engagement with the plan.

- Development of case plans with parents is occurring more than documented.
- Caseworkers have high caseloads and have time constraints.

Item 21: Periodic Reviews

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

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

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

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

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

With the exception of the Guardian ad Litem (GAL) and parents' attorney, parents must give written consent to the attendance of others at the administrative review.

First Review Hearing within Six Months by County

	2017		2016	
	Percent	Total Count	Percent	Total Count
Adams	100%	6	91%	22
Asotin	100%	10	15%	13
Benton	100%	56	87%	54
Garfield	100%	1	-	-
Chelan	98%	40	100%	38
Clallam	97%	58	93%	54
Grant	96%	80	89%	92
Spokane	94%	514	96%	454
Whatcom	94%	190	94%	131
Pierce	94%	700	91%	685
Whitman	92%	12	95%	19
Kitsap	93%	187	76%	206
Thurston	88%	157	69%	131
Stevens	84%	44	11%	19
Franklin	83%	30	34%	38
Island	83%	18	97%	32
Pacific	83%	24	68%	19
Skagit	83%	65	94%	66
Snohomish	83%	334	88%	409
Wahkiakum	83%	6	0%	1
Yakima	82%	181	88%	200
Cowlitz	81%	113	89%	93
Lewis	81%	52	97%	60
Jefferson	80%	10	100%	10
Clark	80%	229	83%	255
Douglas	76%	25	96%	25
Mason	76%	70	93%	112
Kittitas	73%	37	74%	27
Pend Oreille	73%	11	40%	10
Ferry	71%	7	14%	7
Lincoln	67%	3	100%	2
Walla Walla	63%	32	61%	61
King	61%	545	67%	661
Okanogan	60%	30	60%	30
Skamania	50%	6	30%	10
Grays Harbor	31%	139	38%	99
Klickitat	30%	10	13%	15
Columbia	-	-	73%	11
San Juan	-	-	0%	2

*Data Source: Washington State Center for Court Research
Dependency Interactive Data; Calendar Year 2016 & 2017; March 2, 2018*

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

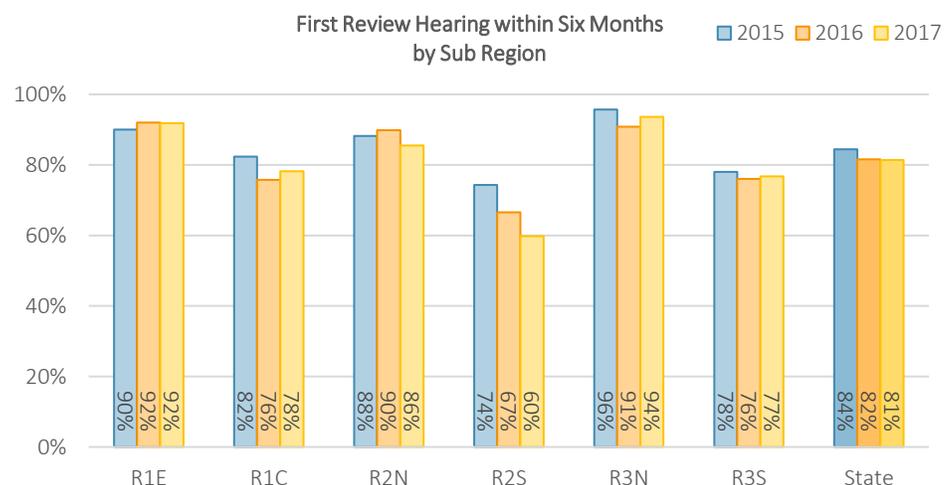
CA utilizes data compiled by The Administrative Office of the Courts (AOC)³⁷ to monitor timeliness standards by county jurisdiction for periodic reviews. The Family and Juvenile Court Improvement Plan (FJCIP) coordinates court effort to strategically implement principles of the Unified Family Court which were adopted as best practices by the Board for Judicial Administration in 2005. CA receives monthly and quarterly updates to interactive dependency reports. The monthly updates include information from the Superior Court Management Information System (SCOMIS) and quarterly updates include information from SCOMIS that has been linked with Children's Administration FamLink data.

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

As of January 1 2018, Washington had 8,517 children and youth in out-of-home care for 60 days or greater.

Of the children in Washington's care during this time, 81% (3,397 out of 4,174) had their first dependency review hearing within six months of the child's original placement date into out-of-home care in calendar year 2017. This is a 3% decrease from 2016 performance.

Ongoing work between CA and external stakeholders has shown a slight increase in the percentage of first review hearings held within 6 months of the child entering out-of-home care statewide. Two-thirds of the sub regions saw an increase or maintained performance in calendar year 2017.



³⁷ Court records from AOC's information system, SCOMIS are matched with information from CA's statewide information system, FamLink. The margin of error within this data is ≤4% as of 2016.

	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017	92%	78%	86%	60%	94%	77%	81%
Total hearings	733	436	628	579	709	1,089	4,174
Compliant hearings	673	341	537	346	664	836	3,397
Non-compliant hearings	60	95	91	233	45	253	777
Calendar Year 2016	92%	76%	90%	67%	91%	76%	84%
Total hearings	634	474	640	661	685	1,079	4,173
Compliant hearings	585	359	575	440	622	823	3,404
Non-compliant hearings	49	115	67	221	63	256	769
Calendar Year 2015	90%	82%	88%	74%	96%	78%	84%
Total hearings	687	510	625	592	671	999	4,084
Compliant hearings	618	420	551	440	642	777	3,448
Non-compliant hearings	69	90	74	152	29	222	636

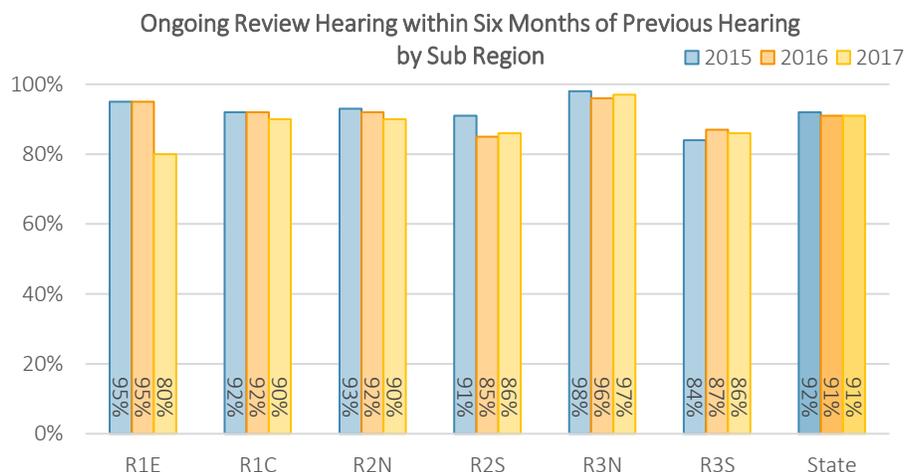
Chart and Table Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016 & 2017; March 2, 2018

Region 3 North had an increase of 3%, Region 1 Central increased by 2%, Region 3 South increased by 1%, and Region 1 East remained stable at 92%. The median days to a child’s first dependency review hearing within six months in calendar year 2017 decreased by one day to 146 days compared to calendar year 2016 (147 days).

In contrast, the first review hearing being held within six months decreased in Region 2 South by 7% and by 4% in Region 2 North in calendar year 2017. The decrease in first review hearings being held within six months of out-of-home care in Region 2 South (King County) was impacted by court congestion, turnover within the Attorney General’s Office, and high CA caseworker turnover. Since court reports are required for review hearings, when there is a high caseworker turnover, there can be a delay in the completion or quality of the court report which then required the hearing to be continued. This delay impacts the court congestion. Turnover within the Attorney General’s Office can have this same affect.

While Region 3 South performance increased by 1% in calendar year 2017, six out of eleven counties saw a decrease; Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, and Mason. The largest decrease in the first review hearing being held within six months of entry into out-of-home care occurred in Jefferson (80% from 100%), Lewis (down 17%), and Mason (from 93% in 2016 to 77% in 2017) counties. The sub region reported reasons for the decrease in review hearings can be attributed to the turnover of Assistant Attorney General staff and an overhaul in the Family Drug Court system in Lewis county. Review hearings were postponed so they could be handled in the new Family Drug Court which was restarted in September 2017 and the turnover in Attorneys who represent the Department also lead to hearings being postponed. Jefferson county has experienced turnover in caseworkers and supervisors which can influence timely court reports and hearings.

During calendar year 2017, the Washington State Center for Court Research Interactive Dependency Data indicated that statewide, 91% (20,345 out of 22,393) of cases had an ongoing dependency review hearing within six months of the previous hearing date while in out-of-home care.



The majority of regions saw a decrease in calendar year 2017 in timely ongoing dependency review hearings being within six months of the previous hearing date. Region 1 East experienced the largest performance change of 15% from the previous year. Performance decreased by 2% in Region 1 Central and Region 2 North while Region 3 South decreased by 1%. Region 2 South and Region 3 North both saw an increase of 1% over calendar year 2016 performance.

This performance decrease in both initial and ongoing review hearings in Region 2 North can be attributed to delays in three of the five counties; Island, Skagit and Snohomish. The sub region reported a meeting between Region 2 QA staff and Island, Skagit and Snohomish counties occurred in early 2017 to discuss the counties performance relating to periodic and permanency planning review hearings. CA staff reported each county took notes and discussed how they could improve performance; specific strategies have not been shared with CA.

It is also important to note, that in more rural counties with limited judicial resources, hearings may get continued due to criminal matters taking precedence.

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

Ongoing Review Hearings by County

	2017		2016	
	Percent	Total Count	Percent	Total Count
Columbia	100%	41	100%	42
Chelan	98%	250	96%	221
Clallam	98%	379	97%	394
Grant	98%	497	97%	524
Pierce	98%	3,844	98%	3,885
Spokane	97%	2,144	99%	1,892
Thurston	97%	1,023	93%	724
Benton	96%	298	94%	301
Douglas	95%	146	96%	139
Franklin	94%	190	92%	268
Jefferson	94%	68	94%	86
Whatcom	94%	832	96%	657
Whitman	92%	92	97%	39
Asotin	92%	89	88%	113
Kitsap	92%	1,123	85%	899
Lewis	92%	333	97%	376
Skamania	91%	43	70%	37
Yakima	90%	873	96%	945
Klickitat	89%	36	88%	108
Walla Walla	89%	255	85%	280
Island	88%	104	93%	110
Snohomish	88%	2,136	89%	1,660
Skagit	87%	315	95%	299
Adams	86%	71	88%	82
King	86%	4,104	85%	3,975
Mason	86%	368	93%	360
Stevens	86%	195	68%	152
Clark	84%	1,481	81%	1,333
Cowlitz	83%	496	88%	428
Kittitas	81%	162	85%	144
Ferry	78%	27	32%	19
Pend Oreille	77%	69	80%	89
Okanogan	72%	198	70%	186
Lincoln	71%	14	77%	26
San Juan	71%	17	63%	24
Garfield	67%	3	100%	2
Grays Harbor	66%	541	73%	520
Wahkiakum	64%	14	80%	5
Pacific	59%	99	81%	64

Table Data Source: Washington State Center for Court Research Dependency Interactive Data; Calendar Year 2016 & 2017; March 2, 2018

Item 22: Permanency Hearings

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

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

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

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

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

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

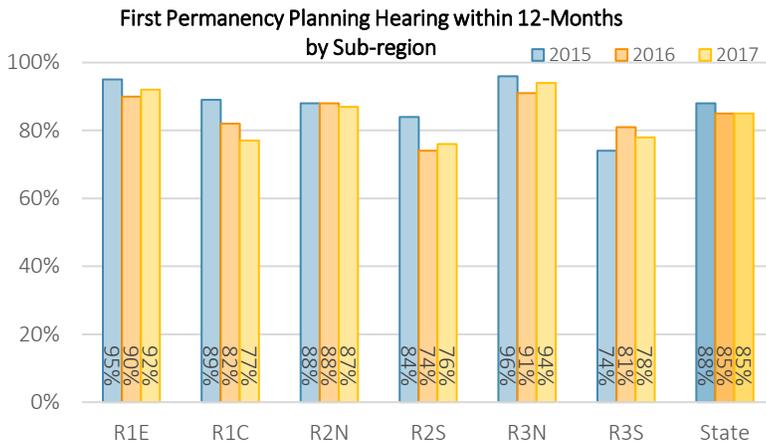
CA utilizes data compiled by AOC to monitor timeliness standards by county jurisdiction for permanency hearings.

First Permanency Planning Hearing within 12-Months by County

	2017		2016	
	Percent	Total Count	Percent	Total Count
Chelan	100%	38	100%	34
Douglas	100%	23	70%	23
Garfield	100%	1	-	-
Jefferson	100%	6	94%	16
Pend Oreille	100%	3	100%	19
Wahkiakum	100%	1	100%	1
Lewis	98%	43	94%	53
Kitsap	97%	177	83%	186
Stevens	97%	34	64%	25
Benton	96%	55	96%	48
Clallam	95%	40	88%	58
Grant	95%	75	78%	72
Whatcom	95%	161	88%	121
Pierce	93%	635	93%	578
Spokane	93%	417	95%	395
Cowlitz	92%	91	84%	73
Thurston	91%	122	93%	139
Asotin	88%	16	88%	16
Clark	87%	200	85%	193
Skagit	87%	63	76%	76
Mason	84%	89	93%	83
Snohomish	84%	297	91%	383
Adams	83%	12	69%	13
Yakima	80%	186	87%	203
Island	77%	22	100%	20
Klickitat	77%	13	100%	10
King	76%	472	74%	560
Ferry	75%	8	100%	1
Kittitas	75%	32	60%	20
Walla Walla	75%	52	70%	33
Okanogan	74%	23	63%	41
Whitman	71%	34	93%	13
Pacific	67%	24	100%	14
Columbia	63%	8	100%	9
Skamania	43%	7	63%	8
Franklin	25%	36	63%	43
Grays Harbor	12%	101	14%	81
Lincoln	-	-	50%	6
San Juan	-	-	10%	10

Table Data Source: Washington State Center for Court Research Dependency Interactive Data; Calendar Year 2016 & 2017; March 2, 2018

Statewide in 2017, 85% (3,071 out of 3,617) of children in out-of-home care had a timely first permanency planning hearing. Performance has remained stable from the previous reporting period. For the first permanency planning hearing to be considered timely, a hearing must occur no later than 12-months of the child’s initial placement date into out-of-home care.



Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016 & 2017; March 2, 2018

Half of the sub regions saw an increase in the first permanency planning hearing being held within 12-months of entering out-of-home care in calendar year 2017. The median number of months to the child’s first permanency planning hearing was 9.9 months in calendar year 2017; which has remained stable since 2012.

Following the child’s first permanency planning hearing within 12-months of entering out-of-home care, a permanency planning hearing must occur every 12-months until the child achieves permanency. Statewide in calendar year 2017, 89% (9,251 out of 10,340) of children had the required permanency planning hearing held in the subsequent 12-months they were in out-of-home care and the median number of days for subsequent permanency planning hearings increased to 305 days.

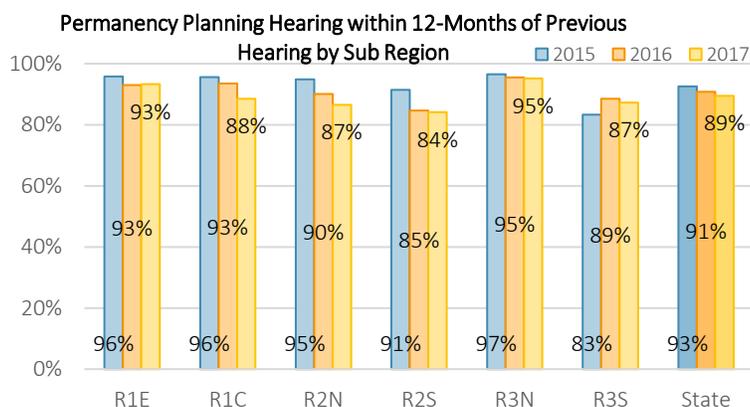


Chart Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016 & 2017; March 2, 2018

Ongoing Permanency Planning Hearing within 12-Months of Previous Hearing by County

	2017		2016	
	Percent	Total Count	Percent	Total Count
Adams	100%	32	81%	36
Klickitat	100%	20	100%	64
Pend Oreille	100%	49	94%	52
Benton	100%	280	100%	299
Douglas	98%	64	86%	56
Chelan	98%	114	97%	117
Pierce	96%	1,675	97%	1,767
Spokane	96%	1,055	97%	841
Grant	95%	219	94%	273
Clallam	94%	151	88%	151
Thurston	93%	355	95%	295
Stevens	93%	122	89%	103
Jefferson	93%	27	97%	38
Cowlitz	92%	215	88%	187
Yakima	92%	370	95%	424
Kitsap	91%	492	88%	388
Kittitas	91%	78	70%	67
Mason	90%	174	98%	159
Whatcom	90%	405	90%	298
Wahkiakum	90%	10	100%	5
Clark	89%	680	85%	607
Island	89%	35	93%	41
Lewis	87%	128	95%	175
Asotin	87%	15	93%	15
Skagit	86%	169	82%	147
Snohomish	85%	750	93%	641
Whitman	84%	90	84%	32
King	84%	1,829	85%	1,746
Pacific	83%	36	95%	43
San Juan	82%	11	23%	13
Walla Walla	78%	114	84%	110
Ferry	76%	17	57%	7
Grays Harbor	73%	362	82%	380
Skamania	71%	21	67%	15
Okanogan	64%	99	60%	83
Lincoln	60%	5	100%	11
Franklin	39%	74	53%	15
Columbia	-	-	100%	32
Garfield	-	-	100%	2

Table Data Source: Washington State Center for Court Research Dependency Interactive Data; Calendar Year 2016 & 2017; March 2, 2018

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

In the sub regions that saw a decrease in performance for ongoing permanency hearings, the decrease ranged between 1% to 5% with Region 1 Central experiencing the most change. Region 1 Central includes seven court jurisdictions (counties) with Kittitas County having the largest increase of 20% from calendar year 2016. Performance also increased in calendar year 2017 in Okanogan County (4%) and Chelan County (1%). Performance remained stable in two (Benton and Klickitat) of the counties while no permanency planning hearings were required in one (Columbia) of the counties. The remaining three counties noted a decrease in the timely completion of ongoing permanency planning hearings. Performance decreased by 3% in Yakima County, 6% in Walla Walla County, and 14% in Franklin County in calendar year 2017. The sub region reported that the court commissioner for Franklin County has been covering Benton County since retirement of the Benton County court commissioner in 2017. Franklin and Benton Counties have recently implemented a more streamlined system and expect to see improvement in 2018. The reason for the decline in Walla Walla was reported due to the public defenders requesting continuances when a shared permanency planning staffing has not occurred and the judge granting the continuance. The Walla Walla office is struggling to fill vacant CFWS positions which contributes to completion of required staffings and increases the workload of other CFWS caseworkers.

Three of the five counties in Region 2 North (San Juan, Skagit, and Whatcom) experienced an increase or remained stable when compared to performance in calendar year 2016. The remaining two counties saw a decrease; Island County decreased 4% and Snohomish county decreased 8% in calendar year 2017. Snohomish County accounts for the largest population of children in out-of-home care in Region 2 North.

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

Region 1

- Clerical staff in all offices are trained to enter court documents and hearing dates under the legal tab of FamLink. After entry, court documents are returned to the assigned caseworker following clerical entry into FamLink.
- Ellensburg and Wenatchee offices hold regular Table of Ten meetings and utilize court data to identify areas for improvement.
- Presentations, including AOC data, on Spokane County dependency filings and reunifications have been provide to court workgroups which include court commissioners.
- Caseworkers receive periodic reminders of upcoming hearing dates to ensure court hearings are completed timely.

Region 2

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

Region 3

- Various court improvement groups such as:
 - Aberdeen office Table of Ten
 - Clallam County Court Improvement Team
 - Jefferson County Court Improvement Team
 - Tribal and Court Relations for Clallam and Jefferson Counties
 - Family Recovery Court policy meetings in Tumwater and Shelton

- Vancouver Court Talk
- Puyallup (Pierce East) office Court Improvement Team
- Regional QA leads utilize updated AOC data, either monthly or quarterly, to monitor performance.
- The completion of a shared planning meeting occurring one month prior to periodic review hearing dates are monitored.

Item 23: Termination of Parental Rights (TPR)

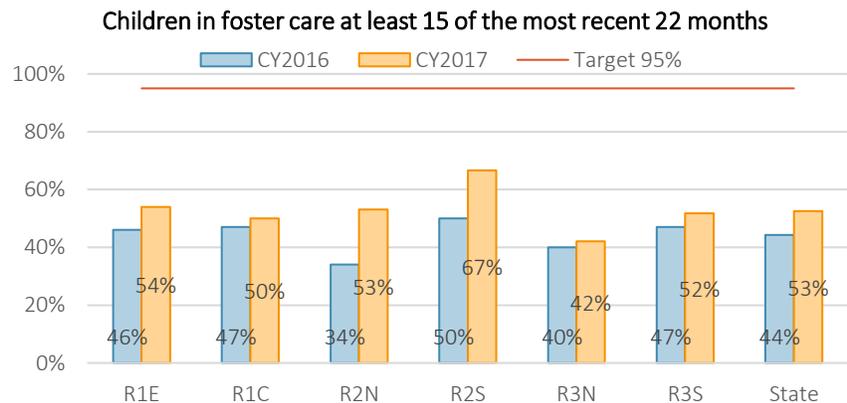
How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

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

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

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

Of the cases reviewed by the CCRT in calendar year 2017, statewide 53% (115 out of 219) of the children were in foster care for at least 15 of the most recent 22 months.

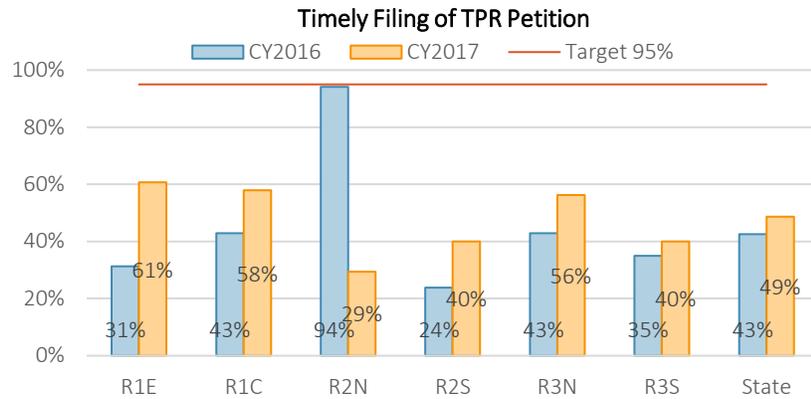


	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	54%	50%	53%	67%	42%	52%	53%
<i>Total applicable cases</i>	52	38	32	30	38	29	219
Strength cases	28	19	17	20	16	15	115
Area Needing Improvement cases	24	19	15	10	22	14	104

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

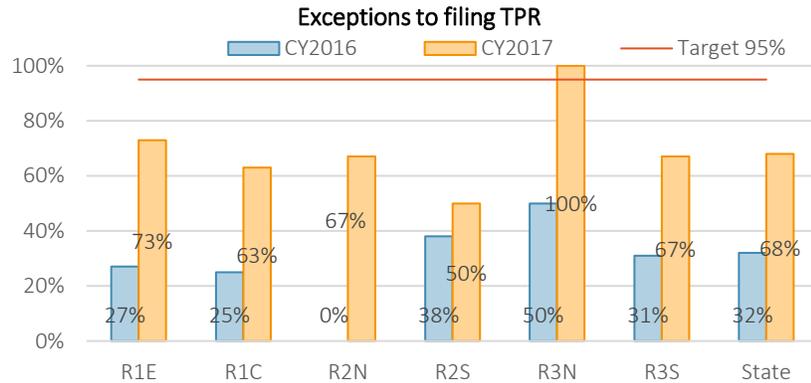
Of the children (115) in foster care at least 15 of the most recent 22 months, or met other ASFA criteria, CCRT results indicated the agency filed a timely termination of parental rights petition during the period under review or before the period under review in 49% (56 out of 115) of the cases reviewed.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	61%	58%	29%	40%	56%	40%	49%
Total applicable cases	28	19	17	20	16	15	115
Strength cases	17	11	5	8	9	6	56
Area Needing Improvement cases	11	8	12	12	7	9	59

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018
 Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

The CCRT results noted that an exception to the requirement to file or join a termination of parental rights petition existed in 68% (40 out of 59) of the cases reviewed in calendar year 2017.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	73%	63%	67%	50%	100%	67%	68%
Total applicable cases	11	8	12	12	7	9	59
Strength cases	8	5	8	6	7	6	40
Area Needing Improvement cases	3	3	4	6	0	3	19

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018
 Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

In addition to CCRT results, CA utilizes data compiled by AOC, which follows ASFA requirements, to monitor the filing of TPR petitions. The Administrative Office of the Courts Interactive Data Report includes the percent of children with a TPR petition filed within 15-months of entering out-of-home care. Statewide, 56% (1,471 out of 2,546) of TPR petitions were filed timely for children within 15-months of entering out-of-home care or documentation of a good cause to not file. This is a 2% decrease from calendar year 2016.

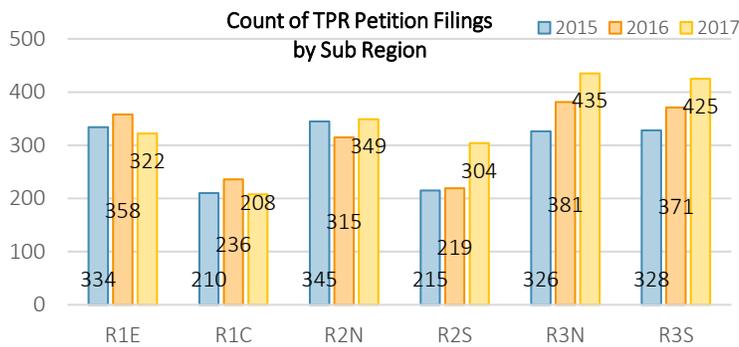


Chart Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016 & 2017; March 2, 2018

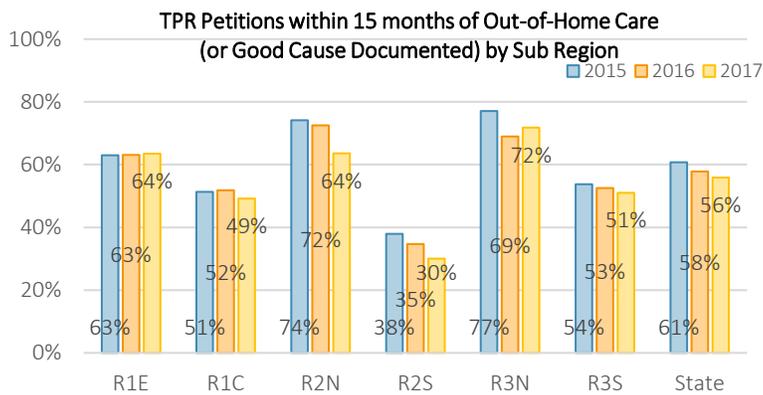


Chart Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016 & 2017; March 2, 2018

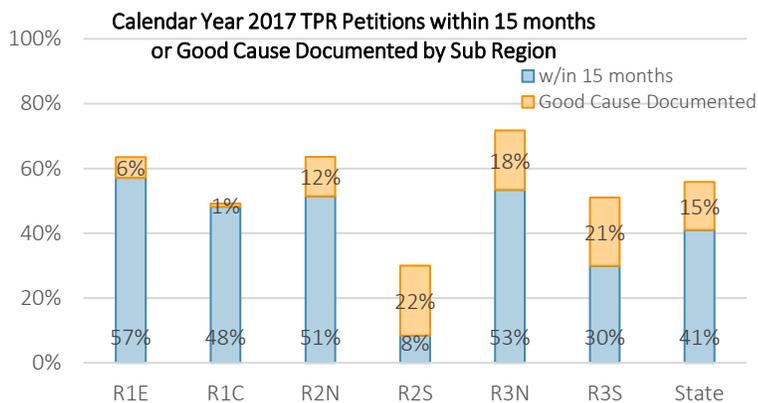


Chart Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year

TPR Petitions within 15 months (or Good Cause Documented) by County

	2017		2016	
	Percent	Total Count	Percent	Total Count
Stevens	88%	24	65%	11
Pend Oreille	76%	17	64%	13
Island	73%	49	53%	69
Lincoln	72%	60	0%	22
Snohomish	72%	254	74%	169
Chelan	70%	25	74%	26
Skamania	70%	2	83%	6
San Juan	67%	340	0%	327
Yakima	67%	21	81%	62
Skagit	67%	53	74%	121
Klickitat	63%	12	58%	7
Spokane	61%	206	72%	257
Douglas	58%	18	48%	33
Kitsap	58%	7	60%	10
Clallam	58%	304	58%	219
Grant	57%	1	30%	
Columbia	56%	6	0%	1
Grays Harbor	55%	71	72%	63
Okanogan	53%	48	31%	20
Asotin	50%	10	50%	12
Mason	45%	1	55%	3
Whatcom	44%	9	12%	2
Lewis	44%	64	64%	73
Franklin	39%	25	15%	17
Benton	38%	23	28%	37
Ferry	33%	9	25%	2
King	30%	11	38%	6
Adams	30%	4	35%	3
Cowlitz	29%	35	22%	28
Pacific	25%	29	88%	18
Walla Walla	22%	26	32%	7
Clark	21%	112	22%	88
Jefferson	10%	10	22%	11
Whitman	5%	6	0%	5
Kittitas	0%	95	17%	54
Pierce	0%	4	72%	13
Thurston	0%	52	93%	65

Table Data Source: Washington State Center for Court Research Dependency Interactive Data; Calendar Year 2016 & 2017; March 2, 2018

Region 3 North experienced the largest performance increase (3%) in timely filings of TPR petitions or documentation of compelling reasons within 15-months of entering out-of-home care. Region 1 East increased by 1% and the sub region reported that completion of ad hoc, pre reviews and CCRT case reviews helped in this area. The reviews focused on the caseworkers need to timely enter compelling reasons and file TPR petitions. Regional leadership also messages to caseworkers the importance of achieving permanency for the child and supervisors are focusing on these items during monthly case supervision meetings.

In contrast, timely filings of TPR petitions or documentation of compelling reasons within 15-months of entering out-of-home care decreased by 8% in Region 2 North and 5% in Region 2 South. Region 2 identified several reasons which could have contributed to the decrease in timely filing of TPR petitions or documentation of compelling reasons including:

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

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

Cases with timely good cause documented	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	10%	2%	19%	72%	26%	41%	26%
<i>Total compliant cases</i>	249	145	267	122	402	295	1,480
Good cause documented	25	3	51	88	103	122	392
Child Placed with Relatives	9	2	18	19	66	22	136
Services not Provided	0	0	3	0	1	0	4
Incarcerated Parent Maintain Relationship	0	1	8	35	26	16	86
Parent In/Compliant-Treatment	0	0	19	24	9	84	136
No Financial Ability	0	0	0	3	0	0	3
Compelling Reason Documented	15	0	0	0	1	0	16
Good Cause Found	1	0	3	7	0	0	11

Table Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2017; March 1, 2018

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

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

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

- Cases open 10-12 months without documentation of a petition of TPR or documentation of a compelling reason
- Cases open 12 or more months without documentation of a petition of TPR or documentation of a compelling reason
- Cases referred to for TPR but no documentation of a petition being filed

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

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

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

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

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

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

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

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

CA continues to maintain an open dialogue with AOC, the Attorney General's Office and Office of Public Defense to discuss and troubleshoot challenges around termination petitions. A primary point of discussion has included the number of termination appeals and the difference in filing practices of TPR petitions between offices and

regions throughout the state. In some offices, caseworkers put together large termination “packets”, whereas in other offices caseworkers write termination petitions and legal documents that are then provided to the AAG’s office.

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

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

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

The main challenge to accurately tracking adequate and timely notification of hearings to caregivers is the lack of appropriate documentation in FamLink. While FamLink does allow for tracking of this information, the location of the data point is not intuitive for caseworkers and the check box is very rarely marked. The infoFamLink Caregiver Notification Report³⁸ indicates that for calendar year 2017, only 6% (3,683 out of 57,565 hearings) of caregivers received adequate and timely notification of hearings and were documented in FamLink. As a result, CA does not have reliable quantitative data that reflects statewide practice.

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

Notification of hearings is also provided to other parties, such as parents.

The bill requires the court to:

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

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

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

Washington Counties Not Collecting or Reporting Notification of Hearings to Caregivers

County	Sub Region
Adams	1E
Grant	1E
Lincoln	1E
Okanogan	1E
Columbia	1C
Kittitas	1C
Klickitat	1C
Whatcom	2N
Pend Oreille	3S
Wahkiakum	3S

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

³⁸ Data Source: Caregiver Notification Report; infoFamLink; January 8, 2018

currently does not have the capability to track when the form is provided to or returned by caregivers, however, some data is available and included within this item.

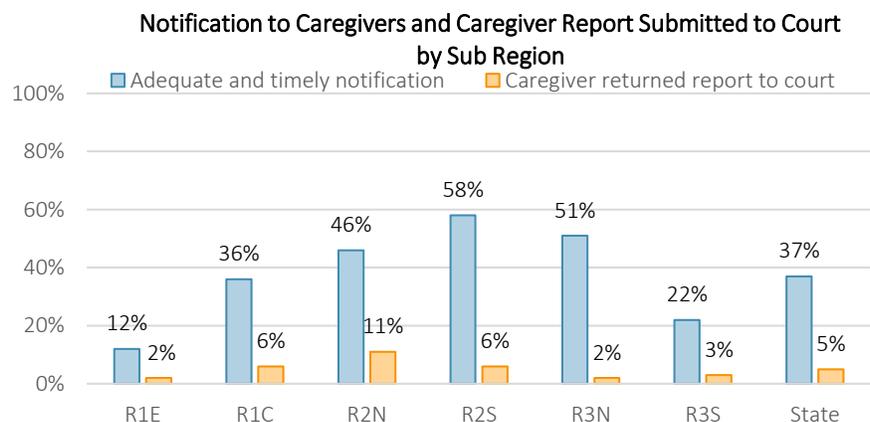
As part of the legislation, the Washington Administrative Office of the Courts (AOC) was charged with including data in their annual report regarding adequate and timely notification of hearings to caregivers and the number of caregivers who returned a report to the court. This requirement is expected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

Eight counties in Washington began collecting and reporting data to AOC regarding adequate and timely notification to the caregiver beginning in June 2016. As of January 2018, 29 out of 39 Washington counties are now collecting and reporting data to AOC regarding adequate and timely notification of hearings to caregivers. The majority of the counties currently not collecting and reporting data are smaller court jurisdictions and located in Region 1 East and Central. AOC gathers updated data each month and continues to request data from the non-reporting counties. Currently there is no time table for these counties to begin reporting data.

The 29 counties reported 26,305 court hearings were scheduled during calendar year 2017. The type of hearing included in this count are:

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

Statewide in 2017, 37% (9,812 caregivers out of 26,305 hearings) of caregivers received adequate and timely notification of hearings and 5% (1,251 caregiver reports out of 26,305 hearings) of caregivers returned a report to the court.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Adequate and timely notification	12%	36%	46%	58%	51%	22%	37%
Total reported hearings	3,653	3,022	3,733	4,439	5,202	6,256	26,305
Count of caregivers	449	1,075	1,710	2,559	2,646	1,373	9,812
Caregiver returned report to court	2%	6%	11%	6%	2%	3%	5%
Total reported hearings	3,653	3,022	3,733	4,439	5,202	6,256	26,305
Count of caregivers	84	172	407	284	120	184	1,251

Chart and Table Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2017; May 8, 2018

Although the Department currently has limited quantitative data regarding caregiver’s notification of hearings, CA contracts with the Department of Social and Health Services Research and Data Analysis Division to conduct a survey³⁹ of foster parents in Washington. October 2016 through September 2017, DSHS surveyed 1,348 licensed foster parents about their satisfaction with support, training, and information provided by Children’s

³⁹ The complete fiscal year 2017 Survey of Foster Parents in Washington State can be viewed on the Children’s Administration foster parenting [website](#).

Administration and private agencies contracted by the agency to provide services to foster parents, including notification of court hearings.

The survey includes several opportunities for the respondent to provide comments about inclusion of court hearings. When questioned about caseworkers, foster parents indicated they wanted their caseworker to include them in meetings and court appointments. Foster parents appreciate when caseworkers collaborate and share information. Comments from foster parents indicate additional work is necessary to ensure appropriate information is shared and foster parents are included in court hearings. Results indicate the foster parents need help filling out forms correctly. One respondent said, "Communication between the social worker and me, especially about court dates and even getting the actual 'caregivers report to the court' form for the court hearing."

When questioned about information provided to foster parents, some expressed appreciation for timely and accurate information about upcoming steps in the foster care process, especially court dates. About half of respondents commenting described concerns about the provision of information. One respondent indicated, "The social workers could open up more, include us more in the information of court and other case progress. Right now we are being left with a lot of uncertainty. Include us in decision making for certain situations, especially since we have had our child since birth."

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

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

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

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

Various issues regarding communication between the caseworker and the foster parent are addressed and the issue of caregivers receiving notification of hearings comes up regularly. At the January 2017 meeting, foster

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

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

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

Quality Assurance System

Item 25: Quality Assurance System

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

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

System Functioning - Operating where services are provided

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

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

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

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

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

System Functioning - Standards to evaluate the quality of services

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

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

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

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

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

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

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

In addition to the OSRI tool, each sub region utilizes identified core metrics to assist in the QA process. Each month, regional QA specialists run core metric reports on statewide and regional areas of focus for regional leadership which allows for the identification strengths and challenges at the sub region and office level. These core metrics include process measures to ensure adherence to policy related to timely face-to-face contacts and health and safety visits with children. The stability and improvement over the past several years in measures such

as timely investigations and health and safety visits with children, can be partially attributed to the regular monitoring of the process data at the sub region and office levels.

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

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

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

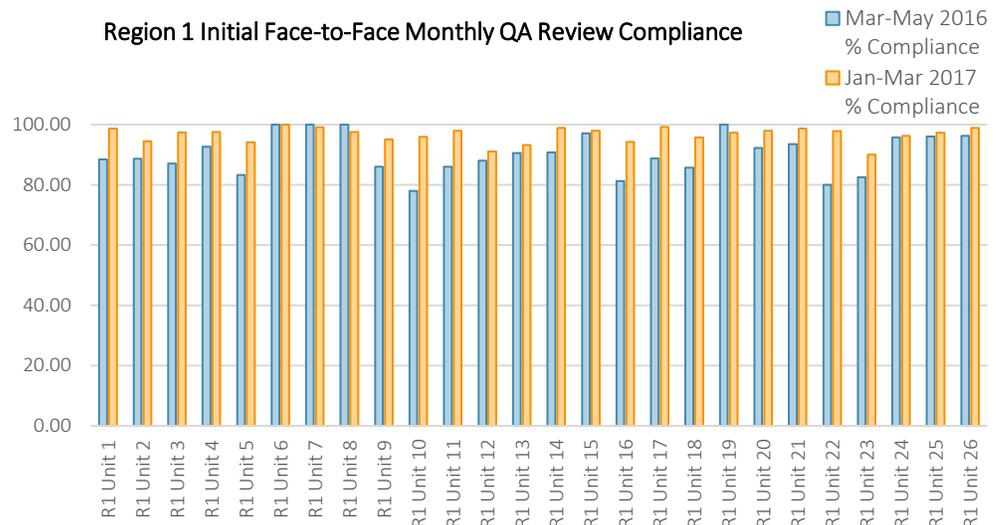
Region 1 continued to

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

System Functioning – Identifies strengths and needs of service delivery system

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

- *Case Review:* As previously mentioned, Washington began using the OSRI in 2016 and through that tool is able to identify the strengths and needs of the system looking specifically at the service delivery and case practice by assessing the 7 CFSR outcomes (18 Items) in the tool. The CCRT reviewed 308 cases statewide and conducted 821 stakeholder interviews in the review of the case during calendar year 2017.
- *Ad hoc Reviews/targeted reviews:* Each of the three regions have been conducting ad hoc reviews. The process is regionally driven and implemented differently depending on staff resources and specific office or regional needs. Regions 1 and 3 have used the process to follow up approximately 6 months to a year after the Central Case Review Team (CCRT) has been on site to determine if strategies implemented as a



result of the Central Case Review (CCR) have impacted targeted areas. Adjustments can then be made to the Regional Action Plan or practice expectations. Not every office receives an ad hoc review, the reviews are determined by the region. Over the past year Regions 1 and 3 combined, have conducted approximately 25 ad hoc reviews. Region 2 has conducted quarterly qualitative reviews of one case per unit supervisor in the region providing feedback to that supervisor. In addition, Region 2 has conducted approximately five offices ad hoc reviews with the assistance of the Central CQI Team.

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

- It allows the local office and region to approximate progress in regard to implemented strategies.
 - It exposes a broader range of field staff to best practice and the federal outcomes.
 - Staff receive hands on training on CQI processes and practices.
 - Staff who have participated in ad hoc reviews report extensive learning in case practice requirements they did not have before participating in the review.
 - Staff have indicated the information learned through hands on use of the tool will enhance their technical skill in the field.
 - The reviews have reinforced learning provided through other agency training venues.
 - The reviews have increased statewide practice consistency.
 - Statewide CQI managers indicate that the ad hoc and CCRT reviews dovetail on one another to provide focused practice outcomes.
- *Monthly Supervisory Reviews:* Supervisors meet monthly with each caseworker to complete a qualitative review and provide clinical direction on all cases assigned to the caseworker. CA has standardized tools developed for CPS, DLR CPS, CFWS, and FVS supervisors to gather consistent information during these reviews. Depending on the identified program area, the monthly reviews include, but are not limited to:
- Caseload management
 - Safety
 - Investigation
 - Placement considerations
 - Family and community connections
 - Assessment and case planning
 - Well-being of the child(ren)
 - Permanency
 - Adolescent activities
 - Special needs for the child
 - Case closure

Monthly supervisor reviews are documented in FamLink through case notes or the integrated supervisor review tool. Regional QA/CQI leads are able to generate a monthly report to monitor trends regarding the completion of supervisor reviews and results are distributed to regional leadership. In addition, regional QA staff in each region conduct both quantitative and qualitative reviews of completed supervisory reviews. The review process and what each region evaluates is described below.

- *Region 1* reviews the monthly supervisory review report to determine the percentage of completed supervisory reviews. A more in depth look at completed supervisory reviews is conducted during ad hoc reviews which includes a detailed review of supervisor notes and

feedback is provide to supervisors. Training has been provided to all Region 1 supervisors detailing the expectations of supervisor reviews.

- *Region 2* conducts quarterly qualitative reviews of completed supervisor reviews by regional QA staff pulling a random case sample from one supervisor per sub region. Results from the qualitative reviews are kept in an excel spreadsheet and determine whether or not each supervisor review included the required expectations. An example of items reviewed by program type include:

CFWS

Education: Current status and unmet needs/referrals

Medical: Current status and unmet needs/referrals/meds

Dental: Current status and unmet needs/referrals

MH: Current status and unmet needs/referrals and medication management

SW contact with mother - quantity and quality and attempts to locate/contact

SW contact with father - quantity and quality and attempts to locate/contact

SW contact with child - H&S visit date and private conversation and any concerns noted

SW contact with caregiver - date of in person contact

Discussion with SW about assessment of parent(s), child and caregiver needs, services, progress and permanency: What are services, have they been referred, compliance with services, permanency movement.

Assessment of Other Adults in the Home: Was there discussion of other adults in the home and did assessment occur?

Visitation: Level of supervision (who and why), frequency, strengths/concerns, sibling. If visits not occurring, why? Is sibling visit exception documented?

Relative Search: Was initial search completed and has follow up with interested individuals occurred. Has relative search been revisited, as appropriate for both maternal and paternal family.

Discussion of current child safety threat/risk: Is child safe in placement home? Why safe or unsafe to return home?

ASFA Compliance: Has child been in out of home care 12 months? Has TPR been filed? Compelling reasons documented?

Discussion of next steps: Are next steps consistent with identified needs noted

CPS/FAR

Discussion with SW of Assessment of Services, Progress, and steps to achieve Safety & Case Closure (FAR Only): Did SW assess need for services? What services are being offered/progress?

IFF Timeliness: Did sup and SW discuss timeliness of IFF. If not, why and is extension appropriate?

Diligent efforts to locate child if not seen timely:

Were all allegations addressed?

Collaterals: Discussion about who has been or needs to be contacted as collateral resource

Was there a discussion about safety between SW and sup?

LEP row was eliminated

Direction for SW as to next steps. What are they based on?

- *Region 3* highlights the importance of focusing on all 18 federal CFSR items through supervisory reviews. In 2017 the region completed targeted ad hoc reviews in four offices, which provided

supervisors with specific feedback regarding the areas that could use more focus to ensure all 18 items are being addressed during supervisor reviews. Through these reviews, the region was able to narrow feedback for each supervisor and identify specific areas for the supervisor to address. The goal in 2018 is to implement this approach to all region 3 offices.

In addition, the regional QA/CQI staff run the monthly supervisory review report each month to determine the percentage of completed supervisory reviews. For the last three years, the region has also provided certificates to supervisors who completed 90% or more of required supervisor reviews for the entire calendar year.

- *Deep Dives:* The deep dives are a prime example of an analytical approach to data review. The OSRI allows the user to run reports which provide detail on the areas of strength and challenges. Through this approach, the regions and HQ partner to look at patterns and trends across the region and across the state. As mentioned above, the deep dive team is adding members of the Alliance to the regional semi-annual deep dives to better inform training and additional participants will be invited as need is identified.
- *CFSR Data Profile:* The CFSR Data Profile CA receives from the Children’s Bureau is an example of a report used which identifies areas of strength and challenges in our system.
- *Core Metrics:* As previously discussed, core metrics is another example of how data is used to identify strengths and needs. Statewide and regional specific core metrics are provided monthly to inform regional administrators and the CA leadership team. Core metrics are used regionally to inform leadership of areas of strength and challenge. Regional leadership use core metric data to identify areas of focus and planning. HQ uses core metric data to compare regions and to identify statewide patterns and trends.
- *Office of the Administration of the Courts:* Children’s Administration partners with court personnel, judicial representatives, defense attorneys, and other legal representatives in a monthly external Permanency CQI workgroup. The team reviews data from CA, as well as current data and annual reports from the [Office of the Administration of the Courts](#). Through this team, strengths and challenges are identified and an action plan is developed to address service delivery and system challenges using this data. (see Permanency section)
- *Employee Turnover:* Children’s Administration has faced a growing employee retention problem and utilizes data from Human Resources that shows employee turnover, including exits and whether or not workers are leaving for other state agencies or leaving state service altogether. CA is using exit interviews to further analyze the reasons workers are leaving. In 2017, Children’s Administration used this data to apply for, and was awarded a 5-year grant, focused on worker retention through the Quality Improvement Center with the University of Nebraska.
- *Feedback Surveys:*
 - Employee Engagement Survey
 - Foster Parent Satisfaction Survey
 - Customer Feedback Survey
 - Internal

Feedback surveys are another method CA uses to assess strengths and needs of services. The Employee Satisfaction Survey is done every two years. In 2016, the CA Extended Leadership team met on three occasions to discuss and develop action plans on employee retention, as well as the Employee Engagement Survey. Although retention and employee engagement are not directly measured in the CFSR, having a competent and engaged workforce is directly related to the quality of services and impacts many areas of the child welfare system.

In late 2017, CA received results from the latest employee satisfaction survey that showed statistically significant positive change from 2015 on nearly half of the questions (9 of 20). The largest increase was for “*I have the tools and resources I need to do my job effectively*” (61%, up from 53% in 2015).

Others surveys such as the Foster Parent satisfaction, Customer Feedback, and other internal surveys are good examples of ways CA measures strengths and needs of the system.

- *Children’s Administration Leadership Meetings:* The Children’s Administration Leadership Team is comprised of Regional Administrators (three [3] statewide), Regional Deputy Administrators (nine [9] statewide), Division of Licensed Resources Administrator (one [1] statewide), Division of Licensed Resources Deputy Administrator (two [2] statewide), Office Chiefs of Program and Policy (two [2] statewide), and the CA EMT (eight [8] statewide). This team meets monthly for a day and a half to discuss global issues to the agency which includes discussion of quantitative and qualitative data.
- *Extended Management Meetings:* In 2016, CA started holding Extended Management Meetings three (3) times a year. This is a great opportunity for regional leadership to share their questions and concerns with some of the executive management team, including our Assistant Secretary. The agenda is developed to empower regional leadership participation and includes the review of data and discusses areas of strength and challenges. The main areas of focus in 2017 were:
 - March 2017: Promotion Focused Leaders
 - July 2017: Leading with a Heart of Purpose
 - November 2017: Focus on Permanency

Each meeting allows participants to consider changes to regional strategies for improvement or action plans. Specifically, the Focus on Permanency in November, allowed participants to discuss current strategies and identifying how they will know if something is working. Some of the discussion questions for the day included:

- *Why is this topic important?*
- *Why do we struggle in this area?*
- *What are some of the barriers we encounter or create?*
- *What are strategies or ideas that will help us grow or improve in this area?*
- *How will we know our strategies are working?*
- *Supervisor Conference:* In 2017, all CA supervisors were invited to participate in a two-day supervisor’s conference. One popular attraction during the conference is the Wish Bowl. During the conference, a bowl is set out with cards for anyone to write a “wish” for the agency. Wishes are collected, grouped by topic, and read at the end of the conference. Wishes may include resource needs, IT assistance, updates on current events within CA, or other supports for field staff and supervisors. This seemingly simple way of gaining feedback was well received and attendees submitted nearly one hundred wishes, which were compiled and assigned to HQ division directors to manage and address. This list is periodically reviewed at CA executive team meetings to ensure feedback from the field continues to move forward.
- *Clerical Conference:* In 2017, CA held a clerical conference for all support staff in CA. Three break-out sessions were held as focused problem solving workshops for clerical to share feedback on system issues. These facilitated sessions were well received and allowed participants to share process and work barriers and problem solve during the workshop. Additionally, participant responses were tracked and provided to management for further review and support in improving processes.
- *Workgroups and Committees:* As identified in [item 31](#), CA partners with both internal and external stakeholders through many avenues including workgroups and committees. These include, but are not limited to the following: Field Advisory Board (FAB), Permanency Leads, Intake Leads, Contracted Services Leads, CQI committees (local and statewide), statewide foster parent committees, Children’s Advisory Board, Superior Court Judges, and Critical Incident and Fatality Review teams. Each of these teams use data to inform discussions and identify recommendations for practice improvement.
- *PIP Kick-off:* In November 2017, this one-day event was specifically designed to discuss CA’s current performance in the seven (7) CFSR outcomes and eighteen systemic factors. This event was designed to

bring a multidisciplinary group together to discuss Washington's current performance, the state's five-year plan, our upcoming state-led CFSR, and the direction for stakeholder involvement in the upcoming PIP. Internal and external stakeholders in attendance included: line staff, supervisors, program managers, leadership at both the regional and HQ level, Alliance staff representing training, curriculum developers, and coaches, tribal members, parent ally, Office of Public Defense, Administrative office of the Courts, Casey Family programs, service providers, and caregivers. During the daylong event the 115 participants were arranged according to their area of expertise and seated at a table with other stakeholders. Each table represented at least one outcome area or systemic factor. Data for that particular outcome or systemic factor was provided and a discussion was led by the HQ program expert (owner) and a member of the CQI team. For the seven (7) outcomes, the CQI members were experts in the OSRI tool so they could answer questions about data and provide more information about what compliance looks like in practice. The discussion included feedback from the table participants.

CA will continue to engage this group in 2018, as well as other stakeholders. Engagement will include the use of Mail Chimp, an automated communication tool with flexibility to target stakeholder groups and deliver routine communication. In addition to this "push" method of communication CA will have a "pull" method that includes the ability to share information or questions.

- *Individual Performance Evaluation Plans:* The Department of Social and Health Services implemented a new system of performance reviews for all agencies. Performance reviews are directly related to identified expectations for each employee and for Children's Administration. Frontline workers are measured on the services they provide to children and families. Strengths and needs of individual workers are identified annually to support the work CA does in transforming lives by providing a quality service delivery system.
- *Contract Monitoring:* Children's Administration has worked over the last few years to improve contract monitoring. With a dedicated focus on improvements, for fiscal year 2017, the contract unit reported in The Annual Contract Monitoring Report the following:

After a full year of renewed effort, following the new Comprehensive Monitoring Program, it is easy to see the effects of the changes. With a dedicated Headquarters Contract Monitoring Manager...an overall increase in interactions with our provider community, milestones have been accomplished. Overall, there has been a 64% increase in on-site monitoring activities. Agency wide, over 719 Annual Risk Assessments were completed, 1087 background checks processed and 133 visits were made to contractors at their place of business. Additionally, 152 Survey Monkey complaints from the field were investigated. Regional Contract Managers also completed 33 Comprehensive Reviews with our partners from the Division of License Resources (DLR).

The quality of contracted services delivery is primarily assessed through onsite monitoring activities which often includes the regional or HQ program manager and also through the Survey Monkey tool that gives caseworkers a venue to immediately provide feedback or concerns about a service provider. In fiscal year 2017, 57% of the contract complaints were related to the Parent Child Visitation program.

Strengths: Overall, Children's Administration has a functioning quality assurance system that uses data in a variety of capacities and uses improvement plans to identify strategies for improving the system. CA also noticed, through a consistent focus on using the federal items as a framework for our feedback with staff, there has been a better understanding of the federal requirements. Additionally, internal and external stakeholders are involved across the department in a variety of ways including partnering on workgroups, committees, and providing feedback to the department.

Challenges: CA continues to struggle with closing the feedback loop. Although deep dives are one-way CA can capture feedback and present to HQ program managers, CA can improve how it handles feedback from parents and families. While CA collects feedback from families and parents at Family Team Decision Making meetings and through a customer feedback survey administered by the DSHS Research Data Administration, CA needs to

identify a better system of obtaining feedback from older children and families involved with the Department to make system improvements. Individual program managers are, as a regular part of their work, collecting feedback from clients and stakeholders. Improvement could be made by developing an integrated system approach so that we capture this information in a consistent way and feedback to the clients and stakeholders when we make changes. Again, this happens at the individual program level, but making it a complete system approach is desired.

System Functioning – Provides relevant reports

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

- *Local office case review reports:* As the CCRT completes and finalizes a local office case review, a narrative qualitative and quantitative report is provided to regional Leadership, Children’s Administration Leadership team, and is posted on CA’s intranet site for staff. This report includes office level results from the onsite central case review utilizing the OSRI. This report also includes information about the area served, staffing levels, and service availability to families and children.
- *Core metric reports:* As previously discussed, core metrics is another example of relevant data used by regional QA/CQI leads to inform internal and external stakeholders.
- *Monthly Informational Report:* The Children’s Administration Data unit produces a monthly informational report which is provided to Regional Administrators on a regular basis. At a minimum, this report details the following information:
 - Number of CPS intakes requiring face-to-face response
 - Number of children residing in out-of-home care
 - Number of licensed foster homes
 - Number of children who exited in out-of-home care
 - Percent of children placed with relatives
 - Median length of stay for children in out-of-home care greater than 60 days
 - Average caseloads
- *Permanency Profile Report:* CA, in partnership with Casey Family Programs and the Office of the Administration of the Courts, is working with an aim at increasing permanency for children in out-of-home care across Washington. Following an examination of permanency data for children in Washington’s child welfare system by an external CQI team, permanency summits were developed. The team identified counties across the state with the longest length of stay and the first summit was held in one of the lower performing areas. In 2016, the first permanency summit occurred in Cowlitz and Clark County (Region 3 South) and provided a greater opportunity, at a local jurisdictional level, to address barriers to meeting court timelines and develop strategies to improve performance. A second permanency summit was held in Grant County (Region 1 South) in May 2017 and a third summit was held in Benton and Franklin Counties (Region 1 South) in early fall 2017. Each permanency summit includes a parent panel, youth panel, a discussion of roles and responsibilities, and permanency planning options. Additional sections are tailored to the local court and community. These have included parent-child visitation, shared planning meetings, and kinship placements. Data was used throughout the day to help inform action planning and strategy development aimed at reducing children’s length of stay in out-of-home care in these counties.
- *CA “State of the State” Meetings:* In 2017, the Children’s Administration EMT visited the three regions and sent out invitations to all external stakeholder groups inviting them to a discussion about the “State of the State”. Direct reports to the Assistant Secretary shared both quantitative and qualitative data across all areas of the system, including: budget, staffing and caseload ratios, child related outcome metrics, new

legislation, changes in policy and recent policy, updates in technology and mobility, background check changes, risk management, federal outcomes and systemic factors, and the upcoming CFSR.

In addition to the new stakeholder outreach at the executive level, each region conducted their own stakeholder meetings with the focus of sharing current performance data, engaging discussion of improvements, and informing participants about the upcoming CFSR. In Region 1, regional leadership and the QA/CQI leads broke up the stakeholder meetings by court teams in the Spokane office. There are five court teams in Spokane County and each court team participated in separate meetings to review and discuss the dependency data from their own team. Participants included members of the bench, defense attorneys, CASA, guardians' ad litem, caseworkers, and AAGs. In addition to reviewing their dependency data, they reviewed case review data and discussed strengths and challenges currently facing the teams. Each team left with action plans for improvement. Region 1 intends to expand this model to other counties in 2018.

Strengths: CAs strength related to the provision and use of relevant reports can be directly connected to the OSRI. Use of the OSRI tool, has allowed CA to better identify strengths and areas needing improvement in our system. Because the Department is using the seven (7) outcomes to better frame our work, the language is becoming part of CA culture and with the shared language, we can better communicate our findings at both the leadership level and the front line level, allowing more visibility and understanding of our data, as well as, an understanding of our performance and underlying issues. The increased use of reports with the level of detail at the case level allows us to better identify strategies.

Challenges: Because the child welfare system is extremely complex, CA cannot focus on just one report. CA utilizes data from multiple sources and the more data you offer, the more complicated understanding the data can be. To mitigate this risk, the QA/CQI team is partnering with the Children's Administration Data unit, Program and Policy, the Office of the Administration of the Courts, and regions to identify a standardized data that allows the user to customize the report based on the audience. In late 2017, the Data Unit completed a dashboard for CA staff providing performance data at the office level. In 2018, HQ QA/CQI is partnering with program managers and regional QA/CQI leads to identify a strategy for best utilizing the dashboard and providing supervisors and regional leadership with the support they need to utilize the dashboard for improvements. As part of the Department's CQI process, ongoing evaluation of implemented program improvement measure to improve practice and service delivery for children and families is conducted.

[System Functioning – Evaluates implemented program improvement measures](#)

In early 2016, the HQ QA/CQI team, in partnership with the statewide CQI committee, reviewed statewide case review data to assess how well CA is doing in the 18 federal practice items and seven (7) outcomes. Through a process of assessment and discussion, the committee identified several areas to focus on in 2016 and 2017. Three of these areas were:

- Well-Being Outcome 2: item 16
- Well-Being Outcome 3: item 17
- Well-Being Outcome 3: item 18

Beginning in September 2016 and continuing through August 2017, CA initiated the statewide Monthly Health and Safety Visit Campaign in partnership with regional CQI leads and HQ program managers. Each month focused on one of the identified areas of focus, either item 16, 17, or 18. The campaign involved giving extra consideration to the monthly theme during monthly health and safety visits with children and documentation. Caseworkers and supervisors received monthly emails which included a topic specific discussion guide, visit tip sheet, documentation tip sheets, and a specific campaign intranet site. The campaign also included what level of detail is required to be documented in FamLink on each item. In addition, caregivers were notified of the monthly topic by email and through the agency's Caregiver Connection Newsletter to be aware and more involved in the discussions occurring during monthly health and safety visits with children.

Following the first four months of the campaign, a large group of HQ program managers and regional QA/CQI staff came together in December 2016 to assess the effectiveness of the campaign through a targeted review of case notes for a specified time period. While the results from the targeted review were not conclusive, upon further discussion it was decided to continue with the campaign into through August 2017 by cycling through the identified items each month. The decision to continue the campaign could be considered a success though comparing performance from calendar year 2016 to calendar year 2017. Item 16: educational needs of the child improved by two percent from 89% to 91% and statewide performance on item 18: mental/behavioral health of the child, improved from 67% to 74% in 2017. The largest improvement over 2016 performance was related to item 17: physical health of the child, with a 15% increase statewide (43% in 2016 to 58% in 2017).

In addition to the example above, ongoing evaluation continues to occur at the regional level through case review results, targeted reviews, and ad hoc reviews. As the campaign has continued, documentation regarding children's education, health and mental health have improved. Regions continue to conduct random evaluations of case notes to ensure proper documentation of these federal items.

Strengths: Overall, CA has made significant improvement in this area over the last year. Evaluation of program improvement measures is focused on both statewide and regional strategies. The main strength is the development of strategies which focus on a specific item, rather than broad sweeping strategies, and the use of a consistent tool to evaluate progress. Due to this deliberate and focused approach, CA has seen an increase in the familiarity with the 18 federal items and 7 federal outcomes.

Challenges: While CA utilizes a consistent tool to evaluate progress of implemented strategies, the results are not always documented on the tool. Because information is collected in various ways for other activities, such as deep dives, results regarding progress are captured in many places. This can lead to duplicate efforts of documentation and work. CA is continuing to streamline the documentation process to minimize the duplication of efforts.

Staff and Provider Training

Item 26: Initial Staff Training

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

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

Children's Administration is meeting the requirement to provide initial staff training that includes the basic skills and knowledge required for the social service specialist positions.

Regional Core Training (RCT)

The initial staff training is known as Regional Core Training (RCT) and is provided through a contract with The Alliance for Child Welfare Excellence. RCT is Washington's six-week pre-service training designed to prepare newly hired social service specialists (caseworkers) with the basic knowledge, skills, and understanding to begin their careers in public child welfare for the State of Washington. RCT is a comprehensive training containing multiple sessions which lay the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals.

RCT curriculum consists of cohesive instruction materials that provide newly hired caseworkers with broad and deep knowledge and skills. RCT provides participants with blended learning opportunities, including classroom instruction, field activities, and coaching totaling 240 hours of training. RCT is organized into three distinct learning modules, each with a subset of dedicated instruction. Caseworkers spend their first six-weeks on the job completing RCT and are supported by an Alliance coach and their assigned CA supervisor. RCT cohorts begin twice a month in each of the three regions, to align with the hiring and start dates for newly hired caseworkers. The location for the classroom sessions for each cohort is based on the office location for the majority of the newly hired caseworkers.

Following classroom training, new employees complete and/or observe field training activities. The field training activities include viewing the Washington Mandatory Reporting Toolkit, observing a fellow caseworker by shadowing and observing critical case activities, gradual case assignment, and completing the period of purple crying training. Critical case activities include:

- Review an intake
- Observe and practice an initial face-to-face or health and safety visit

RCT Classroom and Small Courses

- Introduction to Agency Intervention
- Permanency Planning from Day One
- Introduction to Case Documentation
- Your Role in the Child Welfare System (e-Learning 4 Modules in Weeks 1, 4, 5 & 6)
- Identification and Assessment of Maltreatment (2 Days)
- Mental Health, Chemical Dependency and Domestic Violence
- Effects of Maltreatment on Children
- Interviewing Adults
- Simulation Lab: Adult Interviews
- Interviewing Children
- Simulation Lab: Child Interviews
- Understanding Your Case: From Intake to Permanency
- Dependency Law and Court Testimony
- Simulation Lab: Court Testimony
- Group Coaching: Working with Families (Includes Live Parent Ally Panel)
- Initial Case Assignment
- Dependency Petition (e-Learning)
- Period of Purple Crying Training Certification
- Indian Child Welfare
- Group Coaching: Addressing Child Safety
- Investigative Assessment (IA) and Family Assessment Response, Family Assessment (FARFA)
- Permanency Planning & Court Preparation in the Front End
- Documentation: Basic Case Management Skills
- Comprehensive Family Evaluation (CFE) & Court Report
- Permanency Planning and Court Preparation in Child and Family Welfare Services
- Guidelines for Difficult Conversations
- Critical Thinking and Professional Development

Table Data Source: The Alliance for Child Welfare Excellence; December 2017

- Observe and practice a subject interview, initial family meeting or monthly visit with parents
- Observe a Family Team Decision Making Meeting (FTDM)
- Attend a court hearing or case conference
- Introduction to ICWA
- Review prior case history
- Observe or supervise a parent-child visit
- Meet with legal partners
- Understand Court report distribution
- Permanency planning from day one
- Worker Safety Assignment
- Identifying community resources

By completing the field training activities caseworkers continue to learn agency policies and procedures, as well as how to practice applying them. Newly hired caseworkers graduate from regional core training when all classroom sessions are complete and all field training activities have been conducted.

[Launch of Redesigned RCT](#)

Over the last year, Children’s Administration and the Alliance have been working to redesign the RCT curriculum for newly hired social support specialists. The primary reasons identified for the redesign included concerns about newly-graduated caseworkers lacking field readiness and RCT was lacking the inclusion of practical training on:

- completing assessments
- case planning
- service delivery
- FamLink
- working with families and family support networks
- use of the Shared Planning Model to engage families in case planning
- placement decisions
- court process and procedures
- safety planning
- permanency planning

To provide detailed information to assist with the redesign of RCT, a comprehensive online survey was developed in partnership between CA, the Alliance, and Partners for Our Children. The survey was administered between December 15, 2015 and January 12, 2016 and completed by caseworkers who recently graduated from RCT and their respective supervisors. The survey focused on their experiences and perspectives regarding training.

On January 27, 2016 CA and the Alliance hosted a statewide problem solving meeting to develop a road map and identify the content priority for the redesigned curriculum. Results from the caseworker and supervisor survey were shared with participants.

In February 2016, the Alliance met with CA and a decision was made to implement an interim RCT, while the curriculum revisions occur. As part of the interim RCT, the training was reduced from eight weeks to six weeks. In addition, nine training topics were removed from the interim RCT curriculum which was launch on April 1, 2016.

In July 2016, an internal workgroup, the CA Training Committee, convened to review proposals submitted by the Alliance and to provide the Alliance with additional detail of the content areas to be include in RCT and recommendations on components of design. The Training Committee is comprised of caseworkers, supervisors and program managers representing all regions, headquarters and all program areas.

The Alliance had an internal RCT redesign workgroup that met five times. These workgroup meetings focused on collecting and synthesizing feedback from Alliance coaches and curriculum developers based on both the experience of delivering RCT curriculum and direct feedback/experiences of RCT participants. Briefly during this period, Alliance curriculum developers maintained contact with CA Content Experts – feedback received from CA was also reviewed and discussed during these workgroup meetings. The result of these meetings was a compilation of recommendations for curricular revisions, which Alliance curriculum developers used as one component informing the development of redesigned RCT curriculum.

The Alliance continued to utilize an interim RCT curriculum until the redesigned RCT was launched in November 2017. The redesigned RCT consists of a cohesive developmental curriculum in which knowledge and skills are increased and expanded. RCT provides participants with blended learning opportunities, including classroom instruction, field activities, simulation, and coaching. RCT is organized into three distinct learning modules, each with a subset of dedicated instruction:

1. General Instruction
 - a. The Population You Serve
 - b. Dynamics of Child Abuse and Neglect
2. Through the Life of a Case
 - a. Safety Focused Practice
 - b. Getting to Know Your Caseload
3. Program Tailored Learning
 - a. Program-Specific Assessment and Planning
 - b. Managing Your Caseload

Woven throughout the redesigned RCT are several critical concepts, integral to best practice in child welfare, and designed to maximize learning within context and with relevancy to the work:

- Child Safety, Permanency, and Well-being
- Critical Thinking
- Trauma-Informed Practice
- Disproportionality in Child Welfare
- Cultural Competency/Cultural Humility
- Recognizing Bias and Confirmation Bias
- FamLink Skills
- Program Specific Job Skills

A key feature of the new RCT is the statewide simulation week, which supports trainees in child and adult interviewing and court testimony skills via simulation with trained actors playing children and parents and real judges and attorneys. The curriculum development team consulted with numerous other child welfare systems, UW Health Sciences and Harvard University's Center for medical simulation to develop the simulation curriculum. A UW Social Work faculty member continues to work closely with the curriculum development team and coaches to adapt and implement the key evidence based practices relating to simulation and debriefing from health care to the child welfare context.

[Interim RCT Attendance Provided by the Alliance](#)

The Alliance launched RCT in November 2017; through March 2018, 74 newly hired social service specialists statewide completed RCT.

Registration for RCT is completed online through the Washington DSHS Maestro Learning Management System (LMS). The primary instructor/coach generates a sign in sheet for each training session to document who was in attendance. For courses that cover multiple days, the Alliance uses a Passport document to track participation in

each session. Using the sign in sheet or passport, each trainee must sign they were in attendance. On occasion, trainees may miss a session due to illness or other circumstances and the trainee must make arrangements with the primary instructor/coach to make-up the session missed. Upon completion of the training session, the primary instructor/coach documents the trainee’s completion in both the Washington DSHS Maestro Learning Management System and the Alliance Learning Management System. Each month and quarterly, Alliance program manager reviews all course completions in the Washington DSHS Maestro Learning Management System and the Alliance Learning Management System. The purpose of this review is to ensure correct documentation and generate reports. If a training requirement is not met, the Alliance notifies the appropriate Children’s Administration Regional Administrator (RA) that training has not been completed and the RA determines next steps.

Satisfaction Data on Interim RCT

The Alliance utilizes Partners for Our Children (POC), a research organization based in the University of Washington School of Social Work, to evaluate the effectiveness of training activities for Washington state child welfare workers. The research is used to identify training innovations to improve the workforce.

Evaluation is a constant and integral component of the partnership and demonstrates a commitment to being accountable for the impact and outcomes of the partnership. Evaluation is governed by the Alliance Executive Team which includes representatives from University of Washington, Children’s Administration, Eastern Washington University, and Partners for Our Children. In addition, evaluation is advised by the Statewide Standing Committee on Evaluation, which meets on a regular basis. The committee is co-facilitated by a UW School of Social Work faculty member and POC Alliance Evaluation Project Manager. The committee members include multiple representatives from Children’s Administration, the Alliance, University of Washington, and Eastern Washington University.

Evaluation measures the trainings impact and supports continuous improvement. It includes:

- Collecting and analyzing survey data on participant’s reactions to curriculum
- Collecting and analyzing data on what participants are actually learning
- Conducting follow-up surveys, phone interviews and focus groups to determine if participants are using and benefitting from what they have learned
- Assessing fidelity by observing training delivery
- Engaging with the Alliance and stakeholders regarding evaluation priorities, design and reporting for continuous improvement

The evaluation of initial staff classroom training, e-Learnings, and coaching sessions are completed through satisfaction surveys. The Alliance evaluates the perceived learning of newly hired employees who complete RCT through a series of three surveys. Regional Core Training launched in November 2017. Through March 2018, 73 trainees completed RCT. Trainees are surveyed at the end of weeks 2, 3 and 6 in the program. The following survey items are rated on a five point Likert scale where 1 = Strongly Disagree and 5 = Strongly Agree.

tables.

RCT Survey
Administered at end of weeks 2, 3, and 6

	Week 2 Survey <i>(84% response rate)</i>	Week 3 Survey <i>(67% response rate)</i>	Week 6 Survey <i>(42% response rate)</i>
The primary trainer/coach supported me in developing the knowledge and skills I will need to be successful in the field.			
This training has helped me get oriented to my job.			
I feel confident in my ability to apply my learning to my job,			

RCT Survey
Administered at end of weeks 2, 3, and 6

	Week 2 Survey (84% response rate)	Week 3 Survey (67% response rate)	Week 6 Survey (42% response rate)
The field-based learning activities I completed allowed me to apply my knowledge and skills in the field.	4.7	3.9	4.6
It helped me to have the three e-learnings (Dynamics of Abuse & Neglect, Effects of Maltreatment on Development & SDM) be facilitated in the classroom	4.3		
The activities on Assessing Child Safety helped me to understand my role in assessing safety.		3.7	4.0
The legal training day supported my understanding of federal and state laws governing child welfare and my legal responsibilities as a professional.	4.2		
Following the life of a case from beginning to end helped me to understand key decision points and child welfare practices.	4.2		
The interviewing simulations supported my ability to engage families and assess safety.	4.4		
The court simulation day supported my ability to provide appropriate testimony in court.	3.9		
The field activities I completed allowed me to apply my knowledge and skills in the field		3.8	

Table Data Source: Partners for Our Children (POC) June 2018

** Blank fields represent content specific sessions that did not occur during that survey period.

Plan for Ongoing Quality Improvement

The newly redesigned RCT curriculum launch in November 2017 includes updates to the evaluation process. For caseworkers who attend the redesigned RCT, there are follow-up online survey with caseworkers and their supervisors in Spring 2018 to assess the training effectiveness. In addition to surveys and interviews, Thirteen observers from Children’s Administration, the Alliance and Partners for Our Children sat in on 20 different RCT classroom sessions from November 2017 – January 2018, with 38 observations total completed for the first cohorts of RCT. Fifteen sessions were observed only once, sometimes two observers saw the same session on the same day, and sometimes as many as four observers saw the same session delivered to different regional groups or sequential cohorts. The RCT workgroup reviews qualitative and quantitative feedback quarterly and uses these data to improve the curriculum and delivery.

Several weeks following completion of RCT, social service specialists and their supervisors were surveyed about their experiences in applying the knowledge and skills from the RCT curriculum. Of this group some completed phone interviews to provide additional feedback.

	Target sample completed	Online survey	Volunteered for phone interview	Completed phone Interview
Social Service Specialists	68	38 (54%)	15	10 (15% of sample)
Supervisors	56	23 (39%)	8	7 (13% of sample)

The RCT workgroup continues to meet quarterly to review survey data and open ended feedback and to make adjustments to the curriculum and delivery of RCT in response to these data. Currently, RCT is being expanded to 8 weeks to respond to trainee and supervisor feedback indicating training content is rushed and that additional material is needed to fully prepare the workforce for the field. Additional training weeks will focus on using

FamLink for documentation, practical application on assigned cases, and additional

RCT Followup Survey

Supervisor N = 23, Specialist N = 38



The RCT workgroup continues to meet quarterly to review survey data and open ended feedback and to make adjustments to the curriculum and delivery of RCT in response to these data. Currently, RCT is being expanded to 8 weeks to respond to trainee and supervisor feedback that content is rushed and that additional material is needed to fully prepare the workforce for the field. Additional weeks will focus on using the FamLink data management system for documentation, practical application on assigned cases, and additional instruction around crucial content such as placement, parent-child visitation, and best practice in child welfare casework.

Role of Quality Practice Specialist (QPS)

Over the past few years, DCFS has created QPS positions in each region. QPS managers are experienced staff with expertise in child safety, permanency and well-being, as well as knowledge on practical skills and how to complete required tasks in each program. QPS managers provide support, coaching and training to new caseworkers and supervisors, as well as experienced staff, who require additional coaching and training. During the last year, QPS have provided new caseworkers with additional program specific training in their initial program area, provide one-on-one and small group coaching. The training provided by QPS managers is developed at the regional level and therefore differs from region to region based on need. QPS managers provide a critical role to supplement training and support staff while new caseworkers attend interim RCT.

Region 1 has five (5) QPS managers who have completed the following trainings and activities:

- Trained Safety Boot Camp over 25 times
- Provided health and safety visit training to every unit throughout Region 1
- CPS FAR Training
- FVS training
- Individual case consultation on complex cases
- One-on-one coaching for caseworkers regarding completion of an Investigative Assessment, CPS FAR Family Assessment, case documentation, and field coaching
- New policy roll-out training
- Individualized training requested by units specifically addressing safety assessments and collateral contacts

- Assist supervisors with review of CPS, CPS FAR, and CFWS cases for closure
- Assist caseworker and supervisors by reviewing open CPS FAR cases to identify outstanding work that needs to be completed prior to moving the case for closure
- Training regarding appropriately documenting initial face-to-face visits and extensions
- Training on existing policy and helping caseworker understanding
- Created a new employee manual for CPS, CPS FAR and CFWS caseworkers
- Provide intake consultation regarding whether or not to screen in or out the intake
- Provide trainings for office and units on the central case review process
- Conduct ad-hoc quality case reviews in every Region 1 office which includes reviewing an in-home or out-of-home case with the assigned caseworker using the OSRI tool. These reviews have been completed in all offices multiple times since is 2016

In addition to the above activities, beginning in October 2017, all caseworkers who have recently completed RCT will be contacted by a QPS manager to: 1) welcome them to CA, 2) schedule a time to meet and go over the new employee manual which includes tips sheets, guides and instructions, and 3) introduce the QPS to new caseworkers and share how they can assist. At three (3) month, six (6) month and twelve (12) months following completion of RCT, a QPS manager will complete an ad hoc quality case review on one of the caseworker's cases utilizing the OSRI tool.

Region 2 has five (5) QPS managers, with three (3) positions currently vacant. One of the QPS managers focuses on CPS and the other focuses on CFWS. Activities completed include:

- QPS managers spend approximately two days a month in each office they cover. The days are scheduled and office staff are aware of their presence. During the office visits, QPS managers are available to answer questions, provide field coaching, or mentoring.
- Individual case consultation when requested by a Supervisor or Area Administrator.
- New Caseworker Training for caseworkers who have recently completed RCT. The training is 3-hours and focuses on either CPS or CFWS practice requirements. At this training, the caseworker receives a new employee manual which includes tips sheets, guides and instructions.
- Facilitate topic specific refresher trainings upon request by a Supervisors or Area Administrations. Refresher trainings can include:
 - Safety Framework
 - Structured Decision Making
 - Infant Safety
 - Mandated Reporter Training
- Attend stakeholder meetings including:
 - King County Special Assault Protocol Meeting
 - Seattle Children's Hospital Scan Meetings
 - Juvenile Round Table
 - King County Child Death Review
 - Multiple Disciplinary Team Meetings
 - Statewide CPS-Intake Leads Meeting
 - Domestic Violence Best Practice Group
 - Regional Critical Incident Staffings

Region 3 has two (2) QPS managers and one (1) supervisor whose primary activities include:

- Triage and consultation staffings (approximately 180 staffings have been held over 24 months)

- Community presentations regarding Safety Framework, Risk Assessment, and Mandatory Reporting
- Unit meeting in-service/discussions which are non-curriculum based
- County Protocol Training provided twice a year
- Facilitated 11 Safety Through the Life of a Case trainings since November 2016
- Facilitated 11 Safety Planning trainings since June 2017
- Facilitated six (6) after hours trainings since May 2017
- Facilitated four (4) CQI trainings in January 2016
- Facilitated 18 Safety Boot Camp trainings since October 2016
- Facilitated three (3) CPS FAR trainings June 2017 through November 2017
- Facilitated one (1) AIRS training in March 2017

Region 3 QPS managers also contact all caseworkers who have recently completed RCT to: 1) welcome them to CA, 2) review the new employee manual which includes tips sheets, guides and instructions, and 3) introduce the QPS to new caseworkers and share how they can assist.

[Initial Staff Training for Tribal Staff](#)

Washington State is home to 29 federally-recognized Indian tribes. In 1978, Congress passed the Indian Child Welfare Act in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies and placed with non-Indian families. Tribal caseworkers support families in tribes and help Tribal communities protect Indian children in the spirit and letter of the Indian Child Welfare Act. The Alliance is dedicated to providing training for Tribal caseworkers, along with any caregivers, caseworkers, or Administrators who need to understand the needs of Tribal communities and Indian children.

Tribal caseworkers are encouraged to attend any available trainings and participate along with CA caseworkers and supervisors.

[Contracted Staff](#)

Washington does not utilize contracted providers to perform case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state's CFSP.

Item 27: Ongoing Staff Training

How well does Washington’s staff and provider training system work so that the workers conducting Child Protective Services investigations, or those providing family preservation and support services, out-of-home care and adoption services, or independent living services receive ongoing training to give them the knowledge and skills they need to do their work? How well does the training system work for their supervisors?

How well does the staff and provider training system work so that the front line and supervisory staff of the contracting agencies – or the staff in child placement agencies the state uses to place children – receive ongoing training that addresses the skills and knowledge that they need to provide contracted services?

Children’s Administration contracts with the Alliance for Child Welfare Excellence to offer ongoing or in-service training to caseworkers and supervisors. In 2014, CA’s policy regarding staff training was revised to outline ongoing training to be completed by caseworkers and supervisors within the first year of employment, the second year of employment, annually, and voluntary and program specific training opportunities.

Following the completion of RCT, CA caseworkers must successfully complete specific trainings within the first and second year of employment or existing caseworkers must complete specific trainings within one year of transferring to a new position. The below table outlines the specific courses that must be completed.

In addition to CA policy, the Department of Social and Health Services requires the following trainings be completed annually. The completion of these trainings are aligned with the employee’s annual performance evaluation and are e-learning courses completed through LMS. Upon completion, the employee must complete the DSHS Employee Annual Review Checklist. The checklist is signed by the employee and supervisor with a copy placed in the employee’s personnel file.

Attendance for Ongoing Staff Training Provided by the Alliance

Registration for caseworker and supervisor in-service training is completed online through the Washington DSHS Maestro Learning Management System (LMS). The primary instructor/coach generates a sign in sheet for each training session to document who was in attendance. For courses that cover multiple days, the Alliance uses a Passport document to track participation

First Year of Employment or Transfer Mandatory Training
<ul style="list-style-type: none"> ■ Program Specific Training: <ul style="list-style-type: none"> ○ Intake ○ CPS Investigations or Family Assessment Response (CPS FAR) ○ Division of Licensed Resources (DLR)/CPS ○ Family Voluntary Services (FVS) ○ Family Reconciliation Services (FRS) ○ Child and Family Welfare Services (CFWS) ○ Interstate Compact on the Placement of Children (ICPC) ○ Adoption ○ Licensing and Unified Home Study ■ Indian Child Welfare ■ Basics of Substance Abuse ■ Permanency Planning ■ Engagement and Partnership with Caregivers ■ Child Development Well-Being; Education, Health, and Adolescence ■ Risk and Safety Assessment ■ Worker Safety ■ Racial Disproportionality and Disparities

Second Year of Employment or Transfer Mandatory Training
<ul style="list-style-type: none"> ■ Mental Health and Child Abuse and Neglect ■ Domestic Violence and Child Abuse and Neglect ■ Advanced Substance Abuse and Child Abuse and Neglect ■ Diversity - Building Bridges ■ Indian Child Welfare Cross Cultural Skills ■ Collaboration/Customer Service ■ Supervisors

Annual Mandatory Training
<ul style="list-style-type: none"> ■ Domestic Violence in the Workplace ■ Blood Borne Pathogens & HIV/AIDS ■ Diversity ■ Harassment Prevention ■ HIPAA ■ Ethics Test ■ IT Security Awareness

in each session. Using the sign in sheet or passport, each trainee must sign they were in attendance. Upon completion of the training session, the primary instructor/coach documents the trainee’s completion in both the Washington DSHS Maestro Learning Management System and the Alliance Learning Management System. Each month and quarterly, the Alliance program manager reviews all course completions in the Washington DSHS Maestro Learning Management System and the Alliance Learning Management System. The purpose of this review is to ensure correct documentation and generate reports. If a training requirement is not met, the Alliance notifies the appropriate Children’s Administration Regional Administrator (RA) that training has not been completed and the RA determines next steps.

Contracted Trainings
Critical Thinking
Decision to Place
Managing Parent-Child Visitation when Domestic Violence is a Concern
Reunification
Racial Micro-aggressions: Developing Cross Cultural Communication Skills
NCAST Feeding Recertification
Harm Reduction Planning with Substance Using Families
NCAST Certification – Feeding Scales
NCAST Certification – Teaching Scales
NCAST Teaching Recertification
Secondary Trauma: Impact and Solutions (3 hours)
Right Response - Level 4
Suicide Prevention: safeTALK
Understanding Neglect
Washington State ICW Training
Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth

Ongoing Staff Training

Currently, the Alliance offers over 120 in-service trainings through a traditional classroom setting, Video Conferencing and e-Learning. Classroom training is provided by Alliance staff or contracted trainers across the state. Between July 2017 and March 2018 a wide variety of in-service trainings were offered across the state; CA workforce completed 2,014 in-service trainings. New in-service trainings are continually developed to meet the needs of the workforce and training is reviewed annually to ensure that outdated training is archived. Each new or updated in-service training is developed through a workgroup process involving Alliance curriculum developers, coaches and CA subject matter experts. Often new training workgroups include external stakeholders including tribal members, partner agencies and caregivers. After completing in-service trainings, participants are asked to complete surveys to evaluate their satisfaction and the transfer of learning. Participants are also asked to provide open ended feedback which is used for continuous improvement for curriculum and delivery of

Classroom Trainings
Assessing Child Safety in the Context of Domestic Violence
Case Consultation
Coaching for Ad Hoc Needs
Coaching for Assessments
Contract for Services: Part 2 – Contract Monitoring
Early Childhood Development in Child Welfare: Supporting Lifelong Healthy Outcomes
Effects of Abuse and Neglect on Child Development: Section 3
Faculty Led Workshop: Personality Disorders and Parenting
Infant Safety and Care
Intake - Session 1.3 Interviewing for Assessment in Intake
Intake - Session 1.6 Screening Provider Related Intakes
Mental Health: In-Depth Applications for Child Welfare
NAIR - Creating and Monitoring your Native American Inquiry Request
Relative Search - Creating and Monitoring your Request
Assessing Parents, Caregivers and Others in the Home For Child Safety
Child Information and Placement Referral (ChIPR)
Coaching for Child Safety
Coaching for Case Organization and Prioritization
Domestic Violence – Understanding and Responding to its Many Layers
Effects of Abuse and Neglect on Child Development: Section 1
Effects of Abuse and Neglect on Child Development: Section 4
Family Preservation Services (FPS)
Intake - Session 1.1 Welcome to Intake
Intake - Session 1.4 Disproportionality and Cultural Competence for Intake
Intake - Session 2.1 Special Circumstances in Intake – Substance Exposed Infants
Monthly Visits with the Child, Parent and Caregiver
Parent-Child Visitation
Structured Decision Making & Risk Assessment (SDM-RA)
Coaching for Permanency

content. The Charts and comments below represent of a selection of in-service trainings offered between July 2017 and March 2018

Across 10 Workforce In-Service courses taught by Alliance coaches and contracted trainers between July 1, 2017 and March 31, 2018, 614 employees completed these courses and 134 surveys were completed yielding a 22% response rate. The tables below show completions and aggregated survey responses.

Classroom Trainings Satisfaction Survey Results

Course Name	Estimated Completions
Assessing the Whole Household For Child Safety	42
Racial Micro-aggressions: Developing Cross Cultural Communication Skills	145
Domestic Violence and Child Welfare	100
Guidelines for Difficult Conversations	64
Decision to Place	27
Secondary Trauma: Impact and Solutions	62
Partners Make Better Decisions: Caregivers and Social Workers Working Together	36
Foundations for a More Civil Workplace	34
Critical Thinking	79
Worker Safety	25
Total	614

Table Data Source: Partners for Our Children (POC), June 2018

Evaluation Questions	Mean Score (out of 6)
The instructor was engaging in the delivery of this training.	5.6
The instructor related training to practice.	5.5
As a result of the training, I increased my knowledge on this topic.	5.4
Overall I am satisfied with this training I received.	5.4
This training will make a difference in the way I do my job.	5.3
As a result of the training, I have strengthened my skill in this topic area.	5.3
My supervisor expects me to use this material.	5.3
I had the opportunity to practice new skills in this training.	5.0

Table Data Source: Partners for Our Children (POC), June 2018

Evaluation comments from training participants:

Assessing Parents, Caregivers and Others in the Home

Participants found information on background checks and MODIS to be especially helpful and asked for more scenarios and new information. One participant noted that the course was *“Very concise! Didn't feel like time was wasted during discussion and slides.”*

Domestic Violence and Child Welfare

Many participants noted that they found it helpful to learn how to conduct and document a specialized DV assessment as well as hear from guest speakers.

Classroom Trainings
Child Abuse Interviewing and Assessment
Child and Family Welfare Services (CFWS)
Contract for Services: Part 1 – Understanding the CA Contract Process
Domestic Violence and Child Welfare
Effects of Abuse and Neglect on Child Development: Section 2
Effects of Abuse and Neglect on Child Development: Section 5
Identifying and Supporting Commercially Sexually Exploited Children (CSEC)
Intake - Session 1.2 Screening in Intake and the Intake SDM Tool
Intake - Session 1.5 Working with Law Enforcement and Collateral Contacts at Intake
Intake - Session 2.2 Special Circumstances in Intake – Domestic Violence
Multiethnic Placement Act (MEPA)
Partners Make Better Decisions: Caregivers and Caseworkers Working Together
Worker Safety
e-Learning Trainings
Basics of Domestic Violence in Child Welfare
Drug Testing
NAIR - Creating and Monitoring your Native American Inquiry Request
Extended Foster Care
Working with Clients with Limited English Proficiency (LEP)
Interstate Compact on the Placement of Children
Interviewing for Assessment in Intake
Mandatory Reporting Toolkit
Keys to a Successful Termination Referral
Youth Missing from Care
Prudent Parenting
Medication Management and Administration
Paquete de Herramientas para Denunciadores de Abuso Infantil por Mandato

"I enjoyed the diverse perspectives the two guest speakers brought. I also thought it was helpful learning more about engaging with perpetrators since that is something I struggle with."

"I found this training to be extremely helpful in understanding what questions to ask clients, and when to use what tool needed."

"The interactive approach of the coaches to direct information and to add to it in some respects to understanding case planning and safety plans."

Guidelines for Difficult Conversations

"My trainer made the material easily relatable to our work as well as personal situations. She made everyone feel comfortable opening up about personal situations and emotions that they have worked through."

"I appreciated the breakdown of defensive strategies individuals will use to avoid difficult conversations and some 'don't dos' for engaging with difficult individuals trying to batter you or argue."

Racial Micro-Aggressions

"It was helpful to learn the ways in which to engage in meaningful and purposeful conversation regarding racial difference. My personal areas where I need to grow as to not let my own prejudice ideas influence my actions."

"Before taking this training, I had no idea what micro-aggressions were or that I was guilty of sometimes using micro-aggressions. Learning that courageous conversations can be used to talk about topics of race, culture and people with individuals. What is your why?"

"I feel like I can translate the tools discussed in class into my personal and professional life."

Secondary Trauma

"It was helpful learning how workers deal with secondary trauma and how we begin to change the way we see the world."

Individual Coaching Sessions

Coaching sessions provided by the Alliance are skill based and are an effective method in responding to and providing immediate attention to the Children's Administration workforce. Individual coaching sessions include:

- Coaching for Ad Hoc Needs
- Coaching for Child Safety
- Coaching for Permanency
- Coaching for Assessments
- Coaching for Case Organization and Prioritization

The Alliance provided 476 sessions of coaching from July 1, 2017 through March 31, 2018. Among survey respondents (n= 56, 12% response) trainees responded to six point Likert scale questions related to their experiences with individual coaching. (For this survey 1= Strongly Disagree and 6= Strongly agree)

Trainees were also asked about how they would apply what they had learned in the coaching session in their job. Selected responses are included below.

Assessing Child Safety throughout the life of the case

The coach helped me work through assessing the safety of children to return home as I wrote a court report. She gave helpful insight and gave me space to process the case and my understanding of what has happened.

Individual Coaching Session Satisfaction Survey Results

Evaluation Questions	Mean Score (out of 6)
The coach was able to meet my specific needs.	5.8
As a result of this coaching session I have increased my knowledge	5.9
I expect that I will seek coaching sessions in the future	5.8
This session will make a difference in the way I do my job.	5.8

Table Data source: Partners for Our Children, June 2018

She provided concrete examples and insights in to how to continually assess for safety based on the changing facts of a case.

Investigative Assessments and Family Assessments

The coach walked me through how to condense history and use appropriate language to express concerns. She pointed out relevant RCW's to reference I will use in the future. She reviewed the DV screen tool. The session was very helpful in understanding the more specific tasks of the CPS investigator job that were not covered in other trainings. I appreciate her knowledge.

Permanency- Timelines, Case Plans and Case Management

Supporting the relative caregivers, resources, and tips how to track visits with the child. Importance of requesting records, FCAP and IFPS referrals.

I will apply what I learned in everyday practice with concurrent planning with my clients.

Case Organization and Prioritization

The coach was able to hear my struggles and offer positive solutions to assist me with organization, time management and prioritization.

Other Topics (ICW/NAIR, AFCARS, Case closure, Redaction, Filing Documentation)

I feel more confident going forward, and have a much more clear understanding as to what a TPR is, and how to go about completing these referrals.

The coach and I discussed how to acknowledge my triggers, how to best manage at the first onset of said triggers. This was a great session as I began to apply the skills taught by the coach, I was able to catch myself when speaking with a client and utilize the tools of breathing, making arrangements to speak at a later time. A supervisor was able to recognize that I was using these tools to manage anxiety and how effective they were.

I learned how to request an anger management assessment and properly word recommendations for referrals.

I now have cheat sheets to help remind me to keep court reports: short, sweet, simple. My cheat sheet includes: no acronyms (example: UA versus urinalysis sample), no words 'due diligence, birth mother, birth father' & use single name to refer to person. Plus (most importantly if we want to stop losing CFWS to other DSHS jobs in my building) this coach was courteous and dignifying.

E-Learning

An analysis of the e-learning data shows that e-learnings that are short (20 to 30 minutes) and focused on a specific skill are likely to be utilized for learning. Examples of e-learnings that staff complete with regularity are the Interstate Compact for the Placement of Children (ICPC), Creating and Monitoring your Native American Inquiry Request (NAIR) and the Limited English Proficiency (LEP). E-learnings longer than 30 minutes, cover broad categories or are not instructional or skills-based are being reviewed, updated or eliminated. Knowledge assessments are embedded in these courses and require participants to answer at least 80% of questions correctly to successfully complete the course.

Child Welfare Training and Advancement Program (CWTAP)

CWTAP is a state-funded partnership between Washington's Children's Administration, Alliance for Child Welfare Excellence, and participating public universities include Eastern Washington University, University of Washington School of Social Work (Seattle), and University of Washington School of Social Work and Criminal Justice (Tacoma). CWTAP promotes training excellence for Washington state's child welfare workforce through the financial support of social work students and professionals by providing qualified participants with specialized field education focused on casework in select Children's Administration offices. The field experience centers on topics such as abuse-and-neglect prevention, protective services, permanency planning, solution-based casework and competency in working with diverse populations. Once students complete their MSW studies, they commit to seeking employment with the Children's Administration and agree to work for a time period equal to the time they received assistance.

Supervisor Core Training (SCT)

SCT is designed to prepare newly-hired supervisors with the basic knowledge, skills, and understanding to enhance and grow their careers in public child welfare. SCT must be completed within the first six months of hire and consists of classroom instruction and e-learning. There are seven (7) in-person classroom instruction days that occur over a three (3) month period of time.

SCT is organized into the following four components:

- Administrative Supervision
- Educational Supervision
- Clinical Supervision
- Supportive Supervision

SCT is delivered three times per year and based on participant feedback from initial cohorts. SCT curriculum was updated in 2016 and is currently being updated in response to the evaluations completed in 2015 – 2017. SCT is being updated through a collaborative workgroup which includes CA staff and leadership, Alliance curriculum developers and caregivers. The updated curriculum is being rolled out incrementally and is being adjusted to address the feedback from participants. Future SCT offerings will provide more instruction around coaching and leadership, instruction on the use of data for supervision and additional Human Resources content.

