

# Community Pathway Report

July 9, 2023

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## 1. Introduction

The Washington State Department of Children, Youth and Families (DCYF) was created in 2017 to bring Children’s Administration services, Early Learning programs, and Juvenile Rehabilitation under one cabinet-level agency with the vision of ensuring that “Washington State’s children and youth grow up safe and healthy—thriving physically, emotionally and academically, nurtured by family and community.”<sup>1</sup>

As DCYF moves forward to achieve this vision, its strategic plan centers a commitment to keeping more families together and sets a goal of decreasing the number of children and youth in out-of-home care by half by 2026.<sup>2</sup> To achieve this, the Department is investing in expanding its array of evidence-informed prevention services and supports that can reduce families from moving more deeply into DCYF systems of care and help them exit intensive services quickly.<sup>3</sup> DCYF Secretary Ross Hunter recently restructured the Department’s staff to support achievement of this goal.<sup>4</sup> This included the establishment of the Partnership, Prevention and Services Division.

A vast and growing body of evidence demonstrates that the availability and delivery of prevention services and economic and concrete supports are associated with lower likelihood of child welfare involvement.<sup>5</sup> One study found that mothers receiving WIC benefits in counties with higher per-child spending on prevention services like home visiting, counseling and youth services had lower odds of individual child maltreatment investigations, compared to those in counties that spent less.<sup>6</sup> In Kentucky, state spending on prevention increased by \$9.6 million over the course of two fiscal years. In the same period, state spending on out-of-home care decreased by \$58.1 million.<sup>7</sup> Another study found that every additional \$1,000 a state spends annually on public benefits programs per person living in poverty is associated with a four-percent reduction in child maltreatment reports, a four-percent reduction in substantiated child maltreatment, a two-percent reduction in foster care placement and an eight-percent reduction in maltreatment-related child fatalities.<sup>8</sup>

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<sup>1</sup> Washington State Department of Children, Youth and Families. (n.d.). About us. Accessed at <https://www.dcyf.wa.gov/about/about-us>

<sup>2</sup> Washington State Department of Children, Youth and Families. (May 2021). The Department of Children, Youth, and Families strategic priorities 2021-2026. [https://www.dcyf.wa.gov/sites/default/files/pubs/COMM\\_0058%20DCYF\\_Strategic\\_Priorities\\_2021-2026.pdf](https://www.dcyf.wa.gov/sites/default/files/pubs/COMM_0058%20DCYF_Strategic_Priorities_2021-2026.pdf)

<sup>3</sup> Washington State Department of Children, Youth and Families. (May 2021). The Department of Children, Youth, and Families strategic priorities 2021-2026. [https://www.dcyf.wa.gov/sites/default/files/pubs/COMM\\_0058%20DCYF\\_Strategic\\_Priorities\\_2021-2026.pdf](https://www.dcyf.wa.gov/sites/default/files/pubs/COMM_0058%20DCYF_Strategic_Priorities_2021-2026.pdf)

<sup>4</sup> Washington State Department of Children, Youth and Families. (2021, October 6). A message from DCYF secretary Ross Hunter. <https://content.govdelivery.com/accounts/WADEL/bulletins/2f2a60b>

<sup>5</sup> Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2023). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago. Available at <https://www.chapinhall.org/wp-content/uploads/Economic-Supports-deck.pdf>.

<sup>6</sup> Maguire-Jack, K. (2014). The role of prevention services in the county context of child maltreatment. *Children & Youth Services Review*, 43, 85-95. <https://doi.org/10.1016/j.childyouth.2014.05.004>

<sup>7</sup> Kentucky Interim Joint Committee on Health Welfare & Family Services. (2021, July 21). Testimony of Christa Bell: Department for Community Based Services. Retrieved from [https://apps.legislature.ky.gov/minutes/h\\_w/210721OK.PDF](https://apps.legislature.ky.gov/minutes/h_w/210721OK.PDF)

<sup>8</sup> Puls, H. T., Chung, P. J., & Anderson, C. (2022). Universal child care as a policy to prevent child maltreatment. *Pediatrics*, 150(2), e2022056660. <https://doi.org/10.1542/peds.2022-056660>

Prevention services enable families to access supports that decrease the risk factors and increase the protective factors that support the safety and well-being of children, youth and families. The current approach has emphasized community-oriented prevention that underscores the importance of place and community in supporting children’s well-being.<sup>9</sup>

DCYF’s commitments and programmatic investments point the agency clearly in a direction that is less punitive and more community-driven—a direction that aligns with the Department’s intention of becoming an anti-racist organization.<sup>10</sup>

Children, youth and families of color are, and long have been, overrepresented in the child welfare system at each decision point, from CPS report to entry into foster care.<sup>11</sup> Specifically, the involvement of Black and Native children and youth in the child welfare system is vastly disproportionate to their representation in the child population.<sup>12</sup> The Department recognizes that to become an anti-racist organization and to begin to redress the historical and contemporary harms that have been done to Black and Native families and families of color, it must orient itself toward just, healing and collaborative practices that restore balance in the agency’s relationships with children, youth, parents, families and communities. It is currently pursuing contracting changes, process updates and service expansions designed to strengthen prevention services for Black and Native families.<sup>13</sup>

This shift in orientation is further embodied through practice changes that include the agency’s implementation of Motivational Interviewing (MI). MI is an evidence-based practice through which child welfare staff “reach, engage and empower families in a collaborative, goal-oriented communication style.”<sup>14</sup> The use of MI transforms the ways in which child welfare staff engage families—partnering with families in a collaborative and affirmative manner, rather than in ways that are directive and perpetuate power imbalances. MI has been included in Washington’s title IV-E prevention program five-year plan under the Family First Prevention Services Act (Family First), along with seven additional prevention services.

Building on these efforts, the Department’s leadership has recognized an opportunity to go further: to pursue the creation of a “community pathway” to prevention services under Family First. As described by Casey Family Programs, “Community pathways provide families access to culturally relevant local services without direct involvement with child protective services.”<sup>15</sup>

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<sup>9</sup> Child Welfare Information Gateway. (July 2017). Child maltreatment prevention: Past, present, and future. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. [https://www.childwelfare.gov/pubPDFs/cm\\_prevention.pdf](https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf)

<sup>10</sup> Washington State Department of Children, Youth and Families. (May 2021). The Department of Children, Youth, and Families strategic priorities 2021-2026. [https://www.dcyf.wa.gov/sites/default/files/pubs/COMM\\_0058%20DCYF\\_Strategic\\_Priorities\\_2021-2026.pdf](https://www.dcyf.wa.gov/sites/default/files/pubs/COMM_0058%20DCYF_Strategic_Priorities_2021-2026.pdf)

<sup>11</sup> O’Brien, J., Evans, J., Heaton, L., Hyland, S., & Weiner, D. (2021). Elevating culturally specific evidence-based practices. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/Elevating-Culturally-Specific-EBPs.pdf>

<sup>12</sup> Dettlaff, A. J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., & Burton, L. (2020). It is not a broken system, it is a system that needs to be broken: The upEND movement to abolish the child welfare system. *Journal of Public Child Welfare*, 14(5), 500–517. <https://www.tandfonline.com/doi/abs/10.1080/15548732.2020.1814542>

<sup>13</sup> Harvard Government Performance Lab. (March 2022). *Untitled PowerPoint presentation: Supporting DCYF to strengthen prevention services for Black and Native families.*

<sup>14</sup> Washington State Department of Children, Youth and Families. (n.d.). FAQs. <https://www.dcyf.wa.gov/practice/practice-improvement/ffpsa/faqs#ffpsa-11>

<sup>15</sup> Casey Family Programs. (August 2022). Strategy Brief Supportive Communities: How are states building community-based pathways to prevention services through Family First? [https://www.casey.org/media/22.07-QFF\\_SC-Family-First-Community-Pathways.pdf](https://www.casey.org/media/22.07-QFF_SC-Family-First-Community-Pathways.pdf)

Community pathways enable families to connect with neighborhood resources and supports to enhance their health and well-being without requiring system involvement as a precondition of eligibility. Community pathways are a less coercive approach to providing families with services they need.

Under Family First, jurisdictions across the United States are now conceptualizing innovative pathways to prevention services through a variety of relationships with partners, from local nonprofits to partner agencies. These community pathways are designed to enable jurisdictions to offer prevention services funded by title IV-E but accessed outside of traditional child welfare service delivery and case management. Chapin Hall has identified three primary partnership options: 1) contracted community-based agencies; 2) specific evidence-based prevention service providers (e.g. home visitors); and 3) non-child welfare public agency partners (e.g. departments of homelessness, behavioral health, public assistance, etc.).<sup>16</sup> Within the Family First context, these partners can deliver and/or refer to evidence-based prevention services, in addition to fulfilling the administrative functions required to access IV-E funding, which include gathering needed eligibility information from families, developing or managing child-specific prevention plans (CSPP), assessing safety and risk, and collecting service delivery information.<sup>17</sup>

As DCYF moves forward with its three-phase service continuum expansion, this policy analysis presents the options and considerations for Washington State as it pursues the development of a community pathway approach. The report explores the current policy landscape, identifies promising practices from other jurisdictions, compares alternative methods of pursuing community pathways and makes recommendations to the Department in alignment with key decision-making criteria, including cost, implementation timeline and alignment with other system-change initiatives. The report concludes with a proposed high-level implementation plan for the recommended approach.

## 2. Policy Context and Considerations

As DCYF embarks on the development of community pathways, it is amidst a period of accelerated social change that follows George Floyd's murder, a multi-year global pandemic and significant shifts in federal economic policy.<sup>18</sup>

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<sup>16</sup> Chapin Hall at the University of Chicago. (July 2022). Conceptualizing community pathways: Key questions and considerations. <https://www.chapinhall.org/wp-content/uploads/Community-Pathways-Considerations-and-Guiding-Questions.pdf>

<sup>17</sup> Chapin Hall at the University of Chicago. (July 2022). Conceptualizing community pathways: Key questions and considerations. <https://www.chapinhall.org/wp-content/uploads/Community-Pathways-Considerations-and-Guiding-Questions.pdf>

<sup>18</sup> Horowitz, J.M. (2021, September 27). Support for Black Lives Matter declined after George Floyd protests, but has remained unchanged since. Pew Research Center. <https://www.pewresearch.org/fact-tank/2021/09/27/support-for-black-lives-matter-declined-after-george-floyd-protests-but-has-remained-unchanged-since/>; Cox, K., Jacoby, S., & Marr, C. (2022, June 22). Stimulus payments, child tax credit expansion were critical parts of successful COVID-19 policy response. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/federal-tax/stimulus-payments-child-tax-credit-expansion-were-critical-parts-of-successful>; McDermott, D., Cox, C., Rudowitz, R., & Garfield, R. (2020, December 9). How has the pandemic affected health coverage in the U.S.? Kaiser Family Foundation. <https://www.kff.org/policy-watch/how-has-the-pandemic-affected-health-coverage-in-the-u-s/#:~:text=More%20recent%20data%20for%2030,two%2Dthirds%20of%20Medicaid%20beneficiaries>

The Department, like the governmental sector as a whole, is evolving in the ways it orients to, engages with and delivers services to individuals and communities. As the policy environment changes, DCYF must align its community pathways implementation with this shifting landscape.

DCYF's policy context comprises the broad historical, political, social and economic elements that collectively define the policy-making environment, as well as the shifts in people, process, tools and practice within the Department itself. Each is a critical factor impacting how DCYF is able to design, plan and successfully implement community pathways in Washington State. This section considers the potential impacts of each of these contextual elements and highlights key takeaways.

### **Historical Context**

Governor Jay Inslee created DCYF in 2017 following recommendations of the bipartisan Blue Ribbon Commission on the Delivery of Services to Children and Families, which he established to recommend a structure for a state department focused on serving vulnerable children, youth and families.<sup>19</sup>

The Governor's decision to create a separate agency focused on the well-being of children and youth and their families aligned with a prior joint task force majority report<sup>20</sup> and was supported by children's advocates in the state.<sup>21</sup> In addition to "a new department, focused squarely on children, youth and families," the Blue Ribbon Commission included in its recommendations a focus on early intervention, an evidence-based service continuum and economic supports that address poverty.<sup>22</sup> A clear through line exists between the creation of DCYF and its pursuit of a community pathway.

As the state's newest agency, DCYF is still in the process of fully updating and aligning its structure, staff, policies and processes with its vision for the future. Integrating teams and their staff cultures from several legacy agencies takes time and intentionality. Making these shifts contemporaneously with the design and implementation of a community pathway provides both risks and opportunities to consider. Community pathways embody an evolution in the child welfare system's historical orientation toward families and communities, and care must be taken to communicate with staff about both the technical and symbolic impact of the implementation. Failing to gain adequate staff support for this shift in the way the agency interreacts with families and communities could undermine the success of the effort. In addition to clear communication, the agency will need to demonstrate through its actions its

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<sup>19</sup> Washington State Department of Children, Youth and Families. (n.d.). About us. <https://www.dcyf.wa.gov/about/about-us>

<sup>20</sup> Wilson, D. et al. (2007). Final report. Joint Task Force on Administration and Delivery of Services to Children and Families. <https://leg.wa.gov/JointCommittees/Archive/ADSCF/Documents/2007FinalReport.pdf>

<sup>21</sup> Partners for Our Children. (2016, February 18). Governor Inslee announces plans for a separate Children and Families Department. <https://partnersforourchildren.org/blog/governor-inslee-announces-plans-separate-children-and-families-department>; Children's Alliance. (2016, February 2016). Governor Inslee's executive order re: State Blue Ribbon Commission on the Delivery of Services to Children and Families statement from Children's Alliance. Since removed; archived at [https://web.archive.org/web/20201022180747/https://childrensalliance.org/sites/default/files/Childrens\\_Dept\\_Stmt.pdf](https://web.archive.org/web/20201022180747/https://childrensalliance.org/sites/default/files/Childrens_Dept_Stmt.pdf)

<sup>22</sup> Washington State Blue Ribbon Commission on the Delivery of Services to Children and Families. (2016, November 8). Improving the well-being of Washington State's children, youth and families: The report of the Washington State Blue Ribbon Commission on the Delivery of Services to Children and Families. [https://www.governor.wa.gov/sites/default/files/documents/BRCCF\\_FinalReport.pdf](https://www.governor.wa.gov/sites/default/files/documents/BRCCF_FinalReport.pdf)

evolving values, as values-congruent actions will encourage ownership and further incorporation of this shift into the organizational culture.<sup>23</sup>

### **Political Context**

As DCYF pursues the design and implementation of community pathways, key legislative, regulatory and judicial decisions shape the environment. Below are several key laws and legal decisions shaping the policy climate.

#### *Family First Prevention Services Act*

Enacted in 2018, the federal Family First Prevention Services Act (Family First) was designed to support families to stay safely together and to decrease the number of children placed in out-of-home care.<sup>24</sup> The law also introduced several changes in the use of title IV-E funds to enable jurisdictions to access and deliver a range of evidence-based prevention services and promising practices to families to decrease the likelihood of children entering out-of-home care.

