PROGRAM IMPROVEMENT PLAN (PIP)

Washington State Department of CHILDREN, YOUTH & FAMILIES

Original Date: May 3, 2019 | Revised Date: January 31, 2020 | Revised Date: May 29, 2020
Child Welfare Programs | Approved for distribution by Jody Becker, Deputy Secretary

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Washington State Department of Children, Youth, and Families (DCYF) Program Improvement Plan

State/Territory: Washington

Date Submitted: May 3, 2019

Date Resubmitted: January 31, 2020; Resubmitted with correction February 7, 2020

Date Resubmitted: May 29, 2020

Date Approved: June 19, 2020

PIP Effective Date: July 1, 2020

End of PIP Implementation Period: June 30, 2022

End of Non-Overlapping Year: June 30, 2023

Reporting Schedule and Format:

Washington will report progress and outcomes through written reports bi-annually and quarterly conference calls. Written reports will be submitted within 30 days of the completion of the quarter and will include updates on all strategies and key activities.

Introduction

The Department of Children, Youth, and Families (DCYF) is Washington State's child welfare and family services agency. DCYF was established in July 2018, bringing together child welfare, early learning, juvenile rehabilitation and juvenile justice into one child and family-focused agency.

DCYF's mission, vision and values are as follows:

Mission: Protect children and strengthen families so they flourish.

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

Values: Inclusion, Respect, Integrity, Compassion, Transparency

Over the next three to five years, DCYF is committed to significantly reducing the number of children in out-of-home care. To achieve this goal, it is essential to strengthen and expand staff knowledge, skills and supports to keep children safely in their own homes, to return them safely home as quickly as possible or to achieve other timely permanency, such as adoption or guardianship.

Based on the results of the Child and Family Services Review (CFSR), DCYF has identified ***four interrelated and cross-cutting practice areas for improvement*** that the Program Improvement Plan (PIP) addresses:

- Workforce Development
- Engagement
- Assessment and Case Planning
- Permanency

Within these broad goal areas, strategies and activities focus on strengthening supervisory skill and knowledge; establishing a framework for ongoing quality child, youth and parent engagement; enhancing safety assessment and provision of safety-related services; and achieving timely permanency by leveraging engagement for effective case planning. DCYF believes strong practice in these areas will improve outcomes for children and families, address disproportionality and inequity within the child welfare system and achieve the agency goal of safely reducing the number of children in out-of-home care. Strategies and activities in all four goal areas were conceptualized to address a ***cross-cutting root cause*** that emerged during PIP development work:

- DCYF struggles with ongoing implementation and support for practice initiatives and processes, resulting in practice drift and varied practice and performance across the state.

To further support the PIP goals, DCYF has worked to align strategies with those in other initiatives active within the Department. These include the Permanency from Day One (PFD1) grant, the Family First Prevention Services Act (FFPSA), the Court Improvement Plan (CIP) and the Quality Improvement Center-Workforce Development (QIC-WD) grant.

Washington's CFSR Results

Washington participated in Round 3 of the CFSR from April 2018 through September 2018 through a state-led review. The review included an analysis of 130 cases from 18 offices across the six regions statewide. Of these 130 cases, 95 were foster care and 35 were in-home, including 12 Family Assessment Response (FAR), Washington State's differential response pathway. Additional information was obtained from interviews conducted by the Children's Bureau with approximately 200 stakeholders in May 2018.

The results of the CFSR determined that Washington State is not in substantial conformity with the seven Outcomes, which include Safety Outcomes 1 and 2, Permanency Outcomes 1 and 2 and Well-Being Outcomes 1, 2 and 3. Washington was found to be in substantial conformity with three systemic factors: Quality Assurance System, Agency Responsiveness to the Community and Foster and Adoptive Parent Licensing, Recruitment and Retention. The Systemic Factors of Statewide Information System, Case Review System, Staff and Provider Training and Service Array and Resource Development, were not in substantial conformity. The primary outcomes for focus within Washington's PIP are Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1 and Well-Being Outcome 1. The goals, strategies and activities identified in the PIP will also address the other Outcomes and Systemic Factors that have been identified as not being in substantial conformity.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
86% Substantially Achieved

Washington demonstrated strong performance overall related to Safety Outcome 1. Analysis of data revealed that when children were not seen within the required timeframes, extensions were not consistently documented, and approved extensions were not valid per policy. When extensions were approved, follow-up did not occur to ensure the child was seen timely. Furthermore, victims were not seen for each intake when multiple intakes occurred within close timeframes and victims assigned to Child and Family Welfare Services (CFWS) were not consistently seen per policy.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.
64% Substantially Achieved

Overall performance for foster care cases was stronger than in-home and FAR cases. Item 2, (Services to prevent removal or re-entry into care), was a strength in 69% of the foster care cases compared to 80% of the in-home services cases and 33% of the FAR cases. Item 3, (Risk and safety assessment and management), rated as a strength in 68% of the foster care cases, 57% of the in-home cases and 50% of the FAR cases.

Based on the CFSR qualitative data, informal assessments occurred while children were in out-of-home care. In the majority of foster care cases where assessments did not occur, the lack of assessment occurred prior to placement or after children returned home to their parents. Areas of improvement related to service provision included the overall provision of services and the matching of services specific to safety threats, including substance use and domestic violence services.

Permanency Outcome 1: Children have permanency and stability in their living situations.
17% Substantially Achieved

Within Permanency Outcome 1, Placement Stability (Item 4) was rated a strength in 68% of the cases, Permanency Goal for Child (Item 5) was a strength in 60% of the cases and Timely Permanency (Item 6) was a strength in 23% of the cases. Areas of improvement related to permanency included the timely change of permanent plans related to change in circumstances, timely filing of termination petitions or documentation of compelling reasons, timely completion of kinship home studies and timely reunification when safety threats no longer existed or could be mitigated through a safety plan.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.
47% Substantially Achieved

For Well-Being Outcome 1, performance was similar across all case types with foster care cases rated at 46%, in-home cases rated at 48% and FAR cases rated at 50%. Within the sub-items, the greatest areas for improvement included the following:

- Assessment of children in FAR cases (rated at 64% compared to 78% for in-home cases and 81% for foster care cases)
- Assessment of parents across all case types for both parents (58% for foster care cases, 61% for in-home cases and 55% for FAR cases)
- Involvement of both parents in case planning (67% for mothers and 66% for fathers)
- Caseworker visits with the child in FAR cases (50% rated a strength)
- Caseworker visits with parents across all case types (51% for foster care, 61% for in-home and 50% for FAR)

The lack of consistent visits with children and parents and comprehensive meaningful conversations impacted both the ability to complete quality assessments and to engage children and parents in the development of case plans tailored to meet their individual needs. A lack of consistent efforts to locate absent parents also impacted parent visits.

Developing the PIP

DCYF engaged the following groups at the state, regional and local levels in problem identification, root cause analysis and the development of goals, strategies and activities:

- DCYF staff
- DCYF leadership
- Tribes
- Parents
- Youth
- Judicial officers
- Administrative Office of the Courts (AOC)
- Parent and youth representation programs

- Assistant Attorneys General (AAG)
- University of Washington's Alliance for Child Welfare Excellence ("Alliance" - DCYF's contracted training entity)
- Caregivers
- Other stakeholders and community partners

Stakeholder groups used data for discussion and analysis. DCYF brought this analysis forward to more focused teams that met in July, September, October and December 2019 and January 2020 to refine the problem identification, root causes and strategies, and finalize the PIP (attachment A). Throughout PIP development, DCYF endeavored to align strategies with work occurring in other efforts across the Department, including PFD1, FFPSA, CIP and QIC-WD. Additionally, the Capacity Building Center for the States and the Capacity Building Center for the Courts provided technical assistance for the PIP development process.

A consistent theme throughout the groups and across all of the identified practice areas was the need to strengthen core child welfare practice and "get back to basics." The various groups engaged in data analysis and root cause development identified that there is an inconsistent emphasis, support and accountability over time for ongoing implementation and integration of practices, policies and procedures, resulting in practice drift and varied performance across the state. There is also a tendency to address the practice elements or needed improvements in isolation, rather than as integrated parts of the larger child welfare system. This results in a loss of efficiency and integration – for example, focusing on needing to complete a monthly visit as a standalone task rather than considering and emphasizing how that meeting can be an opportunity for focused engagement to address safety, service needs and permanency.

DCYF's PIP focuses on reinforcing and enhancing the current tools and structure available to our staff; streamlining, aligning and integrating processes; and providing practice support with the intent of recapturing and strengthening core social work practice to support positive outcomes for children and families. The CFSR case review and established qualitative feedback process will be a source of measurement for practice improvements.

Based on the analysis of the data and key participant engagement, four interrelated and cross-cutting goals were identified for the PIP. These encompass the social work practice performance improvements and supports needed to improve outcomes for children and families. The four goal areas are as follows:

- ***Workforce Development:*** the strategies and activities identified within this goal area provide supervisors and caseworkers with clear practice expectations, priorities, skills and competencies to achieve the Engagement, Assessment and Case Planning and Permanency goals. Skillful supervision enhances caseworker competency and support, which in turn leads to better individual and family assessment and engagement and ultimately to improved child and family safety, permanency and well-being. Supervisors and staff will be empowered to utilize data as a tool to inform and drive clinical practice and create an atmosphere of intentional supervision and ongoing practice improvement. Implementation of a supervisory coaching model and technical assistance and support to supervisors will sustain improved practice. DCYF's work through the QIC-WD grant was incorporated into the assessment and identification of strategies in this area.

- ***Engagement:*** the strategies and activities identified within this goal area support and maintain ongoing, authentic engagement with children, youth, parents and caregivers. Development of an engagement framework with an emphasis on monthly visits with parents and children is the primary strategy focus. This includes staff support for engaging parents whose whereabouts are unknown, who are incarcerated or who are reluctant to engage. Successful engagement connects to the Assessment and Case Planning and Permanency goal areas by supporting thorough, timely assessments of safety, provision of appropriate services and development of meaningful, individualized case plans. Strategies within the Workforce Development goal area that target supervisor knowledge and skill support the implementation and ability to sustain the practice identified in this section.
- ***Assessment and Case Planning:*** the strategies and activities within this goal area focus on practice related to safety. They address timely responses to allegations of child abuse and neglect; timely, accurate assessments of safety; identification and implementation of services and the development of individualized case plans in partnership with families. Building on the work identified within the Engagement goal area, caseworkers will utilize timely, frequent engagement with families to assess child safety accurately at critical junctures throughout the life of a case. They will be able to articulate safety threats and risks to families, courts, providers and other key stakeholders and will partner with families to identify services and resources that mitigate safety concerns. The Assessment and Case Planning strategies also connect to the Permanency goal area in that accurate safety assessment and provision of tailored services contribute to timely permanency. Workforce strategies further intersect with Assessment and Case Planning in that a skilled and supported workforce is better equipped to assess safety and develop meaningful case plans through engagement with families. The work done within this goal area aligns with the work identified in DCYF's FFPSA prevention plan.
- ***Permanency:*** the strategies and activities identified within this goal area address practice areas that impact children's and youth's need for timely permanency. The strategies build upon those identified within the Engagement and Assessment and Case Planning goal areas in that engagement of children, parents and key stakeholders supports permanency outcomes by identifying appropriate permanent plans and services that target child safety. The Permanency strategies support timely reunification and other permanency through an accurate application of the Safety Framework and structured permanency planning meetings. Additional strategies include providing peer support to parents, ensuring that termination petitions are filed timely and completing home studies for kin more efficiently. The strategies within this section align and integrate with the work done under the PFD1 grant, as well as the CIP. As with other goal areas, Workforce Development strategies support the initiatives outlined in the Permanency goal area by enhancing supervisors' skills to coach to permanency.