Supervisor Core Training Knowledge and Skills

Educational	Administrative
Updating staff on policy changes	Hiring
Providing constructive feedback	Assigning cases
Understanding how staff learn/adult learning models	Leadership and management
Providing information on practice skills	Documenting employee performance
Orienting new employees and coordination with RCT	Coordination with community partners and tribes
Clinical	Reporting on unit data
Leading case staffing's	Conflict management
Monthly case consultation	Managing complaints
Providing case-specific consultation	Supportive
Reviewing cases for case closure to ensure safety	Ensuring a diverse workforce is respected
Monitoring cases for compliance with ICWA and ASFA	Talking with staff about cultural humility and competence
Decision Making	Building a team
Overview of Torts by AAGs	Staff retention activities
	Supporting staff through critical incidents
	Making adjustments for staff's personal lives while maintaining excellent work
	Identifying and responding to secondary trauma

SCT Evaluation

To evaluate the efficacy of SCT, a total of four surveys are administered during Supervisor Core Training. There is a pre-training survey and three of the surveys offered after each month of the training. For the training cohort January 2018 to March 2018 the below charts below summarize the qualitative findings. Trainees responded to six point Likert scale questions related to their experiences with SCT. (For this survey 1= Strongly Disagree and 6= Strongly agree)

Supervisor Core Training Evaluation Response Rates

	Pre Survey Average (86% response)	Month One Average (79% response)	Month Two Average (43% response)	Month Three Average (57% response)
When thinking about your role as a supervisor, how confident are you in being able to accomplish the following:				
I understand the difference between my role as a leader and my role as a manager	5.5	5.7		
I understand the different roles of supervision clinical educator administrative and supportive	5.8	5.6		
I can transition from being a peer to a supervisor and effectively manage my power as a supervisor	5	5.6		
I feel confident in taking the necessary steps to deal with a personnel issue with my staff member	4.3			
I feel confident in managing conflict with my staff	5			
I can read and track data for performance measurement	4.6			
I effectively handle inquiries and complaints	5.4			
I ensure staff complete necessary requirements for ICW cases	5.5		4.8	
I support new staff in their on-boarding process and their RCT experience	5.2			
I feel confident in implementing team building strategies	5.1	5.3		
I feel confident in implementing strategies to manage turnover on my team	5.2			
I take the necessary steps to address performance problems on my staff including coaching and counseling employees	5.3			
I understand when to request an employee personnel investigation	2.9	5.4		

Table Data source: Partners for Our Children (POC); June 2018

	Pre Survey Average (86% response)	Month One Average (79% response)	Month Two Average (43% response)	Month Three Average (57% response)
As you consider you experience in this training:				
I know the steps for onboarding and welcoming new employees as well as supporting them through RCT		5.5		
I take the necessary steps to address performance problems on my staff including coaching and counseling employees		5.4		
I am confident in handling difficult conversations with my staff		5.5		
I use techniques including reflective supervision and Parallel Process to my case management and employee performance management		5.7		
I set clear and reasonable expectations for my staff and provide ongoing feedback		5.4		
I can pull and interpret data used for performance measurement		5		
I am aware of how my position of power and biases can influence the culture in my unit and office		5.6		
The instructor related training to practice		5.8	5.7	6
I complete timely supervisory case reviews to meet CFSR expectations			5.5	
I engage with staff about their decisions on cases			5.8	
I review safety assessments and safety plans with my staff			5.8	
I monitor and review decisions with my staff throughout the life of the case			6	
The instructor displayed a clear understanding of the subject matter			5.6	5.9
The instructor stimulated discussion and was responsive to participants			5.8	6

	Pre Survey Average (86% response)	Month One Average (79% response)	Month Two Average (43% response)	Month Three Average (57% response)
As you consider you experience in this training:				
The content presented was logical coherent and well developed			5	6
I had the opportunity to practice new skills in this training			4.8	5.9
The training I received will make a difference in the way I do my job			5.8	5.6
I can take necessary steps when a critical incident occurs				5.6
I can distinguish between a Critical Incident or fatality review and an Aiden's law review				5.6
I effectively implement strategies to prevent secondary trauma and burnout for myself and for my team				5.4

Table Data source: Partners for Our Children (POC); June 2018

Technology Training

In March 2017, a new Children's Administration Technology Services (CATS) training unit was initialized for all CA staff, caseworkers, tribal partners and caregivers (foster parents and fictive kin) to deliver new and ongoing technology training, through immersive learning with coaching and support. This aligned technology training with child welfare business needs and critical job duties. The goal of the unit is to support improved practice, service and enhance child welfare outcomes.

The State of Washington provides child welfare workers with State tablets and iPhones that employ a Virtual Private Network (VPN) as a secure transport mechanism; allowing the devices to communicate with the State network through an encrypted channel; providing security for all communication and information managed by the on-site I.T. team. This enables staff to provide services and complete work remotely; while engaging with children, youth, families and stakeholders.

These mobile devices provide staff with the ability to:

- Access FamLink information through the MyCases App and directly upload work, including: pictures, audio files, placement information, and CSEC Assessments
- Access full FamLink functionality through tablets
- Auto-navigate through the app, with turn by turn directions, to children, family and provider residences
- View, send and read emails
- View, compose, and send calendared events while auto-connected to the agency active directory and room schedules
- Primary telephone service; including voice & text messaging
- Access the intranet; including time keeping, travel, policies, forms, training, referral information, employee directory and office locations with auto-navigation
- Access the Network Drive, for documents needed in the field
- Ability to seek support from Supervisor, Peers and Law Enforcement
- Access the Agency-wide service desk directly from the "Support" app

The technology training unit co-trains with the Alliance for Child Welfare Excellence to provide new caseworkers with technology training and support as part of Regional Core Training.

Given new innovations in technology, modernization efforts are underway to update the statewide case management system to a more modular, interactive, interfacing, intuitive, modifiable, flexible and still very secure system. As new technology rolls out, CATS development teams and training unit works collaboratively to support positive change management, knowledge transfer and skill mastery throughout the development and implementation process.

Regional Advisory Group

To ensure that the Alliance for Child Welfare Excellence is responsive to the needs of people who protect and help vulnerable children in Washington State, each region of the State has a standing committee called a Regional Advisory Group, which meets on a regular basis. The groups are co-chaired by the University of Washington and the Children’s Administration.

The purpose of these advisory groups is to:

1. Gather regional input on training needs and gaps to include in a statewide training plan.
2. Oversee and support the implementation of the statewide training plan in the region.

Each group meets quarterly and is led by the Children's Administration regional administrator and the corresponding university partner. Other members may include:

- Foster Parents
- Children’s Administration caseworkers
- Children’s Administration supervisor
- Children’s Administration area administrator
- Alliance for Child Welfare trainers for caregiver’s coach
- Child Welfare Training Advancement Program (CWTAP) representatives
- University faculty

CA Staff provide vital input in Regional Advisor Group meetings to ensure that the Alliance is supporting the development of caseworkers, supervisors, and area administrators.

Training Under Development

Requests for new training and updates for the last year have included the following:

Training Topic	Status
Creating and Monitoring your Native American Inquiry Request (NAIR)	Developed: e-learning format
Creating and Monitoring you Relative Search Request	Developed: e-learning format
Indian Child Welfare (ICW)	Developed: classroom by contracted provider
Impacts of Substance Abuse on Child Safety and Harm Reduction Planning	Developed: classroom by contracted provider
Decision to Place	Developed: classroom by contracted provider
Critical Thinking	Developed: classroom by contacted provider
Understanding Neglect	Developed: classroom by contracted provider
Reunification	Developed: classroom by contracted provider
Assessing Adults in the Home	Updated
After Hours Core Training	Developed: classroom training launched 1/2018
Assessing Safety Throughout the Life of the Case – CPS	Developed: classroom training launched 1/2018
Assessing Safety Throughout the Life of the Case – FVS and CFWS	Developed: classroom training launching 9/2018
Kinship 101 (Webinar)	Developed: webinar format
Right Response: De-escalation and Worker Safety	Developed: classroom by contracted provider
Placement in Out of Home Care	Developed: classroom training launched 5/2018
Permanency Planning	Requested
CPS In-service	Developed: 3 day in-services
FVS in-service	Developed
Making the Most of Shared Planning Meeting: Engaging Families and Community Partners	Requested
Supporting Kinship Placements	Developed: classroom training launched 5/2018
Adolescent Training	Requested
Trauma Informed Engagement	Requested

Training Topic	Status
Infant Safety and Care	Requested
Education Policy Training	Requested
Debriefing with Good Judgement for Supervisors	Requested
Out-of-home Placement Policy	Requested
Kinship 101 Coaching for Caregivers	Requested
So You Have a New Placement, Now what? (Webinar)	Developed: classroom and Webinar format launched 4/2018
Random Moment Time Sample (RMTS)	Requested (video format)
Service Referrals	Requested (e-learning format)
Advanced Adoption Training	Requested
Educational Policy Training	Requested

Table Data source: Children's Administration; June 2018

Contracted Staff

Washington does not utilize contracted providers to perform case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state's CFSP.

Item 28: Foster and Adoptive Parent Training

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

The Alliance for Child Welfare Excellence is contracted by Children's Administration to provide pre-service training known as Caregiver Core Training (CCT) and ongoing in-service training for both licensed foster parents, adoptive parents and unlicensed caregivers.

For current or prospective unlicensed adoptive parents, there are no specific trainings required, but all current or prospective unlicensed and licensed applicants must complete the unified home study process. This process covers everything from the applicant's criminal history check, family background, experience and training related to being a parent, discipline methods, medical and psychological, financial and potential for permanency. As part of the home study the home study writer or licenser will assess the applicants to see whether or not the applicant has the skills and ability to provide care to children or if they could gain the necessary skills through additional training. If trainings are recommended, the unified home study will not be completed until the applicant has completed the trainings.

Prospective foster parents do not have to complete required foster parent trainings prior to the completion of the unified home study, which is part of the foster care license application process; however, required trainings must be completed before the issuance of a foster care license. These required caregiver pre-service trainings are explained later in this item. The DLR licenser utilizes a checklist as a quality assurance tool to confirm that all training requirements have been completed prior to issuance of a foster parent license. Private child placing agencies also attest to the completion of appropriate pre-service training.

Caregiver Pre-Service Training

Foster parent pre-service training is required for licensed foster parents, it is not required for unlicensed kinship caregivers, suitable others, or adoptive parents. Caregiver pre-service training is provided statewide and includes three main components: foster parent orientation, caregiver core training, and First Aid/CPR training.

Foster Parent Orientation

Orientation is available either in-person or online and is part of the foundational training required in order to become a licensed foster parent. The in-person orientation is provided by DLR licensers within the local area, provides the opportunity to ask questions of a licenser as well as meeting other potential foster parents. The licensing process and necessary forms are covered during the orientation. The online orientation allows the potential foster parent to view the same materials available through the in-person experience, however lacks the opportunity for questions. Verification of orientation is made via the in-person sign-in sheet or provision of a certificate of completion with the licensing application.

First Aid/CPR Training

The minimum licensing requirement requires all licensed caregivers to obtain First Aid/CPR training, as well as Blood-Borne Pathogens training. This training is provided through a statewide contract. Completion of First Aid/CPR training is confirmed by submission of written documentation by the caregiver that is maintained in the hard file, entered on the File Checklist maintained by the DLR licenser, and required before a license is issued.

Caregiver Core Training (CCT)

CCT is a competency-based training available to all potential foster parents, kinship caregivers and suitable other caregivers. CCT is mandatory in order to become a caregiver licensed directly by the Department and totals 24-hours of training. The CCT curriculum was developed after a review of other foster parent pre-service trainings nationally. The review determined there was no pre-service training program in use that was evidence-based regarding outcomes. The DLR administrator and other field staff collaborated with the Alliance for Child Welfare Excellence to develop the current required curriculum. Private child placing agencies are allowed by statute to use

or develop their own pre-service training curriculum, if it includes the content areas contained in the statute. However, most child placing agencies are either training to the Department’s curriculum, or sending foster parents to CCT. In response to new legislation, which mandates pre-service training for caregivers to be available online, CA and the Alliance are in the process of developing an e-learning format for CCT which is anticipated to be launched in September 2018. The e-learning format will include all elements of CCT that are currently provided.

CCT is divided into eight sessions, each three hours long. The curriculum is designed to help the caregiver understand how the system works, his or her role as a team member, how to effectively work with birth families in order to best support the child, how caregiving may impact their own family, child development and the impact of trauma, attachment, how to incorporate and honor a child's culture into the family, and more. The sessions include the voices of former foster youth, current caregivers and birth parents who have been involved with the system, available to the class through different panels. Mid-way through CCT, participants have the opportunity to complete a field experience which provides him or her with more awareness of the experience of children in foster care or the role of a caregiver of a child in foster care. This experience may involve networking with other families, additional training, foster parent events, support groups, etc. Completion of all eight training sessions is tracked through a training passport, which is maintained and verified by each instructor. At the conclusion of CCT, confirmation of successful completion of CCT is provided to the family’s licenser and maintained in the FamLink system.

The Department is currently not able to draw a correlation between CCT attendance and the annual rate of licensing revocations and founded findings, as the number of revocations and founded findings for foster homes is relatively low, and CCT is required for all Department-licensed families.

Caregiver core training and caregiver in-service training attendees must register for classes using the University of Washington Alliance Learning Management System, which allows the instructor to generate a sign in sheet for each session which the training attendees sign at the complete of the class. For courses over multiple days, the Alliance also uses a training passport to track attendees’ participation in each session. Upon completion of training, the instructor updates the Learning Management System to indicate the attendee was present and meet all course requirements.

Information entered into the Learning Management System is reviewed by the Alliance management monthly or quarterly to ensure accuracy and for reporting purposes.

From July 2017 through March 31, 2018, Caregiver Core Training completions totaled 1879. 585 surveys were completed for a response rate of 31%. Below is a selection of evaluation comments from training participants.

Evaluation Questions	Mean Score (out of 5)
Your knowledge of the this information PRIOR to the training	2.8
Your knowledge of this information AFTER the training	4.6
Trainer's ability to engage you and teach well.	4.8
The foster parent co-trainer's ability to engage you and teach well	4.8
Trainer(s) appeared to know the information.	4.9
Overall, rate the usefulness of this training.	4.8
As a result of this training, I have enough information to make an informed decision as I move ahead in the process	4.6
The information is easy to apply to my role as a caregiver	4.6
I am motivated to continue learning in future trainings	4.7
I have more information about the types of supports that are available to me as a caregiver	4.7

Table Data Source: Partners for Our Children (POC), June 2018

“I love the passion and the willingness of the trainers to share their stories. It helps to have them give so many examples and answer questions.”

“I am a foster home licenser at a CPA in the community. I was also a CFWS social worker for 3 years. I was SO pleasantly surprised by how great this training was. Even though I knew most of the information, the trainers held my attention and gave real-life examples of the concepts. There is SO much to teach about working in child welfare, and for the most part, the trainings hit the highlights.”

“This is, by far and away the best training course I have ever taken. The documentation was well thought out and easy to understand. Even though I usually hate them, the activities were fun! I really wish that they could take this on the road to local schools, businesses, non-profits, etc.”

“This was by far one of the best training sessions I have had the privilege of attending in a long time. The course trainers did a fantastic job with knowledge and question answering. Most of this class should be taught to teachers in the education field. The trainer did a fantastic job presenting the topics and information and wanted feedback during the class.”

“The knowledge level of the presenters was outstanding and their presentation skills were great. They were interesting to listen to and made the information relevant. I began my classes in Wenatchee and then finished in Ellensburg. While the presenters had their own styles, the above remained true for all of them.”

“I really appreciated the personal stories of the former foster youth and birth parents who had been involved in the system. Their perspectives were important to hear. Thank you for including them.”

“I appreciated having the views and experiences of each of the trainers to help with understanding the needs I will have to meet for the children in my care.”

Caregiver In-Service Training

Once licensed, foster families are required to complete additional training hours known as Caregiver In-Service Training. Licenses are issued for a three-year period. In the first licensing period, 36 hours of in-service training are required. In the second licensing period, foster parents are required to complete 30 hours of in-service training and in the third and all subsequent licensing periods, 24 hours of in-service training is required. During the first two licensing periods, the foster family must select at least one training from each of the core competency categories (Understanding and Working within the Child Welfare System, Child and Family Management and Caregiver Self-Awareness and Development) and one training must be focused on cultural issues. Newly licensed foster parents are provided the Foster Parent Continuing Education Tool which identifies the number of caregiver in-service trainings hours required and the acceptable types of trainings. In-service training requirements are the same for Department-licensed and child placing agency licensed homes, though child placing agencies may have increased training requirements for specific programs.

Adherence to completion of caregiver in-service training requirements is tracked and monitored by the DLR licensor. The DLR licensor collaborates with the foster parent to complete an [individual training plan](#) to identify specific trainings and hours of training the foster parent must complete prior to their license renewal. The foster parent is responsible for providing copies of the training certificate, training agenda, or completed training worksheet to the DLR licensor, who then enters the completed training information into FamLink under the training tab for the specific caregiver. At the time of license renewal, the DLR licensor utilizes the foster home re-assessment to complete the renewal and ensure all requirements have been met.

If a foster home does not complete their required caregiver in-service training hours, the foster parent will be issued a compliance agreement at the time of renewal. Compliance agreements are managed by the individual DLR licensor and currently there is no electronic way to monitor the completion of individual compliance agreements. Starting January 2018, the DLR licensor now creates a provider action along with the compliance agreement. The completion of a provider action allows the licensing supervisor to track and document the completion of the compliance agreement on a spreadsheet saved in a statewide shared drive. For the next APSR, DLR anticipates providing initial data on the completion rate of caregiver in-service training hours at the time of renewal.

The Alliance provides a wide range of in-service courses for caregivers facilitated by Alliance staff and contracted trainers. From July 2017 through March 2018, 1293 participants completed in-service courses, and 320 surveys were completed for a response rate of 25%. Below is a selection of evaluation comments from caregiver in-service training participants.

"I am very glad that I took this course. Gave me the reassurance I needed to handle the children in my home who come from the background of trauma and sexual abuse."

"The training was an interesting presentation on what I have experienced in the past that reinforced for me that although there was no educational help back then I was on the right track. I enjoyed the trainers' presentation very much."

"I loved the coloring and toys that were on the tables. The instructor understands that this is a heavy topic and provided us a way to channel that stress during the training. Excellent idea."

Caregiver Webinar: Kinship 101

The Alliance launched webinar trainings in October 2017. Through March 2018, there were 49 participants who completed webinars, and 33 surveys submitted, for a response rate of 67%. Participant comments following training include:

"The training was great. I would like to do more webinars in the future, but being a single parent with a young child made it hard for me to participate fully."

"LOVE this format! I've taken webinars with other non-fostering events. They are basically like watching a movie, other than we can ask questions. This format is so engaging. I feel more involved here than in a classroom because I can make comments/ask questions as they occur to me without interrupting. Plus, it is super convenient."

"Please do more. Just not the CORE CAREGIVER training. I think that needs to be in person because some of the discussions that come from it are so very helpful."

DLR is unable to compare the total number of licensed caregivers with the number of foster parents that completed Alliance evaluations, because DLR allows caregivers to complete trainings outside of the Alliance, such as community trainings, trainings from their employer, and by attending college classes as long as the trainings and classes meet one of the three core competencies. Also, the outside training entities do not provide any survey information from the foster parents that attended their trainings. Licensed caregivers have options to take non-Alliance trained courses. For these types of trainings, a certificate of completion is received by CA as proof of attendance. Many times it is unknown if both caregivers in a home attended or if only one caregiver attended. In addition, other data from these types of trainings are not tracked such as evaluations or feedback. All Alliance trained courses have complete data available including evaluations and a complete individual caregiver profile of trainings attended.

Another issue with trying to gather this data is that DLR also gives in-service training hours to both caregivers when attending the same training. In those situations, the number of training hours would be duplicated and the training hours can be completed by one or a combination of hours from both caregivers. Therefore, there would be no way to get a valid number.

Evaluation Questions	Mean Score (out of 5)
Your knowledge of the this information PRIOR to the training	3.1
Your knowledge of this information AFTER the training	4.4
Trainer's ability to engage you	4.7
Trainer(s) appeared to know the information and was/were able to teach it well	4.8
Overall, rate the usefulness of this training	4.6
The information is relevant to your role as a caregiver	4.6
The information is easy to apply to your role as a caregiver	4.5
I am motivated to continue learning in future trainings	4.6

Table Data Source: Partners for Our Children (POC), June 2018

Evaluation Questions	Mean Score (out of 5)
Your knowledge of the this information PRIOR to the training	3.4
Your knowledge of this information AFTER the training	4.4
Trainer's ability to engage you	4.7
Trainer(s) appeared to know the information and was/were able to teach it well	4.8
Overall, rate the usefulness of this training	4.6

Table Data Source: Partners for Our Children (POC), June 2018

CA contracts with the DSHS Research and Data Analysis unit under the Services and Enterprise Support Administration. This survey includes a random sample of foster parents who had a child placed in their home within five (5) months of the interview date. The survey includes questions about the foster parents training experience (both pre-service and in-service, depending on licensing date) and whether the training provided was adequate to prepare them for their role as a licensed foster parent. For the 2017 foster parent survey, 1,348⁴⁰ foster parents were contacted for the survey and asked about their training experiences. Foster parents are asked to consider all training completed in the last three years, and identify how adequate the training prepared them to care for the basic needs of foster children placed in their home. Eighty-seven percent (1,141 of 1,319) of foster parents noted the training somewhat adequate or more than adequate in preparing them to care for the needs of foster children. Foster parents were also provided opportunities to make comments about the training, including suggestions for improvement. The survey found that although increased access to training through the internet is appreciated, difficulties remain with access to in-person training due to schedules, locations, travel costs, and the need for child care. Feedback identified the need for increased training options and flexibility in training choices. Foster parents also noted the interaction with trainers and other participants through in-person training is greatly valued. All feedback and comments are provided to the Alliance for Child Welfare Excellence, who is contracted to provide the pre and in-service caregiver trainings and reviews the feedback to make adjustments to the array of training and to determine the best training approach for foster parent trainings.

Group Care Staff Training

The Washington Administrative Code related to licensing regulations for group care facilities requires a specific number of hours (16) of pre-service training for staff and volunteers, including a list of content areas that training usually will include (depending upon the particular facility and the population served). These content areas are selected based on the knowledge and skills necessary for the group care staff to provide quality care to children in out-of-home care. Annually, a minimum of 24-hours of in-service training is required for staff and volunteers of group care facilities, which includes suggested content areas specific to the program. In 2017, there were 155 group care facilities that were actively licensed. Documentation of completed training must be kept by the facility. During license renewals or comprehensive reviews, personnel files are audited by DLR licensors to determine whether the program is meeting the minimum licensing requirements related to training. DLR recently reviewed compliance for both pre-service and in-service training requirements for the licensed group care programs statewide that had either completed their renewal or a comprehensive review in the calendar year of 2017. Fifty-two (52) facilities were reviewed for either a renewal or comprehensive review during the year. Of the 302 individual staff files reviewed, 94% (283 out of 302) were compliant for the pre-service training requirements. Of the staff requiring in-service training, 82% (247 out of 302) were compliant for in-service training. Seven (7) facilities entered into compliance agreements regarding staff training, all of these compliance agreements have now been completed. Because of concerns that facilities were out of compliance with staff training requirements, a new requirement was added for twice-yearly health and safety reviews of all BRS facilities. Policy was changed in the spring of 2017 that mandated a review of staff training records at each health and safety review. DLR has already seen an increase in compliance of the training requirements for group care facilities in 2017. DLR leadership has also made staff training and compliance with requirements a focus of supervisory meetings, and have added regional licensor meetings to increase consistency and improve practice.

⁴⁰ Foster parents may choose not to respond to all questions asked in the Foster Parent Survey. Because of this, the number of foster parents who responded to individual questions, may differ from the total number of foster parents interviewed.

Service Array

Item 29: Array of Services

How well is the system working to ensure that the following types of services are available and accessible to children and families served by Children's Administration in all places in Washington State?

Services to assess the strengths and needs of children and families and help identify what services they need; services that help families and children create a home that is safe; services that help children stay safely with their families whenever possible; and services that help children in out-of-home care either go back to their families, be adopted or under a guardianship, or some other planned permanent living arrangement.

Washington provides child abuse and neglect intervention and treatment services, foster care, family support services, family preservation services, time-limited reunification services and services to support adoption, kinship care, independent living and other permanent living arrangements. Overall, CA provides an array of services for children, families and youth. CA provides family and child welfare services through a continuum of public and private services representing a wide range of agencies and funding sources. These services are designed to reduce the risk of abuse, to safely maintain children in their home, to find safe alternatives to out-of-home placement, and to ensure safety and permanency for children in out-of-home care.

CA Programs

Intake and Assessment

Intake is often the first point of contact for individuals seeking assistance from Children's Administration (CA) or for reporting child abuse and/or neglect. Safety for the child is the primary and essential focus that informs all decisions made from intake to case closure and intake is CA's first step in ensuring child safety, permanency, and well-being. Intake staff perform a critical public relations function by building and maintaining partnerships with community members and mandated reporters and help clarify the role of CA for the community.

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

Based upon the information obtained during the call, any collateral information that is obtained, a review of CA intake and intervention history, and a secondary review by an intake supervisor, a screening decision is made for one of the following program pathways: Child Protective Services Family Assessment Response (CPS FAR), Child Protective Services (CPS) Investigation, Family Voluntary Services (FVS), Family Reconciliation Services (FRS), or Child and Family Welfare Services (CFWS). After the appropriate program is selected, a determination is made regarding whether the intake is screened in or screened out based upon whether or not the information reported meets the minimum Washington Administrative Code (WAC) criteria for child abuse and/or neglect or whether or not the service request is appropriate and CA has the service available. If an intake is screened out, it is maintained in the agency database for an allotted period of time and no contact is made with the family. If the allegations in the screened out intake involve a crime against a child, then the intake is referred to the law enforcement agency with jurisdiction. If an intake is screened in, then it is assigned a response time of 24 or 72-hours, depending on the information reported and if there is an emergent need for child protection.

Washington State CA utilizes both regional and centralized intake systems. All three CA regions have centralized their intake staff into regional hubs and are responsible for day time calls within their coverage areas. Central intake, located in region 2, operates on a 24/7 basis and receives intakes during the day for their local region and for the entire state between the hours of 4:30 pm and 8:00 am Monday through Friday and on all weekends and holidays.

CPS Investigations and CPS Family Assessment Response (CPS FAR): CPS cases include both investigations and alternative response services (CPS FAR). A CPS investigation is conducted when an intake is screened in with allegations of child abuse or neglect or a child is believed to be at imminent risk of harm. CPS FAR is a Child Protective Services alternative to investigations of low to moderate risk screened-in reports of child maltreatment. This creates a different pathway for Children's Administration and an advancement in our work with families.

Investigations and CPS FAR caseworkers provide family services throughout the state to reduce risk to children and to maintain them in their own homes. The investigation track is utilized when an allegation of child maltreatment has been made and information gathered from the intake indicates a possible threat to child safety. Due to the alleged threat to child safety, CA must conduct an investigation to assess family functioning, make a determination of child safety, and determine whether an incident of maltreatment has occurred.

During ongoing CPS investigations, CA provides the following services to the family: assessment, safety interventions, coordination and development of community services, direct treatment, legal intervention and case monitoring. An in-home safety plan is used whenever possible.

Family Reconciliation Services (FRS) supports families on a voluntary basis to address issues of family conflict. Time-limited services are provided to families with adolescents where there are no allegations of abuse or neglect.

Family Voluntary Services (FVS) supports families on a voluntary basis following a CPS investigation. Services for families are designed to address child safety and remediate issues of child abuse and neglect to help prevent chronic or serious problems which interfere with their ability to protect or parent their children. This program serves families where the children can safely remain home while the family engages in services through a Voluntary Service Agreement or for children who are temporarily placed in an out-of-home care through a Voluntary Placement Agreement. Services are aligned with case plan goals such as improving caregiver protective factors and reducing or controlling child vulnerability, thereby ensuring that the child remains safely in the home. Services include assessment, safety interventions, linkages to formal and informal supports, including referrals for services, and case monitoring.

FRS and FVS case management responsibilities include: development and implementation of the case plan; service delivery, including needed referrals to community resources; ongoing assessment of present and impending danger including reviews of case progress; completion of revised case plans as needed; and case closure activities.

Child and Family Welfare Services (CFWS): When children have been placed into the care and custody of CA through a court order, CFWS caseworkers work with the families and children to reunify the children or to find other permanent families for them. Case management responsibilities include:

- ongoing assessment of parents and children under CA's placement and care authority
- monitoring placement and addressing caregiver needs
- providing appropriate services for children and parents
- establishing permanency and reducing time in out-of-home care

Division of Licensed Resources (DLR): DLR licenses foster homes and investigates alleged violations of licensing standards by licensed providers, as well as, allegations of abuse or neglect by licensed providers such as group homes, residential institutions, and facilities. DLR staff also conducts home studies for licensed, unlicensed, and adoptive homes.

Caseworkers have access to the following services to help assess the strengths and needs of children and families, to help families and children create a home that is safe, that help children stay safely with their families whenever possible, and can either go back to their families, be adopted or under a guardianship; or some other planned permanent living arrangement.

Indian Child Welfare Services: Services are provided to Indian children, consistent with the federal Indian Child Welfare Act (ICWA) and Washington State Indian Child Welfare Act, in the areas of child protective services, foster care, dependency guardianship, termination of parental rights, and adoption proceedings. In addition to direct services provided by the administration, additional services are funded through contracts with federally recognized Indian tribes and other Indian organizations in the state enabling providers to serve their own tribal members and off reservation Indians. CA monitors and provides technical assistance to staff and contracted tribes and agencies on compliance with federal and state requirements related to the care of Indian children.

Extended Foster Care (EFC): Washington state has implemented all five (5) eligibility categories for extended foster care. To be eligible for EFC, a youth on his or her 18th birthday must be dependent, in foster care and be:

- Enrolled in high school or high school equivalency certification program
- Enrolled or intends to enroll in vocational or college program
- Participating in activities designed to remove barriers to employment
- Employed for 80 hours or more per month
- Have a documented medical condition that prevents participation in one of the four prior categories

Youth can transition between categories throughout their time in EFC. Placement settings vary and can include supervised independent living (SIL) settings such as apartments, shared housing, living in a dorm; foster care and kinship care. Washington State law allows eligible youth who choose not to participate at 18-years-old to exit EFC prior to turning 19-years-old to re-enter the program once before their 19th birthday.

Youth in EFC receive the same case management services and supports as youth under the age of 18-years-old in out-of-home care. Case plans are specific to the needs and level of functioning of the young adult, and focus on obtaining the needed skills to successfully transition from care to independent adulthood. Areas of focus typically include: educational goals, employment, and learning independent living skills. IL services and supports play a key role in developing these skills. EFC allows Washington State to claim IV-E reimbursement for non-minor dependents ages 18 to 20-years-old. FamLink includes an EFC eligibility page that captures detailed information on youth who are participating in the program.

Services

The following services are available throughout the state; however, availability and utilization may differ based on service location. Information regarding available contracted services by region is located later in this item. Statewide service utilization information can be found under item 30.

Combined In-Home Services: Nine services are included within one contract, all focused to improve family functioning in order to promote the child's or adolescent's health, safety, and welfare, allowing children to remain in or return to the family home. All services are delivered in the family home. The use of evidence-based programs (EBPs) include up to 12 hours of therapist support for non-EBP needs (e.g. housing and identifying and accessing community resources). Services include:

- Parent Child Interaction Therapy (PCIT): 12 to 16-week intervention, for ages 2 to 7-years-old, one-on-one parent skills training.
- Incredible Years: 8 to 16 weeks, for children birth to 8-years-old, parenting skills targeting behavior management and healthy child development.
- Nurse Family Partnerships: Works with low-income mothers pregnant with their first child. The goal is to improve pregnancy outcomes, child health and development, and increase family economic self-sufficiency. Women have to be enrolled by the time they are 28 weeks pregnant.
- Promoting First Relationships (PFR): 10 to 16-week intervention, birth to 5-years-old, supporting parent attachment and infant mental health.
- Triple P: 10 to 16-week intervention, children 2 to 18-years-old, parenting skills.

- Intensive Family Preservation Services (IFPS or HomeBuilders): 30-day intervention, working with any age child or youth, focused on restoring safety in the home when out-of-home placement is imminent.
- SafeCare: 10 to 16-week intervention, for children birth to 5-years-old, supporting new parents or parents with very little parenting understanding basics of household safety, meeting child emotional needs, and basic health management.
- Family Preservation: 90 to 120-day intervention, for children birth to 18-years-old. A general therapeutic intervention, focused on improving safety in the home.
- Crisis Family Intervention (CFI): 30-day intervention, for families in conflict with youth 12 years and older, focused on establishing connections with community resources.
- Functional Family Therapy (FFT): 10 to 14-week intervention, for youth 12 to 18-years-old. Family therapy focused on families where youth faces emotional and behavioral challenges.

Foster Care Assessment Program (FCAP): Foster Care Assessment Program is a statewide contracted program with the purpose to provide a comprehensive assessment of a child's level of functioning in the home, school and community and to assist with the service planning and implementation. The goals are to improve the child's health and well-being, and help DCFS accomplish permanency.

This program is administered by Harborview Center for Sexual Assault and Traumatic Stress (HCSATS), in collaboration with community and hospital partners statewide. FCAP has been expanded to accept referrals for reunification assessments. This reunification assessment will include a parental capacity screening and a comprehensive analysis of whether the service plan meets the parental deficits that promoted removal and whether the parental deficiencies have been corrected. FCAP evaluators are available for 6 months following the assessment to help DCFS implement a plan for each child.

Specific services provided by FCAP include:

- Review of case history
- Interviews with people who know the child best
- Summary of the child's health history
- Psychiatric, psychological, pediatric, and cultural case consultation
- Structured in-person interview with the parents (reunification assessment)
- Structured in-person interview with the child and caregiver
- Observation of the parent/child visitation (reunification assessment)
- Standardized assessment of a child's emotional & behavioral functioning
- Thorough recommendations for an updated service plan based on evidence based interventions
- Production of a comprehensive Services and Permanency Assessment Report for DCFS (SPAR)
- Service planning focused on achieving permanency for the child
- Six months of assistance to the DCFS referring caseworker

Follow up activities performed by FCAP include:

- Progress monitoring
- Direct assistance to the DCFS worker
- Direct assistance to the caregiver
- Direct assistance to the child
- Coordination of services/people

Children's Advocacy Centers (CAC): Children's Advocacy Centers are child-focused, child-friendly facilities where children and their families feel safe enough to get the help they need to stop abuse and begin the process of healing. Representatives from many disciplines meet to discuss and make decisions about investigation,

treatment and prosecution of child abuse cases. They also work to prevent further victimization of children. This multidisciplinary team approach brings together all the professionals and agencies needed to offer comprehensive services: law enforcement, child protective services, prosecution, mental health, the medical community and advocacy. This comprehensive approach, with follow up services provided by the CAC, ensures that children receive child-focused services in a child-friendly environment.

Evaluations and Treatment: Evaluations and treatment are contracted services provided by CA when no other evaluation or treatment service are available. CA uses professional, psychiatric, and psychological services to assess and address mental health and behavioral needs to support improved safety, stability and permanency. Evaluation and treatment is available statewide and provided to evaluate and support child well-being towards permanency and improve parental capacity for parents to provide safe care for their children.

Professional Services: Provides professional level mental health services across a range of topics. Services include sexual deviancy evaluations – adults only, parenting instructions, therapy, developmental assessments, parenting assessments, and domestic violence perpetrator treatment.

Psychiatric Services: Provides evaluation and treatment services by licensed MD or ARNP. Services are first attempted to be obtained through public mental health.

Psychological Services: Provides evaluation and treatment services by a licensed Ph.D. or Psy.D. Services are first attempted to be obtained through public mental health.

Parent Child Assistance Program (PCAP): Service for high-risk substance abusing pregnant and parenting women and their young children.

Early Intervention Program (EIP): EIP is a home visiting nurse program for cases with medically complex children. Nurses provided families with medical guidance and training in the home and helping families access necessary services in the community. EIP is currently being evaluated as services duplicate those provided through Apple Health, Washington’s Medicaid program for children and establishing services through Apple Health will provide for more consistent care coordination.

Positive Indian Parenting: Helps Indian parents explore the values and attitudes expressed in traditional Indian child-rearing practices and then to apply those values to modern parenting skills and to help parents develop positive and satisfying attitudes, values, and skills that have roots in their cultural heritage. Indian parents, caregivers, and non-Native foster parents of Indian children as referred by CA.

Drug Testing: Drug testing is arranged for parents when there are concerns that drug use compromises child safety. A variety of testing options are available based on need: urinalysis, hair follicle, oral swabs, and nail bed. Includes managing collection locations across the state and out-of-state.

Transportation Services: Transportation services are available when they relate to making a placement, during and to support the placement, preventing a placement, or returning a child that is a dependent in this state. Transportation may be authorized when it relates to travel for the child, parents, relatives, permanent planning resources, and care providers. CA may reimburse the expenses when the transportation is consistent with the case plan, supports a permanent plan, or directly prevents a foster/group care placement.

Foster Care Support Goods/Services: Concrete goods or services needed to support safe, stable placement or help maintain placement in out-of-home care. Examples include bedding/furniture, car seats, safety locks. This resource is available to all licensed and unlicensed caregivers throughout the state who are providing care to children placed by CA.

Pediatric Interim Care (PIC): PIC offers specialized services to drug/alcohol affected children under the age of three (3) years, to enhance the family's ability to be caregivers for drug/alcohol affected children and provides necessary specialized services to drug/alcohol affected children to enhance the child's development and lower risk factors. PIC support services to a family may include specialized group care, specialized foster care, family support, caregiver training and support, aftercare services, wraparound services, and/or other services.

Child Placing Agency (CPA): Provides out-of-home placement in private agency licensed foster care and necessary supports to support reunification. Service Include foster care placement, case management, intensive case management, and parent and sibling visits.

Special CPA Group Receiving Care: Short-term, temporary placements for children who are in need of emergency housing care, who have no longer term placement option identified.

Respite Care and Foster Care Child Case Aide Services: Temporary, planned arrangement for substitute parenting (respite) and services to augment supervision for children with behavioral or developmental needs (case aide). Respite is provided for children placed with CA. Case aide services can be provided for any Children's Administration child/youth.

Emergent Placement Services (EPS): Short-term, emergent, temporary placements for children, who do not have an identified placement resource or are awaiting a placement opening.

Visit Services: Provides visitation services between children in out-of-home placement and their parents, as well as visits for siblings placed in separate homes. Services include transportation for children and varying levels of supervision with corresponding levels of documentation.

Services for Children under the Age of Five: CA caseworkers use the following services for children birth to five to address the well-being needs and support a permanency plan.

- Early Support for Infants and Toddlers (ESIT): Washington State's IDEA Part C Program that serves children birth to three when developmental concerns are identified.
- ChildFind: Referrals are made for children age three to five when developmental concerns are identified.
- Head Start: Federally funded program available to children age three to five. The program addresses the child's social-emotional and developmental needs and also provides family support and community resource referrals.
- Early Head Start: Federally funded program available to children birth to three that addresses children's social-emotional, behavioral and developmental needs. The program provides family support and community resource referrals.
- Early Childhood Education Assistance Programs (ECEAP): State funded pre-school program for children three to five years of age. ECAP provides a comprehensive family and individual child assessments, support and community resource referrals as needed. If developmental concerns are identified, support and interventions are provided.
- Medicaid Treatment Child Care (Title XIX)/ ECLIPSE: Provides assessment and therapeutic interventions for developmental and mental health needs in a daycare environment. This service is no longer federally funded and has been renamed ECLIPSE. Health Care Authority is working with Department of Early Learning to reestablish the program's ability to draw down Medicaid dollars.
- 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.
- Comprehensive Family Evaluation/Court Plan - 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.
- Evidence Based Practices (EBP): 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

Behavioral Rehabilitation Services (BRS): A temporary intensive wraparound support and treatment program for youth with high-level service needs. Includes in-home services as well as therapeutic foster and group care for youth who cannot be safely served in regular foster care or kinship placement.

In-state and out-of-state Intensive Residential Child Specific Contracts: Intensive, residential, and individualized services for youth with service needs beyond what BRS can provide.

Medically Fragile Placement Services: Services, including placement, for children whose medical needs exceed those provided from intermittent visiting nurse and who meet the criteria for medically fragile/medically intensive services. This service is for children who need medical care beyond what can be provided in a foster home.

Sexually Aggressive Youth (SAY) Services: Provides a set of services focused on supporting youth identified as sexually aggressive, treatment interventions designed to reduce or eliminate their sexually aggressive behavior. Services include evaluations, polygraph, and treatment.

Fostering Well-Being Care Coordination Program: Fostering Well-Being Care Coordination Unit (FWB CCU) is a team of health program specialists, nurses, pediatricians (called Regional Medical Consultants or RMCs) and staff trained in accessing and coordinating medical care. Services are intended to provide caseworkers, caregivers, and others with the information they need to manage the health care needs of children in State or tribal placement and care authority. Children and youth are eligible for services if they meet the following criteria:

- In WA State or tribal placement and care authority
- Under age 18 (or under age 21 and participating in the Extended Foster Care Program)

Referrals are received by FWB-CCU and are routed to the RMCs as needed or requested. The RMCs continues to be available to assist via phone, email, or in-person. RMCs can be consulted for CPS cases, in relation to the medical factors that impact the case.

Coordinated Care: Coordinated Care is the statewide managed care health plan running the Apple Health Foster Care program. The Apple Health Core Connections (AHCC) program is specifically designed for: children and youth in out-of-home care (dependencies with CA), children and youth receiving adoption support, young adults in extended foster care (18 to 21-year-olds), and young adults 18-26 who aged out of foster care on or after their 18th birthday.

Wraparound with Intensive Services (WiSe): Intensive wraparound services for Medicaid eligible children up to 21 years of age with complex behavioral health needs. Includes youth in-home and in out-of-home care. Youth are screened to determine if they need this level of intervention or a lesser level of service. Services are provided through Behavioral Health Organizations (BHO) across the state.

Psychotropic Medication Review for Birth to 5-Year-Olds: The Washington State Health Care Authority's ProviderOne Medicaid payment system has built in alerts to automatically trigger a second opinion by a child psychiatrist contracted through Seattle Children's Hospital. The alerts are automatically triggered for children:

- Children birth to 5-years-old, who are prescribed any medication to treat ADHD
- Of any age prescribed more than one atypical antipsychotic
- Of any age prescribed more than four mental health medications
- Of any age prescribed sedative-hypnotics
- Who are prescribed antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the Health Care Authority's Pediatric Mental Health Stakeholder Workgroup

Education Advocates: The Educational Advocacy Program provides direct advocacy, consultation, information and referral services for youth in out-of-home care. All youth who are in out-of-home care with educational needs are eligible. Educational Advocacy Coordinators (EACs) are located throughout the state. EACs provide information and referral services designed to help keep foster youth engaged in school and progress toward graduation. Advocates may:

- Assist students with accessing education support and special education services
- Work to keep students in the same school or improve transition when a move occurs
- Work with school on disciplinary matters to address problems and maintain enrollment
- Help with making up high school credits or finding suitable alternative program, and
- Train caregivers, caseworkers, and students on educational rights and responsibilities

Camp to Belong Washington: A summer camp experience dedicated to reuniting siblings who have been separated from each other due to out-of-home placement or adoption in Washington State's child welfare system.

Washington State Emergency Domestic Violence Shelter and Advocacy Services program provides significant state and federal funding dedicated to providing emergency shelter and supportive services for victims of domestic violence and their dependent children. In addition to shelter, residents receive supportive services such as advocacy, legal assistance, access to support groups, and other specialized services based on each person's unique needs. The majority of service recipients, however, receive non-shelter based services such as advocacy, assistance with protection orders and other legal issues, and access to support groups.

Critical Incident Case Reviews: The critical incident case review unit reviews cases across Washington State when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. The deceased or severely injured child must also have received services from CA within the previous 12 months to meet the statutory requirement for a review. State law also mandates that fatality and near-fatality review committees are comprised of community professionals who are experts in fields relevant to the dynamics of the case under review. These fields include: law enforcement, pediatrics, child advocacy, parent education, mental health, chemical dependency, domestic violence, Indian child welfare, and infant safe sleep. The review team carefully examines the Department's practice, policies, and relationships with service providers and community professionals. Results from the review, along with consultation with tribal partners, the Office of the Ombuds, advisory groups and federal reviews, are used to improve practice. Final reports are published on the [internet](#) and recommendations are shared quarterly for consideration for implementation.

Interpreter Services: CA staff have access to interpreters for non-English speaking families through Limited English Proficiency (LEP) interpreter services and translation services to provide clients access to CA programs and services in a timely manner and at no cost. LEP means persons are limited in their ability to read, write or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively.

Foster Youth Driver Licenses and Insurance (ESHB 1808): To assist foster youth and Extended Foster Care (EFC) youth in the access and completion of driver education courses and provide support for obtaining driver license and automobile insurance coverage.

Education and Training Vouchers (ETV): The ETV program supports eligible current and former foster youth in pursuing their post-secondary education. ETV provides funding and guidance to help youth successfully navigate and graduate the post-secondary education system. Students are eligible for up to \$5,000, depending on unmet need, to pay for expenses related to their education. Guidance may include providing resource information on financial aid, help with completion and submission of required documents, or advocacy and contacts at college campuses to help youth who are struggling academically or financially.

To be eligible for the ETV program, youth must be enrolled in, or accepted for, a post-secondary degree or certificate program and meet any one of the following criteria:

- Youth is 16 to 20-years-old, currently involved in dependency action in a Washington state or tribal court, in the care and custody of CA or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care (EFC).
- Youth is 18 to 20-years-old and has aged out of state or tribal care. Youth who exited foster care in a state other than Washington may be eligible for the Washington ETV program.
- Youth who were adopted or entered guardianship with a kinship caregiver on or after the age of 16-years-old.

ETV program staff regularly coordinate with college financial aid administrators and staff to ensure awards given to eligible youth do not exceed the total cost of attendance as set by their institution. If a revision is found to be necessary, this is communicated to the student and an award adjustment is made. In addition, youth who participated and received ETV funds prior to age 21-years-old may be eligible to continue to receive funds until age 23-years-old.

Independent and Transitional Living Services: Washington state is divided into six regions for purposes of the Individual Living (IL) program. Four CA regional IL coordinators support and monitor eligibility, financial records and program compliance. Coordinators are responsible for establishing IL program contracts with local providers. To be eligible for the IL Program, youth must be at least 15-years-old, under the age of 21-years-old, and in foster care in an open dependency action through CA or a tribal child welfare agency for at least 30 days after their 15 birthday. Once youth are determined eligible, they remain eligible until age 21, even if they have achieved permanency (such as adoption, kinship guardianship and reunification). Washington State may provide IL services to youth who are in the care and custody of another state. If the youth is eligible to receive IL services in their home state, the youth is eligible for services in Washington. CA contacts the IL lead in the youth’s home state to determine eligibility status.

Washington contracts with 12 IL providers and 16 tribes provide support and IL services to eligible youth. IL services are available in most areas with limited services in some remote areas. The local CA office provides IL services in those areas. Tribal youth are assured access and availability of IL services across the state. Tribal youth may choose tribal IL contracted services or non-tribal providers. Once the tribal youth ages out of foster care, the tribal youth is eligible for TLS until age 21-years-old. To date, every tribe that applied for Chafee funds for an IL program received approval. These tribes who provide support and IL services to eligible youth are:

- | | |
|-----------------------------------|-----------------------------|
| ▪ Confederated Tribes of Chehalis | ▪ Puyallup Tribe of Indians |
| ▪ Cowlitz Indian Tribe | ▪ Quileute Tribal Council |
| ▪ Kalispel Tribe | ▪ Quinault Indian Nation |
| ▪ Lower Elwha Klallam Tribe | ▪ Muckleshoot Indian Tribe |
| ▪ Makah Tribe | ▪ Sauk Suiattle Tribe |
| ▪ Yakama Indian Nation | ▪ Tulalip Tribe |
| ▪ Nooksack Indian Tribe | ▪ Suquamish |
| ▪ Snoqualmie Indian Tribe | ▪ Upper Skagit |

CA caseworkers refer youth at age 15 years or older to the IL program and the IL provider must make at least three attempts to engage the youth in this voluntary program. If the provider is unable to engage the youth, the CA caseworker and caregiver are contacted and a letter is sent to the youth informing them that they may contact the program in the future if they wish to participate. Participation in contracted IL services is voluntary for youth. If a youth declines services the CA caseworker is responsible for ensuring they receive IL skills, complete the Casey Life Skills Assessment (CLSA) and develop a Learning Plan. The CA caseworker and foster parent must provide opportunities for the youth to practice life skills in the home or within the community. IL Services include:

- Casey Life Skills Assessment (CLSA): CA uses the nationally recognized web based Casey Family Programs CLSA tool. The tool assesses life domains and calculates a score based on the youth’s

answer to the assessment questions. CLSA reports are developed from the score, identifying the youth's greatest strengths and challenges. The assessment is administered annually to youth participating in the program and is used to develop a learning plan to address their individual needs.

- Youth ages 15 to 18-years-old receive training on a variety of skills including life skills and educational services.
- Young adults ages 18 to 20-years-old receive training on a variety of skills including life skills, education supports and services, housing assistance and employment supports and services.
- Transitional Living Services (TLS): The IL Program delivers TLS to current and former foster youth ages 18 to 21-years-old through contracts with community service providers and tribes. Most youth remain with the same IL case manager if they were participating in IL services prior to turning age 18. The program is an extension of IL services. Funding is available to eligible youth ages 18 to 21-years-old on an individual basis for housing and incidental expenses. Funding can be provided to youth to assist with a variety of needs and is related to their independent living goals.

“Room and Board” is defined as assistance provided to current and former foster youth from age 18 to 21-years-old in the form of payment for rent, utilities, deposits and related housing costs that will ensure maintaining housing stability. Room and board or housing costs are budgeted and tracked separately by CA to ensure that no more than 30% of the state's Chafee IL funds are used for this purpose. TLS case managers help youth locate affordable housing, negotiate leases and make rent and utility payments. Housing assistance is available for youth who are working on IL goals, employed, or enrolled in an educational or vocational program. Youth who are participating in the extended foster care (EFC) program are eligible to receive help with housing costs. If a contracted service agency is not readily available, youth may still apply for transition funds for housing through a CA office.

- Responsible Living Skills Program (RLSP): The RLSP program provides dependent youth, ages 16 and 17-years-old in the custody of the state or tribe who are not returning to their families, and who have been unsuccessful in traditional foster care, with long-term housing, assessment and life skills training to help transition to adulthood. The youth must have a legal permanent plan of adoption, guardianship, third party custody, or another planned permanent living arrangement. Youth are able to remain in an RLSP placement up to their 21st birthday if they are participating in EFC and it is agreed upon by the provider and the caseworker. This program has 32 beds statewide. In Region 2 North, Cocoon House has an RLSP placement for youth who are pregnant or a parenting mother.

Adoption and Legal Guardianship Incentive Payments: As authorized under Title IV-B and Title IV-E of the Social Security Act, CA may use the adoption incentive funds for a variety of services that includes, but are not limited to:

- Technical assistance to promote more adoptions and guardianships out of the foster care system, including activities such as pre and post adoptive services and activities designed to expedite the adoption and guardianship process and support adoptive and guardianship families
- Training of staff, foster families, and potential adoptive parents or guardians on adoption and guardianship issues to support increased and improved adoptions and guardianships.
- Recruitment of relative/foster/adoptive homes
- Services that fall under the CA Child Welfare Plan

Post Adoption Supports: CA provides five support types to families that receive services through adoption support. These supports include:

- Medical coverage (Medicaid),
- Up to \$1,500 per child for reimbursement of adoption related expenses,

- Pre-authorized counseling-, which includes- evidence based practice in-home treatment, or individualized counseling, and parental counseling.
- Training through the Alliance for Child Welfare Excellence and Coordinated Care of Washington.
- A monthly cash payment, if applicable.

Children Adopted from Other Countries: DSHS provides services and supports to families of children adopted from other countries in a way that is consistent with those provided to all Washington State families. Examples of agencies that provide these services are: Children’s Administration, Developmental Disability Administration, Behavioral Health Administration’s Division of Behavioral Health and Recovery, and Economic Services Administration’s Community Service Division. As with families that adopt from the child welfare system, families with children adopted from other countries have equal access to services provided by CA such as FVS, FRS, and CFWS. A family that adopts a child from another country is not eligible for adoption support unless the child meets the requirements outlined in the federal Child Welfare Policy Manual, Washington State Administrative Code, and the Regulatory Codes of Washington.

Identifying Service Needs and Availability

Starting in April 2016, a statewide community-based assessment of Washington’s service array was conducted to gather feedback from stakeholders on the current functioning of the array of services. The assessment included service needs for children and families, as well as the availability and utilization of services and service gaps. CA HQ and regional staff held 30 in-person meetings with a wide variety of stakeholders in attendance including: foster and birth parents, youth, tribal partners, community partners, court stakeholders, and CA staff. Meetings occurred in each of the six sub regions.

Feedback from these meetings were rolled up to create a statewide assessment of services. The results suggest that CA provides an extensive array of statewide services (strength); however statewide themes regarding needs and barriers to contracted services were also identified.

Statewide themes related to service needs and barriers:

- Additional help for families in accessing housing
 - Support parents in identifying housing options
 - Help parents with applications and concrete support to establish housing

While CA partners with local housing authorities and organizations to assist families in accessing housing, all areas of the state identified challenges related to safe, stable and affordable housing as an area for additional focus. CA is able to provide some limited financial assistance to help families get into housing such as paying for first/last month’s rent.

- Consistency in how CA services and resources are made available to families
 - Increase clarity on when services can be offered
 - Improve consistency on what services are available

While CA provides guidance for staff regarding accessing services, given the staff turnover rate, increasing clarity and accessibility of information will improve consistency in service referrals. Continuing to develop providers that can serve underserved areas is a key component of further developing CA’s service array.

Washington Stakeholder Service Array Meetings

Stakeholder Group	Meetings Held
Office of the Public Defender	5
Indian Policy Advisory Committee (IPAC)	1
CA caseworkers and staff	10
Family Juvenile Court Improvement	1
Parent Allies	1
Foster Parents	3
WA Association of Children and Families	1
DSHS, Division of Behavioral Health and Recovery	1
Local Courts	6
Passion to Action (youth advisory board)	1

Table Data Source: Tim Kelly, HQ Program Manager; November 2017

- Increase the number and diversity of service providers statewide which may result in:
 - Reduced wait times for services
 - Improved cultural responsiveness
 - Increased number of providers who work within the families' communities
- Improve timely access to services to ensure timely referrals and address delays due to wait-lists or limited providers
- Service availability in rural parts of the state
 - Counties without any service coverage (e.g. Ferry County) or very limited (e.g. Clallam)
 - Access to transportation for parents to participate in required services

CA continues to explore ways to help sustain contracted services in rural, underserved areas and to explore alternatives for providing services such as online Triple P.

Recommendations received during the statewide assessment of services aligned with many areas CA is actively engaged in improving such as:

- Better matching a family's needs with the services offered and available
 - CA has developed an online services guidance tool for available Mental Health Evidence Based Practices to help caseworkers better match family based on need to offered services. This resource currently focuses on contracted services offered within the family home. CA anticipates expanding this resource to cover placement supports and other services in 2018.
 - CA is expanding the service options available within the Combined In-Home service contract to assist parents with direct supports to address contextual issues such as:
 - Identifying affordable housing
 - Accessing community mental health, substance use disorder treatment, and other community-based resources

CA is working with stakeholders through summer 2018, intending to implement *contract* changes *in the* fall of 2018.

- CA is exploring the use of an online parenting support intervention, Triple P online. This effort will focus on enabling interventions that can be provided regardless of location of the parent: increasing the ability to reach rural parts of the state. Next steps include:
 - Selection of a small cohort (2 -5) of therapist who will serve up to 5 families each starting late summer 2018
 - Evaluation of process and impacts to determine feasibility of using Triple P online within CA early 2019
- CA has implemented a first step of comprehensively gathering contextual data of families in a format that supports systemic analysis. The results will provide a first time statewide view of family issues across 55 individual areas of children and families, helping inform availability of services matching to family needs.
 - CA has established a method to electronically gather data from the treatment planning assessment used with in-home services.
 - First adopters of the new process began testing in December 2017. CA anticipates full implementation for in-home services by summer of 2018.
- Availability of community-based and culturally responsive services.
 - Working with service providers, CA identified the model of Cultural Humility as a specific strategy to improve the cultural responsiveness of service providers. CA is implementing the requirement of Culturally Humility for in-home service contracts. To date CA has:

- Established contract requirements (2015)
- Established seven community based trainers statewide to provide training and support on Cultural Humility (2017)
 - Implementation of family satisfaction survey in January 2017 to understand key impacts of services from a family perspective. CA will start using this survey within in-home services and expand as needed. Items to be assessed include: service helpfulness, respecting family culture, services offered at convenient times, and other items connected to required service delivery.
- Systemic understanding of the service capacity needs. CA is exploring methods to work with CA staff and community partners to document, analyze, and improve the process of:
 - Identifying service needs for families by using data from providers and from FamLink
 - Authorizing services
 - Obtaining services

Ongoing work continues as CA reviews both the systemic service needs of CA families and the service capacity needed to respond to those needs. Included in this work is developing a process for capturing when a specific service is needed but not available and why it is not available.

CA, in partnership with DSHS Research and Data Analysis (RDA), continues to complete research and analysis related to service effectiveness to understand the impact of service provision on outcomes for children and families. Once the research and analysis is complete, the results will be included in future rounds of information gathering. This will include the tracking of feedback by location and stakeholder group, thereby completing the feedback loop and identifying root causes of any barriers to services.

The next step regarding additional recommendations is to compile and evaluate them to identify overlap with current improvement efforts or initiatives. When there is an existing improvement effort or initiative, the recommendation will be combined with ongoing work. For recommendations currently not being addressed, the list will be provided to CA leadership for selection and authorization to implement recommendations for improvement. Stakeholder groups that generated the recommendation will be utilized to develop action steps for improvement.

CA contracts for services to address the core needs of children and families throughout the state. There are a few very rural counties where it has proven difficult to sustain service providers and some services are only offered in select counties, but are available within the region. Some service providers may cover multiple counties so the total number of providers includes some duplication.

The gaps within most service categories are known areas of need where CA regional program and contract managers work with local CA offices, stakeholders, and community members to identify new or expanded service capacity to fill the need.

In-home services to support both licensed and unlicensed caregivers in meeting the needs of the children in their care are being evaluated. Children’s Administration is partnering with the Department of Early Learning to identify areas where childcare is lacking for particular age groups statewide.

[Category and Contracted Services available in Washington state](#)

Child and Youth Safety: Children’s Advocacy Centers of WA, Crisis Family Intervention Services, Early Intervention Program, Intensive Family Preservation Services (IFPS), Functional Family Therapy (FFT), Triple P, Promoting First Relationships (PFR), Incredible Years Parent Training, Family Preservation Services (FPS), Parent Child Interaction Therapy, SafeCare, Diagnosis of Physical Neglect, Physical and Sexual Abuse by Specialized Practitioners

Placement Supports: Behavioral Rehabilitation Services, Child Placing Agency (CPA), In-State Intensive Residential Child Specific, Resource and Assessment Center (RAC), Responsible Living Skills, Special CPA Group Receiving Care

Reunification: Visit Services
Education: Educational Advocacy for Foster Children
Substance Affected Newborn: Pediatric Interim Care Providers
Independent Living: Independent and Transitional Living Services
Well-being: Foster Care Assessment Program, Professional Services, Psychiatric Services, Psychological Services, Sexually Aggressive Youth Services

Contracted Service Providers by County State Fiscal Year 2017

County	Child and Youth Safety	Placement Supports	Reunification	Education	Substance Affected Newborn	Independent Living	Well-being
Region 1	138	32	19	38	0	18	105
Adams	6	2	1	2	0	1	6
Asotin	4	0	1	2	0	1	5
Benton	9	3	1	2	0	1	6
Chelan	8	2	1	2	0	1	6
Columbia	2	2	0	1	0	1	5
Douglas	7	2	1	2	0	1	5
Ferry	5	1	1	2	0	1	6
Franklin	8	3	1	1	0	1	6
Garfield	2	1	1	2	0	0	4
Grant	8	2	1	2	0	1	6
Kittitas	8	0	1	2	0	1	6
Klickitat	8	1	1	2	0	1	4
Lincoln	7	1	1	2	0	1	5
Okanogan	8	1	1	2	0	1	5
Pend Oreille	8	1	1	2	0	1	4
Spokane	10	2	1	2	0	1	5
Stevens	8	2	1	2	0	1	4
Walla Walla	7	2	1	2	0	0	6
Whitman	7	2	1	2	0	1	5
Yakima	8	2	1	2	0	1	6
Region 2	56	18	6	12	3	6	36
Island	9	3	1	2	0	1	6
King	11	3	1	2	1	1	7
San Juan	5	3	1	2	1	1	5
Skagit	10	3	1	2	0	1	6
Snohomish	10	3	1	2	1	1	6
Whatcom	11	3	1	2	0	1	6
Region 3	103	14	10	15	13	10	51
Clallam	8	1	1	1	1	1	4
Clark	9	3	1	1	1	1	6
Cowlitz	9	0	1	1	1	1	6
Grays Harbor	8	0	1	1	1	1	3
Kitsap	9	2	1	1	1	1	6
Jefferson	10	0	1	1	1	1	5
Lewis	8	1	1	1	1	1	3
Mason	8	1	1	1	1	1	3
Pacific	6	0	0	1	1	0	1
Pierce	11	3	1	2	1	1	6
Skamania	8	0	0	1	1	0	2

Contracted Service Providers by County State Fiscal Year 2017

County	Child and Youth Safety	Placement Supports	Reunification	Education	Substance Affected Newborn	Independent Living	Well-being
Thurston	9	3	1	2	1	1	6
Wahkiakum		0	0	1	1	0	0
State Total	297	64	35	65	16	34	192

Table Data Source: Regional Program and Contracts Managers; Children's Administration; December 2017

Item 30: Individualizing Services

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

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency. Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

The service array and resource development system is an area in which Washington is not functioning well and continues to work on improving. Based on the results of the statewide service array assessment completed in 2016, specific service needs and barriers were identified in [item 29](#).

General barriers to services that limit accessibility to families and children throughout the state included funding limitations, cost of services and transportation. Washington contracts with various providers to ensure reasonable access to all services across the state. However, some services may not be available in every county (e.g., mental, emotional, and behavioral health services). Although there are funds to assist families with transportation to counties where the service is available, there may not be transportation services available to purchase.

In reviewing results from the Central Case Review team, parents and caregivers who indicated that a needed service was not received were asked why during the interview process. The main reasons identified by parents and caregivers included lack of awareness, lack of service providers, transportation and delay in service provision due to waiting lists.

Based on service utilization, the greatest service needs for children and families is: in-home services to improve family functioning; evaluation and treatment for professional, psychiatric, and psychological services to assess and address mental health and behavioral needs; and education advocacy services.

Based on FamLink payment information as of December 2017, the following number of children and youth utilized the following services.

Statewide Utilization of Services by Service Category for State Fiscal Year 2017

Child and Youth Safety	Service Utilization
Children's Advocacy Centers of WA	6,376
Crisis Family Intervention Services	289
Early Intervention Program	Not available
Intensive Family Preservation Services (IFPS)	1,193
Functional Family Therapy (FFT)	1,234
Triple P	4,359
Promoting First Relationships (PFR)	1,956
Incredible Years Parent Training	1,862
Family Preservation Services (FPS)	8,112
Parent Child Interaction Therapy	628
SafeCare	2,072

Statewide Utilization of Services by Service Category for State Fiscal Year 2017

Diagnosis of Physical Neglect, Physical and Sexual Abuse by Specialized Practitioners	Not available
Placement Supports	Service Utilization
Behavioral Rehabilitation Services	1,154 <i>includes duplicate counts</i>
Child Placing Agency (CPA)	2,572
In-State Intensive Residential Child Specific	27
Resource and Assessment Center (RAC)	342
Responsible Living Skills	48
Special CPA Group Receiving Care	975
Well-being	Service Utilization
Foster Care Assessment Program	150
Professional Services	2,557
Psychiatric Services	25
Psychological Services	890
Sexually Aggressive Youth Services	63
Reunification	Service Utilization
Visit Services	Not available
Education	Service Utilization
Educational Advocacy for Foster Children	1,114
Substance Affected Newborn	Service Utilization
Pediatric Interim Care Providers	
▪ Kent	70
▪ CCS	55
▪ Providence	81
Independent Living	Service Utilization
Independent & Transitional Living Services	1,856

Table Data Source: DSHS ACD database, FamLink, and Provider Reports; December 2017

Assessing Service Needs

Children and families who receive a screened in decision for one of the program pathways receive a comprehensive assessment of needs in the form of a Comprehensive Family Evaluation (CFE). A CFE provides the best opportunity to thoroughly evaluate the family situation, strengths and needs of children and families and determine other service needs. Assessments include all available medical and behavioral health, trauma-specific and educational and family information. Based on the needs identified in the CFE, services are coordinated with families and placement providers and provided to the children and families. All services are designed to assess the strengths and needs of the families, the vulnerabilities of individual children, and address the capacities of families to create a safe home environment, enable children to remain safely with parents when reasonable, and/or help children in foster and adoptive placements achieve permanency. The CFE is designed to provide an individualized plan for each child and family member to address their specific individual needs.

To assist in the individualization of services for children and families, CA has 72 dual language employees located in various offices statewide. The majority are located in Region 1 Central with 48; 13 staff are in the Yakima office and 12 are located in Richland.

In addition to dual language staff, CA staff have access to Limited English Proficiency (LEP) interpreter services and translation services to provide clients access to CA programs and services in a timely manner and at no cost. LEP means persons are limited in their ability to read, write or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively.

As part of the case review process, the CCRT conducts a review of specific programs utilizing a CA created central case review tool, in addition to the OSRI. One of the questions looked at relates to translation and interpreter services. January through September 2017, 16 cases statewide were found to require these services. The review found that translation and interpretive services were provided to comprehensively meet all of the communication needs of families who were Limited English Proficient (LEP) or used American Sign Language (ASL) in 63% (10 out of 16) of the cases. Region 1, who also had the largest utilization for these services, had the highest performance at 88% (7 out of 8). In Region 3, the use of translation and interpreter services was 50% (2 out of 4) while Region 2 only utilized these services in 25% (1 out of 4) of the cases reviewed

While the quality of completed CFEs are evaluated as part of the central case review process, there is additional work to be done to ensure that what is assessed is actually what is needed. Based on [item 12](#) CCRT results for January through September 2017, the majority of children, mothers, and caregivers (foster parents and kinship caregivers) received an appropriate assessment and services to address identified needs. Appropriate assessment of fathers continues to be an area requiring improvement. Success in adequately and appropriately assessing child and family needs will increase the likelihood that the needs of children and families are met with appropriate and timely services.

**Children’s Administration
Dual Language Staff**

Region	Office and Employee Count
Region 1 East	Yakima - 13 Richland - 12 Sunnyside - 9 Wenatchee - 5 Omak - 3 Toppenish - 3 Ellensburg - 2 Walla Walla – 1
Region 2 North	Mount Vernon – 1 Everett - 1
Region 2 South	Seattle - 3 Bellevue - 1 Kent - 1
Region 3 North	Tacoma – 5 Lakewood – 2
Region 3 South	Aberdeen – 2 South Bend – 1 Vancouver – 1 Kelso – 1

Table Data Source: CA HQ LEP Program Manager; December 2017

Agency Responsiveness to the Community

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

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

Washington has a strong culture and structure of collaborating, coordinating and partnering with a wide variety of internal and external stakeholders, tribes, courts, and community partners at both the regional and state level. CA also works with the regional service networks administering mental health services, community-based service providers, and community networks to provide quality services to meet the unique needs of families. Purposeful engagement occurs through the continuous improvement cycle which includes defining the problem, assessing the problem, planning strategies for improvement, implementing improvement strategies, and monitoring results.

To support meaningful collaboration within the Department's framework, outcome and additional data is shared with staff and external stakeholders. The Department publishes the *Children's Administration Annual Quality Assurance Report to the Legislature* and the *Strategic Plan*. These reports and the Department's CFSPs and APSRs are available to staff and stakeholders on the Department's internet site⁴¹. The Department presents data to staff and external stakeholders during committee, workgroup, and other meetings. For example, the Department has developed a monthly report for use by CA Leadership and program managers that includes results, by office, from the central case review team on the CFSR Round 3 data measures. Additional areas of collaboration include:

Strategic Plan

Children's Administration is committed to keeping children safe while supporting children and families. In October 2017, CA's strategic plan was updated with a focus on commitment to continual quality improvement and is aligned with federal performance measures. CA's strategic goals and objectives are monitored and updated quarterly. Strategic goals and objectives identified include:

- Improve in federal outcomes:
 - Make improvements in federal outcomes – CA measures the success of casework practice through seven federal outcomes. The outcomes evaluate how well children's safety, permanency, and well-being are addressed.
 - Replace Statewide Automated Child Welfare Information System (SACWIS) with Comprehensive Child Welfare Information System (CCWIS) - Washington's child welfare information system (SACWIS/FamLink) is complex with poor system architecture and is unable to continue to meet the evolving business needs of Children's Administration. In order for CA to receive continued Federal Financial Participation funding (Title IVE-E funds under CFR 1355.50 – 1355.59) for mainframe maintenance and development, FamLink must be replaced.
 - Eliminate issues resulting from the use of multiple electronic storage management systems - CA has a large number of records with mandatory retention periods running up to 100 years. Electronically stored records are located within three different systems: the MODIS, Application Xtender (AX) systems and the FamLink database. Storing records in three locations has notable inefficiencies and costs, including storage costs, and the potential for sanctions for failure to locate and produce all records scattered through multiple systems that do not interconnect.
- Support children in care:

⁴¹ Children's Administration Internet site: <https://www.dshs.wa.gov/ca>

- Increase the percentage of children in care that discharged to timely permanency - CA's role is to reunify children with their stabilized families or to find alternative permanency such as adoption. Achieving stable, timely permanency reduces the likelihood children will experience additional trauma due to lengthy involvement with the child welfare system.
- Protect children:
 - Maintain Monthly Caseworker Visits with Children in Care at 95 percent - When CA takes responsibility for a child, CA has an obligation to ensure that child's safety and well-being. This is best ensured through monthly visits with the caseworker.
 - CPS responses are initiated timely - To ensure the safety of children, they must be seen quickly after an intake is received. Research has shown that children seen quickly are less likely to suffer additional harm.
- Promote healthier families:
 - Make CA an employer of choice by improving our engagement in employee-centered equity, diversity and inclusion.

Citizen Review Panels

Washington has three (3) Citizen Review Panels statewide whose purpose is to evaluate the extent to which the Department is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act state plan. Feedback from the three Citizen Review Panels are shared with the appropriate HQ program managers (ICW, CPS and Safety/DV/Intake) and the Office Chiefs for the Program and Policy division. In addition, CAs Assistant Secretary attends the Children, Youth and Family Advisory Committee meetings and the information obtained is shared with the CA executive team and the CA leadership team. The feedback is utilized to ensure appropriate improvements are implemented for the Department to provide quality and comprehensive services to children and families.

- The *Children's Administration Indian Policy Advisory Subcommittee CAPTA Citizen Review Panel* meets monthly in Olympia and utilizes video conferencing to allow for statewide participation. The function of CA Indian Policy Citizen Review Panel is to assure quality and comprehensive service delivery from the Department of Social and Health Services to all American Indians and Alaska Natives in Washington State. The panel is comprised of delegates representing 29 federally recognized tribes in Washington, the five Recognized American Indian Organizations, and staff from other DSHS Administrations.
- The *Children, Youth and Family Services Advisory Committee Citizen Review Panel* examines policies, procedures, and practices of state and local child protection agencies, reviewing specific cases where appropriate, and examining other criteria that are important to ensure the protection of children. The panel meets multiple times throughout the year and has 20 members from stakeholder and community groups including: Office of Public Defense, Treehouse, Court Appointed Special Advocate's Office (CASA), Veteran Parents, Washington Association of Prosecuting Attorneys, and Casey Family Programs.
- *Children's Administration Region 1 South Citizen Review Panel* serves as a member of the community and advocates for the needs of children and families across the region. This committee reviews and evaluates state and federal performance measures and offers suggestions or provides recommendations to overcome internal or external barriers for families. The panel is facilitated by a CA staff member within the region and includes members from local community groups, such as Yakima Police Department, Kittitas County CASA Program, and Yakima Valley Farmworker's Clinic.

Continuous Engagement Initiatives

The Department, at the headquarters and regional levels, consult with a large and diverse group of stakeholders through advisory groups, oversight committees, provider meetings, and collaborative groups, as well as, many other improvement initiatives. Regularly scheduled meetings are held with specific stakeholder groups including, but not limited to, courts, tribes, behavioral health representatives, youth and internal staff to assess the needs of

children and families and monitor progress towards achieving identified outcomes and measures. Through the input provided by these groups, the Department is able to identify areas for improvement, develop strategies for improvement, and discuss best practices.

External stakeholder input is obtained throughout the year during monthly or quarterly committee meetings, inter-agency executive committee meetings, and other advisory groups at the state level. These include, but are not limited to, the following:

- *Washington State Racial Disproportionality Advisory Committee (WSRDAC)* – This committee was established by the legislature in 2007 and advises CA in its efforts to eliminate racial disproportionality. The committee includes representatives from around the state and works with CA to integrate awareness of disproportionality in child welfare practices and policies. WSRDAC is regularly updated with data and information and provides advice and consultation. Specific initiatives include 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 Structured Decision Making 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.
- *Indian Policy Advisory Committee (IPAC)* – Members of this committee are delegates appointed through resolution by the 29 federally recognized Tribes in Washington State and by letter for the five (5) Recognized American Indian Organizations. IPAC meets quarterly and has representatives on CA workgroups, advisory committees, and ad hoc committees to represent tribal input and concerns. IPAC children’s 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.
- *Foster Youth Advisory Board “Passion to Action”* – This board consists of 20 current and former youth statewide who have been recipients of CA services supported by an oversight committee, CA representatives, Casey Family Programs and the College Success Foundation. The youth provide valuable ongoing input to improve CA’s ability to effectively meet the needs of children and adolescents. Feedback from Passion to Action is provided to program and policy manager as new policies and materials are developed. They also provide feedback to community stakeholders who utilize the information to create programs which support children and youth in out-of-home care.
- *Foster Parent Consultation Meeting (1624 Meetings)* – Statewide and regional meetings occur quarterly and were 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.
- *Parents Advisory Committee* – CA continues to meet regularly with this Veteran Parents group, comprised of parents from around the state who have successfully reunified with their children. This parent group has reviewed CA policies and practices and provided advice and insight into CA practices. In addition, veteran parents have met with CA executive leadership about their experiences in the child welfare system and provided feedback about the challenges faced by parents who are served by CA.
- *Internal Program Specific Workgroups* –
 - Statewide CPS and Intake Leads meeting which is a monthly statewide meeting that focuses on child safety to include ensuring timely responses to all accepted child maltreatment reports.
 - Statewide CFWS/Permanency Leads workgroup includes caseworkers, supervisors, and administrators from all regions, and headquarters program staff.
- *Field Advisory Board (FAB)* – FAB is a statewide workgroup comprised of field representatives selected by the Regional Administrators and Director of the Division of Licensed Resources. There are between 25

and 30 members on the FAB which includes 80% front line caseworkers and supervisors; the remaining 20% are representatives from Headquarters. The purpose of the FAB is to act as a sounding board and provide feedback to the CA Executive Management Team (EMT) on emerging issues in the field related to statewide child welfare practice and workload. The FAB provides a critical voice on the impact of initiatives, draft policies and practice changes under consideration. CA EMT meets with the FAB quarterly and the ongoing communication between them provides a forum for the exchange of ideas and recommendations that may improve staff recruitment and retention, and quality and effectiveness of practice.

- *Kinship Care Oversight Committee* – This oversight committee was formed in 2003 to provide guidance in identifying, supporting, and strengthening kinship care families. The oversight committee is comprised of three public administrations including Children’s Administration, Economic Services Administration, and Aging & Long-Term Support Administration. Participation in the committee provides an opportunity to hear directly from kinship caregivers about areas of strength as well as areas for improvement. It also supports coordination between formal and informal kinship services and resources to improve access for caregivers.
- *Alliance for Child Welfare Excellence* – The Alliance unites the resources of five organizations committed to improving child welfare in Washington State. This collaboration is comprised of three higher-education institutions—University of Washington, University of Washington Tacoma and Eastern Washington University—as well as the state’s Children’s Administration and Partners for Our Children, a policy and analysis group. CA contracts with the Alliance to provide initial and ongoing caseworker and supervisor training and pre- and post-service training for licensed foster parents.
- *Partners for Our Children (POC)* – Supported by the UW’s School of Social Work, POC focuses on discovering innovative social work solutions to improve outcomes for vulnerable children and families. As part of the Alliance, POC integrates research and evaluation components to help guide curriculum development and pinpoint the effectiveness of training in delivering positive outcomes. This unique approach allows current research results and best practice information to be communicated consistently and effectively to child welfare staff throughout the state.
- *Children’s Justice Interdisciplinary Task Force (CJITF)* – The CJITF was created pursuant to the Children Abuse Prevention and Treatment Act (CAPTA) and operates under Children’s Administration. Members of the task force include law enforcement, judges, attorneys, child advocates, CASA, health and mental health professionals, parent groups and child protective agency staff. The role of the task force is to review and evaluate handling of cases of child abuse and neglect and suspect cases of child maltreatment fatalities and recommend policy, training and funding that reduces additional trauma to child victims and victims’ families. The task force also plans and participates the annual Children’s Justice Conference.
- *Office of Family and Children’s Ombuds (OFCO)* – The Ombuds investigates complaints in Washington State about agency actions or inaction that involve any child at risk of abuse, neglect, or other harm and/or a child or parent involved with child protection or child welfare services. OFCO intervenes in cases in which have been determined that an agency’s action or inaction is unauthorized or unreasonable. In addition to addressing complaints, OFCO works to identify system-wide issues and recommend appropriate changes in public reports to the Governor, the Legislature and agency officials.
- *OPD Court Improvement Advisory Committee* – OPDs Advisory Committee includes members appointed by the Chief Justice of the Washington State Supreme Court, the Governor, the Court of Appeals, the Washington State Association of Counties, the Association of Washington Cities, and the Washington State Bar Association, in addition to two Senators and two Representatives selected from each of the two largest caucuses by the President of the Senate and Speaker of the House of Representatives, respectively. OPDs Director is appointed by the Washington State Supreme Court.

- *Supreme Court Commission on Children in Foster Care* – The mission is to provide all children in foster care with safe, permanent families in which their physical, emotional, intellectual, and social needs are met. The commission goal is to improve collaboration between the courts, child welfare partners and the education system to achieve the mission. DSHS CA Assistant Secretary serves as the co-chair of this commission.
- *Superior Court Judges Association Family and Juvenile Law Committee* – This committee is comprised of Judges and Commissioners from various county courts in Washington State. They provide leadership and advocacy to assure the family and juvenile court system is responsive, accessible and accountable. The committee reviews and recommends changes to family and juvenile substantive and procedural law and leads the Court Improvement Program (CIP) Steering Committee which oversees federal grant funding for improvements to dependency courts.
- *Washington State Court Appointed Special Advocates (CASA)* – CASAs ensure all dependent children in Washington State who need court appointed special advocates have one available by promoting, supporting, and developing programs in Washington. Washington State CASA supports local programs through training, networking and awareness, and capacity building support.
- *State Interagency Coordinating Council (SICC)-Birth-to-Three* – The mission of the SICC is to coordinate and foster development of a comprehensive statewide system of accessible local early intervention services for children birth to age 3-years-old who have disabilities or are at risk for developing disabilities and their families, and to coordinate transition into programs these children ages 3 to 6-year-olds. In order to carry out this mission, SICC advises and assists the Department of Early Learning (DEL) and other state agencies on the broad range of early intervention policy and coordination issues.
- *Washington Association of Children & Families (WACF)* - WACF is a growing association of large and small providers working toward a safer, happier future for the kids and families in Washington. Together, we promote safety, permanency and well-being for children and families who are involved or at risk of involvement with the child welfare system.
- *Washington State Coalition Against Domestic Violence (WSCADV)* – The coalition is a non-profit, statewide network of 64 member programs that serve victims of domestic violence in rural, urban and Indian Country communities of Washington, plus 119 individual and organizational associates. The mission of WSCADV is to end domestic violence through advocacy by improving how communities respond to domestic violence and through social change by create intolerance for abuse.
- *Child Fatality and Near Fatality Review Committees* – When a child who has been served by DSHS CA and a child death or near death occurs, review teams are convened. Membership includes community representatives, as well as, CA specialists who have not worked with the family. The review team carefully examines the Department’s practice, policies, and relationships with service providers and community professionals. Results from the review, along with consultation with tribal partners, the Office of the Ombuds, advisory groups and federal reviews, are used to learn from our practices. Final reports are published on the [internet](#) and recommendations are shared quarterly for consideration for implementation.
- *Private Child Placing Agencies* – CA has developed contracts with private agencies to help meet the growing demand of homes for the children in out-of-home care. Olive Crest serves Western Washington and Fostering Washington serves Eastern Washington. The Department maintains licensing requirements for both state and private agency foster homes. Private agencies often specialize in serving certain types of children, provide case management support to homes and offer other services to foster children and foster parents.
- *Contracted Service Providers* – CA contracts with various service providers to deliver services to children and families involved with DSHS CA. The [service array section](#) of the statewide assessment includes detailed information regarding contracted services.

- *Washington Federation of State Employees/American Federation of State, County and Municipal Employees (WFSE/AFSCME)* – WFSE/AFSCME Council 28 is the union who represents Washington State employees employed by state agencies, state colleges and universities, and public service workers. CA represented employees includes the Social Service Specialists job classification (caseworkers).

Additional stakeholder input and ongoing consultation is obtained throughout the year during internal and or external program or committee meetings and other advisory groups at the state and regional level. These include, but are not limited to:

- Local Disproportionality Committees
 - *King County Coalition on Racial Disproportionality* – CA staff partners with local service providers, the Center for Children and Youth Justice, and Mockingbird to reduce race-based disparities in the child welfare system. The primary focus is to reduce disparity in one region 2 office per year.
 - *Local Disproportionality Workgroups* – Region 2 has both regional and local disproportionality workgroups in several offices throughout the region including: Everett, Lynnwood, Martin Luther King Jr, and Sky Valley. The primary focus is to increase awareness, educate, and reduce disproportionality in public child welfare. The workgroups include members from the local office and community members. Information regarding disproportionality is presented at all-staff meetings.
- Local Tribal Advisory Committees
 - *Region 1 7.01 Meeting* – Meetings occur quarterly with four (4) tribes and two (2) Recognized American Indian Organizations to review goals and activities outlined in the local 7.01 plan. The primary goal of these meetings is to collaborate in the development and implementation of goals between CA and tribes, as well as, ensure compliance with administrative policy 7.01. Local tribes include Spokane, Yakamas, Kalispels, and Colville Confederated Tribes. Both of the RAIOS are located in Spokane and provide health care, counseling and other support services to Native and Non-Native families living the Spokane urban area.
 - *Region 1 Local Indian Child Welfare Advisory Committee (LICWAC)* – This group completes case staffing for tribal cases and makes recommendations regarding tribal identification, assistance, and culturally appropriate case planning.
 - *Region 2 Local Indian Child Welfare Advisory Committee (LICWAC)* – King County, Snohomish County, Skagit County and Whatcom County each have LICWAC advisory committees which staff tribal cases and make recommendations regarding tribal identification, assistance, and cultural case plans. Committee participants include local office staff, tribally connected volunteers from the local community, and tribal representatives from the Snoqualmie, Samish, Swinomish, Nooksack, Tulalip, and Lummi Tribes.
 - *Region 2 Tribal Coordinating Council* – The council meets to collaborate and share programs, services, and information with tribes in the region. Participants include CA, DSHS Division of Vocational Rehabilitation, DSHS Rehabilitation Administration Juvenile Justice, DSHS Home and Community Services, Employment Security Department, county agencies, local Behavioral Health organizations, and tribes in the region (Lummi, Nooksack, Samish, Upper Skagit, Swinomish, Sauk Suiattle, Stillaguamish, Tulalip, and Muckleshoot)
 - *Region 2 Tribal Child Protection Teams* – Teams are located in Bellingham and Mount Vernon and ensure the safety of tribal children by helping with case planning and staffing cases for closure. Tribes involved with the child protection teams include Lummi, Nooksack, and Upper Skagit.
 - *Region 2 7.01 Meeting* – Meetings occur quarterly with 10 tribes and 3 Recognized American Indian Organizations (RAIOS) to review goals and activities outlined in the local 7.01 plan. The primary goal of these meetings is to collaborate in the development and implementation of goals between CA and tribes, as well as, ensure compliance with administrative policy 7.01. Local tribes

- include Muckleshoot, Snoqualmie, Tulalip, Stillaguamish, Sauk-Suiattle, Swinomish, Upper Skagit, Lummi, Nooksack, and Samish.
- *South King County Native Youth Coalition* – Meetings occur quarterly with school districts and community partners in south King County to support the development of resources, services, and ongoing activities for tribal youth and families living in south King County. The primary focus is to identify and prioritize needs, design strategies for building supports, and services to meet those needs. Participants include Federal Way and Highline Indian Education Programs, Green River Community College, Highline Community College, Seattle Indian Health Board, Cowlitz Tribe, and other community partners.
 - *Region 3 Local Indian Child Welfare Advisory Committee (LICWAC)* – Forks, Port Angeles, Port Townsend, Puyallup, Clallam County, Jefferson County, and Thurston County each have LICWAC advisory committees which staff tribal cases and make recommendations regarding tribal identification, assistance, and cultural case plans. Committee participants include local office staff and tribal representatives from Hoh, Quileute, Makah, Lower Elwha, and Jamestown S'Klallam.
 - *Luggage of Love* – The Aberdeen office collaborates with the Quinault Tribe to increase availability of concrete goods for children and families.
 - *Region 3 Clallam and Jefferson County Tribal and Court Relations Meeting* – This group consists of five local tribes, county court commissioner, representatives from the AAG's office and local office staff who discuss ICW court issues. Meetings started out as an educational process for the court commissioner and turned into identifying how to improve tribal court involvement for the client, attorney, or Department. ICW staff from local tribes include Hoh, Quileute, Makah, Lower Elwha, and Jamestown S'Klallam.
- Local Parent Support Groups
 - *Region 1 Spokane Parent Advocacy Network (SPAN)* – SPAN is a group of veteran parents who seek to provide hope to other parents who currently struggle with CPS issues, and change the child welfare culture from fear and isolation, to connections and trust. A Department representative attends the meetings and brings their input back to share with the regional chain of command.
 - *Region 2 Sno-PAC- Parent to Parent* – This group supports parents who have open cases with the Department and is supported by parents who have successfully completed the dependency process.
 - *Region 3 Housing Authority* – CA staff participate in monthly meetings to discuss clients housing needs in Clallam County, Jefferson County, Bremerton and Aberdeen.
 - *Region 3 Wellsprings Community Network (Long Beach and South Bend)* – WellSpring is a multi-faceted coalition with individuals representing 12 different areas including: youth, parents, business, media, schools, youth-serving organizations, law enforcement, faith-based organizations, civic organizations, healthcare professionals, local government, and substance abuse prevention. The mission of the Wellsprings Community Network is to support community wellness in South Pacific County through active collaborations.
 - *Region 3 Peninsula Poverty Response (Long Beach and South Bend)* – Peninsula Poverty Response seeks to reduce the consequences related to poverty in the Long Beach by raising awareness of the needs of people living in poverty in the community, increasing access to and utilization of existing resources, decreasing short and long term homelessness on the Peninsula, and increasing employment opportunities and job skills.
 - *Local Fatherhood Engagement Committee* – The goal of local fatherhood engagement committees is improving dependency outcomes for children and families through actively

- engaging fathers in the process. Local offices with committees include: Bremerton, Kelso, Centralia, Tumwater, and Shelton.
- *Region 3 Homeless and Housing Advisory Committee (Stevenson)* – Assist homeless in Skamania County through the collaborative work of CA, local food banks and public health organizations.
 - *Columbia Gorge Action Board (Stevenson)* – Improve availability of social services in the Columbia River Gorge area of Washington. The board includes representatives from CA, local food bank, and public health organization.
 - *Skamania County Family Network (Stevenson)* – This network includes CA, community mental health providers, community education, and community public health representatives. The purpose of the Skamania County Family Network is to develop programs for families, provide classes, and address training needs for families and children.
- **Local Foster Parent and Kinship Care Groups**
 - *Region 1 Foster Parent Stakeholder Groups* – The purpose of these meetings is to improve communication between the agency and the foster parent community and collaboratively resolve issues. It also serves as a forum where foster parents come together to present concerns on issues not being resolved through other means and identify trends or ongoing issues.
 - *Region 1 Foster Parent Consultation Meeting (1624 Meetings)* – Legislatively mandate quarterly regional meetings began in 2007. The meeting covers issues identified from foster parent’s region wide that cannot be resolved at the local level during foster parent stakeholder group meetings. Agenda items are submitted by Foster Parent representatives and two regional issues move forward to the Statewide 1624 meeting.
 - *Region 2 Recruitment, Development, and Support (RDS) Teams and Foster Parent Support Groups* – The purpose of these meetings is to provide support to foster parents, increase resource and retain availability of existing resources for local foster parents. Local RDS teams and support groups are available in the following offices: Centralized Services, Bellingham, Everett, King South, King West, Mt Vernon, Oak Harbor, Office of Indian Child Welfare, and Sky Valley.
 - *Mockingbird Family Model (MFM)* – MFM is available in King East (Bellevue), King South, King West, and Sky Valley offices. This group reviews procedures and recruitment efforts for the Mockingbird hubs in order to maintain a constellation of Seattle homes.
 - *Communities Helping Children* – Goal is to help recruit short term emergency placement options at Olympic Hills School which serves the King West and Martin Luther King Jr. offices. The group Recruiting at Olympic Hills School.
 - *Helping Hands Foster Parent Support Alliance (King East [Bellevue])* – This is a community networking group focused on enhancing support services and assistance to caregivers and children in their communities, as well as, increase retention of caregivers. In addition to CA staff, the group includes representatives from the Union Gossip Mission and multiple representatives from local eastside churches.
 - *Region 2 Office Moms/Dads* – Community and local foster parents providing support to children in foster care while at the local office awaiting placement. Offices include: Lynnwood and Office of Indian Child Welfare.
 - *Region 2 Native American Foster Parent Support Group (Office of Indian Child Welfare)* – Group provides support non-native families caring for Native children in their home. Representatives include CA, DLR, Olive Crest and United Indians of All Tribes Foundation.
 - *Region 3 Office Moms/Dads (Bremerton)* – Local volunteers who provide support to children in foster care while at the local office awaiting placement.

- *Region 3 Recruitment, Development, and Support (RDS) Meetings (Clallam and Jefferson Counties, Pierce County, Vancouver and Thurston County)* – The purpose of these meetings is to provide support to foster parents, increase resource and retain availability of existing resources for local foster parents.
- *Region 3 Contracted Provider's Monthly Meeting* – Focus of these meetings are to improve the working relationship between CA and contracted providers serving Clallam County and Jefferson County. Discussions include sharing of information, coordination of services and how to improve and develop available services.
- *Adoptive Parent Support Group in Lewis County* – Support group for region 3 adoptive parents residing in Lewis County.
- **Local Court Improvement Groups**
 - *Region 1 Table of Ten (Grant County, Spokane County, and Yakima County)* – Table of Ten is a focused effort to review the local dependency system as a whole and provides an opportunity for those involved to make meaning of what they see and intentionally design a process to change it for the better. It is an effort aimed at continuous quality improvement on a local level.
 - *Region 1 Family Treatment Court (Okanogan County, Walla Walla County, and Yakima County)* – A family dependency treatment court is a juvenile or family court docket of which selected abuse, neglect, and dependency cases are identified where parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.
 - *Region 2 Family Treatment Court (Island County, King County, Skagit County, Snohomish County, and Whatcom County)* – A family dependency treatment court is a juvenile or family court docket where selected abuse, neglect, and dependency cases are identified when parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.
 - *Whatcom County Prosecutor's Meeting* – Purpose of meetings is to improve victims access to services and perpetrator accountability. Participants include CA, Whatcom County Prosecutor, Whatcom County Sherriff's office, Bellingham Police Department, and Domestic Violence and Sexual Assault Services of Whatcom County
 - *Region 2 Table of Ten and Court Improvement Teams (Skagit County and San Juan County)* – Table of Ten is a focused effort to review the local dependency system as a whole and provides an opportunity for those involved to make meaning of what they see and intentionally design a process to change it for the better. It is an effort at continuous quality improvement on a local level.
 - *Snohomish County Table of Ten (Region 2 North)* – In 2017, Snohomish County continues to experience an increase in filings for children under one year of age which continues to be a priority. In an effort to decrease the number of children under one year of age entering dependency, the following efforts are being conducted:

- Prioritization in scheduling by judicial officers has included more frequent review hearings for select cases; expedited fact findings and/or settlement conferences; and earlier referral to Unified Family Court (UFC) when a return home to a safe parent can occur.
 - Dependency calendars and teaming are under review to assess if caseload, case flow, team function, and time use can be better managed.
 - Re-implementation of the “Establishing Biological Paternity Early Project,” but with testing at Denney Juvenile Justice Center rather than at a LabCorp location in order to enhance the likelihood of completion.
 - Cases that are set in UFC and for which the dependency is in Family Drug Treatment Court (FDTC) will hear the family law action in FDTC in order to enhance the value of one judge/one family and to realize greater efficiencies in case processing.
 - Implementation of the United Way grant for Homeward House, which will provide a location for visitation and wrap-around services. Eventually this will include transitional housing for parent-infant pairs while the parent is in treatment for drug addiction.
- *King County Early Childhood Table of Ten (Region 2)* – The mission of the King County Early Childhood Table of Ten is to partner and refer dependency-involved young children and their families for easier access to birth-to-three services. A workgroup that includes court partners, community providers, county staff, and the Child Health and Education Tracking (CHET) program, delivered a cross-system training for professionals to help them engage parents and caregivers in early intervention assessments and services. King County’s early intervention system has partnered with parent allies and local providers to improve how they work with parents when their children are placed out of home. The court has also approved development of a pilot project to assess whether reviewing CHET reports with parents at mediation will help to connect them to early intervention assessments and services.
 - *Region 3 Table of Ten and Court Improvement Teams (Clallam County, Jefferson County, Grays Harbor County, Clark County, Skamania County, Klickitat County and Kitsap County)* – Table of Ten is a focused effort to review the local dependency system as a whole and provides an opportunity for those involved to understand what they see/experience and intentionally design a process to change it for the better. It is an effort at continuous quality improvement on a local level.
 - *Region 3 Family Treatment Court (Clallam County, Clark County, Jefferson County, Cowlitz County, Lewis County, Kitsap County, Mason County, Pierce County, Skagit County, and Thurston County)* – A family dependency treatment court is a juvenile or family court docket of which selected abuse, neglect, and dependency cases are identified where parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.
- **Local Domestic Violence Committees**
 - *Region 1 Domestic Violence Task Force* – Address areas of improvement between the Department and local agencies that work collaboratively with families that have history of domestic violence.
 - *King County Special Assault Network (King Southeast, King West, and Martin Luther King Jr.)* – Agencies part of the core team include law enforcement, Children's Administration, Attorney General's Office, Harborview Center for Sexual Assault and Traumatic Stress, King County Sexual

- Assault Resource Center, Seattle Children’s Hospital, and Swedish Medical Center. The purpose of the network is to accomplish more effective and efficient responses by agencies and to ensure that the actions of one agency do not compromise the goals of another. Furthermore, agencies should coordinate their responses to minimize possible negative outcomes to the victim and to ensure that all victims have access to appropriate services.
- *King County Domestic Violence Best Practice Group* – The Department attended the King County Special Assault Network and the King County Domestic Violence Best Practice Group to discuss strengths, promising practices and areas needing improvement related to timeliness of investigations.
 - *Whatcom County Domestic Violence and Sexual Assault Commission* – Supports individuals affected by domestic violence, sexual assault, and commercial sexual exploitation and leads the community towards ending these abuses of power.
 - *Domestic Violence Oversight Committee (King West and Island County)* – Collaboration between law enforcement, court judges and commissions, and community domestic violence programs to discuss and improve issues related to domestic violence.
 - *Region 3 Domestic Violence Task Force (Kitsap County, Skamania County, Clark County)* – Collaboration between Children's Administration, law enforcement, mental health providers, and community domestic violence programs to assist victims of domestic violence, coordinate services, and improve issues related to domestic violence.
- **Local Education and Youth Collaboration**
 - *Region 2 Early Learning Teams (King East [Bellevue], King West, Martin Luther King Jr., and Office of Indian Child Welfare)* – Team conducts case staffings which involve children ages 0 to 5-years-old to assess and provide early learning resources.
 - *East Whatcom Regional Resource Center* – Purpose is to serve homeless and low-income families and individuals. The mission is to help people improve their lives through education, support, and direct assistance while advocating for just and equitable communities.
 - *King County Passport Consortium* – Work includes providing assistance to youth in foster care around the process for getting support and information on higher education. Partners includes Seattle University, University of Washington, Seattle Central Community College, YMCA of Greater Seattle, College Success Foundation and Treehouse.
 - *Snohomish County Regional Education Partnership* – Professional partnerships with community partners and children welfare agencies to coordinate services for Snohomish County students, homeless, at risk youth, special education and foster youth.
 - *Whatcom County Consortium* – Professional partnerships with community partners and children welfare agencies for coordinated services for Whatcom County students, homeless, at risk youth, special education, and foster youth.
 - *King County Foster Care Regional Network* – Professional partnerships with community partners and children welfare agencies for coordinated services for King County students, homeless, at risk youth, special education and foster youth.
 - *Region 3 Teen Advocacy Coalition (TAC) (Long Beach and South Bend)* – TAC is a coalition of teens and adults who are dedicated to making Willapa Harbor a healthier and safer environment for kids and teens to grow. Coalition partners include youth, parents, schools, businesses, medical professionals, law enforcement, local government, civic/volunteer groups, faith based organizations, and community based organizations substance abuse prevention organizations.