Washington State's title IV-E prevention program five-year plan ("prevention plan") was approved by the Children's Bureau Regional Office on October 1, 2019.<sup>25</sup> It includes the following promising, supported and well-supported practices: Functional Family Therapy (FFT), Motivational Interviewing (MI), Multi-Systemic Therapy (MST), Nurse-Family Partnership (NFP), Parents as Teacher (PAT), Homebuilders, SafeCare and Child-Parent Psychotherapy (CPP).

In addition to these eight prevention services, DCYF has plans to amend the State's prevention plan to include an additional four evidence-based practices: Family Spirit, Promoting First Relationships, Incredible Years and Triple P.<sup>26</sup>

In its approved prevention plan, DCYF identified the following ten candidacy groups (IV-E prevention services are authorized for a child who is a "candidate for foster care" as defined by the Act and corresponding Program Instructions<sup>27</sup>): Family Assessment Response (FAR); CPS Investigation; Family Voluntary Services; children on trial return home following placement; Adoption Displacement; substance using pregnant women; pregnant or parenting foster youth and pregnant or parenting juvenile rehabilitation youth; Family Reconciliation Services; State Juvenile Rehabilitation (JR) discharge; and children with developmental disabilities and/or intensive mental health needs.

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<sup>23</sup> Walker, B., & Soule, S.A. (2017, June 20). Changing company culture requires a movement, not a mandate. Harvard Business Review. <https://hbr.org/2017/06/changing-company-culture-requires-a-movement-not-a-mandate>

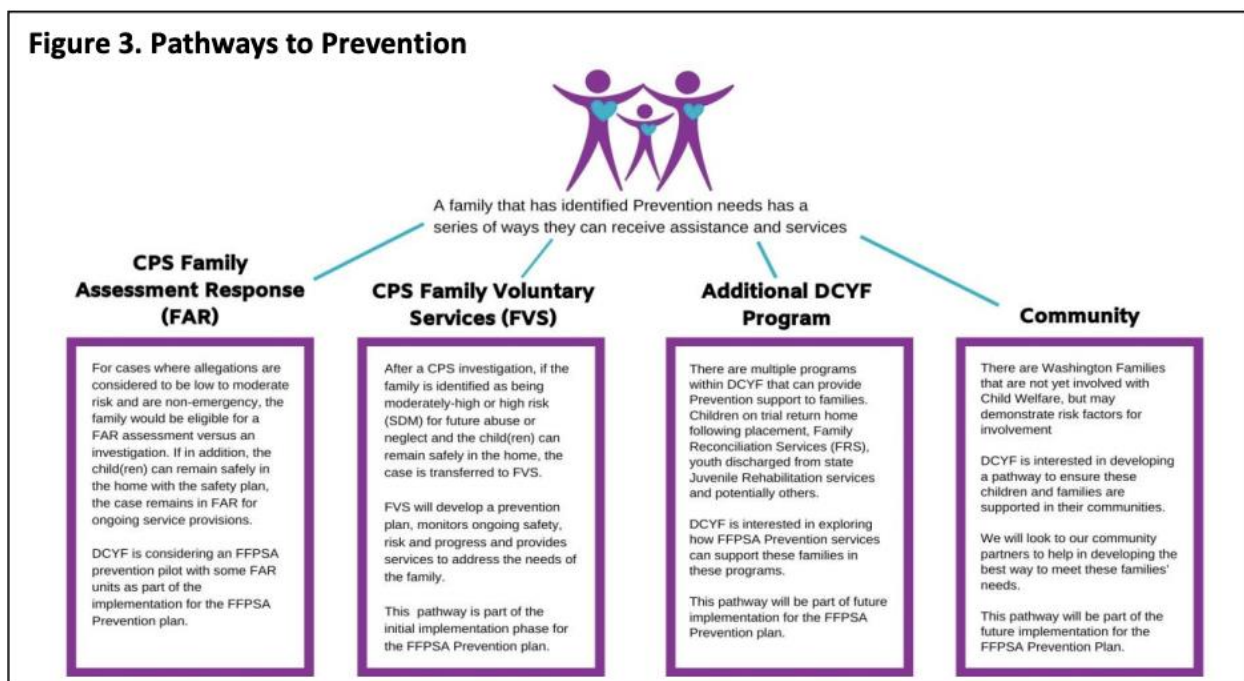
<sup>24</sup> Child Welfare Information Gateway. (July 2017). Family First Prevention Services Act. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/family-first/>

<sup>25</sup> Washington State Department of Children, Youth and Families. (2020, October 1). Family First Prevention Services: Prevention Plan. Accessed at <https://www.dcyf.wa.gov/sites/default/files/FFPSA-Jul20.pdf>

<sup>26</sup> Conversation with Maria Zdzieblowski, Acting Sr. Administrator of Service Continuum, Division of Partnership, Prevention and Services, Washington State Department of Children, Youth and Families. (2023, January 27).

<sup>27</sup> Administration for Children and Families. (2018, November 30). Program Instruction ACYF-CB-PI-18-09. Washington, DC: U.S. Department of Health and Human Services, Administration on Children, Youth and Families. <https://www.acf.hhs.gov/sites/default/files/documents/cb/pi1809.pdf>

The State also recognized its future plan to add a community pathway and noted one planned pathway via its Kinship Navigator (KN) program, which is managed by the Department of Social and Health Services Aging and Long-Term Support Administration (AL TSA). Additionally, the prevention plan states, “Over time and through partnerships with agency stakeholders, tribes, and those we serve, DCYF will take an aggressive approach to prevention candidacy beginning with the candidate groups identified in this plan and progressing to additional candidacy groups for future plan amendments. DCYF will also explore other funding sources to support the agency’s broad prevention goals.”<sup>28</sup> The future community pathway is highlighted in the following figure:



Potential candidacy groups for DCYF’s community pathway have been identified as follows:

- “Additional families w/screened out CPS referrals, subset
- Kinship care families who are not currently involved with DCYF, subset
- Statistical prediction/need for prevention in very high need communities
- Others TBD”<sup>29</sup>

In its prevention plan, the State provides a theory of change regarding how its IV-E prevention services are intended to lead to improved proximal and distal outcomes for children, youth and their families. As DCYF moves forward with its design of a community pathway, it may consider how its expanded candidacy groups and new EBPs can be added to the theory of change, and whether additional outcomes may be achieved for children, youth and families.

<sup>28</sup> Washington State Department of Children, Youth and Families. (2020, October 1). Family First Prevention Services: Prevention Plan. Accessed at <https://www.dcyf.wa.gov/sites/default/files/FFPSA-Jul20.pdf>

<sup>29</sup> Washington State Department of Children, Youth and Families. (n.d.). Candidacy. <https://www.dcyf.wa.gov/practice/practice-improvement/ffpsa/prevention/candidacy>



## Washington State Prevention Plan Theory of Change

Target Population	Intervention	Proximal Outcomes	Outcomes
<p><b>Identify, assess and engage families in approved candidacy groups with children at risk of entry or re-entry into foster care.</b></p> <p>Child protective services (CPS) with screened-in referrals to both the Families in Family Assessment Response (FAR) and the CPS Investigation response</p> <p>Families requesting CPS Family Voluntary Services</p> <p>Children/families on trial return home following placement</p> <p>Screened out CPS referrals for pregnant women with substance use disorder.</p> <p>Adoptions experiencing challenges</p> <p>Pregnant/parenting youth in foster care and those in state JR institutions</p> <p>Youth referred for Family Reconciliation Services (FRS)</p> <p>Youth/families discharged from Juvenile Rehabilitation</p>	<p><b>Deliver high fidelity evidence-based practices that align with the specific needs and characteristics of each family in the target population.</b></p> <ul style="list-style-type: none"> <li>• Child-Parent Psychotherapy</li> <li>• Homebuilders</li> <li>• Incredible Years</li> <li>• Functional Family Therapy</li> <li>• Motivational Interviewing</li> <li>• Multi-Systemic Therapy</li> <li>• Nurse-Family Partnership</li> <li>• Parents as Teachers</li> <li>• SafeCare</li> <li>• Triple P</li> </ul>	<p><b>Parent, child, and family functioning improves by achieving the desired outcomes of each intervention as demonstrated by (but not limited to)</b></p> <ul style="list-style-type: none"> <li>• Engagement in agreed upon services</li> <li>• Improved parenting skills/behaviors to support child development</li> <li>• Improved parent-child interaction</li> <li>• Increases in family connections to community resources</li> <li>• Increased parental capacity to meet the needs of their children.</li> <li>• Increased family communication</li> <li>• Increased family/child/youth protective factors</li> </ul>	<p><b>Child maltreatment declines</b></p> <ul style="list-style-type: none"> <li>• Reduced foster care entry</li> <li>• Reduced foster care re-entry</li> <li>• Reduced foster care census</li> </ul>

### *Washington Indian Child Welfare Act Court Decisions*

Two recent Washington Supreme Court decisions<sup>30,31</sup> concerned whether the Washington Indian Child Welfare Act (WICWA) required the State to make “‘active efforts’ to prevent the breakup of Indian families” (25 U.S.C. § 1912(d); RCW 13.38.130). In both cases, the decisions affirmed this requirement, which is a higher standard than a non-Indian child custody case requires. As one of the decisions notes, active efforts have been regulatorily defined as “affirmative, active, thorough and timely,” as well as culturally appropriate.<sup>32</sup>

In the *Matter of the Dependency of G.J.A., A.R.A., S.S.A., J.J.A., and V.A.*, the Department was found to have failed to provide active efforts by providing untimely referrals and engaging the parent in a passive manner. This included failing to actively assist the parent in accessing detox and therapeutic resources.

The Court’s review *In re Dependency of J.M.W.* found that the State failed to make active efforts to help the child’s parent secure adequate housing in order to care for him. This decision

<sup>30</sup> In re Dependency of J.M.W. (Majority and Dissent). 99481-1, (WA Sup. Ct. 2022). <https://law.justia.com/cases/washington/supreme-court/2022/99481-1.html>

<sup>31</sup> In the Matter of the Dependency of G.J.A., A.R.A., S.S.A., J.J.A., and V.A., Minor children. 98554-5, (WA Sup. Ct. 2021). <https://cases.justia.com/washington/supreme-court/2021-98554-5.pdf?ts=1624547484>

<sup>32</sup> In the Matter of the Dependency of G.J.A., A.R.A., S.S.A., J.J.A., and V.A., Minor children. 98554-5, (WA Sup. Ct. 2021). <https://cases.justia.com/washington/supreme-court/2021-98554-5.pdf?ts=1624547484>



established the responsibility of the State to make active efforts prior to the Shelter Care Hearing to prevent breaking up a Native family.<sup>33</sup>

Both decisions reaffirm and underscore the State's responsibility to proactively engage Native parents and seek to connect them to timely and culturally appropriate resources. Both the Indian Child Welfare Act (ICWA) and WICWA do not permit the Department to use the futility doctrine as a justification for failing to make active efforts.

#### *H.B. 1227: Keeping Families Together*

The Keeping Families Together Act, which goes into effect on July 1, 2023, is designed to protect the rights of Washington families when they face allegations of child abuse or neglect.<sup>34</sup> The basis for the law is the understanding that children are better served when the State supports them to remain safely with their families and communities, and that Black and Indigenous children have been disproportionality removed from their families and communities.

To decrease the number of children in foster care and reduce racial bias, the law introduces significant changes to the legal standards for removal of a child and placement in out-of-home care and introduces new procedural requirements and court oversight for this process. Specifically, Keeping Families Together raises the standard of removal from "reasonable cause" of an imminent danger to the child's safety to "probable cause" of "imminent physical harm." It also requires the court to determine that there is sufficient evidence to satisfy this standard and that time was insufficient to hold a hearing prior to the removal. The law also increases the level of effort the Department must make to serve notice to the parent from "reasonable efforts" to "diligent efforts."

Importantly, the law clarifies that "family poverty, isolation, single parenthood, age of the parent, crowded or inadequate housing, substance abuse, prenatal drug or alcohol exposure, mental illness, disability or special needs of the parent or child, or nonconforming social behavior does not by itself constitute imminent physical harm." It also requires the Court to determine whether prevention services would obviate the need for removal. If the parent is willing to participate in prevention services identified by the Court, the Court must place the child with the parent.

#### *In Re Dependency of K.W.*

This decision affirmed that the Department must prioritize placing children with relatives or kin, and that "is impermissible to rely on factors that serve as proxies for race in order to deny placements with bonded relatives."<sup>35</sup> The case centered around the removal of the child from a long-term placement with his relative after the relative failed to notify the social worker before

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<sup>33</sup> Family and Youth Justice Programs. (n.d.). State legislative & case law updates. Washington Courts. <https://www.wacita.org/legislation-case-law-updates/>

<sup>34</sup> Engrossed Second Substitute House Bill 1227, 12 RCW § 13.34.040 *et seq.* (2021). <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1227-S2.SL.pdf#page=1>

<sup>35</sup> Family and Youth Justice Programs. (n.d.). State legislative & case law updates. Washington Courts. <https://www.wacita.org/legislation-case-law-updates/>

taking a one-day trip. The child was then placed in a non-relative home.<sup>36</sup> The decision underscored the importance of seeking relational permanence for Black, Indigenous and other children of color in particular, who are disproportionately impacted by the child welfare system. Due to determinations of a child’s “best interest” being vulnerable to racial and class biases, the decision stated that the court must give “*meaningful preference*” to relative placements and not use proxies for race to deny such placements.

#### *HB 1747*

House bill 1747, signed into law as the Supporting Relative Placements in Child Welfare Proceedings Act, clarifies that long-term foster or relative placements can be an appropriate alternative to seeking another permanency option. It also identifies several good-cause exceptions for which the court may refrain from filing a termination of parental rights petition, including: the child is living with relatives, the Department has failed to provide services to the child’s family, the parent is incarcerated or participating in a treatment program, or the Department has not discussed the option of guardianship with the family as an alternative to termination and adoption. Furthermore, the law states that no child placed with a relative or other suitable person may be moved, barring a change in circumstances necessitating such a movement.

#### *D.S. Settlement Agreement*

The D.S. settlement resulted from a class-action lawsuit filed against DCYF by and on behalf of children in foster care who have behavioral health and developmental disabilities who alleged they were not adequately supported by the Department and were inappropriately housed, including by being moved too many times or by being made to stay in hotels, out-of-state facilities or inpatient facilities.<sup>37</sup>

The settlement agreement compels DCYF to provide “trauma-informed, culturally responsive, and LGBTIQ+ affirming alternatives to out-of-state, hotel/office, and one-night foster care placements.”<sup>38</sup> These alternatives include supportive housing for emerging adults, a professional therapeutic foster parent program and a statewide hub-home model. Additionally, DCYF has agreed to revise its licensing standards to increase their developmental appropriateness and flexibility, to hire a stakeholder facilitator to gather input on the revision of key practices, and to develop an evaluation process to determine whether group care is an appropriate and necessary placement for a child. The agreement outlines goals that must be achieved in order for the State to exit each component of the agreement and the agreement as a whole; these include providing kin caregivers with individualized communication about available community-based services and resources.<sup>39</sup> DCYF is responsible for developing and

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<sup>36</sup> In the Matter of the Dependency of K.W., a minor child. 99301-7. (WA Sup. Ct. 2022). <https://www.wacita.org/wp-content/uploads/2022/09/In-re-Dependency-of-K.W..pdf>

<sup>37</sup> Washington State Department of Children, Youth and Families. (2022). Notice of proposed class action settlement. [https://www.dcyf.wa.gov/sites/default/files/pdf/ds-Notice\\_of\\_Settlement.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/ds-Notice_of_Settlement.pdf)

<sup>38</sup> Washington State Department of Children, Youth and Families. (2022). Notice of proposed class action settlement. [https://www.dcyf.wa.gov/sites/default/files/pdf/ds-Notice\\_of\\_Settlement.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/ds-Notice_of_Settlement.pdf)

<sup>39</sup> D.S. v. Washington State Department of Children Youth and Families, 2:21-cv-00113-BJR. [https://www.dcyf.wa.gov/sites/default/files/pdf/DS\\_SettlementAgreement\\_Signed\\_060622.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/DS_SettlementAgreement_Signed_060622.pdf)

releasing an Implementation Plan for public comment that includes dates for when the new services will be available.