Work to identify root causes, goal areas and strategies led to a ***cross-cutting, systemic root cause***:

- DCYF is unable to consistently sustain practice initiatives and processes following initial implementation, resulting in practice drift that has contributed to inconsistent social work practice within and across regions.

Over time, initiation of several practice improvement efforts – such as the implementation of the Safety Framework – have exhibited DCYF's inability to maintain model fidelity. In addition, DCYF has become focused on compliance-based tasks rather than the quality of social work practice. Addressing this root cause is embedded in all four of the goal areas, along with additional goal-specific root causes.

DCYF has submitted its FFPSA Prevention Plan, which includes an array of evidence-based services including Functional Family Therapy, Motivational Interviewing, Multi-Systemic Therapy, Nurse-Family Partnership, Parents as Teachers, Child-Parent Psychotherapy, Homebuilders, Incredible Years, SafeCare, and Triple P that will contribute to the achievement of PIP goals. While some of these services are currently available, expanding the array and availability support improvements needed in the Service Array Systemic Factor by addressing gaps and providing individualized services to support children remaining home with their parents. Within the plan, DCYF identified CPS FAR, CPS investigation and In-Home Family Voluntary Services (FVS), as well as children on trial-return home, among the candidacy groups.

Finally, DCYF recognizes the importance of an effective practice model that supports the timely achievement of safety, permanency and well-being outcomes and provides the foundation to develop a more competent and supported workforce. Over the course of the next five years, under the Child and Family Services Plan (CFSP), DCYF will re-evaluate its current practice model, Solution-Based Casework (SBC), for relaunch or replacement. Under FFPSA, DCYF intends to implement Motivational Interviewing (MI), which will be incorporated into the practice model and will support and align with strategies identified within the PIP. Implementation of MI will also impact the Staff and Provider Training Systemic Factor as it will require ongoing training to sustain and develop the skills. The goal is to have MI used at each encounter with families. This will require community-based service providers, caseworkers and supervisors to be trained in the use of MI. Supervisors will provide critical support to caseworkers in using MI in the development and monitoring of the FFPSA Prevention Plan. Community-based service providers will use MI in developing the assessment and delivering services. While the practice model is not directly addressed as part of the PIP, the intent is that the areas of focus and strategies identified within the PIP will strengthen core child welfare practice, which will align with and support core components of any established practice model.

PIP and CFSR Crosswalk

PIP Goal/Strategy	CFSR Outcome/Systemic Factor Addressed
Goal 1: Workforce Development	**Systemic Factor: Staff and Provider Training** **Systemic Factor: Statewide Information System**
Strategy 1.1: Improve supervisory proficiency in utilizing individual staff and unit outcome indicators as a tool for guiding clinical supervision and achieving improved agency outcomes.	Systemic Factor: Staff and Provider Training
Strategy 1.2: Implement an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.	Systemic Factor: Staff and Provider Training
Strategy 1.3: Implement a structure for formal caseworker supervision that focused on program-specific critical decision-making skills and clinical support and guidance for staff.	Systemic Factor: Staff and Provider Training
Strategy 1.4: Improve functionality and increase caseworker use of Child Location Application to ensure timely entry of placement so the current location of every child in out-of-home care is known.	Systemic Factor: Statewide Information System
Goal 2: Engagement	**Permanency Outcome 1** **Permanency Outcome 2** **Well-being Outcome 1** **Well-being Outcome 2** **Systemic Factor: Case Review System**
Strategy 2.1: Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.	Permanency Outcome 1 Permanency Outcome 2 Well-being Outcome 1 Well-being Outcome 2 Systemic Factor: Case Review System
Strategy 2.2: Implement monthly and quarterly qualitative and quantitative data review feedback cycles for frequent and quality contacts with children and families to highlight performance and inform program and practice improvements.	Well-being Outcome 1
Strategy 2.3: Implement consistent statewide process, guidance and resources for engaging parents whose whereabouts are unknown or who are incarcerated.	Well-being Outcome 1

Goal 3: Assessment and Case Planning	**Safety Outcome 1** **Safety Outcome 2** **Well-Being Outcome 3** **Systemic Factor: Service Array**
Strategy 3.1: Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.	Safety Outcome 1
Strategy 3.2: Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessment and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation process.	Safety Outcome 2
Strategy 3.3: Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.	Safety Outcome 2 Systemic Factor: Service Array
Strategy 3.4: Implement support structure to ensure timely completion of Family Team Decision Making (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents to establish clear conditions for return home.	Safety Outcome 2
Strategy 3.5: Hold case consultations prior to filing dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services for keeping children safely with their parents.	Safety Outcome 2
Strategy 3.6: Increase knowledge of screening and assessment; implement data collection and tracking; and monitor follow through to ensure children receive adequate and timely services to meet their physical and dental health needs.	Well-being Outcome 3
Strategy 3.7: Improve availability and access to services to address children, youth, and their family's behavioral health through data collection, analysis, and integration with systemic partners.	Well-being Outcome 3 Systemic Factor: Service Array
Goal 4: Permanency	**Permanency Outcome 1** **Permanency Outcome 2** **Well-being Outcome 1** **Systemic Factor: Case Review System**

Strategy 4.1: Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.	Permanency Outcome 1 Systemic Factor: Case Review System
Strategy 4.2: DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.	Permanency Outcome 1 Systemic Factor: Case Review System
Strategy 4.3: AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.	Permanency Outcome 1 Systemic Factor: Case Review System
Strategy 4.4: Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.	Permanency Outcome 1 Well-being Outcome 1 Systemic Factor: Case Review System
Strategy 4.5: Improve timely referrals for and completion of home studies.	Permanency Outcome 1 Permanency Outcome 2

Goal Area 1: Workforce Development

Washington seeks to design and implement a supervisory approach and administrative tools that lead to supervisors' development of skills and enhanced capacity to provide clinical supervision and support. Using these enhanced skills, supervisors will coach casework staff to strengthen caseworker skills and further develop critical thinking in order to improve outcomes for children, youth, and families and to develop and retain workers who will invest in child welfare as a career.

Outcomes and Items Addressed or Impacted:

The strategies in the workforce section are intended to influence performance on multiple CFSR Outcomes and Systemic Factors with the focus on Staff and Provider Training and Statewide Information System Systemic Factors.

Data Sources

- Staff surveys (2015, 2017, 2019)
- Trends observed in relation to Region 2 Enhanced Supervisory Coaching effort
- Targeted Permanency Reviews (2018-2019)
- Child and Family Services Review (CFSR) Results, including Stakeholder Interviews (2018)
- Regional Administrator (RA)/Deputy Regional Administrator (DRA) data analysis/root cause/strategy development meeting (July 2019)
- In-person Capacity Building Center for States/Children's Bureau TA meeting (September 2019)
- Area Administrator (AA), Supervisor, QA/CQI data analysis/root cause/strategy development meeting. Supported by Capacity Building Center for States (October 2019)
- Court system/partner PIP development meeting. Facilitated by Capacity Building Center for Courts. Included Capacity Building Center for States and Children's Bureau. (December 2019)
- Case Review Deep Dives (2017-2018)

Summary of Findings

Staff Surveys

DCYF reviewed data from several staff surveys conducted prior to the PIP development process, including a 2015 employee retention survey and a 2017 employee survey focused on general supervision functions. Respondents provided favorable ratings related to supervisors conveying expectations and providing feedback while at the same time, staff reported experiencing a high level of stress. Key findings included the following:

- 70% of staff said their supervisor was a factor that made them want to stay with the agency (2015 retention survey).
- 56% indicated that stress level was a factor that did not make them want to stay. Comments reflected themes of overwhelming stress and a desire for more support toward emotional health, self-care and wellness (2015 retention survey).
- 43% (842/1940) of staff reported that they were "satisfied" or "very satisfied" with well-being, defined as how their work environment affects their physical, social, and emotional health (2017 staff survey).

Additionally, as part of the strategic planning process, DCYF conducted a broader survey of supervision across child welfare, early learning, and juvenile rehabilitation. The findings suggest a disconnect between what staff perceives as important and what they focus on in supervision.

Summary of Findings: Child Welfare Supervisors		
N = 64 respondents identifying as child welfare supervisors	**What we identify as important to personal and professional development**	**What we "usually" or "sometimes" focus on in supervision**
Ensuring compliance with agency policies/procedures	64%	100%
Administrative tasks of supervision	27%	88%
Driving results	36%	73%
Leading and developing others (coaching/mentoring)	78%	92%
Creating a learning environment where it's ok to make mistakes	73%	89%

As part of PIP development, DCYF conducted a survey in December 2019 of Social Service Specialists 2 and 3 (field staff), Social Service Specialists 4 (field supervisors) and AAs (total of 828 respondents). Questions focused on monthly visits with parents and children, elements of supervision, ability to engage families in discussions related to safety, permanency, and the availability of services to meet individualized needs. These data were analyzed by staff level, region, and program area and will continue to inform PIP implementation.

Key findings related to supervision, knowledge, and skills:

- 82% of field staff (341/415) and 76% of supervisors (104/137) reported that they meet "with just the right frequency."
- 91% of field staff reported scheduled meetings with the supervisor occurring at least once a month, and 97% reported informal meetings at least once per month (often two or more times per week).
- 82% of field staff reported that their supervisor was "always" or "usually" able to provide guidance that improves their work with families.
- Both field staff and their supervisors reported a focus on problem-solving, completion of tasks, child safety and accessing services. However, field staff reported receiving clinical guidance from their supervisors only 30% of the time, while supervisors reported providing clinical guidance 75% of the time.
- Most staff feel they have the training and skills needed to assess the children (88%) and parents (86%) with whom they work.
- Supervisors feel similarly, with 87% reporting that their staff have the necessary training and skills to assess children and parents.
- Most supervisors (87%) and staff (86%) report that their staff has the tools needed to assess the children with whom they work.

- 86% of supervisors and 83% of staff report that they or their staff have the tools needed to assess the parents with whom they work.

Targeted Permanency Reviews

Between October 2018 and December 2019, DCYF conducted Targeted Permanency Reviews for 873 children ages 2 through 6 years who were in care for two years or in trial return home for over 8 months to determine barriers to permanency. When possible, reviews were completed in two parts: a review of the case file in which quantitative data was recorded and a 30-minute interview with the assigned worker to fill in quantitative data not available in the file. Where workers were not available for interviews, reviews relied on supervisory review case notes.

Data from the Targeted Permanency Reviews indicate that supervisors completed monthly supervisory reviews about 83% of the time, but from the caseworker perspective, supervisors addressed permanency approximately 24% of the time, case barriers approximately 28% of the time, and task completion approximately 20% of the time. These percentages indicate that while supervisory reviews are occurring, they may not be meeting the needs of caseworkers to improve outcomes.