- *North Pacific County Know and Grow Early Learning Coalition (Long Beach and South Bend)* – Parents and children learn skills and gain knowledge and to support their child’s learning and development, and they will become acquainted with their local school district and Timberland Regional Library branches located in South Bend and Raymond. Target populations includes low-income, English language learner families and teen parents. create connections, promote pro-social activities and avenues for teen involvement that will strengthen mental health and reduce substance abuse. Coalition includes foster parents, medical staff, law enforcement, probation counselors, CASA’s, guardian ad litem’s, and court personnel.
- *Headstart Advisory Board (Stevenson)* – Board consists of mental health staff, education personnel, public health personnel and CA who are responsible for recruiting families and confirming qualification for Headstart.
- **Children’s Administration Employee Workgroups**
 - *Region 1 Child Protection Teams* – Teams ensure the safety of children involved with the Department by helping with case planning and staffing cases for closure. Participants include community stakeholders such as medical providers, mental health professionals, school representatives, nurses and other as needed.
 - *Region 2 Child Protection Teams* – Teams at the King East (Bellevue), King South, Lynnwood, Martin Luther King Jr., Mount Vernon and Sky Valley offices ensure the safety of children involved with the Department by helping with case planning and staffing cases for closure. Participants include community stakeholders such as medical providers, mental health professionals, school representatives, nurses and other as needed.
 - *Harborview Case Staffings (King West and Martin Luther King Jr.)* – Purpose is to staff cases where the child has experienced trauma.
 - *Region 3 Children's Advocacy Center of Grays Harbor* – Promotes and facilitates a multi-disciplinary, child-focused, culturally sensitive approach to the prevention, investigation, intervention, prosecution and treatment of child abuse and neglect. (Committee/Team)
 - *Region 3 Child Protection Teams* – Teams at the Puyallup, Vancouver, Tacoma, Lakewood, Clallam County, and Jefferson County offices ensure the safety of children involved with the Department by helping review cases pending prosecution or forensic interviews, assisting with case planning, and staffing cases for closure. Teams include law enforcement, medical providers, AAG’s, and local prosecutors.
 - *Field Advisory Board (FAB)* is a statewide workgroup comprised of field representatives selected by Regional Administrators and Administrator of the Division of Licensed Resources. There are between 25 and 30 members on the FAB which includes 80% front line caseworkers and supervisors; the remaining 20% are representatives from headquarters. The purpose of the FAB is to act as a sounding board and provide feedback to the CA Executive Management Team (EMT) on emerging issues in the field related to statewide child welfare practice and workload. The FAB provides a critical voice on the impact of initiatives, draft policies and practice changes under consideration. CA EMT meets with the FAB quarterly and the ongoing communication between them provides a forum for the exchange of ideas and recommendations that may improve staff recruitment and retention, and quality and effectiveness of practice.
 - *Regional Medical Consultants (RMC) Meeting* – DSHS employs six part-time, practicing physicians who provide consultations to CA caseworkers by phone and in-person meetings in the CA regional offices. The HQ Health Program Manager participates in quarterly meetings with the RMCs to discuss issues and topics relevant to foster care and access to appropriate health care services. In 2017, quarterly meetings focused on continued implementation of AHCC and addressing impacts to the healthcare provider community to reduce barriers experienced by

caseworkers and caregivers. The RMCs also provide consultation and clinical oversight in the development of health care policies for the Children’s Administration.

- *Statewide CPS and Intake Leads meeting* is held monthly and facilitated by the HQ safety program manager. The group includes representatives from each region and the primary focus is on improving safety outcomes for children and families. Regional leads share information with caseworkers regarding best practices and areas for improvement via e-mail, all-staff meetings, regional leadership meetings, individual consultations with staff, and office training. This group has provided insight and assistance related to safety outcomes 1 and 2.
- *CFWS/Permanency Leads monthly meetings* that include representatives from all regions, headquarters, and quality assurance. In 2017, this group reviewed statewide data from the case review and identified statewide strategies to impact permanency outcomes. One example of an identified strategy is a statewide family engagement campaign designed at teaching and providing tips to better engagement with parents involved in the dependency process.

Targeted Engagement Initiatives

At times, CA will identify targeted, time-limited engagement strategies aimed at achieving a specific purpose. As specific topics and initiatives arise, the Department may require input from a specific group of subject matter experts within the Department and community to participate in focus groups, workgroups, Lean improvement events, and other activities. Examples include:

- The Supporting Early Connections (SEC) program which continues to support healthy relationships for babies, toddlers, and their biological parents involved in dependency court. Child-Parent psychotherapy is provided by Navos Mental Health Solutions and paid for by Medicaid. A Navos therapist works closely with parents to help them develop the confidence and skills to care for and bond with their children and to connect with resources such as housing, food, and diapers. Navos provides reports about family goals and progress to parties in the family’s dependency case.
- CA collaborated with the Office of the Superintendent of Public Instruction, Treehouse, and Texas Education Agency to develop a resource guide for teachers and caseworkers. The purpose of the *Educator’s Guide To Supporting Students in Foster Care*⁴² is to empower education professionals with information, resources, and tools to positively impact the educational experience for students in foster care. While the guide is primarily designed for education professionals, it will also benefit caregivers, child welfare workers, child advocates, and others who work with students to help them achieve success in school and in life.
- CA staff met with regional Law Enforcement jurisdictions to discuss Memorandums of Understanding and the Departments response timeframes for allegations of abuse and neglect.
- Multidisciplinary Team Meetings were held in each office catchment area to discuss strengths, promising practices and areas needing improvement related to timeliness of investigations. These meetings were included representatives from the prosecutor’s office, area law enforcement agencies, victim advocates, mental and medical health providers.
- CA Family Voluntary Services workgroup reviewed and updated the FVS policy and CPS investigation policy to clarify practices and procedures for service delivery to cases determined to be moderately high and high risk of maltreatment.
- Development and distribution of a Permanency Leads monthly newsletter distributed throughout the regions by regional permanency and CFWS leads. The newsletter focuses on practice tips and strategies, including placement stability.

⁴² http://www.treehouseforkids.org/wp-content/uploads/2016/06/Educators-Guide-Final_Digital-Version.pdf

- CA is updating the permanency planning training to improve the focus on identification of permanency plans, concurrent planning, timelines, and strengthening the use of best interest considerations in case planning.
- An external stakeholders Permanency CQI Team meets monthly to help identify practice improvement to support timely filing of TPR petitions or identification of compelling reasons; identify contributing factors to racial disparities; maintain cross-agency perspective on permanency and permanency improvements; and develop a CQI action plan. Members of the team is made up of court partners, including: Children’s Administration, Judges, Administrative Office of the Courts, AAG, Office of Public Defense, Children’s Representation Program, Parent Allies, CASA, tribes and Casey Family Programs.
- A core group of staff from Coordinated Care of WA, Health Care Authority, Fostering Well-Being, and CA meet monthly to strategize and address issues with implementation of the AHCC managed care plan.
- Statewide CHET Supervisors meet monthly throughout the year by conference call, video conference, and in-person. While these meetings are specific to the operation of the CHET program, the CHET screen is key to the development of an initial case plan that addresses the well-being of the child when he or she first enters foster care. The CHET supervisor meetings were an important arena to gather feedback on the impact to staff and caregivers regarding the implementation of AHCC.
- CA collaborates with medical providers and other public health experts to develop and implement services and supports that meet the needs of individual children. CCW is the contractor for the single managed care health organization to service children in the Washington foster care system; this health plan is called AHCC. The goal of the AHCC is to improve coordination, access, availability, and oversight of the physical and behavioral health care services and treatment provided to children and youth in out-of-home care. AHCC assigns all children to a primary care provider upon enrollment in the plan. AHCC also provides care coordination for children with ongoing medical needs.
- CA convenes and participates in a variety of workgroups that focus on identifying and addressing barriers to accessing behavioral health services for children and families. Some of the workgroups include: Children’s Mental Health Workgroup, Washington State Behavioral Health Advisory Council, Washington System of Care: Statewide Family Youth and System Partner Round Tables, Children’s Administration Psychological Services Advisory Team, Children’s Multi-System Acute Resource Solutions Team, ACF Creating Connections Core Team and Behavioral Health Full Integration workgroup.
 - These workgroups have a diverse membership including, but not limited to: Washington State Senate, Washington House of Representatives, Department of Early Learning, DSHS Behavioral Health Administration, Health Care Authority, Department of Health, Office of the Governor, Office of Superintendent of Public Instruction, tribal council representative, Behavioral Health Organization, behavioral health community providers, foster parents, youth, and alumni of care, CA management, supervisors, and caseworkers.
- CA has supported legislation to help address systemic issues regarding the child welfare system and provision of health and behavioral health services for children in foster care. Legislation includes the Washington Blue Ribbon Commission on the Delivery of Services to Children and Families (Executive Order 16-03), Children’s Mental Health Workgroup (E2SHB 2439), and Integrated managed health and behavioral health services for foster children (SHB 1879).
- CA supported Washington state legislation, SB 5241, which was signed by the Governor on April 17, 2017. This bill requires school districts to consolidate credits or grant partial credit for unresolved or incomplete coursework due to transfers while in foster care placement. Legislation will be coupled with funding support for educational advocacy and expansion of a program aimed at improving graduation rates for youth in out-of-home care.
- In January 2017, the CA Assistant Secretary met with the new OSPI Superintendent to clarify goals toward a bi-directional education data share agreement. Throughout 2017, OSPI leadership, their Foster Care

Program Supervisor and their student data management team met with CA leadership, staff and data team to clarify authority to exchange data, determine business reason for data, discuss contract requirements, and develop and implement a work plan. In October 2017, the bi-directional education data share agreements were signed. This data will populate statewide education information into CA's case management system for individual children and youth in the care and custody of the state. The user interface is currently being developed and information should be available to caseworkers by early 2018. The signed data share agreements also allow OSPI to share lists of foster care students with school districts for coordination and development of educational supports, allow OSPI to complete state and federal reporting mandates and to provide lists of eligible youth to their contractor, Treehouse, to provide Graduation Success Services.

- At the beginning of the 2016-17 school year, Treehouse, a subcontractor of OSPI, expanded their Graduation Success Program. The program serves middle and high school youth in foster care in all King County school districts and Spokane and Tacoma School District. CA has a data share agreement with OSPI to help facilitate Treehouse's direct outreach to engage eligible youth. The renewal of this school year's data share agreement was delayed, so the program did not completely utilize until mid-2016-17 school year.
- The Treehouse contract includes training caseworkers on education laws and systems process. With an increased understanding of the education process and additional education supports for middle and high school youth, it is anticipated that caseworkers will increase documentation of education activities within FamLink. This collaboration with Treehouse is part of the strategy to help CA increase performance 6% to achieve the federal target of 95% in the next year.
- As required by the federal Every Student Succeeds Act, OSPI has identified Foster Care Liaisons, in each school district. CA is working collaboratively with OSPI regarding training and communication strategies to strengthen work at the office/regional level between the district liaisons and caseworkers.
- The Alliance offers coaching sessions to individual caseworkers that focus on a child's safety, permanency, and well-being.
- CA facilitated several workshops at the Statewide CASA Conference in November 2017. Workshop topics included ETV services, Permanency Consideration, and an overview of CFSR outcomes related to safety, permanency, and well-being.
- Washington State has reached out to the Capacity Building Center for States in regard to technical assistance around CFSR preparation. The Center for States Library was also used as a resource to gather information regarding other states work with children who run from out-of-home care.
- Casey Family Programs provided financial assistance, consultation and professional guidance regarding strategies to CA to improve permanency outcomes for youth in out-of-home care.

Item 32: Coordination of CFSP Services with Other Federal Programs

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

The Department's statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs is functioning well. The title IV-E program is coordinated with other programs available to children in the state of Washington funded under titles IV-A (TANF), IV-B (Child Welfare Services), XVI (Supplemental Security Income), XIX (Medicaid) and title II (SSA) of the Social Security Act in accordance with all appropriate provisions of federal law. Examples of this coordination include:

- Title IV-E eligibility and Temporary Assistance to Needy Families (TANF) child-only eligibility for children placed with kinship caregivers is coordinated with DSHS Economic Services Administration. When a child is removed from a parent receiving TANF benefits, CA coordinates concurrent benefits with ESA to

continue the parent's eligibility for 180 days of ongoing TANF benefits when the permanency plan is reunification. The concurrent benefits form must be completed within 7 days of placement in out-of-home care by the caseworker and is emailed to ESA for processing. If it appears the child will remain in care for more than 180 days, the CA caseworker can request an extension of these benefits. When a child is placed with a kinship caregiver, he or she can apply for a child-only TANF grant directly from ESA.

- The Division of Child Support Services assists the Department in locating missing parents and is sometimes able to provide documentation of paternity. Also, if child support payments for being made for a child in out-of-home care, an electronic alert is sent to DCS with notification of the placement. Child support payments are then routed to Children's Administration until the child returns home.
- The state supports tribes in their delivery of child welfare services through IV-E agreements. Three tribes Quinault, Makah (not active) and Lummi currently have pass through IV-E agreements with CA. Washington State was the first in the nation to have a federally recognized tribe (Port Gamble S'Klallam) apply and receive approval for direct Title IV-E funds for foster care, adoption assistance and guardianship assistance. Other tribes who have expressed a strong interest and are known to be working with the federal government on direct IV-E agreements are Colville Confederated Tribes, Muckleshoot Tribe and Lummi Nation.
- CA has an approved inter-governmental agreement with the Administrative Office of the Courts (AOC) that allows for collaboration and sharing of data. An interface between the AOC's SCOMIS are matched with FamLink to allow for data to be gathered on juvenile dependency and termination cases filed in Washington's courts.

AOC actively participates and collaborates with CA on various workgroups and trainings. AOC was a key participant in the review, revisions, and development of tools to improve the quality of parent child visits. Membership on the CA statewide permanency CQI team includes representatives from AOC to improve permanency outcomes. They also partnered with CA to hold permanency summits in specific counties around Washington and supported the 2016 Indian Child Welfare Summit which was attended by tribal caseworkers, tribal judges and attorneys, as well as, CA caseworkers.

- The Parents for Parents (P4P) program is a peer outreach and education program provided by parents who have successfully navigated the child welfare system to parents who have recently become engaged with the dependency system. The program supports safe and timely reunification of children with their parents, or an alternative permanency outcome when reunification is not a viable goal. Beginning in 2005, Court Improvement Program funds have supported the start-up of eight of the ten programs operating today. These programs serve thirteen counties in Washington State. The program is designated a promising practice.

Through court outreach at dependency hearings, a Dependency 101 class designed to educate parents about the dependency system, and ongoing peer mentoring, helps diffuse negative attitudes, gives parents someone they can relate to, and offers them hope that reunification is possible. In addition to the Dependency 101 class, Grays Harbor, King, Pierce, Snohomish, Spokane, and Thurston P4P programs sponsor Dependency 201 classes. These classes offer an additional support group, which are designed to provide tools and resources that help empower parents to be successful throughout their dependency cases and in life. The King and Spokane programs also offer parent mentoring programs in the local jails. During the 2015 legislative session, legislation was passed which provided funding to existing P4P programs, funding to expand three of the programs, and funding for an evaluation to determine if the program can be considered research-based. The legislation placed the P4P program under the direction of the Office of Public Defense, who contracts with the Children's Home Society of Washington to provide oversight and coordination for the statewide programs.

The Phase I Evaluation Report for Washington State's Parents for Parents Program was completed by Chapin Hall Center for Children in 2016. Chapin Hall evaluated P4P programs in King, Spokane and

Thurston Counties. The evidence is strong about changes in attitude that result from attending the Dependency 101 class. What is less clear is whether these changes persist over time as the dependency process unfolds. The Phase II Evaluation will take a deeper look at outcome data and reunification rates of parents who participate in P4P. This evaluation is scheduled to begin in 2018 with a final report due to the Legislature by December 2019.

During the 2017 legislative session, additional funding was allocated to support four additional P4P programs in the state and to allow for expansion of additional county sites. The additional funding is supporting programs in Benton/Franklin, Clallam, Clark and Whatcom Counties.

- The Department is continuing to implement, in coordination with the Behavioral Health Administration, a statewide service for youth with complex mental and behavioral health needs. Wraparound with Intensive Services (WISe) is designed to provide comprehensive and intensive behavioral health services and support, provided in home and community settings, for Medicaid eligible individuals up to 21 years of age with complex behavioral health needs and their families through the publically funded mental health system. The goal of the program is for eligible youth to live and thrive in their homes, schools, and communities reducing the need for out-of-home placement. WISe uses an array of intensive mental health services that can include care coordination which develop shared goals and coordinate services and supports from multiple systems including CA. Roll-out of the program has been staged by DSHS and Health Care Authority and services are currently available in most counties of the state. Only San Juan County is pending implementation of services and it is expected that the statewide WISe roll-out will be completed by July 2018.
- CA obtains information from federal and state databases through approved data-sharing agreements. The Department uses data from ACES (determines eligibility, issuing of benefits, management support, and sharing of data between agencies), SEMS (DSHS Division of Child Support), UTAB (Unemployment Tax and Benefit system), Department of Health Vital Statistics, eJAS (Basic Food and Employment System), Client Registry (facilitate client care and case coordination across all DSHS client services and programs), VIPS (vehicle registration database), and Federal Bureau of Prisons Inmate Locator for dependency, placement, adoption and case management purposes.
- Ongoing joint DSHS meetings between Economic Services Administration (ESA), RA, CA and Aging and Long-Term Support Administration (AL TSA) are held to more fully collaborate across administrations, work on systemic level issues such as policy and practice that cross administrations and impact one another. For example:
 - Joint staffings across administrations to ensure cross system linkages.
 - Participate in System of Care efforts to increase coordination of mental health services for children and youth in foster care.
 - Work with Health Care Authority on the Fostering Well-Being Program to build medical provider capacity to provide EPSDT exams for foster children and coordinate services for children who are medically fragile or have special needs.
 - Partner with the Health Care Authority to develop Request For Proposal and contract with a single Managed Care Organization to serve children and youth in foster care and adoption support programs.
 - The Fostering Well-being Program transferred to the AL TSA where they implemented many activities around EPSDT/Well-child exams for foster children. Current activities include a focus on Medically Fragile children who come into care and their care coordination needs.
- An Intra Agency Agreement between CA and JJRA was revised and jointly signed which is designed to enhance discharge planning for youth. The MOU provides clarification of roles and responsibilities, including:
 - Clearly identify who has lead responsibility;

- Begin discharge planning at entry to JJRA facilities and county detention facilities; and
 - Create opportunities for joint involvement in shared planning meetings and family contact efforts.
- In 2015, The Washington State Homeless Youth Act (HYPP Act, SSB 5404) created the new Office of Homeless Youth Prevention Programs (OHYPP) within the Department of Commerce. The contracts for management, oversight, guidance and direction of the CRC, Street Youth and HOPE Centers were transferred from CA to OHYPP as of July 1, 2016. In 2016, new legislation increased the amount of program funding for beds and services that are linked to homeless students, further expanding the resources available for all homeless youth. Youth are referred to community providers for housing needs. Many of Washington State’s IL providers are also recipients of federal grants for transitional housing.
 - CA collaborates through a MOU with the Economic Services Administration and statewide Housing Authorities to promote housing stability among families and young adults served by both of the DSHS agencies. This collaboration continues to combine resources for families and young adults aging out of foster care who meet the criteria for the Family Unification Program as specified by the US Housing and Urban Development Administration. The MOU commits the agencies to combine efforts in providing housing assistance through a variety of programs including: Housing Choice Vouchers (Section 8), Family Unification Program vouchers, Moving to Work Program participation and transitional housing assistance.
 - In April 2016, use of FUP vouchers through the Seattle Housing Authority in King County (the most populated urban area in Washington State) was the first to reach 100% utilization. Of the 21 counties involved in the MOU, all utilization is above 90%. Some of the smaller rural counties such as Walla Walla, Franklin, and Benton, do not have more vouchers available and have not received additional vouchers from the federal government. Utilization of the vouchers is highly dependent on housing, and there is limited housing available in King, Pierce and Clark counties. Therefore, although we have a high rate of voucher delivery, there continues to be a lack of affordable housing for youth and families
 - CA collaborates with DSHS Economic Services Administration, the Department of Commerce and contracted providers by participating in task forces, and committees that promote ending youth homelessness including: The Youth Advocates Ending Homelessness program, YMCA Young Adult Services King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness, The Foster Teens to College Program, The Statewide Advisory Council on Homelessness and the Interagency Council on Homelessness. In 2015, WA State enacted the Washington State Homeless Youth Act (HYPP Act, SSB 5404) to match the efforts of the federal Runaway and Homeless Youth Act and created the Office of Homeless Youth Prevention and Protection Programs in the state of Washington. CA works closely and with the new Office in making sure all runaway and homeless youth in the child welfare system are receiving the necessary support and services they need, and providing the Office with guidance, referrals and contact information to aid in the prevention of homelessness among youth in Washington State.
 - The Fathers Matter Outreach Program provides tools and resources to help engage fathers in the lives of their children involved with the child welfare system. In 2010 Washington State was chosen as one of four pilot sites around the country to participate in a time-limited grant from the federal Children’s Bureau. The pilot project was operated in King County and because of the success, it has expanded into other regions throughout the state. The pilot project revealed the earlier a father is engaged in a dependency case, the more likely he will become involved in the child’s life. Social workers now are required to contact both parents as soon as possible in a dependency case. Each region has leads who assist with referrals to resources to increase father engagement, including classes that are facilitated by professionals and/or peer mentor fathers who have successfully navigated the child welfare system. Social workers and peer mentors are a critical link between fathers and their children. By providing support and resources, fathers can understand the impact they have on the lives of their children and learn how to improve their relationships.

- Establishing Biological Paternity Early Project - The purpose of the Establishing Biological Paternity Early Pilot (EBPEP) Project is to significantly reduce the time to determine paternity in dependency and termination cases. The pilot project provided five juvenile courts in Washington State with an opportunity to secure paternity testing early in the process and monitor the progress for each case. During the project, the testing was performed on the alleged father(s) and the children, with the costs funded through the Court Improvement Program. The juvenile courts in Clark, Cowlitz, Pierce, Thurston, and Snohomish Counties participated in this project which started in August of 2014 and ended on July 31, 2016.

The project succeeded in showing a significant reduction in the waiting time from filing the dependency petition to entering the DNA results. The project also succeeded in showing a significant cost-savings in the price of the tests and reduced costs for publication in cases when the biological father was identified more quickly.

After the successful pilot project for the EBPEP, several Family and Juvenile Court Improvement Program counties have implemented the program in their courts. Chelan, Kitsap, Pierce, and Thurston Counties have fully implemented this program. King and Snohomish Counties are in the process of implementation. Pierce County has realized median time from testing ordered to results received—14 days. Long-term funding for this service needs to be addressed. Presently Pierce County has pieced together funding from Children’s Administration and the Office of Public Defense to pay for the testing, yet the funds received will not cover the costs of the program. Pierce County Juvenile Court is paying for the amount not covered by contracts.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards are Applied Equally

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

The Children's Administration Division of Licensed Resources (DLR) ensures state standards are applied equally to all foster family homes and child care institutions through the use of standardized materials, standardized processes, consensus-building within DLR, as well as CQI activities.

Only fully licensed foster homes and child care institutions are claimed by the State for federal funding reimbursement. Standards are applied equally to all licensed homes and facilities. Placements in approved, unlicensed kinship caregiver homes are important to maintain family connections but IV-E and IV-B funding is not claimed for these homes unless the kinship caregiver completes the licensing process. Unlicensed kinship placements are required to have a home inspection, complete the home study, and pass a background check that includes FBI fingerprints and, if applicable, an out-of-state child abuse and neglect check. The home study referral process was modified approximately two-years ago, in order to initiate the home study assessment for unlicensed kinship caregivers earlier. This home study referral is now initiated as early as the initial FTDM. Kinship caregivers are asked to submit a home study application within the first thirty days of placement.

The last IV-E Federal Review for Washington was conducted in January 2014. The Children's Bureau of the Administration for Children and Families noted in their final report that *"The Washington State Division of Licensed Resources has a strong licensing process that ensures the safety of children. This review found no concerns and no cases in error due to a licensing issue."*

Washington currently has 31 IV-E Specialists and six (6) Federal Funding Supervisors statewide. The role of the IV-E Specialist is to ensure that paid placements for which CA is claiming IV-E reimbursement, are fully licensed in accordance with the licensing standards. Paid placements include family foster homes, and a variety of group care facilities. IV-E Specialists also verify that if child care is required, the child care is necessary to maintain the foster parent(s) employment. This allows CA to claim IV-E reimbursement on child care payments.

Within 60 days of a child's initial placement into out-of-home care, the IV-E Specialist will conduct a review to determine the child's eligibility for funding. The review verifies that the paid out-of-home placement is fully licensed, and assesses the income/resources of the child's removal home to determine AFDC financial need and deprivation factors required for IV-E eligibility. The majority of initial IV-E determinations are completed within 30 days of the child's initial placement into out-of-home care.

Children determined to be IV-E eligible, have a review every 6-months to verify ongoing eligibility. The out-of-home paid placement is also reviewed at this time. If the IV-E Specialist receives an automated email indicating the child's placement has changed, the case may be reviewed earlier. Notification of placement is especially important when a child moves from a licensed out-of-home placement to an unlicensed placement to ensure IV-E funds are appropriately ended.

If the initial determination identifies that a child is ineligible for IV-E funding, the IV-E Specialist will not review that child's case for the duration of that out-of-home care placement episode. Eligibility is reevaluated each time a child enters or re-enters out-of-home care.

Foster Parent Licensing

Washington State general licensing standards for families submitting an initial application requires the following for each individual 18 years of age and older residing in the home: background check conducted by DSHS Background Check Central Unit, which includes a FamLink check for child abuse and neglect history, an FBI fingerprint-based background check from the national crime identification database, and a Washington State Patrol criminal background check. For persons who have lived outside of Washington State in the preceding five

years, an out-of-state child abuse and neglect history check from all other states where the individual lived during that time is also required. For household members age 16 through 17, a Washington State Patrol criminal background check is required. Additional general licensing requirements include: an approved home study/family home inspection, CPR training, First Aid training, HIV/AIDS training, and completion of orientation and caregiver core training.

CA DLR Licensed and Approved Homes as of December 31, 2017

2014	2015	2016	2017
4,705	4,660	4,883	5,015

Table Data Source: Children’s Administration infoFamLink; December 2017

DLR completes all licensing and relicensing of families for children placed in out-of-home care. For private agency foster homes, the private agency licensor assesses the family and submits documentation, certifying that the family meets all licensing requirements. Applicant families seeking licensure directly by the Department submit an application and are assigned a social service specialist in the DLR Assessment section. This Assessment worker provides support to the family throughout the licensing process as well as post-licensure. The Assessment section has 47 FTEs primarily assigned foster home licensures, and 48 FTEs primarily assigned unlicensed kinship caregivers and adoption home studies. These staff are supervised by 20 supervisors.

When a family reapplies for renewal of their license, a social service specialist from the DLR Safety and Monitoring Section is assigned to complete the renewal. The DLR Safety and Monitoring section is comprised of workers who complete DLR CPS investigations and licensing investigations in licensed care facilities. They also complete health and safety reviews and renewals. The Safety and Monitoring staff serve as a secondary check and balance system on the placement resource at time

of renewal, health and safety monitoring and investigations. This allows a fresh perspective on the family in order to determine that they continue to meet all licensing requirements. There are 18 Safety and Monitoring workers, supervised by 3 supervisors.

Number of Department and Private Agency Homes Licensed by Year

Calendar Year	2014	2015	2016	2017
Number of licensed homes (end of calendar year)	4,705	4,660	4,883	5,015
Number of first new licenses issued (in calendar year)	1,214	1,266	1,229	1,187
Number of renewal licenses issued (in calendar year)	594	594	515	533

Table Data Source: Count of CA Licensed Providers by Location and Type and Licensing Timeliness Report; infoFamLink; December 2017

Since 2011, the completion of home studies has been centralized

under DLR and allows for completion of a single unified home study that evaluates the family’s ability to be both a foster family as well as a permanent resource. The unified home study ensures consistent application of assessment standards across the state for both general foster family or specific child homes. The DLR unified home study process allows for rapid placement of a child with a person known to them, either kinship caregiver or a suitable other person, while supporting consistent standards for child safety and well-being.

Washington Administrative Code establishes minimal licensing standards for all licensed foster homes. Prior to a license being issued, 100% of home studies are reviewed and approved by the DLR licensing supervisors. All families being licensed by DLR or certified by a private agency, experience a standard licensing process established by CA. This standard licensing process includes interviews, written narrative, and reference checks, including contact with minor and adult children of the applicant.

All new DLR home study staff attend a week long specialized home study training offered once a year, using curriculum developed and standardized by DLR. On a space available basis, private agency and tribal staff are invited to attend the same training; most training classes are comprised of a significant number of private agency/tribal staff. The training ensures home study staff from both state and private agencies, receive a consistent message regarding best practice on the process to complete the home study and the application of licensing standards statewide. Additional information about ongoing staff training can be found under [item 27](#).

Application and assessment materials maintained and utilized by DLR are consistent statewide. A file checklist is used by 100% of all home study licensors to ensure that licensing standards are applied equally to all family foster

homes, including kinship homes, going through the licensing process. The checklist identifies all licensing requirements based on rules, regulations, federal law, and guidelines. The checklist is used to confirm that the application form, background information, and collection of additional information is complete. The home study licensor remains in contact with the applicant through the entire process and works closely with the family to ensure the application does not have any missing or invalid information. When the checklist and all application materials are complete, the home study licensor finalizes the written home study using the standard template. All of these materials are forwarded to the DLR licensing supervisor who must review and approve 100% of all files prior to the foster family's approval for licensure. This approval must be completed, with a signature on the license itself, and an approval in FamLink before a family can receive placement and payment. The FamLink system will not allow a family to have a license finalized, or payment made to a family prior to receiving supervisory approval in the FamLink system. This review ensures standards are being applied equally across the region. Homes that do not meet standards are denied a license (new applications) or their license is revoked (existing licenses). In 2017, 29 families were denied, and 36 families were revoked.

The Division of Licensed Resources implemented strategies to improve timeliness of licensure. With an increased number of applications received, timeliness of application to licensure in 2015 was 149.33 days. These strategies appeared to be successful in moving the needle; in 2016, the average number of days decreased to 131.95. The Department seeks to complete 70% of licensures in 120 days or less. In 2017, the average number of days decreased to 130.78.

Child Care Institutions

Application and assessment materials maintained by DLR are consistent statewide through the utilization of a standardized application packet and facility checklists that identifies all licensing requirements based on rules, regulations, and federal law and guidelines. DLR has developed standardized checklists for each type of group care facility, depending upon the specific license being issued (group home, crisis residential, etc.).

There are six supervisors statewide, one in each sub region, who oversee 22 regional licensors who regulate group care facilities in each sub region. Supervisors review all checklists and application materials prior to licensure approval or denial which ensures standards are being applied equally across the region. All checklists and application materials are maintained in a hard copy file for each agency and are available for review at any time to verify any questions or disputes about the licensing or relicensing process.

In order for a facility to become licensed, the applicant agency must submit an application and work with the regional licensor to develop all other program, policy, and supplemental materials. Every group care facility must pass a fire inspection and Department of Health inspection, with the exception of staffed residential homes licensed for five or fewer. In addition, each applicant must provide evidence of financial stability and that staff will receive proper screening and training to safely and adequately perform their jobs. After the licensor has reviewed the application and all supplemental materials to verify full compliance, all group care applications are reviewed and approved by a single supervisor in each sub region to verify the agency is in compliance. Group care facility licenses must be signed by the supervisor, and approval by the supervisor made in FamLink before the FamLink database will allow a placement or payment to the facility.

All group care facilities contracted for Behavioral Rehabilitation Services (BRS) receive a biannual health and safety monitoring visit from the regional licensor, as well as a comprehensive program review midway through their three-year licensing period. The comprehensive review includes a standard review tool used statewide. The review team consists of, at a minimum, representatives from Division of Licensed Resources, Division of Children and Family Services, contracts, and Behavioral Rehabilitation Services. The team may also include other agencies as appropriate (Developmental Disabilities Administration, Fostering Well-Being nursing staff, etc.). In 2017, twenty comprehensive reviews were completed. Of those twenty, fourteen were completed at group care facilities with 86% (12) issued a compliance agreement. The remaining six comprehensive reviews were completed at Child Placing Agencies (CPA) with 83% (5) issued a compliance agreement.

Any deficiencies found are managed through compliance agreements. The compliance agreements note the specific WAC violations, the requested remediation, and required completion date. The regional licensors monitor the compliance agreement until all the issues identified have been remediated.

In the summer of 2016, DLR developed a QA process in which final reports and compliance agreements for the comprehensive reviews are reviewed and the data is collected at HQ. The data is reviewed for trends and practice improvements. Trends are analyzed and help inform future policy changes and practice directives on a statewide level. Issues related to individual facilities or agencies that did not reflect problems with statewide practice were addressed at the regional level.

In 2016, DLR licensing requirements regarding medication management was the number one issue identified in group care facilities. In April 2017, the DLR licensing requirement for medication management training was required and completed for all regional licensors and group care facilities staff. The regional licensing policy was also revised to require a complete review of storage, administration, and documentation related to medication during the comprehensive reviews and bi-annual health and safety reviews. In 2017, the comprehensive review results showed a decrease in agency related medication issues. DLR staff and agencies are focused on keeping medication issues to a minimum.

In 2017, up to date management of private agency personnel files was identified as a statewide issue due to files missing several required documents and not reflecting completed required staff training hours. While improvements were noted since 2016 in the number of staff who completed required training hours, the completion of specific required trainings, such as first aid and CPR and mandated reporting training, continue to not be documented. In 2017 there was a policy change that requires regional licensors to review personnel files during all bi-annual health and safety reviews to verify the required documents and trainings are noted in the file. During 2017, regional licensing staff sent out, at minimum, a quarterly email with new or updated training information or training requirement reminders to all licensed agencies. All agencies have also been provided the checklists on the requirements for the personnel files. In 2018, the regional licensors will continue to closely monitor the personnel files.

The second statewide issue identified was related to incomplete client file documentation. The files were missing documentation of the child's consent to treat, missing educational plan, missing medical or dental records for the youth, failure to report to CA or the child's worker as required by WAC, and other paperwork issues. Staff were notified of these issues and again when the policy was changed it became more specific on the requirements for a bi-annual health and safety review. The policy now requires a review of client files at all health and safety reviews. The agencies have been provided the client file checklist and are aware of the requirements. There is frequent turn-over at the private agencies, so the regional licensors are providing this information more often for greater consistency.

In order to establish greater practice consistency statewide, DLR held bi-annual statewide regional licensing meetings. The first meeting was held in September of 2016, followed by a meeting in March and September of 2017. These meetings included all regional licensors and regional licensing supervisors statewide, but because there were so many staff, and travel was cumbersome, the all-staff meetings have been replaced with a bi-monthly meeting with the six regional licensing supervisors. The meetings focus on current licensing practice, updated policies and procedures, remediation of issues found during the comprehensive reviews, investigations, or other visits to the agencies. The regional licensing supervisors bring back the information obtained at the meeting and discuss it during their unit meetings.

[Renewal of Foster Family Home License](#)

Licensed caregivers are required to be relicensed every three years. At time of renewal, the licensed caregivers must submit a new application and background checks for all household members age 16 and above. The relicensing process includes a home inspection, renewal assessment, updated background checks, and verification of completion of required in-service training. The licensor also collaborates with the family to develop an individualized training plan for the next licensing period to ensure the caregiver's training needs are met.

Renewal of Child Care Institutions

Group care facilities also have a three-year licensing period. At time of renewal, the facility must submit a completed application with all required supplemental materials. The application and materials are again reviewed by the regional licensor to verify compliance with licensing requirements. In addition, a regional licensor visits the facility to review a random sample of personnel and client files. The number and types of files reviewed are based on the size of the agency, the number of children being served, and information from prior reviews. In order to ensure consistency of adherence to all licensing requirements, agency and file reviews are conducted with checklists created by DLR based on the requirements in Administrative Code. In addition to the file reviews, the licensor visits all licensed group care facilities to conduct a full inspection of the physical facility and various required logs and records. Compliance agreements are developed for any deficiencies, and these agreements are monitored by the licensor and required to be completed prior to the approval of the renewed license. To complete the licensing renewal, the licensor compiles all checklists and required information, and provides this to the regional licensing supervisor for review and approval before a renewed license will be issued. The licensing supervisor reviews 100% of renewal applications for accuracy and compliance with all requirements by the applicant, thereby ensuring compliance with licensing standards.

Quality Assurance

In 2012, DLR initiated an annual internal quality assurance review of provider home studies to improve the quality and consistency of home study assessments completed throughout the state, promoting accountability and improved outcomes for children and families.

The provider home study review is conducted annually through a random sample of provider files selected from the total population of home studies completed by DLR during the six-month period under review. Teams of three DLR staff review the provider file independently, rating on a standardized tool. Staff do not review providers for whom they have had responsibility for assessment. Questions on the tool relate to adequate exploration of the applicant(s) ability to provide care or specific issues arising on the application, proper completion of required background checks, etc. After individual scoring, the three team members meet to reach consensus on each item.

The provider home study review tool is comprised of 15 questions which:

- Evaluate the caseworkers practice by measuring compliance with key elements of Children’s Administration (CA) policy
- Identify and analyze practice trends, both strengths and areas needing improvement
- Make recommendations based on the results of the review in an effort to improve practice
- Monitor progress with action plans based on the review results

Each question is rated individually and performance is reported on all 15 questions. The provider home study review occurred in July 2017 and the period under review was October 1, 2016 through March 31, 2017. The provider home study review evaluated 80 approved home studies, which accounted for 6% of home studies approved during the period under review.

DLR Provider Home Study Review
October 1, 2016 through March 31, 2017

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Approved Home Studies Completed	261	174	192	260	221	285	1,393
Approved Home Studies Reviewed	17	11	11	13	10	18	80
Percentage of Home Studies Reviewed	7%	6%	7%	5%	5%	6%	6%

Table Data Source: Children’s Administration, DLR Provider Home Study Review Results; March 2017

The following questions are from the provider home study review and are relevant to item 33.

Were background checks completed for all persons' age 16 and older listed as household members on the Family Home Study Application AND referenced in the home study?

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	88% (15)	100% (11)	90% (10)	92% (12)	70% (7)	94% (17)	90% (72)
Non-compliant	12% (2)	0% (0)	10% (1)	8% (1)	30% (2)	6% (1)	10% (8)

Table Data Source: Children's Administration, DLR Provider Home Study Review Results; July 2017

Home studies were rated as non-compliant when:

- Not all individuals ages 16 and over were listed on the Family Home Study Application or referenced in the home study as a member of the household had the required background checks, or
- The required documentation could not be found in either the file or FamLink

Region 3 North made progress from 60% in 2016 to 70% in 2017, but this region is again focused on greater improvement in this area. Region 2 North developed additional strategies for their action plan to improve the completion of background checks for all household members 16 years of age and older.

Were administrative approvals or waivers obtained for background checks as required per the Overview of Approval Process for Crimes and Negative Actions?

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	50% (1)	100% (2)	N/A	N/A	100% (3)	100% (4)	91% (10)
Non-compliant	50% (1)	0% (0)	N/A	N/A	0% (0)	0% (0)	9% (1)

Table Data Source: Children's Administration, DLR Provider Home Study Review Results; July 2017

The administrative approval process was centralized in November of 2016, in two divisions of Children's Administration(CA), which included the Division of Child and Family Services (DCFS) and the Division of Licensed Resources (DLR). The intent of centralizing the administrative approval process was to create a better managed process and statewide consistency. As part of this statewide centralization, a specific criterion was created that identifies whether or not an administrative approval is required. The practice of DCFS and DLR prior to the centralized unit was guided by the supervisors, and there was variance from region to region as to whether or not an administrative review was required. The DLR supervisors would often have staff complete administrative reviews, even when they were not required by policy. Therefore, there was a drop in administrative reviews completed between 2016 and 2017 by DLR as noted in the home study review results. In 2016, twenty-four (24) administrative reviews were completed and eleven (11) were completed in 2017.

The one home study in Region 1 North that was rated as non-compliant was because the applicant was not cleared at the required level. The supervisor approved it, when it required an Area Administrator to approve it. This administrative approval is in the process of being completed by the Administrative Review Unit (ARU). Region 1 North did not meet the expected 80%, but because the sample size was too small; (they only missed one out of the total of two) they were not required to complete an action plan for this question. Although, this issue was discussed at a DLR all-staff meeting to remind staff of the importance of the Administrative Reviews.

The centralized administrative approval process includes the background authorization form being sent to the centralized Children's Administrative Background Check (CABC) unit. This unit follows the criteria set by the DSHS Secretary's list of Disqualifying Crimes and Negative Actions and the Overview of Approval Process for Crimes and Negative Actions. If the results from the background check require an administrative review, this information is sent to the centralized ARU that works with the DLR management to approve or deny the administrative reviews.

Administrative Review Data
Calendar Year 2017

	Referrals from CABC to ARU	Completed	Approved	Withdrawn	Not Approved
DCFS	1,611	1,362	21%	66%	12%
DLR	614	522	56%	31%	12%
Total	2,225	1,884			

Table Data Source: Children's Administration, Administrative Review Unit; May 2018

When the applicant(s) identified adult children, did all adult children of the applicant(s) provide a reference? If not, were diligent efforts (at least two attempts) to contact those children documented?

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	88% (7)	88% (7)	100% (3)	100% (9)	83% (5)	100% (9)	93% (40)
Non-compliant	12% (1)	12% (1)	0% (0)	0% (0)	17% (1)	0% (0)	7% (3)

Table Data Source: Children's Administration, DLR Provider Home Study Review Results; July 2017

Three home studies were determined non-compliant because not all adult children provided a reference and no documentation of diligent efforts existed when a reference was not obtained. The 2017 results were an improvement of 10% from 2016, and because each of the three regions had only one non-compliant they were not required to complete an action plan for this item. The Area Administrators did address this at their all-staff meetings as a reminder to staff to contact or provide diligent efforts to contact all adult children.

Were each of the requirements met on either the Foster Home Inspection Checklist or the Household Safety Inspection for unlicensed placements?

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	94% (16)	91% (10)	100% (11)	85% (11)	90% (9)	83% (15)	90% (72)
Non-compliant	6% (1)	9% (1)	0% (0)	15% (2)	10% (1)	17% (3)	10% (8)

Table Data Source: Children's Administration, DLR Provider Home Study Review Results; July 2017

The eight home studies rated as non-compliant were due to:

- The incorrect home inspection checklist being completed
- No checklist completed
- At least one of the individual check boxes on the checklist were not completed

The 2017 statewide results showed a 9% improvement from 2016. Also, the three regions that were non-compliant in 2016 with this issue, all improved and were not required to complete an action plan regarding the checklist for 2017.

The annual home study review rates each question. The questions are rolled up for each region. Compliance is achieved on a particular question, when the region achieves compliance at 80-100% for that question. When performance is below 80% due to the failure of more than one case, an action plan with strategies for improvement is developed and monitored by the region. Results of the provider home study review are shared with the DLR management team, who in turn, meet with regional staff to discuss results and develop strategies for improvement. Regions with an action plan, report progress on each of the strategies for improvement quarterly or until their action plan is completed. The updates are reviewed by the DLR Administrator and deputy administrators. All action plans for the 2017 home study review will be completed in January 2018.

Stakeholder Feedback

There are various methods in which stakeholder feedback is solicited.

Foster parent representatives bring forward issues related to Children's Administration, including licensing regulations and consistency of practice, to a quarterly foster parent consultation workgroup. Meetings are held quarterly in every region, and foster parents at that meeting then identify two issues to bring forward to a quarterly statewide meeting with CA management.

Community providers also have a feedback loop regarding licensing standards. There is a quarterly meeting with the Washington Association for Children and Families, in which private child placing agencies and group care providers present issues related to consistency of practice. Issues addressed in the last year have included the consistency of background check processes, families transitioning between agencies, and interpretation of licensing regulations. Issues presented by this group are reinforced with ongoing meetings with staff, in order to ensure application of standards are applied equitably across the state.

Amendments or new administrative codes can be requested by foster parents, DSHS agency staff, group care facilities, and CPA's. Gathering feedback from both internal and external stakeholders is a crucial part in the process and is focused on clarity of the rules to minimize differences in interpretation and maximize application of consistent standards.

DLR proposed amendments to thirty-two WACs in 2017, with three different filings. Of the thirty-two proposed WAC amendments, seven have been finalized and made permanent. The remaining twenty-five proposed WACs remain in process to become permanent in 2018. Every WAC change is an opportunity to respond to feedback from the provider community related to potential inconsistency or confusion as to interpretation of standards. The proposed amendments were shared and feedback was requested through:

- Presentation at Indian Policy Advisory Committee (IPAC) meetings
- Presentation at the Foster Parent 1624 Statewide Consultation meetings
- Presentation at the Regional Medical Consultation meetings
- Presentations at DLR management and statewide supervisors' meetings
- Email notification, that also requests feedback was sent to the 243 CPA's or group care facilities, all DLR staff, and both internal and external stakeholders
- Email survey sent to over 9,400 foster parents or external stakeholders through the CA foster parent listserv distribution list
- Public hearing held for gathering of comments and feedback. This hearing is held in Olympia, but written comments may be submitted in lieu of attendance

The WAC filing process has several steps and timeframes that are required when amending a WAC. The first step is the filing of the CR-101, then the CR-102, which sets the date for a public hearing, and finally the CR-103, which makes the WAC permanent. This process at a minimum takes about five months. If there is feedback, the process will take longer. Feedback was received from both internal and external stakeholders on the WACs and was incorporated prior to the filing of the CR-102. There was no public comment received for the CR-102 filing for the seven WACs that have been made permanent. The remaining twenty-five WACs are in process and the public hearings will be held in 2018.

Item 34: Requirements for Criminal Background Checks

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

Washington considers the requirements of criminal background checks to be a strength. The Department must adhere to the federal standards found in the Adoption and Safe Families Act of 1997 (ASFA) when reviewing an

individual's criminal, negative action, and child welfare history prior to contracting with, licensing of, placing a child in, or authorizing any individual to have unsupervised access to children. State law and Department policy require Children's Administration (CA) to assess an individual's character, competence and suitability prior to authorizing an individual to have unsupervised access to a child. This assessment must determine if placement is in a child's best interest and review the criminal and negative action histories as they relate to child safety, permanence or well-being. CA staff must not contract with, license, place a child, or authorize unsupervised access to a child if an individual has a:

- Permanent disqualifying crime
- Five year disqualifying crime and it has been less than five years from date of conviction
- Crime or negative action that may relate directly to child safety, permanence or well-being

Background checks are required for all caregivers, child-care institution staff, and household members over the age of 16-years-old. Effective October 19, 2017, CA may require a background check for persons who are younger than 16 in situations where it may be warranted to ensure the safety of a child in out-of-home care ([RCW 43.43.832\(2\)\(a\)](#)).

In calendar year 2017, CA completed 43,510 background checks; 24,963 in-state and 18,547 national background checks. An in-state background check is a background check through the Washington State Patrol (WSP) and a national background check is a fingerprint-based background check through the WSP and the Federal Bureau of Investigation (FBI). Both include:

- Founded findings of child abuse or neglect made by CA
- Current and previous self-disclosed crimes or negative actions
- Conviction information from the WSP, Administrative Office of the Courts, Department of Corrections and new or prior Federal Bureau of Investigation results received by the Department
- Negative actions issued by CA, Department of Health and the Department's Aging and Long-Term Support Administration
- Sex offender registry check
- Out-of-state child abuse or neglect, when applicable (required for prospective adoptive and foster parents and child-care institution staff)
- Western Identification Network (WIN) conviction information shared by nine western states

A national background check is required for child-care institution staff and individuals over 18 years of age prior to a child being placed in their care. CA staff are able to access the National Crime Information Center (NCIC) database in emergent situations when there is not sufficient time to complete the national fingerprint-based background check prior to placement with kinship caregivers or suitable others. State law requires NCIC fingerprint submission to the Washington State Patrol within 15 calendar days of the background check request or the child must be removed. CA NCIC background check staff work directly with each NCIC applicant and schedules their fingerprint appointments and monitors compliance for these background checks. All other non-emergent fingerprint-based background checks require the applicant to schedule their own fingerprint appointment. The average turnaround time for fingerprint results (emergent or non-emergent) is approximately five to seven calendar days after fingerprint submission.

The FBI Criminal Justice Information Services (CJIS) policy prohibits the dissemination of criminal history record information (CHRI) to anyone outside of CA and to anyone within CA who is not certified to access CHRI. In July 2016, CA consolidated its background checks processes to a centralized unit to comply with CJIS requirements. This unit processes all background checks for the purposes of adoption, contracting, licensure, placement and unsupervised access to a child.

CA also conducts internal administrative reviews of crimes or negative actions that are not disqualifying, but may relate directly to child safety, permanency or well-being. The Department consolidated its administrative review process to a centralized unit in November 2016. Prior to November 2016, these administrative reviews were

completed by local offices and were not tracked. In calendar year 2017, CA completed 1,585 administrative reviews. Centralized, CJIS certified background check and administrative review units make a determination of fitness of the individual for which the purpose of the background check was requested by assessing an individual's criminal history, child abuse and neglect history from Washington and other states, and negative actions. Information regarding background check reviews and decisions are documented in FamLink under each applicant's person management page. The background check unit tracks all background check requests, administrative reviews, and outcomes.

Centralizing all background check processes, including administrative reviews, creates statewide consistency in the completion of background checks throughout all CA programs. Background check staff routinely provide training to new staff, programs, and offices upon request.

Background checks are necessary for gathering an individual's history of criminal and negative actions which are vital to assessing an individual's character, competence and suitability, but are not the only assessment utilized to determine child safety. There are federal categories of crimes that are automatically disqualifying, but CA has more discretion than most programs in how it reviews all other crimes. After comparing the individual's history to the federal and state criteria and the individual is determined to have passed the background check, the assigned caseworker or licenser must continue to assess the individual along with the submitted information as it relates to the child's safety and best interest. CA must not authorize unsupervised access or place a child with any individual who has not passed a background check. State law allows a court to place a child prior to the completion of a background check, but the background check is still required. In July 2017, the Department included administrative reviews when the court orders placement. Administrative reviews determine if the history relates to child safety, permanency or well-being. An individual with an ASFA crime is not eligible for an administrative review and will not pass the background check. CA staff must notify the court of any issues that relate directly to child safety, permanency or well-being revealed in a criminal, child welfare history check, or through a character, competence and suitability assessment, so the court can review its initial decision to place a child prior to the completion of a background check. For example, if the identified individual has a history of multiple DUIs, they would not be automatically disqualified as a placement option based on state or federal law. However, if this individual was to provide transportation for the child, the caseworker must complete an assessment or implement an appropriate safety plan that aligns with the purpose and results of the background check and is in the best interest of the child.

CA updated its background check policy on October 19, 2017, to provide clarification and outline a more streamlined process for completing background checks. Background checks completed for unlicensed caregivers can be used by CA's Division of Licensed Resources (DLR) in the licensing or adoption process if the child remains in the home and the caregiver chooses to become licensed or adopt the child.

CA must identify and document all household members for each placement within FamLink. CA is in the process of modifying FamLink to ensure all placements have completed the required background checks by cross-checking each household member, age 16 and older, named in the placement home to ensure a recent background check was completed for that purpose. CA anticipates this system change to be completed by the fourth quarter 2018, however, this is subject to change due to any unforeseen technology delays that may arise.

In 2017, CA provided training to the office of the Assistant Attorney General, Washington State Office of Public Defense, private CPA's, and various court commissioners, judges and officials regarding background check processes and requirements. The outcome of this information sharing has increased awareness of safety issues when a background check is not completed or an individual does not pass a background check and the court orders the placement or unsupervised access regardless.

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

"The primary review encompassed a sample of the state's foster care cases that received a title IVE maintenance payment for the six-month period under review (PUR) of October 1, 2012-March 31, 2013.

A computerized statistical sample of 150 cases (80 cases, an initial 20 oversample cases, and an additional 50 oversample cases) was drawn from state data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) for the above period. Eighty (80) cases were reviewed. Thirty-four (34) cases were excluded from the sample as there were no title IV-E foster care maintenance payments made for a period during the PUR.”

The report states that:

“In accordance with federal provisions at 45 CFR 1356.71, the state was reviewed against the requirements of title IV -E of the Act and federal regulations regarding...

- Safety requirements for the child's foster care placement as required at 45 CFR 1356.30.”

“The foster care provider's file was also examined to ensure the foster family home or childcare institution where the child was placed during the PUR was fully licensed or approved and that safety requirements were appropriately documented.”

Washington was found to be in substantial compliance. All 80 of the cases reviewed were found to have a criminal background check in full compliance with federal requirements. In addition, the report identified the state’s foster home licensing and safety requirements as a strength and promising practice.

“During this review we found foster family homes are regularly licensed and renewed with no gaps between licensing renewals. Licensing files were well organized, complete, and current. Washington has implemented a clear review process for residential care facilities. Licenses were not issued until the criminal background checks had been completed. The Washington licensing information system is integrated into the SACWIS system, enabling correct and timely claiming by the Washington Title IV-E Specialists.

For children in out of state placements, reviewers found clear documentation in the case files that the homes were fully licensed for the period the child was in the home.

Except for one non-error case (OS-10), criminal background checks and safety requirements were met in accordance with the background check requirements that covered the period of licensure for the foster family home and for childcare institutions.

Since the last review, Washington has implemented an online "Children's Administration Background Check Application" (CAB) system. This system provides licensing and eligibility staff instant access to the status and results of criminal background check for foster parents as well as staff working in child care institutions. Documentation for all criminal background checks, including every employee of residential care facilities, are entered into the CAB system.

Washington utilizes a specialized criminal records background check unit (the BCCU) to ensure completion of all records check requirements. Documentation regarding the criminal background checks is located both in the new electronic CAB system as well as in the licensing files. Reviewers noted the Background Clearance Notification Form (BAF) provided clear documentation of the results of each of the required elements of the criminal background check and included space for narrative, if needed.”

After the implementation of the Unified Home Study, DLR initiated a QA review process. The provider home study review occurred in July 2017 and the period under review was October 1, 2016 through March 31, 2017. The provider home study review evaluated 80 approved home studies, which accounted for 6% of home studies approved during the period under review. The sample is randomized and stratified as to geographic regions.

One of the questions used in the QA review is the following: “*Were background checks completed for all persons’ age 16 and older listed as a household member on the Family Home Study Application and referenced in the home study?*”. The teams are all provided technical guidance that background checks for youth age 16 and 17 years of age must include a FamLink records check and a background check conducted by the Department. Adults age 18 and older must have these checks, as well as an FBI fingerprint check and an out-of-state child abuse registry check if the person has lived outside the state in the preceding five years. During the 2017 review, this item was

rated at 90% (72 out of 80) statewide. The QA review also assesses whether administrative approvals for criminal history were properly processed according to policy. Compliance in 2017 was 91% (10 out of 11).

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

CA has a fully functional statewide process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children which need a foster and adoptive home. In addition, Washington's statewide diligent recruitment plan is fully operational. The Department utilizes two foster parent recruitment and retention providers; Eastern Washington University's (EWU) Fostering WA program who serves Region 1 and Olive Crest's Fostering Together program serving Regions 2 and 3. The current contracts end June 30, 2018 and CA is currently involved in a procurement process with new contracts to begin July 1, 2018.

Recruitment activities completed by the current contractors are coordinated with local Recruitment Development and Support (RDS) teams. Recruitment efforts include general recruitment, targeted recruitment, child-specific recruitment and collaboration with community, Tribal, youth alumni, child placing agencies, faith-based organizations and local business. The recruitment and retention contractors are regionally located to better align with local communities and to establish recruitment strategies based on the needs and goals identified by each RDS team. 21 RDS teams are established across Washington's 3 regions.

CA's recruitment efforts focus on foster and adoptive families who:

- Reflect the ethnic and racial diversity of children in care
- Are committed to the safety and well-being of children placed in their care
- Celebrate and respond to each child's unique characteristics
- Care for children of all age, gender, sexual orientation, sibling groups and children with special developmental, behavioral or medical needs

Olive Crest and EWU are in the third and final year of their existing contracts. Each agency is continuing recruitment efforts targeting diverse families to meet the unique needs of children who enter the foster care system in Washington. Priority populations in our recruitment efforts to address the needs of racially and ethnically diverse children are: Native American, African American and Hispanic families. Other specific populations identified for recruitment efforts are:

- Sibling groups
- Youth ages 13 and older
- Young adults in extended foster care
- Children ages 0 to 3 years
- Children with more intensive supervision needs
- Medically fragile children
- LGBTQ children and youth

CA, Olive Crest, and EWU provide ongoing recruitment efforts supported by the State Recruitment Information Center (SRIC). The SRIC has been operational for nearly 13 years. SRIC provides CA's recruitment contractors with an effective tracking of prospective foster and adoptive families from the point of inquiry through completion of the foster care licensing process as well as information regarding foster parent support group utilization. The recruitment and retention contractors 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.

Examples of recruitment activities include:

- Olive Crest continues to seek and build new recruitment partnerships with tribal, Hispanic, African American, and LGBTQ+ community partners and stakeholders. They continue to utilize their African American, Hispanic, Native American, sibling groups, and LGBTQ+ recruitment videos effectively in ongoing recruitment. New foster care liaisons within each school district have been invited to participate in recruitment collaborations. African American, Hispanic and Native American recruitment outreach specialists work to engage these communities to build stronger recruitment collaborations and help address the need for foster parents. Culturally relevant recruitment materials were developed with community stakeholders and are supporting recruitment within the African-American, Hispanic and Native communities. Activities include:
 - Outreach to African American businesses identified as potential recruitment partners during King County’s Black Business Mailing Campaign. Postcards with handwritten messages shared information about the need for African American foster homes. The statewide Black Dollar Business Directory was also targeted to help share recruitment messaging with local business. African American foster care community information panels were launched to share information and answer questions about the licensing process.
 - Translation of recruitment materials into Spanish and production of a Spanish recruitment video to support their Spanish speaking community information meetings in areas where the need for Hispanic/Latino homes has been identified. Prospective Spanish speaking foster parents receive tips and information in Spanish from the Hispanic outreach specialist. The specialist participates with CA in foster care recruitment radio broadcasts through the Washington Commission on Hispanic Affairs radio programming. They share recruitment messages and materials at the Hispanic Roundtable and partner recruitment efforts with Latinos Embrace Education, Latinos Unidos, and Latino Community Resource Group. Eight new Hispanic churches are now participating in recruitment collaborations. Local school districts are targeted where there are high populations of Hispanic students. Key partnerships at Hispanic churches, community and cultural centers, advocacy groups, and businesses are visited by recruitment liaisons.
 - Partnership with local RDS teams to encourage participation by Tribes, collaboration with United Indians to be present when requested to share information at pow wows, and partnership with tribal child welfare agencies to provide Native children and their caregivers opportunities to participate in traditional cultural events. These partnerships have enhanced building connections with tribal leaders and their respective child welfare agencies.
- EWU partners with Tribes, faith-based communities, African American, Hispanic, Tribal and LGBTQ+ organizations and other entities that reflect and/or understand the demographic, cultural and ethnic diversity of children entering foster care. These groups offer insight and contribute to local efforts to recruit the diversity of foster families needed for children entering foster care. EWU has begun work to build recruitment materials in language and culture responsive to the diverse populations located in Region 1. They have shifted to a stronger focus on targeted recruitment in response to the needs identified by the local RDS teams. They are seeking foster parents of color as Resource Peer Mentors (RPMs). As EWU and the local RDS teams use data to identify the diverse backgrounds of children entering care, EWU connects with those communities both personally and on-line to join with them through social media. This provides opportunities to share information about the need for foster parents within the community. Local communities are matched with an experienced RPM to provide consistency and continuity in meeting their diverse needs.
- Media engagement targets diverse communities through radio, television, newspaper and social media to help build general awareness of the need for foster parents. Partnership with radio station KDNA helps to reach Spanish speaking foster parents across eastern Washington; follow-up activities occur with the station to keep interest alive.

- EWU has expanded work with Tribal child welfare agencies to support recruitment efforts with the Yakama Nation, Nez Perce Tribe, and the cities of Wapato, Mabton, and Toppenish, all which have high Native and Hispanic/Latino populations.
- EWU has established a strong online presence and growing caregiver participation on their website, as well as several private Facebook pages to support foster parents and kinship caregivers. An additional Facebook page serves families interested in applying to become a foster parent. Online Facebook ads targeting specific recruitment efforts continue to reach specific populations in identified communities across Region 1.
- Cultural events have been identified by the RDS teams for EWU to share information. On-going communication with Tribes have assisted both recruitment contractors in building greater cultural humility, competence and stronger tribal partnerships. EWU takes its lead from the Tribes to help develop foster care recruitment opportunities or assist the Tribe in doing so. EWU has a supervisor whose experience and relationship with the Tribes have opened a number of doors for EWU. EWU has also hired two RPMs who are from the Yakama Nation. The Tribes are opening their doors for EWUs participation in pow wows and other tribal community meetings, which is strengthening recruitment efforts within the Native American community. Tribal expectations that EWU will consistently show up to their events has helped build this bridge.
- Because of the smaller population of African Americans living in northeastern and southeastern Washington, EWU has found it challenging to engage this community. Utilization of current African American foster parents in opening recruitment doors has been positive. They have only been able to hire one African American RPM to work within the community and have set a goal to hire others. They have expanded visibility within a number of the African American community events. The MLK Day March, Unity in the Community, Black-Owned Business Expo, Juneteenth and Black History Month event are events all now attended regularly. EWU developed a plan to engage EWU's Africana studies staff for assistance on how to more effectively engage this community in eastern Washington.
- EWU's work with the Hispanic community improves each year as they partner with local Hispanic leaders. Most recruitment material is now in both English and Spanish. They have established an approach to understand the needs of the community, listen to their concerns and establish recruitment efforts that are respectful and share the need of local children who are in foster care. The RDS teams help focus recruitment on communities with large populations of Hispanic families. Recruitment messaging has been assisted by the Basin Register en Espanola and the Commission on Hispanic Affairs radio broadcasts on KDNA Spanish radio. These Spanish broadcasts share the need for Hispanic/Latino and especially Spanish speaking foster families. Local DLR and SRIC bi-lingual staff respond to individuals who call for more information. Spanish speaking RPMs and bilingual staff from the SRIC offer help and support to Spanish speaking prospective foster parents who begin the process.
- To target adoption homes for children, CA contracts with Northwest Adoption Exchange (NWAEE) to provide recruitment strategies for legally free children in need of permanent homes. In calendar year 2017, NWAEE served 590 children. All children served were featured on the password-protected Washington Adoption Resource Exchange (WARE), warekids.org, and the majority were also featured on the public NWAEE website, nwae.org. In addition, NWAEE staff process and approved 1378 inquiries on Washington children from families with completed home studies and 917 inquiries from families who have not yet completed a home study. These numbers represent increases of 112.53% and 103.40% respectively, over a similar reporting period last year.

CA, the Office of Deaf and Hard of Hearing (ODHH), and Olive Crest continue to offer support to deaf and/or American Sign Language (ASL) proficient families. Olive Crest resources a Facebook page that shares information in western Washington for deaf and/or ASL foster parents, deaf children, and youth in care.

The majority of families have a (unified) home study that approves them for foster licensed care and adoption. However, there are families who complete a home study for adoption only. These families do not receive payment for placements as they are not foster licensed. FamLink does not currently track these families and there is not a clear method to identify characteristics. Typically, these homes are assigned to an adoption supervisor, the Statewide Adoption Program Manager or a licenser to monitor and refer for placements. In 2017, the Statewide Adoption Program Manger met with DLR to establish a process to identify these homes. DLR supervisors now notify the Statewide Adoption Program Manager who contacts these families and offers several recruitment strategies to assist with placement. One strategy is to establish profiles for these families on NWA website. Case workers are able to search family profiles on the NWA website for ones that meet the characteristics of the child they are hoping to place. The numbers of families on NWA is slowly increasing. Another strategy is to distribute the family's home study to the statewide Adoption Management Team. The family's information is also added to a SharePoint containing home studies of adoptive families that workers can access when seeking permanent placements. These families are also invited to attend monthly consortium meetings to introduce themselves to statewide workers as well as learn of children in need of permanent homes. CA's systemic changes implemented from the 2017 Value Stream Mapping (VSM) effort have helped standardize the capture of data on PFPs whose inquiries may have previously fallen into one of the gaps where data was not available. Many of the improvements identified through the VSM have been implemented in a coordination of efforts between CA DCFS, CA DLR, the Alliance, the SRIC, and Olive Crest, and EWU. The on-going quarterly recruitment communication workgroup shares information on process challenges to identify improvements where possible and share successes across the regions. The VSM identified a pilot project to support completion of foster parent applications during the last session of the Caregiver Core Training (CCT). Though this process is effective in the Vancouver office, the pilot did not replicate success in those CCT classes identified for the pilot. Nearly all pilot sites reported no participation or very little foster parent participation in accessing support to complete the foster parent licensing application. This may be because of the wide availability of EWU's RPMs and Olive Crest's Liaison who are available to PFPs as needed and not within a large classroom setting where PFPs may be concerned about sharing their private information. The pilot was discontinued.

Prospective foster families who respond to recruitment messages are allowed to choose the licensing agency that best fits the needs of their family. Families can be licensed through DLR, a private CPA or a Tribal agency. During 2018, the CPA's continue recruitment efforts to license more foster homes to support the needs of all children entering out-of-home care. Each CPA that licenses a new foster home, receives a small incentive. 27 CPAs continue participation in this effort, with 356 new foster homes licensed during the first four months of 2018. Of those 356 foster homes, 25% (90 out of 356) are reported with a racial or ethnic background other than White. CA released a new foster parent recruitment and retention Request For Proposals (RFP) spring 2018. The new draft contract increases the focus on recruitment of African American, Hispanic and Native American homes. Under the new contract we will request data reporting to capture the minority backgrounds for each adult in the home rather than to capture if the home is a minority home. With more than one adult caregiver in the home, CA may be under-reporting our foster parent minority backgrounds, due to the FamLink business rules related to minority reports.

The table gives a picture of the increasing number of newly licensed and total numbers of licensed foster parents over the last four years. The reduction in newly licensed foster homes in 2016 could be reflective of the contract change for foster parent recruitment and retention.

Number of Department and Private Agency Homes Licensed by Year

Calendar Year	2014	2015	2016	2017
Number of licensed homes (end of calendar year)	4,705	4,660	4,883	5,015
Number of first new licenses issued (in calendar year)	1,214	1,266	1,229	1,187
Number of renewal licenses issued (in calendar year)	594	594	515	533

Table Data Source: Count of CA Licensed Providers by Location and Type and Licensing Timeliness Report; infoFamLink; December 2017

CA continues to contract with Northwest Resource Associates to operate the Department’s SRIC. The SRIC allows prospective foster and adoptive families to submit an inquiry online or call the state’s toll-free recruitment line at 1-888-KIDS-414. Prospective foster and adoptive families contact information is automatically entered into the SRIC, with no additional work required by the contractor. Inquiries from prospective foster and adoptive families remain strong with increases in some regional areas. SRIC works well to track families through the inquiry and application process when properly entered.

In 2017, CA identified contact points that were not generating an automated entry into SRIC; but instead required direct notification to the recruitment contractor to initiate follow-up at these points:

1. An individualized inquiry is made directly to a CA staff member
2. Completion of the DLR online orientation
3. Direct contact with DLR Licensing staff

These system “holes” left prospective foster and adoptive families without important connections and support needed to navigate the foster parent training and licensing process; which led to the loss of prospective foster and adoptive families.

Below is an update to the barriers and action steps identified in the 2017 VSM.

Identified Barrier	Action Step	Action Step Update
Communication with all parties (DLR, regional program managers, the Alliance, and recruitment and retention contractors) is not consistent and allows for misunderstandings and gaps in info sharing.	Create ongoing group membership with regional support, team members who are knowledgeable of the system and work to establish open lines of communication that are streamlined and predictable; information distributed to all key parties. The Recruitment and Retention Communication group was formed and now meets quarterly to improve communication with all key parties.	Communication group meets quarterly to share information and address system barriers with key parties.
Return envelopes provided in application packets are not large enough to hold all materials.	DLR to distribute the correct size to support inclusion of all application materials. DLR has distributed the correct size envelopes for return of application materials.	Action completed and is operationalized.
Prospective Foster Parents need consistent process/response to know their application has been received.	DLR will update and ensure a 7-day response letter is sent to prospective Foster Parents. DLR updated the 7-day response letter, updated staff on its utilization and is now in active use.	Action completed and is operationalized.
Names and licensure dates of newly licensed foster parents are not provided to recruitment and retention contractors for follow up.	DLR will create a monthly report for recruitment and retention contractors that includes names by region and local office of newly licensed families. Additional report will provide names of prospective Foster Parents who submit application and/or withdraw from the application process. This effort will take more coordination than fully anticipated. It has been postponed for another year.	This has not been fully operationalized.
Current names and dates of prospective Foster Parents and current training status is not provided by the Alliance to the	Alliance is now providing a monthly report to CA statewide recruitment and retention program manager who shares the report with the recruitment and retention contractors.	The report continues to be generated monthly and provided to the Contractors and the RDS teams.

Identified Barrier	Action Step	Action Step Update
recruitment and retention contractors (Confidentiality issue between contractors).	CA regularly receives the monthly report on current training status from Alliance. This report is shared with the contractors.	
Lack of ability to track prospective Foster Parents who completes DLR's online orientation; recruitment and retention contractors can't track and support prospective Foster Parents. Online Orientation also is difficult to follow, links need to be updated and resources for help need to be on same page.	Online orientation will be updated to request contact info for each prospective Foster Parents who completes. The SRIC I-Frame will be embedded in the online Orientation to allow easy access for prospective Foster Parents. Online Orientation page will be updated to make page more user friendly CA's website containing the on-line orientation material has been streamlined and is more user friendly. The I-Frame has been embedded and is active to collect information from prospective foster parents.	The SRIC I-frame has been embedded in the on-line Orientation Power Point, with the instruction for those completing the Orientation to complete the SRIC informational form. Most prospective families are not completing the document, as it is not required to obtain their certificate of completion.
Create follow-up for walk-ins and call-ins to DLR that must be manually entered in SRIC.	DLR staff will be informed on how to share info with recruitment and retention contractors on prospective Foster Parents who make direct contact with DLR staff. The DLR staff has received updated information and training on how to share info on prospective foster parents with the recruitment and retention contractors.	Action completed and is operationalized.
DLR's application process can be confusing and prospective Foster Parents may not be aware of all requirements.	Develop a road map for prospective Foster Parents that outlines the process. The road map has been completed and is now fully utilized by prospective foster parents.	Action completed and operationalized. Anecdotal information from foster parents reports this has been a helpful tool.
Model Olive Crest's successful Liaison prospective Foster Parents application support held at Caregiver Core Training in Vancouver.	Pilot project launched at 6 sites to model successful Liaison support; track applicants who use the support. The pilot was launched and completed. This project offered an opportunity to engage prospective foster parents who need additional assistance in completing the application. Nearly all sites reported prospective caregivers did not avail themselves of this support. CA may revisit this process to determine if the sites lacked necessary privacy for prospective foster parents to feel comfortable in sharing private information.	Pilot project planned, launched and executed in all six (6) pilot sites. The resource was not utilized by foster parents at the training. The pilot was ended.
The Alliance's web registration page is confusing for prospective Foster Parents. It requires the creation of a profile and is combined with social work staff user registration.	Create separate registration pages for caregivers and professional staff. Streamline caregiver user profile. The Alliance's site has been updated and separated to assist caregivers in easily registering for classes.	Action completed and is operationalized.
The Alliance's training schedule is cumbersome; Caregiver Core Training and caregiver in-service are mixed together by date.	Alliance will streamline published schedules; separating Caregiver Core Training and in-service trainings.	Action completed and is operationalized.

Identified Barrier	Action Step	Action Step Update
	All schedules for training have been streamlined and separated to help families with registering for classes.	
No data exists on prospective Foster Parents who visit on CA's foster parent website.	Submit request for monthly user report to webmaster on view to CA's foster parent pages.	Action completed; CA is now able to assess the analytics of users on the foster parent pages. Communications workgroup has suggested this information is only needed bi-annually.

The SRIC data tracker continues to gather information on racial and ethnic backgrounds of families who submit an inquiry about becoming a foster parent. In 2017, the system completed improvements to capture stronger data about the racial and ethnic backgrounds of individuals who accessed the system.

During 2017, the SRIC reflected increased inquiries in the following categories:

- African American
- Latino/Hispanic
- Middle Eastern

Reduction in inquiries were noted in the Asian and Caucasian populations. The Native American inquiry rate has remained constant. Individuals who chose not to disclose their racial or ethnic background has decreased from 33% in calendar year 2016 to 31% in calendar year to date 2017. With 2017 not yet complete, any final changes should be re-evaluated and shared with the RDS teams for updated recruitment planning compared with local placement data to determine if on-going recruitment efforts are being focused on families who reflect the diversity and unique needs of children coming into out-of-home care. Because families can report more than one ethnicity, the totals in the chart below will be higher than the total number of families reported in SRIC for calendar year 2017.

Prospective Foster Parent Race and Ethnicity Calendar Year 2017

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Spanish Speakers	Grand Total
African American	32	19	56	130	120	106		463 (6.5%)
Asian/Pacific Islander	17	11	33	65	55	41		222 (3.1%)
Caucasian	553	316	512	572	621	919		3,497 (49%)
Latino/Hispanic	75	147	71	98	78	82	21	572 (8.0%)
Middle Eastern	6	2	8	9	7	5		37 (.6%)
Native American	32	17	30	29	29	48		185 (2.6%)
Prefer Not to Disclose	631	193	362	389	256	350		2,181 (30.2%)
Grand Total	1,346	705	1,072	1,292	1,166	1,551	21	7,157 (100%)

Table Data Source: Northwest Resource Associates, State Recruitment Information Center (SRIC) data system; Inquiries by prospective foster parents, Calendar Year 2017

For calendar year 2018, four months of data is available. The data percentages remain nearly identical with the 2017 report. Of note, inquiry numbers during the first four months of calendar year 2018 for all categories, are down 8% in comparison to the same four months during 2017. The "Prefer Not to Disclose" category presents a challenge in gathering data on families possibly with minority backgrounds, with 2181 individuals choosing this category in 2017. The SRIC contractor has been requested to implement a change to the survey and eliminate the "Prefer Not to Disclose" category beginning on July 1, 2018. This will allow CA to evaluate the data at the close of 2018 to determine if a greater number of families of color are choosing the "Prefer Not to Disclose" category. Since CA in its AFCARS data reports the adoptive parent's race/ethnicity at the time of adoption, it appears prudent to begin gathering this data as early as possible. CA's foster parent recruitment program manager will

begin working with DLR staff to emphasize the importance of gathering each foster parents racial or ethnic background at the time the foster care application is submitted.

Prospective Foster Parent Race and Ethnicity
January 2018 – April 2018

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Spanish Speakers	Grand Total
African American	10	4	17	63	24	20		138 (6.2%)
Asian/Pacific Islander	3	1	14	34	12	21		85 (3.5%)
Caucasian	196	119	182	195	196	277		1,165 (48%)
Latino/Hispanic	21	51	30	26	18	18	10	174 (7%)
Middle Eastern	1	0	1	7	2	1		12 (0.5%)
Native American	10	1	11	14	12	10		58 (2.3%)
Prefer Not to Disclose	152	64	196	145	89	141		789 (32.5%)
Grand Total	393	240	451	484	353	488	10	2,421 (100%)

Table Data Source: Northwest Resource Associates, State Recruitment Information Center (SRIC) data system; Inquiries by prospective foster parents, Calendar Year 2017

CA’s goal is to have at least one home available for each child or sibling group entering out-of-home care that would reflect their racial and ethnic background, and be able to being able to meet the child’s other needs. The duplicated count of children placed and minority foster home report charts provides some information about how CA has performed towards this goal during calendar year 2017. Due to challenges in data collection, including duplication of child counts and the manner in which race/ethnicity is captured for foster homes, the data can only be used to provide general information. Ongoing efforts are being made to improve the detail available for planning purposes.

CA has demonstrated a strong and ongoing commitment to placing children with relatives. 2018 data continues to reflect approximately 46% of children in out-of-home care are placed with kinship caregivers. These kinship caregiver placements impact the number and distribution of foster homes needed.

**Duplicated Count of Children Placed
Initial Placement Foster Home**
Calendar Year 2017

Race/Ethnicity	Foster Home/ Receiving Home
White/Caucasian	953
Black	145
Multiracial - Black	126
Hispanic	338
Native American	53
Multiracial - Native American	177
Asian/Pacific Islander	49
Multiracial - Other	32
Unknown	42
Total	1,915

Table Data Source: Children’s Administration, FamLink Data Warehouse; DCFS Youth <18 Removed during calendar year 2017 by Race/Ethnicity; January 8, 2018

**Race/Ethnicity of Children Placed
By Relative/Non-Relative Placements**
As of January 1, 2018

Race/Ethnicity	Non-Relative	Relative	Total
White/Caucasian	2,489	2,095	4,584
Native American	198	132	330
Native American- Multiracial	513	389	902
Black	429	305	734
Black- Multiracial	454	314	768
Asian/Pacific Islander	94	101	195
Hispanic	750	616	1,366
Other-Multiracial	102	119	221
Unknown	18	13	31
Total	5,047	4,084	9,131

Table Data Source: Children’s Administration, FamLink Data Warehouse; Relative versus Non-relative Placements; As of January 1, 2018

Identifying CA’s minority foster homes through multiple processes has been challenging. The SRIC reports gather inquiries of prospective caregivers, however 30% decline to share information on their racial/ethnic background. SRIC is an outside data base and does not connect with FamLink. This lack of early data on prospective families

can impede recruitment and retention contractors in providing culturally relevant and supportive services to the prospective family. FamLink is not always updated with a foster parent’s race or ethnicity when the information is gathered during the home study process. Also, in the past FamLink data has only reflected minority homes where the primary and secondary caregivers both reflect the race/ethnicity of the stated provider race category. Recently, CA’s data unit has improved its reporting capacity on minority foster homes which is reflected in the new data report below. This report captures and reports CA’s minority foster homes with a different focus than CA has previously utilized. It includes:

- **Minority foster homes:** include only licensed foster homes where at least one primary or secondary contact has a documented race that is: American Indian/Alaskan Native (AI/AN), Asian, Black/African American, Native Hawaiian/Other Pacific Islander or, Hispanic.
- **ANY Race Providers:** At least one primary or secondary contact for the provider has the race/ethnicity of the identified race/ethnicity. These providers may also be counted in other provider race categories.
- **Only identified Race/Ethnicity:** The primary and secondary contact for the provider has the race/ethnicity of the identified race/ethnicity. These providers are not counted in other provider race categories.

Licensed Foster Homes
As of January 1, 2018

	Foster Home	Private Agency Foster Home	Tribal Licensed Foster Home	Total
Number of Providers	3,235	1,731	8	4,974

Table Data Source: Children’s Administration, FamLink Data Warehouse; Licensed Foster Homes by Minority and Licensed Provider Report Summary; As of January 1, 2018

This report does not provide a sub-group for 143 mixed-race minority families contained within the population of 1163 Any Minority Families

Race/Ethnicity of Licensed Foster Homes
As of January 1, 2018

	Foster Home	Private Agency Foster Home	Tribal Licensed Foster Home	Total
Any Minority Homes	20.3% 658	28.8% 499	75.0% 6	23.4% 1,163
ANY Native American Providers	95	101	6	202
ONLY Native American Providers	54	83	6	143
ANY Black/African American Providers	183	148	0	331
ONLY Black/African American Providers	164	132	0	296
ANY Hispanic Providers	309	184	0	493
ONLY HISPANIC with White Race Providers	255	155	0	410
ANY Asian Providers	82	91	0	173
ONLY Asian Providers	62	71	0	133
ANY Hawaiian/Pacific Islander Providers	42	23	0	65
ONLY Hawaiian/Pacific Islander Providers	24	14	0	38

Table Data Source: Children’s Administration, FamLink Data Warehouse; Licensed Foster Homes by Minority and Licensed Provider Report Summary; As of January 1, 2018

This report does not provide a sub-group for 143 mixed-race minority families contained within the population of 1163 Any Minority Families

This reporting of Washington’s minority families provides a different perspective on the minority homes available for children of varied racial and ethnic backgrounds. Considering Washington’s APSR report for 2017, 723 minority homes were available to meet the needs of children. In reassessing the various minority families,

Licensing Agency	Licensed Homes
CA’s Division of Licensed Resources	658
Child Placing Agency	499
Tribal Agencies	6
Total	1,163

including those who may only have one caregiver of the documented race, it increases CA's ability to meet the needs of children entering out of home care with 1,163 minority race families. This would be a difference of 440 foster families. Of the, The breakout of the 1,163 licensed minority homes is in the table.

Of the 1,163 minority homes, 143 are multi-racial. There are 3,811 foster homes that do not have a race other than white or unknown documented.

CA will continue to focus recruitment efforts on increasing the numbers of minority families to meet the diverse needs of the children who enter out-of-home care, while simultaneously reviewing the accuracy of our data to achieve clear and comprehensive data reporting in this area.

Throughout 2018, CA will continue to build and expand our partnerships focusing on foster parent recruitment and retention. The Washington Association of Children and Families (WACF) has hired their first Executive Director. Our initial meeting has begun the building of a stronger partnership with the CPAs. The Office of the Superintendent of Public Instruction (OSPI) has also hired a new program manager to coordinate efforts with newly hired School District Foster Care Liaisons in each local school district. These new partnerships together with Washington Tribes and our many existing groups and organizations who work to improve recruitment, will help improve the process and outcomes to continuously strengthen, improve, and diversify recruitment of potential foster and adoptive families. Some of these existing groups and organizations include CA's Foster Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence, the Washington Commissions on Hispanic and African American Affairs. Many local offices are supported by foster parent Recruitment, Development and Support (RDS) teams to assist in this work. These teams bring together a variety of agencies and individuals committed to diverse caregiver recruitment and support. They continue to seek out, implement and utilize local and state data to support foster parent recruitment efforts.

CA continues to maintain approximately 30 RDS teams statewide. These teams continue to broaden their membership to include representatives from community partners such as CPAs, faith based groups, foster alumni, different racial/ethnic groups, tribes, LGBTQ+ populations, business leaders, foster and adoptive parents, placement staff, recruitment and retention contractors, and Quality Assurance – Continuous Quality Improvement staff. Each team is making strides to address the diverse needs of the children from their communities.

The RDS teams will increase their direct work with CA's new recruitment and retention contractors who will begin serving the state under a new two-year contract beginning July 1, 2018. The new contract establishes stronger recruitment ties and reporting responsibilities to the RDS teams. Efforts have been implemented to develop stronger regional supports in recruitment of foster parents and in support of kinship caregivers; both in encouraging more kin to become licensed and in assisting those kinship families in receiving supportive services. Building diversified and inclusive recruitment teams has improved recruitment opportunities within local areas. Recruitment and retention contractors have active participation in these teams. The teams receive monthly and quarterly data at monthly team meetings. The teams use child removal and placement data from the local office in concert with DLR foster home data, SRIC inquiry data. Alliance data on Caregiver Core Training (CCT) and FamLink Foster Home Application data. This allows individual teams to identify:

- local demographics on child removal and placement trends
- existing and available placement resources for children entering care
- new prospective foster parent inquiries from their local areas
- families who have completed CCT, along with those who missed sessions or may have dropped out
- activity of prospective foster families who have submitted licensing applications through both DLR or the CPAs
- the need for additional foster homes that can meet the ethnic and racial diversity of children placed in out-of-home care

Data from these resources allows each team to develop their priority recruitment efforts in concert with their recruitment and retention contractor. RDS teams brainstorm possible recruitment efforts and activities that may bring positive outcomes aimed at the recruitment priorities, based on local demographics of age, racial/ethnic background, gender, sibling status, and special needs. Teams request monthly follow-up on the contractor's recruitment efforts. Successes are celebrated; strategies are developed when challenges and barriers are encountered. Data is updated and reviewed either monthly or quarterly to allow for adjustments to recruitment, as needed. The HQ Recruitment and Retention program manager continues to work with the regions on focusing their RDS teams, setting goals, using data. In 2018 CA will improve utilization of the child placement and removal data by providing this information in report that can be filtered for local areas. This will improve the consistency of data availability and allow RDS teams to continue to focus their efforts on the areas of greatest need.

Current RDS team efforts include:

- Region 1 North: The Spokane team has begun a stronger focus on utilization of data to inform recruitment decisions. At one team session discussion focused on the apparent need for homes for teen girls. In review of local child placement data, the results were apparent that placements for young children 0 to 5 years were needed just as much. This utilization of data has helped the team have greater understanding of data driven recruitment planning and provide recommendations to the recruitment contractor about the actual need in their area.
- Region 1 South: Started RDS teams in the Toppenish and Sunnyside offices. These offices serve a high Hispanic and Native American population. RDS team facilitators are bi-lingual which encourages greater participation from the bi-lingual community. RDS teams in this area are gaining momentum after the establishment of several local office teams serving densely populated Native American and Hispanic populations. These teams continue to work towards building broader teams through community partnerships. The recruitment contractor has found good support in learning more about approaching and offering partnerships with local tribes through these local office teams. An effective focus on the need for respite caregivers has helped direct the recruitment contractor in messaging this need to the communities.
- Region 2 North and South: Region 2 continues strong partnership with the Union Gospel Mission and its Foster Support Faith Alliance. This partnership continues to open doors within racially diverse communities. Over the last year the team effectively utilized an intern well versed in data management to provide monthly reports to the teams with information about child placement, numbers of current foster homes and utilization rates. These teams have also focused the recruitment contractor's outreach, based on local need, to schools with larger populations of Hispanic and Native American children.
- Region 3 North: The local RDS groups participated in the Black Business Mailing Campaign. The RDS teams identified African American businesses and sent postcards to the business owners during the campaign. Each postcard carried a hand-written message about the need for African American foster homes. Four business owners responded with interest to have more information provided to their office staff.
- Region 3 South: RDS teams in this area have developed a partnership with a core group of 13 churches supporting foster care recruitment and retention efforts. The local recruitment contractor has participated with this group in organizing and participating in Orphan Sunday where the church membership learns about the need for a diversity of foster parents and the local needs of the child welfare agency in placing children. These churches also have established the Foster Aware and UNITE event, a community forum that invites families from the churches and local community to a weekend event which promotes the need for foster parents for children from the local area.

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

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

Washington State Children's Administration utilizes a statewide process outlined in policy for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. As of December 31, 2017, 1,821 children were legally free in Washington state. Beginning June 2016, the HQ Adoption Program Manager initiated a monthly review of children who have been legally free over one year without achieving permanency. The data is reported monthly to the adoption management team and used to ensure recruitment efforts are being followed to track barriers to permanency and work with the adoption management team to strategize solutions. CA is unable to identify the number of children who are legally free and not in their permanent placement due to inconsistent data entry in FamLink. Changes to FamLink are required in order to utilize an electronic report for accurate tracking and identification of legally free children placed in their permanent placement. CA is unable to identify the percentage of legally free children in permanent placements through FamLink, however, periodic reviews completed in 2017 for this population indicates that

Children Legally Free Over One Year

	Region 1	Region 2	Region 3	Total
January 1, 2017	196	196	166	558
February 1, 2017	178	187	164	529
March 1, 2017	166	198	157	521
April 1, 2017	174	200	164	538
May 1, 2017	182	197	165	544
June 1, 2017	190	205	163	558
July 1, 2017	188	209	178	575
August 1, 2017	209	267	203	679
September 1, 2017	173	230	166	569
October 1, 2017	196	232	208	636
November 1, 2017	177	212	158	547
December 1, 2017	178	189	163	530
January 1, 2018	204	195	170	569

Table Data Source: Children's Administration FamLink; PQR 360; Calendar Year 2017; May 18, 2018

approximately 30% of children legally free over one year are not in permanent placements. This supports the conclusion that approximately 70% of legally free children are in their permanent home of choice and do not require recruitment or cross-jurisdictional resources. The other barriers to adoption are court appeals, home studies, ICPC issues and concerns with the placement resource.

Recruitment efforts for a permanent placement begin prior to the child becoming legally free. Washington's statewide policy requires if a child is not in a potential permanent placement, he or she must be registered with the Washington Adoption Resource Exchange (WARE), within 30 days after a termination of parental rights petition has been filed. The WARE resource is only available to families residing in Washington State. Between July and December 2017, there were 276 children registered on WARE; of those, 56.88% were aged 12 or older and 44.20% were minority youth. In addition, 63.77% were males, 34.78% were females and 1.45% identified as transgender. CA is unable to calculate the number of children eligible to be registered on WARE with the current FamLink data system. A workaround utilizing the revised court report is being established to access this data, however, there is no completion date identified due to program needs and prioritization of other requests. There has been a decrease in registrations and placements through Northwest Adoption Exchange (NWAE) compared to the previous reporting period (January 2017-June 2017). Barriers to registrations remain consistent with past challenges. These include: worker unfamiliarity with WARE and NWAE, delays in the process of terminating parental rights of children in care with a plan of adoption, and case worker turnover. NWAE staff conduct outreach and trainings with DCFS caseworkers and work closely with regional program managers to encourage registrations.

Children registered on WARE can also be presented at monthly statewide adoption consortiums. In June 2016, CA initiated monthly statewide adoption consortium meetings. Consortiums provide an opportunity for adoption caseworkers, CFWS caseworkers, DLR staff, guardian ad litem, CASAs, private agency staff (caseworkers, supervisors, or directors), and families to meet and present information on children who are in need of permanent homes. The families presented or in attendance have an approved home study and are awaiting a child placement. Video conference sites are located across the state in specific CA offices and a conference call line is available for those private agencies and families who reside out-of-state. In May and October 2017, five

out-of-state agencies consistently participated in our monthly consortium. In June and October 2016, and May and October 2017, CA hosted consortium events where in-person attendance was encouraged to allow caseworkers to meet private agency workers and families face-to-face. In addition, CA used these events as an opportunity to provide cross-training. Training topics included permanency considerations, team building, and best practice ideas when assessing families for placement.

As a result of consortiums, Region 1 reported an increase in home studies of families interested in the placement of legally free children and has reported successful placements. Region 1 has fewer local adoption agencies than Region 2 and Region 3, so the ability to connect with agencies across the state has contributed to the placement increase. Both Region 2 and Region 3 also report placement matches as a result of consortium presentations. CA is not able to measure placement outcomes from consortiums as reporting relies on caseworker response. The hope is to build a mechanism for reporting in the future; until then, CA is tracking anecdotal data.

When a child becomes legally free, recruitment efforts also include registration with Northwest Adoption Exchange (NWAEE), AdoptUSKids, WACAP Waiting Child and other exchanges; in addition to WARE registration and monthly consortiums. CA contracts with Northwest Resources to manage NWAEE, as well as, all exchange registrations for a legally free child. Northwest Resources recruitment also includes a Specialized Recruitment Program (SRP) which provides focused, intensive recruitment efforts for each child enrolled in the program. Children typically enrolled in SRP have been legally free for over a year and/or have significant behavioral and/or emotional issues. Enrollment in SRP is capped at 20 children and is the number served in 2017. Northwest Resources also provides photographers from across the state to take professional photos of the child for recruitment profiles. Child recruitment efforts also include the Wednesday’s Child program (available in Western Washington), Saturday’s Child program (available in Eastern Washington), and assignment of a worker from Wendy’s Wonderful Kids (WWK) (available in King, Pierce and Thurston counties).

For children placed out-of-state who require contracted services and his or her permanent plan is adoption, CA has a Purchase of Services (POS) program. The program and contracts are negotiated and created by the HQ Adoption Program Manager for consistency; funding for services comes from CA HQ budget. To apply for POS funds, caseworkers must present a copy of the shared planning meeting notes to support the transition and placement stability of the child. The meeting notes must identify that the matched family is able to meet the child’s needs. The caseworker must also include a transition plan, a copy of the family’s home study and a list of any necessary services the family and/or child is in need of to support transition and placement stability. As of October 2017, there are 16 out-of-state agencies contracted under the POS program. Those agencies provide monthly health and safety visits, as well as, reports and adoption finalization services for a fee. The POS program can be used to address barriers to adoption finalization. These include, counseling to stabilize the placement, completion of home studies and other supports in the adoptive home. January 2017 through December 2017, six (6) children placed out-of-state with a POS contract were adopted and one (1) placement disruption occurred.

Sixteen children placed out-of-state with POS funding remain in placement as of December 2017.

Legally free children in cross-jurisdiction placements with POS contract are tracked by the HQ Adoption Program Manager. Monthly supervision reports are received and reviewed as continued assessment of the placement and safety and well-being of the child.