Taken as a whole, these legal, regulatory and judicial decisions underscore Washington State's responsibility to offer more prevention services more quickly, to reduce racial disproportionality, to decrease entries into foster care and to better resource and support families so they can care for children and youth in their communities of origin.

## **Social Context**

### *Community Types and Differences*

Thirty of 39 counties in Washington are rural.<sup>40</sup> As of 2020, approximately 10 percent of Washington's population lived in rural communities, while the remaining 90 percent lived in urban areas. The poverty rate in the state's rural areas was 13 percent, while it was 9 percent in urban areas. The state's rural communities report higher unemployment rates.<sup>41</sup> Rural areas face a lack of accessibility to mental health care.<sup>42</sup> The state has 27 Community Health Centers and 126 Medicare Certified Rural Health Clinics.<sup>43</sup>

### *Demographics*

The Washington population grew by nearly 17 percent since 2010, with about 67.5 percent of this population growth attributable to net migration.<sup>44</sup> The state's 2022 population growth rate was much higher than the prior year, 1.3 percent compared to 0.8 percent.<sup>45</sup>

Washington State's population is 49.9 percent male and 50.1 percent female. As of 2020, the population was 1.8 percent American Indian or Alaska Native, 9.6 percent Asian, 4.3 percent Black or African American, 0.8 percent Native Hawaiian or other Pacific Islander, 5.2 percent two or more races, and 78.3 percent white.<sup>46</sup> A total of 13.4 percent of the population identifies as Hispanic. There are 29 federally recognized Nations and Tribes in Washington State and five non-federally recognized Tribes and Nations.<sup>47</sup> The median age in Washington State varies widely by county, from 25.5 years old in Whitman County to 59.6 in Jefferson County.<sup>48</sup> The

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<sup>40</sup> Washington State Office of Financial Management. (2022, June 29). Population density and land area criteria used for rural area assistance and other programs. <https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/population-density/population-density-and-land-area-criteria-used-rural-area-assistance-and-other-programs>

<sup>41</sup> Economic Research Service. (2023, February 24). State Fact Sheets: Washington. U.S. Department of Agriculture: Washington, D.C. <https://data.ers.usda.gov/reports.aspx?StateFIPS=53&StateName=Washington&ID=17854>

<sup>42</sup> Washington State Hospital Association. (2017, March 16). Health inequities in rural communities. <https://www.wsha.org/articles/health-inequities-rural-communities/>

<sup>43</sup> Kaiser Family Foundation. (2018). State Health Facts. <https://www.kff.org/other/state-indicator/>

<sup>44</sup> Washington State Office of Financial Management. (2022). <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/population-changes/components-population-change>

<sup>45</sup> Washington State Office of Financial Management. (2022, June 29). Washington tops 7.8 million residents in 2022. [https://ofm.wa.gov/sites/default/files/public/dataresearch/pop/april1/ofm\\_april1\\_press\\_release.pdf](https://ofm.wa.gov/sites/default/files/public/dataresearch/pop/april1/ofm_april1_press_release.pdf)

<sup>46</sup> Forecasting and Research Division Washington State Office of Financial Management. (2022). Data set on Small Area Demographic Estimates (SADE) by Age, Sex, Race and Hispanic Origin.

[https://ofm.wa.gov/sites/default/files/public/dataresearch/pop/asr/sade/ofm\\_pop\\_sade\\_state\\_2010\\_to\\_2020.xlsx](https://ofm.wa.gov/sites/default/files/public/dataresearch/pop/asr/sade/ofm_pop_sade_state_2010_to_2020.xlsx)

<sup>47</sup> American Indian Studies, University of Washington. Nations and Tribes of Washington State. <https://ais.washington.edu/nations-and-tribes-washington-state>

<sup>48</sup> Wilder, K. & Byerly, J. (2022, July19). A state's median age does not tell the whole story. United States Census Bureau: Washington, D.C. <https://www.census.gov/library/stories/2022/07/states-median-age-does-not-tell-whole-story.html>

state population is growing more racially and ethnically diverse, and the population is growing older.<sup>49</sup>

The state's adult population is 32 percent unaffiliated (religious "nones"), 25 percent Evangelical Protestant, 17 percent Catholic, 13 percent Mainline Protestant, 2 percent Historically Black Protestant, 2 percent Jehovah's Witness, and 1 percent each of Jewish, Buddhist, Hindu, Unitarian, Other Christian and New Age.<sup>50</sup>

The state's 2021 median household income was \$84,247, compared to a U.S. average of \$69,717, and 12.3 percent of Washington's children live in poverty, compared to a rate of 16.9 percent across the United States as a whole.<sup>51</sup>

### *Social Safety Net*

Washington State's safety net programs are estimated to lift approximately 1 million people above the poverty line; they provide 49 percent of the state's children with health coverage.<sup>52</sup> These programs include Social Security and Supplemental Security Income, housing assistance, Supplemental Nutrition Assistance Program and the Earned Income Tax Credit and Child Tax Credit. Washington stands out as a state that enrolls 100 percent of eligible people in its SNAP program.<sup>53</sup> One in nine Washingtonians receive SNAP benefits.<sup>54</sup> The State website Washington Connection offers an easy way for Washingtonians to learn about benefits and programs available in the state and to complete an online application to apply for Federal, State and local benefits.<sup>55</sup>

In addition to the safety net programs provided by DCYF itself and further detailed below, the Washington State Department of Social and Health Services (DSHS) oversees the administration of food, cash and medical assistance; housing assistance; child support; vocational rehabilitation; adult care; mental health and addiction services; disabilities services; and youth services. The state has an information and community resources hotline, 2-1-1, that connects Washingtonians with government services as well as a broad range of community resources and support.<sup>56</sup>

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<sup>49</sup> Washington State Department of Health. (2018). 2018 Washington State Health Assessment: Executive summary. <https://doh.wa.gov/sites/default/files/legacy/Documents/1000/SHA-ExecutiveSummary.pdf?uid=63e2dae9a17b1>

<sup>50</sup> Pew Research Center. (2014). Religious landscape study. <https://www.pewresearch.org/religion/religious-landscape-study/state/washington/>

<sup>51</sup> Kaiser Family Foundation. (2021). State Health Facts. Poverty rate by age. <https://www.kff.org/other/state-indicator/poverty-rate-by-age/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>52</sup> Center on Budget & Policy Priorities. (2022). In Washington, safety net lifts roughly 1 million people above poverty line and provides health coverage to 49 percent of children. <https://www.cbpp.org/sites/default/files/atoms/files/7-22-16pov-factsheets-wa.pdf>

<sup>53</sup> Food and Nutrition Service. (2019). SNAP Participation Rates by State, All Eligible People. U.S. Department of Agriculture: Washington, D.C. <https://www.fns.usda.gov/usamap>

<sup>54</sup> Hall, L. & Nchako, C. (2023, February 13). Center on Budget and Policy Priorities. A closer look at who benefits from SNAP: State-by-state fact sheets: Washington. <https://www.cbpp.org/research/food-assistance/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets#Washington>

<sup>55</sup> Washington Connection website. (n.d.). <https://www.washingtonconnection.org/home/>

<sup>56</sup> Washington 211. (2022). 2022 annual report July 2021 - June 2022. Washington State Legislature. [https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=Washington%20211%20Annual%20Report%202022\\_409eeffe-481e-47d0-9655-feb99dc5c4e.pdf](https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=Washington%20211%20Annual%20Report%202022_409eeffe-481e-47d0-9655-feb99dc5c4e.pdf)

Washington also has a network of Family Resource Centers (FRCs) across the state that support families and are a critical component of the state’s safety net. FRCs are “place-based organizations that provide a single point of entry to a range of services for anyone in the community.”<sup>57</sup> In 2021, HB1237 established a standard, six-point definition for what constitutes an FRC in Washington State, defining it as follows: “a unified single point of entry where families, individuals, children, and youth in communities can obtain information, an assessment of needs, referral to, or direct delivery of family services in a manner that is welcoming and strength-based. A family resource center is designed to meet the needs, cultures, and interests of the communities that the family resource center serves.”<sup>58</sup> The law also clarifies that FRC services may be delivered by FRC staff or by a contracted service provider, and that each FRC must have at least one family advocate who is responsible for screening and assessing a family’s strengths and needs and, if the family agrees, helping the family to set its own goals and developing “a written plan to pursue the family’s goals in working towards a greater level of self-reliance or in attaining self-sufficiency.”<sup>59</sup>

In a 2021 study<sup>60</sup> designed to identify and survey FRCs in Washington State, 63 organizations meeting the research team’s definition of FRC responded to the survey, and another 21 that responded were termed “near FRCs” by the research team. Most FRCs responding to the survey were located in the western part of the state along the I-5 corridor and were focused in urban areas including “Clark, King, Pierce and Snohomish counties.”<sup>61</sup> Nearly all FRCs responding to the survey reported offering health and public benefits referrals, advocacy and case management for families, emergency and daily living resources, and parenting education.<sup>62</sup>

Sixty percent of surveyed FRCs reported having community partnerships with organizations that were most often early childhood centers and schools, mental health providers and faith communities, and a majority had relationships with DCYF, with about one third providing services for families in differential response.<sup>63</sup> Most FRCs reported collecting utilization data, and about half reported collecting outcome evaluation data. Nearly all responding FRCs reported collecting feedback from families through various means, and approximately three in five FRCs use a dedicated database to manage their data. One consideration with regards to

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<sup>57</sup> Langley, K., Moreno, J., White, C.R., Schurr, K. & Kurtz, G. (August 2021). Washington State family resource center landscape study. Washington State Department of Children, Youth and Families. <https://dcyf.wa.gov/sites/default/files/pdf/SFWA-FRCLandscapeReport-Aug21.pdf>

<sup>58</sup> House Bill 1237, 2 RCW §43.330.010 *et seq.* (2021). <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/House%20Passed%20Legislature/1237.PL.pdf?q=20230215194903>

<sup>59</sup> House Bill 1237, 2 RCW §43.330.010 *et seq.* (2021). <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/House%20Passed%20Legislature/1237.PL.pdf?q=20230215194903>

<sup>60</sup> Langley, K., Moreno, J., White, C.R., Schurr, K. & Kurtz, G. (August 2021). Washington State family resource center landscape study. Washington State Department of Children, Youth and Families. <https://dcyf.wa.gov/sites/default/files/pdf/SFWA-FRCLandscapeReport-Aug21.pdf>

<sup>61</sup> Langley, K., Moreno, J., White, C.R., Schurr, K. & Kurtz, G. (August 2021). Washington State family resource center landscape study. Washington State Department of Children, Youth and Families. <https://dcyf.wa.gov/sites/default/files/pdf/SFWA-FRCLandscapeReport-Aug21.pdf>

<sup>62</sup> Langley, K., Moreno, J., White, C.R., Schurr, K. & Kurtz, G. (August 2021). Washington State family resource center landscape study. Washington State Department of Children, Youth and Families. <https://dcyf.wa.gov/sites/default/files/pdf/SFWA-FRCLandscapeReport-Aug21.pdf>

<sup>63</sup> Langley, K., Moreno, J., White, C.R., Schurr, K. & Kurtz, G. (August 2021). Washington State family resource center landscape study. Washington State Department of Children, Youth and Families. <https://dcyf.wa.gov/sites/default/files/pdf/SFWA-FRCLandscapeReport-Aug21.pdf>

FRCs is that the local community ultimately decides what services and linkages are offered in their space.

### *Juvenile Rehabilitation*

Prior to the creation of DCYF, the Juvenile Rehabilitation Administration operated within the Department of Social and Health Services. Now a part of DCYF, Juvenile Rehabilitation (JR) oversees the “deep end” of the juvenile justice system, serving youth who “have committed serious crimes or have an accrued an extensive criminal history.”<sup>64</sup> JR has oversight of the State’s secure residential facilities (medium/maximum security), as well as its community residential facilities, treatment programs and aftercare services. Treatment programs used in JR are evidence- and/or research-based and promising practices, in alignment with E2SHB 2536, which states, “prevention and intervention services delivered to children and juveniles in the areas of mental health, child welfare, and juvenile justice be primarily evidence-based and research-based, and it is anticipated that such services will be provided in a manner that is culturally competent.”<sup>65</sup>

DCYF’s Office of Juvenile Justice (OJJ) supports system improvement efforts and innovative practices that reduce racial and ethnic disparities.<sup>66</sup> OJJ monitors federal compliance, provides technical assistance and supports implementation of the Juvenile Detention Alternative Initiative (JDAI) model. The JDAI model is an Annie E. Casey Foundation-supported initiative designed around eight strategies developed to enable all juvenile justice system-involved youth to grow into healthy and productive adults.<sup>67</sup> The first of these core strategies centers on the establishment of a collaborative steering committee that includes system and community representatives, while the third strategy is focused on leadership, analysis, policies and programming focused on reducing racial and ethnic disparities.<sup>68</sup> DCYF may consider whether any best practices and lessons learned from this initiative have relevance to the community engagement, governance and equity objectives for community pathways.