CFSR

As part of the CFSR interviews in 2018, caseworkers were asked whether Regional Core Training (RCT) equipped workers with the basic skills and knowledge required for their positions. Responses from workers indicated that they do not feel adequately prepared by RCT, especially for positions in ongoing services. Key findings include the following:

- Caseworkers report that RCT is heavily focused on intake and that it does not sufficiently illuminate safety and risk processes.
- Case examples are confusing and lack a connection between assessment and permanency.
- It is challenging to absorb and apply knowledge without having field experience.
- Additional support for safety assessment/planning and documentation is needed.

The statewide assessment reflected that revisions to the initial training curriculum and mode of delivery are needed to ensure workers have adequate knowledge and skills for their positions.

With respect to ongoing training, improvements are needed related to an ongoing tracking system for monitoring training compliance and a lack of ongoing training requirements. It was identified that supervisors do not routinely receive ongoing training relevant to the supervision of casework practice.

DCYF was rated an overall rating of Area Needing Improvement for Statewide Information System, as the state cannot readily identify the location of every child because of delays of entering placement information for children in foster care into FamLink. The statewide assessment reflected that, although Washington is within the acceptable AFCARS threshold for timeliness, DCYF policy requires entry of placement within three calendar days and there is lag in data entry for placement entries and closures. DCYF implemented the Placement Entry Tool (PET) form in 2016 and the Child Location Application in 2018 to improve timeliness of placement entry. The Child Location Application is available through FamLink and mobile application and allows for easy access to placement entry. From July 2018 – June 2019, 49.5% of placements were entered using the Child Location

Application and 51.5% were entered using the PET form. During that same period, 64% of total entries were completed within three calendar days. The Child Location Application only allows entry during that three calendar day period, thus results in the majority of the timely entries.

Promising Practice

Region 2 has initiated strategies focused on supervisory skill building, including enhanced supervisory coaching. All supervisors received coaching on providing reflective feedback. In addition, supervisors receive coaching on the professional skill area of their choice once per quarter from the Alliance. The region also established expectations for the essential components of supervisory case reviews, as it applies to child safety, permanency and well-being, steps to case plan, and barriers to engagement with families. This strategy was also coupled with reinforcement of Safety Framework concepts for case-carrying staff, and a review of shared planning meetings for discussions of safety threats and conditions for return home. Although outcomes cannot be tied solely to one action step, collectively the strategies appear to be promising. The region has reduced their median length of stay 100 days for children in out of home care over sixty days, and are examining other data to determine the impact of this enhanced focus.

Implications for Practice

Taken together, these data reinforce the fundamental role of supervisors. The findings suggest that while supervisors value leadership, development of their teams, and creating safe learning environments, they spend the bulk of their time on compliance and administrative tasks and struggle to connect team development and learning environment to achieve improved outcomes. Thus, strategies to support the supervisory workforce to make that connection to outcomes are essential. The strategies will combine activities to streamline administrative aspects of the work and make data accessible (quantitative) with support and guidance for connecting and using the data to inform practice and develop staff (qualitative).

These findings also suggest that a caseworker's relationship with their supervisor is a key factor in staff retention. At the same time, staff experience significant stress, which if not addressed through supportive, reflective, and trauma-informed supervision, could contribute to turnover and, consequently, poor outcomes for children and families.

Collectively, staff and supervisor surveys suggest a disconnect between the guidance that supervisors perceive to be providing (or want to provide) and the guidance and support that workers need to manage stress and facilitate favorable outcomes for children and families. Although time with a worker and their supervisor appears to be occurring, the focus may not be on providing the clinical guidance needed to support workers and affect client outcomes.

Further, while the Alliance is constantly working to improve RCT, no training program can completely prepare caseworkers for the full complexity of work in child welfare. Even with these pre-service training challenges resolved, caseworkers will require ongoing skill building, development of critical thinking and understanding of a range of topics pertinent to helping families thrive. Supervisors are in the best position to address these developmental needs with their teams.

Revisions to the curriculum and mode of delivery for initial staff training (Item 26) as identified through the CFSR have been in process since the CFSR and are supported by the Workforce Development strategies, as

well as by specific activities within other goal areas. The Systemic Factor of Ongoing Staff Training (Item 27) is also addressed through the Workforce Strategies and activities within the other goal areas. Where ongoing training and support activities are identified, processes to support learning integration and tracking are incorporated into implementation. Under the CFSP, DCYF will continue to work toward implementation of a comprehensive system for monitoring compliance.

Problem

Caseworkers in Washington report that they do not currently receive consistent clinical supervision that helps improve outcomes for children, youth, and families. Supervisory reviews are largely compliance-based and do not provide enough opportunity for supervisors to work with caseworkers on critical thinking, skill development, and support.

Root Cause

- Much of the work of supervisors is compliance-based rather than focused on the development of caseworker skills and critical thinking.
- Emphasis is on completing tools and tasks rather than using the tools to gather information.
- Supervisory training and support emphasize administrative, human resources and compliance elements that do not effectively support ongoing clinical supervision and coaching of casework practice and development of staff.

Theory of Change

- Develop and implement a unified approach to skill-building and support for supervisors, so that…
- They have the tools and resources needed to support their workers, so that…
- Supervisors have increased competency in their role, so that…
- They are able to focus on supporting practice rather than compliance as a pathway to improvement, so that….
- Caseworkers have increased competency and feel more supported, so that…
- Safety, permanency, and well-being outcomes for children, youth, and families are improved.

Strategy Overview

To strengthen the support caseworkers receive and improve child and family outcomes, Washington intends to provide supervisors with training and coaching so they may, in turn, provide effective coaching to the caseworkers they supervise. Strategies promote the following:

- Identification, tracking, interpretation and consistent application of key outcome indicators to guide practice.
- Training on evidence-informed coaching reinforced by immediate and quarterly coaching sessions for supervisors.
- Design and use of a program-specific, structured approach to casework supervision.
- Consistent and reinforced use of the Child Location Application for timely placement entry.

Making the key outcome indicators readily available and accessible in addition to the structured CQI process will decrease the time supervisors spend on monitoring compliance and enable them to focus their time on

clinical conversations with staff. These strategies address the systemic root cause of challenges related to ongoing implementation and integration and cut across the goal areas of Engagement, Assessment and Case Planning, and Permanency by supporting improvement in specific child welfare skills related to the following:

- Engagement with children, youth and families.
- Timely and accurate assessments of safety, and identification and provision of services.
- Identifying, supporting, and completing permanent plans.

In alignment with these strategies are several recent legislative mandates that will serve to bolster Washington's efforts to improve supervisory coaching. In 2019, Washington State passed legislation encouraging, among other child welfare training items, the incorporation of reflective supervision principles and a review of the effectiveness of the current course curriculum for supervisors. Statutory changes further require the development of an evidence-informed curriculum for supervisors by January 1, 2021. This enhanced supervisory approach, along with the legislatively mandated changes, are expected to lead to improvements in staff retention, skill development, and ultimately to improvement in safety, permanency, and well-being for children. Under FFPSA, DCYF also intends to implement MI, which will align with legislative requirements and the strategies identified within the PIP and will help to provide the skills needed to strengthen child welfare practice and improve outcomes for children and families.

Strategies

Strategy 1.1: Improve supervisory proficiency in utilizing individual staff and unit outcome indicators as a tool for guiding clinical supervision and achieving improved agency outcomes.

Tracking #	Activity	Projected Completion
1.1.1	Field Operations leadership, in consultation with DCYF's Office of Innovation, Alignment, and Accountability (OIAA), will identify a limited set of key administrative data points that will be used by regional managers and supervisors in clinical supervision to monitor and drive outcomes across the state. These data points will focus on performance areas related to CFSR outcomes to include caseworker visits with parents, child health & safety visits, entries and exits into out-of-home care, length of stay, timely CPS investigations, timely CPS FAR assessments, timely placement documentation, and supervisory review completion. ***This connects to the changes to supervision identified in strategy 1.3 by improving accessibility to compliance data which will allow supervisors to focus on clinical supervision and coaching of staff.***	Q1
1.1.2	The key data points referenced in 1.1.1 will be made available to supervisors and administrators via a management dashboard in infoFamLink that will show data at the office, region and state levels. Administrators and supervisors will be trained in the interpretation and application of the data. ***See Attachment B***	Q1
1.1.3	On a monthly basis, RAs, DRAs, and other key regional staff will focus on a rotating subset of the key data points identified in 1.1.2:	Q2-ongoing

	• To identify good practice driving observed strong outcomes. • To identify practice in need of improvement. • To specify strategies for improving outcomes where needed. • To observe changes in performance over time.	
1.1.4	RAs and DRAs will incorporate data themes from discussions in 1.1.3 into regional supervisory coaching activities as described in strategy 1.2.4.	Q2-ongoing

Strategy 1.2: Implement an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.

Tracking #	Activity	Projected Completion
1.2.1	All AAs and supervisors will engage in individualized skill development and training on evidence-informed coaching using a theory of change and model identified by the Alliance. New supervisors will receive this training as part of Supervisors' Core Training (SCT), and AAs and existing supervisors will receive this through stand-alone individualized skill development and training. The Alliance Supervisor Coaching Model enhances practice skills and self-efficacy among DCYF supervisors. It aims to reduce trauma response in the child welfare practice environment by highlighting positive regard, cultural humility, and a trauma-informed lens. ***See Attachment C***. The coaching model will be implemented in a staged approach through the regions and PIP offices in the following order: • Region 4 (estimate 9 AA's and 42 case carrying supervisors) • Region 3 (estimate 8 AA's and 36 case carrying supervisors) • Regions 1 (estimate 9 AA's and 41 case carrying supervisors) • Region 2 (estimate 6 AA's and 24 case carrying supervisors) • Regions 5 (estimate 7 AA's and 46 case carrying supervisors) • Region 6 (estimate 10 AA's and 51 case carrying supervisors)	Q1-Q5
1.2.2	DCYF will conduct twice-yearly surveys of caseworkers and supervisors to track needs and trends in supervision and to provide data on items such as perceptions of skill development, support, and effectiveness to drive outcomes.	Q2-every 6 months thereafter
1.2.3	AAs and supervisors will participate in a minimum of two coaching sessions following the training on evidence-informed coaching, with a focus on providing feedback that integrates a reflective supervision approach. The first session will take place within 1 month of the completion of training and the second session will take place within 6 months of training.	Q2-Q7
1.2.4	AAs and supervisors will participate in office or region-based group reflective sessions quarterly with Alliance coaches to identify and problem	Q2-ongoing

	solve practice barriers in a peer environment. ***This activity will support and align with practice specific coaching and consultation activities identified in the Engagement, Assessment and Case Planning, and Permanency goal areas.***	
1.2.5	AAs will observe one supervisory session per supervisor every six months and provide feedback regarding adherence to the coaching model.	Q5-ongoing

Strategy 1.3: Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.