In calendar year 2017, CA made 172 (out of 851) referrals to Interstate Compact on the Placement of Children (ICPC) for adoptive placements out-of-state. There were 92 Washington children placed in out-of-state permanent adoptive placements. During this same

Count of ICPC Placement Referrals

Race and Ethnicity	Referrals
Asian/Pacific Islander	12
Black	85
Hispanic	108
Multiracial-Black	78
Multiracial-Native American	59
Multiracial-Other	16
Native American	37
White/Caucasian	391
Unknown	3

Table Data Source: Children’s Administration FamLink; PQR 1438; December 2017

time period, 100 Washington children placed in out-of-state adoptive homes achieved permanency.⁴³ The ICPC program works with the HQ Adoption and Permanency Program Managers. The ICPC unit provides guidance and support to field staff and other states in all matters related to interstate placements. When Washington is the receiving state, the ICPC unit works with DLR staff to complete the unified home study process. The DLR completes ICPC relative, foster licensing, and adoptive home studies, Department of Children, and Family Services complete the ICPC parent home studies and provide courtesy supervision. WA uses the Unified Home Study to assess kinship, foster parents, and adoptive homes. The unified home study is completed on caregivers to assess the potential for permanency from the initial home study process so permanency can be achieved without delay. ICPC is a specialized topic and to meet the needs of staff, an ICPC e-learning was developed in 2015. This learning format is accessible to staff at all times. The e-learning provides a general overview of the ICPC process for both incoming and outgoing requests and placement process. ICPC staff is available to train in-person as needed and to problem solve with staff and stakeholders (court, caregivers, and other states).

Barriers to the use of cross-jurisdictional resources

One barrier to the use of cross-jurisdictional resources is lack of knowledge by staff about resource availability. Training on the use of cross-jurisdictional resources for children in need of permanent placements is provided to CA staff during RCT, ICPC e-Learning, and twice yearly at adoption specialized track training which is required training for statewide adoption staff. At adoption specialized track training, the HQ ICPC Supervisor provides a two-hour session on the ICPC process and rules. Information is also provided to staff regarding those states requiring a private contract with agencies for placement, monthly supervision and adoption finalization.

Another barrier is CFWS caseworker’s inconsistent knowledge about recruitment strategies and policy. Some CFWS caseworkers are not informed about the policy related to WARE registration for children who are not in permanent placement or the ability to present a child at consortium after the termination of parental rights petition has been filed. In some regions, CFWS caseworkers retain the cases after the child becomes legally free and have not taken the specialized adoption training offered by CA. This training is required for adoption staff but attendance is voluntary for CFWS staff. The specialized adoption training ensures that caseworkers have the necessary information, resources and skills to meet the children’s permanency needs for children in need of permanent placements who are not returning home. Strategies to increase knowledge of available resources include having adoption staff attend all permanency planning meetings and including some generalized information in RCT. Adoption staff are specifically trained on permanency options and recruitment strategies. They are also asked to attend shared planning meetings as the permanency experts to help educate staff and community members. Permanency leads in each region are notified when a child is identified as not in a permanent placement. The permanency leads follow-up with the caseworker and supervisor to ensure CAs recruitment policy is followed and will assist with the consortium presentation.

Timely ICPC Home Study Decisions Provided by Washington to Sending State in 60 days or less

	Region 1 East	Region 1 Central	Region 2 North	Region 2 South	Region 3 North	Region 3 South	HQ	Grand Total
Calendar Year 2016	48% (60)	45% (39)	45% (49)	40% (30)	60% (63)	44% (102)	52% (130)	47% (473)
Calendar Year 2017	47% (78)	37% (59)	49% (65)	32% (81)	25% (91)	46% (153)		39% (527)

Table Data Source: Children’s Administration, HQ ICPC Unit Hand Count; Calendar Year 2016 and Calendar Year 2017

Timely completion of home studies through ICPC is another identified barrier. WA is required to have a home study and placement approval from another state prior to placement. The Safe and Timely Interstate Placement of Foster Care Act of 2006 requires states to complete home studies within 60 days. If the home study is not complete on the 60 day, the receiving state should provide a report to the sending state indicating the reasons for

⁴³ Data Source: Children’s Administration FamLink; PQR 1438; May 2018

delay. January through June 2017, 42% (113 of 269) of home studies from another state were completed and received within 60 days. Washington has limited control over how quickly another state provides a home study. January 2017 through December 2017, Washington received 896 interstate requests to place a child from another state. Potential permanent placements were identified for 136 (out of 896 received) of the requests and 123 adoptions were completed January 2017 through December 2017. The HQ ICPC Program Manager will continue to strategize with DLR and the CA data team regarding the reasons for delays, identify issues, and create a plan to increase the completion rate of timely placement decisions. There are many factors which impact the timeliness of permanency across state lines. Several of the challenges are the data can span multiple years and differences in policy between sending and receive states affects when home studies can be requested or completed.

Overall, cross-jurisdictional placement across the state is a practice strength because it allows CA to place children in potential permanent homes much sooner than the typical ICPC transition times. While Washington state is experiencing a placement crisis for children in out-of-home care, the use of cross-jurisdictional resources is limited by CA policy and best practice for children and families. First out-of-home placement priority for children is within their locale, then county, then within WA state before caseworkers would consider out-of-state placement, unless the placement was with a kinship caregiver and continued contact with biological parents was not in the child's best interests. Use of out-of-state resources is limited because of the CA goal of keeping family members within close proximity and connected. Placement out-of-state does not align with that practice unless it is in the child's best interest to do so.

Cross-jurisdictional resources in general are used for kinship placements, legally free youth, and/or those youths not requiring reunification services with their biological parents. CA has a centralized relative search unit that works to locate relatives for every child through family interviews and computer search. CA has expanded its efforts for cross-jurisdictional placement of legally free youth through the advancement of monthly consortium events. In 2015, CA also improved the vetting process for children placed out-of-state so that agency's ability to support placement and the appropriateness of the match between child and family are closely assessed. This has dramatically decreased the number of out-of-state adoptive placement disruptions.

Section III: Plan for Improvement

Overview

Child safety and engagement with families is at the center of the Department's practice and improvement activities. 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, Indian Child Welfare and Disproportionality, 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 last year, CA has been continuing to implement strategies submitted in the action plans included in the 2015-2019 CFSP and updated subsequent APSRs. Additional strategies, both regional and statewide, have been developed through analysis of administrative data, practice, and case review results.

Strategies implemented in 2017 and those which will be implemented in 2018, are included under the specific action plan section.

Updates to Action Plan

Over the last year, CA worked on the individual action plans originally included in the 2015-2019 CFSP to realign the identified goals and objectives with CFSR measures. Based on this work, action plans and items will not match previously submitted action plans.

New action items have been noted and include the intended outcome and a target completion date.

Completed action items have been grayed out along with a status update. Completed action items will remain on the plan for improvement to reflect work completed during the 2015-2019 CFSP reporting period.

Safety Action Plan

2015-2019 CFSP Statewide Safety Action Plan

Goal 1: Increase and maintain performance regarding the timeliness of initiating investigations					
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
1.1	Intake policy and screening guide is being updated to reflect current policy and timeframe requirements	To provide intake staff with a updated document that guides them on how to accurately screen intakes and in what timeframes they should be completed.	March 2017	July 2017	Complete – September 2017
2019 APSR Update:		Intake guide and screening tool updated in September 2017 and are available to staff statewide. Stakeholder feedback included intake supervisors and AA's across the state and CA AAG review.			
2018 APSR Update:		Intake policy has been updated and completed as of March 2017. The guide and screening tool are in progress.			
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
1.2	IFF policy update with clarification of extension use	Improve performance on CFSR measure	April 2017	July 2017	Complete – October 2017
2019 APSR Update:		IFF policy was updated in October 2017. Stakeholder feedback included: HQ staff, regional and office level staff statewide.			
2018 APSR Update:		Drafts are in progress			
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
1.3	Review law enforcement protocol and its use in extensions in curriculum	Improve performance on CFSR measure	January 2017	September 2017	Complete – June 2018
2019 APSR Update:		Regional Safety program staff meet quarterly with their local stakeholders which include Prosecutors, Law Enforcement, Other First Responders (EMT), and Parent Allies. During these meetings, stakeholder's provided input into the law enforcement protocol which was then shared with the HQ Program Managers. Additional stakeholder input was provided by the Children's Advisory Center. The information gathered was utilized in the development of the CPS in-service curriculum as well as the CPS Investigations and CPS FAR practice guides. CPS in-service curriculum was completed June 2018.			
2018 APSR Update:		CPS in service curriculum is in progress			
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
1.4	Develop and implement health and safety report for in-home cases	Consistent monthly visits with children	January 2017	August 2017	Complete – August 2017

2019 APSR Update:		FVS in home cases health and safety report completed August 2017. Stakeholders included: HQ and Regional program staff and office level staff statewide.			
2018 APSR Update:		Pilot in progress			
Goal 2: Increase services to the family to protect children in the home and prevent removal or re-entry into foster care					
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
2.1	Domestic Violence policy has been developed for caseworkers across program areas and training to support the policy is being rolled out statewide.	To increase caseworker knowledge around services and interventions related to safety that can be offered to families with cases involving domestic violence.	January 2017	December 2017	Complete – March 2017
2019 APSR Update:		<p>Washington Collation Against DV participated through in-person meetings and co-authored the DV Practice Guide, as well as, to help inform the mandatory training. Partnering with CA policy staff (DV and Safety) was the Alliance to provide the contract for Anne Ganley PhD, a national subject matter expert to contribute to the curricula development and implementation of the training content. Feedback was collected from CA staff through a Domestic Violence workgroup that supported improvements on the training content and delivery.</p> <p>WACADV has a board of directors that includes representatives from member programs and communities. WACADV was founded by survivors and their allies. Also participating in the work was Tracy Parker at Save House (Federally funded program).</p> <p>The CA Domestic Violence policy was updated to reflect the work completed by the Domestic Violence workgroup and incorporated their feedback and input.</p> <p>Training continues as needed across the state.</p>			
2018 APSR Update:		Training was developed and continues as needed across the state since March 2017.			
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
2.2	Policy regarding the Plan of Safe Care has been enhanced by creating and requiring a form for caseworkers across programs to use when they have a case involving a substance affected newborn.	For staff to have a useable document that outlines all of the federal requirements for the Plan of Safe Care related to services that should be offered to the family. The form is an NCR form and is able to be left with the family and documented in FamLink.	September 2016	December 2017	Complete – March 2017
2018 APSR Update:		Policy completed and practice implemented and in use across the state in March 2017.			
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
2.3	Develop a practice guide for CPS investigators and CPS FAR caseworkers that includes practice competencies, critical thinking	Draft guide is available and disseminated to staff.	January 2016	December 2017	In process

	processes, policies and laws related to child safety.				
2019 APSR Update:	Stakeholders input from action item 1.3 was utilized to develop the CPS investigators and CPS FAR practice guides. External stakeholders include Prosecutors, Law Enforcement, Other First Responders (EMT), and Parent Allies through meetings with local Safety program staff and the Children’s Advisory Center. This is still in progress and has been discussed and reviewed at statewide CPS Leads meeting for development.				
2018 APSR Update:	Draft has been developed, policy changes need to be added.				
Goal 3: Increase performance related to risk assessment and safety management					
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
3.1	Intake policy and screening guide is being updated to reflect current policy and timeframe requirements.	To provide intake staff with a updated document that guides them on how to accurately screen intakes and in what timeframes they should be completed.	March 2017	July 2017	Complete – September 2017
2019 APSR Update:	Intake guide and screening tool updated in September 2017 and are available to staff statewide. Stakeholder feedback included intake supervisors and AA’s across the state and CA AAG review.				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
3.2	Domestic Violence policy has been developed for caseworkers across program areas and training to support the policy is being rolled out statewide.	To increase caseworker knowledge about when domestic violence impacts child safety and train caseworkers on how to effectively screen and assess cases involving domestic violence.	January 2017	December 2017	Complete – March 2017
2019 APSR Update:	Washington Collation Against DV participated through in-person meetings and co-authored the DV Practice Guide, as well as, to help inform the mandatory training. Partnering with CA policy staff (DV and Safety) was the Alliance to provide the contract for Anne Ganley PhD, a national subject matter expert to contribute to the curricula development and implementation of the training content. Feedback was collected from CA staff through a Domestic Violence workgroup that supported improvements on the training content and delivery. WACADV has a board of directors that includes representatives from member programs and communities. WACADV was founded by survivors and their allies. Also participating in the work was Tracy Parker at Save House (Federally funded program). The CA Domestic Violence policy was updated to reflect the work completed by the Domestic Violence workgroup and incorporated their feedback and input. Training continues as needed across the state.				
2018 APSR Update:	Training was developed and continues as needed across the state since March 2017. <i>This action item is the same as safety strategy 2.1</i>				

Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
3.3	Policy regarding the Plan of Safe Care has been enhanced by creating and requiring a form for caseworkers across programs to use when they have a case involving a substance affected newborn.	For staff to have a useable document that outlines all of the federal requirements for the Plan of Safe Care related to child safety and medical needs of the infant. The form is an NCR form and is able to be left with the family and documented in FamLink.	September 2016	December 2017	Complete – March 2017
2018 APSR Update:	Policy completed and practice implemented and in use across the state in March 2017. <i>This action item is the same as safety strategy 2.2</i>				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
3.4	Regional implementation of Safety Boot Camp, which was developed and rolled out statewide during CY 2016. Regional QPS and CPS Lead staff will continue to roll out the training to new and existing caseworkers as needed across the regions.	Ongoing development of staff skills related to assessing child safety, dynamics of child abuse and neglect from a medical perspective, and lessons learned.	January 2017	December 2016	Complete – December 2016
2018 APSR Update:	This was completed and regional staff offer the training as needed since December 2016				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
3.5	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.	January 2017	December 2017	Complete
2019 APSR Update:	Over the last year, Children’s Administration and the Alliance have been working to redesign the RCT curriculum for newly hired social support specialists. The primary reasons identified for the redesign included concerns about newly-graduated caseworkers lacking field readiness. The redesigned RCT was launched in November 2018 and included practical training on: completing assessments, case planning, service delivery, FamLink, working with families and family support networks, use of the Shared Planning Model to engage families in case planning, placement decisions, court process and procedures, and safety and permanency planning.				
2018 APSR Update:	In progress				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
3.6	Update the Structured Decision Making Risk Assessment (SDMRA) guide and policy.	Increase staff ability to assess risk along with child safety and update with differential response language.	August 2017	December 2018	In process

2019 APSR Update:	In progress; waiting for funding approval and development of training curriculum				
2018 APSR Update:	In progress				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
3.7	Update CPS in-service curriculum and training.	Increase CPS staff skill to offer investigation and FAR responses, assess child risk and safety, offer appropriate services to safely maintain children in their home	January 2017	September 2017	Complete – June 2018
2019 APSR Update:	CPS in service curriculum was completed June 2018. Stakeholders included: HQ staff, regional and office level staff statewide. Feedback from LE and CAC's were also gathered.				
2018 APSR Update:	In progress				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
3.8	Develop and implement health and safety report for in-home cases	Consistent monthly visits with children	January 2017	August 2017	Complete – August 2017
2019 APSR Update:	FVS in home cases health and safety report completed August 2017. Stakeholders included: HQ and Regional program staff and office level staff statewide. <i>This action item is the same as safety strategy 1.4</i>				
2018 APSR Update:	Pilot in progress				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
3.9	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.	Draft guide is available and disseminated to staff	January 2016	December 2017	In process
2019 APSR Update:	Stakeholders input from action item 1.3 was utilized to develop the CPS investigators and CPS FAR practice guides. External stakeholders include Prosecutors, Law Enforcement, Other First Responders (EMT), and Parent Allies through meetings with local Safety program staff and the Children's Advisory Center. This is still in progress and has been discussed and reviewed at statewide CPS Leads meeting for development. <i>This action item is the same as safety strategy 2.2</i>				
2018 APSR Update:	Draft has been developed, policy changes need to be added				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status

3.10	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.	April 2016	December 2016	Complete - December 2016
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Permanency Action Plan

2015-2019 CFSP Statewide Permanency Action Plan

Goal 4: Strengthen statewide infrastructure to support permanency					
Action Item	Intended Outcome	Begin Date	End Date (Target)	Status	
4.1	Statewide permanency CQI team formed including external stakeholders. Develops and finalizes permanency CQI plan	CQI plan completed implementation in process CQI Plans are ongoing	March 2015	May 2015	Complete
2019 APSR Update:	<p>Permanency Summits were created through a recommendation from the Statewide Permanency CQI workgroup. The criteria for selecting the locations for Permanency Summits was determined by counties with longest length of stay that lack court system improvement resources, such as state Family and Juvenile Court Improvement Program (FJCIP) grants and the Court Improvement Training Academy (CITA) Tables of Ten stakeholder groups.</p> <p>The first Permanency Summit was held in September 2016 in Clark and Cowlitz Counties. In 2017 Grant and Benton/Franklin Counties held permanency summits. The CQI workgroup co-chairs facilitated discussions with the local stakeholder groups to share information and plan for the summit. The summits culminate in the creation of action plans for each of the selected counties, and the Permanency CQI workgroup tracks the progress of the action plans.</p> <p>These permanency summits facilitate better working relationships between child welfare partners, in and out of the courtroom. The action plans created by each community will work toward reducing lengths of stay and increasing reunification and permanency rates and ultimately improving permanency outcomes that will be measured in the 2018 Child and Family Services Review. The goal is to provide two to three summits per year, depending on available resources.</p>				
2018 APSR Update:	<p>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.</p> <p>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.</p> <p>Charter developed. Ongoing meeting have been occurring since 5/20/15.</p> <p>Team held first Permanency Summit in September 2016 for Clark and Cowlitz Counties.</p>				
Action Item	Intended Outcome	Begin Date	End Date (Target)	Status	
4.2	Develop/identify key permanency data measures for ongoing progress and performance review.	List of measures, reports and reporting frequency will be available and provided.	September 2014	September 2014	

2018 APSR Update:		Data discussed and disseminated at CFWS/Permanency Leads meetings. Data is a standing agenda item for all meetings. Additionally, statewide QA/CQI team reviews permanency data monthly in preparation for CFSR. All data now includes race/ethnicity detail for disproportionality work.			
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
4.3	Develop a team with statewide representation that will meet to focus on permanency issues.	Meetings will be scheduled and occur monthly – primarily in person	July 2014	December 2016	Complete – December 2016
2018 APSR Update:		Meetings began in September 2014 and continued through June 2015. The meetings were restarted in 2016 and continue monthly.			
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
4.4	A workgroup will be established to validate and correct all guardianship data in FamLink legal tab	To improve the accuracy of guardianship data	July 2016	December 2018 December 2017	In process
2019 APSR Update:		<p>A Guardianship Data workgroup was established in June 2017 consisting of HQ program manager, HQ fiscal staff, Region 2 QA/CQI staff, Regional Guardianship Gatekeeper, Regional Adoption Area Administrator, and Information Technology staff. The workgroup did not include external stakeholders due to the confidentiality of information included in FamLink and the primary focus of work being data cleanup.</p> <p>Approximately 3,000 guardianship cases were identified as having incorrect documentation, such as payment codes, legal outcome, guardianship status, or PCA status. The workgroup reviewed these cases and documentation corrections were made to approximately 500 cases. Nearly half of the remaining cases have been reviewed and the necessary corrections have been noted. As time permits, the documentation issues will be corrected in FamLink. The remaining cases have been reviewed, however due to FamLink permissions, corrections could not be made at the time of the review.</p> <p>As a result of the data cleanup, the HQ Adoption and Guardianship Program Manager has submitted a FamLink change request to require PCA be closed and documentation of the dismissed dependency before guardianship payments can begin. The change request has been marked as urgent, however a release data has not been provided due to other technology work being completed.</p>			
2018 APSR Update:		Data review and analysis is continuing with emphasis on improving data entry in FamLink.			
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
4.6	Develop curriculum on caseworker participation and engagement during Shared Planning Meetings	Complete curriculum and implement the training.	July 2016	December 2018 December 2017	In process
2019 APSR Update:		The HQ Permanency Planning program manager is working with the Alliance to develop curriculum for caseworkers regarding participation and engagement during Shared Planning Meetings. Prior to			

	<p>finalization, the curriculum will be reviewed and feedback will be incorporated from CFWS Leads, Shared Planning Leads, Parent Allies, Caregivers, AAG, and Courts.</p> <p>The training will be made available to all CA staff and a post training evaluation will be offered. Alliance and CA will monitor the evaluations to monitor training relevance and identify any necessary curriculum revisions.</p>				
2018 APSR Update:	Collaboration with the Alliance for Child Welfare is in process to complete curricula.				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
4.7	Improve facilitation of Shared Planning meetings	Create a sustainable structure for facilitation of shared planning meetings that support consistency in quality and quantity of meetings.	July 2017	December 2018 June 2018	In process
2019 APSR Update:	<p>Work related to the creation of a sustainable Shared Planning Meeting structure is ongoing and has focused primarily on information gathering. Information regarding the current use and quality of Shared Planning Meetings has been discussed with several groups and forums, including:</p> <ul style="list-style-type: none"> ▪ Statewide FTDM Supervisors, CFWS, and Permanency Leads. ▪ Caseworkers, Regional Program Managers, SPM facilitators, and Tribal representatives through Parent Engagement training. ▪ Parent Engagement trainings have also been provided at the 2018 Children’s Justice Conference and 2017 CASA Conference. ▪ Parent Child Visitation forums held in Grays Harbor, Thurston, Mason, Whatcom, and Grant Counties. <i>(See Action Item 4.8, 2019 APSR Update for additional information)</i> <p>The statewide Parent Allies group and Office of Public Defense have raised questions regarding FTDM and Shared Planning Meetings. Plans have been made for a SPM supervisor to attend a future Parent Ally and OPD Attorney training to address questions and gather feedback.</p> <p>The June 2018 Area Administrator conference will include a discussion about SPM, specifically Permanency Planning Meetings.</p> <p>Updates have also been made to the FamLink Shared Planning Meeting report to identify the date and type of the next shared planning meeting based on entry of the previous shared planning meeting. Regional QA/CQI staff utilize the report to inform supervisors when SPM permanent planning meetings are due, to coordinate scheduling, and ensure the meeting is completed.</p>				
2018 APSR Update:	Facilitation structure for all shared planning meetings is being assessed to support increased facilitation and quality of meetings including development of communication tools.				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
4.8	Provide enhancements to parent-child-sibling visits	Earlier reunification and parent engagement	July 2017	December 2018	In process

2019 APSR Update: Over the last three years, visitation has been widely discussed by stakeholders, CA staff and leadership, and our legislators. CA has developed a strategy which will begin to change the culture of visitation. This work requires partnership to succeed and initial priorities include:

- Improve early visitation experiences for parents
- Develop common understanding and language between CA and stakeholders
- Increase systemic compliance with CA’s parent, child, and sibling visitation policy

The following counties have been selected as pilot locations for this work based on their existing relationships with court partners. Grays Harbor, Thurston, Mason, Whatcom and Grant Counties. Counties that participate in the pilot can expect:

- Refresher for CA field staff regarding the updated Parent-Child Visitation policy
- Targeted case review of CA records regarding parent-child visitation. The case review will be completed by the CA Centralized Case Review Team.
- One-day Parent-Child Visitation (PCV) Forum with local stakeholders
- Supported Visits pilot with one visitation provider per county
- Consultation and feedback from CA, visitation providers, and stakeholders

Grays Harbor hosted the first PCV forum in October 2017 and a targeted case review was completed last fall. Forum participants included OPD, CASA, GAL, CA, AOC, and Parent Allies. Word spread about the success of the PCV forum and a judge in Thurston County required that a forum be held with combined Thurston and Mason counties. Whatcom and Grant counties will also host the forums. The supported visitation model will be piloted in Grays Harbor with Thurston, Mason, Whatcom, and Grant counties following after their PCV forums. Counties that participate in the pilot can expect visitation providers who have received trauma-informed training on recognizing the basics of parent and child attachment, practicing cultural humility, and skills necessary to support a parent’s visit with their child. Providers will also become familiar with the concrete goods policy supporting visitation.

CA contract with the University of Washington’s Nursing Child Assessment Satellite Training (NCAST) to develop and provide training to the pilot sites. NCAST has extensive history providing evidence-based training around childhood development and the effects of early childhood trauma. In addition to the initial training, the pilot sites will receive five subsequent coaching sessions.

The Grays Harbor visitation provider will be trained on April 9, 2018. PCV forums for Thurston and Mason, Grant and Whatcom counties are being scheduled. Efforts are underway to identify training dates for visitation providers and begin coordination with offices. The pilots will be evaluated prior to statewide implementation.

2018 APSR Update: The parent-child-visit contract being updated and feedback is being gathered.

Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
4.9	Update practice expectations regarding use of another permanent planned living arrangement for youth 16 and older and modify or create new tools to support staff, youth and caregivers	Appropriate usage of plan for youth 16 and older and increased youth understanding and involvement in case planning	July 2017	December 2018	Work has been merged with Permanency Action Item 4.11.
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
4.10	Increase staff awareness and use of parent engagement strategies	Increased parent involvement in case	July 2017	December 2018	In process

		planning and more timely permanency outcomes			
2019 APSR Update:	<p>The Children’s Administration launched a parent engagement campaign in November 2017 to grow caseworker engagement with mothers and fathers. Feedback via meetings with Parent Allies and OPD informed the campaign materials and revisions were made based input provided.</p> <p>The campaign includes training, tip sheets, general reminders, and regional and state messaging. In addition to growing parent engagement practice, the campaign supports a culture shift that focuses on parent involvement in case planning and normalizing experiences for children during their time in out-of-home care.</p>				
2018 APSR Update:	Strategy and plan are in development				

Action Item	Intended Outcome	Begin Date	End Date (Target)	Status	
4.11 NEW	<p>Caseworkers have a lack of understanding about concurrent planning and the best permanency planning option based on circumstances of the case (reunification, adoption, guardianship, OPPLA).</p> <p>Concurrent planning and permanency planning training will be updated with input and feedback from stakeholders including: CASA, OPD, AAG, Tribes, Parent Ally, Foster Parents, and Kinship Caregiver.</p> <p>The training will be piloted in one or two offices with the intent of the training to improve timely permanency.</p> <p>Six-months post training, a targeted qualitative case review will be conducted of cases assigned to caseworkers who attended training to evaluate permanency. Results from the targeted qualitative case review will be shared with stakeholders who provided input into the training curriculum, as well as, CITA, AOC.</p>	Staff will have a better understanding of concurrent planning and permanent plans which will lead to timely permanency improvements.	September 2018	September 2019	Pending

Goal 5: Termination petitions will be filed/compelling reasons documented timely 90% of the time by June 30, 2017

Action Item	Intended Outcome	Begin Date	End Date (Target)	Status	
5.1	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	May 2017	December 2018	In Process

	Administrative Office of the Courts and FamLink.	available. Baseline data will be established.		September 2017	
2019 APSR Update:	<p>A FamLink Permanency Planning Review report is currently being developed with Regional QA/CQI leads providing extensive input and feedback into the development process. The new report will be used to monitor the timely completion of required review court hearings every six-months.</p> <p>Regional QA/CQI staff currently utilize the ASFA report to ensure the termination referrals are being made timely to the AAG office and or compelling reasons have been documented. In addition, regions also review the timely and accurate documentation of compelling reasons to ensure the reason is reviewed every 90 to 180-days post entry to ensure they are still appropriate. The Removal Episode report is also utilized by Regional QA/CQI staff to evaluate the current permanent plan, length of stay, and placement type. The report allows staff to focus on proactive efforts to keep the case moving towards permanency and is shared monthly with Area Administrators or Supervisors.</p>				
2018 APSR Update:	Provide data at CFWS/Permanency leads meetings and to the regional QA leads				

Well-Being Action Plan

2015-2019 CFSP Statewide Well-Being Action Plan

Goal 6: Increase and maintain performance regarding assessment of children’s educational needs and ensuring needs are appropriately addressed					
Action Item	Intended Outcome	Begin Date	End Date (Target)	Status	
6.1	Regional education leads will review cases rated area needing improvement from office case reviews and will work with the assigned caseworker and supervisor to address any outstanding needs and assist in completing the process.	Improve caseworker documentation to include all aspects of the assessment process, including services provided and result as measured by CFSR item 16.	April 2017	Ongoing	Complete – December 2017
2019 APSR Update:	These reviews were completed throughout calendar year 2017 and are a useful practice in helping caseworkers and supervisors know the education requirements and provides caseworkers with one-on-one training from Regional Education Leads. This work will continue as a regular part of the work completed by Regional Education Leads.				
2018 APSR Update:	Regional education leads are provided results from the case review and work directly with staff. Update results from regional education case reviews. A needed 6% improvement is indicated to reach 95%.				
Action Item	Intended Outcome	Begin Date	End Date (Target)	Status	
6.2a	All regions will be working with caseworkers and supervisors to roll out the new education policy training. The new requirements will include incorporating the education	Regional leads will conduct qualitative targeted review of education plans to ensure the new requirements are appropriately reflected in the education plan. Each region will review 10 cases	May 2017	Initial Review: February 2019	In process

	information received from OSPI into the children’s case plan and education plan	for a total of 60 cases statewide. Initial review target – 25% (15 cases) Second review target – 50% (30 cases)		Second Review: August 2019	
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2019 APSR Update: This action item didn’t move forward as planned in calendar year 2017 due to issues with the infoFamLink report and delay in finalizing the OSPI data share agreement.

The OSPI data share agreement was finalized and signed in October 2017. A view only page is being developed in FamLink to allow caseworkers to see 2018-2019 school year information.

Education training will be provided to staff by the Alliance and CATS. The training will focus on policy, FERPA requirements, and the new page in FamLink.

Action Item	Intended Outcome	Begin Date	End Date (Target)	Status	
6.2b	Supervisors will provide coaching to caseworkers on area of focus regarding education. Coaching will include appropriate and complete documentation, as well as available resources to address the child’s identified needs. The services will include auto generated services for children based on the area and/or age group; ensuring the caseworker is aware of auto referral and adequately documents result from referral. <i>Originally item 6.4</i>	Regional leads will conduct qualitative targeted review of education plans to ensure the new requirements are appropriately reflected in the education plan. Each region will review 10 cases for a total of 60 cases statewide. Initial review target – 25% (15 cases) Second review target – 50% (30 cases)	May 2017	Initial Review: February 2019 Second Review: August 2019	In process

2019 APSR Update: This action item didn’t move forward as planned in calendar year 2017 due to issues with the infoFamLink report and delay in finalizing the OSPI data share agreement.

The OSPI data share agreement was finalized and signed in October 2017. A view only page is being developed in FamLink to allow caseworkers to see 2018-2019 school year information.

Education training will be provided to staff by the Alliance and CATS. The training will focus on policy, FERPA requirements, and the new page in FamLink.

Action Item	Intended Outcome	Begin Date	End Date (Target)	Status	
6.3	CA will engage in cross agency collaboration activities with OSPI, Treehouse, College Success Foundation, DEL, and WASAC. Collaborative efforts will address educational requirements for each agency and assist in planning for children in out-of-care.	Collaborative efforts will address educational requirements for each agency and assist in planning for children in out-of-care.	August 2016	Ongoing	Complete – December 2017

2019 APSR Update: This work will continue as a regular part of the work completed by the HQ Education Program Manager and Regional Education Leads. Examples of collaboration that occurred in 2017 include:

- Education assessment and referrals for supports improved during 2017, in large part, to the reauthorization of the federal Every Student Succeeds Act 2015 (ESSA), which was enacted December 2016. ESSA provided additional provisions for students in foster care and new mandates that the school and child welfare strengthen collaborations.
CA and the Office of Superintendent of Public Instruction (OSPI) worked diligently to implement new provisions and communicate updates through combined bulletins, cross training, and community meetings. The CA HQ Education Program Manager was invited and participated in the Washington State ESSA Implementation Team led by OSPI.
A noted accomplishment was the development of a joint process to facilitate payment for shared transportation cost to school districts. ESSA requires child welfare and the school districts to collaborate on transportation to keep children in their same school when it is in the child's best interest. There is not always an additional cost incurred, but when one occurs, ESSA requires the school district and the child welfare agency to collaborate and share costs. OSPI identified contact points at the schools for foster care students. All 295 Washington school districts appointed school district employed Foster Care Liaisons, which has increased communication and collaboration for individual students.
- In October 2017, Washington Student Achievement Council (WSAC) and CA finalized a data sharing agreement increasing the frequency of information exchanges, which allows WSAC to provide the Supplementary Education Transition Program (SETuP) contractors with more accurate and timely information to support outreach to foster youth.

Goal 7: Increase documentation of children's physical, dental and behavioral health needs in monthly health and safety visit case notes

Action Item	Intended Outcome	Begin Date	End Date (Target)	Status	
7.1	Develop a statewide well-being campaign that will focus on gathering information about the child's education, physical, dental, and behavioral health needs during monthly health and safety visits. Each month will focus on a new well-being item through monthly all-staff messages distributed via email with information for caseworkers and foster parents. The topic will alternate each month between the three different areas of focus.	Documentation will improve related to assessing and addressing child's medical and dental needs. Case review design constraints meant efficacy could not be determined, but useful qualitative data was obtained.	August 2016	Ongoing	Complete – September 2017
2018 APSR Update:	A targeted case review of case note documentation was completed in December 2016 to determine the effectiveness of the campaign. Notable improvements in two of the three areas were observed, though causation could not be established. Several months following the close of this action item, data began to reflect a decline in the improvement gains. In order to be sustained, a similar campaign would likely need to become part of normal operations.				

Indian Child Welfare (ICW) Action Plan

2015-2019 CFSP Statewide ICW Action Plan

Goal 8: Increase identification of native children						
Action Item	Intended Outcome	Begin Date	End Date (Target)	Status		
8.1	Data cleanup on membership inquiry report.	Monthly status reports will show a decrease in the number of errors.	August 2014	July 2019 December 2014	Complete	
2019 APSR Update:	Regional ICW coordinators along with QA/CQI managers collaborated to develop a data cleanup plan. Tribes were involved in the process and provided feedback dependent upon tribe's preference as needed through region ICW meetings and Statewide IPAC meetings. The 701 plans, specific for each tribe, outline data clean up agreement.					
2018 APSR Update:	Changes to FamLink were completed 6/4/16. Quality assurance work with regional staff is being resumed so that membership inquiry and determination of membership status by a tribe is monitored and responses input to FamLink are tracked.					
2017 APSR Update:	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.					
2016 APSR Update:	<p>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 lowest overall pending and blank records requiring follow up.</p> <p>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.</p>					
Action Item	Intended Outcome	Begin Date	End Date (Target)	Status		
8.2	ICW Case Review	Analyze review results, develop improvement strategies and implement	September 2016	June 2017	In process	
2019 APSR Update:	An updated ICW case review is currently planned for the end of calendar year 2018 or the beginning of 2019. The ICW case review tool is revised through collaboration with our Federally Recognized Tribes and stakeholders that include ICW regional coordinators, HQ program manager, and CQI program manager. The Central Case Review Team also help inform the case review process for strong inter-rater reliability. Tribes participate in the case review process through CA-IPAC, local 701 meetings, and also provide staff to assist in completing the ICW case review . Feedback is reflected in the updated ICW Case Review tool. Additional stakeholders will come from DEL after the transition to DCYF in July 2018.					
2018 APSR Update:	Regions continue to work on action plans at local level.					
2017 APSR Update:	In process					

Goal 9: Increase notification of intakes to Tribes

Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
9.1	Ensure staff notifies Tribes of intakes using the preferred method identified by the Tribe.	Monthly reports will track timeliness of notifications	July 2015	December 2016	Complete
2019 APSR Update:	Stakeholder involvement included regional intake managers and staff, Central Intake, HQ safety program manager, CA-IPAC tribal representatives and HQ leadership through the regional 701 meetings, Statewide IPAC meetings, and Statewide Intake/Safety Leads meeting.				
2018 APSR Update:	The intake reference table was updated 8/16/16, development of a report to track timeliness of intake notifications is being explored with CA data unit.				
2017 APSR Update:	The report will be developed upon the intake reference table change request which was submitted to CATS in 2014 being implemented.				
2016 APSR Update:	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 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.				

Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
9.2	Preferred notification to Tribes of intakes	Update the WA State Tribes Intake & Afterhours contact information on a monthly basis.	January 2016	December 2016	Complete – December 2016
2018 APSR Update:	Has become routine business process				
2017 APSR Update:	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.				

Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
9.3	Add WA State Tribes to the intake reference table in FamLink.	Change Request submitted & completed by CATS.	January 2015	June 2015	Complete – August 2016
2018 APSR Update:	The intake reference table was updated 8/16/16				
2017 APSR Update:	Change request has been submitted to CATS and is waiting prioritization for FamLink release.				

Goal 10: Active Efforts to engage with Native American Children and Families

Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
10.1	Full implementation of in-service training for caseworkers, AA's, supervisors of the revised 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		September 2016	Complete – December 2016

		ancestry chart and engagement processes.			
2019 APSR Update:	The updated ICW training included stakeholders from the Alliance, regional ICW coordinators, federally recognized tribes through the CA-IPAC meetings, AAG's office, and the National Indian Child Welfare Association for consultation and to implementation. Feedback was obtained electronically and at in person regional 701 meetings, and Statewide IPAC meetings.				
2018 APSR Update:	CA coordinated with the Alliance and The National Indian Child Welfare Association to implement training for all CA caseworkers. Statewide trainings were completed August through November 2016 and incorporated the federal regulations that took effect December 12, 2016. The Alliance will continue to coordinate with CA to schedule the 2-day in-service training on a regular schedule/basis.				
2017 APSR Update:	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.				
2016 APSR Update:	The 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 the following: <ul style="list-style-type: none"> 1. Advanced training 2. Supervisor/AA training 				

Disproportionality Action Plan

2015-2019 CFSP Statewide Disproportionality Action Plan

Goal 11: Improve the quality, availability and use of data regarding racial disproportionality and racial disparities					
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
11.1	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.	September 2014	December 2014	Complete
2016 APSR Update:	Reports that are updated or created have the disproportionality race codes included as a standard feature. Racial disproportionality reports are currently produced annually.				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
11.2	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.	September 2014	September 2018	In process
2019 APSR Update:	Regional Disproportionality Leads continue to meet monthly with facilitation by the Disproportionality Program Manager. Regional activities and progress to address disproportionality are incorporated into these meetings.				

2018 APSR Update:	Regional Disproportionality Leads meet monthly with facilitation by the Disproportionality Program Manager Race and ethnicity data continue to be integrated into review and discussion of performance outcomes by the QA/CQI leads.				
2017 APSR Update:	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.				
2016 APSR Update:	The team was meeting quarterly with facilitation by the Disproportionality Program Manager.				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
11.3	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.	December 2014	December 2017	Complete – August 2017
2019 APSR Update:	The CA data unit has developed a report related to disproportionality that was provided to the regions in the Summer 2017. This report provided disproportionality data around key decision points during the life of a case which informed regions on areas of focus.				
2018 APSR Update:	The data unit is developing a data report related to disproportionality that will focus on key decision points and will have drill-down capability. The annual data used for the legislative report will be provided at the sub-region level beginning the fall of 2016.				
2017 APSR Update:	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.				
2016 APSR Update:	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.				
Goal 12: CA will establish racially equitable practices					
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
12.1	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.	August 2014	August 2016	Complete
2019 APSR Update:	Additional training for Regional Disproportionality Leads and HQ Program Manager has been completed on <i>Facilitating Courageous Conversations</i> and <i>Race Equity Leadership</i> . Components of these trainings have been incorporated into additional trainings provided to the field by the Lead and HQ Program Manager				

2018 APSR Update:	The Alliance for Child Welfare Excellence has established a contract for <i>Racial Microaggressions</i> training. Two sessions will be offered in each region and two sessions will be made available to headquarters staff in the coming year.				
2017 APSR Update:	Discussion about culture and disproportionality is being integrated into Regional Core Training. A day-long training, <i>Racial Microaggressions: Developing Cross Cultural Communication Skills</i> , is provided by a contracted provider, and will be offered twice in each region during the current fiscal year.				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
12.2	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.	January 2015	September 2019	In process
2019 APSR Update:	While the Racial Equity Analysis Tool was approved for implementation, additional assessment of the tool's use is needed to determine the best use within available resources. CA will transition to DCYF July 1, 2018. Additional decisions regarding agency wide processes will likely be made after that time.				
2018 APSR Update:	As CA has moved forward with the implementation of the tool related to policy development and bill analysis, it has become evident that additional training and assessment of the tool's use is needed. CA is in the process of developing a plan for how to best use the tool within available resources.				
2017 APSR Update:	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.				
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status
12.3	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.	January 2015	January 2019	Complete
2019 APSR Update:	Regional disproportionality leads reviewed and analyzed the data from FamLink then presented to WASRDAC (included Casey Family Programs and Cowlitz tribal representative as co-chairs, parent ally, health care community member, HQ ICW program manager, the future DCYF Secretary and members of the community). The goal was to share what was happening within the three regions and how well it was working or challenges in achieving desired outcomes. The group asked questions and provided feedback during the WASRDAC meeting.				
2017 APSR Update:	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.				
Goal 13: CA will engage, educate and collaborate with tribes and community around efforts to eliminate disproportionality					
Action Item		Intended Outcome	Begin Date	End Date (Target)	Status

13.1	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.	January 2015	December 2017 January 2017	Complete – December 2017
2019 APSR Update:	<p>This work will continue as a regular part of the work completed by regional Disproportionality Leads. Examples of ongoing projects and work that occurred in 2017 include:</p> <ul style="list-style-type: none"> CA’s Regional Leads are examining region-specific disproportionality data at key decision points in the child welfare system. These decision points include: number of children initially placed with relatives, number of placements, and length of stay. Each Lead is working with staff and external stakeholders to address disparities with a focus to improve outcomes for children of color. 				
2017 APSR Update:	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.				
2016 APSR Update:	This goal is to be refined. It is part of the Racial Equity Strategic Plan to Eliminate Disproportionality which was approved November 2014.				

Section IV: Service Description

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

Children's Administration Workforce

The child welfare caseworker services detailed below are supported in part by title IV-B, subpart 1 funding.

- *Child Protective Services (CPS) and Child Protective Services Family Assessment Response (CPS FAR)*
 - CPS caseworkers 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 caseworkers 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.
- *Caseworker Supervisor*
 - Supervisors provide supervision, consultation, planning, accountability, and tracking processes to ensure caseworkers meet all casework management directives as required by law, policy, or other mandates. Ideal supervisors are highly organized, self-motivated, and able to work independently.

Contracted Services

The contracted 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-years-old 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 2018.
- *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:

Jefferson	King	Mason	Okanogan	Pacific
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Pierce	Spokane	Snohomish	Whatcom	
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- CA estimates EIP will be provided to 1,340 families in fiscal year 2018.
- *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 9,500 cases in fiscal year 2018.
- *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, Apple Health Core Connections whom 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.

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 Services – 30 percent of title 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.

Family Reunification Services/Family Support - 20 percent of title 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.

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

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

Administrative – 10 percent of title IV-B Subpart 2 Funding

- Title IV-B subpart 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 Technology Services (does not include staff working on FamLink) and leases.

Populations at Greatest Risk of Maltreatment

Children aged 0 to 3-years-old 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 to 3-years-old 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 3- years-old. The policy requires intakes with allegations of physical abuse of children ages birth to 3- 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 rolled 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. The regions continue to offer the training when requested by offices or units. In 2017, CA and the Alliance for Child Welfare Excellence began work on updating Infant Safety and Education for both in-service and new employee training to include simulation training around Infant Safe Sleep and how to correctly set up a portable crib and what a crib looks like when it is safe for an infant.

In October 2016 the Family Voluntary Service policy was amended to require two visits a month for children five and under. The policy increases oversight for the most vulnerable population. 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 to 7-years-old), PCIT (ages 2 to 7-years-old), SafeCare (ages birth to 5-years-old), Promoting First Relationships (ages birth to 3-years-old) and Triple P (ages 2 to 16-years-old) are interventions for families with children within the age range birth to 3-years-old.

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-years-old 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 quality rating system from 0 to 5 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

The Department has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. The child's age is a factor affecting prioritization of DCS reports. Reports of substance exposed newborns require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. Children under the age of five are by definition highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. As of February 1, 2016, children age three or younger require a response time no longer than 48 hours, and children age four or five most often require a response time no longer than 72 hours. Likewise, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by DCS Specialists when determining if a safety threat is present.

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 to 18-years-old every 6 months for behavioral health symptoms. The Ages and Stages Questionnaire-Social-Emotional (ASQ-SE) is used for children 36-months 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 5-years-old to address developmental needs, including placement stability, early permanency support and planning, and well-being needs.

- 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.
- Early Childhood Education Assistance Programs (ECEAP) – 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.
- [Comprehensive Family Evaluation/Court Plan](#) - 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.
- Pierce County [Baby Court Docket](#)
- [Evidence Based Practices \(EBP\)](#) - 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 quality rating system scale ranging from birth to 5-years-old, 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 to 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.

[Infant Mental Health for Children Aged Birth to 5-Years-Old](#)

The Infant Mental Health program is mindful of the many challenges and strengths of families with young children. Research shows that early experiences matter. This program promotes healthy social and emotional development early in life.

The caring team of therapists all have expertise in infant/child development and family relationships and create a treatment plan that supports the whole family. They work closely with parents or caregivers, often in their own home, to help them develop the confidence and skills to care for and bond with their children. They also offer "wraparound" services, helping clients connect to resources such as housing, food, diapers, assistance navigating government agencies, and more.

[Home Visiting Service Programs](#)

- [Early Head Start](#) – Comprehensive preschool program serving children birth to two and a half and their families and pregnant women. It is delivered through home visits or in center-based care. EHS includes:

early childhood education; parent-child attachment support; nutrition services; health screenings and follow-up; family support; and family involvement and leadership opportunities.

- Nurse Family Partnerships – Works with low-income mothers pregnant with their first child. The goal is to improve pregnancy outcomes, child health and development, and increase family economic self-sufficiency. Women have to be enrolled by the time they are 28-weeks pregnant.
- Parents as Teachers (PAT) – Serves families with young children by increasing parent knowledge of early childhood development, providing early detection of developmental delays and health issues, preventing child abuse and neglect; and increasing children's school readiness and school success.
- Steps Toward Effective, Enjoyable Parenting (STEEP) – Promotes positive parent-child verbal interaction, early language and literacy skills, and social and emotional development to strengthen the parent-child bond, increase positive parenting, and prepare children for school readiness. Home visitors match the culture and language of families served. Available in King County and in the West Valley School District in Yakima.
- First Steps – Designed to promote healthy birth outcomes, increase access to early prenatal care, and reduce infant morbidity and mortality. It is a voluntary program and services include: prenatal care, delivery, post-pregnancy follow-up, including family planning, dental care for women through 60-days post pregnancy newborns receive one year of full medical coverage.
- Partnering with Families for Earlier Learning (PFEL) – An extension and enhancement of First Steps. The new model is a relationship-based home visiting program similar in intensity and duration to NFP. A two-year, visit-by-visit schedule for PFEL by incorporating two key curricula-Promoting First Relationships (PFR) and Partners In Parenting Education (PIPE). Available in King and Yakima counties.
- Parent Child Assistance Program (PCAP) – An evidenced based home visitation case-management model that provides advocacy services to high-risk, substance-abusing pregnant and parenting women and their young children. They offer assistance in accessing and using local resources such as family planning, safe housing, healthcare domestic violence services, parent-skills training, child welfare, childcare, transportation, and legal services. This program is available in King, Pierce, Spokane, Grant, Cowlitz, Skagit, Kitsap, Clallam and Yakima Counties as well as Spokane Reservation.
- Safe Babies Safe Moms – A comprehensive home visiting program for Medicaid eligible substance abusing pregnant and parenting women with children under the age of three. Services available in cooperation with other publicly funded services include residential chemical dependency treatment with therapeutic childcare, housing support services, and targeted intensive case management (TICM) services. SBSM is the TICM service that includes intensive case management, behavioral health related services, child development screening, assessment and referral, and parenting education. Eligible women/children may receive TICM services until the child's third birthday.
- Home Visiting - State and federally funded programs that provide home-based child and family assessment, support, and community resource referrals.

Center-Based Service Programs

- 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.
- American-Indian/Alaskan Native 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 culturally appropriate family support and community resource referrals.
- Early Childhood Education and Assistance Preschool (ECAP) - State funded pre-school program for children three to five years of age. ECAP provides a comprehensive family and individual child

assessments, support and community resource referrals as needed. If developmental concerns are identified, support and interventions are provided.

- Early Achievers - Early Achievers gives early learning professionals access to coaching and resources to provide high-quality care and helps parents and caregivers find high-quality child care and early learning programs that fit theirs and their children's needs.

Psychotropic Medication Review for Children Birth to 5-Years-Olds

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

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

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

In addition, a secondary review of children who are prescribed psychotropic medications is completed through the AHCC Psychotropic Medication Utilization Review (PMUR) process. Children are referred to PMUR when they are prescribed a psychotropic medication and information suggests⁴⁴ the need for an additional review of the child or youth's clinical status. The PMUR is a retrospective review of medications prescribed to the child or youth to ensure the appropriate dosage is administered and evaluate whether the child is connected to appropriate therapeutic non-medication mental/behavioral health interventions. The AHCC PMUR process uses specific criteria to indicate where there is a need for further review of a child's clinical status.

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

- Absence of a thorough assessment for a DSM-5 diagnosis(es).
- Four (4) or more psychotropic medications prescribed concomitantly.
- Prescribing of:
 - Two (2) or more concomitant stimulants
 - Two (2) or more concomitant alpha agonists
 - Two (2) or more concomitant antidepressants
 - Two (2) or more concomitant antipsychotics
 - Three (3) or more concomitant mood stabilizers
- The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
- Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
- The psychotropic medication dose exceeds usual recommended doses.

⁴⁴ Specific details on when an additional review is suggested can be found in CA's Health Care Oversight and Coordination Plan.

- Stimulants: Under age 3-years-old
- Alpha Agonists Under age 4-years-old
- Antidepressants: Under age 4-years-old
- Mood Stabilizers: Under age 4-years-old
- Antipsychotics: Under age 5-years-old
- Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis other than the following (unless recommended by a psychiatrist consultant):
 - Attention Deficit Hyperactive Disorder (ADHD)
 - Uncomplicated anxiety disorders
 - Uncomplicated depression
- Antipsychotic medication(s) prescribed continuously without appropriate monitoring of glucose- and lipids at least every 5 months.

Legally Free Children Birth to 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. In calendar year 2017, there were 1,821 legally free children and youth, with 763 legally free children age five-years-old or younger. Over 90% of children aged birth to 5-years-old and legally free for over one year are placed in permanent homes without adoption finalizations. Causes for delays in finalization include:

- Court appeals: adoption finalizations were delayed because the biological parents had appealed their termination of parental rights hearing and the appellate process was not completed.
- Home study issues: adoption home studies were delayed because a home study was not referred or completed, significant changes in family circumstances warranted a new or updated home study, denied adoption home studies with court ordered placements or delays with ICPC placement/home study of child.
- Other reasons for delays in adoption finalization included adoption support subsidy negotiations, case transfer issues, and issues with the caregivers.

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 and 2016 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 AAGs 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. In 2016, Adoption Support implemented an impasse process for cases where disagreements between families and adoption support staff could be presented and resolved.

In June 2016 CA began monthly statewide Adoption Consortiums. 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.

CA also developed training in 2016 specific to caregivers entering the foster care system to adopt. The training is utilized statewide to establish consistent, standardized statewide caregiver training. A second, advance training is being developed that focuses on 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.

Data on Child Maltreatment Deaths

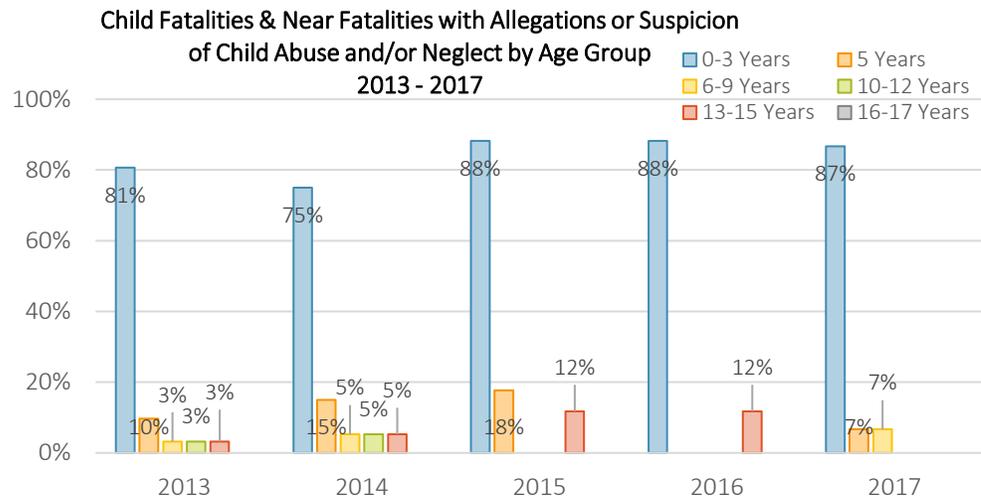
Washington State’s Critical Incident Case Review unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. The deceased or severely injured child must also have received services from CA within the previous 12-months to meet the requirement, as set forth in state law, for a review. State law also mandates that fatality and near-fatality review committees are comprised of community professionals who are experts in fields relevant to the dynamics of the case under review. These fields include: law

enforcement, pediatrics, child advocacy, parent education, mental health, chemical dependency, domestic violence, Indian child welfare, and infant safe sleep. The purpose of these reviews is to evaluate the department’s delivery of services to the family, as well as the system response to the identified needs of the

family. This evaluation or review of the Department’s services and community response to concerns about child abuse and neglect issues in a family helps to identify areas for improvement through education, training, policy and legislative changes.

Children under age three continue to be the most vulnerable to serious injury or death from abuse. In calendar year 2017, 87% of children who died or suffered near fatal injuries from abuse or neglect were three-years-old and younger. Seventy-one (71%) percent of child fatalities and near fatalities occurred while the child’s case was open. This is an increase from the prior calendar year. In 2017, 73% of the child fatalities occurred on open cases. 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. Blunt force trauma (inflicted injury) was the second most common cause of death among infants and toddlers. CA’s statewide plan to reduce child fatalities includes the following:

- In 2017, Children's Administration revised its Infant Safety and Plan of Safe Care policy to require a plan of safe care when a newborn is identified as substance affected by a medical practitioner or is born to a dependent youth. This policy requires Children's Administration staff to complete the safe sleep assessment at each health and safety visit for children up to 12 months old in addition to the first in-



Data Source: Children’s Administration Fatality/Near-Fatality Review Log; April 2018

person meeting and at each placement. This policy revision originated from recommendations made during fatality reviews conducted by the Critical Incident Review unit. The purpose of these recommendations is to increase infant safety, particularly safety in sleep environments.

- The Critical Incident Review unit continues to provide Lessons Learned training throughout offices in the state. This training is also provided to newly hired social workers at the Regional Core Training. Lessons Learned identifies common errors in practice in child fatalities and near fatalities cases. This training is presented to small work units of 10 to 15 staff to encourage active group interaction. This training is tailored to intake workers, supervisors and licensing staff.
- Infant and toddler safety is a central part of CA's Safety Boot Camp training. This statewide training was introduced in 2016. Segments of the curriculum focus on assessing safety to infants and children under three-years-old. Specifically covered are abusive head trauma which is a common cause of death of infants and children under three of the cases reviewed by fatality review committees. Bruising and other suspicious injuries to infants is also covered.
- Washington State Department of Health has the Washington State Safe Kids Coalition. The Safe Kids Coalition works with community partners to prevent unintentional injury, which is identified as the number one killer of children in Washington State. The aim of the Safe Kids Coalition is to create safe and injury-free communities. The coalitions work to reduce unintentional injuries in children from birth to 19 years. The community outreach is focused on educating adults and children, conduct research and collect data, and strengthen laws to help families and communities protect children. The department of health provides safety devices, such as smoke alarms, helmets, life jackets and car and booster seats, to families in need. Washington State has 15 active county coalitions. Safe Kids coalition serves more than 89 percent of Washington's residents birth to 19-years-old.

CA obtains data on child fatalities from a variety of sources. The following sources of are used to gather information related 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

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.

CA is only able to track the disruption of international adoptions based on entry into foster care. According to that criteria, the following four international adoptions disrupted in Washington state in calendar year 2017:

Country	Agency	Reason for Disruption/Dissolution	Plan
Haiti	Unknown	Child was removed due to sexual abuse by another child in the home.	Return Home
Haiti	Unknown	Child was removed due neglect by adoptive parents (starvation). Child was re-homed prior to foster care entry.	Adoption
Russia	Unknown	Child was removed due to relative placement's impending death; adoptive parent died two years ago.	Adoption
Russia	Unknown	Child was removed due to relative placement's impending death; adoptive parent died two years ago.	Adoption

John H. Chafee Foster Care Program for Successful Transition to Adulthood

State agency overseeing the Chafee 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. 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. Four Regional IL Coordinators support and monitor eligibility, financial records and program compliance. Coordinators are responsible for establishing IL program contracts with local providers. CA currently serves approximately 1856 youth and young adults (not including Tribal youth) in contracted IL programs. Washington participates in national evaluations on the impacts of the programs in achieving the purposes of IL.

IL Eligibility

In order for youth to be eligible for the IL Program, all of the following requirements must be met.

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

Once youth are determined eligible, they remain eligible until 21-years-old, even if they have achieved permanence (such as adoption, kinship guardianship, and reunification).

Washington state may provide IL Services to youth who are in the care and custody of another state. If the youth is eligible to receive IL services in his or her home state, the youth is eligible for services in Washington. CA contacts the IL lead in the child's home state to determine eligibility status.

At this time, the state has opted not to extend the maximum age up to the youth's 23rd birthday. Over the next year, the agency will work towards implementation of the extended age eligibility up to the youth's 23rd birthday. The agency will not be lowering the minimum eligibility age to 14-years-old and is opting to maintain the minimum eligibility age of 15-years-old.

The following work plan reflects tasks the agency will be completing to achieve implementation by July 1, 2019.

IL Eligibility Requirements Implementation Work Plan

Task	Due Date
Update IL section on independence.wa.gov website of upcoming changes and dates those changes take effect	December 2018

IL Eligibility Requirements Implementation Work Plan

Task	Due Date
Provide IL update to NYTD survey team	December 2018
Inform IL providers and stakeholders about the changes to the IL program	December 2018
Provide information on updates in the Fostering Connection newsletter and caregiver listserv	December 2018
Send out formal letter to Tribal Chairs and email to ICW Directors	December 2018
Provide information about the changes to IPAC	May 2019
Reminder of upcoming changes to stakeholders	May 2019
Update the eligibility in the IL contracts (tribal and contracted providers)	May 2019
Create a Quick Tip to inform CA staff of the changes	May 2019

IL Services and Collaboration Efforts

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

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

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

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

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

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 to 21-years-old receive training on a variety of skills including life skills and educational services.
- Young adults ages 18 to 21-years-old receive training on a variety of skills including life skills, education supports and services, housing assistance and employment supports and services.

Transitional Living Services (TLS)

The IL Program delivers TLS to current foster youth 18 to 21-years-old and former foster youth ages 18 to 21-years-old through contracts with community service providers and tribes. Most youth remain with the same IL case manager if they were participating in IL services prior to turning age 18. The program is an extension of IL services.

Funding is available to eligible youth ages 18 to 21-years-old on an individual basis for housing and incidental expenses. Funding can be provided to youth to assist with a variety of needs and is related to their independent living goals. The youth and IL case manager work together to determine the support and funding need.

“Room and Board” is defined as assistance provided to current and former foster youth from age 18 to 21-years-old in the form of payment for rent, utilities, deposits and related housing costs that will ensure maintaining housing stability. Room and board or housing costs are budgeted and tracked separately by CA to ensure that no more than 30% of the state’s Chafee IL funds are used for this purpose.

TLS case managers help youth locate affordable housing, negotiate leases and make rent and utility payments. Housing assistance is available for youth who are working on IL goals, employed, or enrolled in an educational or vocational program. Youth who are participating in the extended foster care program are eligible to receive help with housing costs. If a contracted service agency is not readily available, youth may still apply for transition funds for housing through a CA office.

Responsible Living Skills Program (RLSP)

Children’s Administration updated the [RLSP policy](#) to align with the federal requirements of APPLA. The Policy will go into effect on July 1, 2018. RLSP contracts will also be updated to the meet the policy.

The RLSP program provides dependent youth, ages 16 and 17-years-old in the custody of the state or tribe who are not returning to their families, and who have been unsuccessful in traditional foster care, with long-term housing, assessment and life skills training to youth to help transition to adulthood. The youth is able to remain in placement up to their 21st birthday if they are participating in extended foster care and it is agreed upon by the provider and the caseworker. This program has 32 beds statewide. In Region 2 North, Cocoon House has an RLSP placement for youth who are pregnant or a parenting mother.

Calendar Year 2017 Summary of Progress and Updates

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. Learning opportunities include: how to apply for college, the financial aid process and how to navigate a college campus, including dorm living and dining.	Annual event 81 Foster youth participated in 2017
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.	The annual Camp was held in June 2017 with 31 campers ages 14+ and several alumni volunteers.
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 completes a 7-week internship to build leadership skills.	Summer of 2017, Washington sponsored two alumni as Foster Club All-stars.
Governor’s Scholarship	33 Governor’s Scholarships were awarded in 2017.

Calendar Year 2017 Summary of Progress and Updates

Activity	Status
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
Transitional Living Services	Washington State provided services to 1089 Transitional Living youth.
Responsible Living Skills Program - Washington state has 32 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 2017.
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.	August 2017. The group continues to learn leadership skills, how to conduct meetings and practice leading activities in hopes to spark interest in applying for positions in the future. This year the group hosted a visit with the International Foster Care Alliance team from Japan. The Japan team provided insight to one team member’s story of time in foster care.
Updated the Caseworker’s Guide to Transition Planning to include upcoming Washington state legislative changes.	The guidebook will be available July 1, 2018 when the changes goes into effect. The guide is available as an online tool - Caseworker's Guide to Transition Planning
Mockingbird Youth Advocacy Day	128 youth, alumni and supporters attended the event in February 2018
Normalcy Workgroup addresses the need for youth in care to have normal life experiences in similar ways as their peers outside of foster care. The workgroup makes recommendations to Children’s Administration.	Meets quarterly
Provide funding to support extracurricular activities through Chafee funds beginning at age 15.	Ongoing
Collaborate with other funding sources within the communities to support childhood activities.	Ongoing
Chafee monies were used to support regional and local graduation ceremonies.	May/June 2017
Sponsored 25 IL contracted provider’s staff, 2 IL Regional Leads, and 5 alumni to attend the Children’s Justice Conference	Completed May 2018
Children’s Justice Conference Adolescent Track	Completed May 2018

Calendar Year 2017 Summary of Progress and Updates

Activity	Status
<ul style="list-style-type: none"> ▪ Extended Foster Care ▪ Missing From Care ▪ Partnering to Prevent Youth Homelessness-Co-presented with a Mockingbird Society Network Representative (alumni of care) ▪ Health Care While in Care: An Alumni Perspective-Passion to Action alumni panel ▪ Engaging Adolescents: Moving our Future Forward-co-presented by an alumni of care ▪ A-B-Cs of ETV-included a panel of ETV students ▪ CSEC Community Panel ▪ Identifying and Supporting Commercially Sexually Exploited Children 101 ▪ Rethinking Normalcy for Children and Youth in Foster Care-Co-presented by an alumni from care 	

Eight Purpose Areas

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

Planned Activities for Calendar Year 2018

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
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.	Summer Annually
Regional Activities – <ul style="list-style-type: none"> Region 1 North – Annual Real World Conference Region 1 South – Graduation Celebration, Annual Real World Conference Region 2 North - Annual Graduation Dinner and Summer Event for Youth Region 2 South- Annual Independent Living Conference, Passages Event Region 3 North- Annual Graduation Celebration and College Push trainings Region 3 South- Graduation Celebrations, Independent Living Conference, Career Fair 	Spring June Summer April April, May, June May and June

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

Planned Activities for Calendar Year 2018

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 <p>Information on how to enroll in available Workforce Investment Act youth programs or to register with the Employment Security One Stop Career Centers</p>	Ongoing

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

Planned Activities for Calendar Year 2018

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 Passport summit in May 2018.	Ongoing
IL providers continue to prepare and mentor foster youth to complete high school or a GED program and enter post-secondary education programs.	Ongoing
Washington state legislature approved SB 5241. Legislation to require consolidation of and partial credit for unresolved or incomplete coursework due to foster care placement transfers. Legislation will be coupled with funding support for educational advocacy and a program aimed at improved graduation rates for youth in foster care.	Ongoing work with the school districts creating a formula for seat time and partial credit determination. OSPI continues to provide guidance and support to the school districts.
The Supplemental Educational Transition Planning program provides foster youth age 15 to 18-years-old with educational planning, information, links to other services/programs and coordination with high school counselors to ensure youth have an educational transition plan.	Ongoing

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.
- IL contractors utilize the Permanency Pact concept to help youth identify supports in their life and how to maintain healthy relationships.
- 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 Calendar Year 2018

Activity	Frequency
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. Price reduced tickets are available for caregivers and foster youth to attend the game together.	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

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

Planned Activities for Calendar Year 2018

Activity	Frequency
Utilize Chafee funding for “housing costs”.	Ongoing
WA state provides Transitional Living skills for youth up to age 21. The youth may self-refer to an IL provider.	Ongoing
Extended Foster Care is open to youth who have left foster care at the age of 18 and who want to return prior to age 21.	Ongoing
Independent Youth Housing Program-housing for dependent youth who have exited foster care within 4 months of turning age 18.	Ongoing
See ETV Section below.	

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

Planned Activities for Calendar Year 2018

Activity	Frequency
See ETV Section below.	

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

Planned Activities for Calendar Year 2018

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 to 21-years-old.	Ongoing
See ETV Section below.	

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

Planned Activities for Calendar Year 2018

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
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 LGBTQ and pregnant/parenting populations and ensure that activities are inclusive to all.	Ongoing
Treehouse Driver's Assistance Program-CA contracts with Treehouse to provide funding to support and eliminate barriers to dependent youth ages 15 to 21-years-old in obtaining a driver license.	Ongoing through June 2019

Foster Youth Driving

Children's Administration entered a contract with Treehouse for Kids that went into effect on January 1, 2018.

- Treehouse for Kids assists foster youth ages 15 to 21-years-old in navigating the driver's license process. Support includes:
 - Reimbursement of fees or paying up front for obtaining ID card, driver's permit, an intermediate license, and a standard or enhanced driver's license, and any examination fees
 - Reimbursement of fees or provide payment to vendor for driver training education course (under 18-years-old)
 - Reimbursement of increase in motor vehicle liability insurance costs incurred by foster parents, relative placements or other foster placement adding a foster youth to his or her motor vehicle liability insurance policy or an EFC youth who has their own auto insurance policy, with a preference on reimbursements for those foster youth who practice safe driving and avoid moving violations and at-fault collisions.

Foster Youth Driving Program Statistics

January 2018 - April 2018

Youth Enrolled in Driver's Education	38
Youth Completed Driver's Education	1
Youth Attempted Licensure	10
Youth Achieved Licensure	2
Youth Provided Auto Insurance	22
Total Youth Served	73

Data Source: Treehouse for Kids; Monthly Report; January-April 2018; May 31, 2018

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 uses a 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. The QA plan provides an opportunity to correct errors identified in the NYTD error reports prior to submission.

The quality assurance plan includes:

- CATS provides the CA statewide IL program manager a quarterly list of names that are missing NYTD components such as highest grade completed, delinquent adjudication 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, or survey team through DSHS Research and Data Analysis Unit added two qualitative experience questions to the survey of 19-year-olds. The questions are:

- What is needed to become independent?
- What is one thing you want caseworkers to know?"

Youth responses to “*What is needed to become independent?*” were put into a *Wordle*⁴⁵ in 2017 that is being used in discussions and trainings on transition planning. 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 (RDA) to review the NYTD data to identify trends, challenges and strengths of the services we provide for youth and young adults aging out of the foster care system. RDA provides in-depth and thorough reports when requested. 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 [RDA’s internet page](#), the CA intranet and the foster youth website, www.independence.wa.gov.

The statewide IL Program Manager uses NYTD data⁴⁶ 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 do with our youth. The “snap shot” identifies the outcomes our youth are reporting and provides insight into the areas to address 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, CA regional IL leads meeting and CA leadership team. The NYTD data is shared with community stakeholders annually.

Collaboration with Youth in Helping Adolescents in Foster Care Achieve Independence

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

⁴⁵ <http://www.wordle.net/>

⁴⁶ See Attachment H: National Youth Transition Database (NYTD) Data Snapshot, Washington FY 2013-2017

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.

The Mockingbird Society organizes the annual Youth Advocacy Day. Youth and young adults affected by foster care and homelessness, and their supporters come together to advocate for youth inspired solutions at the state capitol. The day includes amazing speeches by youth, policymakers, and fellow advocates.

Mockingbird representatives prepare testimonials and present them at hearings in support of their reform bills.

Washington State Commission on Children in Foster Care has a mission to provide all children in foster care with safe, permanent families in which their physical, emotional, intellectual, and social needs are met. The Commission has a goal of improving collaboration between the courts, child welfare partners and the education system to achieve the mission through initiating policy decisions and needed legislative and court rule changes. The Commission utilizes youth voice by including a representative of alumni of care and a current youth of foster care to serve as board members.

CA collaborated with Passion to Action, The Mockingbird Society, ETV program, and the IL program to identify statewide representation of youth to participate in the CFSR interviews and meet other CFSR needs. The youth interview occurred on May 2, 2018⁴⁷. The interview was conducted in person, by phone, and video conferencing. It is important to include youth from all over the state and not allow location to be a barrier for participation.

Collaboration with Public and Private Stakeholders 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, Camp to Belong NW, and CA. The event reunites siblings placed in separate foster homes and other out-of-home care. Campers' ages 14 to 18-years-old participate in a half-day "Life Seminar" focusing on life skills, strengths, qualities, and future dreams. Every year "Life Seminar" has different guest speakers and activities but the agenda includes: talking about beyond high school, state programs available for foster children up to 21-years-old, college grants and scholarships, personality testing and discussing which careers would be good with personalities, budgeting with real life shopping and props, and question and answer with guest speaker. Organizations that have participated in this seminar are College Success Foundation, Mockingbird Society, IL representatives from Youth for Christ, Job Corp, US Army, University of Washington, foster teens currently attending college on scholarship and community professionals that were former youth in care. Each camper that attends this seminar receives a binder full of activities and information including important phone numbers, names and websites. While at camp, there is a focus on leadership development of the older teens as well as mentoring those interested in becoming future counselors.

⁴⁷ <http://independence.wa.gov/wp-content/uploads/2014/06/WAFY12-16DataSnapshot.pdf>

- Region 1
 - Annual IL “Real World” conference for foster youth age 15 to 21-years-old to provide them with trainings and information on resources needed to help promote self- sufficiency. The event is held at one of the community colleges.
 - Annual Summer ILS workshop and barbeque
- Region 2
 - Annual summer event for youth
 - Annual week long IL workshops (King County)
 - Regional youth job fair with other youth serving organizations
 - Annual passages graduation/aging out of care celebration
- Region 3
 - Community resources scavenger hunts
 - “Block party” community involvement event with youth
 - Community barbeques
 - Job panels resource fair-job fest
 - Summer camp opportunities
- Graduation ceremonies across the state

Casey Family Programs - 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
- Kinship Care
- 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 CLSA 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.

Safety Net in Spokane provides support to former foster with resources to stay in school, job training and financial support.

Embrace Washington in Spokane assists with providing normalcy within the foster family by providing activities for kids and funding to participate in activities such as music, sports and camps. Embrace WA works to ensure that youth aging out of the child welfare system are connected to community resources.

YMCA Accelerator 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 to 25-years-old. 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 uses 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 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 to 26-years-old 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 is a chapter of 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 21-years-old, 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, a private non-profit agency serving foster youth in Region 2 South that provides 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 to 21-years-old. 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 youth who are unable to participate in any

of the other activities due to a documented medical condition. Services offered to youth in EFC include case management, placement/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 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 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.

CA collaborates with DSHS Economic Services Administration, the Department of Commerce and contracted providers by participating in task forces, and committees that promote ending youth homelessness including: The Youth Advocates Ending Homelessness program, YMCA Young Adult Services King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness, The Foster Teens to College Program, The Interagency Workgroup on Youth Homelessness, The Balance of State Continuum of Care Families with Children Subcommittee, The Balance of State Continuum of Care Youth Subcommittee, and The Statewide Advisory Council on Homelessness and the Interagency Council on Homelessness. CA also participates in Youth Coalition Meetings in cities throughout the state that focus on youth services, homelessness, and housing. In 2015, WA State enacted the Washington State Homeless Youth Act (HYPP Act, SSB 5404) to match the efforts of the federal Runaway and Homeless Youth Act and created the Office of Homeless Youth Prevention and Protection Programs in the state of Washington. CA works closely and with the new Office in making sure all runaway and homeless youth in the child welfare system are receiving the necessary support and services they need, and providing the Office with guidance, referrals and contact information to aid in the prevention of homelessness among youth in Washington State.

Department of Commerce oversees the following housing programs:

Independent Youth Housing Program (IYHP)-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.

Young Adult Housing Program (YAHP)-YAHP provides resources for rent assistance, transitional housing, and case management for young adults 18 to 24-years-old.

Young Adult Shelter provides emergency, temporary shelter, assessment, referrals and permanency planning services for young adults ages 18 to 24-years-old.

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.

Clark and King Counties IL contracted providers have entered a grant with Planned Parenthood to provide Comprehensive Sex Education. The IL providers are trained to teach the curriculum. The training is opened to IL recipients and the public.

The Supreme Court Commission of children in foster care’s Normalcy workgroup is focusing their efforts on Comprehensive Sex Education healthy relationships this upcoming year. Youth advocates has strongly suggested for young people to be fully educated on sexual health and healthy relationships. Community members, CA and alumni work collaboratively to bring normalcy to the lives of children in foster care. CA is an active member of the workgroup as well as several youth groups such as Passion to Action, International Foster Care Alliance and The Mockingbird Society.

Coordinated Care AHCC created a training for caseworkers and caregivers about the importance of sexual health and foster care-examining reproductive and sexual health in relationship to the foster care system. AHCC will be rolling out training to staff in the upcoming year.

Employment

CA is partnering with Employment Security Administration (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 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 “onsite” support by a DSHS Employer Navigator to work through issues that cause them to leave employment and end up back at our community service office;
3. Provides additional access to community service office 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-RISE 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.

CA works directly with the Department of Vocational Rehabilitation (DVR) to ensure youth with disabilities have full access to employment. CA caseworkers and IL providers submit referrals to the local programs that are provided through DVR.

Medicaid

Washington state provides foster care medical benefits for eligible former foster youth up to the age 26-years-old. Youth are eligible for the program if they:

- Are currently under 26-years-old, 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. 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

AHCC 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-years-old. 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 26-years-old. The team provides the contact information for AHCC. The survey teams reported that many youth who have left foster care are unaware that medical is covered until the age of 26-years-old.

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 September 2015, the Annual Credit Check policy was updated to complete credit check for youth beginning at age 14-years-old. 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 has secured contracts with all three credit-reporting agencies. A FamLink correction to create a batch submission to each of the credit agencies is the final step needed for implementation. The FamLink correction request has been put on hold as CA moves into a new department.

Trust Funds

Washington State does not have established trust funds for youth receiving IL or TL services.

IL Training

Over the next year, CA, in conjunction with the Alliance, will be reviewing the continuum of training for caseworkers and caregivers, including the provision and integration of training regarding adolescents and young adults.

Planned Activities for Calendar Year 2018

Activity	Frequency
Collaborate with the Alliance for Child Welfare Excellence to include an “adolescent suite “of trainings.	Ongoing
Develop new trainings for IL providers and CA caseworkers on the CLSA and Learning Plan.	Ongoing
Develop “specialized” training for CA caseworkers working with adolescents pertaining to policies, adolescent development, behaviors and community resources.	Ongoing
Converting the Pregnant and Parenting training into two E-Learning trainings one for caregiver and the other for caseworkers. This will provide an opportunity to access the training more timely.	December 31, 2018
Provide support and training on transition planning for youth beginning at age 14-years-old 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 provide training for Caregivers and CA staff on Prudent Parenting Standards and Normalcy.	Ongoing
Update IL contracts with a focus on more measurable outcomes and improved data collection.	October 2019
Update RLSP contracts with a focus on outcomes and improved data collection	July 2019

Implementation of Commercially Sexually Exploited Children (CSEC) Legislation

The Children’s Administration’s LGBTQ+ Program Manager continues to address the needs of LGBTQ+ identified youth through case consultation, working closely with LGBTQ+ Regional Leads, providing LGBTQ+ training to CA staff and external stakeholders, and with the development of LGBTQ+ policy. The LGBTQ+ Program Manager and Spokane/Region 1 have partnered with the Center for Children and Youth Justice to pilot the eQuality Protocol for Safe & Affirming Care. The pilot was implemented in Spring of 2017 which has included LGBTQ+ training, partnering with local LGBTQ+ resources, and inviting youth ages 12 and older to complete a nine

question survey about their sexual orientation, gender identity, gender expression, experience with homelessness if any, and any resources that would be of value to them. The LGBTQ+ Advisory Committee was kicked off in June 2018 and the LGBTQ+ Policy will be implemented in July 2018. Training curriculum development and implementation is ongoing in partnership with The Alliance of Child Welfare Excellence.

The Children's Administration CSEC Program Manager is working closely with CSEC Regional Leads to provide case consultation, policy and procedural review, quality assurance in regards to screening and documentation, and work in partnership with statewide trafficking task forces. The mandatory training continues to roll out offering two trainings per CA Region per month. Currently, there are over 800 staff who have completed the training. Statewide data collection is emerging consistently as staff are receiving the training.

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

In July 2018, CA will rollout LGBTQ+ policy for CA staff. The policy includes reinforcement of anti-discrimination approaches, being culturally responsive to the specific needs of LGBTQ+ identified youth, procedures to document legal versus chosen names and genders, and possible specific needs of transgender youth. In conjunction with policy, training through The Alliance or from the LGBTQ+ program manager is made available for CA staff, external stakeholders, and caregivers. LGBTQ+ Regional Leads have also been identified to work closely with the LGBTQ+ HQ program manager to develop the structure needed to improve practice and referrals to resources related to the support of LGBTQ+ identified youth.

CA LGBTQ+ Advisory Committee

CA will have an LGBTQ+ Advisory Committee kick off in June 2018. Internal and external stakeholders have been identified including, but not limited to: Assistant Attorney General; WA State CASA, Office of Public Defense, Office of Homeless Youth, Alumni of Care, Caregiver, Adoptive Parent, Office of the Superintendent of Instruction, Tribal Representative Office of Civil Legal Aid, and the Alliance for Child Welfare Excellence. The LGBTQ+ program manager with the Regional LGBTQ+ Leads continue to provide attention and consultation in the following areas:

- Language used to refer to gender on documents/forms
- Language used when referring to a child or youth: legal versus chosen name
- Consultation on accessing gender affirming care
- Service array: Identification and development of services to meet LGBTQ+ youth needs
- Addressing the legal and medical needs of transgender youth
- Providing field office training and consultation
- Building and strengthening partnerships with community providers and external stakeholders
- CA Staff: identifying training needs, reviewing curriculum, and identifying training resources

LGBTQ+ Training

The Alliance for Child Welfare Excellence offers an elective training for caseworkers and caregivers who are assisting LGBTQ+ youth and families of LGBTQ+ youth; *Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) Youth*. It is an interactive training that offers caseworkers, foster parents, adoptive parents, kinship caregivers and youth providers information and tools to provide 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
- Impact of sexual abuse on child's behaviors
- How to access service to assist a child who has been sexually abused
- How to care for a child who is experiencing the behavioral, emotional and or developmental effects of sexual abuse

- How to identify and access services/supports to best meet the needs children and youth who may be questioning their sexual identity

Washington State Safe and Affirming Care Pilot Project

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

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

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

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-years-old.

To date, every tribe that applied for Chafee funds for their own IL program received approval for funding. This year 16 tribes completed a Tribal ILS Grant Application. These tribes are:

- | | |
|-----------------------------------|----------------------------|
| ▪ Confederated Tribes of Chehalis | ▪ Quileute Tribal Council |
| ▪ Cowlitz Indian Tribe | ▪ Quinault Indian Nation |
| ▪ Kalispel Tribe | ▪ Muckleshoot Indian Tribe |
| ▪ Lower Elwha Klallam Tribe | ▪ Sauk Suiattle Tribe |
| ▪ Makah Tribe | ▪ Tulalip Tribe |
| ▪ Yakama Indian Nation | ▪ Snoqualmie Indian Tribe |
| ▪ Nooksack Indian Tribe | ▪ Suquamish |
| ▪ Puyallup Tribe of Indians | ▪ Upper Skagit |

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.

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 by CA staff. 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. Reminders are sent out if the tribes provide the quarterly reports with NYTD documentation.

Outreach to Tribes Regarding IL

Outreach to tribes regarding Chafee 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.

Each tribe has an Office of Indian Policy liaison who supports the tribe in navigating DSHS, providing information about CA and the Consolidated Contract.

CA requires tribes to apply annually for the Tribal ILS grant. The 2018-2019 Tribal ILS Application has been sent to all Tribal Chairs, Office of Indian Policy, and ICW Child Welfare Directors. Applications were due April 30, 2018.

CA will be moving under a new department and will no longer be part of DSHS. Once the change occurs Tribal ILS will no longer be under the Consolidated Contract. The Department of Children, Youth, and Families will be contracting IL services directly with the tribes. This will make managing spending and contracts more effectively.

Youth Services by Contracted Year*

	2012 Statewide	2013 Statewide	2014 Statewide	2015 Statewide	2016 Statewide	2017 Statewide
Number Children that received Independent Living Services	1,198	1,334	921	891	822	774
Number Children that received Transitional Living Services	1,464	1,368	1,421	1,172	1,034	1,089
Total number of youth	2,662	2,702	2,342	2,063	1,856	1,863

*Data Source: Data reported by 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 2016. Several factors contributing to the drop in youth served over the years include:

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

CA will continue to utilize the following strategies to increase IL awareness in 2018:

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

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

Extended Foster Care (EFC) Program

Washington state has implemented all five (5) eligibility categories for extended foster care. To be eligible for EFC, a youth on their 18th birthday must be dependent, and be:

- Enrolled in high school or high school equivalency certification program, or
- Enrolled or intends to enroll in vocational or college program, or
- Participating in activities designed to remove barriers to employment, or
- Employed for 80 hours or more per month, or
- Have a documented medical condition that prevents participation in one of the four prior categories.

Non-minor dependents can transition between categories throughout their time in EFC. Placement settings vary and can include supervised independent living (SIL) settings such as apartments, shared housing, living in a dorm; foster care; and living with relatives. State legislation enacted in 2018 resulted in an expansion of EFC. Beginning July 1, 2018, youth will only be required to be a dependent on their 18 birthday to be eligible for the program. The requirement of being in “foster care” on their 18 birthday has been lifted. This expands initial eligibility to youth who are in a trial return home, in an in home dependency, under Juvenile Rehabilitation commitment, and in a dependency guardianship. The new law also allows eligible youth the ability to enter into EFC any time between the ages of 18 to 21-years-old and to enroll and un-enroll in the program an unlimited number of times through a Voluntary Placement Agreement (VPA). Updates are in the process to the EFC policy, forms, and Washington Administrative Code (WAC).

Non-minor dependents receive the same case management services and supports as youth under the age of 18-years-old in out-of-home care. Case plans are specific to the needs and level of functioning of the young adult, and focus on obtaining the needed skills to successfully transition from care to independent adulthood. Areas of focus typically include: educational goals, employment, and learning independent living skills. IL services and supports play a key role in developing these skills.

Extended Title IV-E Assistance

EFC allows Washington State to claim IV-E reimbursement for non-minor dependents ages 18 to 20-years-old. FamLink includes an EFC eligibility page in that captures detailed information on youth who are participating in the program.

Extended Foster Care Data
as of April 2018

Age	Numbers	Percentage
18	279	44%
19	188	29%
20	174	27%
Total	641	100%
Placement type		
Supervised independent living	465	73%
Foster care settings	176	27%
Number of Youth That Exited In 2017		
18	185	47%
19	42	11%
20	32	8%
21	136	34%
Total	395	100%
Ethnicity		
White	299	47%
Native American	50	8%
Native American-Multiracial	57	9%
Black	58	7%
Black-Multiracial	37	6%
Hispanic	107	17%
Other-Multiracial	18	3%
Asian/pacific islander	12	2%
Unknown	3	1%
Total	641	100%
Region		
1 East	81	13%
1 Central	60	9%
2 North	84	13%
2 South	185	29%
3 North	104	16%
3 South	127	20%
Total	641	100%

Data Source: Children’s Administration, FamLink; Extended Foster Care; April 2018

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. Funds are available for any accredited college, university, vocational, or technical college.

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:

1. Youth is age 16 up to their 23rd birthday, currently involved in dependency action in Washington State or tribal court, in the care and custody of CA or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care.
2. Youth is 18 to 20-years-old and has aged out of state or tribal care. Youth who exited foster care in a state other than Washington may be eligible for the Washington ETV program.
3. Youth who were adopted or entered guardianship with a relative on or after the age of 16.
4. Youth who participated and received ETV funds prior to age 21, may be eligible up to their 23rd 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, are less than 23-years-old, have unmet need as determined by the educational institution.

At this time, the state has opted not to extend the maximum age up to the youth's 26th birthday. Over the next year, the agency will work towards implementation of the extended age eligibility to the youth's 26th birthday and the award limitation of no more than 15 semesters or 20 quarters (whether consecutive or not). The agency will not be lowering the minimum eligibility age to 14 and is opting to maintain the minimum eligibility age of 16. Over the next year, the agency will work towards implementation of the extended and the award limitation of no more than 15 semesters or 20 quarters (whether consecutive or not). The following work plan reflects tasks the agency will be completing to achieve implementation.

ETV Implementation Work Plan

Task	Due Date
Update ETV section on independence.wa.gov website with information about upcoming changes and dates those changes take effect .	December 2018
Provide information on updates in the Caregiver Connection newsletter	December 2018
Send out information with the application announcement to ETV enrolled students	December 2018
Provide information about the changes at the Children's Justice Conference	May 2019
Provide information about the changes at the WSAC Passport to College conference	May 2019
Provide information regarding the changes to Extended Foster Regional Leads and IL Providers	May 2019
Create a Quick Tip to inform CA staff of the changes	June 2019
Update ETV guidelines	June 2019
Update Brochure	June 2019

Foster Youth who are at least juniors in High School can participate in ETV through the Running Start or Dual Credit Program. This allows students to enroll in an eligible program earning a high school diploma and taking college credits toward a degree at an accredited college or university. Youth receive \$2,000.00 per academic year to cover educational expenses such as books and supplies, school fees and transportation costs under this program.

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.

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.

Education and Training Vouchers (ETV) Collaboration Efforts

CA continues to coordinate with the College Success Foundation (CSF), the Washington Student Achievement Council (WSAC), and other agencies in an effort to maximize former and current foster care youth access to financial aid assistance (e.g., federal student financial aid programs, grants, scholarships, and ETV services). ETV staff and staff from these agencies work cooperatively, ensuring students receive the necessary supports to successfully complete their post-secondary education. They also connect students to staff on college campuses who can help file a financial aid appeal in the event they are suspended from financial aid participation. Conference calls take place as needed between ETV program staff and the two Program Officers for the Foster Care Initiatives program. These program staff are located in the CSF office, but frequently travel to their assigned colleges and universities, to problem solve any barriers for ETV students. The 2018 Passport Conference was held in Tacoma, Washington May 9 - 10, 2018 with participation from educators, post-secondary programs, CA caseworkers, CASA, youth and foster parents. The ETV Program Coordinator and the Extended Foster Care Program Manager did a joint presentation at the conference, entitled Hot Topics at DSHS: ETV/EFC. The Make It Happen event, hosted by CSF will take place on June 27-29, 2018 at the University of Puget Sound with youth attending from across the state. The event is a free three- day, two-night college campus experience for youth who are or ever have been in the Washington state foster care system. Youth attend workshops about applying to college, and learn what life at college is about. High school sophomores, juniors, and seniors can apply to attend the camp. The ETV program staff will be present for the event, assisting CSF staff and doing an ETV presentation for the incoming Freshmen group. The ETV program manager is on the CSF Passport Leadership team which meets quarterly. The team includes college education staff, IL providers and CSF and WSAC staff. The primary focus for this year was to assist WSAC in updating their plan as it relates to the on-campus Passport Navigator program, which was unveiled at the Passport Conference in early May. The work accomplished in these meetings positively affect the students participating in post-secondary education and the ETV program. The ETV manager is also a member of the Foster Care Collaboration Team facilitated by WSAC with participation by the Office of the Superintendent for Public Instruction (OSPI) and the CA Education Program Manager. This group meets quarterly. Barriers are identified that foster youth are encountering in the public school system, Children's Administration or in post-secondary education and attempts to resolve these challenges. Increasing student success, high school graduation rates and post-secondary attendance and completion is the ultimate goal of the team members. The Foster Care Collaboration Team developed a publication to be given out to foster youth and their caregivers entitled, "Fostering College Knowledge: Planning and Paying for Higher Education for Youth in Care". ETV program staff verify student eligibility for the Washington state Passport Scholarship.

ETV program staff continues to collaborate with community partners statewide to coordinate youth access and promote education success. In May 2018, the ETV program staff and three ETV students presented the ABC's of ETV at the Children's Justice Conference in Spokane. ETV staff will again participate in the annual Seattle Mariners "We are Family" event held at Safeco field on May 20, 2018. ETV program information will be available for any interested youth or caregivers. The ETV program was discussed in the November 2017 edition of the Caregiver Connection, an online newsletter for foster parents and kinship families. The article provided information on financial aid and scholarship opportunities. For those families who adopt or enter into a relative guardianship with youth 16 and older, the ETV Program Manager sends them a thank you letter and encloses an ETV brochure for reference.

There are ongoing efforts to connect with and inform CA staff about the ETV program. In-person presentations are made when time and resources allow. Questions from the field are answered by phone and email. The ETV

Program Coordinator also participated in a Resource Fair sponsored by the Vancouver CA office. Community providers, college staff and CA staff were in attendance and provided up-to-date information about the program. Program staff will reach out to caseworkers in May 2018 who have youth on their caseloads who are graduating High School or obtaining their GED to share information about the ETV program.

An exciting opportunity arose when the Program Manager was invited to the Northwest Indian College in Ferndale, WA. Although only a small number of students attended the gathering, plans were made for ETV staff to speak and provide information at their upcoming student orientation in September 2018.

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

Collaborating with IL Providers is important in our outreach efforts. Presentations were given to three IL programs as well as frequent phone and email correspondence. The ETV Program Coordinator attended 2 Resource Fairs, sponsored by IL Programs. These events were attended by youth and their caregivers. The Program Manager also spoke with youth at their monthly IL meeting in Vancouver. As a result of this outreach, five youth completed new ETV applications and two youth submitted their renewal applications. The ETV Program Manager attended Community Resource fairs at Bellevue College and Clark College in Vancouver, WA.

Feedback from ETV participants is important to the success of the program. Students share their views with us in a variety of ways; emails, phone calls, and in community events. ETV sent an email survey to over 300 youth who were eligible for the program in the 2016-2017 academic year and 22 youth responded. From the survey, we learned that 74% found the independence.wa.gov site a useful tool, 86% found the online application process to be easy, and 82% reported confidence in how to utilize their funds. One suggested improvement has already been implemented via the partnership with Amazon. Now, students can send their “wish list” to ETV staff who will then purchase their approved items through Amazon on their behalf, and they are shipped directly to the student. Approved items are books, school supplies and computer/printer. Students would like more face-to-face contact with program staff. We will continue to seek venues to provide that opportunity. Another survey is planned for later this year.

2017-18 School Year

The maximum ETV award amount in the 2017-2018 academic year is \$5,000.00.

The actual amount awarded is based on the student’s unmet need. The maximum yearly award for the Dual Credit ETV Program is \$2,000.00.

As shown in the ETV Service Provision table, housing, tuition, and groceries are currently the top three (3) spending categories in the 2017-18 academic

year. Students show that they need support in covering their basic needs while attending school. In this academic year, 66 of the students awarded an ETV were new participants (no prior award) and 92 students have previously participated in the ETV program. The average award amount for new and renewal students is \$3,913.90.

ETV Service Provision
(only the top three percentages are shown)

Primary expense category	2015-2016	2016-2017	2017-2018
Housing/Rent	34%	28%	29%
Books			
Groceries (Safeway gift cards)	17%	18%	14%
Tuition	20%		16%
Room & Board		9%	

Data Source: ETV Information System; DSHS Research and Data Analysis; May 31, 2018

ETV Services

Fiscal Year 2017 Summary of Progress and Updates

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. Develop a student satisfaction survey to collect and report on data for continuous quality improvement.	Completed October 2017

ETV Services
Fiscal Year 2017 Summary of Progress and Updates

Activity	Status
3. Participate in the Make It Happen Event	Completed June 2017
4. Update independence.wa.gov site as new resources and opportunities for youth are available.	Ongoing
5. ETV renewal application online with data import the same as the new application process	Not completed; planned completion date of Jan 2020
6. Participate in 17.5 staffings when requested by CA staff	Ongoing
7. In-person outreach efforts to CA offices and IL Programs	Ongoing
8. Increase outreach efforts to youth who are in Extended Foster Care (EFC) and not participating in ETV.	Ongoing
9. Attended IL graduation events throughout the state	Completed June 2017
10. Utilized video conferencing technology with CA staff when in-person meetings were not possible	Ongoing
11. Coordinate with Adoption Support supervisor and Adoption program manager to receive names of youth who are adopted/entered guardianship after age 16 to ensure families and youth receive information about ETV.	Ongoing
12. Presentations at the annual Washington state Children's Justice Conference (with IL Provider and two (2) ETV participants), CASA Conference, two (2) ILP Graduation events (Tacoma and Aberdeen), Resource Fair in Vancouver, Passion to Action Advisory Group.	April 2017
13. Collaboration with Colleges/Universities to receive student financial aid award letters with cost if attendance earlier in the academic year so that ETV awards can be determined faster for students.	Ongoing
14. Allow ETV staff direct access to Payee Registration (AFRS) database	Completed July 2017
15. Finalized plans with Amazon Business for students to purchase computers, books and school equipment	Completed December 2017
16. Outreach to the WA State Board for Community & Technical Colleges to expand educational opportunities for youth.	April 2017 and ongoing
17. Have ability to now text ETV students for faster and improved communication.	February 2017 and ongoing
18. Regular database review for clean-up, student updates for accurate program information.	Ongoing
19. Re-examine adding the Governor's Scholarship to the shared application.	Not completed

Practice, Program, and Service Enhancements
Planned Activities for Fiscal Year 2018

Activity	Target Date
1. Participate in the College Success Foundation Make It Happen Event	June 2018
2. Re-examine adding the governor's scholarship to shared application since new legislation has made eligibility criteria similar	September 2018
3. ETV renewal application online	January 2020
4. Update independence.wa.gov as new resources and opportunities for youth are available	Ongoing
5. Outreach efforts to CA Field offices, IL Providers, Tribes, Caregivers, CASA's and High School counselors	Ongoing
6. Increase outreach efforts to youth who are participating in Extended Foster Care and not participating in the ETV program	Ongoing
7. Present at the Children's Justice Conference and Passport Conference	May 2018

**Practice, Program, and Service Enhancements
Planned Activities for Fiscal Year 2018**

Activity	Target Date
8. Develop and implement changes in the program as to how students receive their ETV funds.	July 2018
9. Developed student award spending plan document. Updated ETV database to include the spending plan information	May 2018
10. Send out a student survey in collaboration with the Adolescent Services unit to collect and report on data for continuous quality improvement.	October 2018
11. Send out a quick-tip to all CA staff about the ETV program. Quick tips are brief communications on policy and/or practice that pop up on CA staff computers supporting continuous quality improvements	September 2018
12. Utilize video conference technology for outreach efforts to CA offices where in-person meetings are not possible	Ongoing
13. Increase efforts to engage and inform foster parents about the ETV program	Ongoing
14. Attend statewide graduation events as time and resources allow	June 2018
15. Regular database review for any clean-up, student updates for accurate program information	Ongoing
16. Targeted outreach to CA staff who have youth graduating Spring 2018	May 2018

Section V: Program Support

Technical Assistance

Washington has received technical assistance from various sources in calendar year 2017.