### *Substance Use Disorder Services Expansion*

DCYF provides youth and families with access to a variety of treatment options for substance use disorder (SUD), both in the child welfare and JR systems.<sup>69</sup> Additionally, the State Health Care Authority connects Washingtonians on Medicaid to SUD treatment.<sup>70</sup>

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<sup>64</sup> Washington State Department of Children, Youth and Families. (n.d). Juvenile rehabilitation. <https://www.dcyf.wa.gov/services/juvenile-rehabilitation>

<sup>65</sup> Juvenile Rehabilitation. (n.d). Treatment programs. Washington State Department of Children, Youth and Families. <https://www.dcyf.wa.gov/services/juvenile-rehabilitation/treatment-programs>

<sup>66</sup> Office of Juvenile Justice. (n.d). Office of Juvenile Justice. Washington State Department of Children, Youth and Families. <https://www.dcyf.wa.gov/practice/practice-improvement/ojj>

<sup>67</sup> Office of Juvenile Justice. (n.d). Juvenile Detention Alternatives Initiative. Washington State Department of Children, Youth and Families. <https://www.dcyf.wa.gov/practice/practice-improvement/ojj/jdai>

<sup>68</sup> Office of Juvenile Justice. (n.d). Juvenile Detention Alternatives Initiative. Washington State Department of Children, Youth and Families. <https://www.dcyf.wa.gov/practice/practice-improvement/ojj/jdai>

<sup>69</sup> Juvenile Rehabilitation. (n.d.). Substance use prevention, treatment, and recovery services. Washington State Department of Children, Youth and Families. <https://www.dcyf.wa.gov/services/juvenile-rehabilitation/treatment-programs/substance-use>; Washington State Department of Children, Youth and Families. (2018, October 1). §4518. Substance Use Disorder Testing, Assessment and Treatment. <https://www.dcyf.wa.gov/4500-specific-services/4518-substance-use-disorder-testing-assessment-and-treatment>

<sup>70</sup> Health Care Authority. (n.d.). Substance use treatment. <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/substance-use-treatment#how-find-provider>

A 2020 study by Patton et al. for DCYF’s Office of Innovation Alignment and Accountability to assess the penetration of SUD treatment for caregivers involved in Washington State’s child welfare system found that roughly one-quarter of all child welfare-involved caregivers had experienced SUD in the year preceding their system involvement, and nearly six in ten caregivers whose child was in an out-of-home placement experienced SUD in the same timeframe.<sup>71</sup> In both of these populations, fewer than half of caregivers received SUD treatment in the 12 months following either CPS intake or child removal, and treatment rates varied widely by geography across the state.<sup>72</sup>

One DCYF effort aimed at increasing support for parents with SUD and their child is a Plan of Safe Care. A Plan of Safe Care is “a family-centered prevention plan designed to promote the safety and well-being of infants with prenatal substance exposure and their birthing parents.”<sup>73</sup> This plan is required for any infant born exposed to any illegal or controlled substance and their birthing parent, and it provides parenting education, safety guidance and wrap-around services.<sup>74</sup> A health care provider completes a referral through the Plan of Safe Care online portal, and the site’s algorithm determines whether the parent and child are referred to Child Protective Services (if the child meets specific criteria and there are safety concerns) or to Help Me Grow, a community-based service that connects parents and caregivers to services and supports.<sup>75</sup> Plan of Safe Care was piloted in June 2021 in birthing hospitals in two counties and was expanded to an additional 13 birthing hospitals across Washington in winter 2021 to 2022.<sup>76</sup> The remaining 44 birthing hospitals in the state began referrals in 2022.

In addition to birthing hospital employees, DCYF staff are also implementing Plan of Safe Care with caregivers of infants. As the relevant policy states, infants under age one are at risk of harm from prenatal substance exposure.<sup>77</sup> For this reason, caseworkers complete a Plan of Safe Care with families of newborns who are identified by a medical practitioner as substance affected, identified as having withdrawal symptoms from prenatal drug or alcohol exposure, or born to a dependent youth.

Recent insights gathered through the co-design process for Family Reconciliation Services (FRS), which is explored in greater detail in a dedicated subsection below, further highlight the potential of trauma-informed and culturally responsive SUD services to positively impact youth,

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<sup>71</sup> Patton, D., Liu, Q., Kersten, E., Lucenko, B., & Felver, B. (December 2020). Substance use disorder treatment penetration among child welfare-involved caregivers. Accessed at <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-121.pdf>

<sup>72</sup> Patton, D., Liu, Q., Kersten, E., Lucenko, B., & Felver, B.E.M. (December 2020). Substance use disorder treatment penetration among child welfare-involved caregivers. Department of Children Youth and Families, Office of Innovation Alignment and Accountability. <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-121.pdf>

<sup>73</sup> Washington State Department of Children, Youth and Families. (n.d). Plan of Safe Care <https://www.dcyf.wa.gov/safety/plan-safe-care>

<sup>74</sup> Washington State Department of Children, Youth and Families. (n.d). Plan of Safe Care <https://www.dcyf.wa.gov/safety/plan-safe-care>

<sup>75</sup> Washington State Department of Children, Youth and Families. (n.d). Role of healthcare providers <https://www.dcyf.wa.gov/safety/plan-safe-care/Healthcare-Providers>

<sup>76</sup> Washington State Department of Children, Youth and Families. (n.d). Implementation schedule. <https://www.dcyf.wa.gov/safety/plan-safe-care/schedule>

<sup>77</sup> Policies and procedures. (2019, October 31). 1135: Infant safety education and intervention. Washington State Department of Children, Youth and Families. <https://www.dcyf.wa.gov/1100-child-safety/1135-infant-safety-education-and-intervention>



young adults and their families. Of the 23 lived experts who participated in the co-design process, 35 percent reported experiencing substance abuse.<sup>78</sup> While the sample size is small, the data collected suggest SUD services are needed for populations that participate in FRS or could benefit from participating in FRS.

As DCYF considers how to best approach the design and implementation of community pathways, the strengths and needs of Washington’s communities, the governmental and nongovernmental organizations serving families across the state, and cultures and demographic makeup of the population will help determine successful interventions and intervention points and identify entities that may serve as referral sources, service providers or partners in this effort.

## **Economic Context**

### *Key Economic Sectors*

Approximately 14.5 million acres of land are cultivated for agriculture in Washington State, out of a total land area of 45.6 million acres. The state’s top agricultural products are apples, wheat, potatoes, hay, hops and cherries.<sup>79</sup> Washington also leads in milk and cattle production.<sup>80</sup> In addition to agriculture, aerospace, clean technology, forest products, IT, military and defense production and the maritime sector are key industries in the state.<sup>81</sup>

### *State Budget and Drivers*

Governor Inslee’s proposed biennial budget for 2019 to 2021 was approximately \$113 billion, with education costs comprising \$32.5 billion, or nearly one-third of the total.<sup>82</sup> The costs of education dwarf state spending in any other government spending area; human services, the next-largest area of spending, comprised \$17.3 billion.

Health care costs comprise more than 20 percent of the State’s general fund budget.<sup>83</sup> In addition, the budgetary impact of the State’s Medical Assistance caseload is expected to continue to grow, as federal matching rates under the Affordable Care Act decline in the future.<sup>84</sup> As the state population grows, the number of government staff has generally tracked this growth.<sup>85</sup>

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<sup>78</sup> Washington State Department of Children, Youth and Families. (2022, December 16). Family Reconciliation Services 2022 annual report. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FRSAnnualReport2022.pdf>

<sup>79</sup> U.S. Department of Agriculture. (2022). State agricultural review: Washington. [https://www.nass.usda.gov/Quick\\_Stats/Ag\\_Overview/stateOverview.php?state=WASHINGTON](https://www.nass.usda.gov/Quick_Stats/Ag_Overview/stateOverview.php?state=WASHINGTON)

<sup>80</sup> U.S. News & World Report. (2022). Best states: Washington. <https://www.usnews.com/news/best-states/washington>

<sup>81</sup> Washington State Department of Commerce. (n.d.). Key sectors bring focus to high growth industries. <https://www.commerce.wa.gov/growing-the-economy/key-sectors/>

<sup>82</sup> Washington State Office of Financial Management. (n.d.). Interactive state budget (governor’s proposed 2019-21). <https://ofm.wa.gov/budget/state-budgets/interactive-state-budget-governors-proposed-2019-21>

<sup>83</sup> Washington State Office of Financial Management. (2022). Change in medical costs. <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/budget-drivers/change-medical-costs>

<sup>84</sup> Washington State Office of Financial Management. (2022). Medical assistance caseload. <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/budget-drivers/medical-assistance-caseload>

<sup>85</sup> Washington State Office of Financial Management. (2022). State government FTEs compared to population. <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/budget-drivers/state-government-ftes-compared-population>

The Governor’s proposed biennial budget for 2023-2025 prioritizes investments in “housing and homelessness, behavioral health, climate change, salmon protection and public safety.”<sup>86</sup> This budget includes DCYF’s \$695 million decision package.

#### *Decision Package (bridge funding)*

The Washington State Legislature passed the Governor’s state budget with robust support for human services. The budget includes DCYF’s Decision Package, which focuses on service expansion. The approved appropriations for DCYF prioritize Family First implementation, expansion funding for prevention, caregiver placement supports, and combined in-home and transitional services, among other program priorities. For services that will ultimately be delivered under Family First, this funding would serve to bridge Departmental spending for two years while community pathways are being developed.

As the legislative session progresses, DCYF will need to reassess the state’s budget situation and its implications for DCYF programming and infrastructure.

### 3. Departmental Background and Programmatic Considerations

As the Department continues its evolution and integration, major shifts in structure, programs and practice continue to drive operational changes and present new and critical considerations for DCYF’s pursuit of community pathways.

#### *Staff Structure and Management Practices*

In late calendar year 2022, Secretary Hunter announced the creation of the new Prevention and Client Services Division under Assistant Secretary Steve Grilli. The new division plans, curates and supports a comprehensive service continuum, including primary prevention services. The division aims to deliver home- and community-based services that prevent entry into the child welfare and juvenile justice systems and provide system-involved families the services needed to swiftly and safely exit these systems. Among other federal and grant-funded initiatives, the new division oversees implementation of Family First.

The Department is also continuing to refine its use of project management and portfolio management practices and recently hired dedicated project managers to oversee and manage the implementation and coordination of various new agency initiatives.

To support DCYF staff in understanding the programmatic and structural changes, and to encourage ongoing culture change and transparency, DCYF leadership has launched a new staff communications effort called Foundations of Practice. Foundations of Practice is designed to provide ongoing updates and detail to staff in an accessible Q&A format.

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<sup>86</sup> Washington State Office of Financial Management. (2022, December 14). Highlights of Gov. Inslee's proposed 2023–25 budget. <https://ofm.wa.gov/budget/state-budgets/gov-inslees-proposed-2023-25-budgets/highlights-gov-inslees-proposed-2023-25-budget>

### *Thriving Families*

Thriving Families is a DCYF initiative that combines a portfolio of practice-improvement projects designed to strengthen agency practice to enable children and youth to remain safely at home or with kin in their communities.<sup>87</sup> Thriving Families aligns with the Department’s Strategic and Racial Equity Plan and its commitment to moving services upstream to prevent harm to children and youth.<sup>88</sup>

Thriving Families comprises 11 distinct projects: Assessment Redesign, Caregiver Supports, Child Welfare and Indian Child Welfare Workload Study, the D.S. Settlement, the Family Practice Model Framework, the Indian Child Welfare Policy Redesign, Kinship, Motivational Interviewing, the Permanency from Day 1 Grant, the Removal Standard, and Services Expansion.

While Thriving Families can be taken as a whole, several of the projects have the capacity to significantly impact the design and implementation of community pathways and are therefore explored individually below.

### *Service Continuum Expansion*

The State has been experiencing a dearth of service providers, including culturally appropriate providers. Following the passage of HB 1227, DCYF set goals to expand its in-home service array by 10 percent for Family Preservation Services and Combined In-Home Services.<sup>89</sup> The Service Array team is working in partnership with existing service providers to hire additional therapists and other staff and providing support to field staff to increase referrals to the expanded services.

The services being expanded under this initiative include in-home parent support services, family preservation services, and culturally responsive prevention services. In addition, home visiting is expanding slot availability and seeking to build capacity in the rural parts of the state.

The State has also released plans to expand culturally responsive services in 2023 to 2024 through piloting three to five contracts with Tribal Nations or Recognized American Indian Organizations (RAIO) to provide community prevention services for Native American communities, and another three to five contracts for community prevention services for African American communities.<sup>90</sup> The State is contracting for a review of the cultural service landscape and the needs of the state’s populations and will welcome the recommendations to improve the availability of culturally responsive services statewide.

The current integrated services expansion through the DP is only one component of the Department’s overall plans for the creation of a service continuum that is “de-siloed, centered

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<sup>87</sup> From DCYF all-staff email sent 12 January 2023 by Luba Bezborodnikova, Natalie Green, Steven Grilli and Jenny Heddin

<sup>88</sup> Washington State Department of Children, Youth and Families. (n.d.). Thriving Families campaign. <https://www.dcyf.wa.gov/practice/practice-improvement/thriving-families>

<sup>89</sup> Foundations of Practice FAQ 2023-01-24

<sup>90</sup> Foundations of Practice FAQ 2023-01-24

on equity and consistently structured to support the diverse needs of children, youth, young adults, and families.”<sup>91</sup> The 1227 Services Workgroup ultimately made 12 recommendations, which included connecting with community services, using culturally responsive services and service delivery, and supporting families in accessing services.<sup>92</sup> These recommendations have particular relevance to the community pathways efforts.

### *Assessment Redesign*

DCYF is currently working with Chapin Hall to update its safety assessment process and framework in a manner aligned with the requirements of HB 1227, integrated with the Family Practice Model, and supportive of engagement, assessment and service coordination activities.<sup>93</sup> Chapin Hall is also helping DCYF to consider the ways in which differences in screening decisions at the community level, as well as community characteristics, may provide data about the resources that would be able to meet the unmet needs in individual communities.

DCYF is undertaking this redesign process after an internal assessment found that the State’s existing screening tool, which comprises a prior version of the ACTION for Child Protection Safety Assessment Evaluation (SAFE) model and components of the Illinois Department of Children and Family Services’ Child Endangerment Risk Assessment Protocol (CERAP), contributes to racially disproportionate and disparate outcomes.<sup>94</sup> Additionally, the higher evidentiary standard required for child removal under HB 1227 requires a tool that can capture this. To supplement a review of the literature and best practices in child welfare safety assessment and an overview of community characteristics in Washington State, the Chapin Hall team is providing consultation and recommendations on the Department’s approach to predictive statistical risk models.<sup>95</sup> The explicit goal of this effort is to enhance the delivery of upstream prevention services.

The Chapin team’s research on characteristics of Washington’s communities, including their demographic and economic characteristics and risk and protective factors, provides a multidimensional and county-specific look at the strengths and needs of communities that may indicate the types of prevention services and concrete supports that could mediate risks.<sup>96</sup> As the State designs its approach to risk modeling, Chapin Hall is recommending a broad approach that considers community-level characteristics and local child protective services decision making in addition to individual- and family-level characteristics.<sup>97</sup> Notably, the Chapin team’s

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<sup>91</sup> Washington State Department of Children, Youth and Families. 7.7.22 CWLT Service Expansion

<sup>92</sup> Washington State Department of Children, Youth and Families. 7.7.22 CWLT Service Expansion

<sup>93</sup> Thomas, G., Steinmetz, S., Cepuran, C., & Heaton, L. (2022, December 15). Washington State Department of Children, Youth and Families literature/best practice review. Chapin Hall at the University of Chicago: Chicago.

<sup>94</sup> Thomas, G., Steinmetz, S., Cepuran, C., & Heaton, L. (2022, December 15). Washington State Department of Children, Youth and Families literature/best practice review. Chapin Hall at the University of Chicago: Chicago.

<sup>95</sup> Heaton, L., & Cepuran, C. (2023, February 17). Correlating community characteristics and screening decisions. Chapin Hall at the University of Chicago: Chicago.

<sup>96</sup> Heaton, L., & Cepuran, C. (2022, November 16). Community characteristics in Washington. Chapin Hall at the University of Chicago: Chicago.

<sup>97</sup> Heaton, L., & Cepuran, C. (2023, February 17). Correlating community characteristics and screening decisions. Chapin Hall at the University of Chicago: Chicago.

research finds significant differences in county-level screening decisions for Family Assessment Response that are negatively correlated to measures of county racial diversity.