Tracking #	Activity	Projected Completion
1.3.1	Establish a short-term workgroup comprised of HQ program staff, one experienced supervisor and one developing supervisor from each region, designated regional staff, and the Alliance, to: • Revise policy and procedure regarding supervision to reflect a stronger emphasis on clinical supervision. • Develop program-specific guidelines for monthly formal supervision and coaching. • Make recommendations regarding changes to the FamLink supervisory tool and requirement for use. • Review and update guidance for use of the supervisory tool to include how the data available from the tool can inform clinical discussions.	Q3
1.3.2	HQ program staff, designated regional staff, and the Alliance will develop and disseminate complementary program-specific and practice issue-specific guides that can be used to facilitate critical practice discussions with staff, incorporating implicit bias and the needs of marginalized populations. ***This activity aligns with activities for the development of practice-specific supports in the Engagement, Assessment and Case Planning, and Permanency goal areas. Program and practice-issue specific guides will be developed and rolled out as outlined in the time frames of the specific strategies.***	Q3-ongoing

Strategy 1.4: Improve functionality and increase caseworker use of Child Location Application to ensure timely entry of placement so the current location of every child in out-of-home care is known.

Tracking #	Activity	Projected Completion
1.4.1	Regional QA/CQI staff will disseminate the Placement Lag Entry data report monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the report to inform performance and areas for practice improvement.	Q1-Ongoing

	Placement entry information will also be monitored administratively using the Child Management Dashboard in alignment with Strategy 1.1.	
1.4.2	RAs will communicate policy and practice expectations around timely placement entry and use of the Child Location Application through electronic messaging provided from HQ Child Welfare Programs.	Q1
1.4.3	Policy and practice expectations for placement entry will be communicated to fiduciary staff to support timely completion of payment. Communication will be through electronic messaging provided by HQ Child Welfare Programs	Q1
1.4.4	Guidance and resources regarding the use of Child Location Application will be disseminated to staff. Communications will be tailored to a specific area of responsibility.	Q1
1.4.5	HQ program staff, regional QA/CQI and other identified regional staff will use the Placement Lag Entry report to determine which offices/units/workers are not consistently using the Child Location Application. Focus groups with those identified offices/units/workers and fiscal staff will be conducted to determine barriers to using the Child Location Application.	Q3-Q4
1.4.6	Establish a short-time workgroup of HQ program staff, fiduciary staff, IT, OIAA and identified region staff that will use administrative data and information obtained from focus groups in 1.4.5 to address barriers to full implementation: • Identify modifications needed, if any, to the Child Location Application to improve functionality of placement entry. • Update guidance and resources regarding the use of the Child Location Application to support full implementation. • Update policy to reflect changes in practice regarding child placement entry.	Q4

Goal Area 2: Engagement

Support and empower families through early and ongoing partnering with family team members and recognizing family as experts, to improve child safety, well-being and timely permanency.

Outcomes or Items Addressed or Impacted

The strategies in the engagement section have the potential to influence performance on multiple CFSR Outcomes and Systemic Factors with the focus on Permanency Outcome 1 (Item 4), Permanency Outcome 2 (Items 8, 9 & 11), Well-being Outcome 1 (Items 12, 13, 14 & 15), Well-being Outcome 2 (Item 16), and Case Review System Systemic Factor.

Data Sources

- CFSR case review results including stakeholder interviews (2018)
- InfoFamLink – Monthly Health and Safety Visits with Child
- InfoFamLink - Caseworker Parent Visit Summary report
- InfoFamLink – FAR/Investigation report
- December 2019 Staff Survey
- Case Review Deep Dives (2017-2018)
- RA/DRA data analysis/root cause/strategy development meeting (July 2019)
- In-person Capacity Building Center for States/Children's Bureau TA meeting (September 2019)
- AA, Supervisor, QA/CQI data analysis/root cause/strategy development meeting Supported by Capacity Building Center for States (October 2019)
- Court system/partner PIP development meeting. Facilitated by Capacity Building Center for Courts. Included Capacity Building Center for States and Children's Bureau. (December 2019)

Summary of Findings

CFSR

Washington's CFSR performance on Well-Being Outcome 1 reflects a need for improvement in the following areas:

- Assessment of needs and provision of services.
- Engagement of children and parents in case planning on an ongoing basis.
- Frequency and quality of monthly visits between caseworkers and parents for all case types.
- Frequency and quality of monthly visits with children for in-home and FAR cases.

Accurate assessment of need, provision of services and engagement in case planning is essential to addressing child safety and timely permanency and cannot be achieved without regular, quality contact between caseworkers and parents and children. As reflected in the CFSR results for Safety Outcome 2, one of the barriers to assessing safety accurately and providing recommended services was a lack of contact with parents and children.

A review of case narratives found that the quality of visits can be improved by addressing permanency, engaging children in case planning (in-home and out-of-home), engaging in meaningful conversations and addressing safety and risk directly.

Administrative Data

FamLink administrative data shows extremely low rates of monthly visits with parents. During CY2019, caseworker compliance with monthly in-person visits was 2.4% for mothers and 1.3% for fathers on in-home cases and 12.8% for mothers and 6.9% for fathers on foster care cases. DCYF believes that this data under-represents actual performance due to documentation issues, and this is supported by the CFSR findings which reflected higher performance with completion of in-person visits with parents (55% of the 109 applicable cases for mothers and 54% of 74 applicable cases for fathers). However, there is no question that significant improvements are necessary.

Child visits on in-home and FAR cases also need improvement. Consistent with CFSR results, InfoFamLink FAR/Investigation report data shows that of the 1,746 FAR cases open more than 60 days as of January 7, 2020, 1324 (76%) did not have a documented child monthly visit. For all CPS cases open more than 60 days, 77% (2845/3713), did not have a documented monthly visit.

PIP Development Staff Survey (2019)

As part of the PIP development staff survey, staff and supervisors were asked several questions related to completing monthly visits with parents. The results were similar to the CFSR findings:

- 56% of field staff reported they "always" or "usually" meet with mothers at least monthly.
- 45% reported they "always" or "usually" meet with fathers at least monthly.

The survey results also included additional detail as follows:

- Staff carrying in-home (FVS) cases were most likely to report meeting with mothers "always" or "usually" (86%).
- Staff and supervisors feel they know (or their staff know) what is required to discuss/assess during monthly visits with parents (79% "agree" or "strongly agree").

Barriers to Monthly Visits with Parents

Mothers	CFWS N=237	In-Home (FVS) N=49	FAR N=125
Unable to locate	68%	24%	29%
Lack of response to request	68%	51%	50%
Workload	50%	38%	60%
Does not contact me to meet	48%	18%	27%
Father	**CFWS N=237**	**In-Home (FVS) N=49**	**FAR N=125**
Unable to locate	76%	49%	45%
Lack of response to request	69%	61%	54%
Workload	51%	37%	56%
Does not contact me to meet	56%	27%	31%

Deep Dives

Data deep dives across all regions were conducted following central case reviews in 2017 and 2018. This process engaged office staff and leadership in assessing their performance outcomes in key areas. Areas for improvement related to monthly visits with parents and children included a lack of time to locate and follow up with in-person visits with parents who are not in contact with caseworkers and concerns regarding the quality and consistency of the documentation of visits. Areas of inconsistent documentation included attempts to locate, seeing all children in the family, in-home visits with children, and visits with all parents similar to the practice focus for children in out-of-home care. Despite leadership's effort to communicate clearly that caseworkers hold the responsibility for contacting a parent, deep dives identified the continuing belief that the parent should contact the caseworker as a practice area of concern.

Promising Practice

Caseworkers have identified through the CFSR review and regional data deep dives a lack of time to search, locate and subsequently follow up with in-person visits with parents who are not in regular contact with caseworkers. In an attempt to address this issue, Region 3's Everett office created positions that specialize in searches for parents whose whereabouts are unknown. Region 3 data from the InfoFamLink Caseworker Parent Visit Summary Report for December 2019 reflects that the process has a positive impact on visits or attempted visits with parents.

Parent	Statewide	Region 3
Mothers	20.5%	32.3%
Fathers	13.1%	26.3%

Implications for Practice

DCYF regional deep dives, the CFSR case review, and the 2019 staff survey all indicated that workload and competing priorities directly impact caseworkers' abilities to consistently engage parents and children. Stakeholders, regional leadership, AAs, and QA/CQI staff identified a lack of understanding regarding expectations for conducting visits on in-home and FAR cases. Also observed was an emphasis on completion of the task of seeing parents and children rather than on quality engagement to impact outcomes.

The social work practice of frequent in-person visits with children in out-of-home care has been an area of focus for a number of years within DCYF, and performance in this area remains strong. An emphasis on administrative data as well as clear expectations and a practice emphasis at all levels of the organization has positively impacted performance in this area. The same level of emphasis and support has not been available for visits with parents across all case types and visits with children for in-home and FAR cases. This lack of support relates to the cross-cutting root cause that DCYF does not consistently sustain practice initiatives and processes following implementation. Improving and streamlining access to administrative data will decrease the amount of time supervisors need to spend determining and monitoring compliance and allow them to focus their clinical supervision on the aspects of the work needing support for each individual worker.

The staff survey also highlighted caseworker-perceived barriers to visits with mothers and fathers. The belief that parents are responsible for reaching out to the caseworker rather than it being the caseworker's responsibility to engage the parents underscores the need for an engagement framework, yet these findings

may also highlight the need to support parents in their own engagement and self-advocacy. These findings support strategies highlighted in both the Assessment and Case Planning and Permanency goal areas.

Problem

Engagement with parents for all case types and with children for in-home and FAR cases is not occurring with the level of frequency and quality needed to support positive outcomes for children and families.

Root Cause

Caseworkers are not provided with the necessary supports in order to prioritize and plan for meaningful engagement with parents in all cases and children for in-home and FAR cases.

Theory of Change

- A consistent clearly articulated and supported framework for engagement with parents and children through improved frequency and quality of contacts will be implemented, so that…
- The value of engagement is prioritized and caseworkers have the support and resources needed to locate and engage parents and children, so that…
- Parents and children are able to be active participants in their child welfare cases and decision-making, so that…
- Accurate assessments and identification of services can occur, so that…
- Safety, permanency, and well-being outcomes for children and families are improved.

Strategy Overview

Strategies to address outcomes related to engagement include formalizing and implementing an engagement practice framework that supports the frequency and quality of caseworker visits with parents and children. Caseworkers will be provided with the framework for completing quality in-person contact and for developing an integrated plan for quality contacts that contributes to workload reduction. The framework will:

- Enhance caseworker skills for engagement.
- Improve caseworker access to guidance and resources that support locating and engaging parents who are not in the local area or who may be incarcerated.

Strengthening engagement will also improve the quality of assessment, which will improve the identification of services that are individualized to meet child and parent needs. By improving service identification tailored to individual needs, DCYF will also be able to identify more clearly areas where additional resources are needed. This skill is developed over time with the support of coaching and mentorship.

Workforce Development strategies related to the implementation of supervisory coaching will enhance workers' skills in engaging families. Improving engagement with parents and children will positively impact safety and permanency and support the successful implementation of strategies identified in the Assessment and Case Planning and Permanency goal areas through improved relationships and communication. Improved engagement will also support the reverse-matching/youth-directed adoption strategy that is being implemented under the PFD1 grant and incorporated into the CFSP by incorporating youth voice and choice earlier in the permanency planning process.

Strategies

Strategy 2.1: Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.