- Casey Family Programs continues to provide technical assistance to address several program areas including:
 - *CA-Court Data Link*: Support Administrator of the Courts (AOC) and Children's Administration data to link child welfare data to court data. Support AOC and CA data sharing agreement. Support AOC and CA collaboration and development of Annual Dependent Children Report.
 - *DCYF Transition*: Direct support to Ross Hunter, DCYF Secretary regarding the transition of CA to DCYF.
 - *Front-End Strategies*: Support the state's efforts to reduce entries through FAR, front-end assessments, voluntary placements services, reducing short stayers, and other strategies.
 - *State Racial Disproportionality Advisory Committee*: Continue support of the Washington State Racial Disproportionality Advisory Committee, which promotes statewide awareness and cross-systems change that works toward reduction of disproportionate representation and disparity among children/youth and families of color in the child welfare system. Advisory Committee focuses support on CA federal and state Indian child welfare Acts application, implementation of the statewide remediation plan, and supporting systemic change for the agency in its efforts to impact racial disproportionality in the child welfare system.
 - *Targeted Permanency Reviews*: Use data to identify, track and drive safe speedy permanency for children in care who have as a plan reunification, adoption, guardianship, or kinship care. Explore Kin-GAP and R-GAP. Provide supports to complete trial in-home visits and achieve parenting plans for children so that dependencies can be closed. Support for permanency summits.
- Deloitte Consulting provided technical assistance in the development and transition to DCYF. The contract is to obtain professional consultation in the areas of change management, organization development, executive coaching, and best practices related to a major organizational consolidation and transformation in order to help DCYF leadership successfully support the organization through the transition.
- The Quality Improvement Center for Workforce Development (QIC-WD) at the University of Nebraska-Lincoln will lead a team of experts in child welfare, workforce, implementation, evaluation, and dissemination from University of Colorado, Denver; University of Louisville; University of Tennessee, Knoxville; C.F. Parry Associates; CLH Strategies & Solutions; and Great Eastern Consulting to test innovative workforce interventions that seek to address staff turnover and retention.

The Department continues to receive technical assistance from the Capacity Building Center for States and the Children's Bureau regarding preparations for the Round III CFSR and PIP planning. Throughout calendar year 2017, the Department received assistance including research, onsite consultation, and program support calls and technical assistance will continue in calendar year 2018.

Implementation of Research, Evaluation, Management Information Systems

Washington's SACWIS system, FamLink, records administrative data that is used in the creation of reports which are used to identify practice strengths, capture key required data elements that ensure practice requirements are being met, and support ongoing practice improvements. Reports are made available through the infoFamLink reporting portal, and staff at all levels of the agency have access to nearly all of the reports on the portal. Reports include both summary and case-level detail format and are routinely used by staff at all levels of the agency, including social workers, field managers, supervisors, program staff and QA leads to support good practice related to child safety, permanency and well-being.

Examples of information available through reports accessible in infoFamLink include:

- Timeliness of face-to-face contact for screened-in CPS reports – a list of children needing to be seen is e-mailed to individual workers twice a week, and summary reports are emailed to supervisors and managers.
- Monthly health and safety visits – a list of children to be seen is e-mailed to individual workers once per week, and summary reports are emailed to supervisors and managers.
- Legal status and length of stay
- Relative versus non relative placements
- Youth turning 17 years of age; transition staffing requirements

The CA Data Management and Reporting Section (DMRS) is focused on developing and providing comprehensive, accessible reports to support practice and practice improvements. In addition to standard reports, item specific data reports are available on request to support specific quality assurance, practice improvement and CQI activities at the state, region and office levels. DMRS also 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 modified or developed in calendar year 2017 by the DMRT unit include:

Report Name	Report Type	New or Modified	Reason Work Completed	Date Implemented
SAY / PAAY Report	infoFamLink report	New	Measure compliance with SAY and PAAY Supervision Plan requirements to ensure the youth's caregiver has completed the specialized training.	January 2017
Late IA Report	infoFamLink Report	New	Measure compliance with Investigation timeframes.	January 2017
Intake Counts by Time, Intake Location & Assignment Location	InfoFamLink Report	New	Provides data for Intake unit managers for evaluating staffing needs.	January 2017
Licensed Providers by Location and Type	infoFamLink Report	New	Provide accurate counts of licensed foster homes.	March 2017
Licensing Timeliness	infoFamLink Report	New	DLR needed a way to look at the licensing process for "first ever" licenses to evaluate where delays in the process occur.	March 2017
Minority Foster Home Report	infoFamLink Report	New/Modified	This report replaced the Licensed Foster Homes by Minority Status report that never worked properly for the users. DLR needed a way to identify Foster Homes having minority race caregivers.	March 2017
TPR Within 15 Months	infoFamLink Report	New/Modified	At the request of QA leads, the 'TPR Within 15 Months' Report has been re-designed to provide more useful views of the data.	April 2017

Report Name	Report Type	New or Modified	Reason Work Completed	Date Implemented
Initial Face-to-Face children not yet seen	infoFamLink Report and Data Driven Subscription	New/Modified	To provide workers with a list twice a week of children on their caseload that have not yet had Initial Face to Face contact to assess the safety of the child. Previously workers were getting a summary view and they requested it be a list.	May 2017
Transition Staffing	infoFamLink Report	Modified	Independent Living program manager requested additional details to the report so it could be managed down to the individual worker level.	June 2017
In Home FVS Health and Safety Visits	infoFamLink Report	New	Monitor compliance with monthly health and safety visit for children in an open Family Voluntary Service (FVS) case.	July 2017
Extended Foster Care Youth –	infoFamLink Report	New	This report allows program to evaluate the EFC eligibility of youth in care past the age of 18.	August 2017
Monthly Metrics Summary Data	infoFamLink Report	Modified to better meet CA needs		October 2017
Visitation Plan Parent Child Visits	infoFamLink Report	New	Monitor compliance with the requirement that every family having one or more children in out-of-home care must have a Parent Child Visitation Plan.	October 2017
Visitation Plan Sibling Visits	infoFamLink Report	New	Monitor the creation of Sibling Visitation Plans for families with siblings that have not placed together.	October 2017
CA Metrics Dashboard	infoFamLink Report	New to provide summary statistics for management		November 2017
Cases by Program and Days Open in Program	infoFamLink Report	New	Management needed a way to see how long cases are remaining open to the different programs.	December 2017
FAR & Investigation Intake detail	infoFamLink Report	New/Modified – New to infoFamLink, modified to provide additional details on Investigations.	User need for daily updates to the data, and a place where both CPS responses, FAR & Investigation, are available together.	December 2017

Data Source: Children's Administration Data Unit; List of Developed Reports-Calendar Year 2017; May 2018

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 provide 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 2019 APSR was shared with tribes during the March 14, 2018 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 2019 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 participate⁴⁸. 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 Chehalis Reservation	
Confederated Tribes of the Colville Reservation	Georgia Sampson, Sheilah Cleveland
Cowlitz Indian Tribe	Jim Sherrill/Mike Yates
Hoh Tribe	
Jamestown S'Klallam Tribe	Liz Mueller, Tanya Pankowski, Loni Greninger
Kalispel Tribe	Wendy Thomas, Michelle Fukawa
Lower Elwha Klallam Tribe	Kelly Bradley
Lummi Nation	
Makah Nation	
Muckleshoot Tribe	Betsy Tulee
Nisqually Tribe	
Nooksack Tribe	
Port Gamble S'Klallam Tribe	Cheryl Miller
Puyallup Tribe	Jill LaPointe, Katie Riebel
Quileute Nation	Nicole Earls
Quinault Nation	Amelia DeLa Cruz
Samish Nation	Michelle Johnson, Dana Matthews
Sauk-Suiattle Tribe	
Shoalwater Bay Tribe	
Skokomish Tribe	
Snoqualmie Tribe	
Spokane Tribe	Tawhnee Colvin
Squaxin Island Tribe	

⁴⁸ 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
Stillaguamish Tribe	Kristy Healing, Candy Hamilton
Suquamish Tribe	Tara Reynon
Swinomish Tribe	
Tulalip Tribe	Helen Fenrich, Khia Grinnell
Upper Skagit Tribe	
Yakama Nation	June Adams, Laretta Smiscon

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 Liz Mueller, Jamestown S’Klallam Tribe vice chair. 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 Quinalt, 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 March 2018, 13 MOUs are [completed and signed](#), and 15 remain in some form of the drafting process, either residing with the tribe or DSHS as part of the negotiation and completion process. One tribe has not responded to invitations to complete an MOU. 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 as requested by a federally recognized 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 has signed agreements with all 3 major credit reporting agencies: Trans Union, Experian, and Equifax. A request for CATS to implement the online batching has been submitted and consultation has occurred with CATS, who is prioritizing work projects with the transition to Department of Children, Youth and Family Services (DCYF) on July 1, 2018. Caseworkers continue to request the credit reports manually for youth on their caseloads through www.annualcreditreport.com.

Tribes have the option of contacting the three credit bureaus independently to request access to the credit bureau's online portal for credit checks, or providing eligible youth's information to CA who will complete the credit check process and provide results to the tribes. The credit bureaus will send the applications and a list of required documents needed to apply for the access. The three credit bureaus contact info is:

fostercare@transunion.com, experianfosteryouth@experian.com, and cfs@equifax.com.

Indian Child Welfare Act Compliance

The statewide Tribal Relations Director and staff within the Tribal Relations Unit coordinate with tribes to assure compliance with both the federal and state Indian Child Welfare Acts (ICWA). Headquarters staff oversees contract management and policy collaboration with tribal staff for ICW matters throughout the state. The Tribal Relations Director helps to assure communication, consultation, and relationships between CA/DCYF and the tribes/nations are honored. The CA/DCYF subcommittee serves as an ongoing venue for tribal representatives to voice concerns and issues related to policy and practice and the impact on Indian children and families. Local offices work directly with tribes in their area.

Statewide ICW case reviews are conducted every three years by the CA/DCYF Central Case Review Team, and include tribal representatives. The focus of these reviews is to assess, in detail, compliance with the federal and state ICWA and CA/DCYF ICW policy, as well as the quality of the ICW practice in cases where there is reason to know the child is an Indian child as defined by ICWA. 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/DCYF and tribal staff.

With no new data to report due to gap years for the ICW case review, CA is providing data from the 2017 OSRI, item 9 Preserving Connections.

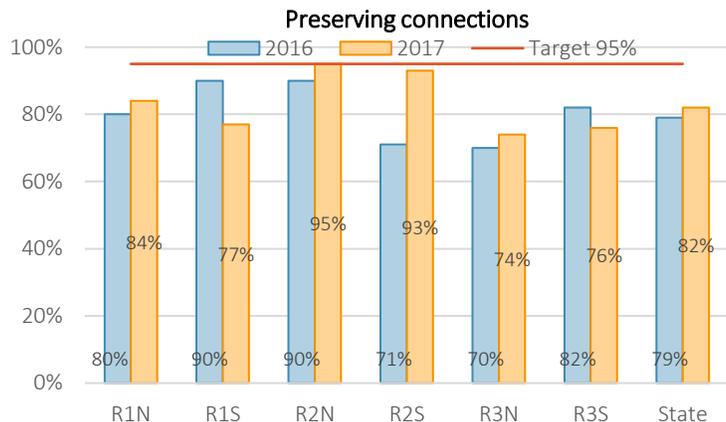
- Were both sides of the family were asked if the child had Indian ancestry?
- Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends?

OSRI Data – Calendar Year 2017

Item 9: Preserving Connections

In calendar year 2017, a total of 220 cases were determined applicable and reviewed by the CCRT.

Statewide, in 82% (181 out of 220) of cases, concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends.



	R1E	R1C	R2N	R2S	R3N	R3S	State
Calendar Year 2017 Performance	84%	77%	95%	93%	74%	76%	82%
Total applicable cases	45	47	19	42	38	29	220
Strength cases	38	36	18	39	28	22	181
Area Needing Improvement cases	7	11	1	3	10	7	39

Chart Data Source: CFSR Onsite Review Instrument; Calendar Year 2016 & 2017 Case Review Results; March 1, 2018

Table Data Source: CFSR Onsite Review Instrument; Calendar Year 2017 Case Review Results; March 1, 2018

In 88% (22 out of 25) of the cases where the child was a member of or eligible for membership in a federally recognized Indian Tribe, the Tribe was provided with timely notification of its right to intervene in state court proceedings seeking involuntary foster care placement or termination of parental rights.

In 100% (19) of the cases, the child was a member of or eligible for membership in a federally recognized Indian Tribe, he or she was placed in foster care in accordance with the placement preferences of the Indian Child Welfare Act or concerted efforts were made to place in accordance with placement preferences.

Update on Planned Activities Completed for Review Period 2017-2018

- Training for Regional CA and Tribal Staff
 - The anticipated funding was not available through Casey Family Programs therefore LICWAC training did not occur at a statewide level. Regional Consultants and LICWAC Liaisons provided training to LICWAC members and staff throughout the regions as follows: Region 1 provided LICWAC training in July 2017; Region 2 developed a LICWAC training tool for use by the entire state; Region 3 provided statewide training in May 2017 and October 2017.
 - A LICWAC Advisory Retreat for members was held in October 2017 for training and collaboration.
 - CA coordinated with the Alliance to provide 11 2-day ICWA trainings throughout Washington in 2017. Trainings were conducted in the following locations during the calendar year.

ICWA Trainings Calendar Year 2017

Month	Location
January 2017	Yakama Nation
February 2017	Smokey Point DCFS
March 2017	Tumwater DCFS Bremerton CSO
April 2017	Muckleshoot MCFS Port Angeles DCFS
May 2017	Seattle Delridge DCFS

**ICWA Trainings
Calendar Year 2017**

Month	Location
Aug. 2017	Toppenish DCFS
Oct. 2017	Spokane CSO (Trent Street)
Nov. 2017	Aberdeen DCFS
Dec. 2017	Bellingham DCFS

Data Source: CA ICW Program Manager; May 2018

- CA collaborated with the Alliance to ensure Tribal staff was made aware of all CA training opportunities. Training information was provided through email distribution, in-person announcements at CA IPAC, and via Alliance website communication.
- FamLink training was provided to tribal staff upon request
- CA received a new directive as to the Initial review and planning for implementation of additional data collection for children covered by the Indian Child Welfare Act within the AFCARS, pending confirmation of the effective date?
- Updates were provided to the tribes at CA IPAC on the progress of Second Substitute House Bill 1661 which creates a new Department of Children, Youth and Family Services. Governor Inslee signed HB 1661 on July 6, 2017 creating DCYF.

Planned Activities for Next Review Period 2018-2019⁴⁹

- Targeted ICW Case Review
 - Local offices implement monthly ICW Case Reviews with Tribal participation
 - Local Indian Child Welfare Advisory Committee (LICWAC) training will be provided for staff and LICWAC members
- The Alliance will continue to coordinate with DCYF to schedule the 2-day ICWA training on a rotating schedule/basis, with an emphasis on training veteran staff
- DCYF Tribal Consultation Policy developed and adopted
- Tribal Policy Advisory Committee structure finalized and operational
- DCYF ICW and ILS contracts amended and completed
- Ensure Tribal staff is aware of all CA training opportunities and provided information to enroll and attend
- MOUs updated to reflect DCYF
- DCYF Director of Government and Tribal Relations and Unit structure fully implemented
- DCYF will consult and collaborate with Tribes on federal Family First Prevention Act
- DCYF will consult and collaborate with Tribes to identify and resolve systemic Intake issues

Coordination and Collaboration in the Implementation and Assessment of the Chafee

There are 29 federally recognized tribes across Washington State. In our efforts to facilitate ongoing collaboration, in January 2017 CA made dedicated video conference sites available across the state at local offices for the monthly CA IPAC meetings. The process used to coordinate and collaborate on the submission of the 2019 APSR with tribes is below:

- Discussion at CA IPAC in March on APSR Update work plan.
 - An email invite was sent to all 29 tribes explaining the purpose of the APSR report update, and requested the tribes come prepared to provide edits and give input.

⁴⁹ With CA moving to Department of Children, Youth, and Families (DCYF) on July 1, 2018, future activities reflect completion by DCYF.

- A CA IPAC workgroup meeting with tribes was held March 14, 2018.
 - Tribes who participated gave immediate input on suggested edits to the 2019 APSR update. These edits were then shared with all tribes for the next workgroup meeting.
- Tribes had the opportunity to respond by email with edits and comments through April 17, 2018.

The suggestions received and accepted over this three-month period were incorporated into this section of the APSR. The final version approved by Connie Lambert-Eckel, Acting 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 set up (annual) individual in person meetings at tribes. The APSR and CFSP will be discussed (including purpose and request for ongoing input from tribes) during those meetings. CA will continue to strive to more clearly identify when assessment and practice improvements are related to specific goals and objectives in the CFSP and subsequent APSRs.

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 revised October 2016 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 with a Child Protective Services (CPS) or Family Reconciliation Services (FRS) case open beyond 60 days or receiving family voluntary services (FVS) 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.
 - c. When children are on an in-home dependency or trial return home all health and safety visits must occur in the home where the child resides. (This requirement does not preclude additional visits outside the home.)
 - d. For in-home dependency or trial return cases with children age five or younger, two in-home health and safety visits must occur every calendar month for the first 120 calendar days from establishment of the in-home dependency or trial return home. (One of the two visits may be conducted by a qualified CA staff or contracted provider.)
 - e. For FVS cases, with children age five or younger and residing in the home, two in-home health and safety visits must occur every calendar month. (One of the two visits may be conducted by a qualified CA staff or contracted provider).
3. Out-of-home caregivers must receive face-to-face monthly visits.
 - a. CA workers must conduct an unannounced monthly visit with caregivers in 10 percent of randomly selected homes. The caregivers requiring an unannounced visit are randomly selected in FamLink.
 - b. Visits with children and caregivers may occur during the same monthly visit.
 - c. Location of the monthly visit may vary.
4. All known parents or legal guardians involved in a Voluntary Placement Agreement (VPA), shelter care, dependency proceedings or voluntary services (FVS or FRS) must receive face-to-face monthly visits with the majority of visits occurring in the parent's home. Unless an exception (outlined in procedures) exists, visits must continue until one of the following apply:
 - a. The case is closed
 - b. The child becomes legally free.
 - c. The court determines that reasonable efforts toward reunification are no longer required.
5. All visits must be documented in FamLink within three calendar days of the visit.

Requirements for Health and Safety Visits with Children

The following activities must be completed during Health and Safety Visits with Children:

1. Assess for present danger per Child Safety policy
2. Observe:
 - a. How the child appears developmentally, physically, and emotionally;

- b. How the parent or caregiver and the child respond to each other;
 - c. The child's attachment to the parent or caregiver; and
 - d. 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) the CA worker must notify the licensor.
3. Discuss with the verbal child in private, separate from the parent or out-of-home caregiver, either in the home or in another location where the child is comfortable:
 - a. Whether the child feels safe in his or her home or placement.
 - b. The child's needs, wants and progress.
 - c. How visits with siblings and parents are going.
 - d. The child's connections with siblings and other relatives. For youth 16 and above, this includes discussing skills and strategies to:
 - i. Safely reconnect with any identified family members.
 - ii. Provide guidance and services to assist the youth.
 - iii. Maintain community and cultural connections
 - e. Participation and interest in normal childhood activities.
 - f. 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.
 5. Discuss specific objectives outlined in the [43066. Pregnant and Parenting Policy](#) with pregnant and parenting youth.

Requirements for Monthly Visits with the Out-of-Home Caregiver

The following activities must be completed during Monthly Visits with the Out-of-Home Caregiver:

1. Discuss the child's well-being and permanency goals;
2. Observe the child and caregiver relationship and home environment when a visit occurs in the caregiver's home;
3. Assess the caregiver's ability to provide adequate care and maintain placement stability.
4. Identify any support or training needs.
5. Inquire about the child's visits with siblings and parents and how child is responding.
6. Discuss any normal childhood activities in which the child is participating, or is interested in or maintains his or her community or cultural connections.
7. Discuss any requests to significantly change the child's appearance. Significant changes include, but are not limited to, body piercings, haircuts and changes in hairstyles. Prior approval must be obtained from the parent (Tribe, if child is legally free) or court.
8. Share the parent's interest in the child's care and requests for the child's participation in normal childhood activities.

The unannounced monthly visit with the out-of-home caregiver must be conducted within 30 days of receiving the automated notification from FamLink.

1. During the visit the CA worker will complete the same activities (outlined in procedures) for scheduled monthly visits.
2. When the unannounced visit occurs within the monthly visit timeline, this visit meets the monthly caregiver visit requirement in addition to the unannounced monthly visit requirement.

Requirements for Monthly Visits with Known Parents or Legal Guardians

The following activities should be the focus of Monthly Visits with Known Parents or Legal Guardians:

1. Case planning, service delivery and goal achievement;
2. Progress made to eliminate or manage the identified child safety threats;
3. Barriers to needed services, consideration of additional or different services;
4. Discuss housing stability, i.e.) where is the parent living and how long can they remain in their current home;
5. Permanency planning for the child;
6. Child and parent visitation;
7. Review of a child's interest in and participation in normal childhood activities; and
8. Any requests to significantly change the child's appearance. Significant changes include, but are not limited to, body piercings, haircuts, and changes in hairstyles. Prior approval must be obtained from the parent (tribe if child is legally free) or court.

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 and guardianships out of the foster care system, including activities such as pre and post adoptive services and activities designed to expedite the adoption and guardianship process and support adoptive and guardianship families
- Training of staff, foster families, and potential adoptive parents or guardians on adoption and guardianship issues to support increased and improved adoptions and guardianships.
- Recruitment of relative/foster/adoptive homes
- Services that fall under the CA Child Welfare Plan

Post Guardianship Supports

CA provides supports to qualified relatives through the Relative Guardianship Assistance Program (R-GAP)

- Medical coverage (Medicaid),
- Up to \$2000 per child for reimbursement of adoption related expenses,
- Evidence based practice in-home based mental health treatment,
- A monthly cash payment

To strengthen knowledge about post guardianship supports, presentations have been made to the state-wide CASA conference, Children's Justice Conference, in offices throughout the state, and to regional CASA and court groups.

Post Adoption Supports

CA provides four support to families that receive services through Adoption Support. These supports include:

- Medical coverage (Medicaid),
- Up to \$1,500 per child for reimbursement of adoption related expenses,
- Pre-authorized counseling-, which includes- evidence based practice in-home treatment, or individualized counseling, and parental counseling.
- Training through the Alliance for Child Welfare Excellence, and Coordinated Care of Washington.
- A monthly cash payment, if applicable.

Over 18,000 youth and 9,500 parents were served through the adoption support program in calendar year 2017.

CA continues to update the Adoption Support internet website to provide more information to families who are interested in or who have adopted an Adoption Support eligible child. To strengthen staff and community partner's knowledge about available therapeutic resources about post permanency mental health needs, training was provided. The National Adoption Support Mental Health Competency Training was facilitated by CA and three (3) community partner agencies and includes information about domestic and international adoptions, guardianships, and relative or suitable other care. During the first training cohort, participants from CA included adoption caseworkers, DLR licensors who specialize in writing home studies, and post adoption workers. The three community partner agencies included Olive Crest, Coordinated Care of Washington, and Northwest Resource Associates who have close working relationships with adoptive families. CA continues to provide this training to caseworkers who specialize in permanency, child placing agencies, and behaviorally intensive resource

agencies. The second cohort of the training included additional child placing agency staff and CA CFWS and CPS caseworkers. In total, approximately 324 caseworkers and agency personnel participated in the training and gained knowledge about the issues that impact adoptive children and their families.

The National Adoption Mental Health Competency Training for Clinicians was provided to contract post-adoption providers and evidenced based practice clinicians who work with child welfare and post permanency families. The clinical training will be provided April 2018 through September 2018 with a focus on adoption, guardianship, and relative care. Additional training regarding post adoption services was provided to the Foster Parents Association of Washington, at the Refresh Conference, and the 2018 Children's Justice Conference.

In August 2017, an electronic survey was e-mailed to 630 adoptive parents⁵⁰ who participated in the Adoption Support program between July 1, 2016 through June 30, 2017. The purpose of the survey was to:

- Identify strengths in adoption support practice, as well as, areas for training and support improvement.
- Identify re-occurring themes.
- Obtain suggestions on how to improve the program.

The survey had a 47% (226 out of 485) response rate. Based on survey responses, CA developed a process for post adoption guardians and families to request evidenced based services for children struggling with child behaviors. The service array available to post permanency families includes: Promoting First Relationships, Incredible Years, Parent Child Interaction Therapy, Functional Family Therapy, Triple P, Project SafeCare, and Family Preservation Services. These services are in addition to individual and parental counseling for adoptive families.

⁵⁰ Approximately 145 survey e-mails were returned as undeliverable.

Section IX: Child Welfare Waiver Demonstration Activities

Reinvestment funds for Washington's title IV-E waiver demonstration project will continue to support families in the CPS Family Assessment Response (CPS FAR) pathway. Some families need an investigation to keep children safe while other families need to reconnect with their community, family, and friends. CPS FAR allows us to use a different approach to some families with allegations of child abuse or neglect through increased services and concrete goods. These services will help more families keep their children safely at home.

The goals of CPS FAR are as follows:

- Provide Early Intervention to respond to low to moderate risk allegations with the possibility of preventing future high risk or unsafe situations.
- Increase Scope of Service Delivery to provide services and resources for low to moderate risk families. Opportunity to provide services not based on abuse or neglect, but on family need for sustained and supportive parenting of their children.
- Improve Family-Centered Practice by increasing the involvement of the family in assessment and identification of their strengths and needs, and the development of service plan to address issues relating to risk of abuse or neglect.
- Increase Resource Identification by reviewing service needs and resource availability for immediate and long term support outside the scope of abuse and neglect.
- Improve engagement and assessment by moving away from incident-based assessments to a comprehensive assessment of the family dynamics, strengths, issues and needs.

CA began providing CPS FAR as an alternative response to a CPS investigation on January 1, 2014. Statewide implementation of CPS FAR was completed on June 1, 2017 and is available in all offices statewide.

CPS FAR Intake Data

In calendar year 2017, 46.1% (19,922 out of 43,234 intakes) of screened-in intakes were assigned to CPS FAR and 53.9% (23,312 out of 43,234 intakes) were assigned to CPS Investigations. The regional variations are the result of changes to intake decisions made by intake supervisors and or the assigning supervisors.

Intakes are reviewed at the point the screening decision is made by the intake worker. Intake supervisors review and make changes in 5-10% of all intake worker screening decisions across programs, not only for CPS FAR. 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.

Data shows that cases are transferring from CPS FAR to CPS investigations 5.3% of the time which is higher than the previous reporting period of 4.9%. In

Statewide CPS FAR Intake Data
Calendar Year 2017

Month	Intakes Assigned to FAR	Percent Transferred to Investigations	Reason for Transfer	
			Safety or Risk Concerns	Family Declined to Participate
January	1,446	5.5%	59	21
February	1,398	6.0%	55	29
March	1,927	6.6%	91	36
April	1,547	5.8%	65	24
May	1,878	5.9%	75	36
June	1,707	5.4%	63	30
July	1,303	6.9%	60	30
August	1,439	5.1%	50	24
September	1,755	5.7%	67	33
October	1,976	4.5%	75	14
November	1,885	3.8%	59	12
December	1,661	2.5%	35	7
Total	19,922	5.3%	754	296

Data Source: Children's Administration FamLink; CPS FAR Intake FARFA; Calendar Year 2017; January 22, 2018

2017, there was an increase in emergent CPS intakes which may account for the increase of cases transferring from FAR to investigations.

The Intake program manager conducts monthly intake consultation calls with intake supervisors from across the state to achieve consistency in screening and reach consensus in decision-making. The intake consultation calls assist in developing statewide consistency in screening intakes for CPS investigation and the CPS FAR pathways. These call also allow for discussion about the screening tool, screening decisions, policy and practice. Monthly CPS intake reports with region and office level data are shared and reviewed with regional CPS, Safety, Intake, and CQI program managers for identification of trends. A statewide intake review is conducted biannually and includes specific review of CPS pathway decision making. The next intake review is scheduled for June 2018.

Demonstration Activities and Accomplishments

Training and Coaching

During implementation CPS FAR training was developed and delivered via a partnership between CA and The Alliance for Child Welfare Excellence (Alliance) at the University of Washington, School of Social Work. Caseworkers and supervisors were surveyed after each training and the training was modified based on the feedback received. The Alliance also implemented a process for observers, who are subject matter experts from CA, to attend the training and provide feedback for initial and ongoing in-service FAR trainings.

Now that the implementation phase is complete, a three-day CPS in-service training will replace the four-day CPS FAR training. This training will cover both CPS pathways (FAR and investigations). Because the curriculum is currently under development, an interim plan was developed, and a modified FAR training is being delivered by regional CA staff. The CPS in-service training will begin in March 2018. Surveys and feedback will be gathered from Alliance trainers, CA practice specialists and caseworkers attending the first six trainings to inform revisions to the curriculum. This training will be available starting July 2018.

Changes to CPS FAR Practice and Policy

During the implementation of CPS FAR there have been four policy changes impacting CPS screening decisions. These changes result in a default screening decision to investigation under the allegations listed below. CA, with input from child welfare stakeholders and review by CA leadership, determined that these circumstances are high risk and not appropriate for a CPS FAR intervention.

- July 2016: A child or household with a dependency case (placement of child) dismissed within the prior 12 months
- July 2016: A third accepted CPS FAR or CPS Investigation intake in a 12-month period
- November 2017: When an allegation is related to child-on-child sexual contact or sexualized behaviors

A data review suggests the changes had a minor impact on the percentage of cases screening to CPS FAR versus CPS-investigations.

Problematic for a voluntary program, Washington law required families to sign an agreement in order to participate in CPS FAR. If the family refused to sign the agreement, they were transferred to the investigative pathway. A review of data on the impact of the not signing the agreement showed a disproportionate number of Native American families being transferred from CPS FAR to investigation. Anecdotal reports from caseworkers and families indicated parent concerns that signing the agreement meant they were “admitting” to the alleged abuse or neglect. CA also acknowledged the historical experience of Native families with the United States government as a possible factor in reluctance to sign the agreement. CA requested that the legislature eliminate the requirement for families to sign the agreement. In October 2017, legislation was passed and implemented in October 2017 eliminating the need for families to sign an agreement to participate in CPS FAR.

A small pilot of an engagement tool began October 1, 2016 in three CPS FAR offices. The pilot is called “The Difference Game.” This tool was developed by the University of Washington and used by staff in their Parent-Child Assistance Program (PCAP) with mothers whose substance use was negatively impacting the parenting and possibly the safety of their children. The Difference Game is a card-sorting tool which allows the client to identify

what would make the most difference in their life. The choices include a broad array of services and concrete supports with one “wild” card. The goal of the pilot was to strengthen engagement between the worker and the client with use of a client-driven tool. While some staff found the tool to be useful in their work with families, many staff found it awkward and/or unnecessary. The pilot ended December 31, 2016.

Provision of Concrete Goods

CA contracted with agencies in each of the three regions to purchase, store, and distribute concrete goods to families and CA offices across the state. This approach has proven to be a successful endeavor. Staff appreciate having necessary items on hand or easily accessible and families are getting items that they need in a timely and efficient manner. Initially only available to CPS FAR, access to concrete goods has been expanded to include CPS investigations, parent-child visitation, reunification, and kinship care placement and licensing. Caseworkers are able to request items for families, such as diapers, cribs, housekeeping supplies, lice kits, and beds that are needed to address safety or risk concerns, support visitation, ease placement of children into safe kinship care, and assist kinship caregivers in becoming licensed. The contracted providers deliver the items to the local CA offices and directly to a family’s home. Many of the families served in child welfare have unmet basic needs impacting the parent’s ability to safely parent and reduce risk of abuse and neglect to their children. The intent of these contracts is to reduce barriers to obtaining these goods for families and streamline the process for distribution.

Targeted Case Review

The sixth and final targeted case review of CPS FAR occurred March 1-3, 2017. This review of intakes, from August 1, 2016 to February 17, 2017, was specifically for offices that launched FAR in 2016 and had not previously had a review. Eight reviewers electronically reviewed a total of 91 cases or approximately two cases per worker. The reviewers included area administrators, headquarter CPS FAR and regional leads, CPS FAR supervisors, regional safety administrators, quality practice specialists, and a Central Case Review team member. Four reviewers performed second reviews on approximately 40% of the cases, for quality assurance and consistency. The results of the case review were shared with all the offices and regional FAR Leads and Supervisors developed plans at the local office to address non-compliance.

Additional activities completed in calendar year 2017 include:

- The CPS FAR Project Team conducted site visits to observe CPS FAR operations at the local level, assessing unmet training needs, and providing case consultation, with the goal of supporting caseworkers and striving for fidelity to the CPS FAR model. Offices visited during this period included Yakima, Omak and Kent.
- Monthly meetings with TriWest Group, the contracted evaluator of CPS FAR. The meetings cover activities and work accomplished over the previous month, allow opportunities for information sharing and more recently the review of preliminary data.
- CPS In-Service and Regional Core Training (RCT) curriculum development meetings with the Alliance to incorporate the implementation of FAR training into both training curriculums.

Addressing Challenges to Implementation

CPS FAR legislation allows a CPS FAR case to be open 45 days for assessment with an extension up to 90 days for service provision with parental consent. CPS FAR staff have consistently provided feedback that more time is needed for both assessment and service provision. The CPS FAR statute also includes language about the use of evidence-based services. By the time most parents engage in services after the assessment period, there is not enough time for parents to complete the service. This is counter-intuitive to the intention of addressing issues in order to reduce risk of abuse or neglect and possibly prevent a family’s return to the agency. CA submitted request legislation for the 2017 session seeking to increase the amount of time a CPS- FAR case can remain open for services. The legislation did not pass; as a result, CA continues to struggle with decisions about case closure v. letting a family complete a service even though past the statutory timeframe. In January of 2018 members of the House and Senate have proposed legislation to extend the timeframe for CPS FAR cases from 90 to 120 days,

allowing families greater opportunity to request and complete services. This legislation passed and will begin July 1, 2018.

Washington state statute governing the CPS FAR pathway currently prohibits allegations of child abuse or neglect that could constitute a criminal offense from being screened into the CPS FAR pathway even if the potential offense has no bearing on child safety, law enforcement has declined to investigate, or the county prosecutor expresses no intention of prosecuting. The language appears overly broad and at odds with the intent of the CPS FAR program which is a collaborative family assessment, intervention, and services with no finding of abuse or neglect. In discussions with county prosecutors, there was agreement that while many allegations could be construed as a possible crime, it is not necessary or realistic for law enforcement and prosecutors to vet every allegation received by CA. CA continues to forward intake reports containing allegations to local law enforcement jurisdictions. CA requested an amendment to the statute during the 2017 legislative session. The legislation did not pass and, to date, there have been no bills regarding this matter introduced in the 2018 legislative session.

CPS FAR Evaluation

CA has partnered with Tri-West Group to complete an evaluation of the implementation of Washington's title IV-E waiver demonstration project. Evaluation reports are provided semi-annually covering the periods of January-June and July-December. The most recent evaluation report was released in January 2018 and has been included as an attachment to this report. Previous quarterly evaluation reports are available on the [Family Assessment Response \(FAR\)](#) internet page.

Recommendations and Activities Planned for Next Reporting Period

- Continue monitoring FAR performance and practice at monthly statewide CPS/Intake leads meetings.
- Utilizing evaluation and administrative data, monitor for pathway fidelity and need for course corrections.
- Train newly hired or transferring CPS FAR caseworkers as well as cross-train CPS investigation caseworkers.
- Continue work with the Alliance on development of the CPS in-service training to cover both FAR and investigation pathways.
- Provide consultation as requested by the offices and regions for case specific issues as well as office or regional trends.
- Continue to evaluate the intakes assigned to CPS FAR and identify any trends for CPS FAR intakes that transfer to investigations or result in a removal. Assess regional variation in screening rates to CPS FAR and investigations.
- Statewide intake review.
- Continue to work with TriWest Group to inform their evaluation.

Section X: Quality Assurance System

See Section II: Assessment of Systems Performance, Item 25 to learn about CAs quality assurance system.

Section XI: Payment Limitations

Title IV-B Subpart 1 and Subpart 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 2019.
- 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 2019.

Non-Supplantation Requirement - Title IV-B Subpart 2

- The 1992 base year amount was \$24.257M.
- The state and local share expenditure amounts for Title IV-B subpart 2 for Fiscal Year 2015 was -\$28.463M.

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. 115-123.

Title IV-B Subpart 2 Services: Examples of Key Service Providers

Family Preservation (30% of grant)	Community-Based Family Support (20% of grant)	Family Reunification Services/Family Support (20% of grant)	Adoption Promotion Supports and Services (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 (PCIT) Intensive Family Preservation Services (IFPS)/ HomeBuilders Incredible Years Positive Parenting Program - Triple P 	<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 Evaluations and Treatment 	<p>Qualified providers in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the neediest and difficult to adopt. Adoption services are provided by Adoption Caseworkers who facilitate adoptions and perform home studies, as well as, Adoption Support program staff who negotiate adoption support agreements, and provide case management for about 18,000 children and families.</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 Technology Services (does not include staff working on FamLink) and leases.</p>

2019 ANNUAL PROGRESS AND SERVICES REPORT

State of Washington
Department of Social and Health Services
Children's Administration

Child Abuse Prevention and Treatment Act Update

Attachment A

June 29, 2018

Updated July 19, 2018 & August 9, 2018

TABLE OF CONTENTS

CHILD ABUSE PREVENTION AND TREATMENT ACT UPDATE	2-13
Use of State Grant Funds.....	2
CAPTA Goals	2
2017 Summary of Accomplishments.....	2
Update on The Justice for Victims of Trafficking Act.....	3
2017 Review Period Progress and Updates.....	4
CAPTA Services	5
Other CAPTA Activities	6
CAPTA Review Hearings.....	6
Child Protection Services Workforce.....	8
Juvenile Justice Transfers	9
Update on Services to Substance-Exposed Newborns <i>updated</i>	10
Washington State Citizen Review Panel (CRP) Reports	13
CAPTA Program Manager	13
CHILDREN’S ADMINISTRATION INDIAN POLICY ADVISORY SUBCOMMITTEE CAPTA CITIZEN REVIEW PANEL REPORT.....	14-15
CHILDREN, YOUTH AND FAMILY SERVICES ADVISORY COMMITTEE CAPTA CITIZEN REVIEW PANEL REPORT	16-18
CHILDREN’S ADMINISTRATION REGION 1 SOUTH OVERSIGHT COMMITTEE CAPTA CITIZEN REVIEW PANEL REPORT.....	19
CHILDREN’S ADMINISTRATION RESPONSE TO WASHINGTON STATE CAPTA CITIZEN REVIEW PANEL REPORTS <i>updated</i>	20-22

CHILD ABUSE PREVENTION AND TREATMENT ACT UPDATE

Child and Family Services Plan 2015-2019

2019 Annual Progress and Services Report

Use of State Grant Funds

CA provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), request voluntary services or family reconciliation services to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- One regional CPS Program manager and two regional CPS Quality Practice Specialists 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 are to continue developing and implementing improvements to our Child Safety Framework and Structured Decision Making Risk Assessment (SDMRA) tools, and evaluate the differential response system Family Assessment Response (FAR) for program maintenance and make adjustments as needed.

Goals for calendar year 2018 are:

1. Enhance supports for plans of safe care for substance-exposed infants and their families.
2. Update the intake Screening and Response assessment tool to reflect current policy related to child on child sexual behaviors or contact, physical abuse allegations of children four and under, Commercially Sexually Exploited Children (CSEC) and imminent risk of serious harm cases related to drug exposed and affected newborns born to mother's using prescribed or non-prescribed substances.
3. Enhance the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.
4. Improve case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
5. Develop and implement 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.

2017 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 (6) Quality Practice Specialists (QPS) were hired statewide.

Outlined below are CA's accomplishments for calendar year 2017 for designated goals.

- CA implemented the changes to CAPTA required as a result of Comprehensive Addiction and Recovery Act of 2016. As part of the implementation of the new CAPTA CARA requirements, statewide communication to staff, program managers, and leadership was provided to clarify that substance affected newborn related intakes would be screened in for assessment on all newborns affected by substances regardless of whether or not the substance was legal or illegal, or prescription related.
- CA developed and implemented policy on CSEC and a six-hour 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 will be updated to reflect recent guidance and required Program Improvement Plan (PIP) from Region 10 regarding application of the law to all open cases. Definitions for CSEC were added to the CA policy manual and can be found at: <https://www.dshs.wa.gov/ca/practices-and-procedures-guide/appendix-definitions>

- Training for CSEC began in September 2015 in King County and is now available statewide. Missing from Care Locators (MFC) and Child Health and Education Tracking (CHET) screeners received training in December 2015. 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. As staff were trained, they began using the screening tool for the respective populations.
- FamLink Pro CSEC Module was developed and began to incorporate the data collected from the screening tool. The CSEC Module is the pilot module for what will be the new platform for the statewide FamLink SACWIS system.
- A drop down box was added to the FamLink intake tool so that intake workers could capture whether or not a child was suspected to be CSEC.
- 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, prosecutors, 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 eleven local/regional CSEC task forces across Washington State protocol. Each task force includes representatives from CA, law enforcement, community service and advocacy agencies. CA is also an active member of the Statewide CSEC Task Force convened by the Attorney General’s Office.
- CA has hired a program manager for CSEC to manage statewide implementation of the two federal laws.

Update on The Justice for Victims of Trafficking Act

As of June 29, 2017, CA has implemented the following to meet the requirements of the Justice for Victims of Trafficking Act:

- CA intake staff have been trained on procedures for identifying indicators for CSEC and capturing reports, suspicion or indicators of CSEC in the intake.
- FamLink, CA’s SACWIS system has been updated to capture information obtained through the intake process.
- FamLink Pro module was created to input and track data from the CSEC screening tool on mobile devices and desk computers.
- CA intakes are sent to law enforcement per established Intake, Mandatory Referral to Law Enforcement and CSEC policies.
- A one-day training, “Identifying and Supporting Commercially Sexually Exploited Children” is mandatory for all case-carrying staff. Training dates continue to be scheduled statewide; trainings are offered two per CA Region per month.
- CSEC Policy was created and went into effect July 23, 2017.
- Related policies have been updated to reflect procedural expectations related to CSEC. CA provides

services to children who are victims of CSEC when:

- The parent/guardian is the subject,
- The parent/guardian or child requests services,
- An intake is accepted for investigation or services for other reasons and CSEC is identified,
- The case is already open for services in any program and a concern of CSEC arises.

Law enforcement is notified within 24 hours of the time an intake is received on all suspected or confirmed CSEC related intakes when there is reasonable cause to believe a crime against a child has been committed. Reports to law enforcement may be made verbally or in writing. If a verbal report is made, a copy of the intake is sent within five (5) calendar days. This includes all intakes that involve allegations of CSEC, including 3rd party allegations. Referrals to law enforcement are documented in FamLink.

Children's Administration CSEC Work Plan

Task	Due Date/Progress
Consult with AAG on implications	Completed
Draft legislation	Completed; Legislation did not pass in 2017
Revise WAC	Completed
Draft decision package for additional funding	Completed; Legislation did not pass in 2017
Identify and update policy	Completed and Implemented July 2017
Identify case flow	Completed May 2017
Engage CPS/Intake Leads workgroup	Ongoing
Change Request for FamLink (intake and assessment tools)	Completed November 2016
Review existing assessment tools or create new assessment	Implemented July 2017
Engage community partners (Sexual assault and DV centers) statewide around potential service delivery to confirmed CSEC youth	Began 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. 	Began October 2016; Ongoing there after
Develop resource packet on treatment of CSEC for CA contracted therapists.	Completed May 2017
CSEC Training: <ul style="list-style-type: none"> ▪ 6-hour training already developed and offered to all case carrying staff. ▪ Develop community training with law enforcement, juvenile justice, etc. ▪ Modified training for Caregivers/CPA staff 	Training curriculum completed. Training required for all case-carrying staff. Training offered two per CA Region per month.

2017 Review Period Progress and Updates

Activity	Status
1. Completed implementation of FAR in all CA offices statewide.	Completed June 2017
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	Ongoing

Activity	Status
of the Area Administrators for action.	
4. Provide monthly performance reports that include real time CPS investigation and CPS FAR, 24-hour and 72-hour response data for staff and managers to proactively manage their cases and ensure the safety of children. Monthly performance reports also provide data for Screened In, Screened Out and Non-CPS intakes.	Ongoing
5. A Statewide CPS Intake Review will be completed to identify practice trends and review intake decision making.	Scheduled to be completed in 2018
6. Request legislation to amend FAR requirement to sign an agreement to participate in FAR because in response to disproportionality for Native American families	Completed October 2017
7. Request legislation to amend FAR requirement for case closure timeframes to 120 calendar days instead of 90 days.	Completed and policy will be in effect
8. Explore existing RCW/WAC regarding definitions of child abuse and neglect as it relates to CSEC and whether request legislation will be required.	Completed 5/29/2017

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, 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 and child advocacy centers serving children in Washington, including:

- 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
- Partners for our Children in Spokane

The Child Abuse and Neglect Consultation Network has nine (9) medical experts available to provide consultation to caseworkers across the state.

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 Review Hearings Calendar Year 2017	
Outcomes from all referrals appealed to Office of Administration Hearings in 2017	469
Decisions issued by Administrative Law Judge	197
Founded/Affirmed: 183 Unfounded/Reversed: 11 Attempt to appeal Unfounded Dismissed: 3	
Findings changed to Unfounded by AA based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge	93
Findings changed to Invalid Subject / Victim by Area Administrator	6
Findings changed to Inconclusive by Area Administrator	1
Transferred to AGO for licensing or conflict cases	44
Scheduled for a pending administrative hearing	121
Hearing completed and decision pending from Office of Administration Hearings	7
Petitions for Review to Board of Appeals	12
Founded/Affirmed: 11 Unfounded/Reversed: 0 Pending: 1	

Data source: Mareen Bartlett, Special Assistant Attorney General for CAPTA Program; Calendar Year 2017; July 19, 2018

Child Protection Services Workforce

- 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 2017 – December 2017	19,922

Data Source: FamLink Report; CPS_FAR_INTAKE_FARFA. Data is as of January 22, 2018

- 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

Number of Workers (Intake Workers as of 9/30/2017; CPS Workers Monthly Average for FFY 2017)	FFY 2017 (Oct 1, 2016- Sept 30, 2017)	Average Number of Intakes per Month	Average Number of New Intakes per Month per Worker
94 Screening and Intake Workers	115,112	9,593	102.0
212 CPS-Investigation Workers	22,989	1,916	9.0
189 CPS-FAR Workers	18,438	1,537	8.1

Data source: Intake Workers – Agency Financial Reporting System (AFRS) September 2017 Payroll; CPS Workers – Children’s Administration Workload FTE Report, monthly average assigned worker percent for FFY 2017

- Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families.

CA uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

	CPS Average Caseload	CPS Full-time Employee (FTE)	Total CPS Cases
January	14.8	393.1	5,801.6
February	16.0	388.9	6,228.5
March	16.2	397.0	6,436.3
April	17.9	398.9	7,127.5
May	18.6	405.6	7,537.9
June	19.1	410.9	7,849.3
July	19.0	410.2	7,780.4
August	17.2	410.2	7,059.2
September	15.6	411.8	6,403.8
October	16.9	418.4	7,078.8
November	17.9	423.0	7,583.3
December	18.6	421.1	7,820.0

Data source: FamLink Workload FTE Summary Report; Calendar Year 2017

3. 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 Personnel	Percent of Personnel
American Indian/Alaskan	9	2%
Asian or Pacific Islander	24	6%
Black/Not Hispanic Origin	29	7%
Hispanic	33	8%
White/Not Hispanic Origin	254	58%
Unknown	87	20%
Total	436	100%
Gender	Number of Personnel	Percent of Personnel
Female	339	78%
Male	97	22%
Total	436	100%

Data source: HRD as of 12/31/2017

**Children’s Administration
CPS Workforce**

Age	Number of Personnel	Percent of Personnel
Under 35 Years Old	138	32%
35 - 45 Years Old	140	32%
46 - 60 Years Old	120	28%
Over 60 Years Old	38	9%
Total	436	100%
Education	Number of Personnel	Percent of Personnel
Less Than HS Grad	1	0%
High School or GED	1	0%
Some College-2Qtrs+	9	2%
AA Degree	4	1%
College Grad 4-Yr Degree	136	31%
Some Grad Work	7	2%
MA/MS/MSW Degree	237	54%
Other Master Degree	9	2%
PHD, LLD, MD, JD	2	0%
Unknown	30	7%

Data source: HRD as of 12/31/2017

**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 2017**

Training Title	CPS		Intake		FVS		CFWS/ Adoption		DLR			SSS1	SSS2	SSS3	Other Sup	Social and Health Program Consultants (SHPC) & WMS
	SW	Sup	SW	Sup	SW	Sup	SW	Sup	CPS	Licensors	Non specific					
Child Abuse Interviewing and Assessment	150	4	4	0	2	0	26	2	1	0	2	1	10	14	0	1
Required For:	Required for CPS and DLR/CPS SWs and Sups															
Mandate:	Operations Manual Chapter 8000, Section 8323; RCW 74.14B.010															
Regional Core Training (RCT)	174	1	5	0	5	0	185	2	1	1	6	3	17	17	0	1
Required For:	Required for all SWs															
Mandate:	Operations Manual Chapter 8000, Section 8323; RCW 74.14B.010															
Supervisor Core Training	6	10	0	2	0	1	8	22	0	0	2	0	0	4	4	4
Required For:	Required for all Supervisors of Case-Carrying staff															
Mandate:	DSHS Admin Policy 1834; WAC: 357-34-055															
Intake Specialized Track	0	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0
Required For:	Required for all intake SWs and Sups															
Mandate:	Operations Manual Chapter 8000, Section 8323															
Total Trained by Position / Job Class	330	15	23	2	7	1	219	26	2	1	10	4	27	35	4	6

Data Source: LMS as of 6/21/2018 and represents training completions for Calendar Year 2017. Numbers include Interim RCT (397 completions) provided January-October 2017 and Revised RCT (21 completions) which began on 11/1/2017.

- 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)).
- 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)).

	CY 2017
Number of children referred to CPS with Substance Exposure Evident at Birth for the period of January 1, 2017–December 31, 2017	779

Data Source: FamLink Production Query Request 1145

	FFY 2017
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, 2016–September 2017	211

Data Source: FamLink-pulled data reported in NCANDS IDEAREF Field in Agency file

Juvenile Justice Transfers

Children sentenced by the courts and required to serve those sentences within a Juvenile Rehabilitation setting remain under a dependency with Children's Administration, while in the care and custody of Juvenile

Rehabilitation. Most of these youth complete their sentences and return to CA care and custody. Those youth serving their sentence in a JR Institution on their 18th birthday would have their dependencies dismissed and case closed. Those serving their sentence in JR community facility had the option of enrolling in Extended Foster Care when meeting the eligibility criteria. Starting in July 2018, new state legislation will allow all dependent youth on their 18th birthday incarcerated with JR the ability to enroll in Extended Foster care if they meet eligibility criteria. Children’s Administration gathers data from the FamLink SACWIS System on children who are incarcerated in Juvenile Rehabilitation during the year. In calendar year 2017, 103 youth were identified as experiencing a Juvenile Rehabilitation placement.

The Juvenile Justice Transfers table below reflects the number of children in the custody of Children’s Administration who experienced a Juvenile Rehabilitation placement during calendar year 2017.

**Juvenile Justice Transfers
Calendar Year 2017**

Race	Female		Male			Total Number
	12 to 15- Years-Old	16 to 18- Years-Old	10 to 12- Years-Old	13 to 15- Years-Old	16 to 18- Years-Old	
American Indian/Alaskan Native	5	5	0	2	11	23
Asian	0	0	0	0	1	1
Black/African American	5	8	0	6	14	33
Multi	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	1	0	1	1	3
Unable to determine	0	0	0	0	0	0
White/Caucasian	4	12	0	8	19	43
TOTAL	14	26	0	17	46	103

Data Source: Children’s Administration FamLink; Includes any youth in an open episode for any length of stay during CY17, who were also placed into a state regulated JJRA facility sometime during CY17. Includes only the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, WOODINVILLE TREATMENT CENTER

Update on Services to Substance-Exposed Newborns

CA Intake policy requires intake workers to screen in intakes involving allegations of child abuse or neglect or imminent risk of serious harm involving a newborn exposed or affected by substances (alcohol, marijuana 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. 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 2016, CA launched Safety Boot Camp statewide which provided caseworkers with refresher training related to Infant Safety to include when and how to complete a Plan of Safe Care.

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.

The FY 2018 appropriation provided increased funding to support and address the needs of newborns exposed or affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure. The increased funding will be used to collaborate with the community and develop ways to enhance and support the plan of safe care. The following work plan includes activities the department will engage in over the next year utilizing the increased funding.

Children's Administration Plan of Safe Care Work Plan

Task	Due Date/Progress
Broaden support by creating protocol for Plan of Safe Care cases that include regional leads connecting with community resources that are an integral part of the protocol process.	September 2018 Draft in protocol in process and planning meetings, utilizing Lean activities, are currently in progress
Draft decision package for submission to the Legislature for additional funding.	September 2018
Consider bolstering of Child Protection Teams specific to children under 4 throughout this process.	September 2018 through March 2019 to access and determine formal model.
Engage CPS/Intake Leads workgroup	Ongoing
Identify case flow	September 2018
Engage and coordinate with Community Partners through meetings that include: The Baby Coalition, Early Learning Coalition, Substance Abuse Network, and Public Health Nurse Meeting. These meetings will include Public Health Nurses PHN, Pediatric Clinics, PCAP, Parents as Teachers, and Substance Abuse Treatment Agencies. This will also include other community providers who work with parents with substance abuse issues, infants and babies.	October 2018 and ongoing there after
Regional Leads will provide training throughout their region to include: New Protocol for Plan of Safe Care, Period of Purple Crying, and Safe Sleep.	October 2018 and ongoing as needed

Washington State Citizen Review Panel (CRP) Reports

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 2017 reports for the three (3) Washington State Citizen Review Panels and CA's response to recommendations made by the Citizen Review Panels in 2017.

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Children's Administration

Indian Policy Advisory Subcommittee

Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel

Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the State is fulfilling its child protection responsibilities in accordance with its Child Abuse Prevention and Treatment Act (CAPTA) State plan. The 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

During the calendar year 2017 reporting period, the Panel reviewed and consulted on improvement of child welfare services that impact the best interests of American Indians and Alaska Natives. The panels area of focus in calendar year 2017 is below and includes an update on progress.

- Drafting tribal Consultation Policy for new Department of Children, Youth and Families (DCYF)
Tribal leader recommendations from the November 16, 2017 meeting began with a tribal caucus, a customary process with some tribal-state meetings that provides an opportunity for tribal leaders to discuss issues and concerns they want to bring forward to the state. Below are the eight (8) recommendations tribal leaders raised during caucus and brought forward in the meeting for DCYF to consider for inclusion in either a tribal-state consultation and protocol policy, DCYF operational procedures, or agency organization structure:
 1. Continued inclusion on interview committees and recruitment outreach to tribes to support DCYF in its hiring practices.
 2. Have good disaggregated data and strong data collection in general to show what is and is not working.
 3. Inclusion in internal and external DCYF workgroups and regular updates on DCYF activities to become fully operational by July 1, 2018.
 - Secretary Hunter committed to have regular monthly meetings to review the progress of the tribal-state workgroup in developing a consultation and protocol policy. This will include a review of opportunities in workgroups for more tribal involvement as DCYF scales up to become fully operational.
 4. Do not change what is working and confirm what is believed to be a mutual understanding of the areas that work well.
 5. Continue to equitably maintain funding among all tribes.
 6. Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38), and the Centennial Accord, as well as have an understanding of Memorandums of Understanding and DSHS Administrative Policy 7.01 plans.
 7. Tribal and DCYF leaders must work to have services be fully informed and guided by native people's voices, by the understanding of the existence and impact of historical trauma, and by the recognition and value of the unique cultural strengths of each of the sovereign nations across the state.
 8. DCYF regional structure and planning must include the perspective and voice of tribal

relationships and communication structures. The structure intersects with the DCYF tribal liaison structure.

Recommendations to the Agency for Calendar Year 2018

- Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38) and the Centennial Accord, as well as have an understanding of Memorandums of Understanding and DCYF Administrative Policy Chapter 10 Tribal Relations.
- Tribal and DCYF leaders must work to have services be fully informed and guided by native people's voices, by the understanding of the existence and impact of historical trauma and by the recognition and value of the unique cultural strengths of each of the sovereign nations across the state.
- DCYF regional structures and planning need to include the voice and perspective of the tribal relationship and communication structures. This structure intersects with the DCYF tribal

Continue to work on the following:

- MOU reviews and completing updated agreements - there are currently 13 MOUs completed, and DCYF continues to work with tribes that don't have an MOU in place.
- Service availability to rural tribes and local offices.
- Workforce stabilization - what can DCYF do to impact retention and provide consistency to families.
- Outreach to all Tribes to increase participation at DCYF Tribal Policy Advisory Committee

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.

- | | |
|---|---|
| ▪ Confederated Tribes of the Colville Reservation | ▪ Confederated Tribes of the Chehalis Reservation |
| ▪ Cowlitz Indian Tribe | ▪ Hoh Tribe |
| ▪ Jamestown S'Klallam Tribe | ▪ Kalispel Tribe |
| ▪ Lower Elwha Klallam Tribe | ▪ Lummi Nation |
| ▪ Makah Nation | ▪ Muckleshoot Tribe |
| ▪ Nisqually Tribe | ▪ Nooksack Tribe |
| ▪ Port Gamble S'Klallam Tribe | ▪ Puyallup Tribe |
| ▪ Quileute Nation | ▪ Quinault Nation |
| ▪ Samish Nation | ▪ Sauk-Suiattle Tribe |
| ▪ Shoalwater Bay Tribe | ▪ Skokomish Tribe |
| ▪ Snoqualmie Tribe | ▪ Spokane Tribe |
| ▪ Squaxin Island Tribe | ▪ Stillaguamish Tribe |
| ▪ Suquamish Tribe | ▪ Swinomish Tribe |
| ▪ Tulalip Tribe | ▪ Upper Skagit Tribe |
| ▪ Yakama Nation | |

Children's Administration

Children, Youth, and Family Services Advisory Committee

Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel

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 the state child welfare agency and reviewing employee training, recruitment and retention, specific cases where appropriate, and 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.

Areas of Focus

During the calendar year 2017 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 2017. The options were:

1. Continue monitoring of FAR implementation
2. Improvements to the parent/child visitation process
3. Transition of child welfare from the Department of Social and Health Services Children's Administration to the Department of Children, Youth, and Families (DCYF).
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 Children's Administration Children, Youth, and Family Service Advisory Committee (CYFSA) Citizen Review Panel (CRP) is scheduled to meet six times a year. This is a joint meeting between CYFSA and the CRP and the intent is to have a shared agenda that is designed to meet the goals of both groups. The group is continuing efforts to establish an ongoing meeting structure that will allow for the advisory needs of the CYFSA as well as the oversight role of the CRP. The CRP is considering adding additional meetings separate from the CYFSA in order to provide more focused feedback on Washington State's delivery of child welfare services.

Role of the Citizen Review Panel

This year the Panel continued discussion regarding the effectiveness of the CRP in its current form. 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 State's CRPs and completed a survey to identify an area of focus for 2018.

Action by the Citizen Review Panel

The Citizen Review Panel met six times in calendar year 2017. During 2017, the CA Assistant Secretary and CA Acting Assistant Secretary participated in meetings by providing advice and engaging the advisory group on numerous child welfare topics. Meetings also included presentations by TriWest Evaluation and Consulting, where results from the Washington State Title IV-E Waiver (CPS FAR) evaluation were presented.

The following actions were completed by the Children, Youth, and Family Services Advisory Committee during calendar year 2017.

- Continued participation in a workgroup assembled to make improvements to the policies and processes for parent/child visitation. This work will continue into calendar year 2018.
- Completed another survey to help identify and prioritize the interests of the group.
- Members reviewed proposed legislation and provided feedback as to benefits and consequences of the legislation.
- Members provided constituent reports that many new caseworkers were not adequately trained and/or job ready when they stepped into existing caseloads. Examples included new caseworkers not understanding CA policies and struggling to engage families appropriately.

The advisory committee has strong concern that the lack of job readiness is leading to new caseworker turnover. Caseworker turnover negatively affects timely service referrals for families which are necessary for reunification and timely permanency for children.

- 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 legislation to amend CPS FAR requirements:
 - Eliminating the need for families to sign an agreement to participate in CPS FAR.
 - Extending the amount of time a CPS FAR case can remain open in order for families to participate in the full array of evidence based services offered.

Recommendations for Calendar Year 2018

The Citizen Review Panel made the following recommendations to Washington State Department of Children, Youth, and Families:

1. Establish the Washington State Racial Disproportionality Advisory Committee (WSRDAC) as a fourth Citizen Review Panel. This aligns with DCYF efforts to “recognize and address the racial inequities in outcomes for kids” by using this committee’s experienced members to monitor and focus DCYF efforts on racial equity.
2. Provide opportunity for all Washington state CRP members to interact on a yearly basis by sending members from each CRP and the DCYF liaison to the National Citizen Review Panel Conferences. This will provide time and opportunity for collaborating, coordinating and planning by all the panels and allow individual panels to focus their efforts to improve Washington state child welfare programs outcomes. This also helps the CRP and DCYF meet CAPTA requirements.
3. Explore funding options for DCYF to fully staff and support all of the CRP so the panels can be successful in their role’s requirement to submit an annual report detailing the panel’s work for the year and make meaningful and actionable recommendations for improvement or changes in child protective service.

Future Plans

The panel plans to finalize their charter revision to include membership requirements that will meet the expectation of broadly representing their community and includes stakeholders who are knowledgeable and experienced with the child protection system. The CRP is also refocusing their efforts to identifying projects that will provide feedback regarding DCYF child welfare programs policies, procedures and practices, reviewing specific cases where appropriate and other facts considered important to ensuring the protection of children.

Children, Youth, and Family Services Advisory Committee 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**

Alise Hegle, Children’s Home Society of Washington

Ryan Kiely, Excelsior Youth Center, Spokane
Annie Blackledge, The Mockingbird Society, Seattle
Esther Patrick, Foster Parent
Janis Avery, Treehouse, Seattle
Jason Bragg, Parent Mentor/Ally
Peggy Carlson, Office of Superintendent of Public Instruction
Jim Sherrill, Indian Policy Advisory Committee, Longview
Jorene Reiber, King County Superior Court Family Court
Laurie Lippold, Partners for Our Children, Seattle
Michelle Ressa, Spokane County Superior Court
Rea Culwell, Washington Association of Prosecuting Attorneys
Ron Murphy, Casey Family Programs, Seattle
Ryan Kiely, Excelsior Youth Center, Spokane
Ryan Murrey, Washington Court Appointed Special Advocates for Children
Tess Thomas, Thomas House, Seattle

Children's Administration

Region 1 South Oversight Committee

Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel

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.

Area of Focus

The Region 1 South Oversight Committee serves as a CRP for Washington State and 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, the Region 1 South Oversight Committee CRP did not meet during 2017. The process of re-establishing the committee will begin after the transition to DCYF on July 1, 2018. Specific areas of focus for 2018 will be developed at the next committee meeting.

Committee Findings

No findings are available at this time due to the committee not meeting during 2017.

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

Lynn Biggs – Casey Families

Jeff Gwinn – Walla Walla County CASA program

Nancy Jewett – Kittitas County CASA program

Dorene Perez – DSHS/CA Deputy Regional Administrator Region 1 South

Monica Jenkins – Regional Programs Supervisor, Region 1

Molly Rice – Region 1 South CPS Program Consultant

Jenna Kiser – Safety and Intake Program Manager, CA Headquarters

Children’s Administration

Response to Washington State Citizen Review Panel

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 2017 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 two statewide Panels and one regional Panel. The panels 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 supports 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 2017

Citizen Review Panel	Areas of Focus
CA Indian Policy Advisory Subcommittee	During the calendar year 2017 reporting period, the Panel focused on the following efforts: <ol style="list-style-type: none"> 1. Drafting tribal Consultation Policy for new Department of Children, Youth and Families (DCYF)
Children, Youth, and Family Services Advisory Committee	During calendar year 2017, the Panel focused on the following areas. <ol style="list-style-type: none"> 1. Continue monitoring of FAR implementation 2. Improvements to the parent/child visitation process 3. Transition of child welfare from the Department of Social and Health Services Children’s Administration to the Department of Children, Youth, and Families (DCYF). 4. Caseworker recruitment and retention
Region 1 South Oversight Committee	Due to unforeseen circumstances, the Region 1 South Oversight Committee CRP did not meet during 2017.

DCYF Response to Indian Policy Advisory Subcommittee Recommendations

Recommendation #1	
Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38) and the Centennial Accord, as well as have an understanding of Memorandums of Understanding and DCYF Administrative Policy Chapter 10 Tribal Relations.	
DCYF Response	DCYF is committed to a full partnership with the tribes of Washington State. ICW training is offered to all DCYF staff and if space is available, to any tribal caseworkers who would like to attend. DCYF will be providing resources to the field for ongoing education about the government to government relationship between DCYF and the federally recognized tribes of Washington State.

Recommendation #2

Tribal and DCYF leaders must work to have services be fully informed and guided by native people's voices, by the understanding of the existence and impact of historical trauma and by the recognition and value of the unique cultural strengths of each of the sovereign nations across the state.

DCYF Response

DCYF acknowledges and affirms that historically, state courts and child welfare agencies have made a disproportionate number of removals of Native American children from their families and Tribes, with placement of those children outside of their families, Tribes, and culture. DCYF is committed to ongoing efforts to insure that Native American families and culture are preserved while still addressing safety and risk to Native American children. DCYF affirms the sovereignty of the federally recognized tribes of Washington and commits to an ongoing partnership. A cornerstone of this effort will be the Government and Tribal Relations group. The director of this team will report directly to the Secretary of DCYF.

Recommendation #3

DCYF regional structures and planning need to include the voice and perspective of the tribal relationship and communication structures. This structure intersects with the DCYF tribal.

DCYF Response

DCYF is in complete agreement that regional structures and planning must include the voice and perspective of the tribes. DCYF has instituted a Government and Tribal Relations group which will include support in the field for continued tribal communication and cooperation. Each regional office will have a tribal liaison to support regular collaboration.

Recommendation #4

Continue to work on the following:

- a. MOU reviews and completing updated agreements - there are currently 13 MOUs completed, and DCYF continues to work with tribes that don't have an MOU in place.
- b. Service availability to rural tribes and local offices.
- c. Workforce stabilization - what can DCYF do to impact retention and provide consistency to families.
- d. Outreach to all Tribes to increase participation at DCYF Tribal Policy Advisory Committee

DCYF Response

- a. DCYF will continue efforts to establish MOU's with tribes that do not have an MOU in place and update existing MOU as needed.
- b. DCYF will continue efforts to provide services for families and children to rural tribes and local offices.
- c. DCYF continues efforts for recruitment and retention of case workers in order to provide consistent service for families. DCYF is currently partnering with the Quality Improvement Center for Workforce Development (QIC-WD) which is dedicated to understanding how to improve child welfare workforce outcomes. The results of this research will assist DCYF in developing effective strategies to improve workforce outcomes.
- d. DCYF will continue outreach to all tribes to increase participation in CA IPAC.

DCYF Response to Children, Youth, and Family Services Advisory Committee Recommendations

Recommendation #1

Establish the Washington State Racial Disproportionality Advisory Committee (WSRDAC) as a fourth Citizen Review Panel. This aligns with DCYF efforts to "recognize and address the racial inequities in outcomes for kids" by using this committee's experienced members to monitor and focus DCYF efforts on racial equity.

DCYF Response

The recommendation to establish the Washington State Racial Disproportionality Advisory Committee (WSRDAC) into a fourth Citizen Review Panel will be considered as ongoing decisions are being made about how to coalesce, maximize and strengthen advisory groups and ensure that communities effected by disproportionality and racial inequity have a voice at the table with DCYF that is reflected in the membership of the CRP's.

Recommendation #2

Provide opportunity for all Washington state CRP members to interact on a yearly basis by sending members from each CRP and the DCYF liaison to the National Citizen Review Panel Conferences. This will provide time and opportunity for collaborating, coordinating and planning by all the panels and allow individual panels to focus their efforts to improve Washington state child welfare programs outcomes. This also helps the CRP and DCYF meet CAPTA requirements.

DCYF Response	DCYF recognizes and honors the benefit that community collaboration, outreach, and oversight provides to assist the agency in meeting its mandates to children and families. As such, DCYF is committed to helping the CRP meet its full potential by providing access to resources and staying up to date with the national conversation on consistent CRP improvement. DCYF will send the three DCYF liaisons to the National Citizen Review Panel conference. CAPTA funding does not provide payment for members of outside organizations to attend the conference.
Recommendation #3	
Explore funding options for DCYF to fully staff and support all of the CRP so the panels can be successful in their role's requirement to submit an annual report detailing the panel's work for the year and make meaningful and actionable recommendations for improvement or changes in child protective service.	
DCYF Response	DCYF is making a real commitment to partnerships with the community. DCYF intends on the CRP being robust, influencing decision making and being an opportunity to effect change. DCYF is committed to provide the CRP with the staff necessary to assist with the meeting, logistics such as note taking and planning, to providing funding for members to travel to the meetings, providing meals, and daycare for those who need it. DCYF will be making budget requests for this level of support and implementation will dependent on acquiring the necessary financial support.

2019 ANNUAL PROGRESS
AND SERVICES REPORT

State of Washington
Department of Social and Health Services
Children's Administration

Foster &
Adoptive Parent
Diligent
Recruitment Plan

Attachment B

June 29, 2018

Foster and Adoptive Parent Diligent Recruitment Plan

Child and Family Services Plan 2015-2019

2019 Annual Progress and Services Report

In partnership with our recruitment and retention contractors, NW Resource Associates, CA's 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 identify potential foster and adoptive families. Under CA's Foster Parent or Unlicensed Caregiver policy, CA 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 bring together a variety of agencies and individuals committed to diverse 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.

CA's existing recruitment and retention contracts were awarded in July 2015 and were extended until June 30, 2018. 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 existing contracts are regionally managed to better align with local communities and based on the needs identified by the local RDS teams.

Olive Crest continues to provide recruitment services under contracts for Regions 2 and 3. Eastern Washington University provides recruitment services under 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 current contracts continue to build on prior work and utilizing 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 data for their local area extracted from FamLink, Alliance CCT data and data from the statewide State Recruitment Information Center (SRIC) 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/zip codes and placements needed in those neighborhoods/areas.
- Review of data on the current number of open or active foster families and their current capacity/ability to accept children for placement.
- Numbers and demographics on children placed outside the local office and regional area.
- Data on children placed in relative placements vs licensed foster care.

- Review of data on prospective foster families, including new inquiries, families currently in training, and those who have submitted licensing applications. Review of data to encourage personal 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 of various ages
- Ages 0 to 21 years old, especially for youth 13 years old 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 current 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 continues to be in compliance with the required RDS team meetings, DLR group orientations and Alliance Trainings.
 - EWU continues to demonstrate attendance in compliance with required 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

**Received Foster Home Applications
May 2017-April 2018**

Month	Foster Home					Private Agency Foster Home				Grand Total
	Complete	Denied	Incomplete	Withdrawn	Total	Complete	Incomplete	Withdrawn	Total	
May 2017	41% (73)	1% (2)	2% (3)	25% (45)	69% (123)	22% (39)	1% (2)	8% (15)	31% (56)	100% (179)
June 2017	38% (74)	1% (1)	5% (9)	32% (62)	75% (146)	19% (37)	0% (0)	6% (11)	25% (48)	100% (194)
July 2017	34% (48)	2% (3)	6% (9)	31% (44)	74% (104)	15% (21)	1% (1)	10% (14)	26% (36)	100% (140)
August 2017	31% (52)	1% (2)	4% (6)	34% (56)	73% (116)	20% (34)	2% (4)	7% (6)	27% (38)	100% (158)
September 2017	39% (62)	0% (0)	4% (7)	32% (51)	66% (120)	18% (33)	3% (10)	4% (17)	34% (60)	100% (183)
October 2017	32% (59)	0% (0)	9% (16)	26% (48)	67% (123)	18% (33)	5% (10)	9% (17)	33% (60)	100% (183)
November 2017	30% (60)	0% (0)	14% (28)	26% (51)	70% (139)	18% (35)	4% (8)	8% (16)	30% (59)	100% (198)

Received Foster Home Applications
May 2017-April 2018

Month	Foster Home				Private Agency Foster Home				Grand Total	
	Complete	Denied	Incomplete	Withdrawn	Total	Complete	Incomplete	Withdrawn		Total
December 2017	27% (42)	0% (0)	19% (29)	21% (32)	66% (103)	19% (29)	8% (12)	7% (11)	34% (52)	100% (155)
January 2018	26% (51)	0% (0)	20% (39)	16% (32)	61% (122)	19% (37)	14% (28)	6% (13)	39% (78)	100% (200)
February 2018	20% (35)	1% (1)	34% (61)	16% (28)	70% (125)	11% (20)	13% (23)	6% (10)	30% (53)	100% (178)
March 2018	8% (19)	0% (0)	49% (121)	9% (23)	67% (163)	5% (13)	24% (590)	4% (10)	33% (82)	100% (245)
April 2018	2% (1)	0% (0)	59% (129)	5% (10)	64% (141)	1% (2)	34% (74)	1% (2)	36% (78)	100% (219)
Total	577	9	457	482	1,525	328	225	137	690	100% (2,215)

Data Source: FamLink, as of 5/31/18

The data above reflects statewide applications by month both for the CA DLR and private Child Placing Agencies (CPA). Application counts by month for the state continue to show strong recruitment responses (through the submission of a licensing application) during 2017 and 2018. There are significant numbers of applications withdrawn after submission to DLR for licensing. Some families choose to withdraw after they begin the process. Other families learn they are not able to complete the Minimum Licensing Requirements (MLRs), or they experience delays in completing the process. Rather than deny the license the family is given the option to withdraw and resubmit their application at a later point in time. The typical application submission slowdown during the summer and also during the holidays is reflected again in the data.

The Olive Crest and EWU contracts include incentive payments tied to increased applications. For the first 6-month measurement in the 2018 contract extension neither of the recruitment contractors achieved the required number of increased applications to generate the incentive payment.

Ongoing data from SRIC continues to document that many families drop out after their initial inquiry. Some families are gathering information about the process and are not yet ready to proceed with foster parent training and licensing. In 2017, CA surveyed Prospective Foster Parents (PFPs) to learn more about CA's "drop-out rate." PFPs were queried why they had dropped out of the process or delayed the submission of their foster parent application. 56% of those surveyed indicated the system was overwhelming or too cumbersome with requirements. 43% of surveyed families responded the delay was due to their own personal issues. CA did not repeat the survey during 2018.

It is essential to offer ongoing support to prospective foster and adoptive families. Recruitment contractors provide ongoing "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 (Fostering Together)

Olive Crest's two-year contract was renewed for one-year through June 30, 2018. Olive Crest 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 CA's 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 the regions and offices Olive Crest serves, providing foster parent training, including a link to the Alliance's caregiver's training page.
- Families' success stories.
- Recruiter/liason's contact information.

- Adoption services.
- Statewide foster care and adoption service agencies.
- List of events of interest for foster and adoptive parents, including the newly launched [Experience Washington](#) page that lists business and organizations who partner with Olive Crest to provide free or low cost activities and opportunities for children in foster care.
- Caregiver Support:
 - Foster Intervention Retention and Support Services (FIRST Program)
 - Foster Parent Critical Support and Retention Services
- Support groups including in-person and online via closed Facebook groups:
 - 53 in-person support groups now exist across Western Washington in urban and rural areas and offer wide topics of interest. Foster parents are frequently able to obtain DLR-approved training credits at local support groups that are applied to their required individual training plans.
 - 29 Facebook pages remain active to support foster parents, prospective foster parents, military foster parents, foster-adoptive families, adoptive parents, relative caregivers, foster teens and deaf foster parents and foster parents within their local county. 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.
 - Olive Crest opened an active Twitter page sharing information about the need for foster parents and upcoming recruitment events.

Fostering Together @FosteringWA 5 May 2018

More Cinco de Mayo Wild Waves Federal Way Recruitment Time! What fun!

- Olive Crest participates in the Foster Parent 1624 Consultation team to offer information on issues of importance, such as foster parent training and challenges encountered by caregivers.
- Olive Crest is a strong presence in every RDS meeting in both Region 2 and 3 with 100% attendance at all scheduled meetings.



*Photo Source: Twitter, Fostering Together
Twitter; May 5, 2018*

Olive Crest continued to forge recruitment partnerships with tribal, Hispanic, African American, and LGBTQ community partners and stakeholders. New partnerships have been developed with the Union Gospel Mission, School Districts, community business and churches. Existing partnerships have been strengthened with through continued partnerships with Hispanic newspaper, radio, faith, and business leaders. Olive Crest continues to utilize its African American, Hispanic, Native American, Sibling groups and LGBTQ recruitment videos effectively in ongoing recruitment. Olive Crest liaisons and outreach specialists within Regions 2 and 3 implemented additional recruitment efforts as requested by their RDS Teams within the African American and Hispanic communities and for adolescents with behavioral issues to meet the ongoing need for these populations of children who enter care. New efforts have been made to reach out to community and business leaders to engage them in conversations about the need for foster parents within their local areas. King County's Black Business Mailing Campaign was utilized to send postcards with handwritten messages sharing information about the need for African American foster homes. Native American recruitment materials have been created to focus efforts specifically on this population. The Hispanic outreach specialist has partnered with the Washington Commission on Hispanic Affairs (CHA) to produce the most recent foster care recruitment Spanish radio broadcast, which is broadcast across Washington.

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 two-year contract was renewed for one year until Jun 30, 2018. EWU has structured their service delivery to address the need for local mentors (RPM) to help prospective families navigate the system. Thirty-six part-time RPMs now serve the foster and kinship families of eastern Washington. Three Regional Coordinators, have expanded direct regional recruitment efforts throughout eastern Washington. Regional coordinators share support for local mentors in utilization of 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 and growing caregiver participation on their [website](#), as well as four foster parent Facebook pages to support foster parents and relative caregivers. An additional Facebook page serves families interested in applying to become a foster parent. Fourteen foster parent in-person support groups now exist under EWU's contract with the groups supported and facilitated by a Recruitment Coordinator or RPM. Online Facebook ads targeting specific recruitment efforts continue to reach specific populations in identified communities across Region 1.

EWU continues strong participation in each of the local RDS meetings across Region 1. The contractor strives to achieve in-depth reach within the communities that are responsive to recruitment direction and needs. EWU has opened a section on their website to share information about the local CPAs who are partners in recruitment work. EWU is a strong resource in identifying best practices and successful lessons learned through participation in webinars and resources offered through the National Resource Center on Diligent Recruitment and other sources that can inform successful recruitment. EWU's Fostering Together leadership and their Recruitment Coordinators participate in all CA Foster Parent 1624 Consultation Team meetings at both the regional and statewide levels.

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. CA's partnership with the Hispanic Commission has been well received – both by the Hispanic Commission and by Spanish speaking families who respond. These 30-minute radio programs, are developed to provide clear, basic information about licensing requirements and to develop trust within Hispanic communities. The messages have been expanded with segments featuring: A Hispanic foster mother's story, FAQs by prospective Hispanic foster parents, Licensing through DLR vs CPAs. The Spanish Radio recruitment is a significant partnership with the Hispanic community and will be continued again next 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 (ODHH) continues to offer consultation and resources to benefit families and children across Washington. Deaf and ASL proficient families are encouraged to submit applications and tell their friends about the need in response to recruitment presentations. Deaf/ASL proficient foster parents connect on line via EWU and Olive Crest's Deaf/ASL Facebook pages. Both contractors partnered with CA this year to develop increased access to resources for deaf/hard of hearing (HOH) foster and kinship caregivers and children placed in their care who are deaf/HOH. The partnership with the ODHH has built an improved working relationship between the two state agencies.

The Statewide Recruitment Information Center (SRIC)

The 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 form or from individuals/families who call the state's recruitment phone line at 1-888-KIDS-414. The existing contract with NwRA for the SRIC Data Tracker and call center is effective 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.
- The best way to connect with the prospective foster family (phone, cell, email)
- Family's specified area of interest (foster only [temporary care], fostering into adoption, relative care, adoption only, guardianship).
- Numbers of new inquiries made each month (by type), reported by region/local office/source.
- Spanish speaking inquiries and ongoing support for Spanish speaking callers.
- Referrals directed to the contractor.
- Contacts (date, time, type) made by the recruiter or liaison.
- 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. Internet searches in 2018 continue to show increasing popularity in accessing information about becoming a foster parent.

NWRA staff is developing enhanced reporting capacities under the new contract. Information on the racial/ethnic backgrounds or families is now reported. In 2018 the SRIC mobile app was launched allowing prospective foster parents to utilize a responsively designed, user friendly system when navigating the inquiry form on their mobile device.

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. The customer service reviews demonstrate this contractor provides excellent service to prospective foster parents who utilize the call center.

New data detail 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.

2017 Statewide Toll-Free Recruitment Line Calls

Month	Total Calls	Unrelated to Recruitment	WA Potential Foster Parent Calls	Potential Foster Parent added to Database
January	34	3	31	29
February	34	0	34	31
March	63	6	57	51
April	38	3	35	31
May	44	3	41	30
June	61	8	53	40
July	38	5	33	25
August	40	7	33	22
September	46	4	42	22
October	51	1	56	39
November	54	3	51	43
December	39	2	37	25

Data source: Northwest Resource Associates, SRIC; January 2018

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

Existing gaps identified in 2017 where families were connecting with CA, but were not automatically entered into the SRIC have been rectified as part of the lean problem-solving event:

- i. When families make direct contact with a DLR Licensing worker; an email message is now generated to the contractor.
- ii. Families who choose to complete the direct access DLR online orientation now have clear instructions on how to proceed and who to contact

3. The Alliance now provides monthly listings of all prospective families who completed/attended/or cancelled the Caregiver Core Training (CCT). CA’s recruitment and retention program manager now forwards this information monthly to the recruitment and retention contractors and to the local RDS teams. New PFP by Region (Monthly Inquiries Extracted by Region)

2017 Potential Foster Parent Intake by Source

Month	CA Website	NWAE/ AdoptUSKids	SRIC Hotline	Other*
January	257	82	29	207
February	264	43	31	266
March	288	44	51	257
April	318	44	31	166
May	281	54	30	241
June	260	50	40	171
July	233	33	25	117
August	272	42	22	349
September	217	60	22	212
October	339	71	39	165
November	300	77	43	179
December	250	64	25	142
Total	3,279	664	388	2,472

Data source: Northwest Resource Associates, SRIC; January 2018

2017 Potential Foster Parent Intake by Region

Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1 North	95	131	105	93	116	119	64	158	101	107	123	75	1,287
1 South	42	54	76	57	68	35	32	64	38	67	73	61	667
2 North	89	88	74	92	87	68	71	118	85	72	75	80	999
2 South	125	108	168	101	117	95	74	124	88	122	119	95	1,336
3 North	96	93	82	112	94	86	73	99	82	100	95	72	1,084
3 South	128	130	135	104	124	118	93	122	117	146	114	98	1,429
Total	575	604	640	559	606	521	407	685	511	614	599	481	6,802

Data source: Northwest Resource Associates, SRIC; January 2018

4. Spanish Speaking Foster Families

Spanish speaking families typically make contact through the SRIC phone hotline 1-888-KIDS-414.

2017 Spanish Speaking Foster Families

Month	Active Families	New Families	Total Contacts
January	48	2	37
February	50	2	33
March	41	2	52
April	38	2	36
May	36	3	38
June	32	1	35
July	38	4	18
August	31	4	48
September	26	2	34
October	31	1	33
November	35	2	35
December	25	5	40

Data source: Northwest Resource Associates, SRIC; January 2018

Caregiver Core Training

Training for prospective and existing foster and adoptive families is available through the Alliance for Child Welfare Excellence (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 caregivers. 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 24-hour Caregiver Core Training (CCT) curriculum provided to prospective foster families is available in all regions and many

communities across the state. A variety of training times and locations, including days, evenings, and weekends, are available to allow prospective foster families access to classes. The Alliance now publishes online class schedules three months in advance. They have also expanded scheduling locations when possible to support better access for foster parents.

Olive Crest and EWU both carry the CCT online schedules on their web pages and post them frequently on Facebook. The Olive Crest liaisons and EWU's mentors share training dates when families inquire through the SRIC and at other recruitment activities. Olive Crest's liaisons and EWU's mentors are present at all CCT trainings to support and answer questions prospective families may have. Prospective foster families receive the home study application form prior to or at CCT, and many have questions about requirements. CA partnered with the Alliance, DLR and the recruitment contractors to pilot assistance to families in completing the foster home application. This support occurred in 7 locations around the state, during the last class of CCT. Though the Vancouver Olive Crest liaison has had very good success in assisting families on the last day of class, the pilot sites did not experience the same success. Nearly all sites reported no families utilized the opportunity to meet with the liaison for assistance. It was determined the classes may not have afforded the level of privacy families wanted for these discussions. The pilot was discontinued.

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 helps build caregivers skills and confidence. Participation in support groups and online Facebook groups helps create a caregiver support community. Caregivers feel encouraged to consider accepting placements of children with diverse, unique, and often challenging needs, which promotes 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 application and home study process, background check requirements and timeframes for licensing.
- Fostering experiences from veteran caregivers at Caregiver Orientation and CCT.
- 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 now partnered with the Seattle Mariners and a growing group of other community partners for ten years (2008 – 2018) to recognize the extraordinary efforts made by foster, relative, adoptive families, and the caseworkers, and agencies who support them. The 2018 event was just completed with 3,126 individual attending the game and nearly 1200 people enjoying the morning event which was re-designed to hold a children's table-top carnival with 18 vendors hosting carnival games and talking to adults about Washington's need for more foster families. Washington's Governor and First Lady, Jay and Trudi Inslee, continue to embrace and support this recruitment effort. Due to personal commitments they were unable to attend this year. The event serves as a major effort in both general recruitments for 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 \$13.00 each. 130 free tickets were provided to caregiver families to help cover the cost of attendance. The International Association of Machinists District Lodge 160 (Seattle) also donates \$1,000 each year to help caregivers with lunch at the stadium. Through this continued partnership, CA, Washington's CPA, 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. Once again, 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.

Strategies for the Next Year

- House Bill 1661 signed into law on July 6, 2017 created the new Department of Children, Youth, and Families (DCYF). DCYF will restructure how the state serves at-risk children and youth with the goal of producing better outcomes in all Washington communities. Beginning July 1, 2018, CA will become part of DCYF joining the Department of Early Learning (DEL). In 2019, the Juvenile Rehabilitation (JR) Administration will join the new agency as the Division of Adolescent Services.
- In June 2018, CA will execute new two-year foster parent recruitment and retention contracts for the three (3) regional areas. Bid submissions are now under review and the announcement of the apparently successful bidders will be completed early in June 2018.
- As part of legislative changes occurring in 2018, the mandatory requirement for CA to contract with supervising agencies to increase the number of adoptive and foster families was changed. Beginning in July 2018, DCYF will be able to review the success of foster parent recruitment and make determinations on how foster parent recruitment should be structured by the new agency. This would give DCYF the ability to consider an in-house recruitment program, modifications to the 2018 contracts, or a structured combination to improve this service delivery.
- The newly drafted foster parent recruitment and retention contracts have identified stronger utilization of data to direct recruitment by the contractors. Each RDS team will also take a significant role in reviewing child placement and removal data, as well as data on DLR's existing licensed families and newly issued licensed families. Foster parent inquiries through the SRIC, newly submitted license data, Alliance data on CCT attendance/completion and the contractor's responsiveness to needed targeted recruitment as well as the success of contract activity when reviewing the contract's identified measurable outcomes.
- 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. The survey is being reviewed during 2018 to assess for possible modifications that can address CA and the Alliances' service delivery to existing foster parents. Satisfied foster parents are the best recruiters of new foster parents. The finalized 2017 survey will be released in late June/early July 2018. At this time CA does not have information about the completion or cooperation rate of the survey. Continue to operate a listserv for foster parents and kinship caregivers. The listserv was modified in 2017 when the state's technology department was no longer able to support these services. CA has established a new e-mail delivery service through Mail Chimp which now distributes the monthly *Caregiver Connection* newsletter and additional information to caregivers as needed. Currently 8,200 members continue to receive these messages. The listserv remains an exceptional tool in helping link caregivers with information, resources and supports across the state. Its use allows CA to directly share information to our contractors and the Washington State Foster Parent Association (FPAWS) when a message needs to be shared broadly with caregivers across the state. DCYF will determine a standardized method of email distribution within the new agency.
- CA's foster parent and caregiver internet page will be re-designed under DCYF. We anticipate the website will allow caregivers and visitors to the page to find improved ease of use.
- The Online Orientation for prospective foster parents was updated to improve utilization and to connect prospective families into the SRIC system and with the recruitment contractor's liaisons and mentors. The SRIC linkage in this area will be reviewed, as the current site asks families to use the link to connect with the recruitment contractor serving their area. Families are able to continue on to complete their certificate without finalizing the connection with the recruitment contractor and a number of families are skipping this important step. CA's website allows both prospective and existing caregivers including kinship caregivers to access information on recruitment efforts, training information, caseworker staff and supervisory contact information, policies, and news and frequently utilized forms. CA's pages on "Becoming a Foster Parent," Foster Parent Training, and CA's Foster Parent News are all within the top ten most visited sites on CA's internet pages.
- Continue the quarterly Foster Parent Consultation Team (1624) meetings both regionally and at the state level. This consultation team will also be absorbed into the DCYF agency's operations. 1624 was developed through 2007 legislation. It established a forum for foster parents to consult quarterly with CA's leadership 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 ten years of collaboration and consultation in October 2017.

- Continue to support active recruitment efforts through regionally based recruitment and retention contracts and the regional RDS Teams. Provide updated information and resources to help inform these teams of successful and best practices. Recruitment efforts will continue their focus with ties to the local community, region, and address the specific needs of that area. Olive Crest’s liaisons and EWU’s mentors will provide enhanced monthly reporting to their local team in response to placement and recruitment data. The work of the regional RDS teams will become an integral part of management of the foster parent recruitment and retention contracts that will become effective July 1, 2018.
- 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.