### *Family Assessment Response*

Family Assessment Response (FAR) is a differential response pathway that provides an alternative to a standard investigation by Child Protective Services for a child abuse and neglect allegation that has been screened in.<sup>98</sup> DCYF began to offer FAR as a IV-E Waiver demonstration project in 2014, designed to improve safety, permanency and well-being outcomes in four specific ways: by increasing participants' supportive social connections; by providing concrete goods and services; by increasing the use of evidence-based practices; and expanding the use of the State's two practice models, Solution-Based Casework and the Safety Framework.<sup>99</sup>

An evaluation of the 3.5-year waiver demonstration found that FAR was estimated to reduce the probability of removal by approximately 17 percent at 12 months, though the model likely did little to impact well-being or safety (positively or negatively).<sup>100</sup> Overall, staff supported the FAR rollout, and families reported positive experiences with the initiative and that they felt the support they received was helpful. Families participating in FAR did not receive all supports offered by the program. While about 39 percent of high-risk FAR families received an in-home service, fewer than 10 percent of these same participants received an evidence-based practice.

Fidelity to the FAR model varied by office and fluctuated over the course of the implementation, "plateauing" at 41 percent in 2017.<sup>101</sup> While per-family expenditures increased for FAR cases in the first six months following intake, these families had lower total expenditures by 12 months. One critical finding of the evaluation is that the model originally required families to sign a FAR Agreement, which was expected to have led to most families designated as Native American or Washington State Tribe to decline FAR participation. This component of the model was then changed; however, Native American families were assigned to FAR at lower rates throughout the initiative, primarily because many of these families not meeting the eligibility criteria due to having higher numbers of previous intakes.

One recommendation of the FAR study with direct applicability to the community pathways effort is to share staff's successful and creative approaches for delivering concrete goods to families—an effort that was appreciated by both staff and families. Another consideration is the recommendation to move from a "risk-based tool for decision-making toward a needs-based tool" to improve both the quantity and applicability of evidence-based practices and other services delivered.<sup>102</sup>

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<sup>98</sup> TriWest Group. (2019). *Washington State IV-E Waiver Demonstration Project: Family Assessment Response (FAR) Final Evaluation Report*. Boulder, CO.

<sup>99</sup> TriWest Group. (2019). *Washington State IV-E Waiver Demonstration Project: Family Assessment Response (FAR) Final Evaluation Report*. Boulder, CO.

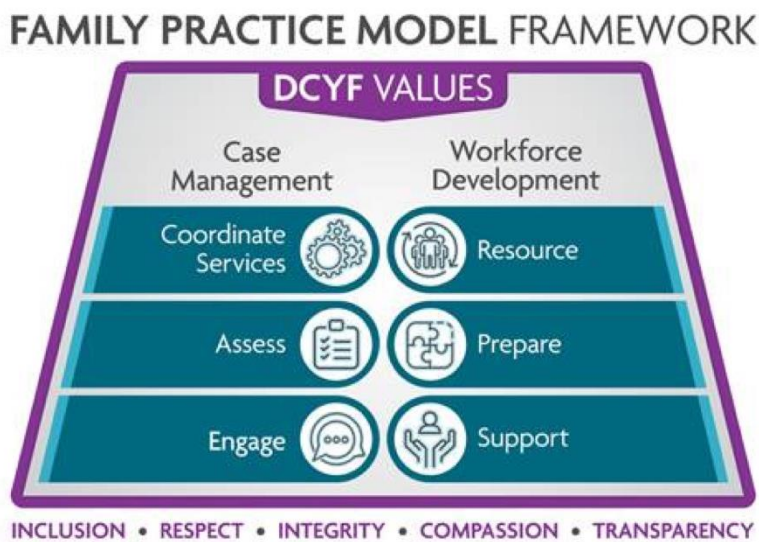
<sup>100</sup> TriWest Group. (2019). *Washington State IV-E Waiver Demonstration Project: Family Assessment Response (FAR) Final Evaluation Report*. Boulder, CO.

<sup>101</sup> TriWest Group. (2019). *Washington State IV-E Waiver Demonstration Project: Family Assessment Response (FAR) Final Evaluation Report*. Boulder, CO.

<sup>102</sup> TriWest Group. (2019). *Washington State IV-E Waiver Demonstration Project: Family Assessment Response (FAR) Final Evaluation Report*. Boulder, CO.

### Family Practice Model Framework

DCYF’s Family Practice Model (FPM) framework “organizes, prioritizes and communicates the agency’s commitment to clarify case management standards through engagement, assessment and service coordination. The FPM framework equally articulates a system structure needed to support, train and resource case managers to advance competencies that promote child and family well-being.”<sup>103</sup> The objectives of the FPM framework include to increase the quality and consistency of practice, and to improve working conditions for case managers.<sup>104</sup> In order to achieve this, the framework has two sets of components: one set to inform a standard for case management practice and another to guide workforce development. The three case management components are service coordination, assessment and engagement, and the workforce development components are resource, train and support.



The DCYF team has described the FPM framework as the embodiment of how work is done in the Department. The team is currently working on the development of practice profiles that operationalize the FPM framework for staff.

DCYF should consider how its child welfare values and draft principles might inform the design, implementation and operation of its community pathways.

### CCWIS Implementation

Washington State is in the process of completing its feasibility study to inform the design of a new Comprehensive Child Welfare Information System (CCWIS) to replace FamLINK as the State’s child welfare system of record. The feasibility study should be completed in September 2023, and the procurement strategy is planned to be developed in September and October

<sup>103</sup> Washington State Department of Children, Youth and Families. (August 2022). Family Practice Model Framework. Olympia, WA.

<sup>104</sup> Washington State Department of Children, Youth and Families. (August 2022). Family Practice Model Framework. Olympia, WA.

2023, followed by CCWIS system procurement through September 2024.<sup>105</sup> Persona development and journey mapping have been completed.

Once the CCWIS team has developed an estimated timeline and vision for the assessment and services modules, this timeframe can inform community pathway decisions related to information-gathering, service plan development and federal reporting, as well as the current FamLINK updates being contemplated. Due to the expected timeline for CCWIS procurement and implementation, DCYF may consider talking with peer jurisdictions that are using systems other than their system of record to capture the child-specific prevention plan.

### *Performance-Based Contracting*

DCYF is committed to the use of Performance-Based Contracting (PBC), a method of service contracting that is structured around the use of measurable performance standards, or outcomes, in client service contracts. As directed by HB 1661, the Department is implementing these standards in three areas of contracting: “Services (the ‘What’), Quality (the ‘How’) and Outcomes (the ‘Result’).”<sup>106</sup> DCYF’s stated goal for PBC is to partner with its service providers to achieve its desired long-term outcomes for children, youth and families.

In 2021, the nonprofit Results for America recognized DCYF’s use of PBC as a “leading example” of results-focused contracting and Washington as one of nine “leading” states in the use of evidence-based policymaking.<sup>107</sup> As of this recognition, DCYF had converted 70 percent of its total portfolio of contracted services to PBC—comprising more than \$1 billion in services biannually through more than 1,000 contracts.<sup>108</sup>

One initiative for which DCYF and its partners invested significant resources to develop performance-based contracting practices is Parents As Teachers (PAT), the home visiting model.<sup>109</sup> Through an effort that involved a work group with service providers, as well as engagement with caregivers and home visitors, DCYF selected a precise PAT outcome metric, identified a method to measure progress toward the selected outcome, and piloted the measurement tool to inform annual targets and incentives for the contracts.<sup>110</sup>

### *Family Reconciliation Services*

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<sup>105</sup> Conversation with Maria Zdzieblowski, Acting Sr. Administrator of Service Continuum, Division of Partnership, Prevention and Services, Washington Department of Children, Youth and Families. (2023, February 9).

<sup>106</sup> Washington State Department of Children, Youth and Families. (n.d.). Contracting. <https://www.dcyf.wa.gov/practice/oiaa/agency-performance/contracting>

<sup>107</sup> Washington Department of Children, Youth and Families. (2021, December 21). DCYF’s performance-based contracting named “leading example.” Accessed from <https://www.dcyf.wa.gov/news/dcyfs-performance-based-contracting-named-leading-example>

<sup>108</sup> Washington Department of Children, Youth and Families. (2021, December 21). DCYF’s performance-based contracting named “leading example.” Accessed from <https://www.dcyf.wa.gov/news/dcyfs-performance-based-contracting-named-leading-example>

<sup>109</sup> Washington State Department of Children, Youth and Families. (2022). Performance-based contracts.

<https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/performance-based-contracts>

<sup>110</sup> Washington State Department of Children, Youth and Families. (n.d.). 2020-21 HVSA PAT PBC Working Group overview. <https://www.dcyf.wa.gov/sites/default/files/pdf/hv-PATOverview.pdf>



DCYF's Family Reconciliation Services (FRS) is a voluntary program designed to support runaway youth and youth who are experiencing family conflict.<sup>111</sup> FRS provides crisis intervention and resolution for youth ages 12 to 17 to prevent youth's placement in out-of-home care. The program's services are short-term by design and include brief family counseling and crisis residential or other short-term placement; the program also refers families to longer-term services they may need. Youth and families voluntarily involved in FRS may be well-suited to receive referrals to the high-quality and evidence-based therapeutic interventions included in Washington's Prevention Plan.

Following state legislation in 2020 that required DCYF to begin reporting annually on FRS and authorized contracts with community-based organizations to deliver FRS but did not offer guidance on how to administer such contracts, the 2021 annual FRS report recommended that DCYF undertake a collaborative co-design effort with community-based providers, people with lived experiences and system experts to develop a new model for the provision of FRS by community-based entities.<sup>112</sup>

Co-design sessions were held with three cohorts of participants to document major recommendations for a community-based FRS program. Several co-design recommendations may be informative to the development of a community pathway; for example, the first recommendation is that a wide variety of community sources should be able to refer a family for FRS. The cohorts also recommended that FRS providers have the ability to receive and coordinate referrals from child welfare and juvenile rehabilitation. Two additional recommendations with applicability to community pathways are to provide culturally specific service options and to offer primary prevention services. The FRS co-design process also provided several lessons learned that can inform the community pathways co-design process.

DCYF's new and expanding operational and programmatic efforts are focused on enabling the Department to better and more effectively serve and strengthen families. With intentional design and the involvement of the Washington's communities and partners, the state's community pathway can connect with and extend these efforts, propelling the Department forward in its achievement of its strategic goals<sup>113</sup> related to implementing and expanding effective, community-driven secondary prevention, preventing entries into care, and improving the quality and availability of provider services.

#### 4. Legislative Context & Lessons from Other Jurisdictions

Multiple states have submitted five-year Title IV-E Prevention Program plans to the Administration for Children and Families for federal approval that incorporate a community pathway. These include plans where children and their families are referred to

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<sup>111</sup> At-Risk/Runaway Youth. (n.d.). Family Reconciliation Services. Washington State Department of Children, Youth and Families. <https://www.dcyf.wa.gov/services/at-risk-youth/frs>

<sup>112</sup> Washington State Department of Children, Youth and Families. (2022, December 16). Family Reconciliation Services 2022 annual report. <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/FRSAnnualReport2022.pdf>

<sup>113</sup> Washington State Department of Children, Youth and Families. (May 2021). The Department of Children, Youth, and Families strategic priorities 2021-2026. [https://www.dcyf.wa.gov/sites/default/files/pubs/COMM\\_0058%20DCYF\\_Strategic\\_Priorities\\_2021-2026.pdf](https://www.dcyf.wa.gov/sites/default/files/pubs/COMM_0058%20DCYF_Strategic_Priorities_2021-2026.pdf)

community partners after a child welfare investigation or in-home case is closed, or children and families are identified as in need of Title IV-E Prevention Services by a community partner without requiring a hotline call to initiate candidacy determination and service delivery. The majority of these states are in the process of developing the infrastructure needed to serve families outside of their child welfare system and establishing data systems, contracts, and agreements to protect communities from unnecessary oversight from the agency.

To develop a community pathway infrastructure, jurisdictions need to consider the following required prevention program activities and the roles and responsibilities associated with each:

1. Identifying and determining who is eligible for prevention services (evidence-based programs, or “EBPs”) approved in the jurisdiction's IV-E Prevention Plan (“candidates”)
2. Developing and monitoring child-specific prevention plans for each child determined to be eligible for Family First EBPs
3. Referring and connecting children and their families to Family First EBPs
4. Providing Family First EBPs
5. Conducting ongoing risk and safety assessments of children and families receiving Family First EBPs
6. Fidelity monitoring of EBPs and the continuous quality improvement (CQI) process
7. Data reporting to federal government on each child who receives Family First EBPs<sup>114</sup>

Some potential pathways to access Family First Prevention Services within the community are: before any child welfare contact; after initial contact with child protective services, after a (screened-in or screened-out) call to the child welfare hotline, or after a closed child protective services investigation, and; after a child welfare case is closed. Jurisdictions can identify candidacy groups for whom to develop prevention services in one or multiple of these pathways. The broadest definition of a community pathway is to reach families before child welfare involvement entirely and decrease their likelihood of becoming child welfare-involved by strengthening their protective factors.

A key provision of the federal policy allowing for the development of community pathways and mandating candidacy determination and data flow is Section 8.6C of Federal Child Welfare Policy Manual, which states: “only the Title IV-E agency or a public agency (including a tribe) under a Title IV-E agreement per section 472(a)(2) of the [Social Security] Act is permitted to make the determination that a child is a candidate for foster care.”<sup>115</sup> The policy continues to note that child welfare agencies, Tribes with Title IV-E agreements, and public agencies with Title IV-E agreements can make the determination that a child is a Family First candidate, or candidate for foster care, which allows for service provision. Agencies and community partners without Title IV-E agreements cannot make the final determination of candidacy, so they must gather and submit all the necessary information to the Title IV-E agency, public agency, or Tribe under the agreement to make the final determination. Additionally, a Title IV-E agency may

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<sup>114</sup> Grewal- Kök, Wilks, Steinmetz (2023). *Community Pathway Comparisons* (Chapin Hall Working Document). Chapin Hall at the University of Chicago.

<sup>115</sup> Administration for Children and Families. (2020). *Child Welfare Policy Manual* (8.6C Administrative Functions / Costs). [https://www.acf.hhs.gov/cwpm/public\\_html/programs/cb/laws\\_policies/laws/cwpm/policy\\_dsp.jsp?citID=640](https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=640)

contract out administrative activities necessary to administer the Title IV-E prevention program, but the Title IV-E agency must supervise the activities performed by the contracted agency.<sup>116</sup>

Updated federal guidance in Section 8.6B of the Federal Child Welfare Policy Manual from February 2023 clarifies that Title IV-E agencies are not required to have an open child welfare case for a child receiving Title IV-E prevention services, but the agency must meet the requirements of the agency's Title IV-E prevention 5-year plan for these children. The guidance notes that "While the statute does not specify who must conduct the periodic risk assessments, the agency must ensure that it can fulfill its responsibility to examine the prevention plan as necessary based on these risk assessments and provide oversight."<sup>117</sup>

Additionally, the updated guidance clarifies how the provision of services, and the tracking of data, is communicated with the family. Section 8.6B notes that in the process of determining eligibility for and providing Title IV-E prevention services, the IV-E agency and/or community provider does not have to use language indicating that the identified child is "at imminent risk of entering foster care" when communicating with the family. The brief notes: "the [Family First Prevention Services] Act does not address what, if anything, the Title IV-E agency must communicate to parents about a child's eligibility for Title IV-E prevention services and status as a candidate for foster care. The law specifies only that a child's eligibility for Title IV-E prevention services as a candidate for foster care who is at imminent risk of entering foster care absent the provision of Title IV-E prevention services must be documented in the child's Title IV-E prevention plan. However, good practice dictates that Title IV-E agencies approach families with integrity. The IV-E agency should consider potential practice implications related to family engagement and agency transparency with involved families when providing prevention services."<sup>118</sup>

Further, the updated Section 8.6A notes that Title IV-E agencies and community partners are not required to inform a family receiving Title-IV-E prevention services that information about the child, services provided, and outcomes collected will be shared with the Administration for Children and Families (ACF). The information shared with ACF must use a unique child identifier.<sup>119</sup>

This updated guidance allows providers to offer prevention services without the family perceiving the offer as a threat of potential removal of their child. With appropriate data firewalls and procedures, more families may feel comfortable accessing these prevention services. However, agencies still need to openly communicate with families what the services are, and what repercussions exist if heightened risk to the child is documented.