Tracking #	Activity	Projected Completion
2.1.1	Staff will be identified at the office level to track to ensure all identified staff have completed the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" (Capacity Building Center for States).	Q2
2.1.2	DCYF RAs, DRAs, AAs and HQ program staff, designated regional staff, regional QA/CQI staff, and Alliance coaches will complete the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" and will review the corresponding resources.	Q2
2.1.3	All supervisors will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."	Q3
2.1.4	All caseworkers will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."	Q3-Q4
2.1.5	Quality Matters resources will be disseminated to staff and supervisors as part of training and incorporated into supervision and coaching activities provided by supervisors, Alliance coaches and designated regional staff. Resources include: • Supporting Quality Contacts Through Supervisor-Worker Coaching • Defining Quality Contacts • Quality Contact Casework Activities Worksheet • Reference Guides for Videos These resources include information regarding building an agenda framework for caseworker contacts including assessment of safety, risk and permanency, placement needs and stability, maintaining family and social connections and relationships, progress on case plans and objectives, physical and mental health needs, development and behavioral needs, educational progress and needs, exploration of resources to support identified needs, and next steps. Resources will not be integrated into FamLink. Resources include guidance for quality documentation of contacts after visits are completed to be monitored through activities outlined in Strategy 2.2. ***This item may be incorporated into coaching activities identified in 1.2.4. The guidance documents will be made available consistent with practice-specific guidance identified in Workforce Development strategy 1.3.2*.**	Q3-Ongoing
2.1.6	A team of HQ and field staff will revise monthly visit policy to reflect agency priority for engagement, aligning policy language with the framework.	Q3

2.1.7	RAs will communicate policy and practice expectations around quality in-person contacts to staff in the regions through electronic messaging provided from HQ.	Q3
2.1.8	AAs will review practice expectations at office staff meetings, including expectations of an in-depth discussion regarding the family safety concerns, conditions for return home, and case planning for permanency.	Q3
2.1.9	Supervisors, designated regional staff, and Alliance coaches will provide ongoing coaching and support regarding engagement to caseworkers.	Q3-ongoing
2.1.10	The six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families will be integrated into RCT and SCT and will be completed within the first 90-days of employment.	Q4

Strategy 2.2: Implement monthly and quarterly qualitative and quantitative data review feedback cycles for frequent and quality contacts with children and families to highlight performance and inform program and practice improvements.

Tracking #	Activity	Projected Completion
2.2.1	To facilitate the collection of quantitative data and simplify documentation, the HQ program manager will work with IT to reconfigure options for "parent contact" documentation codes within FamLink.	Q1
2.2.2	In order to capture parent visits for both in-home and out-of-home care, HQ will provide a monthly report to regional QA staff showing which parents are not linked to a child in FamLink. Regional QA will provide technical support on properly linking parents with each child with whom they are associated.	Q1-ongoing
2.2.3	Identified HQ and regional program staff will monitor and support staff in conducting monthly quality contacts through analysis of qualitative and quantitative data. Quantitative data include administrative data reports in infoFamLink including Monthly Health and Safety Visits with Child and Monthly Caseworker Visits with Parents. Qualitative data will be gathered through case reviews. This item will also be monitored administratively by regional leadership through the management dashboard as described in Strategy 1.1.	Q1
2.2.4	Regional program staff designated in 2.2.3 will provide direct feedback on strengths, areas needing improvement, and any program barriers to frequent and quality contacts with parents and children to caseworkers, supervisors, and AAs based on the qualitative results from ongoing case reviews and the QA/CQI feedback process.	Q1-ongoing
2.2.5	Regional QA/CQI staff will disseminate InfoFamLink data reports monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the reports to inform performance and areas for practice improvement and coaching: Monthly Caseworker Visits with Parent	Q3-ongoing

	In-Home FVS Health and Safety Visits FAR & Investigation Intake Detail	

Strategy 2.3: Implement consistent statewide process, guidance and resources for engaging parents whose whereabouts are unknown or who are incarcerated.

Tracking #	Activity	Projected Completion
2.3.1	In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607 Guidelines for Reasonable Efforts to Locate Children and/or Parents to reflect clear practice expectations regarding efforts to locate parents and children requiring monthly contacts. ***This activity aligns with Assessment and Case Planning activity 3.1.6 as this is the document that addresses reasonable efforts to locate for all case types. Determine if one set of guidance meets practice needs for all program areas.***	Q2
2.3.2	Designate an existing position within each region responsible for conducting missing parent searches in an effort to reduce the amount of time a caseworker spends trying to locate parents who are unknown or whose whereabouts are unknown.	Q3
2.3.3	Establish a short-term workgroup comprised of QA/CQI staff, HQ program managers, caseworkers, supervisors, and locator staff to develop a consistent process and clear roles for locating parents and children post initial contacts and provide guidance to locator staff, caseworkers, and supervisors of the process and roles.	Q3
2.3.4	HQ program managers will create and make available to caseworkers and supervisors guidance for locating parents incarcerated in jail and prison; establishing and maintaining engagement; locating and contacting a parent's Department of Corrections (DOC) counselor and providing opportunities for incarcerated parents to participate in case planning. DOC will be engaged to provide consultation in the development of the processes and documents.	Q4

Goal Area 3: Assessment and Case Planning

Ensure child and youth safety through (1) completion of a thorough and ongoing assessment of safety and risk, (2) collaborative planning with families to address identified issues, and (3) provision of services to prevent placement and recurrence of maltreatment and to support safe, timely reunification of children placed in out-of-home care.

Outcomes or Items Addressed or Impacted

The strategies in the assessment and case planning section have the potential to influence performance on multiple CFSR Outcomes and Systemic Factors with the focus on Safety Outcome 1 (Item 1), Safety Outcome 2 (Items 2 & 3), Well-being Outcome 3 (Items 17 & 18), and Service Array Systemic Factor.

Data Sources

- CFSR case review results including stakeholder interviews (2018)
- InfoFamLink – Initial Face-To-Face Timeliness report
- InfoFamLink - FAR and Investigation Intake Detail Report
- InfoFamLink - Safety Assessment QA report
- InfoFamLink - Shared Planning Permanency report
- December 2019 Staff Survey
- RA/DRA data analysis/root cause/strategy development meeting (July 2019)
- In-person Capacity Building Center for States/Children's Bureau TA meeting (September 2019)
- AA, Supervisor, QA/CQI data analysis/root cause/strategy development meeting. Supported by Capacity Building Center for States (October 2019)
- Court system/partner PIP development meeting. Facilitated by Capacity Building Center for Courts. Included Capacity Building Center for States and Children's Bureau. (December 2019)
- Case Review Deep Dives (2017-2018)

Summary of Findings

CFSR

Although identified as an area of improvement through the CFSR, performance for Safety Outcome 1 was 86%. DCYF performance related to initial face-to-face (IFF) contacts with children identified as victims on intakes is strong overall. Further review and analysis of the findings revealed that when children were not seen within the required timeframes, extensions were not consistently documented, approved extensions were not valid per policy, and timely follow-up did not occur to ensure the child was safe. Analysis of extensions to IFFs by regional QA/CQI staff revealed the need to clarify expectations regarding reasonable efforts to locate children and assess their safety. These same efforts led to recommendations for strengthening support for decision making and oversight related to extensions.

CFSR performance reflected that consistent integration of safety-related practice and decision-making is not occurring. Item 2 rated a strength in 69% of the foster care cases, 80% of the in-home services cases and 33% of the FAR cases. Item 3 rated a strength in 68% of the foster care cases, 57% of the in-home cases, and 50% of the FAR cases. During CFSR stakeholder interviews, caseworkers who recently completed RCT reported

confusion about the safety and risk assessment tools, specifically which tool to use and when. Caseworkers also reported the training did not provide a clear connection to using the safety and risk assessment tools to drive permanency decisions, and some caseworkers indicated needing additional help in properly articulating safety thresholds once in the field.

CFSR performance reflected that children's physical health needs are not being addressed. Item 17 was rated a strength in 62% of foster care cases, 35% of in-home services cases, and 60% of FAR cases. During CFSR interviews, caseworkers indicated that they were not routinely gathering medical information regarding the children and assumed that the foster parents were taking care of that aspect for the child. Interviews also reflected that caseworkers were completing more work than was captured in the electronic file. It was also noted that Medicaid billing data identifies medical and dental appointments the child attended. These medical and dental appointments may not be documented in FamLink. A review of billing records can provide verification that the child received physical and behavioral health care services, an annual EPSDT, and dental services. Medicaid billing data also assures accuracy of when appointments occurred and which provider the child visited.

CFSR performance reflected that children's mental health needs are not being addressed. Item 18 was rated a strength in 55% of foster care cases, 71% of in-home services cases, and 71% of FAR cases. The statewide assessment reflected on Washington State's mental/behavioral system as a whole, recognizing DCYF operates within a larger system to enhance families' capacity to provide for the child's mental/behavioral health needs and ensure children received adequate services.

DCYF was rated an overall rating of Area Needing Improvement for Services Array. Information from the statewide assessment and collected during interviews with stakeholders showed that the current array of services is not adequately addressing the needs of children and families. Stakeholders said that there are waiting lists and a limited number of providers offering mental health services, psychological evaluations, individual and family therapy, evidence-based programs, services for co-occurring mental health and substance abuse disorders, and inpatient substance abuse treatment.

PIP Development Staff Survey (2019)

As part of the PIP development staff survey, staff and supervisors were asked questions related to their ability to discuss safety with children and parents, the availability and utility of assessment tools, and the training and skills needed to assess families on their caseloads. The surveys provided a rich source of data that will continue to inform PIP implementation in this area.

- The vast majority of field staff and supervisors report that they/their staff are comfortable having direct, age-appropriate conversations with children regarding safety (98% of staff and 92% of supervisors "agree" or "strongly agree"). There was little to no variation by program area.
- While still a majority, staff and supervisors were *less* likely to agree or strongly agree that they are comfortable having direct conversations with parents regarding how their behavior impacts child safety (88% staff; 72% supervisors). FVS staff were the most likely to agree or strongly agree with this statement.

- Most supervisors (87%) and staff (86%) report that they have the tools needed to assess the children with whom they work.
- 86% of supervisors and 83% of staff report that they or their staff have the tools needed to assess the parents with whom they work. Staff in the in-home (FVS) program area seem to have more challenges in this area. Only 71% of FVS staff report having the tools necessary to assess parents.

These findings suggest that most staff and their supervisors have the knowledge, skills and tools needed to conduct high-quality assessments of parents and children, though the lesser emphasis on parents noted in the previous discussion of engagement is also reflected in the survey data. When combined with other data sources, such as the CFSR case reviews, there is evidence that it is the application of these skills that is lacking.

Administrative Data

DCYF reviewed a number of FamLink reports to inform the problem exploration and root cause analysis, including regional trends in workload, intake volume by response priority, and a detailed review of initial face-to-face data, including the use of extensions. The data showed that the proportion of intakes using an extension is highest for 24-hour response for all but the youngest children. Extensions are also more frequently used for "risk only" cases. There was some regional variation as well. The agency will continue to use these data to fine-tune strategies.

FamLink data were also used to examine the use of existing decision tools for safety assessment. Data from January 2020 aligns with the findings of the CFSR. Of 1,746 FAR intakes open more than 60 days:

- 58% did not have a documented safety assessment.
- 62% did not have a completed Structured Decision Making (SDM) tool documented.