**Foster Care and Adoption General Recruitment
FY2017 Updates and Progress**

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. Encourage RDS teams to expand local membership through invitation to identified community groups and organizations who can help champion the diversity and unique needs of children in care. RDS teams are encouraged to build greater utilization of data and seek support in assessing data to inform the local recruitment needs in partnership with the regional recruitment contractor.</p> <p>CA continues with regionally based foster parent recruitment and retention contracts with Olive Crest and EWU through June 30, 2018; at that time a new procurement will announce the identified new contractors who will begin service on July 1, 2018. These regional contracts will enhance local and regional collaborations and partnerships needed to effectively recruit within local communities. RDS Teams have expanded into more local offices with 30 existing teams meeting on a monthly basis. Each team now reviews regional and local FamLink data related to child removal, demographics and numbers of existing foster homes, available beds, Alliance CCT training completions, new inquiries and foster home applications and directs needed recruitment efforts responsive to data driven placement needs for children in out of home care.</p> <p>EWU provides foster parent recruitment and retention services for Region 1 with Olive Crest serving both Regions 2 and 3.</p>	Ongoing
<p>2. CA and the local RDS teams will continue to consult with both Olive Crest and EWU in the development of any new recruitment materials. This partnership improves the quality of each contractors existing and new recruitment materials (media, radio, online, written brochures and pamphlets, website, Facebook, and online and in-person support groups).</p> <p>Olive Crest and EWU continue to distribute recruitment materials extensively across their respective regions ensuring resources are available to their RDS teams, in local communities and through their regional recruiters. Olive Crest’s recruitment videos for targeted recruitment related to: Sibling Groups, African American, Hispanic, Native, LGBTQ Youth, and Teens, continue to be effectively used. More school districts have been contacted to share CA’s foster care recruitment “Got Room?” flyer. This flyer is most frequently and effectively distributed electronically through Peach Jar, a leading online digital distribution system for school informational flyers. A newly created flyer, “It Takes A Village,” was created in partnership this year by CA and the recruitment contractors. It has been distributed to all regions for utilization. This new flyer addresses the need for foster parents and volunteers who can also help support child welfare services through a variety of ways. The flyer features a grandparent caregiver and an African American youth.</p>	Ongoing

**Foster Care and Adoption General Recruitment
FY2017 Updates and Progress**

Activity	Status
<p>3. Utilization of data on removal of children into out-of-home care continues to improve in each region. RDS teams have increased in number and each are now reviewing placement data in conjunction with licensed foster home data to focus generalized awareness and targeted recruitment needs for their local office in partnership with the recruitment contractor. Increased emphasis on child placement data will be revisited to ensure all teams have the support necessary to review this information in concert with existing foster home data, foster parent inquiries and new applications.</p>	Ongoing
<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 have expanded across all regions with 30 current and active teams. Teams work together to identify recruitment possibilities with the contractor who provides a follow-up report the following month that is reviewed by the team. The RDS teams continue to develop leadership focus through providing recruitment directions, reviewing recruitment progress, and adjusting planning for outreach efforts by their contractors. RDS teams continue to demonstrate guidance and strong knowledge of their local/regional recruitment needs. Team partnership in recruitment activities within the local communities helps achieve generalized recruitment goals. CA's Foster Care Recruitment and Retention Program Manager will continue to share informational material on successful recruitment practices gleaned from national resources. The Program Manager will also continue to meet with regional RDS teams to strengthen local and regional recruitment knowledge. These meetings build enhanced and ongoing partnership and collaboration with the recruitment contractors in defining regional recruitment needs.</p>	Ongoing

**Foster Care and Adoption Targeted Recruitment
FY2017 Updates and Progress**

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. During 2017, all regional placement desk staff in Washington have developed foster parent Facebook pages to help assist in locating placements for children entering out-of-home care. Caregivers receive information about these Facebook placement resources once their license is issued. A number of local offices also host periodic "Meet and Greet" opportunities for newly licensed families to meet staff, learn about Facebook utilization in seeking placements and including their names on lists utilized by placement staff when reaching out to families seeking placements.</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. Notification to caregivers has expanded to include all children entering care and those who may need an urgent placement change. The Facebook pages are 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. An examples of a Placement Desk Facebook posting is below.</p> <p><i>Hello Caregivers!</i> <i>XXX County has a 7 year old girl coming into care for the first time. She is set to discharge from the hospital today. She has experienced lots of trauma in her young life and caregivers that have not protected her. She needs a skilled foster parent, who can teach her to manage her emotions and be patient with her as she learns there are adults that can be trusted. If you feel that you have the time and the skill to help this little girl, please PM or call me with more information 360-xxx-xxxx Thanks!</i></p> <p>Olive Crest continues to operate 29 additional Facebook pages for caregivers in Western Washington. EWU also has an established agency Facebook page, as well as two additional 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>	Complete and Ongoing

**Foster Care and Adoption Targeted Recruitment
FY2017 Updates and Progress**

Activity	Status
<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. Regions also periodically review their practice to ensure the best placement for the child is being sought.</p>	
<p>2. CA continues to reach out to specific working groups to 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, 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. The Office of Deaf and Hard of Hearing (ODHH) had requested another deaf/ASL proficient foster parent recruitment informational meeting be conducted in the Tri-Cities area of Region 1 South. Though this event was not forthcoming, ODHH, CA and the recruitment contractors have partnered to provide enhanced service/resource linkages to the deaf and hard of hearing foster care community through Olive Crest and EWU’s Facebook pages.</p> <p>CA’s partnership with the Commission on Hispanic Affairs (CHA) has provided successful Spanish radio program broadcasts sharing the need for both mono-lingual and bi-lingual Spanish speaking foster families. A series of 30-minute recruitment programs have been broadcast live in Spanish across Washington state. This year a broadcast was developed on adoption services for children who are in need of adoptive homes. The second broadcast featured the Olive Crest Hispanic/Latino Outreach Specialist, sharing the need for Spanish speaking and Hispanic/Latino families to help meet the needs of children in out-of-home care. Late this year, CA was informed that CHA has decided to discontinue this programming. The CA foster parent recruitment program manager has reached out directly to leadership at CHA to begin conversations about building a new partnership to serve as a communication vehicle to Spanish speaking families. Also another radio station in eastern Washington has now come forward to request a radio broadcast in Spanish from the local area of Granger which is strongly populated with Hispanic families.</p>	<p>Ongoing ODHH work completed</p>
<p>3. Efforts in targeted recruitment partnerships for LGBTQ+ youth have seen improved success. Olive Crest continues to build collaborations to encourage LGBTQ+ individuals and families to become licensed to foster or adopt. Parents and Families of Lesbians and Gays (PFLAG) and local Gay Pride events now have regular recruitment efforts for both EWU and Olive Crest. Recently licensed LGBTQ+ families have stepped forward to help educate foster parents about the needs of LGBTQ+ individuals, families and youth. They continue to participate as leads in foster parent support groups and continue to support expanded recruitment tables at local Gay Pride events. These efforts continue to improve and expand stronger partnerships with the gay, lesbian, and transgender communities and other ally groups to support foster care resources for LGBTQ+. EWU’s staff have utilized the tool from Adopt US Kids, “Strategies for Recruiting Lesbian, Gay, Bisexual and Transgender, Foster Adoptive and Kinship Families,” in preparing their mentor staff to support these families through their foster care/adoption journeys. Olive Crest’s recruitment staff continues to utilize their 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. Again this last year successful efforts took place in Vancouver, Olympia, Seattle, Kitsap County and in Spokane. CA, Olive Crest, and EWU 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> <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>Ongoing</p>

**Foster Care and Adoption Targeted Recruitment
FY2017 Updates and Progress**

Activity	Status
<p>CA, Olive Crest, and EWU will prioritize identification of LGBTQ members for the RDS teams to ensure the needs of children and youth in the population are not overlooked in recruitment efforts. The RDS teams 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. In 2017, CA convened a Value Stream Mapping event (VSM) to identify ways to improve recruitment and retention of prospective foster parents (PFPs) as they inquire about foster parenting, begin training and the licensing process. The state of recruitment services was dissected and reviewed for those areas where challenges existed for prospective caregivers. Several challenges were identified for strategy development in effort to improve outcomes in these areas.</p> <ul style="list-style-type: none"> a. Communication with all parties involved in recruitment work is not consistent, which allows for misinformation and gaps in information sharing. <ul style="list-style-type: none"> i. A core group was developed and is co-facilitated by EWU’s Fostering Washington Director and CA’s foster parent recruitment and retention program manager. This group meets quarterly to ensure ongoing and regular communication. Outcomes include members who are knowledgeable about the system and open lines of communication that will be shared with CA and private agency staff, Olive Crest, EWU, the Alliance, the SRIC system and RDS Teams. b. Envelopes included in the foster care application packet were not large enough to hold the required materials caregivers were required to return <ul style="list-style-type: none"> i. New envelopes were purchased and distributed to DLR staff for inclusion in the packets. c. There was not a consistent process for prospective foster parents to know if their application had been received. <ul style="list-style-type: none"> i. Office processes were updated and streamlined to ensure the 7-day notification letter is sent to all prospective families. DLR also amended their application check list for better tracking by both staff and caregivers. d. Recruitment contractors were not receiving the names of prospective foster families who either attended or completed the CCT Training. <ul style="list-style-type: none"> i. CA now receives a monthly listing of all families in CCT and whether they have completed all sessions, attended some session, or have cancelled their class. This allows Olive Crest and EWU to follow-up with those families and share the status with the RDS teams. e. Currently there is no way to track prospective foster parents who complete DLR’s online Orientation. <ul style="list-style-type: none"> i. CA and NW Resource Associates developed the placement of the SRIC I-Frame into the new online Orientation Power Point. This system automatically sends notice to Olive Crest or EWU of the new prospective foster family and their completion of the online Orientation. A new concern has been identified recently, it appears that a number of families are skipping the instruction to complete the SRIC form, as it is not required to obtain the certificate of completion. CA’s staff in partnership with NW Resource Associates and the recruitment and retention contractors will review how this gap can be improved so all families completing online training are accounted for. f. The application process for training and licensing can be confusing for prospective foster families who may not be aware of all the requirements. <ul style="list-style-type: none"> i. DLR developed and launched the new publication, “Foster Home Licensing Process Road Map,” which helps families visualize the process as they complete materials for their foster home licensure. Families have reported to DLR staff this is a very helpful tool. g. A process is needed to follow-up with prospective foster parents who walk in or call in for licensing information, since these contacts are not added to the SRIC and potentially lost. 	<p>Complete and ongoing</p>

**Foster Care and Adoption Targeted Recruitment
FY2017 Updates and Progress**

Activity	Status
<ul style="list-style-type: none"> i. DLR successfully developed the needed email notification process that supports notification to Olive Crest’s liaisons and EWU’s mentors of the prospective foster family’s contact. The recruitment and retention staff will add these individuals manually into the SRIC database. 	
5. CA will continue to collaborate through a contract with NWRA and NWAE for the Youth Recruitment project that was initiated in 2016. This project allows youth aged 12 and older to create and direct the information in their profile and includes videos, songs, and poetry. Currently this program is expanding to serve up to 40 children in 2018.	Ongoing
6. CA will continue statewide monthly adoption consortium meetings which were initiated in June 2016. Consortiums are an opportunity for adoption workers, Child and Family Welfare Services (CFWS) workers, Division of Licensed Resources (DLR) workers, Guardian ad Litem/Court Appointed Special Advocates (CASA), private agency workers and families to present information on children who are in need of permanent homes and families with approved home studies who are awaiting placements. Video conference sites are located in offices across the state and a phone-in conference line is available for those private agencies and families who reside outside the state of Washington. In June and October, CA staff, DLR, private agencies, community partners and families are invited to attend Consortium in-person rather than through a video conferencing site. These events are one to two days in length and in addition to presentations of children and families, cross-training opportunities are provided for attendees. Training topics included permanency considerations, team building, and best practice ideas when assessing families for placement.	Ongoing
7. 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.	Ongoing
8. CA in collaboration with NWAE and other community partners will be expanding recruitment strategies to include Reverse Matching and statewide KidFest events.	New
9. 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.	Ongoing

Washington Adoption Resource Exchange (which includes NWAE) Calendar Year 2017	
Number of Children Served	590
Female	34.78%
Male	63.77%
Transgender	1.45%
12 or Older	56.88%
Minority	44.2%

Data Source: NWAE; Calendar Year 2017

2019 ANNUAL PROGRESS AND SERVICES REPORT

State of Washington
Department of Social and Health Services
Children's Administration

Health Care Oversight and Coordination Plan

Attachment C

June 29, 2018
Updated August 24, 2018

Washington State Health Care Oversight and Coordination Plan

Child and Family Services Plan 2015-2019

2019 Annual Progress and Services Report

The Program Instructions for the 2019 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 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 2019 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.
- As part of the 2019 APSR, outline the procedures and protocols the state has established to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses. If the state needs additional time to fully develop the procedures and protocols, outline the steps the state has taken to-date and its plans and timeline for consulting with the Medicaid agency, pediatricians, and other health care experts to develop procedures and protocols to prevent the inappropriate diagnoses of children and youth, as required by Section 422(b)(15)(vii) of the Act.

If the state has requested or intends to request a delay in implementation due to the need to pass legislation or because it is concerned the provision is in conflict with an approved title IV-E waiver demonstration, note this fact in the 2019 APSR submission and provide an explanation for why the delay is needed.

Changes and updates are provided below and identified within each section of the Health Care Oversight and Coordination Plan

- **Coordination and Collaboration of Health Care Oversight and Coordination Plan**

Children's Administration's Health Care Oversight and Coordination Plan was developed in collaboration with state health and child welfare experts. These professionals include staff from:

- DSHS - Children's Administration (CA)
- DSHS – Aging and Long-Term Support Administration (AL TSA)
- DSHS - Developmental Disabilities Administration (DDA)
- DSHS - Behavioral Health and Service Integration Administration (mental health and substance abuse) (BHSIA)
- Washington State Health Care Authority (HCA) – Washington's Medicaid state agency
- Department of Health
- Community physicians
- Children's mental health specialists
- University of Washington – The Alliance for Child Welfare Excellence (CA staff and caregiver training)
- Coordinated Care of Washington – Apple Health Core Connections (managed care plan for foster care, extended foster care, alumni of foster care to age 26, and adoption support)

The selection of these professionals and organization is based on their experience and knowledge of various child welfare topics and their willingness to share their expertise in the development of a system that provides a trauma informed approach to the delivery of physical and behavioral health care services.

Group members are involved in the development and revision of the Health Care Oversight and Coordination Plan to ensure it covers the required areas and maximizes resources available to children in out-of-home care. Through workgroups and consultation with professional resources, the department continuously works to ensure that the well-being needs of children in care are met.

- **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
- **How health needs identified through screenings will be monitored and treated:**
 - The Children’s Administration (CA) Child Health and Education Tracking (CHET) program is designed to screen, identify, and organize essential information to help caseworkers develop a plan to address the long-term well-being needs of children in out-of-home placement. Children birth through 17 years old, who are in out-of-home placement for 30 days or longer receive a CHET screen. The screening process is completed within 30 days of the child’s Original Placement Date (OPD) and includes five domains: medical, developmental, educational, emotional/behavioral health (including trauma), and social connections. Screening results are documented in the CHET Screening Report and are used to assist in the development of appropriate case plans and to guide placement decisions.
 - Shared Planning meetings are held within 60 days of the child entering care to discuss and address the CHET Screening Report and the EPSDT. This meeting includes caregivers and others important to the child’s case. The Shared Planning Meeting is also used to review and evaluate whether the child is in the most appropriate placement to meet their physical and behavioral health needs.
 - A six-hour in-service training for CA staff regarding mental health needs and trauma identification is available statewide throughout the year. In 2017, this training was provided to approximately 400 CA staff.
 - In 2012, CA and the University of Washington partnered to create the On-going Mental Health (OMH) screening program which is funded through a grant from the Administration for Children and Families (ACF). The grant is in a final “no cost extension” year and CA is working on sustainability options to continue the program.
 - Through the ACF grant, CA hired four Ongoing Mental Health (OMH) screeners who complete conduct mental health screenings. OMH screens are completed telephonically for children ages 3 to 17-years-old for children who remain in out-of-home placement for six months. OMH screens are completed for children who received a CHET upon entering out-of-home placement after January 2014. Tools used in the OMH screen are the:
 - Ages and Stages Questionnaire-Social/Emotional (ASQ-SE); for children 36-months to 65-months
 - Pediatric Symptoms Checklist-17 (PSC-17); for children 66-months through 17-years-old
 - Screen for Child Anxiety and Related Emotional Disorder (SCARED) – trauma tool; for children 7-years-old through 17-years-old.
 - The OMH screening program completed 1,210 screens in calendar year 2017. An average of 44 percent of the children who received an OMH screen scored in the clinically significant range. This information and suggestions for appropriate evidence-based services are forwarded to the caregiver and caseworker.
 - The OMH program continues to pilot a trauma screen for children ages 3 to 7-years-old (known as the Plus 3 pilot). The pilot was designed and implemented as a response to the gap in validated trauma screening tools for this age group. In coordination with University of Washington evaluation team, the pilot was expanded to include children and youth up to age 17 to test the feasibility of this tool as a potential replacement for more burdensome procedures in the OMH and CHET programs. The University of Washington is evaluating pilot data to determine validity of the Plus 3 as a trauma screening tool.
 - Apple Health Core Connections (AHCC) calls caregivers of all children newly placed into foster care to discuss caregiver questions and concerns about the child and identify any urgent physical or behavioral health care needs.
 - The Fostering Well-Being Care Coordination Unit (FWB CCU) provides care coordination services for children and youth in foster care who remain in the Apple Health fee for service program. These children and youth are either American Indian/Alaska Native who choose to remain fee for service or

are undocumented and must remain state funded because they cannot be enrolled in a federally funded Medicaid program.

- Caseworkers are required to update the child’s health, mental health, and education status in the Court Report every six months. Updates include diagnosis information that may impact placement decisions to identify the most appropriate resource to support and address the child’s physical and behavioral health needs.
- The Foster Care Assessment Program (FCAP) is a multi-disciplinary contract between Children's Administration (CA) and Harborview Center for Sexual Assault and Traumatic Stress and its subcontractors to assess the needs of children who are in out-of-home care for more than ninety days. Assessment services include a six-month follow-up period to assist the CA caseworker in implementing a placement plan and to help meet the needs of the child and family.

The standard FCAP assessment consists of structured clinical interviews and the administration of standardized measures. A multi-disciplinary team representing pediatrics, psychiatry, psychology, social work, CA, and other consultants (e. g., ethnic/cultural and foster/adoptive parent) will review the preliminary results of the assessment.

- CA and Harborview give priority for FCAP evaluations to children identified as likely to need long-term care because there are physical, emotional, medical, behavioral, or other long-term challenges that serve as barriers to achieving a plan for permanency. See [RCW 74.14A.050](#).

▪ **How medical information for children in care will be updated and appropriately shared which may include the development and implementation of an electronic health record;**

- The OMH screeners upload the results of the mental health screening tools into FamLink. Tools used in the six-month screening are the ASQ-SE, PSC-17, and SCARED. This information provides the child’s caseworker with updated information regarding the child’s behavioral health care needs. The caseworker, in conjunction with the child’s health care providers and others involved in the child’s case, can evaluate whether the child needs a different treatment intervention or may be ready for a less restrictive placement setting.
- By December 2017, the OMH report will be shared with AHCC via a secure file transfer site. AHCC will use the OMH report to assure children are accessing appropriate behavioral health services.
 - **UPDATE:** This work was not completed in 2017 due to fiscal, staffing, and consent issues that require resolution prior to implementation. This will continue to be a goal for 2018.
- Completed CHET reports are shared via a secure file transfer site with AHCC. AHCC uses the CHET report to assess the child for care coordination needs.
- In calendar year 2017, AHCC provided over 465 trainings to over 5,600 people including CA Staff, caregivers and foster care stakeholders regarding trauma, resiliency, managed health care for foster children including on how to access services, health care coordination, personal health information, and consent.
- In early 2018, CA and the Health Care Authority (HCA) executed a data share agreement that allows the two agencies to establish data and information sharing protocols. This information sharing is necessary to ensure children served through the AHCC plan receive timely, appropriate, and coordinated physical and behavioral health care services.
 - **UPDATE:** In 2017, CA, HCA, and CCW continued to work on creating a data exchange between CA and HCA. Once the data exchange occurs, CA and HCA will work on an interface that will auto populate specific fields in FamLink with data from Washington’s Medicaid Management Information System (MMIS) and Provider One.
- CA, HCA, and CCW will continue develop and implement data share agreements and policy that will allow CA caseworkers to have direct access to the CCW secure portal which contains information about the child’s physical, behavioral, and medication information.
 - **UPDATE:** In 2018, CA will work with HCA and CCW to allow CA staff access to the CCW secure portal. The secure portal will allow CA staff to view health care information of children in out-of-home placement. Available information in the portal is based on Medicaid paid claims data.

- Families of adopted children and youth who participate in Extended Foster Care (EFC) who choose to remain enrolled in CCW are currently able to access their health information through the CCW secure portal.
- **Steps to ensure continuity of health care services (which may include the establishment of a medical home for every child in care)**
 - AHCC had an initial “Continuity of Care” benefit for children who are newly enrolled into their plan from fee for service or other managed care plans. The intent was to allow time for AHCC to contract with the child’s existing providers and avoid changes in providers. AHCC has extended the “Continuity of Care” benefit indefinitely and consistently works with out-of-network providers to ensure the child’s needs are met.
 - Since the contract was awarded to Coordinated Care in August 2015, AHCC has made statewide efforts to recruit and 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.
 - Due to legislation (SHB 1879), active planning between the HCA, CA, DBHR and CCW is occurring to develop the service array, rates and contract language for a fully integrated physical and behavioral health system. Full integration is scheduled for implementation by October 2018.
 - **UPDATE:** HB 2530 passed in 2018 and extended the implementation of a fully integrated behavioral health system until January 2019. The extension allows additional time for the successful managed care bidders to develop their providers and service array to serve the full contingent of Apple Health clients in each community.
- **Oversight of prescription medications**
 - AHCC embeds a formal psychotropic medication utilization review (PMUR) into their practice. Between January and December 2017 the PMUR process identified 13 children/youth with a medication regimen outside of typical/recommended prescribing parameters. There were also 21 children/youth with a regimen outside of parameters but within the standard of care. PMUR utilizes a peer to peer process to address medication concerns with prescribers.
 - The AHCC PMUR process uses specific criteria to indicate where there is a need for further review of a child’s clinical status.
 - For a child who is prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient's clinical status:
 1. Absence of a thorough assessment for a DSM-5 diagnosis(es)
 2. Four (4) or more psychotropic medications prescribed concomitantly
 3. Prescribing of:
 - a. Two (2) or more concomitant stimulants
 - b. Two (2) or more concomitant alpha agonists
 - c. Two (2) or more concomitant antidepressants
 - d. Two (2) or more concomitant antipsychotics
 - e. Three (3) or more concomitant mood stabilizers
 4. The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
 5. Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
 6. The psychotropic medication dose exceeds usual recommended doses.
 7. Stimulants: Under age 3-years old
 - Alpha Agonists Under age 4-years old
 - Antidepressants: Under age 4-years old
 - Mood Stabilizers: Under age 4-years old
 - Antipsychotics: Under age 5-years old

8. Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis other than the following (unless recommended by a psychiatrist consultant):
 - Attention Deficit Hyperactive Disorder (ADHD)
 - Uncomplicated anxiety disorders
 - Uncomplicated depression
 9. Antipsychotic medication(s) prescribed continuously without appropriate monitoring of glucose- and lipids at least every 5 months.
- CA's Division of Licensed Resources (DLR) identified concerns in some licensed group care facilities regarding medication management and documentation. DLR identified consistent documentation errors, and to a lesser degree, medication storage issues. To remedy the identified issues, DLR worked with nurses from the FWB CCU to create a medication management training for DLR and group care staff. Work began on this training in October of 2016 and became available to both DLR regional licensors and private agency staff on April 3, 2017. The training is required for all DLR regional licensing staff and will be added as a requirement for all BRS contracted providers in the next Behavior Rehabilitation Service (BRS) contract renewals. The training is also available for other CA staff and non-BRS group care staff. Regional licensors are now required to review medication storage and logs as part of their bi-annual health and safety review. This new requirement will be added to the regional licensing policies and procedures during the next policy revision in 2017.
 - **UPDATE:** DLR policies were updated and will go into effect July 2018.
 - **UPDATE:** RCT and In-service (IST) Mental Health training from UW Alliance includes understanding use and oversight of psychotropic medications and matching behavioral symptoms based on screening results to appropriate evidence based practices.
 - **How the state actively consults with and involves medical or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for foster children.**
 - All caregivers of newly placed children receive a phone call from AHCC staff to determine if the child has any urgent or unmet physical or behavioral health care needs, answer questions about the AHCC plan and managed care, and assign a primary care provider.
 - Completed CHET screens are uploaded to an sFT site for retrieval by AHCC staff. AHCC reviews the CHET reports and assigns the child to a care coordination level and contacts the caseworkers of children who are assigned for the more intensive levels of care coordination.
 - CHET screeners send an "expedited referral" to AHCC for care coordination if there are concerns about medically complex or medically fragile children during the CHET screening process.
 - In calendar year 2017, the Alliance imbedded new curriculum in Regional Core (RCT) and IST trainings regarding impacts of trauma and meeting the mental health needs of children and youth in out-of-home care. Trainings included:
 - RCT: Mental Health In-depth Applications for Child Welfare – 48 CA staff trained
 - IST: Effects of Maltreatment on Children: Child Development, Infant Safety, Mental Health - 320 CA staff trained
 - AHCC provides training opportunities for CA staff and caregivers. These trainings include:
 - Trauma Informed Care (National Child Traumatic Stress Network (NCTSN) curriculum)
 - Resiliency
 - Hope for Healing (Association for Training on Trauma and Attachment (ATTACH) curriculum)
 - **UPDATE:** AHCC expanded their library of available trainings to include:
 - Resiliency
 - Substance Use, Abuse & Addiction
 - Suicide Prevention
 - Whole Brained Parenting
 - Coping with Holiday Stress

- Adverse Childhood Experiences
- Childhood Development
- Sexual Health in Foster Care- Skill Building for Caregivers

AHCC will continue to expand their training topics and opportunities for CA staff and caregivers in 2018.

- **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 or updates were made to this section.
- **The procedures and protocols the state or tribe has established to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses (section 422(b)(15)(A)(vii) of the Act).**

In accordance with the federal Adoption and Safe Families Act (ASFA), Washington State requires that children in out-of-home care are placed in the most appropriate and least restrictive setting (most family-like) available for the child. The case plan and court report provide information about the child's placement and its suitability in meeting the child's needs. Washington considers a variety of factors and domains of the children and families we work with when making placement decisions. The child's physical, behavioral health, and developmental stage are segments of a holistic approach to the delivery of child welfare services. These elements are carefully contemplated in the array of services provided, including out-of-home placement.

CA conducts a Family Team Decision Making (FTDM) meeting with the goal of making the best placement decision for the child. After the FTDM is completed, an assigned caseworker completes the Child Information and Placement Referral (CIPR) form and refers the child for placement. CA placement caseworkers use the completed CIPR form to search for available suitable placements for each child. Discussions and decisions about services provided through private Child Placing Agencies (CPA) and/or the need for an Exceptional Cost Foster Care Plan (ECP) may take place between CA and prospective caregivers. In some areas, specific contracts exist for receiving and interim care to respond to emergent placement needs. It should be noted that between 45 and 50 percent of children in out-of-home care are living with kinship caregivers. Also, Washington is one of the lowest users of congregate care in the country with less than six percent (6%) of foster care children placed in congregate care settings.

Generally, Behavior Rehabilitation Services (BRS) programs are utilized when a child's specific needs exceed state and/or CPA foster caregiver capability. Prior to a BRS placement, policy requires that a referral for a Wraparound with Intensive Services (WISe) screen (described below) and consideration for WISe services is completed. In addition, an FTDM is required prior to placement in BRS. If BRS is the recommended placement, the assigned caseworker must complete a BRS packet, which includes a profile of the child, detailing their specific behavioral and mental health challenges. When there is no available or appropriate BRS program to meet the child's needs, CA creates a Child Specific Program with the BRS program managers and the providers. Utilization of specialized programs to address mental health and developmental disabilities can take place concurrently.

All Children

- Every child in out-of-home placement thirty days or longer receives a CHET screen which is completed by the thirtieth day of placement.
- All CHET screens are reviewed by the FWB CCU to identify children who meet the [medically fragile](#) criteria in CA policy. When a child meets the medically fragile criteria:
 - FWB sends an expedited referral to AHCC to request care coordination and notifies the CA caseworker about the referral.
 - FWB provides care coordination for medically fragile children who are not enrolled in AHCC and remain fee for service (i.e. Tribal and undocumented children).
 - When health and mental health concerns are identified in the CHET screen or the EPSDT examination, the assigned CA worker and caregiver work with AHCC to identify

appropriate physical and mental health providers to meet the child's identified needs.

- AHCC and FWB CCU staff are available to participate in case staffings and FTDMs to make recommendations based on diagnosis information regarding supports and services available to maintain a child in the least restrictive environment.

Medically Intensive Children's Program

- The Medically Intensive Children's Program (MICP) provides skilled nursing services to children 17-years-old and younger. These children have complex medical needs that require a registered nurse to provide support. Nursing services may be provided in the family home, foster home, or in a contracted medically intensive children's group and staffed residential home. This Medicaid program helps to keep families together. It also greatly reduces the cost of in-patient hospital care where these children would be cared for without this program.
- MICP Eligibility Requirements:
 - Age 17-years-old or younger;
 - Have complex medical needs (i.e. ventilator dependent, tracheostomy care);
 - Enrolled in Washington Apple Health (Medicaid); and
 - Require at least four hours of continuous skilled nursing care per day.
- MICP eligibility is determined by Registered Nurses who review the child's care needs and diagnosis information to ensure their medical diagnoses and support needs require this level of support. Eligibility is reviewed annually.

Wraparound with Intensive Services (WiSe) and Behavior Rehabilitation Services (BRS)

- WiSe is an intensive mental health service and support program delivered through community mental health, which is provided in home and community settings. It is available for any Washington Medicaid eligible individual, up to 21 years of age, with complex behavioral health needs that meet the algorithm for eligibility.
- WiSe utilizes the Child & Adolescent Needs & Strength (CANS) screen to determine eligibility for the service. The Washington Intensive Mental Health Services Full CANS is a multiple purpose information integration tool that is designed to be the output of an assessment process. It covers eight overarching domains including: Impact on Functioning (Life Domain Functioning), Presentation (Behavioral/Emotional Needs), Risk Behaviors, Transition to Adulthood, Youth Strengths, Family/Caregiver Needs and Strengths, Cultural Considerations and Diagnosis and Prognosis domains.
- In October 2017, CA implemented a WiSe policy. The policy requires CA caseworkers to refer or verify that a referral for WiSe screen is made to a designated mental health provider for children and youth with complex behavioral health needs. WiSe is designed to provide comprehensive, behavioral health services and supports to Medicaid eligible individuals, up to 21-years-old with complex behavioral health needs and their families. Once a WiSe referral is made, information is gathered from the referent, and the Child Adolescent Needs and Strengths (CANS) screen is completed by the CANS-certified screener. The CANS algorithm combined with clinical decision determines whether the youth would benefit from WiSe. A WiSe screen is also required for all youth prior to consideration of any level of the CA Behavioral Rehabilitation Services (BRS).
- If WiSe is unavailable or unable to meet the needs of a youth, CA may utilize BRS to support the youth who require intensive services and placement supports. BRS is a temporary (no longer than 12-months) intensive wraparound support and treatment program for children and youth with high-level complex service needs. BRS can be provided in a child's home prior to placement, a foster home, or group home setting. BRS is intended to stabilize children and youth (in-home or out-of-home) and assist them in achieving their permanent plan. Services are offered in three different placement settings including the child's home, a treatment foster care (TFC) home or a facility-based setting. BRS has five (5) categories of services:
 - **Behaviorally/Emotionally Disordered** serves children with difficult behavioral or emotional challenges and sometimes those children who are professionally diagnosed with serious mental health disorders.

- **Sexually Aggressive** serves children who present sexually aggressive behavior as the primary behavioral indicator. Many of these children/youth have experienced sexual abuse themselves. These children may have been criminally adjudicated for these acts and present a potential risk to the community where they live.
 - **Developmentally Disabled** provides services to developmentally delayed children and youth, including those who suffer from Fetal Alcohol Syndrome and Alcohol Related Neurological Disorder. They may also have behavioral disabilities, serious physical health impairments and require partial or total personal care.
 - **Medically Fragile Services** are for children with medically intensive needs who require more individual and continuous care than is available from an intermittent visiting nurse. Services are supervised by a Registered Nurse (RN) and provided in a licensed foster home, group home, or licensed facility for severely and multiply handicapped children.
 - **Residential Assessment and Interim Care** focuses on short-term and emergent service needs. These services are provided 24 hours a day, seven days a week. Contractors providing Residential Assessment or Interim Care must be able to begin services within four hours of referral. Assessment Services can be authorized up to 90 days, and Interim Care Services can be authorized up to 180 days.
- To be considered for BRS level of services, in addition to the WISe screening, a child or youth must be recommended for BRS level of service in a Shared Planning meeting or Family Team Decision Making (FTDM) meeting.
 - The CA caseworker completes a BRS referral packet and submits it to their supervisor and the Area Administrator (AA) for appropriateness. If the referral is appropriate, the supervisor and the AA sign the referral and the packet is submitted to the Regional BRS program manager for review and final approval. The regional BRS program manager ensures that all less restrictive levels of care were tried and unsuccessful and that the youth needs BRS level of services.
 - The BRS program incorporated Children’s Functional Assessment Rating Scale (CFARS) into its referral and screening process, and eligibility for services are determined by CFARS scores in 15 domains including:
 - Depression
 - Hyperactivity
 - Cognitive Performance
 - Traumatic Stress
 - Interpersonal Relationships
 - Activities of Daily Living Functioning
 - Work/School
 - Danger to others
 - Anxiety
 - Thought Process
 - Medical and Physical
 - Substance Use
 - Family Relationships
 - Social-Legal
 - Danger to self
 - Security needs

- The BRS program manager works to keep the youth in the lowest level of BRS settings as the child or youth's behaviors and treatment needs allows.
- The CA caseworker tracks the progress of each youth and reviews the treatment plan with the Child and Family Team at least a quarterly basis to ensure that the currently level of care is still necessary. A new WISE screen is done every 6-months and at discharge while a youth is in BRS.
- The regional BRS program manager reviews the child or youth's status every six months with the case worker and service provider. These reviews include the child or youth's service needs, level of care, expected exit date, and transition plan to a lower level of care or home.
- All youth who receive any BRS level of services are re-screened every six months by a CA contracted Registered Nurse to ensure the youth meets medical necessity and continues to require the BRS level of service and placement supports.

Children's Long-term In-patient Program (CLIP)

- CLIP is the most intensive inpatient psychiatric treatment available to WA State residents, ages 5 to 18-years-old. CLIP is psychiatric treatment provided in a secure and highly structured setting that are designed to assess, treat and stabilize youth diagnosed with psychiatric and behavioral disorders meet Medical Necessity.
- CLIP consists of only 82 beds in five facilities across the State of Washington. The facilities are located in King, Pierce (two), Spokane, and Yakima county.
- Individualized treatment is provided through the use of evidenced based practices designed to increase the youth's skills and adaptive functioning with a focus on reintegration back into a community setting, as quickly as possible.
- Children and youth in the placement and care authority of CA and who require inpatient mental health treatment are eligible for this service.
- CLIP admission process can be divided into two ways, voluntary and involuntary processes:

Voluntary Process

- A Voluntary CLIP application is submitted to the youth's local Behavioral Health Organization (BHO) or Managed Care Organization (MCO) to determine whether medical necessity criteria is met, and if CLIP level treatment is appropriate. Medical necessity is determined by medical and behavioral health professionals who review the child's medical and behavioral health history. Additional or updated diagnostic assessments are ordered when indicated to ensure the child is correctly diagnosed. This ensures that treatment modalities are appropriate to address the child's needs.
- Applicants 13-years-old and older must agree to enter CLIP, unless they are on a 180-day Involuntary Treatment Act (ITA) Court Order.

Involuntary Process

- Under [WA State's RCW 74.34.700](#) adolescents aged 13 to 17-years-old may be committed for up to 180-days of involuntary inpatient psychiatric treatment, at which time the youth becomes eligible for admission to CLIP. The youth is taken to an evaluation and treatment facility or hospital emergency room where a professional in charge of the facility evaluates the youth's mental condition, determines whether the minor suffers from a mental disorder, and whether the youth is in need of immediate inpatient treatment.
- Youth are assessed by a Designated Crisis Responder(DCR) who determines that Involuntary Treatment Act (ITA) criteria is met.
- When a less restrictive alternative is not possible, the youth is placed on an ITA order.
- The adolescent's name is placed on the statewide waiting list as of the day of the 180-day restrictive ITA order.
- Admission to a psychiatric inpatient treatment occurs only if the child meets medical necessity guidelines as determined by the local Behavioral Health Organization (BHO) authorized mental health professional(s) and with the concurrence of the professional person in charge of the facility.

Training for CA Staff

- The Alliance addresses identification of trauma symptoms throughout Regional Core Training and In-Service Training. These trainings help caseworkers understand the impact of trauma on the child to be

considered when making placement decisions. In 2017, these trainings were provided in the RCT Mental Health In-depth Applications for Child Welfare (48 CA staff) and IST: Effects of Maltreatment on Children: Child Development, Infant Safety, Mental Health (320 CA staff).

- RCT and IST training modules include information about:
 - Dynamics of abuse and neglect - resilience and evidence based practices
 - Dynamics of Sexual Abuse– including significant discussion related to trauma, Trauma-Focused Cognitive Behavioral Therapy, and working with non-offending parents
 - Reunification Decisions & Transition planning – how trauma impacts children’s behavior in care and during transitions home, impact of grief and loss, and impact of transition on minimizing disruption/trauma to child
 - Adolescent Issues – issues in adolescence including suicide and self-harm, internalizing and externalizing behaviors, and how to support youth with a variety of these concerns
 - Identifying and Supporting Commercially Sexually-Exploited Children (CSEC)
 - Understanding use and oversight of psychotropic medications and matching behavioral symptoms based on screening results to appropriate evidence based practices.
 - Supporting Children and Youth in care –explores the trauma impact including grief and loss of initial placement and subsequent moves. Trainees brainstorm ideas to avoid or minimize these issues and support children when moves are unavoidable.

2019 ANNUAL PROGRESS
AND SERVICES REPORT

State of Washington
Department of Social and Health Services
Children's Administration

Children's
Administration
Continuity Plan

Attachment D

June 29, 2018



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 2018. 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.

As of July 1, 2018, DCYF will rely on the continuity plans developed by the DSHS Children's Administration, the Department of Early Learning (DEL), and the Child Care Disasters and Emergencies plan developed jointly by DSHS and DEL. This ensures inherited programs and services are covered and minimizes transition risk. Over the course of its first year of operations, DCYF will develop and transition to continuity plans tailored to the DCYF organization. DCYF has developed an overall Emergency Operations Plan effective July 1, 2018 to serve as a bridge for the individual program continuity plans.

FOR OFFICIAL USE ONLY

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.

TABLE OF CONTENTS

ANNUAL REVIEW AND APPROVAL [6](#)

INTRODUCTION..... [7](#)

REVISION RECORD [7](#)

DISTRIBUTION LIST [8](#)

EXECUTIVE SUMMARY..... [9](#)

CONTENTS..... [9](#)

1.0 PLANNING RESPONSIBILITIES [9](#)

 Table 1 Continuity Program Management Team [10](#)

2.0 ESSENTIAL FUNCTIONS [10](#)

 Table 2 Essential Functions, Dependencies and Recovery Time Objective [12](#)

3.0 KEY PERSONNEL [15](#)

 Table 3 Key Personnel [16](#)

4.0 ORDERS OF SUCCESSION [26](#)

 Table 4 Orders of Succession [27](#)

5.0 DELEGATION OF AUTHORITY..... [30](#)

 5.1 Rules and Procedures for Delegating Authority..... [30](#)

 5.2 Limitations of Authority and Accountability of the Delegation [30](#)

 Table 5 Delegation of Authority [31](#)

6.0 DEVOLUTION DIRECTION AND CONTROL..... [35](#)

 Table 6 Devolution of Direction and Control..... [36](#)

7.0 VITAL RECORDS AND DATABASES [38](#)

 Table 7 Vital Records and Databases [39](#)

8.0 SYSTEM AND EQUIPMENT [44](#)

 Table 8 System and Equipment..... [45](#)

9.0 CRITICAL VENDORS [49](#)

 Table 9 Critical Vendors [50](#)

10.0 CONTINUITY FACILITIES [52](#)

 10.1 Relocation Team and Responsibilities [52](#)

 10.2 Continuity Facilities -- Logistics..... [52](#)

 Transportation, Lodging, and Food [52](#)

 Security and Access..... [52](#)

 10.3 Continuity Facilities and Work Sites [52](#)

 10.4 Continuity Facilities Information..... [52](#)

 10.5 Locating and Securing a Continuity Facility..... [53](#)

 10.6 DSHS Leased Facilities Unit [53](#)

 10.7 DSHS Office of Capital Programs [53](#)

Table 10 Relocation Team55

Table 10.4 Continuity Facility56

11.0 INTEROPERABLE COMMUNICATIONS.....58

Table 11 Interoperable Communications59

12.0 MAINTAINING CONTINUITY READINESS60

12.1 Training Plan60

12.2 Testing and Exercising the Plan60

 Scope of Exercises60

 Exercise Schedule61

12.3 Multi-Year Strategy and Program Management Plan61

12.4 Continuity Plan Maintenance61

APPENDICIES62

Introduction62

APPENDIX A: CONTINUITY TEST, TRAINING AND EXERCISE (TT&E) EVENT CHECK LIST63

APPENDIX B: EMERGENCY OR DISASTER DECISION-MAKING TOOL70

APPENDIX C: ALERTS AND NOTIFICATIONS73

APPENDIX D: CALL TREES.....75

APPENDIX E: CONTINUITY GO KITS.....76

APPENDIX F: EMERGENCY COORDINATION CENTER RESPONSIBILITIES78

 F.1 ADMINISTRATIVE LIAISON OFFICER JAS78

 F.2 CPS CENTRAL INTAKE RECOVERY PROTOCOLS84

 F.3 FIELD OFFICE CONTINUITY COORDINATORS.....88

 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 10.4	Continuity Facility
Table 11	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 2018. 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: _____

Date: _____

Connie Lambert-Eckel, Acting Assistant Secretary
Children's Administration

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
June 2017	9,19-27,48-50,60-65	Updated tables, minor edits
June 2017	80-88,92,94-96	Replaced job action, intake lines, AA table
January 2018	6,8,9	Updated approval page and distribution list
May 2018	3,4,5	Updated table of contents
May 2018	15-57	Updated Tables 2 through 11
May 2018	90-93	Updated Appendix 3

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.	Connie Lambert-Eckel, Acting Assistant Secretary
2.	Edith Hitchings, Acting Deputy Assistant Secretary
3.	Jenny Heddin Director, Finance and Performance Evaluation Division
4.	Toni Sebastian Director, Program and Policy
5.	Stephanie Sarber Director, CA Technology Services (CATS)
6.	Darcey Hancock, Acting Director of Field Operations
7.	Jeff Kincaid, Region 1 Administrator
8.	Natalie Green, Region 2 Administrator
9.	Joel Odimba, Region 3 Administrator
10.	Ron Effland, Acting Division of Licensed Resources Administrator
11.	Tammy Cordova, Section Chief Data Management and Reporting
12.	Deputy Regional Administrators List
13.	Regional Operations Managers List
14.	Field Continuity Coordinators (Area Administrators) List
15.	Nicole Muller, Centralized Services Administrator
16.	T Simmons, Field Operations Administrator
17.	Maya Brown, Interstate Compact Manager (ICPC)

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:

1. Respond to new emergent Child Protective Services intakes

These are intakes requiring a response within 24 hours because an alleged child victim is in present or impending danger.

2. Provide foster care support

Provide support to children, including those identified as medically fragile, that are in the care and custody of CA and their licensed and unlicensed (relative and suitable other) caregivers.

- *Identify, locate, and continue availability of services for children who are displaced or adversely affected by a disaster.*
- *Remain in communication with caregivers and other child welfare personnel who are displaced because of a disaster.*

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

<i>Essential Functions</i>	<i>Essential Function Operational</i>	<i>Supportive Processes or Continuity Strategy</i>	<i>Supporting Offices and Staff</i>	<i>Recovery Time Objective</i>
1. Respond to new emergent Child Protective Services intakes	Leadership and decision making	<ul style="list-style-type: none"> • Appoint qualified leadership • Establish CA wide communications 	<ul style="list-style-type: none"> • CA Senior Management • Secretary/ELT 	IMMEDIATE
	Emergency Management	<ul style="list-style-type: none"> • Designate staff for Agency ECC • Enter Duty Station Status Reports 	<ul style="list-style-type: none"> • Centralized Services • Field Office Continuity Coordinators 	IMMEDIATE
	Disaster Recovery of all mission critical IT and communications systems	<ul style="list-style-type: none"> • All automated data and payment systems • CATS IT Disaster Recovery Plan • Telephone service (CTS) 	<ul style="list-style-type: none"> • CA Technological Services (CATS) • Consolidated Technology Services (CTS) • Enterprise Technology (ET) 	IMMEDIATE
	Child Protective Services Central Intake/End Harm Line	<ul style="list-style-type: none"> • Central Intake/Seattle • CPS Intake Line Recovery Protocols • Telephone Services 	<ul style="list-style-type: none"> • 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

<i>Essential Functions</i>	<i>Essential Function Operational</i>	<i>Supportive Processes or Continuity Strategy</i>	<i>Supporting Offices and Staff</i>	<i>Recovery Time Objective</i>
	Process new Child Protective Services (CPS) intakes	<ul style="list-style-type: none"> • CA Phone tree activation • CA Emergent positions activation • CPS Intake Line • Coordination with law enforcement • CA IT Systems 	<ul style="list-style-type: none"> • CA Technological Services (CATS) • Consolidated Technology Services • Enterprise Technology (ET) 	IMMEDIATE
	Identify/access services and resources	<ul style="list-style-type: none"> • CA Phone tree activation • CA Emergent positions activation • CA IT Systems 	<ul style="list-style-type: none"> • CA Technological Services (CATS) • Consolidated Technology Services • Enterprise Technology (ET) 	24 Hours
2. Provide foster care support	Identify/locate children who may be displaced	<ul style="list-style-type: none"> • CA Phone tree activation • CA Emergent positions activation • CPS Intake Line • CA IT Systems • ArcGIS Mapping 	<ul style="list-style-type: none"> • CA Technological Services (CATS) • Consolidated Technology Services • Enterprise Technology (ET) 	IMMEDIATE

TABLE 2 Essential Functions, Dependencies and Recovery Time Objective

<i>Essential Functions</i>	<i>Essential Function Operational</i>	<i>Supportive Processes or Continuity Strategy</i>	<i>Supporting Offices and Staff</i>	<i>Recovery Time Objective</i>
	Assess needs of displaced or affected children	<ul style="list-style-type: none"> • CA Phone tree activation • CA Emergent positions activation • CA IT Systems 	<ul style="list-style-type: none"> • CA Technological Services (CATS) • Consolidated Technology Services • Enterprise Technology (ET) 	IMMEDIATE
	Assess needs of caregivers (e.g., need for relocation)	<ul style="list-style-type: none"> • CA Phone tree activation • CA Emergent positions activation • CA IT Systems 	<ul style="list-style-type: none"> • CA Technological Services (CATS) • Consolidated Technology Services • Enterprise Technology (ET) 	IMMEDIATE
	Parental notification of children in affected areas	<ul style="list-style-type: none"> • CA Phone tree activation • CA Emergent positions activation • CA IT Systems 	<ul style="list-style-type: none"> • CA Technological Services (CATS) • Consolidated Technology Services • Enterprise Technology (ET) 	IMMEDIATE
	Process and maintain payments to resource families	<ul style="list-style-type: none"> • CA Phone tree activation • CA Emergent positions activation • CA IT Systems (SSPS) 	<ul style="list-style-type: none"> • CA Technological Services (CATS) • Consolidated Technology Services • Enterprise Technology (ET) 	24 Hours

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 Position/Personnel

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Title</i>	<i>Continuity Role</i>	<i>Name & Contact Information</i>
Respond to new emergent Child Protective Services intakes	Leadership and decision making	Assistant Secretary/CA	Administration Leadership	Connie Lambert-Eckel <i>Desk Phone:</i> 360.902.7820 <i>Cell Phone:</i> 509.979.5256 W- Spokane <i>Desk Phone:</i> 509.363.3380 <i>Home Phone:</i> 509.536.8134
		Director of Field Operations		Darcey Hancock <i>Desk Phone:</i> 360.902.7982 <i>Cell Phone:</i> 360.628.4357
	Recovery of all mission critical IT and communications systems	Director Children's Administration Technology Services (CATS)	Disaster recovery of mission essential IT systems	Stephanie Sarber <i>Desk Phone:</i> 360.628.6074 <i>Home Phone:</i> <i>Cell Phone:</i>
	Emergency Management	Field Operations Continuity Administrator	Administration Emergency Operations	T Simmons <i>Desk Phone:</i> 360.902.8066 <i>Home Phone:</i> 360.426.0388 <i>Cell Phone:</i> 360.480.9013

Table 3 Key Position/Personnel

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Title</i>	<i>Continuity Role</i>	<i>Name & Contact Information</i>
	Child Protective Services Central Intake	Centralized Services Administrator	Ensure availability of CPS Abuse Reporting Central Intake	Nicole Muller <i>Desk Phone:</i> 360.902.0217 <i>Cell Phone:</i> 360.485.5847
	Ensure client data/reports availability	Section Chief Data Management & Reporting	Ensure client data/reports availability	Tammy Cordova <i>Desk Phone:</i> 360.902-7909
	Intake Response Activities: Process new CPS intakes Complete assessments on new intakes Law enforcement coordination Identify/access services & resources	Central Intake Area Administrator	Ensure that new CPS intakes are processed	Michael Behar <i>Desk Phone:</i> 206.341.7312
		Region I Regional Administrator		Jeff Kincaid <i>Desk Phone:</i> 509.363.3348 <i>Cell Phone:</i> 509.844.2008

Table 3 Key Position/Personnel

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Title</i>	<i>Continuity Role</i>	<i>Name & Contact Information</i>
		Region 2 Regional Administrator		Natalie Green <i>Desk Phone</i> Seattle 206.639.6201 Everett 425.339.4776 <i>Cell Phone:</i> 253.442.3065
		Region 3 Regional Administrator		Joel Odimba <i>Desk Phone</i> Tacoma 253.983.6258 Tumwater: 360.725.6820 <i>Cell Phone:</i> 206.954.4276
		Division of License Resources (DLR) Administrator		Ron Effland <i>Desk Phone:</i> 360.902.0288 <i>Cell Phone:</i> 360.999.3439
		Region 1 North Deputy Administrator		Nicole Labelle <i>Desk Phone:</i> 509.363.3321 <i>Cell Phone:</i> 509.309.5931

Table 3 Key Position/Personnel

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Title</i>	<i>Continuity Role</i>	<i>Name & Contact Information</i>
		Region 1 South Deputy Administrator		Dorene Perez <i>Desk Phone:</i> 509.454.6930 <i>Cell Phone:</i> 509.388.4141
		Region 1 Deputy Admin. Regional Programs		Robert Larson <i>Desk Phone:</i> 509.570.6878
		Region 1 Operations Manager		Amy Rogers <i>Desk Phone:</i> 509.220.8259
		Region 2 North Deputy Administrator		Yen Lawlor <i>Desk Phone:</i> 425.339.4778 <i>Cell Phone:</i> 360.688.6239
		Region 2 South Deputy Administrator		Bolesha Johnson <i>Desk Phone:</i> 206.639.6202 <i>Cell Phone:</i> 206.419.5394
		Region 2 Deputy Administrator Regional Programs		Patricia (Patty) Turner <i>Desk Phone:</i> 425.339.2908 <i>Cell Phone:</i> 425.299.5069

Table 3 Key Position/Personnel

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Title</i>	<i>Continuity Role</i>	<i>Name & Contact Information</i>
		Region 2 Operations Manager		John Jewell <i>Desk Phone:</i> 425.339.4791
		Region 3 Deputy Admin. Regional Programs		Anita Teeter <i>Cell Phone:</i> 360.999.0890
		Region 3 North Deputy Administrator		John March <i>Cell Phone:</i> 206.902.8957
		Region 3 South Deputy Administrator		Debbie Lynn <i>Desk Phone:</i> W – Tumwater 360.725.6757 W – S. Bend 360.875.4202 <i>Cell Phone:</i> 360.481.9610
		Region 3 Operations Manager		Dave Steward <i>Desk Phone:</i> 253.983.6584
		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

Table 3 Key Position/Personnel

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Title</i>	<i>Continuity Role</i>	<i>Name & Contact Information</i>
		Central Intake Field Staff		Central Intake Field Staff lists: Maintained on SharePoint by Central Intake Area Administrator
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	Jeff Kincaid <i>Desk Phone:</i> 509.363.3348 <i>Cell Phone:</i> 509.844.2008

Table 3 Key Position/Personnel

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Title</i>	<i>Continuity Role</i>	<i>Name & Contact Information</i>
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		Region 3 Regional Administrator		Joel Odimba <i>Desk Phone</i> Tacoma 253.983.6258 Tumwater: 360.725.6820 <i>Cell Phone:</i> 206.954.4276
		Division of License Resources (DLR) Administrator		Ron Effland <i>Desk Phone:</i> 360.902.0288 <i>Cell Phone:</i> 360.999.3439
		Region 1 North Deputy Administrator		Nicole Labelle <i>Desk Phone:</i> 509.363.3321 <i>Cell Phone:</i> 509.309.5931

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		Region 1 Deputy Admin. Regional Programs		Robert Larson <i>Desk Phone:</i> 509.570.6878
		Region 1 Operations Manager		Amy Rogers <i>Desk Phone:</i> 509.220.8259
		Region 2 North Deputy Administrator		Yen Lawlor <i>Desk Phone:</i> 425.339.4778 <i>Cell Phone:</i> 360.688.6239
		Region 2 South Deputy Administrator		Bolesha Johnson <i>Desk Phone:</i> 206.639.6202 <i>Cell Phone:</i> 206.419.5394
		Region 2 Deputy Administrator Regional Programs		Patricia (Patty) Turner <i>Desk Phone:</i> 425.339.2908 <i>Cell Phone:</i> 425.299.5069

Table 3 Key Position/Personnel

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Title</i>	<i>Continuity Role</i>	<i>Name & Contact Information</i>
		Region 2 Operations Manager		John Jewell <i>Desk Phone:</i> 425.339.4791
		Region 3 Deputy Admin. Regional Programs		Anita Teeter <i>Cell Phone:</i> 360.999.0890
		Region 3 North Deputy Administrator		John March <i>Cell Phone:</i> 206.902.8957
		Region 3 South Deputy Administrator		Debbie Lynn <i>Desk Phone:</i> W – Tumwater 360.725.6757 W – S. Bend 360.875.4202 <i>Cell Phone:</i> 360.481.9610
		Region 3 Operations Manager		Dave Steward <i>Desk Phone:</i> 253.983.6584
		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

Table 3 Key Position/Personnel				
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Title</i>	<i>Continuity Role</i>	<i>Name & Contact Information</i>
		Central Intake Field Staff		Central Intake Field Staff lists: 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

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Key Position / Personnel</i>	<i>Successor 1 (By position)</i>	<i>Successor 2 (By position)</i>
Respond to new emergent Child Protective Services intakes	Leadership and decision making	Assistant Secretary/ Connie Lambert-Eckel	Director Field Operations	Regional Administrators
	Emergency management	Field Operations Continuity Administrator/ T Simmons	Centralized Services Administrator	Director of Field Operations
	Recovery of all mission critical IT and communications	Director CATS/ Stephanie Sarber	IT Operations Coordinator Deputy Director	Communications Function Business Manager
	Child Protective Services Intake	Centralized Services Administrator/ Nicole Muller	Central Intake Area Administrator	Regional Intake Area Administrators
	CPS field response to emergent intakes	Director of Field Operations/ Darcey Hancock	Regional Administrators/ DLR Administrator	Regional Intake Area Administrators

TABLE 4 Orders of Succession

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Key Position / Personnel</i>	<i>Successor 1 (By position)</i>	<i>Successor 2 (By position)</i>
	Complete assessments of new CPS intakes	Regional Administrators/ (see Table 3) DLR Administrator/ Ron Effland	Deputy Administrators	Area Administrators
	Identify/access services & resources	RAs/ (see Table 3) DLR Administrator/ Ron Effland	Deputy Administrators	Area Administrators
Provide foster care support	Identify/locate children who may be displaced	Director Field Operations/ Darcy Hancock Data Section Chief/ Tammy Cordova	Regional Administrators, DLR Administrator, ICPC Manager, Information Technology Specialist	Deputy Regional Administrators, Area Administrators, Data Analyst
	Assess needs of displaced or affected children	Director Field Operations/ Darcey Hancock	Regional Administrators, DLR Administrator, ICPC Manager	Deputy Regional Administrators, Area Administrators
	Assess needs of caregivers (i.e., need for relocation)	RAs/ (see Table 3) DLR Administrator/ Ron Effland	Deputy Regional/ DLR Administrators	Area Administrators

TABLE 4 Orders of Succession

<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Key Position / Personnel</i>	<i>Successor 1 (By position)</i>	<i>Successor 2 (By position)</i>
	Parental notification of children in affected areas	Regional Administrators/ (see Table 3)	Deputy Regional Administrators	Area Administrators
	Process and maintain payments to resource families	Regional Administrators/ (see Table 3)	Deputy Regional Administrators	Area Administrators

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 – Successor Position 1				
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Successor Position 1</i>	<i>Type of Authority</i>	<i>Authority</i>
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	<ul style="list-style-type: none"> • Regional Administrators • DLR Administrator 	Limited	<ul style="list-style-type: none"> • Administrative • Emergency
	Complete assessments of new CPS intakes	Deputy Administrators	Limited	Emergency
	Identify/access services & resources	Deputy Administrators	Limited	Emergency

TABLE 5 Delegation of Authority – Successor Position 1				
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Successor Position 1</i>	<i>Type of Authority</i>	<i>Authority</i>
Provide foster care support	Identify/locate children who may be displaced	<ul style="list-style-type: none"> Regional Administrators DLR Administrator ICPC Manager 	Limited	<ul style="list-style-type: none"> Administrative Emergency Emergency
	Assess needs of affected or displaced children	<ul style="list-style-type: none"> Regional Administrators DLR Administrator ICPC Manager 	Limited	<ul style="list-style-type: none"> Administrative Emergency Emergency
	Assess needs of caregivers (i.e., need for relocation)	<ul style="list-style-type: none"> Deputy Regional DLR Administrators 	Limited	<ul style="list-style-type: none"> 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 – Successor Position 2				
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Successor Position 2</i>	<i>Type of Authority</i>	<i>Authority</i>
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
	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

TABLE 5 Delegation of Authority – Successor Position 2				
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Successor Position 2</i>	<i>Type of Authority</i>	<i>Authority</i>
	Assess needs of affected or displaced children	Deputy Regional Administrators, Area Administrators	Limited	Emergency
	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

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							
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Facility/Program to transfer essential function</i>	<i>Trained staff roster</i>	<i>Trigger for Devolution</i>	<i>Equipment & supplies needed</i>	<i>Procedures for acquiring supplies</i>	<i>Trigger for Reconstitution</i>
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						

TABLE 6 Devolution of Direction and Control							
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Facility/Program to transfer essential function</i>	<i>Trained staff roster</i>	<i>Trigger for Devolution</i>	<i>Equipment & supplies needed</i>	<i>Procedures for acquiring supplies</i>	<i>Trigger for Reconstitution</i>
	Identify/access services & resources						
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)						
	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 Vital Records and Databases					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Vital Records and Databases/Systems</i>	<i>Record Format</i>	<i>Pre-positioned or Hand carried</i>	<i>Storage Location(s)</i>
Respond to new emergent Child Protective Services intakes	Leadership & 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 offices
	Disaster recovery of all mission critical IT and communications systems	Children's Administration Continuity Plan, Annex D	Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> • CA Technology Services • Enterprise Technology/OB2
	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 <ul style="list-style-type: none"> • Complete assessments 	Agency Supported Systems <ul style="list-style-type: none"> • ACES • Provider1/PRISM 	Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> • CA OB2

Table 7 Vital Records and Databases					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Vital Records and Databases/Systems</i>	<i>Record Format</i>	<i>Pre-positioned or Hand carried</i>	<i>Storage Location(s)</i>
	of new CPS intakes	<ul style="list-style-type: none"> • BCU • SEMS • MODIS • ArcGIS • HRMS • SSPS • Arc GIS <p>Material Records</p> <ul style="list-style-type: none"> • Audio Recordings • Photographs • DVD's/Video • Microfilm • Paper Client Records • Memory Cards 			
	Identify/access services & resources	<p>CA Supported Systems</p> <ul style="list-style-type: none"> • FamLink • infoFamLink • Background Checks • CHET • CAPERS 	Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> • CA OB2

Table 7 Vital Records and Databases					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Vital Records and Databases/Systems</i>	<i>Record Format</i>	<i>Pre-positioned or Hand carried</i>	<i>Storage Location(s)</i>
		<ul style="list-style-type: none"> • CA Offices • Consumer Contacts • AIRS • CATS • Intranet Site • SharePoint Site • ArcGIS <p>Material Records</p> <ul style="list-style-type: none"> • Electronic Records • Audio Recordings • Photographs • DVD's/Video • Microfilm • Paper Client Records • Memory Cards 			

Table 7 Vital Records and Databases					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Vital Records and Databases/Systems</i>	<i>Record Format</i>	<i>Pre-positioned or Hand carried</i>	<i>Storage Location(s)</i>
Provide foster care support	<ul style="list-style-type: none"> 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 	<p>Agency Supported Systems</p> <ul style="list-style-type: none"> ACES Provider 1/PRISM Background Checks SEMS MODIS HRMS SSPS ArcGIS ACD <p>CA Supported Systems</p> <ul style="list-style-type: none"> FamLink infoFamLink Background Checks CHET CAPERS CA Offices Consumer Contacts 	Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> CA OB2

Table 7 Vital Records and Databases					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Vital Records and Databases/Systems</i>	<i>Record Format</i>	<i>Pre-positioned or Hand carried</i>	<i>Storage Location(s)</i>
		<ul style="list-style-type: none"> • AIRS • CATS • Intranet Site • SharePoint Site <p>Material Records</p> <ul style="list-style-type: none"> • Electronic Records • Audio Recordings • Photographs • DVD's/Video • Microfilm • Paper Client Records • Memory Cards 			

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					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Equipment and System</i>	<i>Type of Equipment and System</i>	<i>Pre-Positioned or Hand Carried</i>	<i>Storage Location(s)</i>
Respond to new emergent Child Protective Services intakes	Leadership & 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 systems	<ul style="list-style-type: none"> • Computers/DSHS WAN and CA supported IT Systems 	<ul style="list-style-type: none"> • All CA computers and IT Systems 	<ul style="list-style-type: none"> • Pre-positioned 	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center

TABLE 8 System and Equipment					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Equipment and System</i>	<i>Type of Equipment and System</i>	<i>Pre-Positioned or Hand Carried</i>	<i>Storage Location(s)</i>
	Child Protective Services Intake	<ul style="list-style-type: none"> • Telephone/CTS • Computer/DSHS WAN • Avaya Phone System 	<ul style="list-style-type: none"> • Communication /PBX • Computing /Application • Communication/ Phone 	<ul style="list-style-type: none"> • Pre-positioned • Pre-positioned • Pre-positioned 	<ul style="list-style-type: none"> • CATS • CA/OB2 • WaTech
	<ul style="list-style-type: none"> • Process new Child Protective Services (CPS) intakes • Complete assessments of new CPS intakes • Identify / access services & resources 	<p>Agency Supported Systems</p> <ul style="list-style-type: none"> • Computer/DSHS WAN • Mobile Computing Device/DSHS WAN • ACES • Provider 1/PRISM • Background Check • ACD (Agency Contract Database) • SEMS • MODIS • HRMS • SSPS <p>CA Supported Systems</p> <ul style="list-style-type: none"> • FamLink • infoFamLink 	<ul style="list-style-type: none"> • Communication/ PBX Phone • Computing/ Application 	<ul style="list-style-type: none"> • Pre-positioned • Pre-positioned 	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center

TABLE 8 System and Equipment					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Equipment and System</i>	<i>Type of Equipment and System</i>	<i>Pre-Positioned or Hand Carried</i>	<i>Storage Location(s)</i>
		<ul style="list-style-type: none"> • CABCheck • CHET • CAPERS • Consumer Contacts • AIRS • CATS • Intranet Site • SharePoint Sites 			
Provide foster care support	<ul style="list-style-type: none"> • 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 	<p>Agency Supported Systems</p> <ul style="list-style-type: none"> • Computer/DSHS WAN • Mobile Computing Device/DSHS WAN • ACES • Provider 1/PRISM • Background Checks • SEMS • MODIS • HRMS • SSPS • ACD <p>CA Supported Systems</p>	<ul style="list-style-type: none"> • Communication/PBX Phone • Computing/Application 	<ul style="list-style-type: none"> • Pre-positioned • Pre-positioned 	<ul style="list-style-type: none"> • CATS • CA/OB2 • State Data Center

TABLE 8 System and Equipment					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Equipment and System</i>	<i>Type of Equipment and System</i>	<i>Pre-Positioned or Hand Carried</i>	<i>Storage Location(s)</i>
	maintain payments to resource families	<ul style="list-style-type: none"> • FamLink/infoFamLink • CABCheck • CHET • CAPERS • Consumer Contacts • AIRS • Intranet Site • SharePoint Sites 			

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				
<i>Essential Function</i>	<i>Essential Functions Operational</i>	<i>Vendor (Name & Address)</i>	<i>Vendor (Name & Address), Point of Contact/E-mail</i>	<i>Services Provided</i>
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 emergent intakes			
	Complete assessments of new CPS intakes			
	Identify/access services & resources			
Provide foster care support	Identify/locate children who may be displaced			
	Assess needs of affected or displaced children			

TABLE 9 Critical Vendors				
<i>Essential Function</i>	<i>Essential Functions Operational</i>	<i>Vendor (Name & Address)</i>	<i>Vendor (Name & Address), Point of Contact/E-mail</i>	<i>Services Provided</i>
	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*

Table 10 list the requirements for each essential function and the individuals responsible for the relocation tasks. 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 s 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 10.4 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 Teams

<i>Continuity Role</i>	<i>Position Title</i>	<i>Relocation Tasks</i>
Ensure that emergent CPS intakes are processed Ensure the needs of displaced children are addressed	Director Field Operations	<ul style="list-style-type: none"> • Provide leadership and decision making • Invoke plans • Coordinate with incident command system
	Regional Administrators	<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

TABLE 10 Relocation Teams		
<i>Continuity Role</i>	<i>Position Title</i>	<i>Relocation Tasks</i>
		<ul style="list-style-type: none"> • 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 10.4 Continuity Facility					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Continuity Facility (Name & Address)</i>	<i>Number of Employees Required</i>	<i>Logistical Support Required</i>	<i>Resources and Infrastructure Required</i>
Respond to new emergent Child Protective Services intakes	Leadership and decision making				
	Emergency management				
	Recovery of all mission critical IT & communications				
	Child Protective Services Intake				
	Process new CPS intakes				
	Complete assessments of				

TABLE 10.4 Continuity Facility					
<i>Essential Functions</i>	<i>Essential Functions Operational</i>	<i>Continuity Facility (Name & Address)</i>	<i>Number of Employees Required</i>	<i>Logistical Support Required</i>	<i>Resources and Infrastructure Required</i>
	new CPS intakes				
	Identify/access services & resources				
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 11 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 11 Interoperable Communications				
<i>Communication System Needed in Continuity Facilities</i>	<i>Current Provider</i>	<i>Alternative Provider</i>	<i>Alternate Mode 1</i>	<i>Alternative Mode 2</i>
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. The 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 Children's Administration 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.	<p>Develop documentation/materials required to support event in accordance with approved schedule:</p> <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 <p><i>Add other documents/materials as required based on nature of event.</i></p>			
10.	<p>Coordinate with guest speakers and presenters, if applicable</p> <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 <ul style="list-style-type: none"> • 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				
26.	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 			
27.	Coordinate with cafeteria/food service POC at the training site, if applicable			
28.	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				
29.	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				
30.	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				
31.	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 			
32.	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				
33.	Coordinate with site security POC <ul style="list-style-type: none"> • Advise of classification level and location (e.g., building and room) of event 			

	<ul style="list-style-type: none"> • 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				
34.	Identify individual who will courier classified event materials to the site, if necessary			
35.	<p>Ensure appropriate measures are in place during event to protect classified and “For Official Use Only” (FOUO) information</p> <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-

DEGREE OF IMPACT	LEVEL 1 – MINOR	LEVEL 2 – MAJOR	LEVEL 3 - Catastrophic
	<input type="checkbox"/> Facility or other damage repaired within one business day	<input type="checkbox"/> Facility or other damage repairs require more than one business day	term <input type="checkbox"/> Significant portion(s) or all of the facility cannot be occupied for foreseeable future
	<input type="checkbox"/> No or minor transportation or utility infrastructure disruption	<input type="checkbox"/> Surrounding infrastructure damage prevents staff from getting to multiple DSHS locations for more than one business day	<input type="checkbox"/> Surrounding infrastructure damage prevents staff from getting to multiple DSHS locations for an extended and indeterminate period
	<input type="checkbox"/> Agency/facility response is minimal or absent	<input type="checkbox"/> Local jurisdiction emergency operations center is activated	<input type="checkbox"/> Local jurisdiction emergency operations center is activated
		<input type="checkbox"/> State Emergency Operations Center or if applicable, DOH Agency Coordination Center is activated	<input type="checkbox"/> State Emergency Operations Center or if applicable, DOH Agency Coordination Center is activated
		<input type="checkbox"/> Federal response may be needed	<input type="checkbox"/> Federal response is crucial
	<input type="checkbox"/> Emergency response is within the capability of a single resource (one of: law enforcement, fire, medical, utility)	<input type="checkbox"/> Emergency response requires multiple resources (two or more of: law enforcement, fire, medical, utility)	<input type="checkbox"/> Emergency response requires multiple resources (two or more of: law enforcement, fire, medical, utility)
	<input type="checkbox"/> Response at impacted location is adequate		<input type="checkbox"/> DSHS recovery requires coordination with DES, OFM, WSP or other state agencies

DEGREE OF IMPACT	LEVEL 1 – MINOR	LEVEL 2 – MAJOR	LEVEL 3 - Catastrophic
DECISION	<ul style="list-style-type: none"> <input type="checkbox"/> Activation of continuity plans <input type="checkbox"/> Activation of DSHS Emergency Coordination Center <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Activation of continuity plans <input type="checkbox"/> Activation of DSHS Emergency Coordination Center <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Activation of continuity plans <input type="checkbox"/> Activation of DSHS Emergency Coordination Center <input type="checkbox"/> Other:

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:
 - DSHS ID Card;
 - Driver's License;
 - Agency Purchase Card (P-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; and/or

- Over-the-Counter Medications.
- 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

Position Assigned To: _____/Alternate _____

Supporting Mission Essential Function: Emergency Management Services

Report To: Planning Section Chief _____

Work Assignment Site: Normal Duty Station Telephone/FAX: X_____/X_____
 2NW - Room 43 Telephone/FAX: X_____/X_____
 (Computer Training Room)

Purpose

This Job Action Sheet (JAS) lists the essential tasks for the Administration Liaison. The JAS serves as a ready reference and describes the basic tasks that must be performed through the disaster/emergency event to support the DSHS Mission Essential Function: *Emergency Management Services*. Other DSHS position purposes, responsibilities and duties in support of the other DSHS Mission Essential Functions are discussed in their respective Job Action Sheets.

At all times the Administration Liaison must remain cognizant of the scope and extent of his/her delegated authority to make decisions related to the response and whether to assume responsibility for supporting a given request for assistance. Use of this JAS assists personnel assuming the role of the Administration Liaison to:

- Obtain and report situational awareness
- Contribute to developing and maintaining a common operating picture for the Agency response
- Identify and track resources and capabilities
- Identify and assess shortfalls
- Request additional resources
- Forecast, monitor and assess emerging needs
- Prepare and submit necessary documentation to support actions

Organization of This Job Action Sheet

This Job Action Sheet is notionally organized based on immediate, intermediate and extended and ongoing actions. Also, this JAS addresses both notice and no-notice incidents. Timelines and order of tasks presented is only a guide. Depending on the incident, some tasks may need to be performed earlier in the process, later, or not at all. The arrangement of tasks as immediate, intermediate, and extended and ongoing is a somewhat artificial construction but necessary for presentation of the information so that it is comprehensible. No disaster response will unfold in a linear and structured manner and you should expect that many actions will have to be

repeated each day, or several times a day and that the actions presented here occur out of order of their listing. It is important to take in both the whole and the individual pieces; becoming acquainted with this Job Action Sheet in its entirety and the material incorporated by hyperlink will facilitate your developing a certain comfort level in your duties in the Administration Liaison position and any other role you may play in a DSHS response to the incident.

A notice incident is one that we can see coming and it allows time for preparation and organization; a severe weather event is an example. A no-notice incident is one that does not allow for prior planning, such as an earthquake. This is important because the manner in which the Agency must respond is different and time sensitive. Basically, a notice incident permits enough leeway for you to gather information, project the likely impacts as they pertain to the DSHS facilities and programs, who must be contacted, what preparations must take place and what assistance must you be prepared to deliver. In a no-notice incident, every minute counts because support may be requested nearly immediately based upon what is often very limited information. A delay in providing support for a no-notice incident could mean that the assistance arrives too late to be helpful.

Mission

Function as the primary incident contact person in the Emergency Coordination Center (ECC) for their respective Administration

Responsibilities

Emergency Management Critical Support Function, "Activation and Day to Day Operation of the Emergency Coordination Center" supports DSHS Mission Essential Function: Emergency Management Services. All response employees who staff the Administration Liaison position are responsible for:

- Reviewing and understanding instructions in this Job Action Sheet
- Being properly trained and prepared to assume position duties
- Identifying desired objectives/goals related to the identified tasks
- Anticipating when assistance is needed to support DSHS facilities and programs and making and fulfilling timely requests
- Delegating tasks, as necessary, to support timely and complete action
- Collaborating and coordinating response tasks with other DSHS Administrations and staff
- Reporting and documenting all significant actions
- Understanding and remaining within the scope of your position and authority

Immediate (within 2 hours of activation)

Action 1: Receive appointment

_____ Gather intelligence, information and likely impact from the sources providing event notification

_____ Assume the role of Administration Liaison and report to work site

- _____ Review this Job Action Sheet
- _____ Notify your usual supervisor of the incident, activation of the Emergency Coordination Center (ECC), and your assignment

Action 2: Assess the operational situation

- _____ Establish contact with your respective Administration leadership, programs and facilities as appropriate to ascertain current status, contacts, and message routing

Action 3: Maintain general awareness of the situation

- _____ Collect or receive and analyze incoming information and data, verbal and written, and determine its relevance to the situation
- _____ If relevant, check authenticity and context and analyze as it applies to mission and mission impact
- _____ Coordinate work with subject matter experts for technical analysis as necessary
- _____ Coordinate with GIS Data Specialist to request and receive maps and other information displays
- _____ Participate in the report process

Action 4: Activities

- _____ Obtain initial status and information from the Planning Section Chief to provide an update to your respective Administration leadership
- _____ Establish communication procedure/schedule for information sharing with your respective Administration leadership, programs, and facilities
- _____ Respond to information and or resource inquiries as assigned by Planning Section Chief

Action 5: Documentation

- _____ Document all key activities, actions and decisions in WebEOC

If WebEOC is inoperable use Administration Snapshot/SITREP below:

- _____ Complete Administration Snapshot/SITREP and submit to the Planning Section Chief on time specified

Action 6: Resources

- _____ Request support from your respective Administration leadership to perform all necessary surveillance and information gathering activities if required

Action 7: Communication

Insert communications technology, instructions for use and protocols for interface with Administration leadership, facilities and programs

Action 8: Safety and Security

- _____ Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques

Action 9: Activities

- _____ Transfer the Administration Liaison role, if appropriate

- 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, or safety concerns
- Address political sensitivities, when appropriate

Intermediate Response (2 -- 12 hours of activation)

Action 1: Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives

- _____ Attend all briefings and Incident Action Planning meetings to gather and share incident and agency information
- _____ Provide information on your respective Administration response activities, and for the Incident Action Plan (IAP)
- _____ Report to appropriate authorities and Planning Section Chief the following minimum data in WebEOC:
 - Number of casualties and types of injuries sustained
 - Current client and patient capacity and census
 - Number of clients and patients discharged home, or transferred to other locations
 - Number deceased

Action 2: Documentation

- _____ Document all key activities, actions and decisions in WebEOC

If WebEOC is inoperable use Administration Snapshot/SITREP below:

- _____ Complete Administration Snapshot/SITREP and submit to the Planning Section Chief on time specified

Action 3: Communication

Insert communications technology, instructions for use and protocols for interface with Administration leadership, facilities and programs

Action 4: Safety and Security

- _____ 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)

Action 1: Activities

- _____ Transfer the Administrative Liaison role, if appropriate

- 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, or safety concerns
- Address political sensitivities, when appropriate
- Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives

Action 2: Documentation

_____ Document all key activities, actions and decisions in WebEOC

If WebEOC is inoperable use Administration Snapshot/SITREP below:

_____ Complete Administration Snapshot/SITREP and submit to the Planning Section Chief on time specified

Action 3: Communication

Insert communications technology, instructions for use and protocols for interface with Administration leadership, facilities and programs

Action 4: Safety and Security

_____ 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

Demobilization and System Recovery

Action 1: Activities

_____ Transfer the Administrative Liaison role, if appropriate

- 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

_____ As objectives are met and needs decrease, return requested liaison team members to their usual roles

_____ Coordinate the release of client/patient information to external agencies with the Liaison/Public Information Officer

_____ Upon deactivation of your position, brief the Planning Section Chief on outstanding issues, and follow up requirements

_____ Submit comments to the Planning Section for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:

- Review of pertinent position activities and operational checklists
- Recommendations for procedure changes
- Accomplishments and issues

_____ Participate in stress management and after action debriefings

Action 2: Documentation

_____ Ensure all Emergency Coordination Center documentation is provided to the Planning Section Chief

Documents and Tools

- Administrative Snapshot/SITREP
- DSHS Emergency Operations Plan (EOP)
- DSHS Organization Chart
- DSHS Phone Lists

Attachments

[Administrative Snapshot/SITREP](#)

[DSHS Emergency Operations Plan \(EOP\)](#)

DSHS Organization Chart

DSHS Phone lists

Training Requirements

- [IS 100.b.](#)
- [IS 200.b.](#)
- [IS 700.a](#)
- Web EOC Training
- ECC Training

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 Area Administrator (or Deputy AA if the AA is unavailable) and inform them the phones are completely down and you will follow the set protocol and inform all concerned parties.
2. Contact Answering Service (Stericycle) and ask them to take messages.
TO FORWARD THE PHONES TO STERICYCLE COMM. (formerly ATA, WCC)
 - a. From Extension 7377 dial *5601338 (Duty Supervisor's phone)
 - b. From Extension 7380 dial *5601338 (Admin. Assistant's phone)
 - c. From Extension 7356 dial *5601338 (Office Assistant's phone)
 - d. From Extension 7349 dial *5601338 (NCIC Supervisor's phone)
 - i. IF YOU MUST FORWARD PHONES WHEN OUTSIDE OF THE OFFICE:
Call 800-392-3437 (give "DID" forwarding # = 1-866-363-4276)
3. Alert NCIC staff on duty that phones are down.
4. Contact WaTech Service Desk (formerly known as 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 Area Administrator, Nicole Muller, Gretlyn Dawson, Janelle Decoteau, Rich Young (Richard.Young@WaTech.wa.gov), and Cindy Connolly (cindy.connolly@cts.wa.gov)]
5. 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 Area Administrator, Nicole Muller, Gretlyn Dawson, Janelle Decoteau, Rich Young, and Cindy Connolly)
6. 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.
7. Send an updated email to AA, Nicole Muller, Gretlyn Dawson, and Janelle Decoteau 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.
8. If the phones are still down at 7:00 a.m. (during a planned outage) 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.
9. 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."

10. 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.
11. 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	Clarkston Spokane	Launi Burdge Work phone 509.979.4294	
		Spokane	Richard Volke Work phone 509.828.5012	
		Yakima	Jennifer Cooper Work phone 509.392.3939	
		Colville Spokane ICW	Geri Phillips Work phone 509.209.6206	
		Colfax Spokane Adoptions	Kris Randall Work phone 509.671.3057 509.363.3461 Cell Phone 509.368.4862	
		Omak Wenatchee	Jennifer Godfrey Work phone 509.846.8515 509.406.6573	
		Moses Lake	Christine Garcia Work phone 509.770.5554	
		Sunnyside	Claudia Rocha-Rodriguez Work phone 509.413.8282	

Function	Location	Name	Telephone Numbers	Additional Information	
1. Respond to Child Protective Services Emergent cases 2. Provide foster care support		Ellensburg White Salmon	Berta Norton Work phone 509.493.6180		
		Goldendale Toppenish		509.654.4941 Cell 509.865.7416	
		Walla Walla Richland	Theresa Malley	Work phone 509.554.1758 509.585.3002	
		R1 Intake AA	Brett Helling	Work phone 509.999.4579	
		Newport Spokane	Shannon Boniface	Work Phone 509.828.0656	
	R2	Adoptions Mt. Vernon	Jami Belieu	Work phone 360.429.3005	
	Bellingham	Silvia Johnson	Work phone 360.594.6705	Esther Parker: 360.594.6703	
	Everett	Patty Turner	Work phone 425.229.5069		
	Mt. Vernon Oak Harbor Friday Harbor	Forest Jacobson	Work phone 360.770.3621 360.679.7182 360.679.3072	Nancy Potter: 360.429.3040	

Function	Location	Name	Telephone Numbers	Additional Information
	Smokey Point	Carmelita Adkins	<i>Cell phone</i> 425.231.3287	Kathy Spade: 360.651.6955
	Everett – Centralized Services	Hanna Van Veen	<i>Work phone</i> 425.339.3922	
	Lynnwood Sky Valley	Sandra Jewell	<i>Work phone</i> 425.418.5834 360.805.8435	
	ICW Delridge/ White Center	Diane Shimizu	<i>Work phone</i> 206.923.4932	Travis Aragon: 206.225.0585
	Bellevue - King East	Stephanie Allison-Noone	<i>Work phone</i> 206.499.6898	
	Queen Anne - King West	Tabitha Pomeroy	<i>Work phone</i> 206.691.2497 <i>206.300.9805 Cell</i>	
	MLK	Rachel Zakopyko	<i>Work phone</i> 206.760.2464	
	Kent – King South West	Cleveland King	<i>Work phone</i> 253.372.6001	
	Kent – King South East	Shea Hopfauf	<i>Work phone</i> 253.372.6093	
	Seattle Central Intake	Michael Behar	<i>Work phone</i> 206.341.7312	

Function	Location	Name	Telephone Numbers	Additional Information
1. Respond to Child Protective Services Emergent cases 2. Provide foster care support		Seattle Central Intake Deputy AA	Esther Shin-Kirkendall <i>Work phone</i> 206.341.7378	
	R3	Aberdeen South Bend Long Beach	Melissa Wittmayer <i>Work phone</i> 360.688.4074 360.875.4202 360.642.6243	
		Bremerton	Ursula Petters <i>Work phone</i> 360.475.3505	
		Centralia Kelso	Cheryl Rich <i>Work phone</i> 360.807.7126 360.501.2646	
		Forks Port Angeles Port Townsend	Tom Stokes <i>Work phone</i> 360.374.3520 360.286.8109 360.344.3000	
		Puyallup - Pierce East	Betsy Rodgers <i>Work phone</i> 253.254.3731	
		Lakewood	Vickie Stock <i>Work phone</i> 253.370.6546	
		Lakewood Adoptions	Tonya Fox <i>Work phone</i> 253.651.6727	
		Tacoma - Pierce West	Stephanie Long <i>Work phone</i> 253.208.6193	

Function	Location	Name	Telephone Numbers	Additional Information
	Tacoma Regional Programs	Dawn Cooper	<i>Work phone</i> 360.688.6688	
	Shelton Tumwater	Kui Hug	<i>Work phone</i> 360.432.2075 360.725.6729	
	Vancouver Columbia Stevenson	Kira Lewis-Carter	<i>Work phone</i> 360.947.1487	
	Vancouver Cascade	Beth Kutzera	<i>Work phone</i> 360.947.7827	
	Tumwater – Central Services	Hieu Dang	<i>Work phone</i> 360.725.6798	
	Region 3 Intake Bremerton	Scott Adams	<i>Work phone</i> 360.475.3680 <i>Cell phone</i> 360.979.8645	

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
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

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
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
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 Ste. 200 Mt. Vernon, WA 98273-5682 MS: B29-02	"VHF: 462- 5500 MHz" "UHF: 467- 7125 MHz"	0	3	43	0
Smokey Point/Arlington 3906 172nd Street NE Ste. 200 Arlington, WA 98223 MS: B65-04		1	2	22	0
Everett DCFS 840 N. Broadway Bldg. A Ste. 340 Everett, WA 98201 MS: N31-10		1	2	47	0
Everett Regional 840 N. Broadway Bldg. A Ste. 540 Everett, WA 98201 MS: N31-09		2	5	28	0
Sky Valley/Monroe 953 Village Way Ste. 100 Monroe, WA 98272 MS: B68-02		2	3	22	1
Lynnwood/Creekside 20311 52nd Ave W Ste. 201 Lynnwood, WA 98036-9712 MS:N52-02		1	3	49	1

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
King West - Harrison 100 W Harrison Ste. S200 Seattle, WA 98119-4116 MS: N56-2		0	2	41	1
King East - Bellevue 805 156th Ave NE Bellevue, WA 98007-4614 MS: N40-04		1	3	41	2
Seattle Regional 500 1st Ave S Ste. 300 Seattle, WA 98104-2830 MS: N17-21		1	3	4	1
MLK - Graham St 3600 S Graham St Seattle, WA 98118-3034 MS: N41-04		4	2	59	4
OICW - Delridge 4045 Delridge Way SW Ste. 300 Seattle, WA 98106 MS: N56-01	"VHF: MHz 151-159" "UHF: MHz 462-470"	3	2	29	3
King South - Kent 1313 W. Meeker Street Ste. 102 Kent, WA 98032 MS: N43-04		6	3	77	6
REGION 3					
Port Angeles DCFS 201 West First Street, Suite 2Port Angeles, WA 98362 MS B5-2		2	2	9	3
Port Townsend DCFS 915 Sheridan, Suite 201 Port Townsend, WA 98368 MS B16-2		2	1	7	0
Forks DCFS 421 5th Avenue Forks, WA 98331 MS B64-3		1	1	6	0
Bremerton DCFS 3423 6th Street, Suite 217 Bremerton, WA 98312 MS W18-3		2	2	50	0

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
Centralia DCFS 3401 Galvin Road Centralia, WA 98531 MS S21-2		2	1	11	0
Shelton DCFS 2505 Olympic Hwy N. Suite 440 PO Box 1127 Shelton, WA 98584 MS W23-4		2	1	10	0
Tumwater DCFS 6860 Capitol Blvd., Bldg. 2 Tumwater, WA 98501 MS 45715	"VHF: 146- 174MHz" "UHF: 468- 470MHz"	2	3	30	0
Aberdeen DCFS 415 West Wishkah Suite 2C Aberdeen, WA 98520 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	"VHF: 146- 174MHz" "UHF: 468- 470MHz"	1	1	4	0
Long Beach DCFS 2601 Pacific Avenue NE Long Beach, WA 98631 MS B71-02		1	1	5	0
Kelso DCFS 711 Vine, PO Box 330 Kelso, WA 98626 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 MS S6-7	"VHF: 146- 174MHz" "UHF: 468- 470MHz"	5	3	35	4
Pierce West 1949 South State Street 1st Floor Tacoma, WA 98405 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 1 st Floor Tacoma, WA 98405 MS N27-31	“VHF: 146-174MHz” “UHF: 468-470MHz”	1	1	25	0
Pierce East 1949 South State Street 2nd Floor Tacoma, WA 98405 MS N27-32	“VHF: 146-174MHz” “UHF: 468-470MHz”	0	2	50	0
Region 5 - Tacoma Regional 2121 South State Street Tacoma, WA 98405 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 MS B30-2		0	1	2	0
Sub Totals		68	88	1,354	71
Admin/IT					
Children’s Administration Technology Services Mailing: PO Box 45605, Olympia, WA 98504-5605 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	1,477	71

2019 ANNUAL PROGRESS
AND SERVICES REPORT

State of Washington
Department of Social and Health Services
Children's Administration

Annual Reporting
of Education and
Training Vouchers
Awarded

Attachment E

June 29, 2018

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Washington

	Total ETVs Awarded	Number of New ETVs
2016-2017 School Year ¹ (July 1, 2016 to June 30, 2017)	173	68
2017-2018 School Year ² (July 1, 2017 to present)	158	66

¹ Final 2016-2017 School Year ETV Awards

² 2017-2018 School Year Awards as of May 1, 2018

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2019: October 1, 2018 through September 30, 2019

1. Name of State or Indian Tribal Organization: Washington State Department of Children, Youth, and Families		2. EIN	82-3847397	
3. Address: (insert mailing address for grant award notices in the two rows below) PO Box 40970 Olympia WA 98504-0970		4. Submission Type: (select one)		
a) Email address for grant award notices: MATHISL@DCYF.WA.GOV		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT <input type="checkbox"/> REVISION		
REQUEST FOR FUNDING for FFY 2019: Hardcode all numbers; no formulas or linked cells.				
5. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$5,719,431	
a) Total administrative costs (not to exceed 10% of the CWS request)		ok	\$571,943	
6. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total		
a) Family Preservation Services		30%	\$1,998,589	
b) Family Support Services		20%	\$1,332,393	
c) Time-Limited Family Reunification Services		20%	\$1,332,393	
d) Adoption Promotion and Support Services		20%	\$1,332,393	
e) Other Service Related Activities (e.g. planning)		0%	\$0	
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		10.0%	\$666,196	
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 6a-6f.</i>		100%	\$6,661,964	
7. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$419,800	
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)		ok	\$0	
8. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$588,762	
9. Requested Chafee Foster Care Independence Program (CFCIP) funds:			\$3,547,441	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		ok	\$1,064,232	
10. Requested Education and Training Voucher (ETV) funds:			\$610,000	
REALLOTMENT:				
<i>Complete this section for adjustments to current year (FFY 2018) awarded funding levels.</i>				
11. Identification of Surplus for Reallotment:				
a) Indicate the amount of the State's/Tribe's FFY18 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	CFCIP Program	ETV Program
\$0	\$0	\$0	\$0	\$0
12. Request for additional funds in the current fiscal year, should they become available for re-allotment:				
CWS	PSSF	MCV (States only)	CFCIP Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Certification by State Agency and/or Indian Tribal Organization:				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
				
Title Assistant Secretary		Title		
Date 8-3-18		Date		

DCYF uses a curriculum analysis methodology per the approved Public Assistance Cost Allocation Plan (PACAP) for the Alliance for Child Welfare Excellence (Alliance) expenditures which allocates to Title IV-E based on the proportionate share of training eligible for the applicable Title IV-E FFP with the foster care penetration rate applied.

Administrative staff that provide training are allocated through DCYF RMTS Indirect Waiver Base 590. The training and/or administrative costs associated with social workers who provide training, and training and/or administrative costs associated with Children's Administration staff attending training are allocated through Base 592 or Base 593. Bases 590, 592, and 593 are based on the Random Moment Time Study (RMTS) which will be submitted in an amendment to the Public Assistance Cost Allocation Plan (PACAP) effective July 1, 2015 to include Title IV-E Entitlement Training costs at 50% FFP, Title IV-E Entitlement Training costs at 75% FFP, and State only (no Title IV-E costs). Supervisors and Administrators' costs are allocated based on the results of the RMTS which are representative of Social Worker time. Therefore, the allocation of costs based on the RMTS may include time spent attending training.

The Title IV-E penetration rate is applied to all trainings identified in the SFY19 Training Plan, with the exception of Title IV-E Specialist and SSI trainings. If the state identifies a training other than the Title IV-E Specialist and SSI trainings where the penetration rate should not be applied, ACF Region X will be consulted with and if agreed upon the State will submit an amended Training Plan noting the training in which the penetration rate is not applied. Once approval of the amended Training Plan is received, the State will claim Title IV-E, as approved.

The total estimated costs identified in the training plan are estimated annual costs to provide the training. The estimates do not include the cost of the attendees.

Effective SFY 2016 the following trainings will be allocated to 100% state only funding with the exception of the specialized DLR/CPS and Intake Tracks which will allocate to TANF in the RMTS based upon the proposed structure submitted in a Public Assistance Cost Allocation Amendment to DCA.

- DLR/CPS Specialized Track (TANF)
- Intake Specialized Track (TANF)
- Train the Trainer – Mandated Reporting (State)
- Mandated Reporting (State)
- 10 Day Response CPS/Intake (State)
- CPS Miscellaneous (State)
- Ending Alternative Response (State)
- Policy and Practice Training related to 10-day intakes (State)

Effective July 1, 2016 DCYF, formerly CA, is requiring the Alliance to institute internal control procedures to ensure worker types attend the appropriate training courses, inherently based on the benefitting funding source for all topic specific training courses outside of Regional and Supervisor's Core Training. For non-topic specific training courses (i.e. Worker Safety, FamLink Training, ICW, etc.) outside of Regional and Supervisor's Core Training, DCYF will require the Alliance to track the worker types attending the trainings and report it to DCYF on a quarterly basis. DCYF will capture the proportionate share of benefitting Title IV-E staff and apply the Title IV-E proportionate share to the training hours of these non-topic specific courses in the quarterly curriculum analysis calculation for the purpose of adjusting training costs based on actual training course.

Effective **July 1, 2017**, the Alliance is no longer providing FamLink Training. All FamLink Training is provided by DCYF CAT's Division.

FamLink Training Description

Using a blended learning model based on a LEAN Framework, utilizes the best learning method for each stage of learning and knowledge, skill, integration and motivation transfer; minimizing inefficiencies in the training process and maximizing worker knowledge and confidence in a short amount of time.

Classroom and Virtual Classroom Training maximizes the use of the group and face-to-face interaction in order to support concept learning, relationship building and culture orientation.

It is followed with **E-Learning** that supports self-paced learning across geographical locations with an emphasis on practice and alignment with the actual work that the caseworker or supervisor performs. Our on-line courses include easy navigation, task simulation and completion, interactive exercises with real world examples, tasks and quizzes.

Our **Immersive Learning (Coaching)** experiences pairs up our training coaches with workers and their supervisors to support integration of learning; connecting the learning and learner to real world practice. This allows the learner to understand how the learning material applies to their daily tasks by enabling job application and building skill as the coach teaches alongside where they can observe the work, providing feedback. During the Immersive Learning experience there is ongoing dialog and the opportunity for more exploration of the material and application.

This process also allows the training team to develop specific knowledge and key skill milestones for each of the courses. This provide the team with the ability to track mastery throughout the process; adjusting the training along the way to meet each individual learner's needs, setting the stage for success.