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<sup>116</sup> Administration for Children and Families. (2020). *Child Welfare Policy Manual* (8.6C Administrative Functions / Costs).

[https://www.acf.hhs.gov/cwpm/public\\_html/programs/cb/laws\\_policies/laws/cwpm/policy\\_dsp.jsp?citID=640](https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=640)

<sup>117</sup> Administration for Children and Families. (2023). *Child Welfare Policy Manual* (8.6B Eligibility).

[https://www.acf.hhs.gov/sites/default/files/documents/cb/title-iv-e-prevention-plans.pdf?utm\\_medium=email&utm\\_source=dcffpsa022823](https://www.acf.hhs.gov/sites/default/files/documents/cb/title-iv-e-prevention-plans.pdf?utm_medium=email&utm_source=dcffpsa022823)

<sup>118</sup> Administration for Children and Families. (2023). *Child Welfare Policy Manual* (8.6B Eligibility).

[https://www.acf.hhs.gov/sites/default/files/documents/cb/title-iv-e-prevention-plans.pdf?utm\\_medium=email&utm\\_source=dcffpsa022823](https://www.acf.hhs.gov/sites/default/files/documents/cb/title-iv-e-prevention-plans.pdf?utm_medium=email&utm_source=dcffpsa022823)

<sup>119</sup> Administration for Children and Families. (2023). *Child Welfare Policy Manual* (8.6A Program Requirements).

[https://www.acf.hhs.gov/cwpm/public\\_html/programs/cb/laws\\_policies/laws/cwpm/policy\\_dsp.jsp?citID=631](https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=631)

Some states, including Minnesota, have noted in their prevention plan concerns about over-surveilling communities with the mandate of reporting to the federal government data on each child who receives Family First EBPs, and is defined as a “candidate for foster care” even if the family voluntarily opts-in to community-based services.<sup>120</sup> While considering how to develop more community-led prevention services, jurisdictions need to consider how to best protect families’ data and privacy to not inadvertently create more child welfare surveillance throughout these target communities. In an effort to avoid increased surveillance, strategies like modular approaches to CCWIS development and data firewalls are helpful to explore to limit or prohibit the transmission of confidential data beyond where it needs to go to fulfill federal requirements.

The following states are examples of jurisdictions that have outlined a community pathway in their approved prevention plans: California, Connecticut, Indiana, New Hampshire, New York, Rhode Island, and Washington D.C. The below information is based on approved, or publicly available prevention plans, unless otherwise indicated.

### California

**Pathways:** No child welfare involvement, post-child welfare involvement

**Highlights:** Candidacy groups, community agency partnerships

California’s approved prevention plan has a wide range of candidacy groups and referral pathways. California’s plan notes that the following groups who do not have any child welfare involvement, and may be eligible for prevention services based upon an individual assessment and determination that the child is at imminent risk of entering foster care but can remain safely in their home as long as allowable mental health, substance use, and/or in-home parent skill-based program services are provided:

- Children who have siblings in foster care
- Homeless youth
- LGBTQ children
- Substance-exposed newborns
- Trafficked children
- Children exposed to domestic violence
- Children whose caretakers experience substance use disorder
- Children or youth experiencing other risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care.

The following groups are eligible for Title IV-E services post-child welfare involvement:

- Children whose guardianship or adoption arrangement is at risk of disruption

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<sup>120</sup> Minnesota Department of Human Service (2022). *Minnesota’s Family First Prevention Services Act Title IV-E Five-year Prevention Plan*.

Retrieved from:

[https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&dDocName=MNDHS-061004](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&dDocName=MNDHS-061004)

- Children with substantiated or inconclusive disposition of a child abuse or neglect allegation, without a case being opened.<sup>121</sup>

Families can self-refer or be referred to a local service provider (e.g., Family Resource Center, community-based provider or behavioral health agency), by a friend/neighbor, school, Indian Tribe, healthcare provider, or a faith-based or community organization. Families may also be referred by a local Title IV-E agency (IV-E Tribe, Probation, Child Welfare) after it is determined that the family is eligible for prevention services, but a Family Maintenance Case does not need to be opened.

The initial assessment of the family will be completed by a local contracted community-based organization, a Family Resource Center or a local behavioral health agency. These local contracted agencies will document their assessment of a family, including a recommendation for services intended to mitigate the family’s risk, using the Child Welfare Services – California Automated Response and Engagement System (CWS-CARES), and the assessment will then be reviewed by the local Title IV-E agency to determine candidacy and eligibility for Title IV-E prevention services. Interactions between the local service provider and the Title IV-E agency will protect family privacy by using a unique case identifier.

Once the Title IV-E agency provides the notification of candidacy determination, the local service provider will begin prevention planning with the family and, if applicable, in partnership with the child’s Tribe(s). If more than one service is to be provided, the contracted service provider and the Title IV-E agency will determine the role of care coordination and how the agencies ensure that community-based prevention services are provided to support the family’s unique needs. The contracted local service provider will complete the child’s prevention plan, deliver EBP services to model fidelity standards and coordinate with other service providers under the monitoring and oversight of the local Title IV-E agency.<sup>122</sup>

## Connecticut

**Pathways:** No child welfare involvement, post-child welfare involvement

**Highlights:** 211 coordination, Care Management Entity, Candidacy groups

Connecticut’s approved prevention plan also includes many candidates for Title IV-E services who have no involvement with their child welfare system. The candidate populations include:

- Children who are chronically absent from preschool/or truant from school
- Children of incarcerated parents
- Youth who have experienced human trafficking
- Unstably housed/homeless youth and their families
- Families experiencing interpersonal violence

<sup>121</sup> California Department of Social Services (2021). *California’s Five-Year State Prevention Plan*. Retrieved from: <https://cdss.ca.gov/Portals/9/CCR/FFPSA/CA-FFPSA-FiveYear-Prevention-Plan.pdf>

<sup>122</sup> California Department of Social Services (2021). *California’s Five-Year State Prevention Plan*. Retrieved from: <https://cdss.ca.gov/Portals/9/CCR/FFPSA/CA-FFPSA-FiveYear-Prevention-Plan.pdf>

- Youth who have been referred to juvenile review boards, youth service bureaus, or another diversion program or who have been arrested
- Caregivers or children who have a substance use disorder, mental health condition, or disability that impacts parenting
- Infants born substance-exposed

The plan also includes youth and families post-child welfare involvement:

- Youth who have exited foster care
- Families accepted for Voluntary Services (referred from child welfare hotline)

Connecticut recently contracted with a Care Management Entity (CME) to connect families directly to EBPs and other supportive prevention services and fulfill the required prevention program activities without any contact with the child welfare system. The CME will coordinate, manage, and oversee all services for community pathway families and will assess their strengths and needs and refer them to services.<sup>123</sup> Connecticut has suggested that there is a “no wrong door” approach to their community pathway. The goal is to build a relationship between referral sources and the Care Management Entity itself so families are referred directly to the CME.

Connecticut plans to develop standardized referral processes for the CME to refer community pathway families to service providers. The CME staff will be responsible for filling out referrals with a standardized set of criteria for community pathway families and will maintain frequent and regular contact with service providers and families to support service provision, assess progress made, and/or provide additional support.

Because Connecticut anticipates that it will take time and resources to build a direct referral pathway from the community to the Care Management Entity, Connecticut’s Department of Children and Families (DCF) plans to capitalize on one of state’s existing pathways to prevention services, 211. Because 211 is already a trusted pathway to services, Connecticut will work with 211 to make direct referrals to the CME for families who align with DCF’s community pathway candidacy populations.

When a mandated reporter or a family calls the Careline (CT’s child welfare hotline), and the case is ultimately not accepted, the Careline worker will provide an indirect referral (i.e., information about the CME referral process) to the CME via the Mandated Reporter Letter.

Families can be referred to the CME by way of self-referral, through the child’s school, a healthcare system, partner agencies, first responders, the judicial system, and faith or community-based organizations.

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<sup>123</sup> State of Connecticut Department of Children and Families (2022). *Connecticut Family First Prevention Plan*. Retrieved from: [https://portal.ct.gov/-/media/DCF/CTFamilyFirst/pdf/State-of-Connecticut-Family-First-Plan-January-2022\\_FINAL.pdf](https://portal.ct.gov/-/media/DCF/CTFamilyFirst/pdf/State-of-Connecticut-Family-First-Plan-January-2022_FINAL.pdf)

The CME will assess the child and/or family and then initiate the Child-Specific Prevention Plan, including identification of all services and supports that align with child and family needs, and seek to ensure family stability and well-being. Upon completing the assessment protocol, the CME will share its candidacy determination recommendation with DCF, who will make the final determination decision.

Connecticut will develop clear parameters for data sharing to ensure family data and privacy are protected. Connecticut seeks to build a firewall within its CCWIS in order to collect the necessary data but limit exposure of family data throughout the rest of the child welfare data system. Families will be asked to consent to these data sharing parameters to ensure transparency and clarity regarding CTDCF's partnership with the CME.<sup>124</sup>

## Indiana

**Pathways:** No child-welfare involvement, post child welfare involvement

**Highlight:** Healthy Families Indiana EBP implementation, Data firewall

Indiana's prevention plan includes an approved community pathway that focuses on children and families served by Healthy Families America/Indiana (HFI), providers outside of the Department of Child Services. "Families receiving Healthy Families Indiana are incidentally considered eligible for Title IV-E services because by definition they are receiving services to prevent the need for removal. Their eligibility for those services is determined on an individual basis through HFI's screening process."<sup>125</sup>

To be eligible for HFI, families must be referred either before or shortly after the birth of the target child. Families can refer themselves or can be referred by another entity, including the Department of Child Services, a health clinic or hospital, a State WIC office or another agency.<sup>126</sup>

Referred families are initially screened by HFI assessment staff using the eight-item screening tool. If a family screens positive on the eight-item screen, the FROG tool (Family Resilience and Opportunities for Growth Scale) is offered to the family, which is used to assess factors associated with increased risk for child maltreatment or other adverse childhood experiences. After the assessment interview, the HFI assessment staff and supervisor review the results, and those families determined to be high risk are offered HFI services. The assessment responses are then used to create a service plan to organize the risks, concerns and needs identified by the family with the activities, interventions and supports provided by the

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<sup>124</sup> State of Connecticut Department of Children and Families (2022). *Connecticut Family First Prevention Plan*. Retrieved from: [https://portal.ct.gov/-/media/DCF/CTFamilyFirst/pdf/State-of-Connecticut-Family-First-Plan-January-2022\\_FINAL.pdf](https://portal.ct.gov/-/media/DCF/CTFamilyFirst/pdf/State-of-Connecticut-Family-First-Plan-January-2022_FINAL.pdf)

<sup>125</sup> Indiana Department of Child Service (2021). *Safely Home, Families First, Title IV-E Prevention Plan*. Retrieved from: <https://www.in.gov/dcs/files/Indiana-Prevention-Plan.pdf>

<sup>126</sup> Indiana Department of Child Services. (2023, January 26). *Healthy families Indiana*. Healthy Families Indiana. Retrieved from <https://www.in.gov/dcs/prevention/healthy-families-indiana/>



family support specialist to help ameliorate family risk. This service plan meets the requirements of a child-specific prevention plan as defined in legislation.

The Department of Child Services is responsible for the final IV-E prevention eligibility determination for HFI-involved families. The plan notes: “The Healthy Families data is obtained from the home-visiting information and tracking system. The HFI data is stored in Enlite, which is accessible to DCS to support ongoing monitoring of HFI model fidelity requirements as well as contract compliance and claiming/eligibility determination for funding sources. The Child Protective Services (CPS) data is obtained from the DCS case management system.”<sup>127</sup>

The department mandates HFI providers to meet all requirements of IV-E prevention planning before determining that a child and family are eligible for Title IV-E prevention claiming. The eligibility determination date is the last date when each of the following has occurred: the Service/Prevention Plan is completed with the family; on the date of birth of the child, and any necessary safety and risk assessments have been completed. These dates are captured in the Comprehensive Child Welfare Information System (CCWIS) as data points and will be used as the start date for service eligibility and claiming.

DCS will retain the determination of eligibility for Title IV-E Prevention Plan candidacy. If the family remains engaged and in need of HFA/HFI services in order to reduce the risk of removal after 12 months from the date the first service/prevention plan is completed (and after the child has been born), DCS will work with HFA/HFI providers to ensure that services, eligibility, and claiming continue as appropriate.

The Family First data requirements are captured in Indiana’s Comprehensive Child Welfare Information System (CCWIS) for both families with child welfare involvement and those served through HFI. In order to protect family privacy and prevent unnecessary scrutiny of families being served through HFI, Indiana has developed firewalls within their CCWIS to ensure the required data elements collected by HFI are shared only with the DCS staff required to determine IV-E eligibility and those responsible for data reporting.<sup>128</sup>

## New York

**Pathways:** No child-welfare involvement

**Highlights:** Healthy Families New York EBP implementation, economic and concrete supports in the next phase

Similar to Indiana’s plan, in New York’s first phase of implementation, children who meet criteria for enrollment in the state’s Healthy Families New York (HFNY) program will be approved as “candidates for foster care.” These children do not need to have child welfare involvement or an open case to be eligible to receive HFNY home visiting services. The home

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<sup>127</sup> Indiana Department of Child Service (2021). *Safely Home, Families First, Title IV-E Prevention Plan*. Retrieved from: <https://www.in.gov/dcs/files/Indiana-Prevention-Plan.pdf>

<sup>128</sup> Indiana Department of Child Service (2021). *Safely Home, Families First, Title IV-E Prevention Plan*. Retrieved from: <https://www.in.gov/dcs/files/Indiana-Prevention-Plan.pdf>

visitors will use the Family Resilience and Opportunities for Growth (FROG) scale and other HFNY screening tools to develop a preventive service plan for each child.<sup>129</sup>

For children served solely by HFNY with no open preventive services case, the HFNY Management Information System (MIS) will serve as the system of record. Results of the five-item screen will be captured in the MIS and will be made available to the Office of Children and Family Services (OCFS) HFNY state staff responsible for determining eligibility and monitoring.