While administrative data is not available to reflect timely documentation of assessments of safety when children are in out-of-home care, stakeholder meetings with DCYF QA/CQI staff, AAs, RAs, DRAs, and other staff, as well as external court partners, identified staff ability to articulate safety threats and connect assessments to safety-related services as an area for improvement. These data support the hypothesis generated by the survey data – that while staff acknowledges that they have tools for assessment, there is a barrier to the use of the tools and the application of the results.

FamLink data were also used to review the use of 72-hour Family Team Decision Making meetings (to be held within 7 days prior to a removal and up to 3 days after removal). Data from January 2020 shows that DCYF conducted FTDMs for only 33% of the 9,697 children in out-of-home care who required an initial FTDM prior to placement or following an emergent placement. While there is a need for improved data collection for FTDMs, the low compliance reflects a missed opportunity to engage with parents regarding the safety of their children to prevent placement, discuss conditions for return home if placement is needed, identify and support connections for children and parents, and identify individualized services.

Comprehensive, ongoing assessment by a well-supported workforce that actively engages with families will result in higher quality case plans. The availability of services to meet the needs identified by this assessment process is crucial. The 2019 staff survey also highlighted some concerns about the availability of services.

- 64% of supervisors and 67% of staff say they can “always” or “usually” access the services needed for children and youth on their (or their staff’s) caseload.
- CFWS staff have the most confidence in their ability to “always” or “usually” access services for children (73%).
- 50% of FVS staff report they can “always” or “usually” access needed services for children.

Services for parents are even less likely to be available:

- 58% of supervisors and 60% of staff say they can “always” or “usually” access the services needed for parents (or their staff’s) caseload.
- CFWS staff have the most confidence in their ability to “always” or “usually” access services for children (65%).
- Only 44% of FVS staff report they can “always” or “usually” access needed services for children.

Deep Dives

Strengths identified during the regional semi-annual deep dives for physical and dental health needs noted that the completion of Child Health and Education Tracking (CHET) reports are a huge help as they often identify what children need and help identify initial referrals for case planning. In addition, it was noted that medical records are being requested and documented in the child’s file. While there has been observed improvement, continued efforts are still needed in several areas, specifically:

- Caseworkers and caregiver’s awareness of the child receiving twice a year dental visits.
- Caseworkers following through with referrals after a need has been identified.
- Caregivers following through with identified recommendations, such as mental health appointments.
- Caseworkers’ documentation of follow-up results.
- Internal and external collaboration to enhance practice improvement.

Deep dives regarding children’s mental health needs found that statewide strengths include:

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

The identified areas needing improvement for addressing children’s mental health needs are:

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

Promising Practice

In 2017, following the case reviews in Region 2, the region identified incorrect use of law enforcement extensions and use of extensions that were not consistent with policy (e.g., due to no state car available) as

impacting performance. At that time, Region 2 implemented a process of 100% reviews of all extensions and exceptions in conjunction with education for caseworkers, supervisors and community partners. Regional QA/CQI staff provided feedback and consultation to supervisors following the review to support sustained practice change. The review and focus on approval of extensions per policy reduced the overall use of extensions in Region 2 from 14.9% in CY2017 to 12.8% in CY2019. The region identified that the requirements for reasonable efforts and attempts to see a child, whether within the initial timeframe or during the timeframe of an exception, were not addressed by this process.

Region 5 began a new strategy in fall of 2017 that involves staffing cases when a child is removed through Protective Custody or when there is consideration of removing a child from a parental home, to ensure that this decision is the most appropriate. In December 2017, the region completed a 100% qualitative review (48 cases) of filings in two field offices that occurred in September and October. The review assessed use of the Safety Assessment, SDM, FTDMs, etc. The review highlighted significant inconsistencies regarding tools used to assess cases and different expectations of workers related to families maintaining their children in their homes. After this review, the region implemented these staffings in all offices within the region. Data available from AOC shows a decrease in dependency filings:

- In CY2017 there were 764 petitions filed in Pierce County and 618 in CY2018; a 19% decrease.
- In CY2017 there were 223 petitions filed in Kitsap County and 140 in CY2018; a 37.2% decrease.

An assessment published by the Family and Juvenile Court Improvement Project (FJCIP) shows that, when comparing data from 2018 to 2019, filings continued to decrease. The number of petitions filed between January and August 2019 is more than 10% lower than petitions filed in the same time frame in 2018. Based on these results, it appears secondary staffings have had a positive impact on decreasing the number of children being removed from their family homes.

Implications for Practice

CFSR results, staff surveys and administrative data reflect that although staff, in general, are comfortable addressing safety and report they have the tools to do so, quality, ongoing assessments are not occurring. Meeting with children and parents to assess safety and risk accurately and develop case plans is the core of child welfare work. Implementing structure to support consistent application of skills and abilities while also understanding the workload implications and challenges will improve practice. Providing ongoing opportunities for clinical guidance and feedback, combined with streamlined access to resources and qualitative and administrative data, will support integration of safety-related practice.

Improvements in the timeliness and accuracy of safety assessment and planning will improve identification of and referral to safety-related services that meet the individualized needs of the child, parents and family. By tailoring services, we will be better able to identify where resources need to be expanded, new services that are needed but not available, and where availability and access meet the need. Additional work to expand and enhance evidence-based services will take place in conjunction with the implementation of FFPSA and with Washington State's work toward implementing Performance-Based Contracting (PBC) for all client services. Long-term efforts to capture when needed services are not available are being incorporated into the CFSP and

are part of the work connected to PBC. Tailored provision of services that address specific individual and family needs will impact the ability for children to remain home safely or return home more quickly.

CFSR results, staff surveys, and deep dives indicate that caseworkers and caregivers do not have the information they need to understand the purpose and use of the CHET and OMH screens/reports. There is a lack of follow through with recommendations from the reports. As physical and dental health information is not consistently entered into FamLink, there is difficulty in determining when children are in need of a physical/dental health exam. Increasing the understanding and follow through of the recommendations contained in the CHET and OMH screens/reports; increasing partnership and communication with Coordinated Care of Washington (CCW) and developing a data collection mechanism in partnership with HCA that can be included in a report in infoFamLink will increase follow through with accessing recommended services and improve the ability to track and monitor timely access to addressing physical and dental health needs.

In 2018, Washington State designed and implemented a fully integrated managed care system that includes health, mental health and substance abuse. The team includes DCYF, the Health Care Authority (HCA), Division of Behavioral Health and Recovery (DBHR) and Managed Care Organization (MCO) providers, and CCW. DCYF has data sharing agreements with these organizations. There is a need to develop a mechanism for Continuous Quality Improvement (CQI) related to access and availability of mental health services for children, youth and families involved with the Child Welfare system. By establishing a process of consistent data collection and analysis of barriers and gaps in services, DCYF and partnering organization can develop an action plan related to managed care and service development to ensure children, youth and families have access to the continuum of behavioral health services available in Washington State.

Problem

Caseworkers are not completing timely and accurate initial and ongoing assessments of safety to inform identification and provision of safety-related services to prevent placement and support timely reunification and other permanency.

Caseworkers are not consistently following through on recommendations for physical, dental, and mental health needs. There is not a mechanism in place for Continuous Quality Improvement to identify barriers to access and gaps in availability of services.

Root Cause

- There is a lack of clarity and oversight regarding policy and practice expectations for initial face-to-face contacts requiring extensions and subsequent attempts when children are not seen within required timeframes.
- There is a lack of consistent support and oversight for caseworkers to integrate the Safety Framework into ongoing practice.
- There is no tracking and monitoring of physical/dental health appointments.
- There is no mechanism in place to identify barriers and gaps in services.

Theory of Change

- Caseworkers will be provided the guidance, tools and support needed to accurately assess child safety and identify physical and mental health needs so that…
- Case plans that identify needed services to address identified safety and well-being needs can be developed in collaboration with the family, so that…
- Children are able to remain in the home when it is safe for them to do so, the conditions for return home are clearly articulated for parents, and services are accessible and available to mitigate identified needs so that…
- Children are able to remain home or achieve timely reunification or other forms of permanency if the safety concerns are unable to be resolved.

Strategy Overview

Strategies related to assessment and case planning address timely accurate assessments and provision of services to address child safety needs. Strategies focus on the following:

- Improving timely initial face-to-face contacts.
- Strengthening the ongoing implementation and integration of the Safety Framework.
- Implementing a structured case planning framework for in-home and FAR cases.
- Strengthening the integration of safety into and consistent use of FTDM as a tool to prevent placement.
- Improving follow through and monitoring of addressing physical health needs.
- Developing a mechanism to identify and address barriers and gaps in access and availability of services.

Strategies have also been structured to address the systemic root cause of a lack of ongoing implementation and support for practice initiatives and process.

The ability to assess and articulate safety threats and identify the required behaviors for change is essential to the development of an effective safety plan. These skills provide a base for ongoing in-home/FAR and CFWS interventions. In turn, skillful safety assessment improves provision of appropriate services, resulting in more children remaining safely in their family homes or returning home more quickly. Strategies identified in the Engagement goal area set the stage for better assessments of safety by improving frequency and quality of caseworker engagement with children and parents. Strengthening the skills of DCYF staff related to safety assessment, provision of safety-related services, and the ability to clearly articulate safety and risk flows into strategies and activities in the Permanency goal area related to strengthening integration of safety into the court process. These skills will also align with and support the strategies identified in the PFD1 grant for permanency planning meetings, expanded implementation of P4P, and establishing permanency for older youth by supporting clear, ongoing communication of safety to achieve timely permanency outcomes. Strategies implemented in the Workforce Development goal area will ensure that caseworkers have the ongoing support they need to engage authentically with family members, apply their assessment skills and use existing tools to inform critical thinking, planning, and decision-making.

Strategies

Strategy 3.1: Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.

Tracking #	Activity	Projected Completion
3.1.1	A short-term workgroup comprised of HQ program staff, identified regional staff, and an after-hours AA will develop and implement clarifying guidance regarding extensions and documentation requirements, including but not limited to: • Reasonable efforts and documentation to reflect those efforts, to locate children prior to using unable to locate extension. • Required documentation for law enforcement/community protocols extension. • Additional victims identified on an existing intake. • Assessment that child safety may be compromised. • Determining that the child is not available for IFF.	Q1
3.1.2	The workgroup established in 3.1.1 will revise policy related to initial face-to-face responses to address: • Caseworker consultation with their supervisor as soon as they believe an extension or exception will apply. • Expectation that supervisors will only approve extensions or exceptions if they meet the criteria per policy. • Guidance for attempts to locate, supervisor consultation and documentation once an extension has been approved.	Q1
3.1.3	Regional QA/CQI staff will provide training and technical assistance to AAs and supervisors regarding the use of the administrative IFF data report to monitor compliance with IFF practice requirements (The IFF data report in infoFamLink contains administrative data including IFFs completed and attempted with assigned time frames; IFFs with exceptions and extensions, and late or missed IFFs. Data can be broken down into region, office, unit, and worker). ***Data will be used to identify practice areas to incorporate into coaching activities consistent with Workforce Development strategies 1.2 and 1.3.***	Q1
3.1.4	Supervisors and AAs will use the IFF data report weekly to identify children who need to be seen, status of extensions and consistency with policy. The supervisor or AA will provide direct feedback and guidance to assigned caseworkers if delays or concerns are noted.	Q1-ongoing
3.1.5	Regional QA/CQI staff will review a sample of all extensions across the region monthly to assess for quality and consistency with policy using a standard format. Immediate practice or safety concerns will be communicated to the AAs and supervisors. Regional performance will be rolled up and reported to the RA monthly. Timely IFFs will also be	Q2-ongoing

	monitored administratively by regional leadership through the management dashboard as described in Strategy 1.1.	
3.1.6	In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607, Guidelines for Reasonable Efforts to Locate Children and/or Parents, to reflect clear practice expectations regarding efforts to locate alleged victims of child abuse and neglect. ***This activity aligns with Engagement activity 2.3.3. Determine if one set of guidance meets practice needs for all program areas.***	Q2
3.1.7	HQ program manager, designated regional staff, and Alliance will review training curricula and update as needed for clarity and alignment with revised policy and practice related to extensions and exceptions. This includes, but is not limited to, RCT, SCT, CPS program training and CFWS program training and multi-modality skill development.	Q2-Q4

Strategy 3.2: Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.