RCT Total Estimated Cost: \$5,612,000 *includes salaries, benefits & average of goods, services, travel of RCT coaches and Alliance staff related to RCT

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Regional Core Training	<p>Regional Core Training (RCT) is a structured learning program developed for new employees to gain knowledge and skills identified as foundation level competencies. RCT is the initial, intensive, task-oriented training that prepares newly hired Social Service Specialists to assume job responsibilities. RCT starts on the first day of employment and lasts for 30 working days, or the first six weeks of employment. The following four guiding principles can be found throughout RCT coursework, classroom discussion, and field assignments.</p> <p>Child safety is the paramount concern of all workers within DCYF. Decisions about removal, placement into a particular home, and return home are all safety decisions. Good decisions are supported by having significant information about the family, child, and issues of concern. Good decisions are made using multiple sources to gather and verify this information.</p> <p>Collaboration is the rule in child welfare. Collaborative work with families, caregivers, and experts in the community leads to stronger assessments, better plans, and better outcomes. No one can do this work alone.</p> <p>Permanence and wellbeing are the rights of every child. Our work with families, caregivers, and communities should have the child's need for safety, permanence, and well-being as its central focus.</p>	Classroom	240	72	Alliance	Social Workers	Statewide	75%	Days are reimbursable at 75% except for hours covering worker safety which is 50% and investigations which is 100% GFS
Regional Core Training - Detailed Courses and Descriptions									
Chemical Dependency	<p>This session provides a basic introduction to some of the most common chemical dependency struggles faced by families who are child welfare system involved. Information provided focuses on the role of the DCYF worker in assessing the impact of the barrier issue in terms of child safety and wellbeing. Basic information on most common impacts to child safety, referring clients for assessments and services, and working with families impacted by these chemical dependency concerns is provided. Participants will engage in an interactive activity in which they explore differing perspectives from the point of view of a victim of domestic violence. This session prepares new workers to begin screening families for these concerns and to more effectively use their supervisors and peers to determine effective paths forward related to each issue and its impact on child safety in a particular family.</p>	Classroom	4		Alliance	Social Workers	Statewide	75%	
Child Safety Framework and SDM-RA	<p>Participants receive in depth instruction and opportunities for practical application of both the Child Safety Framework and Structured Decision Making Risk Assessment tools used to assess risk and safety. Participants will utilize various case scenarios as well as assigned cases to practice and receive coaching on risk/safety assessment.</p>	Classroom	22		Alliance	Social Workers	Statewide	75%	
Children's Mental Health Needs	<p>RCT coursework regarding children's mental health needs will provide participants with foundational knowledge to assess and refer for mental health, behavioral and/or psychopharmacological interventions for children and youth. Participants will learn about evidence-based therapeutic interventions as well as evidence-based parenting interventions for families with young children. Accompanying this session is a field activity in which participants identify an appropriate service, and learn the referral process, given a variety of scenarios.</p>	Classroom	4		Alliance	Social Workers	Statewide	75%	

Comprehensive Family Evaluation	This session is for Family Voluntary Services (FVS), Child/Family Welfare Services (CFWS), and Adoptions workers. In this session, expectations for documentation in each section of the Comprehensive Family Evaluation (CFE) will be discussed, with the ability of staff to practice on one of their assigned cases. Documentation of objective evidence to support actions and conclusions, how to assess progress, and how to determine when objectives have been reached will also be discussed within the context of the CFE.	Classroom	4		Alliance	Social Workers	Statewide	75%	
Court Report	Participants required to submit reports to the court will learn the basic functionality of the Court Report in FamLink as well as court report distribution and filing.	Classroom	2		Alliance	Social Workers	Statewide	75%	
Critical Thinking	Participants will revisit and deepen their understanding of how trauma in adults and children may impact social worker's interactions with them. The coach will facilitate discussion considering the critical issue of cultural relevance in engagement and assessment of adults and children. The group will have the chance to hear from a parent ally panel – consisting of parents who successfully navigated the child welfare system, and who continue to successfully parent their children. This will allow for a discussion of both interview and case management practices that are child and family centered, while also effectively responding to children's needs for safety, permanency and wellbeing. The content will be presented in the context of a larger de-brief of participant experiences in the simulation interviews completed earlier in the week.	Classroom	4		Alliance	Social Workers	Statewide	75%	
Domestic Violence	This session provides a basic introduction to some of the most common struggles surrounding domestic violence faced by families who are child welfare system involved. Information provided focuses on the role of the CA worker in assessing the impact of the barrier issue in terms of child safety and wellbeing. Basic information on most common impacts to child safety, referring clients for assessments and services, and working with families impacted by domestic violence is provided. This session prepares new workers to begin screening families for Domestic Violence and to more effectively use their supervisors and peers to determine effective paths forward related to Domestic Violence and its impact on child safety in a particular family.	Classroom	6		Alliance	Social Workers	Statewide	75%	
Dynamics of Child Abuse and Neglect	This comprehensive two-day session will cover the scope, types, and commonalities of child abuse/neglect seen in Washington State public child welfare with a focus on identifying child maltreatment. Secondary trauma, the basics of child safety, safety/risk assessment, critical thinking and gathering information to inform assessment and case planning, will be covered.	Classroom	4		Alliance	Social Workers	Statewide	0%	100% GFS
Effects of Maltreatment on Children	This session will briefly cover foundations of child development, typical child development across developmental stages, and effects of maltreatment on child development. Particular focus will be placed on trauma-informed assessment of developmental needs. Participants will identify resources for assessing both typical development and addressing the effects of maltreatment on development including.	Classroom	3		Alliance	Social Workers	Statewide	75%	

Engaging Families	<p>Participants will learn basic skills around engaging and interviewing adults, acknowledging the impact of past trauma and the role of culture in these interactions. Participants will consider critical policies related to interviewing and gathering information from adults and review of the types of information that should be gathered, with particular consideration paid to the need to complete the gathering questions. Participants will learn basic skills around engaging children of different developmental stages, acknowledging the impact of past trauma, children's feelings of safety in speaking with social workers, and the role of culture. Participants will consider critical policies and laws related to interviewing children. Participants will review the types of information that should be gathered, with particular consideration for the need to complete the gathering questions which support an accurate assessment of child safety, permanency, and well-being. In addition to engagement skills with interviewing, participants will learn about engaging during difficult situations common in child welfare, or difficult conversations. A difficult conversation is a discussion between or among individuals that has the potential to lead to conflict or highly negative emotional reactions. In child welfare settings, difficult conversations may involve (a) delivering bad news, for example a decision to continue an emergency out-of-home placement or to terminate parental rights (b) confronting parents, foster parents, attorneys or other professionals with information and perspectives with which they are likely to disagree or confronting the unacceptable behavior of peers, supervisors, managers or other professionals (c) engaging in dialogue regarding controversial</p>	Classroom	36		Alliance	Social Workers	Statewide	75%	
FamLink Documentation	<p>Participants will learn basic system functionality as well as gain understanding of keeping data secure and the importance of entering data and documentation. Participants will have the opportunity to practice basic FamLink skills in the FamLink training environment, as well as use their secondary case assignment to become familiar with FamLink functions. Later in RCT, participants will further increase their documentation skills using the FamLink system when they receive hands-on instruction and practice documenting several critical case activities: Investigative Assessment; FAR Family Assessment; Comprehensive Family Evaluation; Case and Person Management; Documenting Child Wellbeing – Health/Mental Health & Education; Understanding Placement and Legal; Practice creating a Child Information & Placement Referral; Practice creating an Overcapacity\Age\Gender Admin Approval; Practice creating a Service Referral; and Practice developing a Visitation Plan and Referral.</p>	Classroom	18		Alliance	Social Workers	Statewide	75%	
FAR Family Assessment	<p>CPS-FAR staff will learn how to summarize their work with families in the FAR Family Assessment (FARFA). This session will cover the importance of objective descriptions, gathering information and documenting the assessment of need, and referrals for services/case planning. This session will be taught in FamLink to address both content and documentation simultaneously. This session can be paired with a 1:1 or small group coaching session specific to CPS-FAR workers, which covers the initial family phone call, family meeting, and other practice specific to CPS-FAR policy/procedures.</p>	Classroom	4		Alliance	Social Workers	Statewide	75%	Title IV-E Waiver

Indian Child Welfare	This classroom session provides a comprehensive overview of the Indian Child Welfare Act (ICWA) and Indian Child Welfare (ICW) practice. Participants will understand the legal and historical basis for ICW and identify important procedures associated with ICW practice. Participants will recognize the importance of working in partnership with Tribes, the importance of verification of a child's Indian status, and identify ways to achieve permanency through active efforts. This session covers State and Federal Laws governing Indian Child Welfare (ICW); Local Indian Child Welfare Advisory Committees (LICWAC); and Children's Administration policies and procedures (e.g. NAIR) relating to ICW practice. This session will build on critical concepts and ICW practice within a case scenario and program-specific context, which are debriefed with an ICW expert/guest speaker.	Classroom	12		Alliance	Social Workers	Statewide	75%	
Infant Safety	Participants will gain a foundational knowledge of the requirements of the infant safety policy: Safe Sleep, Period of PURPLE Crying, and Plan of Safe Care. Participants will receive basic instruction as to how corresponding practice will improve safety, permanency, and wellbeing outcomes for infants. The classroom session offers opportunities to practice safety assessment and safety planning for an infant, as well as gathering information about child development and functioning. Accompanying this session is a field activity - Period of PURPLE Crying Trainign Certification, as well as opportunitie for practice engagement strategies with parents and caregivers of infants and toddlers.	Classroom	6		Alliance	Social Workers	Statewide	75%	
Interview Simulation	Through a series of interview simulation scenarios, participants will get hands-on practice interviewing adults and children. Participants will receive comprehensive debriefing and feedback, followed by 1:1 coaching to improve their practice.	Classroom	8		Alliance	Social Workers	Statewide	0%	100% GFS
Investigative Assessment	CPS staff will learn how to summarize their investigations and assessments in the Investigative Assessment (IA) and FAR Family Assessment (FARFA). This session will cover the importance of objective descriptions, documenting the reasons for actions taken, and findings will be covered. This session will be taught in FamLink to address both content and documentation simultaneously.	Classroom	4		Alliance	Social Workers	Statewide	0%	100% GFS
Legal	Participants will learn the basics of dependency law, the ethical roles and responsibilities of all parties, and will gain an understanding as to how the Safety Framework and the ABA Safety Guide interface to enhance a new worker's understanding of their role and responsibility in dependency proceedings. Participants will explore ideas for navigating the wicked question; How can you testify about a parent in an adverse court setting and still work effectively with a family? Following the morning classroom instruction, participants will engage in a court testimony simulation as they practice court testimony with the assistance of legal professionals and experts in dependency law.	Classroom	31		Alliance	Social Workers	Statewide	75%	
Mental Health	This session provides a basic introduction to some of the most common mental health struggles faced by families who are child welfare system involved. Information provided focuses on the role of the DCYF worker in assessing the impact of the barrier issue in terms of child safety and wellbeing. Basic information on most common impacts to child safety, referring clients for assessments and services, and working with families impacted by these mental health concerns is provided. This session prepares new workers to begin screening families for these concerns and to more effectively use their supervisors and peers to determine effective paths forward related to each issue and its impact on child safety in a particular family.	Classroom	4		Alliance	Social Workers	Statewide	75%	

Ongoing Professional Development	Participants will learn more about common biases, and consider how these may impact their work. They will also discuss the traits of a good critical thinker and a good child welfare worker, and consider how being trauma informed supports child welfare professionals to be effective. Participants will have a chance to staff a cases from different programs. This affords the opportunity to practice presenting a case and receiving feedback. It also reinforces learning about common issues in case processes, and common procedures that need to be completed. The group will participate together in considering case issues and in completing small pieces of work when possible. Lastly, the coach will assist participants in identifying skills and processes that participants need more help to develop, and will help each identify a training to register for in the next few months that will address at least one of these skills.	Classroom	1		Alliance	Social Workers	Statewide	50%	
Permanency Planning	Participants will learn about permanency options for children, basic legal requirements (including reasonable efforts, required timelines and legal requirements to support each permanent plan), and the role of social workers in all programs to complete basic tasks to ensure permanency can be achieved timely. Concurrent planning will be introduced along with the importance of teaming with parents and caregivers to achieve permanent plans. CPS and FVS staff will build on their practice presenting the case to the agency's legal representative and to the court. Participants will learn what to expect from the court and parents' attorneys during a hearing or trial. Particular focus will be placed on the importance of preparation, which includes providing discovery and familiarity with the case. CFWS and Adoptions staff will be provided the legal context for permanency planning, choosing an appropriate permanent plan for a child, and how to prepare for court so that the agency's case for the child's need for permanency is made. The importance of preparation, objective documentation, and anticipation of questions from parents' attorneys, Court Appointed Special Advocates/Guardian ad Litem's (CASA/GAL), and the court will be discussed.	Classroom	26		Alliance	Social Workers	Statewide	75%	
Testimony Simulation	Participants will travel to a local courthouse and engage in experiential learning through simulated testimony utilizing an in depth case scenario. Testimony simulation will provide participants with hands-on practice with real legal professionals. Participants will receive feedback from the legal professionals in order to improve their practice testifying in court.	Classroom	4		Alliance	Social Workers	Statewide	75%	
Work in Public Child Welfare	This session provides a broad overview of the purpose and practice of public child welfare in Washington State. Participants will learn the types of concerns that may bring a family to the attention of Children's Administration, and the most frequent barriers families face in addressing concerns about their children's safety and wellbeing. An overview of the important concepts of child safety, permanency and wellbeing is provided along with the most critical federal laws that guide how these goals are pursued. An overview of common job roles from intake to adoptions, and the dependency process, allows participants to begin to build an understanding of how the critical tasks of child welfare are executed in Washington state. Participants will continue to build their understanding of child safety, permanency, and wellbeing during their field work and subsequent class sessions.	Classroom	33		Alliance	Social Workers	Statewide	75%	

Supervisor Core Training Total Estimated Cost: \$36,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Leadership Training for Supervisors (Based on Area Administrator Core Training)	New supervisors need to achieve competency in understanding the child welfare practice as well as in supervision. This course provides supervisors with an introduction of baseline competencies for supervisors in public child welfare, and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems and managing outward are the four main themes integrated throughout this course.	Classroom	36.0	3	Alliance Contracted Training	Supervisors	Statewide	50%	Supervisors are allocated based on the RMTS results which are representative of social worker time
Supervisor Core Training for Non-Social Work Supervisors	This course is the required supervisor core training for those supervisors who do not supervise social service specialist staff (i.e., federal funding including SSI, clerical). The course covers the administrative, educational and supportive roles of supervisors. The course will occur over a two-month period. The first month will be scheduled for three days; the second month for two days.	Classroom	30.0	3	Alliance	Supervisors	Statewide	50%	Supervisors are allocated based on the RMTS results which are representative of social worker time

<p>Supervisor Core Training</p>	<p>This updated competency-based training program provides the foundation for effective supervisory practice in the Child Welfare system. This program will prepare new supervisors to become comfortable in assuming their new role, learning what it means to be a supervisor in the child welfare system, and to understanding the new responsibilities of this position. This program is offered on a 3-month period and covers topics such as: Becoming a Supervisor; Workload and Caseload Management; Navigating FamLink for Effective Supervision; Supervising with Data; Elements of Administrative Supervision; Talent Management; Elements of Clinical Supervision; Self Care, Secondary Trauma, Burnout Prevention and Conflict Management; Building and Facilitating Effective Teams; Role of the Supervisor in Critical Incidents and AIRS; Professional Ethics; ICW Government to Government.</p>	<p>Classroom</p>	<p>42.0</p>	<p>3</p>	<p>Alliance</p>	<p>Social Workers & Supervisors</p>	<p>Statewide</p>	<p>50%</p>	<p>Supervisors are allocated based on the RMTS results which are representative of social worker time</p>
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Leadership Training Previously AA Core Training Total Estimated Cost: \$31,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Leadership Training for Area Administrators (Previously Area Administrator Core Training)	<p>New managers need to achieve competency in understanding the child welfare practice as well as in the higher levels of systems management. This course provides managers with an introduction of baseline competencies for middle managers in public child welfare, and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems and managing outward are the four main themes integrated throughout this course.</p> <p>Day 1: Foundations for Managers in Child Welfare Day 2: Effective Relationships as a Manager Day 3: Strategies for Effective Organizational Communication Day 4: Growing and Sustaining Effective Internal and External Teams Day 5: Essentials for Resource Management Day 6: Strategic Thinking and Planning Tools for the Manager</p>	Classroom	36.0	1	Alliance Contracted Training	Area Administrator	Statewide	50%	

Caregiver Core Training Total Estimated Cost: \$1,224,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Caregiver Core Training (CCT)	<p>The 24-hour Caregiver Core Training is made up of eight sessions (each three hours long) and a break for a field experience at the mid-point.</p> <p>Session 1: Introduction to the Child Welfare System Session 2: Working as a Member of a Team Session 3: Working with Birth Families Session 4: Cultural Connections and Advocacy Session 5: Growing Up with Trauma, Grief, and Loss Session 6: Understanding and Managing Behavior Session 7: Communication and Crisis Management Session 8: Getting Ready and the Effects on the Caregiving Family</p> <p>Field Experience: Participants have the opportunity to learn outside the classroom by choosing an activity that will give them more awareness of the experience of children within the system or of the role of a caregiver for children in the system.</p> <p>The sessions are designed to help you understand how the system works, what your role is as a member of the team, how to effectively work with birth families in order to best support the child, how caregiving may impact your own family, child development and the impact of trauma, all about attachment, how to incorporate and honor a child's culture into your own family, and more. The sessions include the voices of former foster youth, current caregivers and birth parents who have been involved with the system.</p>	Classroom	24.0	132	Alliance	Caregivers	Statewide	75%	
Caregiver Core Training (CCT) Coaching Session	<p>Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session.</p> <p>This Coaching Session builds upon information contained in Caregivers Core Training (CCT) and provides in-depth support around any of the elements of CCT identified by the caregiver as needed. The topics covered will include how caregivers will use effective discipline in their homes to manage behaviors, resources and supports that the caregiver will utilize, and identifying future training needs.</p> <p>Additional topics, as determined by the caregiver, may include: understanding the child welfare system, working as part of the team surrounding the child, partnering with the birth family, cultural competency and keeping children culturally connected, advocacy, trauma, grief and loss, attachment, child development, communication, crisis management, and preparing for the first placement.</p>	Classroom	0.5	1200	Alliance	Caregivers	Statewide	75%	

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Assessing Child Abuse and Neglect in Afterhours	This session orients participants to the definitions of child abuse and neglect in Washington state, as well as practical guidance and considerations specific to how you might identify and respond to various types of child maltreatment. Policy and practical considerations for photographing injuries and conditions in children are reviewed. We briefly discuss forensic interviewing, child advocacy centers, and how to respond to a spontaneous disclosure of sexual abuse or serious physical abuse. We review indicators and dynamics of child torture and distinguishing these dynamics from those more common with malnutrition or failure to thrive cases. Throughout, emphasis is placed on the importance of collaboration with community partners, particularly medical professionals and law enforcement.	Classroom	5.0	3	Alliance	Social Workers	Statewide
Assessing Child Safety in Afterhours	Participants will get a broad overview of the child safety framework, the safety assessment approach used by Washington State. Critical concepts including safe and unsafe, risk, present danger, safety threats, and global assessment will be reviewed. A particular area of focus is identifying present danger and taking a protective action (or creating a protective action plan) to ensure the danger is effectively managed. We'll consider how to assessing others' ability to participate in a protective action plan. Finally we'll review the importance of documenting the concerns/threats and of communicating the plan.	Classroom	5.0	3	Alliance	Social Workers	Statewide
Assessing the Whole Household For Child Safety Previously Titled: Assessing Parents, Caregivers and Others in the Home For Child Safety	This two hour In-Service builds upon information received in the Regional Core Training (RCT) on assessing parents, others in the family household, those who may have frequent unsupervised access to children, and Safety Plan participants. Learners will review Children's Administration policy, including who, when and what types of screenings are required. Additional assessment tools, including the gathering questions and the Structured Decision Making Risk Assessment will also be explored. The current CFSR and Case Review Tool compliance criteria for assessing all individuals in the home and those with frequent unsupervised access to children will be reviewed and practiced in small groups.	Classroom	2.0	8	Alliance	Social Workers	Statewide

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Caring for Children, Worker Safety and Documentation in Afterhours	This session will support staff in caring for and keeping children safe when children must be transported by or cared for by afterhours staff. Participants will review basic considerations for caring for children across developmental stages, including children who have challenging behaviors or exceptional care needs. An introduction to car seats, including recommendations and mandates for their use and overall installation process is provided to further support staff in keeping children safe. Participants will identify and discuss general worker safety considerations, both in the field and while supervising youth in our care, as well as ways to respond early to support everyone's safety. Lastly, an overview of professional writing for case notes is provided.	Classroom	4.0	3	Alliance	Social Workers	Statewide
Case Consultation	Supervisors and caseworkers will know and understand how to apply the case consultation process for staffing cases. This activity invites group learning and participation, with a structured approach to difficult cases, and keeping family development central instead of parental deficits.	Classroom	2.0	26	Alliance	Social Workers	Statewide
Child Abuse Assessment and Interviewing (CAIA)	This in-service training will provide instruction on the principles and application of research-based child interviewing, effective testimony, and interviewing skills with cultural considerations. It will address the special challenges of working with vague allegations, resistant children and adolescents, non-offending parents and alleged offenders. The purpose of this training is to enhance child interviewing skills. Participants will have the opportunity to participate in intensive interview skill building exercises with trained actors. Training will provide individualized feedback concerning dealing with complex situations, and working with children who are reluctant to talk or have special needs.	Classroom	33.0	12	Alliance Contracted Training	Social Workers	Statewide
Child and Family Welfare Services In-Service (CFWS)	Within the first two months following Regional Core Training, or transfer to the Child & Family Welfare Services (CFWS) program, CFWS Social Service Specialists attend this two-day in-service training. Participants learn about CFWS policies and procedures as well as permanency planning and achieving permanency through concurrent planning. Participants will use case examples and their own cases to learn how to build case plans with families which meet legal requirements; how to document your practice for the Court; and how to make decisions concerning permanency within time frames mandated by federal and state statutes.	Classroom	16.0	22	Alliance	Social Workers	Statewide

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Child Protective Services In-Service	<p>This three day in-service will describe the two different CPS pathways, Family Assessment Response (FAR) and Investigations. This training includes learning modules on: Interviewing members of a household to assess safety, including children, parents and subjects; collateral information gathering; Protocols when working with Law Enforcement (LE); Working with Child Protection Medical Consultant Network (MEDCON) and local medical providers; Utilizing the Child Safety Framework; completing the Investigative Assessment (IA) & the Family Assessment Response Family Assessment (FARFA); Following Indian Child Welfare Act policies (ICWA); and other policy & legal requirements. Also covered in this in service training will be requirements for reasonable efforts to prevent placement, addressing Domestic Violence, CSEC, Infant Child Safety; and more. Participants will be asked to review several examples of CPS intakes and the information in the course will be presented through using these case examples. On the last day, there will be a panel made up of Children's Administration Investigative and FAR staff and a Parent Ally. This course is required for all first year CPS Case Workers as well as caseworkers and supervisors transferring to a CPS position who have not attended the CPS track within the past two years.</p>	Classroom	18.0	20	Alliance	Social Workers	Statewide
Permanency for Every Child	<p>This one-day classroom in-service will focus on the role of the CFWS case worker in achieving permanency for children. Topics include how to work a case from the beginning to achieve permanency through concurrent planning, having difficult conversations with parents about concurrent planning and the permanency process, how to assess for reunification, determining best interest and choosing alternate plans. This training follows CFWS In-Service. This training should be followed by "Coaching for Permanency".</p>	Classroom	9.0	12	Alliance	Social Workers	Statewide
Placing Children in Afterhours	<p>This session provides information and ideas on opportunities to reduce the traumatic impact to the child during removal from the home, and placement into a new care setting. Participants review policy, forms and practice in assessing the suitability of unlicensed caregivers, and then use two scenarios to practice making this determination. Policy and practice in assessing the safety of the physical home is also discussed, including reviewing multiple scenarios. The importance of providing caregivers with all information available about the child is presented, and the process and forms that support this process are reviewed. Lastly, specific requirements related to interacting with the caregivers of infants are reviewed, including policy related to safe sleep, period of purple crying, and the plan of safe care.</p>	Videoconference	5.0	3	Alliance	Social Workers	Statewide

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Placement: When to Place, Where to Place, When to Return Home	<p>This one-day classroom in-service will focus on the placement and dependency filing process policies rolling out in June, 2018. Caseworkers will explore how to assess the information gathered during contacts with families in determining when a child can be safely maintained in the home or if placement is necessary. The course will discuss legal authority to place and to ensure that placements are made according to the law and department policy. Disproportionality at placement decision and decision to return home will be discussed. Reasonable and active efforts to prevent placement will be identified as well as the necessary communication with parents regarding the reasons for removal and what conditions need to be met for the child's safe return home. Tips for reducing trauma at placement, ensuring placements are safe and can meet the child's needs, and setting up initial visitation between the parent and child based on the safety assessment will be discussed.</p>	Classroom	6.0	18	Alliance	Social Workers	Statewide

Social Worker & Supervisor Training Total Estimated Cost: \$1,198,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Assessing Child Safety in the Context of Domestic Violence for CFWS and CPS	This session will provide a basic review of the Safety Framework and an overview of the Specialized Domestic Violence Assessment to be utilized throughout the life of a case. This training will focus on the most salient issues in screening and assessment for both front and back end workers when considering removal and suitability for return home from foster care. Important issues for both initial and ongoing workers regarding best practices for visitation and other important decisions, will be touched on as well. Participants will be able to practice by considering a case example of a family experiencing domestic violence and apply the safety framework to determine whether the children in question would be safe or unsafe.	Classroom	3.0	14	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	It appears this training may be focused on the investigative assessment in determining whether children are safe or not in their homes (prior to removal) and target audience is front-end workers. Can you double-check this cost allocation and intended audience in order to determine whether IV-E is appropriate or not? If the state has reason for determining it to be IV-E allocable, let us know.
Assessing Child Safety in the Context of Domestic Violence for CPS Programs	This session will provide a basic review of the Safety Framework and an overview of the Specialized Domestic Violence Assessment, focusing on the most salient issues in screening and assessment for front end workers. Participants will then consider a case example of a family experiencing domestic violence and apply the safety framework to determine whether the children in question are safe or unsafe. Important issues regarding best practices for visitation and other important decisions, will be touched on but are not covered in depth in this brief session.	Classroom	3.0	3	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	It appears this training may be focused on the investigative assessment in determining whether children are safe or not in their homes (prior to removal) and target audience is front-end workers. Can you double-check this cost allocation and intended audience in order to determine whether IV-E is appropriate or not? If the state has reason for determining it to be IV-E allocable, let us know.
Coaching for Ad-Hoc Needs*	As a result of participating in this workshop participants will:	Classroom	0.5	600	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	Title IV-E and GFS proportionately based on attendee type
Coaching for Assessments*	1. Know the child safety threats most likely to be present when domestic violence endangers child safety.	Classroom	0.5	900	Alliance	Social Workers & Supervisors	Statewide	75%	Title IV-E and GFS proportionately based on attendee type
Coaching for Child Safety*	2. Know CA policy regarding screening for DV and managing cases where DV is identified, including what information workers must attempt to collect to properly assess child safety in families impacted by DV.	Classroom	0.5	900	Alliance	Social Workers & Supervisors	Statewide	75%	Title IV-E and GFS proportionately based on attendee type
Coaching for Case Organization and Prioritization*	How to prioritize the daily work, including: using outlook, desk calendars, and reminders; prioritization of caseload activities, assessments and due dates for different programs; reassessing safety and updating safety assessments at pivotal points in the case.	Classroom	0.5	900	Alliance	Social Workers & Supervisors	Statewide	75%	Title IV-E and GFS proportionately based on attendee type
Coaching for Permanency*	Permanency timelines; permanency from day one; engaging with families to co-create case plans; setting safety objectives; measuring progress versus compliance in cases; transition planning for children; knowing when to file for Termination of Parental Rights (TPR); understanding the court process and when to change permanency plans; understanding the adoption process; understanding parent/child visitation plans (supervised, monitored, etc.); understanding reasonable efforts versus active efforts for ICWA cases.	Classroom	0.5	900	Alliance	Social Workers & Supervisors	Statewide	75%	Title IV-E and GFS proportionately based on attendee type
Critical Thinking	Using objective evidence, recognizing patterns of behavior, considering families' perspectives, and utilizing collaterals can improve decision-making in child welfare. Skills to ensure incorporation of new information and to identify biases, including confirmation bias, will be examined in this course to improve decision making.	Classroom	3.0	6	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Decision to Place	One of the most difficult decisions in child welfare is determining when a child requires placement to protect the child from an imminent safety threat or to mitigate ongoing harm. The decision will have long-term ramifications for the child and family. This training will cover the factors that go into making this decision including both harm to the child in their own home as well as the protective factors that can keep a child safe.	Classroom	6.0	9	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Domestic Violence and Child Welfare	This training focuses on domestic violence in child welfare cases, and the policies and best practices outlined in the "Social Worker's Practice Guide to Domestic Violence." Participants will gain knowledge and skills specific to four core areas: universal and periodic screening for domestic violence, conducting a specialized DV assessment, engagement and accountability with DV perpetrators, and safety planning with families experiencing DV. Participants will learn knowledge as well as skills for applying the knowledge.	Classroom	14.0	25	Alliance	Social Workers & Supervisors	Statewide	75%	

This training was approved from last years submission. Language has been added to help strengthen the description.

This training is no longer being offered For SFY19.

Early Childhood Development in Child Welfare: Supporting Lifelong Healthy Outcomes	<p>Participants in this two-day training will increase their knowledge and understanding of early childhood development, neuroscience associated with brain development in early childhood, Adverse Childhood Experiences (ACEs), attachment & relationships, and the effects of trauma and maltreatment on development. In addition, participants will gain skills to directly impact the development of this vulnerable population through case management activities and identifying resources and interventions available in communities across Washington State. The following six modules serve as the foundation of instruction, with a final focus on how to best support the development of young children in public child welfare, and locally accessible resources to support early childhood development in your community.</p> <p>Module 1: Why Early Childhood Matters Module 2: Understanding the Science of Brain Development Module 3: Understanding the Science of Attachment Module 4: Understanding the impact of maltreatment, stress, and separation on development. Module 5: Helping Children Thrive Module 6: Informing Child Welfare</p> <p>If you have young children on your caseload, or you are caring for young children in your home, you will find the information in this training invaluable in supporting your work with children aged birth-five.</p>	Classroom	12.0	2	Alliance	Social Workers & Supervisors	Statewide	75%	
Faculty Focused Training Series	Topics are chosen by the Regional Advisory Group and to date, topics for FY18 have not been identified.	Classroom	Various	3	Faculty	Social Workers & Supervisors	Statewide	50%	
Guidelines for Difficult Conversations	A difficult conversation is a discussion between or among individuals that has the potential to lead to conflict or highly negative emotional reactions. In child welfare settings, difficult conversations may involve (a) delivering bad news, for example a decision to continue an emergency out-of-home placement or to terminate parental rights (b) confronting parents, foster parents, attorneys or other professionals with information and perspectives with which they are likely to disagree or confronting the unacceptable behavior of peers, supervisors, managers or other professionals (c) engaging in dialogue regarding controversial subjects or decisions. The guidelines below may also prove useful in resolving internal conflicts within or between units or in discussions of differences between and among caseworkers, supervisors and managers.	Classroom	3.0	14	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Harm Reduction Planning with Substance Using Families	This 7-hour course will provide participants with an overall understanding of the concept of Harm Reduction, substance use and how it affects the safety of children in the family, including inter-generational use. It covers how to utilize harm reduction plans and how to measure progress sufficiently to have mitigated the safety threats to the children with families who have children of all ages (0-18 years). The training provides an in-depth look at how workers can best support families and clients in recovery. Additionally, it will share how to connect families to appropriate resources.	Classroom	7.0	6	UW Staff	Social Workers & Supervisors	Statewide	75%	
Identifying and Supporting Commercially Sexually Exploited Children CSEC	This course is mandatory for CFWS workers, and recommended for intake, CPS and other case carrying staff. This 6-hour course help workers who do ongoing work with adolescents in the child welfare system identify youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic social work practices that support helping these youth reach positive outcomes. Participants will leave understanding CA's policy and legal requirements related to screening and supporting these youth, will practice and consider approaches to supporting these youth, and will be provided with a list of some community resources.	Classroom	6.0	18	Alliance	Social Workers & Supervisors	Statewide	75%	
Infant Safety and Care	Participants learn about infant communication, safe sleep environments, and the shaken baby syndrome to better assess infants during home visits. Equipped with the information, participants are able to assess parent or caregiver responsiveness to the infant and ability to support specific changes for improved safety of the infant. Participants become familiar with the Period of Purple Crying as a strategy to provide to parents of infants. For substance affected infants and infants born to a dependent youth, participants learn how to develop and document a Plan of Safe Care and offer referrals to parents as required per policy. Note: This course is comprised of two modules: A six-hour classroom training A four-hour eLearning (optional)	Classroom and Online Combined	10.0	14	Alliance	Social Workers & Supervisors	Statewide	75%	
Mental Health: In Depth Applications in Child Welfare	Training provides an overview of successful case planning for children in foster care. Course topics include referring to the mental health services, use of screening tools, characteristics and behavior indicators of developmental and mental health concerns, use psychotropic medications with children in foster care, case management techniques with mental health service providers, understanding the elements and criteria of Evidence-Based and Promising Practices, and matching available EBP's with specific client needs. This course will also describe key signs, symptoms and impacts of trauma, disrupted attachment, and childhood adversity and ways to incorporate trauma informed care into their day-to-day work.	Classroom	7.0	12	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	

Monthly Visits for Children, Parents and Caregivers	Following this in-service, social service specialists will understand the expectations for monthly health and safety visits with children as well as monthly visits with caregivers and parents. Topics discussed include the content of discussions (safety, permanency and well-being), why these discussions are important, documentation in FamLink, and tips for completing visits timely.	Classroom	2.0	6	Alliance	Social Workers & Supervisors	Statewide	75%	
NAIR - Creating and Monitoring Your Native American Inquiry Request	This in-service level training will teach participants the steps for identifying Indian Children, address practical steps to input information into FamLink, and give CA staff tips on completing Ancestry Charts and submitting referrals to the Native American Inquiry Request (NAIR) unit to fulfill the requirements of the Federal ICWA, State Law and CA policies.	Classroom	2.0	12	Alliance	Social Workers & Supervisors	Statewide	75%	
NCAST Certification - Feeding Scales	The NCAST Feeding Scales are designed for parents/caregivers and children age birth-12 months. The Feeding Scales are an assessment tool which provides valid and reliable measurements of parent-child interactions. Participants in this NCAST certification course will learn about Keys to Caregiving, infant cues, and specific behaviors pertaining to early childhood development and relationships when assessing a parent-child dyad during a feeding interaction. In addition, participants will learn about special considerations when conducting NCAST assessments in child welfare. Participants will observe videos and practice scoring feeding interactions. Participants will learn how to use NCAST Feeding Scales as a tool to gather pertinent information about the parent-child dyad; assessment of parent-child interactions; and intervening with parents and children. All participants will attempt reliability to become certified to use the NCAST Feeding Scales for one year.	Classroom	25.0	1	Alliance	Social Workers & Supervisors	Statewide	0%	100% GFS
NCAST Certification - Teaching Scales	The NCAST Teaching Scales are designed for parents/caregivers and children age birth-36 months, or 3 years. The Teaching Scales are an assessment tool which provides valid and reliable measurements of parent-child interactions. Participants in this NCAST certification course will learn about Keys to Caregiving, infant cues, and specific behaviors pertaining to early childhood development and relationships when assessing a parent-child dyad during a teaching interaction. In addition, participants will learn about special considerations when conducting NCAST assessments in child welfare. Participants will observe videos and practice scoring teaching interactions. Participants will learn how to use NCAST Teaching Scales as a tool to gather pertinent information about the parent-child dyad; assessment of parent-child interactions; and intervening with parents and children. All participants will attempt reliability to become certified to use the NCAST teaching scales for one year.	Classroom	25.0	1	Alliance	Social Workers & Supervisors	Statewide	0%	100% GFS
NCAST Re-Certification - Feeding Scales	Once individuals become certified NCAST assessors, they must prove reliable in use of the NCAST Feeding Scales through annual recertification. This one-day course provides participants with the opportunity to achieve annual reliability in the use of this tool in order to successfully maintain certification as an NCAST Feeding Scales assessor.	Classroom	6.0	1	Alliance	Social Workers & Supervisors	Statewide	0%	100% GFS
NCAST Re-Certification - Teaching Scales	Once individuals become certified NCAST assessors, they must prove reliable in use of the NCAST Teaching Scales through annual recertification. This one-day course provides participants with the opportunity to achieve annual reliability in the use of this tool in order to successfully maintain certification as an NCAST Teaching Scales assessor.	Classroom	6.0	1	Alliance	Social Workers & Supervisors	Statewide	0%	100% GFS
Partners Make Better Decisions: Caregivers and Social Workers Working Together	Participants learn how to identify the challenges of collaboration. This training provides an opportunity to view teamwork from other's perspectives while encouraging reflection regarding the features and values of effective teaming. Training participants learn how to identify barriers to effective teaming, explore solutions, and develop tailored approaches and practices that facilitate teamwork.	Classroom	4.0	2	Alliance	Social Workers & Supervisors	Statewide	75%	
Racial Microaggressions: Developing Cross Cultural Communication Skills	Participants will leave this training with a common language and understanding of what is meant by cultural competence and the work they need to do to grow their ability to effectively engage across cultures, an understanding of Racial Microaggressions and why they are problematic, and an increased ability to have courageous conversation about difference and to effectively engage racial tension.	Classroom	7.0	18	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Reunification	How do you know when it is safe to begin transitioning a child home from placement? In this course the factors that go into making the decision to reunify will be discussed including identifying when safety threats have been contained, measuring progress, and the quality of parents' visits and the challenge of concurrent planning. Creating and monitoring service and safety plans will also be discussed.	Classroom	3.0	6	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Right Response - Level 3	Social Workers routinely engage with children and youth with behavioral concerns which often involve a lack of self-control or physical aggression. These unsafe behaviors are often exacerbated by the crisis and/or traumatic situations which bring the children into care, and may escalate quickly during transitions, placements, while waiting in offices, etc. These behaviors may put the child or others into dangerous or harmful situations. The RIGHT RESPONSE Level 3 Workshop is primarily prevention training. This 11-hour certification provides basic fundamental skills including Prevention, De-escalation, Postvention, and Physical Safety skills. Attendees learn about self-awareness, reflective thinking skills, positive behavior support, basic and advanced de-escalation skills, self-protection, and proactive alternatives which can prevent dangerous incidents and increase safety.	Classroom	11.0	24	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	The description is not clear what this training is for in relation to IV-E and children in foster care, etc., and intended trainees; please revisit this and either add details re: connection to title IV-E or allocate to non-IV-E.

The description has been updated.

Right Response - Level 4	<p>Social Workers routinely engage with children and youth with behavioral concerns which often involve a lack of self-control or physical aggression. These unsafe behaviors are often exacerbated by the crisis and/or traumatic situations which bring the children into care, and may escalate quickly during transitions, placements, while waiting in offices, etc. These behaviors may put the child or others into dangerous or harmful situations. The RIGHT RESPONSE Level 4 Workshop is primarily prevention training. The Advanced training is a full 14-hour certification which provides the skills of Prevention, De-escalation, Postvention and Physical Interventions, including Escorts and Therapeutic Holds. Attendees learn to use physical intervention as the last resort to maintaining safety and learn more proactive alternatives which can prevent dangerous incidents and increase safety.</p> <p>Attendees that complete the workshop receive a 1 year certification and recertification training will be offered annually.</p>	Classroom	14.0	6	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	The description is not clear what this training is for in relation to IV-E and children in foster care, etc., and intended trainees; please revisit this and either add details re: connection to title IV-E or allocate to non-IV-E.
Secondary Trauma: Impact and Solutions	<p>This 3-hour course will help Children's Administration social workers and supervisors who do ongoing work in the child welfare system with identification of and responses to secondary trauma. The training will increase knowledge and understanding of the levels of secondary trauma, its impact, and how to manage the impact in our environment.</p>	Classroom	3.0	3	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Suicide Prevention: safeTALK	<p>This 4-hour focused topic training for caregivers and Social Service Specialists is a life-saving program developed to prepare anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper.</p> <p>Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.</p> <p>Since its development in 2006, safeTALK has been used in over 20 countries around the world, and more than 200 selectable video vignettes have been produced to tailor the program's audio-visual component for diverse audiences. safeTALK trained helpers are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.</p> <p>Training features:</p> <ul style="list-style-type: none"> Presentations and guidance from a LivingWorks registered trainer Access to support from a local community resource person Powerful audiovisual learning aids The simple yet effective TALK steps: Tell, Ask, Listen, and KeepSafe Hands-on skills practice and development <p>safeTALK helps expand the reach of suicide intervention skills in communities around the world.</p>	Classroom	4.0	3	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	Moved to Caregivers, SW, and Supervisors Tab
Supervisor Readiness	<p>This three hour course covers Situational Leadership and Supervisor Readiness (4Rs). The course will review the three necessary components and strategies to impact performance. The Situational Leadership Theory developed by Paul Hersey and Kenneth Blanchard presents a model that suggests that to be effective leaders, supervisors must match their leadership style to an individual worker's level of job readiness (job maturity). The manager's effectiveness depends on their ability to correctly identify the supervisor's readiness level and to employ the appropriate leader style in that particular situation. Supervisor readiness for any task is determined by the supervisor's ability and willingness.</p>	Classroom	3.0	3	Alliance Contracted Training	Supervisor's, Regional Administrators, Program Managers	Statewide	50%	
Supporting Kinship Caregivers	<p>This training is designed for social workers who are serving children placed with Kinship Caregivers, and their supervisors. The class will prepare you to recognize and address the issues that Kinship Caregivers are most likely to confront, and those that often lead to placement disruption or impact child wellbeing. Participants will leave with a host of written resources that may be helpful as they talk with caregivers about their needs and about the child's needs, and as they guide caregivers in connecting to resources within and outside the department that will decrease stress and increase support for them and their families. Participants will also practice discussing issues of concern with relative caregivers, so that they can be best prepared to have these discussions frequently and successfully with Kinship Caregivers.</p>	Classroom	6.0	12	Alliance	Social Workers & Supervisors	Statewide	75%	
Understanding Neglect	<p>The most frequent allegation of child maltreatment is neglect. Some families are referred to the department numerous times with little change in family functioning. In this course, participants will learn how to assess for chronic neglect, its effects on children and appropriate interventions.</p>	Classroom	6.0	6	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Washington State ICW Training	<p>In this two-day training, we will follow the flow of a Child Welfare case and how workers need to incorporate ICWA. Children's Administration has a revised ICW Manual and attendees will strengthen their foundational base about ICWA and learn about changes in policy and procedure as it applies to ICWA practice in Washington State.</p>	Classroom	12.0	8	Alliance and Contractor	Social Workers & Supervisors	Statewide	75%	

The description has been updated.

Worker Safety	<p>Worker Safety – a one-day mandatory training for social service specialists, covering such topics as:</p> <ul style="list-style-type: none"> Types of workplace violence related to social work practice Predictors of violent behavior Recognizing escalating behaviors Safety in the field Safety precautions in methamphetamine sites Resources and support for worker safety Working with law enforcement 	Classroom	6.0	3	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Working with Dependent Adolescents	<p>This course will cover the core principles of trauma informed care in working with dependent youth and young adults, engaging youth in their case planning and working with caregivers in supporting the youth's educational success, permanency, progress to independence and well-being. This course will address policy requirements related to working with adolescents and identify resources to meet those requirements. Participants will be given the opportunity to practice quality health and safety visits to elicit youth participation in planning and improve the quality of documentation in court reports.</p>	Classroom and Online Combined	10	14	Alliance	Social Workers & Supervisors	Statewide	75%	Description does not appear to match the training title; please revisit this.

The description has been updated.

Caregiver Training Total Estimated Cost: \$1,198,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
ABC's of Autism, Behaviors, and Coping Strategies	This valuable class for foster parents, caregivers, and staff highlights Autism, current research, sensory-related characteristics, common behaviors, and related school interventions. Join Larry Davis, special education advocate, as he shares a unique perspective of supporting kids on the spectrum at school and home by addressing anxiety related symptoms through emotional resilience strategies including science-based self-regulation techniques.	Classroom	3.0	3	Contractor	Caregivers	Statewide	75%	
African American Hair and Skin Care	This 4-hour focused topic training for caregivers, social workers and supervisors teaches participants to understand the complexity of caring for African American and biracial hair and skin. Participants will gain skills and knowledge to be culturally responsive to the needs of the children/youth in their care. The provider will demonstrate how to properly wash, dry and style (including braiding) for African American children and youth in their care. The provider will give resource tools on how participants get the appropriate hair and skin products for children/youth. The participants will gain knowledge, skills and tools to utilize with the children/youth in their care. Participants will learn how to seek necessary resources and support to promote a healthy self-concept for the children/youth in their care.	Classroom	4.0	7	Alliance Contracted Training	Caregivers	Statewide	75%	
As They Grow: The Drug Impacted Child	This 6 hour focused topic training for caregivers will focus on how children with substance abuse in their life have an increased chance of experiencing many effects, such as poor social, cognitive and emotional development, physical, mental and health issues, depression, anxiety, concentration and learning difficulties, trouble controlling their responses, as well as other traumatic issues. The goal of this workshop is to identify and address the impacts drugs have on children and setting up a successful environment and coping skills. The takeaway from this training is feeling empowered to care for a drug impacted child as they grow through childhood, teenage years and beyond.	Classroom	6.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	
As They Grow: The Drug Impacted Infant and Toddler	This 6 hour focused topic training for caregivers provides an in-depth exploration of Drug Impacted Infants and Toddlers. The training focuses on how to identify and address the impacts drugs have on infants and toddlers; how to recognize symptoms; set up a successful environment and work together with the team in providing care for the child. The takeaway from this training is feeling empowered to care for a drug impacted Infant as they grow through infancy, toddler and preschool.	Classroom	6.0	12	Alliance Contracted Training	Caregivers	Statewide	75%	
Attention Deficit and Hyperactivity Disorder	Participants develop an understanding of Attention Deficit Hyperactivity Disorder (ADHD) as presented in DSM 5 and alternate behavioral descriptions. The training also covers the common developmental course of ADHD and a 7 Step Intervention pathway for home and school success.	Classroom	6.0	9	Contractor	Caregivers	Statewide	75%	

Behavior Management Tools for Foster Parents and Caregivers	<p>This 6 hour focused training for caregivers provides a foundation for understanding Adverse Childhood Experiences (ACES) and challenging or escalating behavior among children in out-of-home care. The training provides specific behavior management skills for caregivers to deescalate and manage behavior including trauma informed caregiving, authoritative parenting, therapeutic environments, engagement, and more.</p> <p>This workshop will give caregivers practical tools to help manage behaviors such as:</p> <ul style="list-style-type: none"> Oppositional defiance Property damage and juvenile delinquency Attention deficit hyperactivity Running away Power struggles and escalated tantrums Verbal and physical aggression 	Classroom	6.0	12	Alliance Contracted Training	Caregivers	Statewide	75%	
Bullying: Prevention and Intervention	<p>This 6 hour focused topic training for caregivers provides foster parents, caregivers, relatives and fictive kin with basic information on bullying and working with at-risk youth who have the potential of being bullied. The training will cover how to identify and determine if your child/youth is being bullied and how to work with at-risk youth who have the potential of being bullied. Bullying basics are covered in layman's terms. During this workshop we'll look at the true definition of bullying, discover ways to recognize it and understand why it happens. You'll learn ways to prevent it from happening and what to do when it does - both for the bully and the youngster being picked on.</p>	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%	
Caregiving for Children with Physically Aggressive Behavior Concerns (formerly Physically Aggressive Youth)	<p>This 6-hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with physically aggressive behaviors. Participants will explore the potential impacts of trauma and maltreatment on attachment, behavior and development as well as the risk factors for violent behavior in children. Participants will closely review the newest Washington Administrative Code (WAC) related to discipline and will contrast principles of positive discipline and punishment. Skill building will focus on creating a plan to prevent a crisis; the various forms aggression may take and how to look for signs of when a child is agitated or escalating; how to intervene during a crisis; and how to manage ongoing or explosive aggressive behaviors via teaching coping skills and Collaborative Problem Solving. Local resources and supports for the youth as well as the caregiver are discussed.</p>	Classroom	6.0	15	Alliance	Caregivers	Statewide	75%	
Caregiving for Children with Sexual Behavior Concerns (formerly Sexually Aggressive Youth)	<p>This 6 hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with sexual behaviors. Participants will explore values and beliefs before reviewing typical child development and the impacts of trauma, abuse, and neglect on development. Participants will then explore in-depth how sexual abuse specifically can impact various development domains, as well as the child's self-image, and the household supporting them. Sexual development is explored throughout childhood including what is typical, what may be "red flags", how some experiences can lead to sexual behavior problems, and how to intervene and respond safely. Caregivers will learn about their role in promoting healthy sexual development, positive messaging, suggestions for prevention education, the importance of establishing house rules, and other ideas to maintain safety while also helping to prevent false allegations in their home.</p>	Classroom	6.0	15	Alliance	Caregivers	Statewide	75%	

Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents	<p>Many children in foster or kinship care have a history of exposure to trauma. Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (RPC) is an 8 module, 12 hour focused topic training which includes nine case studies of representative foster children from the ages of eight months to 15 years, as well as cases of secondary traumatic stress in parents.</p> <p>Many children in the foster care system have lived through traumatic experiences. Understanding how trauma affects children can help you make sense of your child's sometimes baffling behavior, feelings and attitudes. Once you understand why your child behaves the way he or she does, you'll be better prepared to help him or her cope with the effects of trauma. In this workshop, you'll improve your ability to communicate with your child, learn skills and techniques to influence your child's behavior and attitudes, and learn ways to reduce the stress of parenting a traumatized child. The goal of this workshop is to make you a more effective resource parent, and to enable you to have more of the positive experiences that make being a resource parent so worthwhile.</p>	Classroom	12.0	12	Alliance	Caregivers	Statewide	75%	
Caregivers Report to the Court (Coaching Session)	This 2 hour coaching session for Caregivers builds upon information contained in Caregivers Core Training (CCT) and provides detailed training related to the writing and submitting of the Caregiver's Report to the Court (DCFS 15-313). Participants will understand the caregiver's role in the court process and how to effectively communicate with the court and other parties through the Caregiver's Report to the Court. During the session the caregiver will have the opportunity to compose an actual court report about the child in their care and receive specific feedback from the Child Welfare Trainer.	Classroom	2.0	25	Alliance	Caregivers	Statewide	75%	
Caregiver's Teaming for Visitation (Coaching Session)	This 2 hour Coaching Session for Caregivers builds upon information contained in Caregivers Core Training (CCT) and provides in-depth training around the need for visitation from the child's perspective, the caregiver's role in visitation, and how caregivers can support the child to help visitation to be as successful as possible. Caregivers will more deeply understand the need to support children's relationships with birth families and gain skills to successfully team with others involved in the child's visitation. This coaching session includes activities that allow the caregiver to assess the effects of visitation on the child(ren) in their care and create a plan to address any concerns which may arise in the future.	Classroom	2.0	25	Alliance	Caregivers	Statewide	75%	
Chaos to Calm - Promoting Attachment in Out of Home Care	This 6 hour focused training for caregivers provides an in-depth exploration of secure attachment and challenges to attachment as well as building caregiver skills to enhance attachment with children in out of home care.	Classroom	6.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	
Compassionate Parenting	<p>Discover what compassion really is, how it starts by being compassionate with ourselves and see the positive results with our families and others.</p> <p>You'll hear about and learn the roadblocks, hurdles and challenges that often prevent this kind of parenting and discover ways to move through them so you, and your children, win!</p> <p>Topics include:</p> <ul style="list-style-type: none"> Separating the children's behavior from who they are How to not take what they do or say personally Being compassionate with ourselves supports positive results with our families Learn the roadblocks, hurdles, and challenges of this type of parenting and how to move through them. The role self-esteem plays in all of us <p>You'll learn real world concepts that work!</p>	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%	

Cultural Diversity for Foster Parents & Caregivers: Being Culturally Responsive to Our Children & Youth of Color	<p>This 6 hour focused topic training for caregivers provides information and skill building in the subject of cultural diversity to enable caregivers to meet the needs of your children/youth. The training is interactive and experiential.</p> <p>Tools to facilitate understanding of multi-cultural & diversity sensitivity and awareness through experiential, didactic and familiarization of effective interaction and mindset. Learning various culturally specific concepts and language</p>	Classroom	6.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	
DLR/CPS Allegations: An Overview of the Investigation Process for Caregivers	<p>This 3-hour in-service training will provide foster parents, caregivers, relatives and fictive kin with information about DLR/CPS and how DLR/CPS works with caregivers and the community to ensure child safety. Participants will learn about mandated reporting, definitions and differences between allegations of abuse and/or neglect and licensing infractions, the flow of the investigative process when allegations are received, outcomes of investigations, and how caregivers can take steps to protect themselves in the process.</p>	Classroom	3.0	12	Alliance	Caregivers	Statewide	0%	100% TANF
Eating Disorders and Beyond	<p>This 6-hour focused topic training for caregivers covers how to recognize and support disordered eating and recovery from disordered eating. Participants will learn when and how to seek professional help, feeding practices to encourage a positive eating environment for all ages, and reasons that hoarding occurs and how to respond to it.</p>	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%	
Emotion Coaching	<p>Emotion Coaching is a research based method from the Talaris Institute and the Gottman Institute that gives caregivers a way to help children learn about emotions. Research shows that when caregivers value and guide emotions using this important method, children do better in many ways.</p> <p>These children tend to:</p> <ul style="list-style-type: none"> Form stronger friendships with peers Have higher self esteem Regulate their moods more easily Be more successful in their problem solving skills Bounce back from emotional events more quickly Get sick less often <p>Emotion Coaching helps prepare children from birth to 5 years old for the challenges they face throughout their lifetime. A child's ability to delight in the happy times and recover from the bad ones is a key part of emotional health. By learning and practicing the 5 steps of Emotion Coaching, you can make an important investment in a child's future</p>	Classroom	2.0	18	Alliance	Caregivers	Statewide	75%	
Fostering Children & Youth Through Transition, Grief & Loss: Helping Children With Their Feelings	<p>Grief for children is the disruption of a bond, and in any foster situation, significant bonds have been disrupted or broken. This makes foster children more emotionally vulnerable when other losses occur. A friend may move, a pet dies, or a teacher goes on maternity leave. All these events placed the foster child in a very precarious position. This training will help you to understand that a lot more is on their emotional plate than on other children. You will learn how to address and support the child in a time of transition.</p> <p>This training will cover:</p> <ul style="list-style-type: none"> The stages of grief. A condensed developmental understanding of how children grieve at different ages and understandings. How to communicate with children. How transition, grief and loss might trigger old feelings for the child and caregiver. Developing a plan and skills to support children in times of transition. 	Classroom	4.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	

Healthy Engagement of Children of Trauma	<p>This course is designed to help foster parents and caregivers gain a better understanding of our interaction with trauma and adversity in the children we serve.</p> <p>This workshop covers:</p> <p>The healing power of living true to ourselves. Recognizing wounds, burdens and painful memories in ourselves and our children. Understanding compassion fatigue in foster parents and caregivers. Finding fulfillment in self-led parenting Building cooperative partnerships with you, your community and the children you serve.</p>	Classroom	6.0	9	Alliance Contracted Training	Caregivers	Statewide	75%	
How You Can Become an Effective Educational Advocate for Your Child (The Family Guide to Working with Schools)	<p>In this course, caregivers learn how to be an effective educational advocate by learning how to navigate through the world of Special Education. This workshop covers the basics regarding the processes around special education issues and Individual Education Programs (IEPs). Topics include requests for evaluation, evaluation for services, eligibility determination, special education program, behavior and discipline, and <u>dispute resolution</u>.</p>	Classroom	2.5	6	Alliance and Contractor	Caregivers	Statewide	75%	
Identifying and Supporting Commercially Sexually Exploited Children (for Caregivers)	<p>This 3 hour in-service level training will help caregivers identify and support youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic practices that support helping these youth reach positive outcomes.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> Know the legal definition of commercial sexual exploitation of children Understand how commercial sexual exploitation might happen to a youth Understand how experiencing commercial sexual exploitation may impact a youth Be able to spot signs that youth are at risk for becoming (or are) commercially sexually exploited Have strategies for caring for youth who are at risk for becoming (or have been) commercially sexually exploited 	Classroom	3.0	6	Alliance	Caregivers	Statewide	75%	
Indian Child Welfare (for Caregivers)	<p>Learn the historical, legal and socio/economic basis for Indian Child Welfare law and policy. Learn how these laws and policies may affect case planning and permanency for Native children who are placed in your home. Participate in an open dialogue about the enriching experiences and the challenges for you as a caregiver to Native children. And learn how to best care for the Native child in your home including supporting the child's cultural enrichment and enhancing the child's ties to their Tribal community.</p>	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%	
Infant Safety and Care for Caregivers	<p>Participants learn about infant communication, safe sleep environments, and the shaken baby syndrome to better care for infants placed in their homes. Equipped with the information, participants are able to be responsive and provide safe care to the infant. Participants will become familiar with the Period of Purple Crying as a strategy to help infants in their foster home.</p>	Classroom	4.0	6	Alliance	Caregivers	Statewide	75%	
Introduction to Positive Discipline	<p>An Introduction to Positive Discipline is a 2-hour in-service level training for foster, kinship and suitable adult caregivers. This introductory training will help caregivers learn the basic parenting approach of the Positive Discipline model by providing several group activities and discussions based in real life scenarios. Positive Discipline focuses on teaching valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. Positive Discipline focuses on helping participants learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving.</p>	Classroom	2.0	6	Alliance	Caregivers	Statewide	75%	

Introduction to Adoption from Foster Care	<p>This 3-hour in-service training for caregivers provides an introduction to the adoption process including the homestudy, adoption support, the legal process and steps to adoption. This training is open to all participants: those who have not taken Caregiver Core Training, those who have, and those who are using the training as a field placement. This training helps caregivers consider their decisions around public and private agencies and whether to foster to adopt or pursue adoption only. The focus of the training is understanding the process including the emotional impacts of commitment, changing your family, grieving and attachment.</p> <p>The training will also give information about:</p> <p>Open Adoptions The Placement Process Resources and more</p>	Classroom	3.0	36	Alliance	Caregivers	Statewide	75%	
Introduction to the Indian Child Welfare Act (ICWA), for Caregivers	<p>This 3-hour In-Service level training provides Caregivers with an introduction to the Indian Child Welfare Act (ICWA), tribal sovereignty and the impacts on foster parenting. The Indian Child Welfare Act obliges child welfare agencies and caregivers to take certain steps to protect and preserve the rights and cultural and familial connections of children covered by the act. For non-Federally recognized tribes (and in other circumstances), Washington State enacted policy related to Local Indian Child Welfare Advisory Committees (LICWACs) to staff tribal cases and these impacts and supports are also discussed. This training explores the legal, historical, and social biases which have impacted and continue to have a disproportionate impact on Native American children and families. Caregivers will review basic information and skills needed to work with families and children who are covered under ICWA and LICWAC. The State of Washington's legal and policy guidelines around placement and permanency preferences for children covered by ICWA and LICWAC are explored, as well as the various manners in which Tribes can take jurisdiction or chose to otherwise be involved in Child Welfare cases. Skills and resources are also discussed to help caregivers support and develop a child's cultural identity and tribal connection.</p>	Classroom	3.0	18	Alliance	Caregivers	Statewide	75%	
Invitation to Aggression Replacement Training	<p>This 6 hour focused topic training for caregivers teaches what drives aggressive behavior and develops skills required to give youth a chance for success. Caregivers will learn skills to teach the children in their care increased moral reasoning, how to replace antisocial behaviors with positive alternatives, and how to respond to anger in a nonaggressive manner.</p>	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%	
Keep the Beat - CPR, First Aid and Blood-Borne Pathogens	<p>Required training for all caregivers in First Aid/CPR, Blood borne pathogens/HIV training. Training made available in English- and Spanish-speaking participants.</p> <p>The Alliance contracts with certified trainers to provide CPR, First Aid, and Blood-borne pathogens/HIV training.</p> <p>Keep the Beat offers this class to all caregivers of foster children free of charge. This includes grandparents, babysitters, etc. Keep the Beat provides these classes statewide and free of charge whether or not you are licensed.</p>	Classroom	6.0	260	Alliance Contracted Training	Caregivers	Statewide	75%	

<p>Kinship 101: Information for Relatives and Suitable Others</p>	<p>The financial, legal, and emotional issues of raising a relative's child can be challenging. Services and support when raising a relative's child can be a lifesaver. Kinship caregiving in all of its forms is becoming increasingly common. Recent WA State child welfare data (Partners for Our Children-1/1/2015) show that 41 percent of children in out of home care are living with a relative. Many more children are living with relatives or other close family friends informally, without the ongoing supervision of the state's foster care system.</p> <p>Often kinship caregivers do not access the benefits which are available to them. This class will address the issues that Kinship Caregivers struggle with most:</p> <ul style="list-style-type: none"> Financial Needs Legal Challenges Navigating public service systems Needing more social services Information about resources/caregiving <p>This 2.5 hour in-service class is designed for licensed and unlicensed caregivers caring for children currently or previously involved in the dependency system. Caregiver Core Training (CCT) is not a prerequisite. However, this course is supplemental to CCT for kinship caregivers, and can be a field experience during CCT.</p>	<p>Classroom & Webinar</p>	<p>2.5</p>	<p>12</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	
<p>Kinship 101: Information for Relatives and Suitable Others (Coaching Session)</p>	<p>This 1.5 hour Coaching Session for Caregivers covers the financial, legal, and emotional challenges of raising a relative's child. Services and support when raising a relative's child can be a lifesaver. Often kinship caregivers do not access the benefits which are available to them. This coaching session will address the issues that Kinship Caregivers struggle with most at an individual level:</p> <ol style="list-style-type: none"> 1. Financial Needs 2. Legal Challenges 3. Navigating public service systems 4. Needing more social services 5. Information about resources/caregiving <p>This class is designed for licensed and unlicensed caregivers caring for children currently or previously involved in the dependency system. Caregiver Core Training (CCT) is not a prerequisite. However, this course is supplemental to CCT for kinship caregivers, and can be a field experience during CCT.</p>	<p>Classroom</p>	<p>1.5</p>	<p>48</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	<p>Now coaching sessions are available.</p>
<p>Knowledge and Skills to Help Children Heal</p>	<p>This 6-hour focused topic training for caregivers provides an in-depth exploration of the emotional trauma that children in out-of-home care have been through and how it can impact them. The training focuses on strategic and practical skill building for caregivers to foster healing and resiliency in the children for whom they care. The takeaway from this training is how to identify and address the emotional wounds of the children in your care so healing can begin.</p>	<p>Classroom</p>	<p>6.0</p>	<p>9</p>	<p>Alliance Contracted Training</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	
<p>Minimizing the Risks of Allegations</p>	<p>This workshop will provide foster parents, caregivers, relatives and fictive kin with information to assist them in navigating the system, managing the investigative process of allegations, but more importantly, learn ways to minimize the risks of allegations.</p> <ul style="list-style-type: none"> Share ways to minimize the risk of an allegation. Learn how the investigative process works. Review common practices and procedures. Explore and practice documentation and reporting. Discuss how best to survive the allegation process. 	<p>Classroom</p>	<p>3.0</p>	<p>6</p>	<p>Alliance Contracted Training</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	

Paper Trail: Documentation Training for Caregivers	This training will cover: Procedures and paperwork Miscellaneous information Ways to minimize the risk of an allegation Documentation and reporting How best to survive the allegation process	Classroom	3.0	12	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way	Parenting the Positive Discipline Way is a 15-hour in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings.	Classroom	15.0	18	Alliance	Caregivers	Statewide	75%	
Post-Traumatic Stress Disorder	This 6-hour focused topic training for caregivers provides a foundation for understanding Post Traumatic Stress Disorder (PTSD). The training develops caregivers' understanding of the diagnosis (especially in those under 6 years of age) as well as covering Developmental Trauma Disorder for complex trauma events often experienced by youth in alternative care situations. Dissociation and hyper arousal behavior patterns are explored as protective responses to challenges in the environment and methods to reduce the impacts discussed. Strategies for healing and resolving trauma as caregivers are explored.	Classroom	6.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	
Resilience Trumps Adverse Childhood Experiences (ACES)	This training will share the data from the original Adverse Childhood Experience study and its effect on brain development, physical and mental health, education and life trajectory. Just as important is the research on how resilience reduces these negative effects. A caring adult using trauma informed strategies can significantly change these negative outcomes. Many strategies that increase resilience will be shared in this presentation as well. Presentation will be interactive. Share personal challenges and success. Take the ACEs test. Play the Resilience Trumps ACEs card game. Connect with others. Leave feeling enlightened, empowered and supported!	Classroom	2.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	
So You Have a New Placement – Now What?	This 3 hour in-service training for caregivers is intended for those who are ready for, or have received their first placement, or have a new placement after some time without placements. The course focuses on understanding and planning for new placements. The course addresses both the emotional elements to new placements and the practical details of requirements, paperwork, forms and expectations. Participants should leave with an understanding of what is expected during the first 30 days of a new placement including: mileage, reimbursements, visitation, court reports, documentation, medical care, accessing services, and how to get their questions answered as new issues arise.	Classroom	3.0	12	Alliance	Caregivers	Statewide	75%	

So You Have a New Placement – Now What? (Webinar)	<p>This 90 minute in-service webinar training for caregivers is intended for those who are ready for, or have received their first placement, or have a new placement after some time without placements. The course focuses on understanding and planning for new placements. The course addresses both the emotional elements to new placements and the practical details of requirements, paperwork, forms and expectations.</p> <p>Participants should leave with an understanding of what is expected during the first 30 days of a new placement including: mileage, reimbursements, visitation, court reports, documentation, medical care, accessing services, and how to get their questions answered as new issues arise.</p>	Webinar	1.5	12	Alliance	Caregivers	Statewide	75%	Now offered in the classroom and via webinar.
Talking to Children about Race	<p>Recent research has shown that children have very complex understandings of differences and how they make meaning of stereotypes. Far from being color-blind, most children are aware of how their own skin color is an advantage or disadvantage. They also judge their peers based on these differences, even though many adults believe young children in today's generation don't stereotype. Because of this, it is important to give children anti-bias messages, through actions and words that actively counter what they are internalizing and witnessing in the world.</p> <p>In this workshop we will explore how children and youth learn and practice racism and privilege. Participants will learn strategies to for acting on teachable moments and ways to create counter narratives.</p>	Classroom	6.0	9	Contractor - Cultures Connecting	Caregivers	Statewide	75%	
Trust-Based Relational Intervention	<p>This class was developed by Dr. Karyn Purvis and Dr. David Cross from TCU Institute of Child Development. It teaches family-based interventions designed for children who have experienced relationship-based traumas. It is considered to be an emerging intervention and is based on neuropsychological theory and research, and tempered by humanitarian principles.</p>	Classroom	9.0	3	Alliance	Caregivers	Statewide	75%	
Understanding and Managing Caregiver's Own Emotions and Self Care	<p>As a caregiver the very best thing you can do for those who depend on you is to take care of yourself!</p> <p>Caregivers are expected to welcome children who have been traumatized into their homes and invest emotionally and physically into the children. Caregivers are expected to separate gracefully when the time comes for the children to move on. The caregiver's responsibilities and personal sacrifices in caring for someone else can be challenging for even the most experienced caregivers.</p> <p>This 6 hour focused topic training for caregivers teaches how to reduce your stress, find more energy and improve your resilience while you care for difficult children and demanding expectations. The course includes opportunities for self-reflection and insight, short term goal setting and practical self-care and stress reduction techniques.</p>	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%	
Verbal De-Escalation	<p>The goals of this workshop include:</p> <ul style="list-style-type: none"> Developing skills to manage children with behavioral challenges in a non-violent crisis intervention manner; Skill building for empathetic listening; Identifying children's needs and creative strategies to help children manage their emotions in difficult situations. 	Classroom	6.0	12	Alliance Contracted Training	Caregivers	Statewide	75%	
Why Children Lie	<p>This training will address lying on several levels. Attitudes, values, beliefs and societal norms are examined and discussed. The caregiver will learn about factors which motivate children to lie. Suggestions will be offered to assist caregivers in responding to children when this behavior occurs and how to prevent its occurrence in the future.</p>	Classroom	3.0	6	Alliance	Caregivers	Statewide	75%	

Youth Missing from Care for Caregivers	This 3-hour in-service course is designed to provide caregivers with the information needed to identify, support, and intervene with youth who are living in care and are at risk of running away. Caregivers will learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of them running. Legal and procedural requirements are presented so caregivers can successfully partner with Social Service Specialists and understand what steps to take when a youth is missing from care, and when they return. Caregivers will learn how to participate with youth and Social Service Specialists in the development of a Run Prevention Plan for youth identified as being at risk of running, and a Returning Child De-briefing to assess the youth's immediate needs upon their return to care.	Classroom	3.0	3	Alliance	Caregivers	Statewide	75%	
I-LABS Module 2 - Why the First 2,000 Days Matter: A Look Inside the Brain	This 1 hour class covers the following: -How brains are built. An enormous amount of brain development occurs in the first five years. -Early childhood experiences shape the physical development of the brain. -The strength of connections formed in a child's brain depends, to a certain extent, on the frequencies of experiences they have in their lives.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 3 – The Importance of Early Interactions	This hour long class covers the following points: -School-readiness starts from birth. Early cognitive and social experiences play an important role in children's early development. -Children are particularly attuned to other people, and learn best from face-to-face interactions. -Children are incredibly social. Using eye-gaze, pointing, infant-directed speech, and contingent actions can draw children's attention to their environment and support learning.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 4 – The Power of Learning Through Imitation	This hour long class covers the following key points: -From the first day of life, children watch others and imitate their actions to learn about the physical world and their culture. -As they grow older, they can remember actions for longer (deferred imitation), and use them to navigate situations (generalizations). -Children's brains seem ready to imitate-studies have found similar changes in infants' brain activity whether they are doing an activity or just watching it.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 5 – Understanding Emotions	This hour long class covers the following points: -Children take cues from other people to guide their emotions and behavior, especially in new situations (social referencing). -Children even learn from interactions they're not directly involved in – they pick up on emotional states of others just from watching and listening. -In their second year of life, children begin managing their own emotions or behaviors (self-regulation), often using others' reactions to guide their actions.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 6 – Language Development: Learning the Sounds of Language	This hour long class covers the following points: - Language learning begins before birth. A young brain is particularly ready to learn language. -When listening to language, infants engage in statistical learning. This helps them become sensitive to the specific sounds of their native language. -Face-to-face interactions are critical for language learning. In the first year of life, social interactions expose children to language. They also prepare the infant brain for speaking.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	

I-LABS Module 7 – Development of Attachment	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Babies have a biological need for loving care. They begin forming an emotional bond with their caregivers at birth. Infants form an attachment to primary caregivers by the end of their first year. -The quality of attachment relationships is different for each child. Child and family factors can affect attachment quality. -Attachment relationships during infancy can have lasting effects on children’s development. Yet, attachment quality can improve with proper support. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 8 – Attachment in Practice	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Attachment is a dyadic relationship. This means that an attachment relationship depends on both the adult and the child. -Attachment security is on a continuum. Children’s attachment behavior can be more or less secure. Their behavior depends on the caregiving they receive. -A child is more likely to form a secure attachment when her caregiver provides consistent and sensitive care. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 9 – Sharing Attention During Early Childhood	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -From birth, children show interest in other people. By late infancy, they engage with others through joint attention. Joint attention is sharing attention between objects and other people. -Around one year of age, children recognize the importance of other people’s eyes. They begin to follow others’ eye gaze. -Children’s gaze following predicts other developmental outcomes, like language development. Sharing eye gaze doesn’t come as naturally to children with Autism Spectrum Disorder (ASD). This can affect their language and communication skills. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 10 – Language Development: From Listening to Speaking	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Babies begin making vowel-like sounds soon after birth. They soon add consonant sounds. Then they transition to syllables, words, and finally sentences. This pattern is similar across different cultures and languages. -Children use different strategies to learn words and word combinations. During the process of learning, they sometimes make errors in word or sentence use. As they hear more language, their use of words and sentences becomes more adult-like. -Language learning begins at birth! Those children who hear more language and experience more high quality interactions tend to produce more words and longer sentences. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 11 – Bilingual Language Development	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -The brain is primed to learn language in the first few years of life. As we age, it becomes harder to learn a second language. -Language is the product of our experiences. The amount and type of language input determines our language outcomes. This is true whether we’re learning one or two languages. -Bilingual and monolingual children develop language at the same pace. -Bilingualism is associated with cognitive advantages, such as better flexible thinking skills 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	

I-LABS Module 12 – Temperament in Early Childhood	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Babies are born with different temperaments or ways they approach everyday events and challenges. Biology helps determine temperament, but environment and experiences also influence a child’s temperament and development. -Temperament consists of three dimensions: positive reactivity; negative reactivity; and attention, soothability, and regulation. Each dimension is a continuum, meaning a child can show more or less of a behavior. -You cannot change a child’s temperament, but you can adapt your behavior and environment to meet the child’s needs. This is creating goodness of fit between your expectations and a child’s temperament. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 13 – Race Today: What Kids Know as They Grow	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Race is meaningful in our social world and racism still exists today. -Racism is like a conveyor belt and we are all on it. It is our responsibility to work actively to recognize and work against racism in our society. Otherwise we will continue to live as a member of a racist society. -Kids are aware of race and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Kids form racial identities. They recognize that their race and racial group is part of who they are and how others see them. -Research suggests that not talking about race with kids increases racist thinking and racism. Racial silence will never create racial equality, but talking about race can! 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 14 – “Racing” Towards Equality: Why Talking to Your Kids About Race is Good for Everyone	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Race is meaningful in our social world and racism still exists today. -Our actions matter - what parents do – or don’t do – is a strong indicator of children’s attitudes about race. -Our words matter too! Research suggests that not talking about race with kids increases racist thinking and racism. But talking about race can be one of the best ways to counteract racism. -Kids are aware of race, form racial identities and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Preventative and Reactionary ‘race chats’ are an effective way to discuss race and racism with children. These conversations with evolve and change over time, as a child grows. -We do not need to have all the answers to have effective ‘race chats’ with children. We just need to be open, and be able to offer a safe space to talk. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 15 – Early Music Experience	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -The brain learns musical information very early in development. Infants learn from listening to music in their environment and culture. -Research suggests that infants have a sensitive period when their brains are particularly primed to learn the basic structure of musical components. -Music and language share some key elements, such as pattern and rhythm. Practice with musical patterns and rhythms may help young children learn language patterns and rhythms. -Musical experiences may help children build other skills, too. For instance, music training has been linked to executive function skills, and moving to a beat in time with another person can help build social-emotional skills. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	

I-LABS Module 16 – Foundations of Literacy	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Spoken language skills serve as the foundation for literacy development. Literacy involves years of systematic instruction and practice. -Children may enter kindergarten with a range of pre-literacy skills. It is important for teachers to provide a rich literacy environment for all children. Reading to and with children is a great way to boost pre-literacy skills. -The brain is not born to read. With practice, our brains learn to recognize words, match words with sounds, and associate those words with meaning. -Some people have more difficulty learning to read than others. But this does not mean that they won't ever learn how or that they are less intelligent. Many different factors contribute to a child's pre-literacy skills. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 17 – Development of Literacy	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Literacy is an important part of daily life. It helps empower a child's educational, societal, and civic development. -The best curricula for teaching children how to read include explicit instruction in phonological awareness. Explicit classroom instruction is a key part that builds on a strong foundation of phonological awareness. -Some children have difficulty learning to read. Research tells us that it is important to identify struggling readers early on, and to provide them with extra support before they fall behind their peers. -Early intervention helps struggling children build foundational skills and improve their reading ability. Effective programs encompass the school, home, and community. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 18 – Learning to Make Things Happen: How Children Learn Cause-and-Effect	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -In the first year of life, babies already start to make predictions about what things are causes and what are effects. By the time they are in preschool, children are proficient causal learners, ready to engage in and learn from causal lessons. -Children of all ages learn how to make things happen on their own from watching what other people do. They do this even if the people they are watching make mistakes or things don't work perfectly. -Cause-and-effect relations also occur between living things. Figuring out how to cause people to change their behavior is important for children's social development. -Lessons about cause-and-effect happen at home and in the classroom all the time, with little or no need for special tools, toys, or preparation. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 19 – Early STEM Learning	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -It is important to build children's STEM (science, technology, engineering, and math) skills starting at an early age so they become fluent. -Parents/teachers can provide children with a variety of STEM materials and activities, and ask questions about what children observe and expect. -Doing STEM activities with other people can help children enjoy STEM. 	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	

Social Worker, Supervisor, Caregiver Training Total Estimated Cost: \$34,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth	Over the past decade, LGBTQ young people have become increasingly visible in our families, communities and public systems. Because staff members and caregivers are unsure of how to provide respectful and supportive services to LGBTQ children and adolescents, they may unintentionally subject them to situations that are discriminatory and harmful. This three hour, interactive training offers youth providers and care givers information and tools to provide LGBTQ youth with appropriate and informed care and includes: terminology, risks and resiliency, supporting families, and practical suggestions for working with LGBTQ youth.	Classroom	3.0	6	Alliance Contracted Training	Caregivers, Social Workers & Supervisors	Statewide	75%	
Partners Make Better Decisions: Caregivers and Social Workers Working Together	<p>Participants will learn how to identify the challenges of collaboration. This training provides Social Workers and Foster Parents/Relative Caregivers an opportunity to view teamwork from each other’s perspectives while encouraging reflection regarding the features and values of effective teaming.</p> <p>Training participants will:</p> <ul style="list-style-type: none"> Learn how to identify barriers to effective teaming, Explore solutions to these barriers, and Develop tailored approaches and practices that facilitate teamwork. 	Classroom	4	18	Alliance	Caregivers, Social Workers & Supervisors	Statewide	75%	

<p>Suicide Prevention: safeTALK</p>	<p>This 4-hour focused topic training for caregivers and Social Service Specialists is a life-saving program developed to prepare anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper.</p> <p>Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.</p> <p>Since its development in 2006, safeTALK has been used in over 20 countries around the world, and more than 200 selectable video vignettes have been produced to tailor the program's audio-visual component for diverse audiences. safeTALK trained helpers are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.</p> <p>Training features:</p> <ul style="list-style-type: none"> Presentations and guidance from a LivingWorks registered trainer Access to support from a local community resource person Powerful audiovisual learning aids The simple yet effective TALK steps: Tell, Ask, Listen, and KeepSafe Hands-on skills practice and development <p>safeTALK helps expand the reach of suicide intervention skills in communities around the world.</p>	Classroom	4	3	Alliance Contracted Training	Caregivers, Social Workers & Supervisors	Statewide	75%	Moved from SW and Supervisors Training
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Online Training Total Estimated Cost: \$22,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Social Workers - Online Training									
Basics of Domestic Violence in Child Welfare	The purpose of this e-learning is to provide foundational information about what domestic violence is, and how it can affect child safety. This eLearning also highlights CA's domestic violence policies and best practices, found in CA's Social Worker's Practice Guide to Domestic Violence. It's recommended that staff complete this e-learning prior to attending "Domestic Violence and Child Welfare" Course Code ILT 110229.	Online	1	1	Alliance	Social Workers	Statewide	75%	
Child Information and Placement Referral (ChIPR)	The Child Information and Placement Referral (CIPR, DSHS form 15-300) captures the most essential information about the needs, strengths and interests of a child placed in foster care. This information enables placement desk staff to match children with available placement resources, and empowers caregivers with the information they need to support successful out of home placements. This eLearning provides information on the policies and required timelines. Participants will also receive a step by step demonstration of the entire ChIPR process including creating the document in FamLink, and how to successfully document in FamLink that the ChIPR was provided.	Online	0.3	1	Alliance	Social Workers	Statewide	75%	
Effects of Abuse and Neglect on Child Development (Workforce) - Section 1	<p>This is Section 1 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care.</p> <p>Participants can view and get credit for completion of all or only specific sections of the elearning:</p> <ul style="list-style-type: none"> Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes) 	Online	0.5	1	Alliance	Social Workers	Statewide	75%	

<p>Effects of Abuse and Neglect on Child Development (Workforce) - Section 2</p>	<p>This is Section 2 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care.</p> <p>Participants can view and get credit for completion of all or only specific sections of the elearning:</p> <p>Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes)</p>	<p>Online</p>	<p>1.0</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>75%</p>	
<p>Effects of Abuse and Neglect on Child Development (Workforce) - Section 3</p>	<p>This is Section 3 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care.</p> <p>Participants can view and get credit for completion of all or only specific sections of the elearning:</p> <p>Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes)</p>	<p>Online</p>	<p>0.5</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>75%</p>	

<p>Effects of Abuse and Neglect on Child Development (Workforce) - Section 4</p>	<p>This is Section 4 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care.</p> <p>Participants can view and get credit for completion of all or only specific sections of the elearning:</p> <p>Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes)</p>	<p>Online</p>	<p>0.5</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>75%</p>	
<p>Effects of Abuse and Neglect on Child Development (Workforce) - Section 5</p>	<p>This is Section 5 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care.</p> <p>Participants can view and get credit for completion of all or only specific sections of the elearning:</p> <p>Section 1: Foundational Concepts of Child Development (30 minutes) Section 2: Birth to Three Years (60 minutes) Section 3: Three to Five Years (30 minutes) Section 4: Five to 11 Years (30 minutes) Section 5: 11 to 17 Years (30 minutes)</p>	<p>Online</p>	<p>0.5</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>75%</p>	

<p>Intake - Session 1.1 Welcome to Intake</p>	<p>This is Session 1.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake.</p> <p>Participants will receive practical information about their main job functions, and get to practice applying many of this information. Intake staff serve as the first point of contact for community members with concerns about children, and complete the first assessments of this information to determine if and how CA may respond. These two functions are addressed and information about the role of Intake staff in assessing child safety and in educating the community is provided. The training helps new staff to understand the differences between intake types and to identify timelines associated with each. Lastly, roles and actions outside the scope of Children's Administration Intake are discussed.</p>	<p>Online</p>	<p>1.0</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>0%</p>	<p>100% TANF</p>
<p>Intake - Session 1.2 Screening in Intake and the Intake SDM Tool</p>	<p>This is Session 1.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake.</p> <p>Participants will learn critical information about how to make screening decisions using the standardized tools in FamLink – the sufficiency screen and the SDM for Intake. Participants will learn about the state definitions of child abuse and neglect, and the SDM Intake tool, which helps ensure accurate and consistent screening decisions for screened in CPS Intakes. During much of the training, participants will be applying what they have learned to a series of intake scenarios, and will receive feedback on their work.</p>	<p>Online</p>	<p>1.5</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>0%</p>	<p>100% TANF</p>
<p>Intake - Session 1.3 Interviewing for Assessment in Intake</p>	<p>This is Session 1.3 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake.</p> <p>This training will support you in identifying the most important information to gather from callers, and in building skills to focus and guide callers toward this important information, so the best possible screening decisions can be made.</p>	<p>Online</p>	<p>1.0</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>0%</p>	<p>100% TANF</p>

<p>Intake - Session 1.4 Disproportionality and Cultural Competence for Intake</p>	<p>This is Session 1.4 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake.</p> <p>This training will identify the problem of racial disproportionality in our state's child welfare system, focusing on disproportionality at intake. The importance of Cultural competence for intake workers is presented, and practical tips related to Intake's role in child welfare are provided. Participants will learn how they can work to best serve persons with Limited English Proficiency. Additionally, the training will provide guidance about Intake's role in complying with the Indian Child Welfare Act and in supporting early identification of children who are Native American.</p>	<p>Online</p>	<p>0.8</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>0%</p>	<p>100% TANF</p>
<p>Intake - Session 1.5 Working with Law Enforcement and Collateral Contacts at Intake</p>	<p>This is Session 1.5 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake.</p> <p>Participants in this e-learning will learn how and why to collaborate with Law Enforcement to protect children, gather information needed for good screening decisions, and meet legal and policy requirements to share specific types of reports and information. How and why to work with medical professionals to support good screening decisions and assessments of child safety is also presented. Participants will have a chance to practice both skills and receive feedback.</p>	<p>Online</p>	<p>0.5</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>0%</p>	<p>100% TANF</p>
<p>Intake - Session 1.6 Screening Provider Related Intakes</p>	<p>This is Session 1.6 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake.</p> <p>This brief e-learning will orient you to some basic considerations related to screening intakes which involve licensed or other state regulated facilities.</p>	<p>Online</p>	<p>0.5</p>	<p>1</p>	<p>Alliance</p>	<p>Social Workers</p>	<p>Statewide</p>	<p>0%</p>	<p>100% TANF</p>

Intake - Session 2.1 Special Circumstances in Intake Substance Exposed Infants	<p>This is Session 2.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake.</p> <p>This brief e-learning will review policy and legal requirements in screening intakes regarding currently pregnant substance using mothers and infants who were exposed to substances during gestation. Participants will consider important questions to ask callers in order to gather the most relevant information, which will support good screening decisions and capture foundational information which may be used by workers who are assigned to this family now or in the future.</p>	Online	0.5	1	Alliance	Social Workers	Statewide	0%	100% TANF
Intake - Session 2.2 Special Circumstances in Intake Domestic Violence	<p>This is Session 2.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake.</p> <p>This e-learning will help you ask the screening questions most likely to provide you with information about domestic violence if its occurring, identify domestic violence based upon the information you have gathered, consider the impact of identified domestic violence on the child's safety, and adequately document the information you obtain.</p>	Online	1.0	1	Alliance	Social Workers	Statewide	0%	100% TANF
Interviewing for Assessment in Intake	This e-learning will introduce Intake workers to the new FamLink tools during the 5.0 release.	Online	1.0	1	Alliance	Social Workers	Statewide	0%	100% TANF
Keys to a Successful Termination Referral	This training helps social workers understand the legal requirements that must be met in order for a court to terminate a parents' rights to their children. Social workers also learn to separate myths from facts in the area of termination and regarding their role in preparing and submitting a termination referral to their local Assistant Attorney General or other legal representative. A score of 80% is required to complete this course.	Online	1.0	1	Alliance	Social Workers	Statewide	75%	
Structured Decision Making and Risk Assessment (SDM-RA)	Following successful completion of this elearning course, participants will understand the purpose of the Structured Decision Making-Risk Assessment (SDM-RA), and how it provides a framework for consistent decision making as well as a way to target in-demand resources toward those who can benefit most. Participants will understand the definition of each SDM-RA question, its application, and the procedures for completing this tool. This course incorporates numerous types of media through video, audio, images, and scenario application in order to enhance the transfer of learning. A score of 80% is required to complete this course.	Online	1.0	1	Alliance	Social Workers	Statewide	75%	

Working with Clients with Limited English Proficiency (LEP)	In this course, participants learn the policies, procedures and best practices for using interpreter and translation services when working with CA clients with limited English proficiency. Participants learn how interpreter services assist in helping families achieve permanency by enhancing communication between families and the social worker. Participants also learn how to appropriately and accurately document the use of interpreter and translation services for LEP clients in FamLink, as well as how to navigate the CA Intranet to identify LEP tools and resources in order to best meet the language and communication needs of clients.	Online	0.5	1	Alliance	Social Workers	Statewide	75%	
Social Worker & Supervisors - Online Training									
Basics of Domestic Violence in Child Welfare	The purpose of this course is to provide foundational information about what domestic violence is, and how it can affect child safety and permanency. This course also highlights CA's domestic violence policies and best practices found in CA Social Worker's Practice Guide to Domestic Violence.	Online	1.0	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Child Information and Placement Referral (ChiPR)	The Child Information and Placement Referral (CIPR, DSHS form 15-300) captures the most essential information about the needs, strengths and interests of a child placed in foster care. This eLearning provides information on the policies and required timelines. Participants will also receive a step by step demonstration of the entire ChiPR process including creating the document in FamLink, and how to successfully document in FamLink that the ChiPR was provided.	Online	0.3	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Comprehensive Family Evaluation (CFE) and Court Report	Participants learn each component of the Comprehensive Family Evaluation (CFE) in FamLink and learn how the CFE leads to the family case plan and the court report. The four domains of family functioning and safety assessments throughout the life of the case are covered as well as how to document in the CFE.	Online	3.0	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Contract for Services: Part 1 – Understanding the Contract Process	This course provides information on the service contract process and the role of Social Workers, Fiduciaries, Program Managers, and Contract Managers. Participants will learn how to identify what types of services do and do not require contracts, how to determine if a contract is already in place, how to access contracted providers appropriately, how CA Contract Managers develop contracts and the Social Worker's role in the process, as well as the process for paying for contracted services through FamLink.	Online	0.3	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Contract for Services: Part 2 – Contract Monitoring	Participants will learn about the importance of contract monitoring, the Contract Monitoring Team, the purpose of a Compliance Agreement, and what to do if there are concerns about a contractor's performance.	Online	0.3	1	Alliance	Social Workers & Supervisors	Statewide	75%	

Drug Testing	Drug testing practices and their use in child welfare assessment of safety and risk is covered in this course. Participants learn the guidelines for the frequency and duration of testing, practices at drug collection sites, detection of adulterated samples and interpreting drug test results. Participants will know what to test and how to include this in the assessments of parents involved in the child welfare system, focusing on the behavior of parents, and knowing what a drug test can tell us is emphasized.	Online	0.8	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Extended Foster Care	Washington States Extended Foster Care Program allows dependent youth in placement at age 18 to continue to receive services including placement resources until age 21, in order to complete their education and ease the transition to adulthood. In this eLearning, case carrying Supervisors and Social Service Specialists will become familiar with the evolution of this program as well as its current Policy and Practice and learn how to document various EFC Services in FamLink.	Online	1.0	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Family Preservation Services (FPS)	Family Preservation Services, or FPS, is one option social workers have when assessing for the most appropriate in-home service. This interactive eLearning will cover the service components of FPS, what to expect from the FPS provider and what is required of the referring social worker in the delivery of FPS services.	Online	0.3	1	Alliance	Social Workers & Supervisors	Statewide	50%	
Infant Safety and Care	Participants learn about infant communication, safe sleep environments, and the shaken baby syndrome to better assess infants during home visits. Equipped with the information, participants are able to assess parent or caregiver responsiveness to the infant and ability to support specific changes for improved safety of the infant. Participants become familiar with the Period of Purple Crying as a strategy to provide to parents of infants. For substance affected infants and infants born to a dependent youth, participants learn how to develop and document a Plan of Safe Care and offer referrals to parents as required per policy. Note: This course is comprised of two modules: A six-hour classroom training A four-hour eLearning (optional)	Classroom and Online Combined	4.0	18	Alliance	Social Workers & Supervisors	Statewide	75%	

Interstate Compact and Placement of Children (ICPC)	This course focuses on the requirements of the Interstate Compact and Placement of Children (ICPC), including both sending children in foster care to other States, and receiving children in foster care from other States, as well as ICPC with ICWA cases. Participants learn about the ICPC process for requesting placement of children and receiving children in foster care from other States. Information on case management activities related to permanency and the legal closure of ICPC cases are provided. Participants also learn about the home study process, completing quarterly reports, and closing an in-state case. ICPC is a very technical process and details about common violations, parent visits, and the support and guidance from the headquarters ICPC team are provided.	Online	0.5	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Interviewing for Assessment in Intake	This e-learning introduces Intake workers to the FamLink tools during the 5.0 release.	Online	1.0	1	Alliance	Social Workers & Supervisors	Statewide	0%	100% TANF
Medication Management and Administration (e-Learning)	This eLearning covers the correct way to administer, log, store, and dispose of medications. In addition, this eLearning will provide information/protocol to revise agency policies and procedures with current information and best practice.	Online	0.5	1	Alliance	Social Workers & Supervisors	Statewide	0%	100% GFS
NAIR - Creating and Monitoring Your Native American Inquiry Request	This in-service level training will teach participants the steps for identifying Indian Children, address practical steps to input information into FamLink, and give CA staff tips on completing Ancestry Charts and submitting referrals to the Native American Inquiry Request (NAIR) unit to fulfill the requirements of the Federal ICWA, State Law and CA policies.	Online	2.0	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Relative Search - Creating and Monitoring Your Request	This training will teach the participant the steps to initiate and monitor efforts completed by the Relative Search unit. When a child is in need of out of home care, the Department should be actively seeking placement of children with relatives. The centralized Relative Search unit assists staff to locate and identify relatives and this training will help staff learn about the process, required forms and how to gather detailed information from FamLink.	Online	0.5	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Parent Child Visitation	Participants learn the importance of parent-child visitation and its association with improved child adjustment and permanency outcomes for children in foster care. They also learn how to incorporate the following elements of parent-child visitation into case planning and case management activities: Identify appropriate levels of supervision based on the safety threats and progress made by parents Identify appropriate people to assist with the visits Identify the best location for parent-child visits Report information about the visit to the Court	Online	0.8	1	Alliance	Social Workers & Supervisors	Statewide	75%	

Youth Missing from Care (eLearning)	Participants learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of running behavior. Policy and procedural requirements are presented. The components of a Run Prevention Plan are covered, as well as the fundamentals of conducting a debriefing meeting to assess the youth's immediate needs upon their return.	Online	0.3	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Social Workers, Supervisors and Area Administrators									
Drug Testing	Drug testing practices and their use in child welfare assessment of safety and risk is covered in this course. Participants learn the guidelines for the frequency and duration of testing, practices at drug collection sites, detection of adulterated samples and interpreting drug test results. Participants will know what to test and how to include this in the assessments of parents involved in the child welfare system, focusing on the behavior of parents, and knowing what a drug test can tell us is emphasized.	Online	0.75	1	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Caregivers , Social Workers, Supervisors & Area Administrators									
Mandatory Reporting	Participants in this e-learning will learn about the role of mandatory reporters in identifying possible child abuse and neglect, and in reporting these concerns. The training reviews possible indicators of child abuse and neglect, and common situations that cause mandatory reporters to call in a report. Participants will consider the impact of biases on reporting possible child abuse and neglect, and learn about the problem of racial disproportionality in our state's child welfare system. The federal requirement that Indian heritage and affiliation with Federally recognized tribes must be identified is also explained. Lastly, the training reviews how to contact Children's Administration to make a report, what information to have available, and what happens once a report has been made are also addressed.	Online	0.8	1	Alliance	Caregivers, Social Workers, Supervisors & Area Administrators	Statewide	100% TANF	

<p>Paquete de Herramientas para Denunciadores de Abuso Infantil por Mandato</p>	<p>Las personas que toman este curso digital aprenderán sobre su rol como denunciadores de abuso por mandato cuando se sospecha abuso o negligencia infantil y los pasos para reportar estas preocupaciones. Este entrenamiento provee información sobre los indicadores que pueden indicar que abuso o negligencia infantil está ocurriendo y las situaciones comunes que en que es necesario llamar a la agencia correspondiente para hacer una denuncia. Las personas tomando este curso también aprenderán a considerar el impacto de los prejuicios culturales cuando se hacen estas denuncias y el problema de disparidad racial representada en el sistema. También este curso explica los requisitos federales para reconocer el linaje de un niño/a con una tribu indígena o su afiliación a una tribu reconocida federalmente. Finalmente, este curso también repasa los pasos para comunicarse con la Administración de Protección Infantil y hacer una denuncia, la información que se necesita, y lo que ocurre una vez que la denuncia ha sido hecha e investigada.</p>	<p>Online</p>	<p>0.8</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers, Social Workers, Supervisors & Area Administrators</p>	<p>Statewide</p>	<p>100% TANF</p>	<p>Class on Mandate Child Abuse Toolkit - Individuals taking this digital course will learn about their role as perpetrators of abuse when they suspect child abuse or neglect and steps to report these concerns. This training provides information about indicators that may indicate that child abuse or neglect is occurring and the common situations in which it is necessary to call the appropriate agency to make a complaint. People taking this course will also learn to consider the impact of cultural biases when making these complaints and the problem of racial disparity represented in the system. This course also explains the federal requirements for recognizing a child's lineage with an indigenous tribe or its affiliation with a federally recognized tribe. Finally, this course also reviews the steps to communicate with the Child Protection Administration and make a complaint, the information that is needed, and what happens once the complaint has been made and investigated.</p>
<p>Understanding Autism: Reflections and Insights from Parents and Professionals</p>	<p>The University of Washington Research in Early Autism Detection and Intervention Lab (READi Lab) focuses on conducting research related to early identification and intervention for children with Autism Spectrum Disorder (ASD), which is also referred to as autism. The UW READi Lab has developed this online course which offers: "...compassionate, practical information that is based on the latest scientific knowledge as well as the experiences of parents who have 'been there'." "This course is designed especially for caregivers of newly diagnosed children, and provides helpful tips and strategies for the journey that lies ahead." This course is also helpful for child welfare staff who need more information about children who may have Autism Spectrum Disorder. This course includes five chapters:</p> <ul style="list-style-type: none"> • Welcome • Chapter One: Understanding the Diagnosis (Approximately 12 minutes) • Chapter Two: Voices of Experience: Caring for Yourself and Your Family (Approximately 10 minutes) • Chapter Three: Finding Help for Your Child (Approximately 11 minutes. Provides Washington State Resource Information.) • Chapter Four: Setting Up a Treatment Program 	<p>Online</p>	<p>1.0</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers and Social Workers</p>	<p>Statewide</p>	<p>75%</p>	
<p>Caregivers - Online Training</p>									

<p>Caregiver Core Training (CCT) - Online</p>	<p>The 24-hour Caregiver Core Training is made up of eight sessions (each three hours long) and a break for a field experience at the mid-point.</p> <p>Session 1: Introduction to the Child Welfare System Session 2: Working as a Member of a Team Session 3: Working with Birth Families Session 4: Cultural Connections and Advocacy Session 5: Growing Up with Trauma, Grief, and Loss Session 6: Understanding and Managing Behavior Session 7: Communication and Crisis Management Session 8: Getting Ready and the Effects on the Caregiving Family</p> <p>Field Experience: Participants have the opportunity to learn outside the classroom by choosing an activity that will give them more awareness of the experience of children within the system or of the role of a caregiver for children in the system.</p> <p>The sessions are designed to help you understand how the system works, what your role is as a member of the team, how to effectively work with birth families in order to best support the child, how caregiving may impact your own family, child development and the impact of trauma, all</p>	<p>Online</p>	<p>24</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	
<p>Effects of Abuse and Neglect on Child Development (eLearning for Caregivers)</p>	<p>This in-service eLearning is for foster parents and relative/ kinship caregivers who are interested in learning more about how child abuse, neglect and maltreatment effect the development of children in their care.</p> <p>This training is comprised of 5 sections: Section 1 explores the foundational concepts of child development. Section 2 reviews from birth to three years old. Section 3 discussion children from ages three to five years. Section 4 explores from five to 11 years. Section 5 reviews from age 11 to 17 years.</p>	<p>Online</p>	<p>3.0</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	