Candidates entering on the HFNY track will have their cases managed by HFNY using approved HFA protocols and case planning tools, and HFNY service delivery will be documented in the MIS. OCFS staff will have access to HFNY screening tool results captured in the MIS and will confirm FFPSA eligibility for any HFNY-identified candidate for whom a preventive services case has not been opened by the Local Department of Social Services (LDSS) before Title IV-E preventive funds may be claimed. If the family enters prenatally, the targeted child/family will be considered eligible for Title IV-E at the time of the candidate child's birth.

In phase two of implementation, New York State intends to expand its criteria for "candidates for foster care" to include children who do not have an active preventive services case with their local LDSS but meet the criteria for preventive services set forth in the Preventive Services Manual and have been identified directly by partnering public state agencies and/or contracted community-based provider agencies. This pathway to candidacy remains under development, and New York State will submit an amendment to its Title IV-E Prevention Plan when plans are finalized. For this effort, OCFS is exploring creating a separate data collection module within their CCWIS to support the eligibility and service plan documentation for Community-Prevention families. Module components would likely mirror the structure and content of the eligibility and service plan screens developed for use in open preventive services cases but would have firewalls to limit who can access and view case records. Access would be restricted to those with direct case involvement or a need to know, such as community providers and state oversight staff.

Additionally, New York has plans for investment in primary prevention and services for "no track" families in their public health model whom they hope to reach with economic, concrete, or other preventive service needs without opening a child welfare case.

OCFS's intention to push toward a public health approach, consistent with Family First, is designed to tackle complex social needs and promote parent, child, and family well-being by focusing on prevention, cross-system collaboration, and community supports. Families served through this model receive services and supports funded by federal, state, and/or local dollars but do not need to have a preventive case opened with an LDSS to be enrolled, creating opportunities for families to benefit from services without fear of over surveillance and

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<sup>129</sup> New York State Office of Children and Family Services (2022). *New York State Family First Prevention Services Act Prevention Plan*. Retrieved from: <https://ocfs.ny.gov/main/sppd/docs/FFPSA-Prevention-Plan-2022Feb23.pdf>

unnecessary net widening.” New York State hopes to expand the public health model through targeted reinvestment in primary preventive programs.<sup>130</sup>

## Rhode Island

**Pathways:** No child-welfare involvement, post-child welfare involvement, juvenile probation

**Highlights:** Cross-system partnership, use of existing relationship with Family Community Care Partnerships

Rhode Island’s Department of Children, Youth, and Families (DCYF) has long worked with prevention-directed providers statewide, the Family Community Care Partnerships (FCCPs), that deploy both primary and secondary prevention efforts. Rhode Island families can self-refer to the FCCPs, be referred by another community agency without prior contact with the child welfare agency, or be referred directly from DCYF’s child protective services unit after they are determined safe but demonstrate risk factors of removal. The prevention plan notes: “The FCCP is a network consisting of community agencies that holistically addresses family functioning and clinical needs as well essential basic needs such as financial, housing, employment, and health care access to support families and mitigate risk of child welfare involvement.”<sup>131</sup>

Rhode Island’s DCYF also contains a Support and Response Unit (SRU) which is embedded within the Family Service Unit (FSU). The SRU offers a referral line from which referrals may come into DCYF from the community or are families referred by DCYF who do not meet the criteria for an investigation but have service or support needs. Families can be referred to a FCCP, or other community-based services, or to FSU for in-home preventative services.

Rhode Island’s community pathway candidate groups are as follows:

No Child Welfare Involvement:

- Children & families referred to the Family Community Care Partnerships (FCCP) by another community-based organization or self-referral.

Post Child Welfare Involvement:

- Children & families that are assessed by the DCYF Support and Response Unit (SRU) but receive services through the FCCPs.
  - Children ages 0–17 years whose families have been assessed following a direct call by the family to the SRU seeking assistance from DCYF.
  - Families referred to the SRU following a CPS hotline call where Strategic Decision Making (SDM) did not identify safety factors, but risk is present.
- Children who are post-guardianship and/or post-adoption at risk for disruption of placement and receive services through the FCCPs.
- Children or youth engaged in in-home juvenile probation.

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<sup>130</sup> New York State Office of Children and Family Services (2022). *New York State Family First Prevention Services Act Prevention Plan*. Retrieved from: <https://ocfs.ny.gov/main/sppd/docs/FFPSA-Prevention-Plan-2022Feb23.pdf>

<sup>131</sup> Rhode Island Department of Children, Youth & Families (2021). *Title IV-E Prevention Services Plan FFY 2022-FFY 2026*. Retrieved from: [https://dcyf.ri.gov/sites/g/files/xkgbur416/files/2022-10/RI%20DCYF%20FFY%20Prevention%20Plan%20FINAL\\_10.2022.pdf](https://dcyf.ri.gov/sites/g/files/xkgbur416/files/2022-10/RI%20DCYF%20FFY%20Prevention%20Plan%20FINAL_10.2022.pdf)

Children and families determined to be candidates eligible for Title IV-E prevention services by DCYF will be assessed by the FCCP Family Service Care Coordinator (FSCC) to identify mental health, substance abuse, and/or parenting skills needs. The FSCC will complete an assessment to determine the child and family's needs and to inform which prevention services will best help the child remain safe at home with their family.

The FSCC will submit a service referral form to DCYF outlining the child and families' risk levels, the presentation of the needs of the child and family, description of services needed, and safety concerns, that led to the child being at risk of removal and placement into foster care. Recommendations for candidacy will be submitted by the FSCC to DCYF to make the initial candidacy determination.

DCYF will oversee the Family Community Care Partnerships prevention plan through its Active Contract Management (ACM) process. ACM is a high-frequency data-informed collaboration focusing on service provider outcomes. DCYF facilitates monthly ACM meetings with Family Community Care Partnerships leadership teams and frequent ad hoc working group sessions to address specific issues. The Child Specific Prevention Plan will be integrated into the existing Functional Assessment Action Plan which must be completed and signed by a licensed clinician within 10 business days of the Agreement to Participate/Agency Open Disposition Date being signed for the primary child. All Family Community Care Partnerships enter data on families who have consented to FCCP services which allows DCYF to analyze the data for fidelity as well as family outcomes across race, ethnicity, age group and geographic region.<sup>132</sup>

## Washington D.C.

**Pathways:** Post-child welfare involvement or a call to the child welfare hotline

**Highlights:** Use of existing infrastructure, use of existing relationship with Healthy Families/Thriving Communities Collaboratives

Washington D.C.'s community pathway supports families after a hotline call, a closed investigation, or closed child protective services case. To divert the families who experience an unsubstantiated call to their child welfare hotline, or an unopened case after a hotline call, the District partners with their Healthy Families/Thriving Communities Collaboratives (Collaboratives). For more than two decades in D.C., the Collaboratives have been key partners to the Child and Family Services Agency (CFSA), working as community-based prevention service providers. The prevention plan notes: "The Collaboratives provide an array of essential core services, including case management, information resource, referral, and linkage, as well as specialized services such as parent education and support programming to meet the needs of both CFSA-involved and all District Families."<sup>133</sup>

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<sup>132</sup> Rhode Island Department of Children, Youth & Families (2021). *Title IV-E Prevention Services Plan FFY 2022-FFY 2026*. Retrieved from: [https://dcyf.ri.gov/sites/g/files/xkgbur416/files/2022-10/RI%20DCYF%20FF%20Prevention%20Plan%20FINAL\\_10.2022.pdf](https://dcyf.ri.gov/sites/g/files/xkgbur416/files/2022-10/RI%20DCYF%20FF%20Prevention%20Plan%20FINAL_10.2022.pdf)

<sup>133</sup> District of Columbia Child and Family Services Agency (2020). *Putting Families First in DC*. Retrieved from: [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC%20Title%20IV-E%20Prevention%20Program%20Five-Year%20Plan\\_Amended%209.8.20.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC%20Title%20IV-E%20Prevention%20Program%20Five-Year%20Plan_Amended%209.8.20.pdf)

Washington D.C.'s community pathway candidacy groups include:

- Children served through the Healthy Families/Thriving Communities Collaboratives following a CPS investigation or closed CFSA case.
- Children who have exited foster care through reunification, guardianship, or adoption and may be at risk of re-entry.
- Children of pregnant or parenting youth who recently exited foster care, with eligibility for services ending five years after exiting foster care.
- Children born to mothers with a positive toxicology screening.

Referrals (following a closed investigation) or cases (following an open In-Home or Out-of-Home case) are transferred to a Collaborative for ongoing case management.

Only CFSA staff will determine child-specific eligibility for prevention services. To ensure that CFSA workers correctly identify children who are Family First prevention-eligible, there will be an eligibility screen designed to confirm the child's (1) membership in one of the above-noted candidacy subgroups, (2) risk level per the Structured Decision-Making tool, and (3) imminent risk of entering foster care.

Collaborative staff will not be responsible for determining eligibility for prevention services but will be responsible for managing prevention plans for prevention-eligible children and their families when candidacy has been established by CFSA.

For families who are served by partner agencies or community organizations providing prevention services, it is the expectation that these agencies assess risk through an informal risk assessment. If it is determined that risk remains, the partner agency or community partner will communicate the assessed risk to CFSA or the Collaborative worker responsible for that family's prevention plan management. If the Collaborative determines that risk of foster care entry remains high based on this assessment, the Collaborative will communicate with CFSA staff to reexamine the prevention plan and the child's eligibility for prevention services.

Collaborative staff will be responsible for managing prevention plans for prevention-eligible children and their families when candidacy has been established by CFSA. For families referred directly from investigations to the Collaboratives, who therefore do not have CFSA caseworkers, CFSA's Collaborative partners will complete the prevention plan.

When a referral (if following a closed investigation) or case (following an open In-Home or Out-of-Home case) is ready to be transferred to a Collaborative for case management services and ongoing prevention plan management, a CFSA staff person will initiate CFSA's electronic "Case Transfer Process." The Case Transfer Process allows CFSA staff to transition the referral or case, including the prevention plan, to the appropriate Collaborative based on geography and service needs of the prevention-eligible child and their family. The Collaborative is not able to edit the original candidacy determination (eligibility timestamp) but can re-assess risk based on changes to the child or family's situation and needs. The Collaboratives report to CFSA in real-time if the

child or family is no longer participating in services. CFSA staff have full access to the Community Portal, the technical interface the Collaboratives use to accept all referrals/cases transferred from CFSA to the Collaboratives for ongoing case management and prevention plan management.<sup>134</sup>

## Key Considerations for Washington State

**Infrastructure & Resources:** Building a community pathway can require significant resources. If the state is considering a broad array of candidacy groups and hoping to reach families as far outside the child welfare system as possible using Title IV-E funding, the state can further consider ideas from Connecticut's and California's plans. It is our understanding that these states are in the process of strengthening their infrastructure and community relationships to make the pathways viable.

Indiana and New York currently rely on their Healthy Families EBP and community and self-referrals to meet families before they touch the child welfare system. Importantly, Indiana has developed strong data infrastructure to ensure the voluntary families' data is not shared with their child welfare system.

It is our understanding that Washington D.C. is relying on existing infrastructure to serve families that first come to the attention of the child welfare agency. Families are offered community services after the child welfare agency is notified of the family and has captured their data. This is a narrower version of a community pathway but needs a smaller investment in new infrastructure.

To support building or expanding infrastructure, Washington State should determine what community entities and/or public agencies can be included in the planning for a community pathway. Consider what infrastructure already exists that could be the foundation of a community pathway, and what infrastructure will need to be built from scratch.

The development of a community pathway relies heavily on trusting community partnerships, especially in communities that experience high levels of contact with the state's child welfare agency. In Washington, what opportunities exist to build community pathways with Tribal Governments? How can Washington invest further in its existing relationships with Black and Brown community partners to build a community pathway, and how can the state ensure the service array aligns with the needs of upstream families and is trustworthy?

**Monitoring & CQI:** The Children's Bureau consistently asks jurisdictions proposing a community pathway how the IV-E agency will monitor the administration of these activities. While developing the initial infrastructure for a community pathway, Washington should also develop mechanisms for community-based agencies and IV-E agencies to share data and information to

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<sup>134</sup> District of Columbia Child and Family Services Agency (2020). *Putting Families First in DC*. Retrieved from: [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC%20Title%20IV-E%20Prevention%20Program%20Five-Year%20Plan\\_Amended%209.8.20.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC%20Title%20IV-E%20Prevention%20Program%20Five-Year%20Plan_Amended%209.8.20.pdf)

determine if EBP-specific outcomes are achieved and to improve the quality of practice. Like Indiana, it is recommended to develop data firewalls and use unique case identifiers when sharing data to protect families' privacy and security.

**Surveillance & Family Privacy:** There is a great responsibility when developing a community pathway to ensure structures are in place to protect families from unnecessary surveillance. Minnesota's prevention plan was recently approved, and it noted that the state does not yet feel comfortable developing a community pathway because of the data-sharing requirements. It states: "The department is not including children and families being served through voluntary child welfare services in the initial foster care candidacy definition due to concerns related to unintended consequences of risk and safety assessments, case plan, and data reporting requirements in FFPSA; this is especially true for African American/Black and American Indian/Alaskan Native children and families for whom over-monitoring has frequently resulted in deeper-end child protection involvement. There are also limitations in the department's capacity to expand voluntary case management services without additional state investment. This population may be considered in future iterations of the prevention plan, but more analysis is needed to avoid unnecessary consequences of bringing more families to the attention of child welfare. Department staff encourages the Children's Bureau to consider legislative action to remove these surveillance and reporting requirements to allow more families access without fear of deep-end child protection involvement."<sup>135</sup> The February 2023 Children's Bureau guidance noted above clarifying that jurisdictions do not need to open a child welfare case for families served by prevention programs, and the specifications on communicating the data sharing mandates, may provide additional support for jurisdictions that have similar concerns. Washington should still consider how it will ensure that its community pathway does not lead to more families becoming involved with child welfare. Further, how will Washington Title IV-E agencies collect the necessary data elements for federal reporting while honoring family consent and data privacy?

For **additional key considerations and questions** to support the development of Washington's community pathway, see Chapin Hall's "Conceptualizing Community Pathways: Key Questions and Considerations" document in the Appendix.

## 5. Policy Options, Considerations and Tradeoffs

As DCYF considers the policymaking landscape, its operational and programmatic efforts planned and underway, and recently passed legislation and court decisions, it must determine which candidacy groups it wants to serve with a community pathway, and which options for creating a community pathway will best meet its requirements.

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<sup>135</sup> Minnesota Department of Human Service (2022). *Minnesota's Family First Prevention Services Act Title IV-E Five-year Prevention Plan*. Retrieved from: [https://www.dhs.state.mn.us/main/idcplg?ldcService=GET\\_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&dDocName=MNDHS-061004](https://www.dhs.state.mn.us/main/idcplg?ldcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&dDocName=MNDHS-061004)

After determining whom it wants to serve with a community pathway, DCYF and its stakeholders must identify the decision-making criteria that are the most significant to guide its design process. Criteria DCYF might consider include desirability, technical feasibility, fiscal viability, equity, implementation timeframe and level of alignment with the Department's strategic plan.