Tracking #	Activity	Projected Completion
3.2.1	Establish a short-term workgroup comprised of statewide program managers and designated regional staff to: • Review policy and practice requirements related to the Safety Framework and SDM, Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA), Comprehensive Family Evaluation (CFE), and required case planning activities, to identify opportunities for streamlining and practice efficiency. • Make recommendations to align timeframes to support practice. • Revise and disseminate policy and procedures to reflect changes in timeframes.	Q1
3.2.2	Workgroup established in 3.2.1 will revise, develop and redistribute tools and guides to increase and support ongoing integration of caseworker, supervisor, and AA knowledge of the Safety Framework and skill in applying information from the safety and risk assessment tools across all program types. Establish and implement expectations for use. ***Supervisors will provide coaching and guidance to caseworkers specific to the use of Safety Framework guides using skills and resources identified and developed in the Workforce Development goal area and incorporated into regional coaching activities.***	Q2
3.2.3	In collaboration with DCYF, the Alliance will implement training on the application of the Safety Framework and risk assessment to supervisors, AAs, and Alliance coaches. Training will first be completed with all current supervisors and AAs and then will be made available on a quarterly basis for new AAs and supervisors.	Q2

3.2.4	QA/CQI and/or designated regional staff will train AAs and supervisors in the use of administrative data reports to monitor compliance with the timely completion of safety assessments, SDM, and other safety-related data points. ***Data will be used to identify practice areas to incorporate into coaching activities consistent with Workforce Development strategy 1.2 and activity 1.3.***	Q2
3.2.5	AAs and supervisors, with support from regional QA/CQI staff and other designated regional staff, will complete semi-annual, office-based targeted case reviews focused on the implementation of the Safety Framework across all case types. Results will be used to identify areas for practice focus and improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed. ***Reviews will include review of case plans identified in strategy 3.3.***	Q3
3.2.6	Supervisors and AAs will participate in monthly safety consultation teams, staffing cases from different programs facilitated by designated regional staff or Alliance coaches to support integration of learning and practice consistency. ***Consultation may take place as part of a group supervisory coaching session, in the context of the completion and discussion of results from the semi-annual review in 3.2.5, or the pre-filing or complex case review process in strategy 3.5.***	Q3-ongoing
3.2.7	Supervisors will facilitate monthly safety consultation teams, staffing a minimum of one case with their units, focusing on consistent application of the Safety Framework to guide decision making (all programs), and supporting integration of learning and practice consistency. ***Consultation may take place in the context of the discussion of results from the semi-annual review in 3.2.5.***	Q3-ongoing
3.2.8	***Supervisors will provide coaching and guidance to caseworkers specific to the application of safety assessment, and planning and provision of services using skills and resources identified and developed in the Workforce Development goal area.***	Q3-ongoing
3.2.9	The Alliance in consultation with HQ program managers, QA/CQI staff, and identified field staff will develop and provide a multi-modality training and skill development system addressing implementation of the Safety Framework throughout the life of a case for out-of-home cases.	Q4

Strategy 3.3: Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.

Tracking #	Activity	Projected Completion
3.3.1	Revise policy and practice regarding case planning for in-home/FAR cases to require the caseworker to coordinate a case planning meeting involving the	Q2

	parents/caregivers, children as developmentally appropriate, caseworker and other participants as identified by the family. Supervisor participates if there is a current safety threat. ***Timeframes for the case planning meeting will be aligned with those established in 3.2.1.***	
3.3.2	HQ program managers, regional leads, supervisors, and caseworkers will collaborate to develop a guide and template for completion of the case planning meeting to support practice consistency.	Q2
3.3.3	HQ program manager and IT will establish a unique case note code to be used for documenting the in-home or FAR case planning meeting.	Q2
3.3.4	The Alliance, in consultation with HQ program manager and regional leads, will review current training curriculum for guidance and expectations regarding case planning on in-home and FAR cases, and revise curriculum as needed to align with revised policy and practice.	Q2
3.3.5	The Alliance, in consultation with HQ program staff and identified regional staff, will develop and implement a multi-modality training and skill development for case planning structure to in-home and FAR caseworkers and supervisors.	Q3
3.3.6	HQ program manager and OIAA staff will develop an administrative data report for supervisors to track timely completion of case plan.	Q3
3.3.7	***Supervisors will provide coaching and guidance to caseworkers specific to the development of case plans and identification of safety-related services using skills and resources identified and developed in the Workforce Development goal area.***	Q3-ongoing
3.3.8	***Review of case plans on in-home and FAR cases to assess for provision of safety-related services will be incorporated into the semi-annual targeted case reviews completed for activity 3.2.5.***	Q3

Strategy 3.4: Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.

Tracking #	Activity	Projected Completion
3.4.1	OIAA staff in collaboration with FTDM leads and the HQ program manager will develop an FTDM shared planning meetings report. Data will be provided monthly to AAs and supervisors for use in monitoring completion of FTDMS and identifying practice improvements.	Q2
3.4.2	Statewide FTDM program manager and regional FTDM leads will review a minimum of one FTDM shared planning meeting report for pre-placement FTDM's at their statewide meeting focused on practice and quality of documentation. Information gained from these reviews will be used to inform support needs, including training and consultation for facilitators to ensure consistent practice and adherence to the FTDM model.	Q2-ongoing

3.4.3	HQ program managers, in collaboration with regional leads, will review the FTDM practice guide for alignment with safety and permanency practice expectations and update as needed. Develop practice guides and resources regarding FTDMs for caseworkers, parents, children, and other key participants. ***Guidance will align with safety resources developed in 3.2.2 and permanency training developed in 4.1.1 and 4.1.2 and incorporated into resources developed in 1.3.2.***	Q3
3.4.4	Supervisors will review FTDM documentation and outcomes for consistency of safety-related decision-making, prior to approving a dependency petition for filing.	Q3
3.4.5	FTDM supervisors will observe a minimum of one pre-placement/72 hour FTDM per facilitator per quarter and provide direct feedback regarding meeting facilitation for safety and use of clear language that parents understand.	Q3-ongoing
3.4.6	Designated regional staff will observe one pre-placement or 72-hour FTDM per office per quarter and provide feedback to the facilitator, caseworker and supervisor regarding application of the Safety Framework and engagement of the family in discussions of safety and safety-related case planning.	Q4-ongoing

Strategy 3.5: Hold case consultations prior to filing dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services for keeping children safely with their parents.

Tracking #	Activity	Projected Completion
3.5.1	A statewide team inclusive of Child Welfare Programs, QA/CQI, and designated regional staff will participate in a short-term workgroup to: • Develop clear, consistent guidelines for identifying pre-dependency filing and complex cases that will be staffed. • Identify consistent core team members. • Develop a decision-making process that is based on the Safety Framework. • Develop a tool for documentation and related guidance documents for core team members and staff presenting a case to be used to guide the staffing. • Establish and implement a statewide QA process to be used to identify practice trends, coaching, training, and support needs.	Q1
3.5.2	RAs will identify the specific individuals within the regions who will staff the cases.	Q1
3.5.3	Identified teams will participate in training regarding the process provided by a team comprised of the HQ program manager, regional QA/CQI lead, and regional safety lead to support consistent implementation and documentation. Training will include implicit bias and meeting the needs of	Q2

	marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	

Strategy 3.6: Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.

Tracking #	Activity	Projected Completion
3.6.1	Increase caseworkers' and caregivers' knowledge and understanding of Child Health and Education Tracking (CHET) and Ongoing Mental Health (OMH) programs and referral pathways to CCW for identified care coordination needs so that more children are referred to services timely. This communication will be completed through: • Providing program information in the DCYF Digest. • Providing program information to the field through regional leadership. • Including CHET and OMH program information in the Caregiver Connection on-line newsletter.	Q1
3.6.2	OMH staff will add additional questions related to preventative physical and dental health to the OMH screening process that occurs when a child has been in out-of-home care for 6 months. OMH staff will ask the caregiver and/or youth being screened about past and future scheduled Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and dental exams including dates (if known) of appointments reported. OMH staff will: • Provide notification to caseworkers of identified needs. • Provide written information to the caregiver of the child's identified needs. • Email the OMH report to CCW existing care coordination inbox when care coordination needs are identified during the OMH process. • Include reported information in the OMH case note that is uploaded into FamLink.	Q2-ongoing
3.6.3	HQ program staff will update data sharing agreement with HCA to obtain child specific fee for service dental claims data.	Q3
3.6.4	HQ program staff will work with OIAA to operationalize existing data from CCW and HCA reports that identify children who are due and past due for EPSDT and dental exams and develop a report that can be utilized by HQ and DCYF field staff.	Q4
3.6.5	The Alliance, in consultation with HQ program staff, will update information related to CHET and OMH in the existing RCT including: • Increase understanding that information in the screens/reports are actionable items that need to be followed up on • How to utilize recommendations in the CHET and OMH screens/reports • How to refer a child with identified care coordination needs to CCW	Q4

3.6.6	Regional QA/CQI will pull report identified in 3.6.4 monthly and provide to AA's, supervisors, and caseworkers. Regional QA/CQI will provide technical assistance on use of the report including assisting caseworkers with identifying children and youth who are not up to date for physical and dental health care services. Based on information in the report, caseworkers will coordinate with caregivers to make the necessary appointments as indicated in the report. Percentage of children and youth showing late or missed appointments will show a decrease over time, as appointments are made timely.	Q5-ongoing

Strategy 3.7: Improve availability and access to services to address children, youth, and their family's behavioral health through data collection, analysis, and integration with systemic partners.