<p>Identifying and Supporting Commercially Sexually Exploited Children (eLearning for Caregivers)</p>	<p>This 90-minute in-service level course will help caregivers identify and support youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic practices that support helping these youth reach positive outcomes.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> - Know the legal definition of commercial sexual exploitation of children - Understand how commercial sexual exploitation might happen to a youth - Understand how experiencing commercial sexual exploitation may impact a youth - Be able to spot signs that youth are at risk for becoming (or are) commercially sexually exploited - Have strategies for caring for youth who are at risk for becoming (or have been) commercially sexually exploited 	<p>Online</p>	<p>1.5</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	
<p>Introduction to the Indian Child Welfare Act (ICWA), (eLearning for Caregivers)</p>	<p>This 3 hour eLearning provides Caregivers with an introduction to the Indian Child Welfare Act (ICWA), tribal sovereignty and the impacts on foster parenting. The Indian Child Welfare Act obliges child welfare agencies and caregivers to take certain steps to protect and preserve the rights and cultural and familial connections of children covered by the act. For non-Federally recognized tribes (and in other circumstances), Washington State enacted policy related to Local Indian Child Welfare Advisory Committees (LICWACs) to staff tribal cases and these impacts and supports are also discussed. This training explores the legal, historical, and social biases which have impacted and continue to have a disproportionate impact on Native American children and families. Caregivers will review basic information and skills needed to work with families and children who are covered under ICWA and LICWAC. The State of Washington's legal and policy guidelines around placement and permanency preferences for children covered by ICWA and LICWAC are explored, as well as the various manners in which Tribes can take jurisdiction or chose to otherwise be involved in Child Welfare cases. Skills and resources are also discussed to help caregivers support and develop a child's cultural identity and tribal connection.</p>	<p>Online</p>	<p>3.0</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	

Parent Child Visitation (e-learning for caregivers)	<p>Participants learn the importance of parent-child visitation and its association with improved child adjustment and permanency outcomes for children in foster care. They also learn the importance of the following elements of parent-child visitation in the case plan and case management activities:</p> <ul style="list-style-type: none"> • Levels of supervision based on the safety threats and progress made by parents • Appropriate people to assist with the visits • The best location for parent-child visits • <u>Reporting information about the visit to the Court</u> 	Online	0.8	1	Alliance	Caregivers	Statewide	75%	
Prudent Parenting	<p>This e-learning on Prudent Parenting is for both Caregivers and Social Workers. This training discusses the parenting decisions that fall to the Caregiver according to the Prudent Parent Law, provides a few additional considerations when making prudent parenting decisions for children in care, and presents several scenarios that address frequently asked questions related to the Prudent Parent Law.</p>	Online	0.8	1	Alliance	Caregivers	Statewide	75%	
So You Have Your First Placement – Now What? (eLearning for Caregivers)	<p>Everything you need to know about agency processes:</p> <ul style="list-style-type: none"> • Procedures and paperwork • Meetings and court proceedings • Allegations and investigations • Miscellaneous information <p>This class will help you to be familiar with your regional paperwork and policies. This is an excellent class for both new and experienced caregivers.</p>	Online	3.0	1	Alliance	Caregivers	Statewide	75%	
Youth Missing from Care	<p>This 1 hour in-service eLearning is designed to provide caregivers with the information needed to identify, support, and intervene with youth who are living in care and are at risk of running away. Caregivers will learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of them running. Legal and procedural requirements are presented so caregivers can successfully partner with Social Service Specialists and understand what steps to take when a youth is missing from care, and when they return. Caregivers will learn how to participate with youth and Social Service Specialists in the development of a Run Prevention Plan for youth identified as being at risk of running, and a Returning Child De-briefing to assess the youth's immediate needs upon their return to care.</p>	Online	1	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 2 - Why the First 2,000 Days Matter: A Look Inside the Brain	<p>This 1 hour class covers the following:</p> <ul style="list-style-type: none"> -How brains are built. An enormous amount of brain development occurs in the first five years. -Early childhood experiences shape the physical development of the brain. -The strength of connections formed in a child's brain depends, to a certain extent, on the frequencies of experiences they have in their lives. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	

I-LABS Module 3 – The Importance of Early Interactions	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -School-readiness starts from birth. Early cognitive and social experiences play an important role in children's early development. -Children are particularly attuned to other people, and learn best from face-to-face interactions. -Children are incredibly social. Using eye-gaze, pointing, infant-directed speech, and contingent actions can draw children's attention to their environment and support learning. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 4 – The Power of Learning Through Imitation	<p>This hour long class covers the following key points:</p> <ul style="list-style-type: none"> -From the first day of life, children watch others and imitate their actions to learn about the physical world and their culture. -As they grow older, they can remember actions for longer (deferred imitation), and use them to navigate situations (generalizations). -Children's brains seem ready to imitate-studies have found similar changes in infants' brain activity whether they are doing an activity or just watching it. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 5 – Understanding Emotions	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Children take cues from other people to guide their emotions and behavior, especially in new situations (social referencing). -Children even learn from interactions they're not directly involved in – they pick up on emotional states of others just from watching and listening. -In their second year of life, children begin managing their own emotions or behaviors (self-regulation), often using others' reactions to guide their actions. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 6 – Language Development: Learning the Sounds of Language	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> - Language learning begins before birth. A young brain is particularly ready to learn language. -When listening to language, infants engage in statistical learning. This helps them become sensitive to the specific sounds of their native language. -Face-to-face interactions are critical for language learning. In the first year of life, social interactions expose children to language. They also prepare the infant brain for speaking. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 7 – Development of Attachment	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Babies have a biological need for loving care. They begin forming an emotional bond with their caregivers at birth. Infants form an attachment to primary caregivers by the end of their first year. -The quality of attachment relationships is different for each child. Child and family factors can affect attachment quality. -Attachment relationships during infancy can have lasting effects on children's development. Yet, attachment quality can improve with proper support. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	

I-LABS Module 8 – Attachment in Practice	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Attachment is a dyadic relationship. This means that an attachment relationship depends on both the adult and the child. -Attachment security is on a continuum. Children’s attachment behavior can be more or less secure. Their behavior depends on the caregiving they receive. -A child is more likely to form a secure attachment when her caregiver provides consistent and sensitive care. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 9 – Sharing Attention During Early Childhood	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -From birth, children show interest in other people. By late infancy, they engage with others through joint attention. Joint attention is sharing attention between objects and other people. -Around one year of age, children recognize the importance of other people’s eyes. They begin to follow others’ eye gaze. -Children’s gaze following predicts other developmental outcomes, like language development. Sharing eye gaze doesn’t come as naturally to children with Autism Spectrum Disorder (ASD). This can affect their language and communication skills. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 10 – Language Development: From Listening to Speaking	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Babies begin making vowel-like sounds soon after birth. They soon add consonant sounds. Then they transition to syllables, words, and finally sentences. This pattern is similar across different cultures and languages. -Children use different strategies to learn words and word combinations. During the process of learning, they sometimes make errors in word or sentence use. As they hear more language, their use of words and sentences becomes more adult-like. -Language learning begins at birth! Those children who hear more language and experience more high quality interactions tend to produce more words and longer sentences. 	Online	1.0	0	Alliance	Caregivers	Statewide	75%	
I-LABS Module 11 – Bilingual Language Development	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -The brain is primed to learn language in the first few years of life. As we age, it becomes harder to learn a second language. -Language is the product of our experiences. The amount and type of language input determines our language outcomes. This is true whether we’re learning one or two languages. -Bilingual and monolingual children develop language at the same pace. -Bilingualism is associated with cognitive advantages, such as better flexible thinking skills 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	

<p>I-LABS Module 12 – Temperament in Early Childhood</p>	<p>This hour long class covers the following points: -Babies are born with different temperaments or ways they approach everyday events and challenges. Biology helps determine temperament, but environment and experiences also influence a child’s temperament and development. -Temperament consists of three dimensions: positive reactivity; negative reactivity; and attention, soothability, and regulation. Each dimension is a continuum, meaning a child can show more or less of a behavior. -You cannot change a child’s temperament, but you can adapt your behavior and environment to meet the child’s needs. This is creating goodness of fit between your expectations and a child’s temperament.</p>	<p>Online</p>	<p>1.0</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	
<p>I-LABS Module 13 – Race Today: What Kids Know as They Grow</p>	<p>This hour long class covers the following points: -Race is meaningful in our social world and racism still exists today. -Racism is like a conveyor belt and we are all on it. It is our responsibility to work actively to recognize and work against racism in our society. Otherwise we will continue to live as a member of a racist society. -Kids are aware of race and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Kids form racial identities. They recognize that their race and racial group is part of who they are and how others see them. -Research suggests that not talking about race with kids increases racist thinking and racism. Racial silence will never create racial equality, but talking about race can!</p>	<p>Online</p>	<p>1.0</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	
<p>I-LABS Module 14 – “Racing” Towards Equality: Why Talking to Your Kids About Race is Good for Everyone</p>	<p>This hour long class covers the following points: -Race is meaningful in our social world and racism still exists today. -Our actions matter - what parents do – or don’t do – is a strong indicator of children’s attitudes about race. -Our words matter too! Research suggests that not talking about race with kids increases racist thinking and racism. But talking about race can be one of the best ways to counteract racism. -Kids are aware of race, form racial identities and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Preventative and Reactionary ‘race chats’ are an effective way to discuss race and racism with children. These conversations with evolve and change over time, as a child grows. -We do not need to have all the answers to have effective ‘race chats’ with children. We just need to be open, and be able to offer a safe space to talk.</p>	<p>Online</p>	<p>1.0</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	

I-LABS Module 15 – Early Music Experience	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -The brain learns musical information very early in development. Infants learn from listening to music in their environment and culture. -Research suggests that infants have a sensitive period when their brains are particularly primed to learn the basic structure of musical components. -Music and language share some key elements, such as pattern and rhythm. Practice with musical patterns and rhythms may help young children learn language patterns and rhythms. -Musical experiences may help children build other skills, too. For instance, music training has been linked to executive function skills, and moving to a beat in time with another person can help build social-emotional skills. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 16 – Foundations of Literacy	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Spoken language skills serve as the foundation for literacy development. Literacy involves years of systematic instruction and practice. -Children may enter kindergarten with a range of pre-literacy skills. It is important for teachers to provide a rich literacy environment for all children. Reading to and with children is a great way to boost pre-literacy skills. -The brain is not born to read. With practice, our brains learn to recognize words, match words with sounds, and associate those words with meaning. -Some people have more difficulty learning to read than others. But this does not mean that they won't ever learn how or that they are less intelligent. Many different factors contribute to a child's pre-literacy skills. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 17 – Development of Literacy	<p>This hour long class covers the following points:</p> <ul style="list-style-type: none"> -Literacy is an important part of daily life. It helps empower a child's educational, societal, and civic development. -The best curricula for teaching children how to read include explicit instruction in phonological awareness. Explicit classroom instruction is a key part that builds on a strong foundation of phonological awareness. -Some children have difficulty learning to read. Research tells us that it is important to identify struggling readers early on, and to provide them with extra support before they fall behind their peers. -Early intervention helps struggling children build foundational skills and improve their reading ability. Effective programs encompass the school, home, and community. 	Online	1.0	1	Alliance	Caregivers	Statewide	75%	

<p>I-LABS Module 18 – Learning to Make Things Happen: How Children Learn Cause-and-Effect</p>	<p>This hour long class covers the following points: -In the first year of life, babies already start to make predictions about what things are causes and what are effects. By the time they are in preschool, children are proficient causal learners, ready to engage in and learn from causal lessons. -Children of all ages learn how to make things happen on their own from watching what other people do. They do this even if the people they are watching make mistakes or things don't work perfectly. -Cause-and-effect relations also occur between living things. Figuring out how to cause people to change their behavior is important for children's social development. -Lessons about cause-and-effect happen at home and in the classroom all the time, with little or no need for special tools, toys, or preparation.</p>	<p>Online</p>	<p>1.0</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	
<p>I-LABS Module 19 – Early STEM Learning</p>	<p>This hour long class covers the following points: -It is important to build children's STEM (science, technology, engineering, and math) skills starting at an early age so they become fluent. -Parents/teachers can provide children with a variety of STEM materials and activities, and ask questions about what children observe and expect. -Doing STEM activities with other people can help children enjoy STEM.</p>	<p>Online</p>	<p>1.0</p>	<p>1</p>	<p>Alliance</p>	<p>Caregivers</p>	<p>Statewide</p>	<p>75%</p>	

FamLink Training Estimated Costs: \$632,359

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Adoptions	Participants will learn and practice skill in Compressive Family (Child) Assessment and Court Report adoption referral, adoption support registration, legal and APR documentation in FamLink. Participants will learn how to access information and complete redactions. The course will teach and build skill in file upload and CSEC assessment access and data input in FamLink.	Classroom, E-Learning & Immersive Learning	5.0	12	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Advanced Placement Skills for Placement Workers	This course teaches through skill practice how to search in FamLink for cases and providers. Participants will learn advanced searching steps, how to complete overcapacities, placements, file uploads and maintain, manage and track child location.	E-Learning	1.0	24	CATS Trainer/Coach	Placement Workers	Statewide	75%	
Advanced Search	This course teaches through skill practice how to search in FamLink for difficult to reach people, cases and providers in FamLink. Advanced searching steps and criteria will be taught.	E-Learning	1.0	24	CATS Trainer/Coach	New and Existing CA FamLink Users	Statewide	75%	
Basic FamLink Navigation and Search	Participants learn and practice basic FamLink navigation using real case scenarios. Participants learn to search for information in the FamLink system by case, person, worker or provider. Tips and troubleshooting is explored. Participants will learn and practice basic intake/screening workflow in the context of answering a call from a community member with a child welfare concern.	Classroom, Virtual Classroom, E-learning & Immersive Learning	5.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Basic FamLink Navigation and Search for Attorney General	Participants will learn and build skill in basic FamLink navigation, all search functions, accessing legal records, basic participation information and case notes.	Classroom	2.5	2	CATS Trainer/Coach	Attorney General Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Department of Health	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	Department of Health Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Discovery Staff	Participants will learn and build skill in basic FamLink navigation, all search functions and redaction.	Classroom	2.5	2	CATS Trainer/Coach	Discovery Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Division of Child Support	Participants will learn and build skill in basic FamLink navigation and all search functions	Classroom	2.5	2	CATS Trainer/Coach	Division of Child Support Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Health Care Authority	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	Health Care Authority Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Public Disclosure	Participants will learn and build skill in basic FamLink navigation, all search functions, redaction and accessing case notes.	Classroom	2.5	2	CATS Trainer/Coach	Public Disclosure Staff	Headquarters	50%	
Basic FamLink Navigation and Search for State Auditor's Office	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	State Auditor's Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Tribes	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	Tribal Social Services Staff	Headquarters	50%	
Child Abuse and Neglect Collaborative Case Planning and Documenting - Training for Trainers	Participants will learn through real life scenarios and skill practice all aspects of FamLink access and documentation through classroom, e-learning and immersive training. Adult learning theory, strengths based practice, supporting positive skill development, understanding the impact of working in a child welfare environment and how to provide culturally relevant training will be taught. Coaching, Team consulting, communication with supervisors and administrative staff and planning with agency and stakeholders skills will be developed. Learning to focus on improving child welfare outcomes is a theme throughout the course.	Classroom	16.0	3	Training Architect	CATS Coaches & Trainers	Statewide	75%	
Case Closure	Participants will learn how to check all relevant areas of FamLink to case closure and how to close and approve all work which enables a case to be successfully closed. This includes accessing and checking AFCARS, outcome measures, initiating a request for closure and approval.	E-Learning & Immersive Learning	0.45	72	CATS Trainer/Coach	New CA FamLink Users Supervisors	Statewide	75%	
Child Health and Education Tracking	This course teaches through skill practice how to enter education case notes, the CHET summary, how to input medical notes and how to order medical records and enter them in FamLink.	E-Learning	4.0	6	CATS Trainer/Coach	CHET Screeners	Online	75%	
Clerical	Participants will learn and build skill in basic FamLink navigation, all search functions, launching court reports, accessing and entering legal, fiduciary, Payment Program (SSPS) and entries, and payments. Participants will learn and practice using Modis, accessing and entering case note and updating maintain case page.	E-Learning	3.0	24	CATS Trainer/Coach	New CA FamLink Users	Online	75%	
Commercially Sexually Exploitation of Children (CSEC) Tool Access and Entry in FamLink	Participants will have an overview of CSEC and the CSEC assessment tool in FamLink. Skill practice on accessing the tool, assessing youth needs in relation to sex trafficking, filing out the tool and saving is taught.	Classroom, E-Learning & Immersive Learning	2.5	12	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Comprehensive Family Assessment and Court Report	Using real life scenarios participants will learn how to enter case notes, the Comprehensive Family Assessments, court reports, Family Team Decision Meetings, Permanency/Concurrent Planning Review meetings, Annual Permanency Reviews and 17 and ½ yrs. staffings, Child Protection Team meetings and Local Indian Child Welfare Advisory Committee meetings. The course will cover how to access and review payments and services. Participants will learn how to do Child in Need of Services filings. Participants will learn safety, risk, family strengths and needs and reunification assessments and documenting in FamLink. The course will teach knowledge and skill building in Youth at Risk and CSEC Assessments.	Classroom, E-Learning & Immersive Learning	5.0	50	Classroom E-Learning Immersive Learning	New CA FamLink Users	Statewide	75%	
Continuum of Care	This course teaches through skill practice how to locate a resource family for a child in out of home placement, steps to establish the family as an approved caregiver including immediate assessment and automated documentation of child's location in FamLink. Participants will learn advanced searching steps, how to complete overcapacities, placements, file uploads and maintain, manage and track child location.	Classroom, E-Learning & Immersive Learning	2.5	50	CATS Trainer/Coach	Placement Workers	Statewide	75%	
FamLink CPS: Investigation and Assessment, Visit Plans and Court Reports	Using real life scenarios the Participants will learn how to write Case notes and enter them in FamLink. They learn how to document the Initial Face to Face (IFF) visit, Safety Assessment, and Risk Assessment. They learn how to document Determination, Investigation Assessment, FAR Assessment, case notes and launching court reports in FamLink. The participants will have skill practice with documenting Family Team Decision Meetings and Perm Planning meetings. How to access and write Visit Plans. CSEC assessments will be taught and practiced.	Classroom, E-Learning & Immersive Learning	5.5	50	Classroom E-Learning Immersive Learning	New CA FamLink Users	Statewide	50%	

Department of Early Learning (DEL)	Participants will learn and build skill in basic FamLink navigation, all search functions and accessing licensing, intakes, investigations and provider actions. Management of their providers and licenses.	Classroom	2.5	3	CATS Trainer/Coach	Department of Early Learning	Headquarters	50%	
Department of Licensing Resources	This course teaches through skill practice how to search in FamLink for people, cases and providers. Participants will learn how to fill out a home study, enter background check result and upload documents. Creating licensing parameters and data entry in FamLink will be taught. Through skill practice participants will learn about Licensing infractions documentation and entry in FamLink. Participants will learn how to access and enter case notes, compliance agreements and how to make modifications to maintain provider and participants.	Classroom, E-Learning & Immersive Learning	5.0	12	CATS Trainer/Coach	Licensing Workers	Statewide	75%	
Education	Participants will learn how to create and access the education historical record, current school, grade and progress. The course will teach how to upload an IEP, 504 Plan and documentation. For out of home placement children, participants will learn how to identify educational information from Office of Superintendent of Public Instruction (OSPI) as it relates to case planning.	Classroom, E-Learning & Immersive Learning	2.5	30	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
FamLink Field Application	The video trainings developed to support real time information for field workers on viewing, documenting and processing case management information specific to assessing child safety and family needs from the field.	E-Learning	0.30	6	CATS Trainer/Coach	All CA Line Staff and Supervisors	Online	50%	
FamLink Mobile Releases	FamLink mobile continues to add functionality. Training on new functionality as it is released.	E-Learning	0.30	1	CATS Trainer/Coach	All CA Line Staff and Supervisors	Online	50%	
FamLink Modernization CCWIS System	New functionality will be built out from the existing FamLink system. Training on new functionality as it is released.	Classroom	27.0	72	CATS Trainer/Coach	All CA Line Staff and Supervisors	Statewide	75%	
FamLink Security	Using real life scenarios, participants will learn basic knowledge of FamLink security structure; including password criteria, do's and don'ts, troubleshooting and best practices.	Classroom & E-Learning	1.5	12	CATS Trainer/Coach	New and Existing CA FamLink Users	Statewide	50%	
FamLink Training for Trainers	Participants will learn through real life scenarios and skill practice all aspects of FamLink and mobile, classroom, e-learning and immersive training. Adult learning theory and practice will be taught. Coaching, Team consulting and planning with agency and stakeholders skills will be developed.	Classroom	16.0	3	Training Architect	CATS Coaches & Trainers	CATS Office Spokane	50%	
Fiduciary FamLink Training	Participants will learn and build skill in basic navigation in FamLink, to include assignment and documentation of placement and payment information.	E-Learning	1.0	1	CATS Trainer/Coach	New CA FamLink Users	Online	75%	
Health Folder	Participants will learn how to document and access medical Diagnosis, Well child exams, allergies, immunization and mental health visits in FamLink.	E-Learning	0.45	1	CATS Trainer/Coach	New CA FamLink Users	Online	75%	
ICW	Participants will learn and build skill in basis navigation in FamLink and accessing and entering Case notes, updating the maintain person page and documenting ICW active efforts. This course can be tailored to the needs of both SSS and Tribal Social Services as well as their level of access to FamLink.	Classroom & E-Learning	1.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Independent Living Skills (ILS)	Participants will learn and build skill in basic FamLink navigation and all search functions and how to complete ILS Assessments.	Classroom	2.5	6	CATS Trainer/Coach	ILS Contracted Providers	Region as Requested	75%	
Intake	Using real play scenarios, participants will gain knowledge and skill in using and navigating Washington State's Call Management System. Participants will learn and practice using a safety screening assessment, screening inquiry, Intake screens, determination, initial decision, supervisor review, decision and assignment. Searching internal and external sources (ACES/Barcode) will also be explored and practiced. Making collateral calls and data entry will be practiced. The course covers law enforcement notification, generating a referral document and assigning intake to case. Accessing and filling out the Commercially Sexual Exploitation of Children (CSEC) Assessment is covered. This class is also recommended for new CPS Supervisors.	Classroom, E-Learning & Immersive Learning	8.5	12	CATS Trainer/Coach	New CA FamLink Users	Statewide	0%	100% TANF
Introduction to FamLink	Participants will understand the Continuum of Care for Child Welfare in Washington State and how the components of FamLink serve the workflow. Participants will learn the use of the Mobile tools (tablet, docking station, iPhone) Login and set up. System history and CCWIS Policy will be explored. Software tools for FamLink field work will be taught, accessed and coached. Participants will gain knowledge of the FamLink Desktop and organization, common terms, glossary and terminology. Common FamLink components will be demonstrated and skill practice incorporated.	Classroom & Virtual Classroom	4.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Investigation and Assessment, Visit Plans and Court Reports	Using real life scenarios the participants will learn how to create case notes and enter them in FamLink. They learn how to document the Initial Face to Face (IFF) visit, Safety Assessment, and Risk Assessment. They learn how to document Determination, Investigation Assessment, FAR Assessment, case notes and launching court reports in FamLink. The participants will have skill practice with documenting Family Team Decision Meetings and Perm Planning meetings. How to access and create Visit Plans. CSEC assessments will be taught and practiced.	Classroom, E-Learning & Immersive Learning	5.5	50	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Legal	Participants learn and practice creating a legal action and legal results for every dependency and permanency review hearing. Along the Child Welfare continuum of care, They learn and practice generating caregiver report to the court notices, termination referrals, and compelling reasons to file or not file; aggravated circumstances. They will understand that termination applies to the parent and not to the child. They will understand FamLink fields and mapping to important auto population documents for legal.	Classroom, E-Learning & Immersive Learning	5.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Maintain Case/Person	Participants will learn person based identification information, needed for case building and AFCAR, NYTD, and Federal and State Outcome reporting. Data entry of participant and case information entry and maintenance will be covered. Mapping of data that auto-populates into key areas and documents will be learned. Knowledge and skill in correcting errors will be practiced.	Classroom, E-Learning & Immersive Learning	2.5	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
New Supervisor/Manager	New supervisors will learn in FamLink and mobile how to make primary, secondary and child assignments. Participants will learn the legal functions for supervisors in FamLink and how to manage the intake straw on the laptop, tablet and phone mobile technology. Placements and placement corrections will be taught as well as; approvals for placement, service referrals, licensing, home studies and case closure. Assessments and approving in addition to FamLink reporting are taught in the course.	Classroom, E-Learning & Immersive Learning	5.5	12	CATS Trainer/Coach	New CA Supervisors	Statewide	75%	
New Technology and Devices to Support FamLink	New technology updates are deployed to line staff to support mobile functionality of FamLink. Training on new devices and integration with FamLink	Classroom, E-Learning & Immersive Learning	2.0	72	CATS Trainer/Coach	All CA Line Staff and Supervisors	Statewide	50%	
Our Kids - Training Private Agencies, Licensed Homes and DLR Licensed Homes	Accessing the Foster Parent portal and the Our Kids app with be taught with skill building. The FamLink functions of the Our Kids app will be taught.	Classroom & E-Learning	1.0	72	CATS Trainer/Coach	Foster Parents & Relative Caregivers	Statewide	50%	
Placement	Participants will learn and practice how to enter Child Health Information Placement Requests (CHIPR), placements, over capacity, and how to document placement and care authority in FamLink. Participants learn the process and documentation of Relative and Fictive Kin placements along with how to make placement correction and close placements	Classroom, E-Learning & Immersive Learning	5.0	48	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Practice Profiles for All FamLink Competencies and Training Scenarios	Develop level competencies for each FamLink knowledge and skill area. Develop training scenarios in each skill area for assessment learning and evaluation of FamLink Training Program.	Classroom and E-Learning	12.0	18	CATS Trainer/Coach	New FamLink Users	Statewide	75%	
Relative/Fictive Kin Search	Participants will learn in-depth information and skill in searching internal and external sources for relatives and documenting relative information in FamLink. Entering and accessing Case notes is taught and practices.	E-Learning	1.0	1	CATS Trainer/Coach	NAIR/Relative Search Workers	Online	75%	

Resource Management, Administration, Help/Service Team	Participants will learn the Administration, resource management and service desk processes in FamLink for adding/closing users, entering permissions, searching for and fixing errors, completing merges, trouble shooting, training new features, data management activities, data fixes, completing incident reports and documentation.	Classroom & Immersive Learning	4.0	12	CATS Trainer/Coach	Help Desk, Administrators, Trainers & Super Users	Statewide	50%	
Service Referral	Participants will understand the parameters of services referrals and setting up authorizations for services for families and children in FamLink. They will learn how to enter and requests and view payments and tracking. Course will teach skills in file uploading and approval.	E-Learning	0.5	1	CATS Trainer/Coach	New CA FamLink Users	Online	75%	
Title IV-E Placement and Payment -Fiduciary FamLink Training	Participants will learn how to make authorizations and payments for all services that require a report or receipt; analyze payment documents for compliance with contractual terms, including rates, hours of services billed and number of slots for documenting in FamLink. Participants will learn how to document overpayments and underpayments in FamLink. They will gain skills to analyze, review and make recommendations concerning payments and perform financial reviews of SSPS payment data for FamLink entry. Fiduciaries will learn how to Maintain Services and gain knowledge about Service Relationships to include Inclusive and Exclusive Relationships and how to address duplicate service requests. Fiduciaries will gain competency in navigating FamLink dashboards for Service Referrals and Child Location.	Classroom, E-Learning & Immersive Learning	4.0	6	CATS Trainer/Coach	Fiduciaries	Statewide	75%	
Title IV-E Tribes	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	6	CATS Trainer/Coach	Tribal Social Services Staff	Region as Requested	75%	
Understanding Title IV-E Reporting - Using Data to Understand Outcomes and Support improved Practice Efficiencies	Teach staff how to use basic analytics and reporting to achieve better outcomes, improve service, and work more effectively. Using data reporting tool participants learn how to access and read reports and how to document AFCARS to support federal reporting	Classroom, E-Learning & Immersive Learning	12	72	CATS Trainer/Coach	FamLink Users	Statewide	75%	

Other CA Training Total Estimated Cost: \$75,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
DLR Orientation	This class will explain foster parent licensing regulations and licensing requirements. Required prior to attending the pre-service class.	DCYF	3	186	DCYF Staff	Caregivers	Statewide	75%	RMTS Base 590/592/593
DLR/CPS Specialized Track	This training is for new DLR/CPS staff that provides an overview work performed by DLR/CPS. The topics include: Introduction to DLR, an overview of the intake and assessment process, forensic photography, assessing clients with solution based casework (SBC), legal aspects, fatalities and critical incidents, minimum licensing requirements for foster homes and day care and safety assessments.	DCYF	35	2	DCYF Staff	DCYF Staff	Statewide	0%	100% TANF
Family Assessment Response (FAR)	Under the current Title IV-E Waiver, CPS differential response is an early intervention program to help keep children safely with their families. There is a statewide, rolling implementation with training occurring as field offices come online. Per an email from Region X dated 6/17/15 – this is an allowable Administrative expenditure under the Waiver.	DCYF	As offices come on board	As needed	DCYF Staff	DCYF Staff	Statewide	50%	RMTS Base 590/592/593 When the Title IV-E Waiver ends or is discontinued, Title IV-E will no longer be eligible for claiming

<p>Interviewing and Assessment of Allegations of CAN in Licensed Facilities</p>	<p>This course is for Children's Administration staff who are newly hired into a social work position with the Division of Licensing Resources (DLR) and who are responsible for responding to reports of concern or complaints regarding children in licensed foster homes or facilities. This training explains the process for responding to CPS concerns and WAC violations on foster homes. They are together because every CPS investigation on a foster home or licensed facility also has a related WAC violation.</p>	<p>DCYF</p>	<p>35</p>	<p>10</p>	<p>DCYF Staff</p>	<p>DCYF Staff</p>	<p>Statewide</p>	<p>0%</p>	<p>100% GFS</p>
<p>New Employee Training</p>	<p>Overview of regional structure, policy and procedures for new social workers including HIPPA, HIV/AIDS, BBP, Violence in the Workplace, Sexual Harassment, LEP, Deaf, Deaf-Blind and Hard of Hearing.</p>	<p>DCYF</p>	<p>4</p>	<p>12</p>	<p>DCYF Staff</p>	<p>DCYF Staff</p>	<p>Statewide</p>	<p>50%</p>	<p>RMTS Base 590/592/593</p>
<p>SSI Training</p>	<p>This training is for federal funding staff who work on Supplemental Security Income (SSI) services for children in foster care . The trainings may cover Title IV-E and SSI policies and procedures, best practices, and any changes in Federal Regulations, policies of community partners, or DCYF policies affecting the statewide SSI program as it relates to Title IV-E.</p>	<p>DCYF</p>	<p>2 Days</p>	<p>Annually</p>	<p>DCYF Staff</p>	<p>DCYF Staff</p>	<p>Statewide</p>	<p>75%</p>	<p>RMTS Base 590/592/593</p>

Title IV-E Training	For Title IV-E Specialists and Program Managers, trainings may cover Title IV-E determinations and re-determinations, policies, procedures and any changes in Federal Regulations affecting the claiming of Title IV-E for eligible children. This may include foster care candidate determinations and the interrelation of other program areas with Title IV-E such as SSI, Adoption and Relative Guardianship Assistance.	DCYF	2 Days	Annually	CA Staff	CA Staff	Statewide	75%	RMTS Base 590/592/593
Working Effectively with High-Risk Women: Making a Difference with the PCAP Difference Game	Participants learn how to use Parent Child Assessment Program (PCAP) case managers use the Difference Game card sort assessment tool to help clients 1) identify meaningful change goals; and 2) identify and take the incremental steps necessary to meet those goals. This course will include the theoretical basis for the Difference Game, demonstration and role play by experienced PCAP case managers, CA staff practice and role play with the cards with PCAP coaching, and Q and A.	DCYF	3.0	6	DCYF Staff	DCYF Staff	Statewide	75%	RMTS Base 590/592/593

Conferences Total Estimated Cost: \$181,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Annual Supervisor's Conference	The Annual DSHS Supervisors Conference brings together supervisory and management staff from every DSHS office across the state. Supervisors and management staff will hear dynamic speakers in the areas of relative caregiving, self-care, critical thinking, state-wide case review results, Indian Child Welfare, technology updates, as well as several other key areas directly related to their child welfare practice areas.	Conference	2 Days / 1 Conference	1	Various	Supervisors & Area Administrators	Tacoma	50%	RMTS Base 590/592/593
Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) Annual Conference	The conference will include national ICPC Training for beginners and Intermediate/Advanced Track training, Federal and Congressional Updates - States will receive updates regarding Title IV-E and Title IV-B programs related to Fostering Connections. In depth review and discussion of ICPC, child welfare and health and human services policies and programs which impact ICPC, interstate placements and children, youth and families. There will be a session on elevating ICPC to improve performance and outcomes throughout State Government and ICPC roundtables.	Conference	4 Days	1	Various	Social Workers & Supervisors	Seattle	75%	RMTS Base 590/592/593
Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA)	The conference will include ICAMA. What's expected and everything you need to know about ICAMA and the vital role it plays in securing and ensuring the receipt of adoption & guardianship benefits. NCAP will provide a broad range of information, resources, consultation and multidisciplinary services on adoption, foster care and child welfare. Federal legislative updates on the effects of the sunset provision and other legislation bearing on both adoption assistance populations and legislative concerns. Medicaid 101 - Training will cover the provision of Medicaid for the Title IV-E Adoption Assistance Programs	Conference	3 Days	1	Various	Social Workers & Supervisors	Chicago	75%	RMTS Base 590/592/593
Children's Justice Annual Conference	Annual conference offering workshops and keynote speakers re: child welfare; provide participants core and advanced training and knowledge enhancement regarding referral resources for abuse and neglect. Training addresses state agency personnel policies and procedures.	Conference	2 Days	1	Various	Social Workers & Supervisors	Spokane	75%*	RMTS Base 590/592/593
Annual Clerical Conference	The DSHS Clerical Conference is held annually. Topics covered include: FamLink, Advancing in State Service, Quality Assurance, Public Disclosure, Risk Involving Torts, Stress Management, Discovery Requests-Dependency/Tort Claims, Team Building, Resolving Challenging Customer Situations, and Self-Care.	Conference	12.5 hours	1	Various	CA Clerical Staff	Tacoma	50%	RMTS Base 590/592/593
Domestic Violence Symposium	A collaborative symposium promotes critical and innovative thinking for prosecution, law enforcement, civil and family law attorneys, advocates, judges, law students, social workers and child welfare professionals, corrections, mental health/healthcare professionals and others responding to survivors of gender-based/domestic violence.	Conference	3.0	3	Various	Social Workers & Supervisors	Statewide	75%	RMTS Base 590/592/593
FPAWS Annual Statewide Conference	Keynote Information Session, Adoption Support Information, Coordinated Plans, Social Media Warning Signs, Coordinated Care Info Session, working with LGBTQ youth, Resiliency in children, Early childhood brain development, Ombuds Office presentation, Letters of Understanding	Conference	1 Day	1	Various	Caregivers, Social Workers & Supervisors	Statewide	75%	RMTS Base 590/592/593

*CB Region 10 comment - Yes, DCYF is aware and the Title IV-E reimbursement rate is determined on the RMTS Base. Reminder: specific IV-E eligibility or non-IV-E allocation will vary depending on workshop topics/content and those attended by staff participating in the RMTS.

FPAWS Regional Mini Conferences (6)	Community Support Representatives serving caregivers; Accessing Caregiver Support; Educational Advocacy, Special Education Services; Working with Aggressive Youth; Attachment & Loss, First Nation's Perspectives; Social Media Warning Signs, Sensory Processing Dysfunction, Letters of Understanding, Office of Superintendent of Public Instruction session.	Conference	6 Separate Conferences	1	Various	Caregivers, Social Workers & Supervisors	Statewide	75%	RMTS Base 590/592/593
ICW Conference	This conference covers topics pertaining to Indian Child Welfare.	Conference	1	1	Various	Caregivers, Social Workers & Supervisors	Statewide	75%	RMTS Base 590/592/593
National Organization of Social Security Claimants Representatives (NOSSCR)	This conference is for federal funding staff who work on Supplemental Security Income (SSI) services for children in foster care. Conference classes cover a range of topics impacting youth in foster care from SSI eligibility, federal policies and procedures, benefits, Medicaid, changes in Federal Regulations, policies of community partners, to CA policies impacted by federal changes which affect the statewide SSI program as it relates to Title IV-E.	Conference	4 Days	1	Washington DC	CA Child Welfare and SSI Staff	Washington DC	0%	100% GFS
Passport to College Summit	Washington State's Passport to College Promise Program is designed to strengthen the post-secondary pipeline for current and former foster youth. The annual conference offers the 50 state colleges participating in the program, community-based organizations, government agencies, and policy makers the opportunity to provide cross system training, share best practices and develop strategic relationships aimed at strengthening the post-secondary pipeline.	College or University	1 Day	1	CA, WSAC, Treehouse, CSF, Casey Family Partners	Social Workers, School Counselors, Caregivers, Community Partners, CASA, Higher Education Professionals	Region 1	75%	RMTS Base 590/592/593
Working with Young Children and Families: How Understanding Development and Neurobiology Can Inform Your Practice	The development of a young child is profoundly influenced by experience. Experiences shape the organization of the brain which, in turn, influences the emotional, social, cognitive and physiological activities. Insights into this process come from understanding brain development. Trauma, neglect, chaos, threat and abnormal patterns of emotional, social, cognitive and physical interactions with young children lead to an array of brain-related problems. This presentation will review clinical work and research that can help us better understand the impact of adverse experiences on childhood and then suggest new directions for clinical practice including discussions related to the importance of relational repetition, regulation and "dosing".	Conference	1 Day	1 Time Only	Dr. Bruce Perry	Alliance Staff, Social Workers & Supervisors	Seattle	75%	RMTS Base 590/592/593

CWTAP Total Estimated Cost: \$8,000,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Child Welfare Training Advancement Program (CWTAP)	CWTAP provides qualified participants with specialized field education focused on casework in select Children's Administration offices. The field experience centers on topics such as abuse-and-neglect prevention, protective services, permanency planning, solution-based casework, and competency in working with diverse populations.	University Campus	2 yr. program	Ongoing	Faculty	MSW Students	University of WA (Seattle & Tacoma sites), Eastern WA University	75%	Non-CA students allocate to Title IV-E @ 75% and are assigned Title IV-E cases only. CA employed students are allocated to Title IV-E @ 75% with the penetration rate applied and are assigned both Title IV-E and non Title IV-E cases.

Region 1 Training Total Estimated Cost: \$354,100

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
CAPTA	Staff learn more about the Child Abuse Prevention and Treatment Act (CAPTA) as it relates to findings, investigations, letters to parents, and appeal processes.	DCYF	2	1	AAG	DCYF Staff	Region 1	0%	100% GFS
Child Abuse Peer Review Network	Staff cover various topics ranging from the types of questions we ask during an interview to how to properly fill out the form.	DCYF	3	2	DCYF	DCYF Staff & Law Enforcement	Region 1	75%	RMTS Base 590/592/593
Completing Quality Health and Safety Visits	Two-hour training about the key elements of a quality health and safety visit.	DCYF	2	10	DCYF	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
CPR/First Aid	Red Cross certification for CPR/First Aid	DCYF	4	1	Red Cross	DCYF Staff	Region 1	50%	RMTS Base 590/592/593
Disruptive Behavior Disorders	Topics relate to parenting adolescents in foster care due to: Oppositional Defiance Disorder, Conduct Disorder, Suicide, Self-Mutilation, Borderline Personality Disorder, and Psychotropic Medications	DCYF	8	1	Catholic Family & Child Services	DCYF and Community Partners	Region 1	50%	RMTS Base 590/592/593
Early Brain Development & Best Interest Decision Making in our Courts	Using science to inform decision-making. The power of quality childcare, mental health intervention for young children exposed to DV and trauma, essentials to effective parenting, addressing developmental needs in young children, and through the eyes of the infant.	Gonzaga University	8	1	Seattle University & Gonzaga	DCYFstaff, Lawyers, Judges, GALs	Region 1	75%	RMTS Base 590/592/593
Family Finding Basics	Strategies on how to find and engage families for children involved with the CW system. Covers the importance of life-long permanent connections.	DCYF	16	1	Casey Family Programs	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
Fatherhood Liaison	Training for liaisons for each of the Region 1 offices for engaging fathers in child welfare cases.	DCYF	2	1	DCYF	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
Fostering Well-Being Coordination Refresher	Explanation of programs, roles, health screen information, forms, immunizations, ethnic grooming, contacts, and FamLink documentation	DCYF	4	1	DCYF Region 1 Medical Consultant	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
FTDM Facilitator Training	FTDM facilitators to help better engage families and include families in the case planning process	Big Bend Community College	32	1	DCYF	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
Guardianship	Unsubsidized and subsidized Title 13 Guardianships & Relative Guardian Assistance Program (RGAP) requirements	DCYF	1	19	DCYF	DCYF Staff	Region 1	75%	RMTS Base 590/592/593

Legal Process for Serving Parents	Legal process for serving parents	DCYF	2	1	AAG	CA staff	Region 1	75%	RMTS Base 590/592/593
Mandatory Reporting and CPS Protocols and Disproportionality	Training on reporting abuse when there is reasonable cause to believe a child has been abused or neglected. CPS protocols	Schools, daycares, hospitals	3	6	DCYF Regional Program Consultant	Community, Tribes	Region 1	0%	100% TANF
MEPA (Multi-Ethnic Placement Act)	Training for all social workers and staff who have administrative MEPA Title VI oversight and responsibility.	DCYF	3	32	DCYF	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
Meth Exposure Training	Meth use and the impacts.	DCYF	2	1	Spokane Police Department	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
New Employee Case Review & Resource Training	Orientation of new employees to key federal review items. Introduction to the regional field guide and office resources.	DCYF	2	75	DCYF	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
Our Kids, Our Business	Discusses the connection of trauma during pregnancy and early childhood to long-term issues of mental illness, life choices, and health. Explores why we should invest early and what happens when we wait.	Spokane Convention Center	3.5	1	Empire Health, Children's Hospital, March of Dimes, CCS, Area Health Education of Center of Eastern WA at WSU	DCYF and Community Partners	Region 1	75%	RMTS Base 590/592/593
Pediatric Grand Rounds	Various topics held twice per month such as but not limited to: Scared Sick: The Role of Childhood Trauma in Adult Diseases, Diagnosis & Treatment of Pediatric Intellectual Learning Disabilities	Sacred Heart Children's Hospital	1	7	Children's Hospital	DCYF Staff, Medical personnel, Community Partners	Region 1	75%	RMTS Base 590/592/593
Policy Rollouts	This covers a variety of classes that offer social workers training in CA policy changes. Each class pertains to new and existing policy, changes to policy, and resources	DCYF	4	4	DCYF	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 1	50%	RMTS Base 590/592/593
Prevention Works	Youth suicide prevention.	Greater Spokane Substance Abuse Council	1	1	Youth Suicide Prevention Program	DCYF Staff and Community Partners	Region 1	75%	RMTS Base 590/592/593
Quality Case Review (OSRI) Training	A training about how to meet or exceed federal standards in case work. This training introduces line staff to the OSRI tool and the case review process.	DCYF	2	25	DCYF	DCYF Staff	Region 1	75%	RMTS Base 590/592/593

RAP Sheet Training	Reading FBI and State Transcript of Record. Washington State Patrol offers detailed information on each section of the RAP sheet and how to locate specific information. It assists in making decisions based on an individual's criminal history record	DCYF	5	2	Washington State Patrol	DCYF Staff	Region 1	50%	RMTS Base 590/592/593
Safety Boot Camp	Training focuses on assessing child safety across program areas, dynamics of child abuse and neglect from both a medical and social services perspective, critical thinking and AAG Lessons Learned	CA	10	16	CA	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
The New Dependency Petition	Tips and samples on how to draft petitions under the new format.	CA	1	1	AAG (Yakima)	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
Treehouse: Navigating through School Discipline and Special Services	Special Education process, evaluations, and qualifying categories, Individual Education Plan (IEP), 504 Plans and accommodations, General Education, Special Education Suspensions and expulsions, readmission process.	Spokane DCFS	3	3	Treehouse Advocates	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
Using Data to Improve Outcomes	How to understand and utilize key data elements in child welfare.	DCYF	2	6	DCYF	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
Working with Families with Domestic Violence Issues: Learning the Skills You Need	Two-hour refresher on DV statistics, signs and symptoms, safety planning (w/adult victim), fatality review regarding a DV victim. Also, discuss location services. (Yakima)	DCYF	2	1	YWCA DV	DCYF Staff	Region 1	75%	RMTS Base 590/592/593
Youth Gang Prevention and Intervention	Policy and community relations, Psychological Sociological development of gang members, NARCO Saints and Santisima Muerto.	WA Criminal Justice Training Center	8	1	Int'l Latino Gang Investigator Association	DCYF Staff, Police, Correctional facilities staff	Region 1	75%	RMTS Base 590/592/593

Region 2 Training Total Estimated Cost: \$280,472

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
ACES Training	ACES online - how to access, information within, how to read information	DCYF	4	2	ESD/CSD	DCYF Staff	Region 2	50%	RMTS Base 590/592/593
A Picture is Worth a Thousand Words	During this interactive training, staff will learn the policy requirements for photographing children and their environment, understand how pictures can enhance the quality of documentation in an efficient manner, and how to use the camera on your state issued iPhone.	DCYF	4	2	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
CFE Training	This training is designed to provide all of the essential information necessary to produce and full and comprehensive court report aka: CFE that is clear, direct and stands alone.	DCYF	1.5	2	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
New CFWS Worker Training	This one-time mandatory training is designed to provide NEW CFWS workers who have completed Regional Core Training with a detailed overview of safety-focused policies, tools, and best practices needed to thrive while managing a caseload. At the end of the training each worker will be provided with a field binder that includes vital guides, tools, and practice information essential to identifying, assessing, and addressing child safety as well as engaging parents and caregivers while in the field.	DCYF	3	12	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
Comprehensive CPS Interventions	Training is focused on gathering AND analyzing information to adequately assess and address safety in the home through Child Interviews, Subject/Parent Interviews, and gathering appropriate collateral information	DCYF	3	2	DCYF-QPS	CA Staff	Region 2	0%	100% GFS
New CPS Worker Training	This training is designed to provide new CPS (Investigations & FAR) workers & Supervisors with a detailed overview of what constitutes a comprehensive CPS intervention beginning with the moment a worker receives an Intake. At the end of the training the worker will be provided with a field binder that includes vital guides, tools, policies, and best practice information essential to completing work in the field.	DCYF	3	12	DCYF-QPS	CA Staff	Region 2	0%	100% GFS
Disproportionality Awareness and Cultural Competence	True Colors - Native American Relative Search, Cross Cultural Communication Skills and strategies for multicultural organizational change	DCYF	6	4	Community Partners	DCYF Staff	Region 2	75%	RMTS Base 590/592/593

FTDM Facilitator Training	FTDM facilitators to help better engage families and include families in the case planning process	DCYF	32	2	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
FVS Case Planning from Day 1	Family Voluntary Services (FVS) allows parents to voluntarily engage in services to increase their protective capacities and meet the child's safety, health, and well-being needs. A Case Plan specifies what must change to reduce or eliminate safety threats and increase the parents or caregivers' protective capacities. This training is intended for the new and experienced FVS Social Service Specialist. Direct instruction will provide you a framework on working with families to identify the safety threats/risk, reduce the risk of maltreatment through cooperatively identifying goals that improve family functioning from day 1.	DCYF	4	2	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
Group De-Escalation	Geared toward FTDM Facilitators to provide guidance and training around effectively handling issues and scenarios during FTDM meetings.	DCYF	3	1	DSHS/ERMO	FTDM Facilitators	Region 2	75%	RMTS Base 590/592/593
Incredible Years	Training on appropriate referrals to parenting interventions and services	DCYF	8	2	DCYF-QPS	CA staff, Community Partners	Region 2	0%	100% GFS
Indian Policy - 7.01	This policy defines the Department's commitment to consultation with Federally Recognized Tribes of Washington State to work in collaboration with Recognized American Indian Organizations and individual American Indians and Alaska Natives in the planning of DSHS service programs.	DCYF	3	7	DCYF Staff	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
Infant Safety Refresher	Staff across program will receive a refresher training on the policy and practice requirements associated with assessing and addressing infant safety. This includes, but is not limited to an overview of the agency's "Infant Safety Education and Intervention" policy, how to develop and document a Plan of Safe Care, observing and documenting a safe sleep environment.	DCYF	4	4	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
Mandated Reporter Training	This training defines child abuse and neglect and the laws around reporting concerns of abuse and neglect.	DCYF	3	12	DCYF-QPS	DCYF Staff	Region 2	0%	100% GFS
MEPA (Multi-Ethnic Placement Act)	Training for all social workers and staff who have administrative MEPA Title VI oversight and responsibility	DCYF	7	33	DCYF	DCYF Staff	Region 2	75%	RMTS Base 590/592/593

CB Region 10 comment: mandated reporter training is not IV-E eligible; revise allocation.

NCAST - Keys to Caregiving Feeding Scales/Teaching Scales	Strength based NCAST assessment builds on the assets a parent/caregiver already possesses while creating a more enjoyable relationship between parent/caregiver & child. This evidence based tool teaches parents/caregivers to read their infant's behavioral cues in order to foster developmental and social growth.	DCYF	80	2	DCYF	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 2	0%	100% GFS
New Employee Orientation	Employee checklist of CA policies and procedures.	DCYF	6	As needed	DCYF	DCYF Staff	Region 2	50%	RMTS Base 590/592/593
New Supervision Orientation	Provides oversight of navigation of FamLink, closure errors, AFCAR fixes, how to run and interpret reports. Covers proper use of extensions, managing approvals and assigning cases.	DCYF	2	25	DCYF	DCYF Supervisors	Region 2	50%	RMTS Base 590/592/593
Organizational Skills	This group training is designed to provide staff with tips, tools, and skills specific to organizing tasks associated with their roles as case carrying Social Service Specialists. This includes, but is not limited to assisting staff with identifying his/her organizational style, effectively utilizing Outlook (task manager, calendar, and email) to manage deadlines, reminders, and tasks; time management, and efficient planning.	DCYF	4	4	DCYF-QPS	DCYF Staff	Region 2	50%	RMTS Base 590/592/593
Parent Engagement Training	This training is designed to inform/remind new and veteran social workers about the importance of developing good communication skills with parents that are authentic, believable, inclusive and effective in incorporating parents with case plans. This training will also address reducing identified safety risk in the family home that increases the likelihood of reunification.	DCYF	3	2	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
PDP & Talent Management	Training provided by HRD staff to Supervisors on personnel actions and procedures	DCYF	3	3	HRD	DCYF Supervisors & Area Administrators	Region 2	50%	RMTS Base 590/592/593
Policy Rollouts	This covers a variety of classes that offer social workers training in CA policy changes. Each class pertains to new and existing policy, changes to policy, and resources	DCYF	4	4	DCYF	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 2	50%	RMTS Base 590/592/593

Project Safe Care	Training on appropriate referrals to parenting interventions and services. Participants learn about the Project Safe Care program, which is a 16-20 week in home parenting intervention that focuses on child health, home safety, and parent-child interactions. Participants learn how to make the right referral to certain parents. They learn about the weekly parents group, and the type of strategies taught to parents for handling different behaviors with their children.	DCYF	32	1	DCYF	DCYF Staff and Community Partners	Region 2	0%	100% GFS
Promoting First Relationships	This is parenting curriculum that focuses on the social and emotional development/needs of birth to three year olds. Provides consultation strategies for working with parents and other caregivers.	DCYF	8	8	DCYF	DCYF Staff	Region 2	0%	100% GFS
RAP Sheet Training	How to read a RAP sheet correctly and what the information means as well as where to find information	DCYF	4	2	Washington State Patrol	DCYF Staff	Region 2	50%	RMTS Base 590/592/593
Reading WSP and FBI Rap Sheets	Reading FBI and State Transcript of Record. Washington State Patrol offers detailed information on each section of the RAP sheet and how to locate specific information. It assists in making decisions based on an individual's criminal history record.	DCYF	7	2	Washington State Patrol	DCYF Staff	Region 2	50%	RMTS Base 590/592/593
Risk Only Intakes "From IFF to IA Approval"	This training will provide FVS and CFWS staff an overview of the policy expectations for CPS risk only intakes, and the importance of gathering information to complete the IA and assess for child safety.	DCYF	2	4	DCYF-QPS	DCYF Staff	Region 2	50%	RMTS Base 590/592/593
Safety Boot Camp	This training focuses on: identifying abusive injuries in children, assessing child safety across programs, the dynamics of abuse and neglect, collaborating and consulting with medical and LE providers, and interviewing for safety (child and adult).	DCYF	10	2	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
Safety Focused Documentation	This training focuses on how to effectively document using behaviorally specific descriptions and objective language, to ensure child safety and meet requirements.	DCYF	4	2	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
Safety Framework Refresher	CPS/FVS- focus on understanding each part of the Safety Framework to improve timely identification and subsequent application of the safety framework to ensure child safety. CFWS - Identify and discuss key decision points in case planning where utilizing the Safety Framework is required and/or best practice to ensure child safety, drive permanency and plan for risk.	DCYF	5	6	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593

SDM Refresher	The Structured Decision Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS.	DCYF	2	4	DCYF-QPS	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
Understanding the Federal Requirements for Case Review	Training developed to introduce or revisit how to accurately complete the SDM in order to accurately determine the need for service provision and identify risk of future CA/N.	DCYF	2	48	DCYF	DCYF Staff	Region 2	75%	RMTS Base 590/592/593
Writing Dependency Petitions	What to include in petitions, what not to include and the relevant timelines.	DCYF	4	2	DCYF	DCYF Staff	Region 2	75%	RMTS Base 590/592/593

Region 3 Training Total Estimated Cost: \$285,834

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Afterhours Training	Training focuses on comprehensive assessment, worker safety, reviewing an intake, assessing Risk and Safety, working with LE and Safety Interviews, navigating the hospitals, placements and infant safety.	DCYF	3.0	16	DCYF	DCYF Staff	Region 3	75%	RMTS Base 590/592/593
Court Procedures	Disclosure/discovery; Preparation for Shelter Care; ICWA notice; Testifying; Preparing for review hearings; Permanency planning/terminations; Guardianship/adoption; appeals	DCYF	4	8	DCYF	DCYF Staff	Region 3	75%	RMTS Base 590/592/593
CPS Miscellaneous	Different CPS topics: interviews, injuries, medical professional partnerships, domestic violence.	DCYF	4	40	DCYF	DCYF Staff	Region 3	0%	100% TANF
FamLink/Case Closures	Provide updated FamLink training on how to navigate in FamLink	DCYF	4	24	DCYF	DCYF Staff	Region 3	75%	RMTS Base 590/592/593
FTDM Facilitator	Training for CA staff and community tribal staff to facilitate and conduct FTDM meetings. Teaches and enhances both basic and complex listening, facilitation, and group leading skills.	DCYF	32	4	DCYF	DCYF Staff, Tribal, Community Partners	Region 3	75%	RMTS Base 590/592/593
Mandated Reporting	Training on what is means to be a mandated reporter	DCYF	3	6	DCYF	DCYF staff, Community Partners	Region 3	0%	100% GFS
MEPA (Multi-Ethnic Placement Act)	Training on Title VI & Multi-Ethnic Placement Act (MEPA) to provide staff information regarding federal compliance requirements, purpose, guidelines and mandates that must be followed as part of any placement or adoption decision	DCYF	8	24	DCYF	DCYF Staff	Region 3	75%	RMTS Base 590/592/593
Military Training	Training on what needs to take place to provide services to local military bases	DCYF	4	6	DCYF	DCYF Staff	Region 3	75%	RMTS Base 590/592/593
New Employee Orientation (NEO)	Training for new employees with checklist of CA policies and procedures	DCYF	3	20	HRD	New DCYF Staff	Region 3	0%	100% GFS

CB Region 10 comment: This training appears to be primarily for staff responding to/investigating emergent child abuse/neglect referrals after hours – can you double-check this cost allocation and intended audience for training as it appears that maybe it should be 0% IV-E.

This Training was an approved training from SY18. During the review last year of the eligible training topics, we determined that the majority of the items are eligible at 75%. We do understand that based on the agenda there may be some topics that are only eligible for 50% which is determined by the RMTS base and audience. For example Worker Safety is only eligible at 50%. Assessments to determine whether a situation requires a child's removal from the home, if the training not related directly to conducting a child abuse and neglect investigation is eligible for 75%. As well as, Social Worker practice such as family centered practice and social work methods including interviewing and assessment and general substance abuse, domestic violence and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment of services.

New Employee Support (NEST)	One on One support provided to all new employees in Region 3 to provide desk and field support in completing work requirements.	DCYF	6	20	DCYF	New DCYF Staff	Region 3	50%	RMTS Base 590/592/593
PDP & Talent Management	Mandatory training provided by HRD staff to Supervisors on personnel actions and procedures	DCYF	2.5	3	HRD	DCYF Staff	Region 3	50%	RMTS Base 590/592/593
Policy Rollouts	Quarterly rollout trainings for AA's, SW Supervisors, SW's & FTDM Facilitators. Supervisors will be trained first and then train their units in small group settings for policy rollout trainings of new CA policies and changes in existing policies and policy resources.	DCYF	2	81	DCYF	DCYF staff (all levels)	Region 3	50%	RMTS Base 590/592/593
RAP Sheet Training	How to read a RAP sheet correctly and what the information means as well as where to find information	DCYF	4	8	Washington State Patrol	DCYF Staff	Region 3	50%	RMTS Base 590/592/593
Race - The Power of an Illusion	Race - Power of an Illusion training is to reduce disproportionality and to celebrate similarities and differences for CA staff and community providers, designed to present a better understanding of how each person affects disproportionality in one way or another.	DCYF	3	20	DCYF	DCYF Staff and Community Partners	Region 3	75%	RMTS Base 590/592/593
Safety Boot Camp	Training focuses on assessing child safety across program areas, dynamics of child abuse and neglect from both a medical and social services perspective, critical thinking and AAG Lessons Learned	DCYF	10	16	DCYF	DCYF Staff	Region 3	75%	RMTS Base 590/592/593
Safety Framework	Overview presentation regarding CA Child Safety Framework policy and procedures	DCYF	4	8	DCYF	DCYF Staff	Region 3	75%	RMTS Base 590/592/593
Safety Life of a Case	Training focuses on safety decisions through the life of a case, strengthens child safety assessment planning and guides appropriate placement decisions.	DCYF	3	12	DCYF	DCYF Staff	Region 3	75%	RMTS Base 590/592/593
Safety Planning	Training on Safety Threshold Guide, Safety Plan Analysis Guide, Common Errors in Safety Planning and how to develop and implement a Safety Plan.	DCYF	3	12	DCYF	DCYF Staff	Region 3	75%	RMTS Base 590/592/593

Trainings In Development Estimated Costs: \$158,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	Estimated Implementation Date
Social Workers and Supervisors								
Assessing Safety Throughout the Life of the Case - CPS	Course in development.	Course in development.	6.0	22	Alliance	Social Workers & Supervisors	Statewide	9/1/2018
Assessing Safety Throughout the Life of the Case - FVS/CFWS	Course in development.	Course in development.	6.0	26	Alliance	Social Workers & Supervisors	Statewide	9/1/2018
Family Voluntary Services In-Service	Course in development.	Course in development.	6.0	12	Alliance	Social Workers & Supervisors	Statewide	10/1/2018
How to Make the Most of Shared Planning Meetings: Engaging Parents and Children	Course in development.	Course in development.	TBD	12	Alliance	Social Workers & Supervisors	Statewide	2/1/2019
Infant Safety and Care (e-Learning)	Course in development.	Course in development.	1.0	1	Alliance	Social Workers & Supervisors	Statewide	10/1/2018
Supervisor Training in Development								
Debriefing with Good Judgement	Course in development.	Course in development.	TBD	TBD	Alliance	Supervisors	Statewide	1/1/2019
Growing a Leader	Course in development.	Course in development.	18.0	6	Alliance	Supervisors	Statewide	7/1/2018
Social Worker, Supervisors, Area Administrator Training in Development								
Advanced LGBTQ	Course in development.	Course in development.	TBD	TBD	Alliance	Social Workers & Supervisors	Statewide	9/1/2018
Coaching for Indian Child Welfare	Course in development.	Classroom	0.5	TBD	Alliance	Social Workers & Supervisors	Statewide	7/1/2018
Impacts of Parental Mental Health on Child Safety	Course in development.	Course in development.	TBD	TBD	Alliance	Social Workers & Supervisors	Statewide	9/1/2018
Opioid Training	Course in development.	Course in development.	TBD	TBD	Unknown at This Time	Social Workers & Supervisors	Statewide	3/1/2019
Random Moment Time Study (RMTS)	Course in development.	Video	TBD	1	Alliance	Social Workers & Supervisors	Statewide	12/1/2018
Trauma-Informed Engagement	Course in development.	Course in development.	TBD	TBD	Alliance	Social Workers & Supervisors	Statewide	10/1/2018
Caregiver Training in Development								
Caregiving for Children with Physically Aggressive Behavior Concerns	Course in development.	Online	6.0	1	Alliance	Caregivers	Statewide	12/1/2018
Caregiving for Children with Physically Aggressive Behavior Concerns (Short e-learning)	Course in development.	Online	1.0	1	Alliance	Caregivers	Statewide	1/1/2019
Caregiving for Children with Sexual Behavior Concerns	Course in development.	Online	6.0	1	Alliance	Caregivers	Statewide	12/1/2018
Caregiving for Children with Sexual Behavior Concerns (Short e-learning)	Course in development.	Online	1.0	1	Alliance	Caregivers	Statewide	1/1/2019
Parent-Child Sibling Visit (Caregiver)	Course in development.	Classroom	TBD	1	Alliance	Caregivers	Statewide	9/1/2018
Online Training								
AAG In-Service (eLearning)	Course in development.	Online	TBD	1	Alliance	Workforce	Statewide	3/1/2019
Adolescent Transition Planning for Caregivers	Course in development.	Online	TBD	1	Alliance	Caregivers	Statewide	1/1/2019
Adoption Support (eLearning)	Course in development.	Online	TBD	1	Alliance	Caregivers	Statewide	2/1/2019
Advanced Adoption Training	Course in development.	Online	TBD	1	Alliance	Caregivers	Statewide	10/1/2018
LGBTQ – Connecting (SDRG eLearning)	Course in development.	Online	TBD	1	Alliance	Caregivers	Statewide	1/1/2019
MEPA/IEPA (eLearning)	Course in development.	Online	TBD	1	Alliance	Wokrforce	Statewide	8/1/2018
Parent-Child Sibling Visit (e-Learning)	Course in development.	Online	0.75	1	Alliance	Social Workers & Supervisors	Statewide	10/1/2018
Pregnant and Parenting Youth (eLearning for Caregivers)	Course in development.	Online	TBD	1	Alliance	Caregivers	Statewide	11/1/2018
Pregnant and Parenting Youth (eLearning for Workforce)	Course in development.	Online	TBD	1	Alliance	Caregivers	Statewide	11/1/2018
Relative Search (eLearning for Caregivers)	Course in development.	Online	TBD	1	Alliance	Caregivers	Statewide	11/1/2018
Services (e-Learning)	Course in development.	Online	TBD	1	Alliance	Social Workers & Supervisors	Statewide	12/1/2018
Service Referral (e-Learning)	Course in development.	Online	0.5	1	Alliance	Social Workers & Supervisors	Statewide	12/1/2018
FamLink Training In Development								

2019 Annual Progress and Services Report

State of Washington
Department of Social and Health Services
Children's Administration

National Youth in Transition (NYTD) FY 2013-2017 Data Snapshot

Attachment H

June 29, 2018

Youth Services

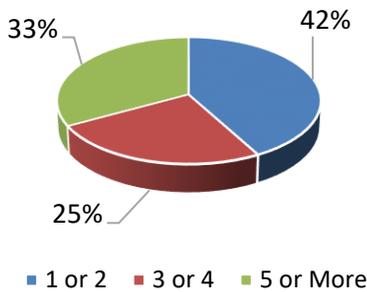
(FY 17 total served: 2,121 youth)

Includes information about all youth who received at least one independent living service paid for or provided by the state CFCIP agency.

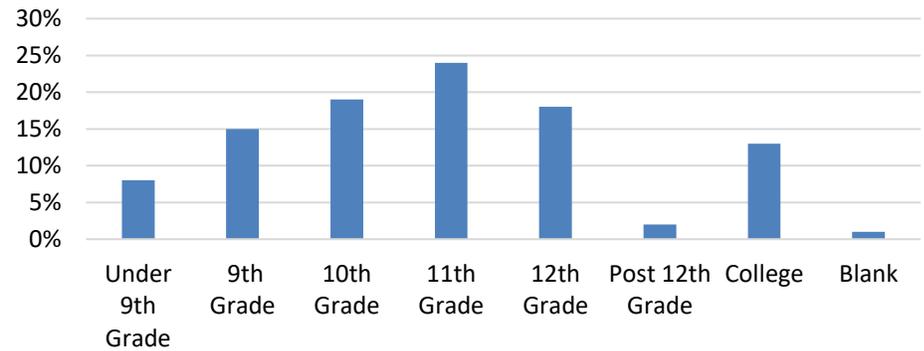
Characteristics of youth receiving services (FY 17)

Male	42%	In foster care	39%
Female	58%	In federally recognized tribe	11%
White	74%	Adjudicated delinquent	21%
Black	18%	Receiving special education	11%
American Indian	17%	Age range	15-27
Other Race	5%	Mean age	20
Hispanic	18%		

Number of services received (FY17)

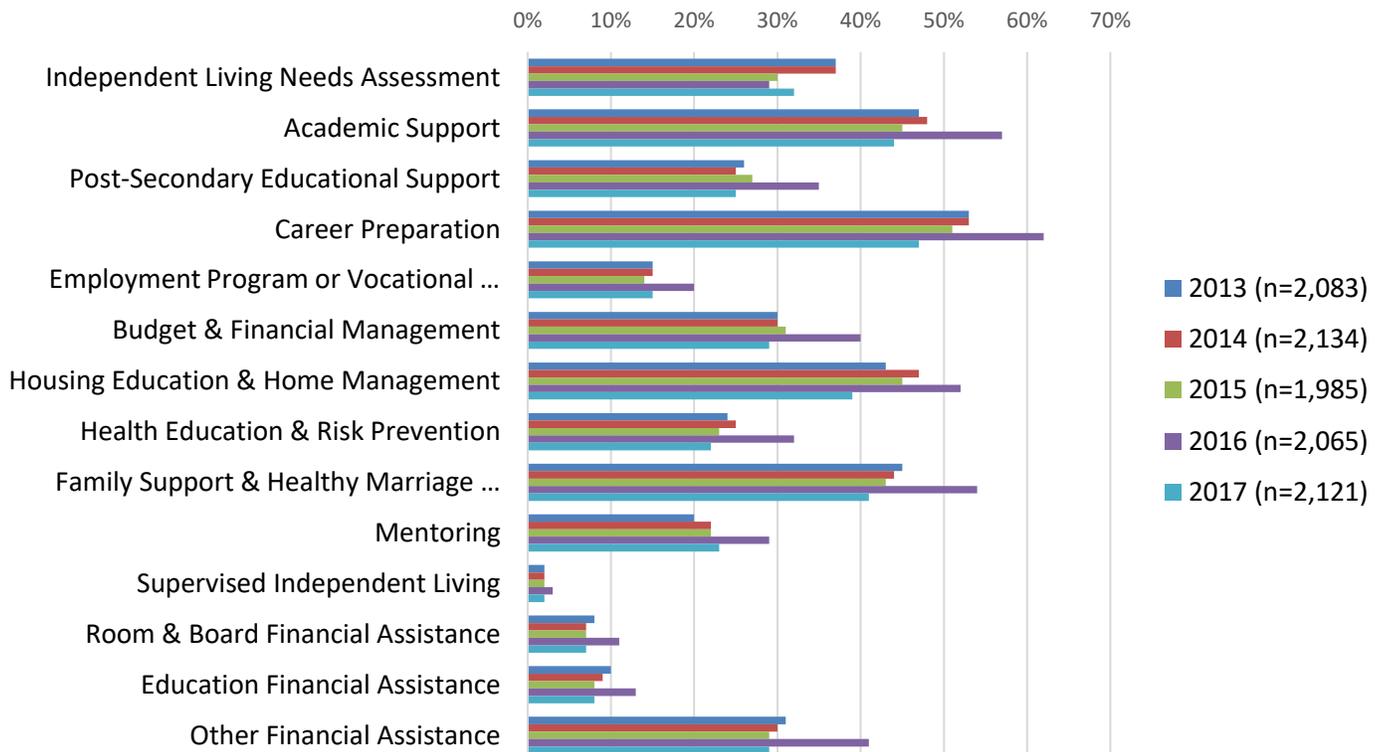


Education level of youth receiving (FY 17)



Type of services received (FY 13-17)

Percent of youth receiving each service (of total youth served)



Youth Outcomes

Includes information about all youth who were eligible to take the NYTD survey

	Cohort 2		Cohort 3
	Baseline Population (17-year-olds in foster care, FY 14)	Follow-Up Population (19-year-olds, FY 16)	Baseline Population (17-year-olds in foster care, FY 17)
Survey participation, FY 14-17	<p>414 eligible 349 surveyed 84% surveyed</p>	<p>193 eligible 165 surveyed 85% surveyed</p>	<p>375 eligible 290 surveyed 77% surveyed</p>
Characteristics of survey participants			
<i>Male</i>	47%	41%	45%
<i>Female</i>	53%	59%	55%
<i>White</i>	77%	77%	80%
<i>Black</i>	17%	15%	16%
<i>American Indian</i>	12%	15%	13%
<i>Hispanic</i>	15%	21%	25%
<i>In foster care</i>	100%	49%	100%
Reasons for non-participation			
<i>Youth declined</i>	1%	0%	4%
<i>Parent declined</i>	1%	0%	<1%
<i>Incapacitated</i>	2%	2%	2%
<i>Incarcerated</i>	1%	1%	1%
<i>Runaway/missing</i>	4%	0%	5%
<i>Unable to locate</i>	1%	14%	5%
<i>Invalid participant/blank</i>	6%	0%	6%
Outcomes reported			
<i>Employed full- or part-time</i>	8%	31%	14%
<i>Receiving public assistance</i>	N/A	48%	N/A
<i>Finished high school or GED</i>	2%	47%	2%
<i>Attending school</i>	91%	63%	93%
<i>Referred for substance abuse treatment</i>	28% (in lifetime)	19% (in past 2 years)	30% (in lifetime)
<i>Incarcerated</i>	38% (in lifetime)	16% (in past 2 years)	38% (in lifetime)
<i>Had children</i>	5% (in lifetime)	6% (in past 2 years)	3% (in lifetime)
<i>Homeless</i>	37% (in lifetime)	25% (in past 2 years)	47% (in lifetime)
<i>Connection to adult</i>	94%	92%	92%
<i>Medicaid coverage</i>	89%	82%	91%

2019 ANNUAL PROGRESS
AND SERVICES REPORT

State of Washington
Department of Social and Health Services
Children's Administration

Washington
State Title IV-E
Waiver
Evaluation
Report

Attachment I

June 29, 2018

Washington State Title IV-E Waiver Evaluation

Evaluation Semi-Annual Report: July 1 – December 31, 2017

January 16, 2018



4450 Arapahoe Avenue, Suite 100, Boulder, CO 80303

Contents

Evaluation Status	1
Numbers of Children and Families Assigned to the Demonstration	1
Major Evaluation Activities and Events	3
Challenges to the Evaluation and How They Have Been Addressed	5
Significant Evaluation Findings to Date	5
New CPS Intakes Following Initial Intake	7
Removals Following Initial Intake	8
Cost Analysis	9
Key Informant Interviews	10
Key Findings from Phase 9 and 10 Offices Implementing FAR	10
Family Surveys.....	13

Evaluation Status

TriWest Group's (TriWest) evaluation of Washington State's implementation of the Title IV-E Waiver Family Assessment Response (FAR) project continues to proceed as planned. Work in the most recent six-month period (July–December 2017) was largely focused on receiving and updating data analysis following the October 2017 data extracts. These extracts provided significant adjustments to previous data extracts, allowing us to expand our analysis from four cohorts to six—with preliminary data on cohort seven. In addition, we completed final site visits and have further expanded key informant interviews with FAR families.

A series of identified data errors in files provided to us have required that we perform multiple new sets of analyses during the last reporting period. As of May 2017, all issues were believed to have been resolved. In October 2017, a new data file was received that allows us to report updated findings as well as issue corrections to our previous Interim Evaluation Report. These new data serve as the basis for several of this report's evaluation findings. The Interim Evaluation Report update is in progress. We anticipate issuing a new report during the first half of 2018.

In addition to the new data extract, we conducted six site visits with offices that rolled FAR out in January, April, and June 2017. These visits included completing 72 key informant interviews with FAR caseworks, investigative caseworkers, supervisors, administrators, and service providers.

The family surveys continue following standard protocol: incentives offered for completion, in the form of a Wal-Mart gift card, and various methods for families to complete a survey. In this period, 494 surveys were conducted through live phone interview, a shorter automated phone survey, or an online survey.

Numbers of Children and Families Assigned to the Demonstration

The table on the following page shows the number of families with a FAR intake, by evaluation cohort, across all offices implementing FAR through June 2017, based on October 2017 extracts from FAMLINK. Each intake represents a family assessed as being eligible for FAR and assigned to a caseworker. These counts are unduplicated, meaning that each family in the cohort is only counted once, even if the family has multiple intakes in the period.

Currently, data for seven cohorts have been extracted, though cohort seven data are selectively reported here. After adjusting for recent changes in mental health system data, and some delays related to those changes that affected receiving key variables used for propensity score matching of the comparison group, the Research and Data Analysis unit (RDA) provided its October 2017 extract.

Please note that the research design criteria for including families in the study group are not identical to the hand count methodology used in FAR offices. As a result, the numbers of study group families do not match the hand counts of FAR families reported by Children’s Administration. Our primary design is “intent to treat,” which means that study group numbers include (1) families that were assigned at intake to FAR but were later transferred to investigations because of safety concerns and (2) families that declined to participate in FAR. These numbers are not included in hand counts. Additionally, our data cleaning process excludes any cases that were labeled as FAR but were served in non-FAR offices.

FAR (treatment) families are grouped into six-month study cohorts based on the date of their first FAR-eligible intake during the period.¹ Each cohort includes families served in all offices implementing FAR during the period. For example, the first cohort includes all families served in the first six months of the project (January 1, 2014–June 30, 2014), which only includes the first three pilot sites. However, the next evaluation cohort includes the first three pilot sites as well as the next two phases of offices (rolled out July 2014–December 2014).

Families Assigned to FAR Study and Comparison Groups

Study Cohort	Number of Families with a FAR Intake	Number of Sampled ¹ FAR Group Families	Number of Matched Comparison Group Families
Cohort 1 (Jan–June 2014) Phase 1 Offices (pilot)	664	664	664
Cohort 2 (July–Dec 2014) Phase 1–3 Offices	2,629	2,629	2,629
Cohort 3 (Jan–June 2015) Phase 1–5 Offices	5,589	2,000	2,000
Cohort 4 (July–Dec 2015) Phase 1–5 Offices	5,429	1,000	1,000
Cohort 5 (Jan–June 2016) Phase 1–6 Offices	5,934	1,000	1,000
Cohort 6 (July–Dec 2016) Phase 1–8 Offices	5,473	500	500
Cohort 7 (Jan–June 2017) Phase 1–10 Offices	7,172	250	250

¹ Beginning with Cohort 3, a random sample of FAR families was used for comparative analysis. As more offices implemented FAR, the comparison pool of families in non-FAR offices became too small to draw a comparison group that was the same size as the full FAR group, culminating in a Cohort 7 comparison group of 250.

Major Evaluation Activities and Events

Evaluation activities for this semi-annual reporting period (July–December 2017) have focused on continued data analysis, presentations of findings, refinement of data policies and approaches, and new FAR office site visits and key informant interviews.

The following bullet points present some of these highlights.

- Monthly meetings with Washington State FAR team
- Drafting, refinement, and submissions of Semi-Annual Progress Report
- Presentations of current FAR Evaluation findings at multiple meetings
- FAR site visits and key informant interviews

The following tables records major evaluation plan activities and events, including events involving multiple FAR-related groups.

Major Evaluation Activities: July–December 2017

Date	Activity	Audience/Participants
July 7, 2017	Semi-Annual Progress Report Draft	TriWest
July 11, 2017	Monthly Evaluation Team Meeting, Webinar Format	TriWest/CA/WSIPP
July 17, 2017	Semi-Annual Progress Report Submitted to ACYF	TriWest
July 24, 2017	Presentation to CYF Leadership Meeting (Olympia)	TriWest
July 25, 2017	FAR Office Site Visit and Key Informant Interviews (Everett)	TriWest/CA
July 26–27, 2017	FAR Office Site Visit and Key Informant Interviews (Bellingham)	TriWest/CA
August 8, 2017	Monthly Evaluation Team Meeting, Webinar Format	TriWest/CA/WSIPP
August 8, 2017	Analyzed 12-Month Removal Outcomes by Ethnicity	TriWest
August 9, 2017	IPAC Presentation (Olympia)	TriWest
August 10–11, 2017	FAR Office Site Visit and Key Informant Interviews (Wenatchee)	TriWest/CA
August 24, 2017	FAR Office Site Visit and Key Informant Interviews (Omak)	TriWest/CA
September 12, 2017	Monthly Evaluation Team Meeting (Olympia)	TriWest/CA/WSIPP

September 12–13, 2017	FAR Office Site Visit and Key Informant Interviews (Kent)	TriWest/CA
September 22, 2017	Updating and Improvement of Fidelity Tool and Fidelity Measurement Process	TriWest
August–September, 2017	Ongoing Work to Summarize Data and Findings from Key Informant Interviews.	TriWest
Oct. 10, 2017	Completion of 14 FAR Family Interviews	TriWest
Oct. 17, 2017	Receipt of Updated FAR Cohorts and Outcomes Data	TriWest
Oct. 18–19, 2017	FAR Office Site Visit and Key Informant Interviews (Yakima)	TriWest/CA
Oct. 26, 2017	Completion of 47 FAR Family Interviews	TriWest
Nov. 8, 2017	Completion of 12 FAR Family Interviews	TriWest
Nov. 10, 2017	Script Revision for October Closures (Parent Ally Calling/Interviews)	TriWest
Nov. 14, 2017	Monthly Evaluation Team Meeting, Webinar Format	TriWest/CA/WSIPP
Nov. 28, 2017	Upgrade of Basecamp IV-E Project Site	TriWest
Nov.–Dec., 2017	Updating Code, Running Scripts, and Summarizing Results to Accommodate Updated Data for Cohorts 1–4 and New Data for Cohorts 5–7	TriWest
Dec. 11, 2017	Completion of 42 FAR Family Interviews	TriWest
Dec. 12, 2017	Monthly Evaluation Team Meeting (Olympia)	TriWest/CA/WSIPP
Dec. 2017	Finalizing Work to Summarize Data and Findings from Key Informant Interviews. Office-Level Reports Drafted.	TriWest

Challenges to the Evaluation and How They Have Been Addressed

Over the past 18 months, errors in data files we received resulted in delays to the evaluation. Specifically, in four instances (April 2016, July 2016, October 2016, April/May 2017), errors were discovered in the completed analyses of the first four cohorts of data. The fourth data transfer was completed after the submission of the Interim Evaluation Report. A new data set was generated and provided to us in April 2017. This data set was used to determine whether previously identified errors had been addressed and concluded that all issues had been resolved, either through database fixes, changes to the extract procedures, or controlled for by removing known data errors from the analysis. A new data set was received in October 2017. We have begun to complete all prior analyses conducted for the Interim Report. We have included highlights from those analyses here and plan to submit a revision of the Interim Evaluation Report in early 2018.

Significant Evaluation Findings to Date

The following summary presents the results of updated outcome analyses and additional key informant interviews. As previously mentioned, we are currently revising our Interim Evaluation Report to address comments by James Bell Associates and to update data that changed after modifications made to FAMLINK. As noted above, a complete revision of this report will be submitted in early 2018.

The following page features a “pathway diagram,” which summarizes the count and distribution of intakes, by cohort and intake type, for each of the seven current evaluation cohorts.

Cohort Sample Periods			
Cohort 1: Jan–Jun, 2014	Cohort 3: Jan–Jun, 2015	Cohort 5: Jan–Jun, 2016	Cohort 7: Jan–Jun, 2017
Cohort 2: Jul–Dec, 2014	Cohort 4: Jul–Dec, 2015	Cohort 6: Jul–Dec, 2016	

Cases Screened Out	Total Intakes	Missing Values
(Intake type=0)	Cohort 1: 25,566	(Intake type=NA)
Cohort 1: 12,035	Cohort 2: 21,277	Cohort 1: 3
Cohort 2: 10,197	Cohort 3: 22,206	Cohort 2: 75
Cohort 3: 9,984	Cohort 4: 19,245	Cohort 3: 299
Cohort 4: 8,251	Cohort 5: 20,496	Cohort 4: 328
Cohort 5: 9,129	Cohort 6: 17,725	Cohort 5: 313
Cohort 6: 7,945	Cohort 7: 20,119	Cohort 6: 327
Cohort 7: 8,832	Totals 146,634	Cohort 7: 256
Totals 66,373		Totals 1,601

Risk-Only Cases	FAR Cases	Investigative Cases
(Intake type=3)	(Intake type=1)	(Intake type=2)
Cohort 1: 1,077	Cohort 1: 664	Cohort 1: 11,787
Cohort 2: 996	Cohort 2: 2,629	Cohort 2: 7,380
Cohort 3: 901	Cohort 3: 5,589	Cohort 3: 5,433
Cohort 4: 1,045	Cohort 4: 5,429	Cohort 4: 4,192
Cohort 5: 986	Cohort 5: 5,934	Cohort 5: 4,134
Cohort 6: 1,061	Cohort 6: 5,473	Cohort 6: 2,919
Cohort 7: 1,178	Cohort 7: 7,172	Cohort 7: 2,681
Totals 7,244	Totals 32,890	Totals 38,526

FAR Case Disposition (of 8,897)	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7	Total
0=Missing	0	0	0	3	0	3	146	152
1=Remained FAR	597	2,328	4,905	4,823	5,262	4,889	6,222	29,026
2=Declined FAR	39	170	315	292	298	286	322	1,722
3=Transferred (including investigation)	27	80	124	125	140	130	230	856
Disposition 15 (excluded from analysis)	1	28	168	153	221	146	241	958

Case That Would've Been Eligible for FAR If Available	Cases Not Eligible for FAR Even If Available	Investigative Cases Marked Eligible and Emergent
(Potential Comparison Observations)		
Cohort 1: 9,152	Cohort 1: 2,551	Cohort 1: 84
Cohort 2: 5,378	Cohort 2: 1,920	Cohort 2: 82
Cohort 3: 3,277	Cohort 3: 2,075	Cohort 3: 81
Cohort 4: 2,014	Cohort 4: 2,127	Cohort 4: 51
Cohort 5: 1,936	Cohort 5: 2,142	Cohort 5: 56
Cohort 6: 1,104	Cohort 6: 1,775	Cohort 6: 40
Cohort 7: 556	Cohort 7: 2,092	Cohort 7: 23
Totals 23,427	Totals 14,682	Totals 417

The outcome analysis includes three outcome measures: new child protective services (CPS)

accepted intakes following the initial intake (re-referrals), removals, and service costs. The analysis for each outcome measure includes results at 3, 6, 12, and 24 months after the initial intake. Results are reported for each cohort for which there is sufficient time after initial intake to measure the outcome.

New CPS Intakes Following Initial Intake

The following tables summarize outcome results from our analysis of new CPS intakes following a family’s initial intake (i.e., “re-referrals”). This analysis presents the proportion of FAR and matched-comparison group families with accepted re-referrals of any kind in addition to re-referrals broken out by type: FAR eligible, non-FAR eligible, and risk-only.

Results suggest that FAR increases the probability of re-referrals (an outcome inconsistent with program goals). However, an examination of FAR-eligible versus non-FAR-eligible investigative re-referrals provides some nuance. While FAR increases the probability of FAR (or FAR-eligible) re-referrals, FAR reduces the probability of non-FAR eligible investigative re-referrals. Since the seriousness of the allegation is a major driver of FAR eligibility, these results suggest that FAR reduces the seriousness of subsequent intakes.

One reoccurring concern is the repeated caseworker indication that the current length of time that a family can be involved with FAR is too short to make meaningful change. These workers have observed that sometimes families keep coming back “with the same problems.” This finding does seem to indicate that while FAR families are likely to have a new intake with the same (or lesser) level of risk, comparison group families are more likely to have a more serious and/or higher risk new intake.

This pattern—a higher probability of FAR eligible re-referrals but lower probability of non-FAR-eligible investigative re-referrals—is consistent and statistically significant across the 3, 6, and 12-month time periods. While the 24-month results also follow this trend, the difference in non-FAR eligible re-referrals is no longer statistically significant. However, as mentioned above, results at 24 months do not yet include data from all cohorts. These values will change as longer-term data for additional cohorts becomes available.

Families with New CPS Intakes Three Months After Initial Intake, Cohorts 1–7	FAR	Matched Comparison Group
Percent of families with any new accepted CPS intake	12.6%	11.3%*
Percent of families with a new FAR eligible intake	9.5%	6.6%*
Percent of families with a new non-FAR eligible intake	3.9%	5.6%*

Families with New CPS Intakes Three Months After Initial Intake, Cohorts 1–7	FAR	Matched Comparison Group
Percent of families with a new “risk-only” intake	0.7%	0.7%

Families with New CPS Intakes Six Months After Initial Intake, Cohorts 1–6	FAR	Matched Comparison Group
Percent of families with <i>any</i> new accepted CPS intake	19.4%	16.6%*
Percent of families with a new FAR eligible intake	14.5%	9.9%*
Percent of families with a new non-FAR eligible intake	6.9%	8.6%*
Percent of families with a new “risk-only” intake	1.2%	1.5%

Families with New CPS Intakes 12 Months After Initial Intake, Cohorts 1–6	FAR	Matched Comparison Group
Percent of families with <i>any</i> new accepted CPS intake	34.5%	31.1%*
Percent of families with a new FAR eligible intake	20.9%	13.6%*
Percent of families with a new non-FAR eligible intake	11.0%	12.6%*
Percent of families with a new “risk-only” intake	2.4%	2.7%

Families with New CPS Intakes 24 Months After Initial Intake, Cohorts 1–3	FAR	Matched Comparison Group
Percent of families with <i>any</i> new accepted CPS intake	45.0%	39.6%*
Percent of families with a new FAR eligible intake	28.8%	17.1%*
Percent of families with a new non-FAR eligible intake	16.5%	17.2%
Percent of families with a new “risk-only” intake	4.7%	4.7%

*Differences are significant at the $p < .05$ level.

Removals Following Initial Intake

The following table summarizes outcome results from our analysis of removals following families’ initial intake. This analysis considered removals at 3, 6, 12, and 24 months following the initial intake. The table below presents the proportion of FAR and matched-comparison

group families with at least one removal.

We found that FAR families have lower removal rates than matched-comparison group families, and this difference is statistically significant at 3, 6, and 12 months following the initial intake. As with re-referrals, the difference at 24 months is not statistically significant.

Removals at 3, 6, 12, and 24 Months After Intake (Cohorts 1–7)	FAR	Matched Comparison Group
Percent of families with a removal within three months of intake, Cohorts 1–7	2.9%	4.1%*
Percent of families with a removal within six months of intake, Cohorts 1–6	4.3%	5.5%*
Percent of families with a removal within 12 months of intake, Cohorts 1–5	6.0%	7.3%*
Percent of families with a removal within 24 months of intake, Cohorts 1–3	8.7%	9.3%

*Differences are significant at the p<.05 level.

Cost Analysis

The following table summarizes outcome results from our analysis of service costs following a family’s initial intake. Service costs include the cost of goods and services provided through the Children’s Administration. These costs do not include the costs of Children’s Administration staff time and are not divided into costs used to assist families (e.g., the purchase of concrete goods or family therapy versus the cost of providing foster care). This analysis considered service costs at 3, 6, 12, and 24 months following the initial intake. The table below presents the expected value for FAR family versus matched-comparison group family service costs.

Service Cost Analysis at 3, 6, 12, and 24 Months After Intake	FAR	Matched Comparison Group
Service costs 3 months after intake	\$238	\$202
Service costs 6 months after intake	\$403	\$505
Service costs 12 months after intake	\$831	\$1,192
Service costs 24 months after intake	\$2,168	\$2,919

The service cost analysis found that over the short term (three months), the expected amount of FAR family service costs is higher than the amounts for the matched comparison group. The difference in the distribution of families with service costs between the FAR and matched-comparison group helps explain this result. FAR families are more likely than matched

comparison families to receive *any* CA-paid services, even though the cost of these services tends to be lower. This pattern is consistent with a focus of the FAR model: to provide services and supports to families in order to address underlying problems instead of waiting until a more expensive intervention is required. Beyond three months, the cost of services for the matched-comparison group catches up to and then surpasses those for the FAR group. Given the high cost of removals (e.g., foster care), it is likely that the difference in removals between the FAR and matched comparison groups (discussed above) drives this result.

Key Informant Interviews

Key Findings from Phase 9 and 10 Offices Implementing FAR

(Offices Rolled out January, April, and June 2017)

We conducted key informant interviews at each of the following Child Welfare offices implementing FAR during phases 9 and 10 of the statewide roll out: Bellingham, Everett, Kent Omak, Wenatchee, and Yakima. Interviews took place throughout summer and fall, concluding in October, and consisted of a structured set of questions covering content areas from the process evaluation section of the WA Title IV-E Evaluation Plan. We employed three instruments: one for administrators, FAR supervisors, and FAR caseworkers; one for investigative staff (supervisors and caseworkers); and one for service providers. Investigative staff interviews received a smaller survey comprised of relevant questions asked of administrators, FAR supervisors, and FAR caseworkers. Service providers received a separate subset of questions limited to service provision and family involvement.

The table below shows the dates of the interviews and the number of interviewees at each office. The “Administrators” grouping includes FAR supervisors.

Phases 9 and 10 Key Informant Interviews

Office	Interview Date	Type of Interview	Numbers
Total		FAR Caseworkers	24
		Investigative Staff	22
		Administrators	22
		Service Providers	4
Everett	July 25, 2017	FAR Caseworkers	3
		Investigative Staff	1
		Administrators	4

Office	Interview Date	Type of Interview	Numbers
		Service Providers	-
Bellingham	July 26–27, 2017	FAR Caseworkers	4
		Investigative Staff	3
		Administrators	5
		Service Providers	-
Wenatchee	Aug. 10–11, 2017	FAR Caseworkers	3
		Investigative Staff	2
		Administrators	2
		Service Providers	2
Omak	Aug. 24, 2017	FAR Caseworkers	3
		Investigative Staff	-
		Administrators	1
		Service Providers	1
Kent	Sept. 12–13, 2017	FAR Caseworkers	6
		Investigative Staff	7
		Administrators	6
		Service Providers	-
Yakima	Oct. 18–19, 2017	FAR Caseworkers	5
		Investigative Staff	9
		Administrators	4
		Service Providers	1

Findings in Phases 9 and 10 are generally consistent with findings from previous phases. As with previous offices, respondents in the six sites agreed that community and program outreach tended to suffer after the loss of the FAR Lead. In general, offices did not have a clear transition in place, or those resources were not adequately shared, nor responsibilities assigned. One FAR worker noted that there was “no official plan” after the FAR Lead left. Several respondents offered some variation of one FAR worker’s comment, “There should be a FAR Lead permanently.” Just as frequent was the emphasis on staffing as a barrier to FAR implementation, a theme common in previous phases.

Additionally, concerns about FAR's family engagement practices remain notable. In general, FAR workers are more likely to support conducting initial meetings with families, and investigative workers tend to be reserved. However, most workers agree that initial family engagement does change interview dynamics ("It impacts it..."). The difference seems to be in the interpretation of that change. FAR workers were more likely to see it as offering positive opportunities, while investigative workers tended to view the presence of parents as creating an artificial situation that prevented children from open discussing any potential abuse or neglect issues. Still, a significant number of FAR workers noted that the impact can negatively affect children, depending on age and relationship to their parents ("wouldn't talk in front of their stepdad"; "I just really feel like they can't be as open as I'd like them to be: both parent and the kid"). But as one FAR worker noted, the initial interview is not the only opportunity to meet with children and youth: "I always encourage [workers] to go back out. You can see the child more than once."

Another common theme from previous phases is that, especially following the departure of the FAR Lead, community perception of FAR was inconsistent. Most offices believed that law enforcement generally understood the FAR concept. Though relationship with law enforcement varied greatly between offices, with one office noting that it was in constant communication and partnership with law enforcement, including screening nearly all FAR cases, while another noted that one sheriff's office would not cooperate or communicate on FAR cases. Regarding other community partners, especially schools, workers and administrators often noted that they were not confident that schools properly understood the pathway. A FAR worker noted, "My fear is that I was out there promoting it a certain way [that wasn't understood]." A FAR supervisor also noted having difficulty with one area school superintendent "not buying in."

FAR workers, for the most part, seemed encouraged about the removal of the FAR Agreement. One respondent stated that the agreement "seems unnatural," while several workers and supervisors generally saw the agreement as a barrier to families. As one FAR worker noted, "Parents are still very resistant."

FAR workers, investigative workers, and administrators still commented on a perceived disparity of support for the FAR approach. One FAR worker stated that FAR workers "absolutely love it; investigators absolutely disagree with it." However, investigative workers, from that office and others, tended to be more measured. One noted, "It's a good approach to have families engage.... I don't see a difference between an investigative and a FAR." The largest conflict in this area was an assumption, often by Investigative workers, that FAR workers had easier workloads. However, the intensity of this view tended to vary by office. One Phase 10 investigative worker, for example, noted, "My job, in itself, has changed, but I've definitely seen less intakes to investigations. We see more time go by between intakes."

In general, perceptions of FAR seem shaped by expectations. Some workers, primarily on the investigative side, stated they were promised reductions in caseloads. And a few investigative workers were nervous about the level of FAR training they had. This nervousness was more prevalent in larger offices than in smaller offices, where workers were often more accepting and expecting of being cross trained and occasionally needing to assist other workers, regardless of being assigned FAR or investigations.

The variation between larger and small offices also showed in attitudes and solutions to services. Several smaller offices showed greater reliance on concrete goods, with one office limited by the near-absence of any EBP and reporting significant and creative use of concrete goods to meet needs and improve community relationships. A worker in a larger office expressed concern that concrete goods were perceived as “giveaways” and preferred to use them sparingly. And, as with previous phases, services were often described as limited by the FAR 45-day window. One supervisor stated, “My hope is that we can get extended.” Likewise, one service provider noted that the “45-day case was a challenge for us.” Another service provider stated that the 45-day-window impacted services, often leading to doubling up sessions to complete services in time.

Finally, several workers and administrators were generally pleased with training and the rollout. As one FAR Supervisor noted, “Because we were one of the last ones to go, a lot of the kinks had been worked out.”

Family Surveys

Over the last six months (July–December 2017), TriWest has successfully conducted 494 survey interviews with FAR families. Of these, 3% were callbacks to FAR families requesting a phone interview, 13% were submitted through an online survey option, and the remaining 84% were conducted by Parent Allies. Parent Allies are individuals who have experience with the Children’s Administration’s services and can better speak to current FAR families’ experiences.

Parent Allies during this time attempted 991 phone surveys. They successfully completed surveys with 417 families, or 42% of all families called. Currently, these surveys are still being processed and analyzed, though preliminary results show responses consistent with previous reports.