As DCYF reviews its current-state environment and gathers inspiration, lessons and advice from other jurisdictions and from ongoing efforts within the Department and across the state, it can weigh the available options for a community pathway against one another using the selected criteria. The set of key questions below are designed to guide DCYF in its exploration of community pathway options and how they compare to one another.

**What candidacy groups should the community pathway serve?** Community pathways can serve families that have had contact with the child welfare agency and then choose to opt-in to voluntary services upon case-closure or following an unsubstantiated or unopened investigation. Community pathways can also serve populations that have not had any contact with the child welfare agency, and function as an upstream and voluntary approach that offers services to families through trusted community programs and agencies. This first question helps define how narrow or broad the community pathway will be, and how much investment and infrastructure may need to be developed to support it.

**How should the effort be designed and governed?** This question asks not only by what design methods the community pathway approach should be developed, but who should participate in this process, and how the group should manage itself. Lessons learned from current DCYF group processes can be applied to create a governance structure that adequately supports both the internal and community work of creating the pathway. Internally, the DCYF team must be resourced to staff the effort, develop policy and procedure and select and use procurement methods. The community-facing aspects of the governance structure must support authentic co-design and community ownership.

**Who refers families as potential candidates?** This question asks who will identify a family as potentially benefitting from a Title IV-E prevention service in Washington's prevention plan. The answer to this question may change or expand as new EBPs are added to the Family First prevention service array. To answer this question, DCYF and its partners must determine who is coming into contact with families in the candidacy groups who will be served by the community pathway, and which of these potential referral sources are trusted messengers who can effectively engage and support families and demonstrate transparency.

**Who is determining candidacy?** While the Child Welfare Practice Manual Section 8.6C and 8.1D, Q/A #6 and corresponding law<sup>136</sup> states that "only the title IV-E agency or a public agency (including a tribe) under a title IV-E agreement per section 472(a)(2) of the Act is permitted to

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<sup>136</sup> Social Security Act- sections 471(a)(2), 471(e), and 474(a)(6)(B)(i); 45 CFR 1356.60



make the determination that a child is a candidate for foster care,” DCYF has options as to which of its staff make these determinations. Additionally, the Department may choose to contract out the collection of all data necessary to make such determinations.

**Who completes the child-specific prevention plan and identifies evidence-based practices?** In selecting an entity to complete the CSPP and identify appropriate EBPs with the child and their family, DCYF will need to consider which entity is best positioned to partner with the family. What approach will be used to collaborate with the family to identify strengths and needs and develop a plan to address needs? What assessment tool or tools will be used? Will any teaming approach be used?

**Who is delivering the evidence-based practice?** If EBPs will be delivered by someone other than DCYF staff, how will contracts be designed and overseen? How will providers be monitored and assessed? Whether services are delivered by DCYF staff or others, how will they be trained, and how will model fidelity be tracked?

**Who is conducting ongoing safety and risk assessments?** DCYF and its partners will need to decide who is determining the risk to and safety of the family participating in prevention services. Will this process include the use of a formal periodic assessment? How will this information be collected and shared with DCYF, and what surveillance considerations are there? How will transparency be maintained with the family?

**Which data system holds the CSPP and service data?** While data to support DCYF’s prevention candidacy determinations must be stored in the agency’s CCWIS,<sup>137</sup> these data may be de-identified. The child-specific prevention plan and service data can be maintained in another data system. Alternatively, DCYF may choose to establish another data system as a module of its CCWIS via bidirectional data feed.

**What other opportunities exist in Washington?** DCYF is in the midst of a period of rapid system transformation and is implementing a variety of policy, practice and programmatic changes. As these implementations move forward, the community pathway development will benefit from insights gathered and lessons learned from these efforts. A special opportunity exists to learn alongside other transformation efforts that are using a collaborative co-design approach.

**What other considerations or constraints exist in Washington?** Due to the timeline for completion of the CCWIS feasibility study and subsequent procurement and implementation, the community pathways team must determine where and how data will be stored without reliance on the development of a new CCWIS module.

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<sup>137</sup> 45 CFR 1355.52(b)(1) and (c)(1); [https://www.acf.hhs.gov/cwpm/public\\_html/programs/cb/laws\\_policies/laws/cwpm/updates\\_add.jsp](https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/updates_add.jsp)

## Selected Options to Explore

What are the candidacy groups?	How is the effort designed and governed?	Who refers families as potential candidates?	Who is determining candidacy?	Who completes the CSSP and identifies EBPs?	Who is delivering the EBP?	Who is conducting ongoing safety and risk assessment?	What data system holds the CSSP and service data?	What other opportunities exist in Washington?	What other considerations or constraints are there in Washington?
<p><b>Post- child welfare involvement:</b></p> <ul style="list-style-type: none"> <li>• Families with unsubstantiated investigation / No investigation after a CPS call who sign up for voluntary services (e.g. HFA)</li> <li>• Children born to mothers with a positive toxicology screening (<i>after hotline call, if no case is open/after case is closed</i>)</li> <li>• Children who have exited foster care through reunification, guardianship or adoptions and may be at risk of re-entry (<i>after case is closed</i>)</li> <li>• Children of pregnant or parenting youth who recently exited foster care (<i>after case is closed</i>)</li> </ul> <p><b>No child-welfare involvement:</b></p> <ul style="list-style-type: none"> <li>• Children &amp; families served by Healthy</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation teams</li> <li>• FRC framework</li> <li>• Collaborative co-design</li> </ul>	<ul style="list-style-type: none"> <li>• FAR</li> <li>• 211</li> <li>• Intake (hotline)</li> <li>• FRC</li> <li>• The family itself</li> <li>• Child care, early learning, early intervention</li> <li>• A school or daycare</li> <li>• A neighbor or friend</li> <li>• A Tribe</li> </ul>	<ul style="list-style-type: none"> <li>• Special intake unit/ centralized team</li> <li>• OIAA</li> <li>• Home visiting (DOH) with IV-E agreement</li> <li>• Tribal government with IV-E agreement</li> </ul>	<ul style="list-style-type: none"> <li>• FRC staff</li> <li>• MCO</li> <li>• Contracted community-based organizations</li> <li>• Tribal CW</li> </ul>	<ul style="list-style-type: none"> <li>• DCYF staff</li> <li>• Community-based organizations</li> <li>• Peer agency staff</li> <li>• FRCs</li> <li>• Service providers (EBP/ behavioral health)</li> </ul>	<ul style="list-style-type: none"> <li>• DCYF staff</li> <li>• Service provider</li> <li>• MCO</li> </ul>	<ul style="list-style-type: none"> <li>• Early Learning</li> <li>• FamLINK</li> <li>• New CCWIS module</li> <li>• Firewalled community portal to CCWIS</li> <li>• Home visiting system (DOH)</li> </ul>	<ul style="list-style-type: none"> <li>• Home visiting public-private partnership</li> <li>• Cultural services landscape review and recommendations (participatory?)</li> <li>• Lessons learned from workgroup to design performance-based contracting for home visiting (identifying outcomes and designing them into the community pathway)</li> <li>• FRC network and research</li> <li>• New seven-level continuum of caregiver supports</li> </ul>	<ul style="list-style-type: none"> <li>• Models in the plan and planned to be added to the plan</li> <li>• Two-step plan amendment process</li> <li>• Co-design with community – how to balance with timeframes</li> <li>• CCWIS timeframe and whether outside systems will be considered as modules</li> <li>• Assessment process being developed</li> <li>• Decision package (timeframe)</li> <li>• Need to provide more EBPs for teens</li> </ul>

<p>Families America/Indiana (HFI) providers outside of child welfare agency</p> <ul style="list-style-type: none"> <li>• Homeless youth</li> <li>• LGBTQ children</li> <li>• Substance-exposed newborns</li> <li>• Trafficked children</li> <li>• Children exposed to domestic violence</li> <li>• Children whose caretakers experience substance use disorder</li> <li>• Children who are chronically absent from preschool/or truant from school</li> <li>• Children of incarcerated parents</li> <li>• Families experience interpersonal violence (IPV)</li> <li>• Youth who have been referred to juvenile review boards, youth service bureaus, or another diversion program or who have been arrested</li> </ul>									
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## 6. Recommendations and Proposed Implementation Milestones

### Recommendations

Aligned with DCYF's prevention services framework—focused on reducing the need for intakes and out-of-home placements—the Department has expressed its intention to deliver Family First prevention services via community pathway solely to children, youth and families who have already come into contact with the Department. Within this framework, the following recommendations provide guidance for designing, sequencing and managing the implementation of the community pathway.

The current and following fiscal year are a pivotal time to build and deliver Washington's community pathway. The ability for DCYF to integrate lessons learned from its in-flight transformation efforts and in-process implementations in other jurisdictions is critical to the success of comprehensive Family First implementation statewide.

- I. **Recommendation One:** Submit a IV-E State Plan amendment that outlines the next two years of Family First implementation, including the four new EBPs and a broad outline of the community pathway co-design process.
  - a. Clarify the State's focus on existing candidacy groups while outlining the intention to serve informal kinship families via the Kinship Navigator program and children with developmental disabilities and/or intensive mental health needs—removing any candidacy groups that leadership has determined are no longer viable. It is recommended that services are expanded to children with developmental disabilities and/or intensive mental health needs through the addition of evidence-based practices that support these populations or via non-child welfare programs delivered by DCYF or a peer agency. DCYF may consider expanding its post-child welfare involvement candidacy groups to address the needs of youth who have experienced placement or housing instability post-discharge.
  - b. Outline the planned approach to collaborative co-design of the community pathway, including the estimated timeframe for internal planning and co-design activities, and clarify which candidacy groups will access the community pathway. It is recommended that DCYF begin with families involved in FRS and expand to additional priority populations—Juvenile Rehabilitation, families experiencing substance use disorder (SUD), and families receiving Home Visiting services—once the community pathway is fully operational for FRS. Recent reports suggest that youth involved in FRS will stand to benefit from mental health and substance use disorder services. It is important to note, however, that under the new FRS program model, families involved in FRS may be exclusively community-identified and -served, and this is a candidacy group that DCYF has not yet decided to include in its community pathway.
  - c. Developing an executive level summary / slide deck.

- II. **Recommendation Two:** Build the required data capture and reporting into FamLINK or identify another suitable technical solution to establish the required data exchange with FamLINK. Contracting with service providers will require a viable data reporting method; therefore, a data solution should be pursued in tandem with the community co-design.
  - a. In consultation with Gartner, explore the use of an existing Departmental database that can share data bidirectionally with FamLINK before considering a peer agency system or new development.
  - b. Identify the lessons learned from the implementation of the online portal and referral algorithm used by health care providers for Plan of Safe Care for the Family First community pathway context. Determine the replicability of such a solution, as well as any concerns or considerations.
  
- III. **Recommendation Three:** Establish a governance structure with an internal working group and a community co-design workgroup and empower the internal working group to guide the design and launch of the community pathway.
  - a. Authorize the internal working group to make decisions regarding the design and facilitation of the collaborative community co-design process. Empower the working group to oversee gathering the information needed internally and externally to inform co-design process development.
  - b. Clarify what types of decisions must be approved by the Executive Leadership Table (ELT) and what information is needed from the working group in order for ELT to make required decisions.
  - c. Consider next steps in the event that a community need emerges that falls outside the scope of current efforts; for example, the need to serve families who are unknown to the system.
  
- IV. **Recommendation Four:** Pursue a collaborative co-design process with community-based service providers, people with lived experiences, system leaders and partners, building on lessons learned from prior and current co-design efforts.
  - a. Develop a multi-pronged community engagement strategy that includes collecting insights from existing DCYF co-design efforts (FRS, HV, FPM, etc.), gathering community and key informant input via surveys or focus groups, and instantiating a collaborative design process. The new FRC network may be a resource for co-design participants and/or one-time community engagement sessions.
  - b. Develop the co-design approach around key questions that are within scope for the co-design workgroup to answer.
  - c. Consider leveraging existing service contracts (such as home visiting) or planned new procurements (such as community-based providers for FRS) to increase the speed to services rollout.
  - d. Prioritize identifying the referral pathway(s) for community pathway families, as this will help determine who will fulfill the role of referral source and will also influence decisions regarding service providers.

- e. If the co-design workgroup will be involved in identifying unmet service needs related to the selection of new evidence-based models, consider existing feedback related to addressing the needs of adolescents, including those who are LGBTQIA+ and/or involved in JR, as well as the need for models that are not counseling-focused.
- f. Based upon lessons learned from the performance-based contracting (PBC) co-design process for PAT, incorporate the identification of performance indicators into the co-design process. Aligning the community co-design process with the new PBC requirements is an innovative approach that may support the effort's focus on desired community outcomes and will help focus decisions regarding service provision. The team will need to address the challenges resulting from the use of a case rate approach to contracting by developing a model of projected service growth.

### Recommended Implementation Milestones and Estimated Timeframes

Below are a series of recommended milestones for the implementation of a community pathway in Washington State, as well as estimated start dates and duration for each milestone.

Start Date	Duration	Milestone
June 15, 2023	2 hours	Maria Zdzieblowski and Phyllis Duncan-Souza present high-level recommendations on community pathway development to the Executive Leadership Table and request sign-off on the following: <ol style="list-style-type: none"> <li>1. Sign-off on:               <ol style="list-style-type: none"> <li>a. Overall approach to community pathway and plan amendment, including initial rollout with FRS</li> <li>b. Estimated timeframes for development and implementation of the community co-design process</li> <li>c. Proposal to establish an internal working group and co-design workgroup</li> </ol> </li> <li>2. Clarification on:               <ol style="list-style-type: none"> <li>a. Available budget for the community pathway co-design</li> <li>b. Existing efforts to capture IV-E data elements</li> <li>c. DCYF staffing expectations</li> <li>d. Working group decision-making authority and expectations</li> </ol> </li> </ol>
		Maria Zdzieblowski and Phyllis Duncan-Souza establish the Community Pathway Working Group
		Vickie Ybarra and OIAA write and submit the IV-E plan amendment
		The Community Pathway Working Group drafts a scope of work for itself
		ELT reviews and approves the working group scope

		The Community Pathway Working Group begins to meet and identifies the key questions it will answer and those that will be answered during the community co-design process
		The Community Pathway Working Group meets with leadership and supervisory staff from the Family Reconciliation Services, home visiting, Juvenile Rehabilitation, SUD services and the FRC team to discuss: <ul style="list-style-type: none"> <li>a. Opportunities</li> <li>b. Considerations</li> <li>c. Technical alignment</li> <li>d. Proximate providers</li> </ul>
		The Community Pathway Working Group collects, analyzes and identifies lessons learned from existing DCYF co-design efforts, including FRS, home visiting, the Family Practice Model, the SUD screen-out pilot and the design of the Integrated Services Framework
		The Community Pathway Working Group designs an implementation plan for the co-design process, including the decisions to be made/questions to be answered, the nomination or invitation process for workgroup participants, the number and length of sessions, compensation for participants, any broader community engagement or outreach, and the plan for facilitation, decision-making and documentation
		The working group or co-design facilitator develops the resources needed to share information from the Chapin Hall report and other research conducted with the co-design workgroup
		The co-design facilitator kicks off the co-design workgroup
		The co-design workgroup completes its process
		The co-design workgroup presents its recommendations to the working group and ELT
		DCYF writes and submits a new IV-E plan amendment, if needed