Tracking #	Activity	Projected Completion

3.7.1	Establish a short-term workgroup of HCA, CCW, DCYF HQ program staff, and identified program leads to establish a mechanism that ensures all MCOs are responsive through care coordination to specialized needs of children, youth, and adults involved in the child welfare system including, but not limited to:
	• Data collection to be provided to HQ program managers to assess trends, gaps and barriers for development of further strategies with partners including
	  ○ Behavioral Health Service Network Adequacy Reports from HCA for all Managed Care Organizations (MCOs).
	  ○ Behavioral health service penetration rates for each county.
	• Development of processes and procedures including
	  ○ Streamlined communication method for caseworkers to make referrals to Care Coordination service.
	  ○ Clear and streamlined process to report and track when barriers to accessing care are identified by DCYF caseworkers.
		Q2

3.7.2	HQ program managers will develop and implement a Service Array Assessment survey bi-annually to caseworkers and supervisors to identify available services and supports in each region and barriers to access.	Q2-ongoing
3.7.3	Provide and implement support and guidance to supervisors and caseworkers to increase utilization of continuum of care of behavioral health care to include: • Develop and disseminate resources and guidance on how to access the continuum of behavioral health care services for children, youth, and families involved in the Child Welfare system. • Guidance on how to access behavioral health (BH) care coordination when there are barriers and challenges to access of services.	Q3-Q4

	• Guidance on process to follow when there is a waitlist or service is not available (as identified in 3.7.1). ***Guidance will be in alignment with the program and practice specific guides developed in 1.3.2 in the Workforce Development goal area***.	
3.7.4	***Supervisors will provide coaching and guidance to caseworkers specific to access to services and identifying and addressing barriers through identified process in 3.7.3 using skills and resources identified and developed in the Workforce Development goal area.***	Q3-ongoing
3.7.5	For DCYF contracted services, DCYF will expand regularly scheduled quarterly Combined In-Home meetings with regional program managers/leads and HQ program managers to include Professional Service, and Psychiatric and Psychological services to improve alignment and process of referral and services provision. The meetings will be utilized to: • Develop a unified approach to inform field staff of service capacity and availability in the regions. • Develop a communication plan on referral and availability of services (including e-mail communications, brown bag lunch series, regional provider meetings). • Data presentation and discussion of data. • Develop plans for addressing service gaps and needs.	Q3-ongoing
3.7.6	On a biannual basis, HQ Program Staff will meet with HCA and CCW to: • Discuss data obtained through 3.7.1, 3.7.2, 3.7.4 and 3.7.5, identifying trends, behavioral health usage needs and provider capabilities; • Identify service needs by specific areas for provider development; • Expand utilization of telehealth service availability.	Q5-ongoing

Goal Area 4: Permanency

Improve timely permanency for children through completion of ongoing comprehensive assessments of safety, clear identification and articulation of conditions to return home, provision of needed services to address safety concerns and support permanency, timely identification of an appropriate permanent plan, and collaborative case planning.

Outcomes and Items Addressed or Impacted

The strategies in the permanency section have the potential to influence performance on multiple CFSR Outcomes and Systemic Factors with the focus on Permanency Outcome 1 (Items 4, 5, 6 & 7), Permanency Outcome 2 (Item 10), Well-being Outcome 1 (Item 12), and Case Review System Systemic Factor.

Data Sources

- CFSR case review results including stakeholder interviews
- InfoFamLink - Shared Planning Permanency report
- InfoFamLink – Unlicensed Caregivers in Need of a Home Study report
- infoFamLink - Permanency Monitoring report
- DCYF priority performance measures
- Targeted Permanency Reviews
- AOC dependency timeliness data
- AAG process data
- December 2019 Staff Survey
- June 2018 Concurrent Planning Staff Survey
- RA/DRA data analysis/root cause/strategy development meeting (July 2019)
- In-person Capacity Building Center for States/Children's Bureau TA meeting (September 2019)
- AA, Supervisor, QA/CQI data analysis/root cause/strategy development meeting. Supported by Capacity Building Center for States (October 2019)
- Court system/partner PIP development meeting. Facilitated by Capacity Building Center for Courts. Included Capacity Building Center for States and Children's Bureau. (December 2019)
- Case Review Deep Dives (2017-2018)

Summary of Findings

CFSR

Children and youth are not achieving timely permanency, as evidenced by the State's performance of 17% on the CFSR Permanency Outcome 1 and performance on the statewide data indicators. Stakeholder interviews conducted for the CFSR identified early engagement with parents as having a positive impact on case outcomes and supporting timely hearings while lack of engagement, caseworker turnover and delays in timely submission of court reports can result in delays.

Within the Case Review System Systemic Factor, a number of specific issues contributed to the finding that Washington was not in substantial conformity:

- Parents not being included in the development of case plans.

- Inability to determine how many plans are completed timely.
- Continuances related to court reports not being provided in advance of the hearing and parents' attorneys requesting time for clients impacted timely hearings.
- Continuances related to caseworker turnover.
- Lack of timely filing of termination petitions or documentation of compelling reasons.
- No reliable method for tracking compliance with caregiver notification.

Survey Data

The December 2019 PIP Survey asked several questions regarding discussions of permanency:

- 90% (258/287) of CFWS and Adoptions caseworkers selected "Strongly Agree" or "Agree" to the statement "I am comfortable having direct, age-appropriate conversations with children regarding permanency."
- 68% (107/158) of supervisors covering all case types selected "Strongly Agree" or "Agree" to the statement "My employees are comfortable having direct, age-appropriate conversations with children regarding permanency."
- 89% (212/237) of CFWS caseworkers selected "Strongly Agree" or "Agree" to the statement "I am comfortable having direct conversations with parents regarding permanency for their child."
- 76% (112/147) of supervisors covering all case types selected "Strongly Agree" or "Agree" to the statement "My employees are comfortable having direct conversations with parents regarding permanency for their child."

Administrative Data

DCYF's priority performance measures (PPM) related to permanency for the period January 2018-December 2018:

- Statewide rate of permanency within 12 months was 35.4%; federal target of 37.9% or more.
    - Region 2: 43.7%
    - Region 5: 41.9%
- Statewide rate of permanency within 12 months for children in care 12-23 months was 39.1%; federal target 45.3% or more
    - Region 3: 47.2%
- Statewide rate of permanency within 12 months for children in care 24+ months was 37.6%; federal target was 36.5% or more.

Based on data from the infoFamLink Shared Planning Meetings report, on September 30, 2019, there were 8,291 children who required a shared planning meeting after being in out-of-home care for 180 days. Meetings were documented for only 1,842 children or 22% of those required. For CY2018, data from the shared planning meetings report shows that neither mothers nor fathers participated in shared planning meetings 58.6% of the time.

Approximately 47% of children in out-of-home care in Washington are placed with kin. As of January 8, 2020, there were 563 unlicensed kinship caregivers with children placed in their homes more than 30 days without a home study referral to the licensing division (LD):

- 783 children (21%) of the 3760 children placed in kinship placements are in homes without a home study referral.
- Average length of stay for children in kinship care without a home study is 396 days.
- 17% (96/563) had a previous home study withdrawal or denial documented.
- Average length of stay for children in placements with a documented withdrawal or denial is 820 days.

As of January 2020, there were 1,244 children in out-of-home care for more than one year without a documented compelling reason not to file a termination petition or a referral to the Attorney General (AGO) requesting a termination of parental rights petition be filed. These 1,244 children comprise 29% of those in out-of-home care for one year. According to administrative data available in FamLink, on average it takes 1.4 years for a caseworker to submit a legally-sufficient termination referral to the AGO.

Targeted Permanency Reviews

Data from the Targeted Permanency Reviews shows that:

- Of 699 cases reviewed, only 46 children (6.6%) were returned home when the safety threat was determined by the reviewer to be mitigated.
- The primary plan was not changed in a timely manner in 338 or 48% of the cases.
- In 331 of 740 cases (45%), the most recent shared planning meeting had not been completed within established policy timeframes.

Promising Practice

Shared Planning Meetings

In January 2019, Region 2 implemented strategy focused on shared planning meetings to improve timely permanency. They identified dedicated full-time shared planning facilitators, ensured shared planning meetings were held every 6 months per policy and added a quarterly, less formal staffing to address removal of barriers to permanency beginning at 19 months of out-of-home care. The intervention has shown promising results. As of December 2019:

- The region decreased the number of children in care more than 9 months by 19.5% (98 children).
- The region decreased the number of children in out-of-home care more than 24 months by 28.7% (74 children).

These promising results support the facilitated permanency planning meeting process detailed in PIP strategy 4.1 and supported by the PFD1 grant. Grant resources will enable the broader rollout of facilitated permanency planning meetings and structured follow-up across the state, as well as evaluation to support sustained implementation statewide.

Parents for Parents

The Parents for Parents (P4P) program supports parents involved in the child welfare system and it is currently active in 16 counties in Washington State. P4P includes Dependency 101, a peer-led class designed to educate parents about the child welfare system to parents to help them reunify with their children. The class provides tools and resources that help empower parents to be successful during their case.

King County's P4P program was evaluated in 2011 and showed that Dependency 101 was related to the following:

- Increased compliance in the case plan by mothers (marginally) and fathers (significantly).
- Significant increases in both parents' compliance with court-ordered visitation at the review hearing.
- Increased participation by the mother at key court events.
- There was no difference in the timeliness of case processing.

A second P4P evaluation, supported by the CIP, was released in January 2020 and included data from Spokane, Mason, and Snohomish counties. The evaluation showed a positive relationship between parents' participation in Dependency 101 and:

- Service compliance at the first review hearing and permanency planning hearings for both mothers and fathers.
- Visitation compliance at review and permanency planning hearings for mothers.
- Visitation compliance at permanency planning hearings for fathers.
- Mothers' attendance at all hearings.
- Fathers' attendance at the permanency planning hearing and second review hearings.
- A relationship between Dependency 101 attendance and increased knowledge of the roles in the child welfare system and an increased level of trust in CPS.

Results also showed:

- 70% of parents who participated in Dependency 101 reunified with their children compared to 53% for parents who did not.
- 26% of parents who participated in Dependency 101 had their parental rights terminated compared to 39% who did not.
- There was no relationship between participation in dependency 101 and the length of time until permanency.
- When additional mentoring components were added to Dependency 101, 79% of parents reunified with their children compared to 67% of parents who only participated in the Dependency 101 class.

The promising success of this program supports the plan for strengthening the use of the program to support parents' engagement in their case processes and planning in order to increase reunification.

Implications for Practice

These data, in addition to data from AOC and the CIP permanency summits, underscore the need for improved permanency outcomes for children and identify specific areas of practice and process for improvement. The

findings reflect opportunities for strengthening and improving ongoing implementation of core practices that align processes with critical timeframes, strengthen engagement such as permanency planning meetings and timely home studies, and support consistent application of critical thinking and assessment to drive practice.

During the last year, DCYF staff and administrators, CIP, CQI teams, CFWS lead groups, permanency grant advisory teams, and a court system-focused PIP team reviewed the data and identified the following factors impacting permanency:

- Inconsistent focus on required timeframes.
- A lack of collaboration among key case participants and stakeholders.
- A lack of parent engagement in the dependency process.
- Inconsistent application of safety assessment as it impacts permanency decisions.
- Inconsistent processes for referring and filing termination petitions.
- Delays in the home study process.

Two of these practice areas, home studies and shared planning meetings were included in Washington's round two PIP. The strategies implemented under round two lay the foundation for the strategies implemented under round three.

During the round two PIP, Washington State established the unified home study. The unified home study process addresses requirements and assesses for permanency as well as placement at the time of the initial home study. This streamlines the process so families do not need to complete a separate home study if permanency other than reunification moves forward. The unified home study has been fully implemented and is used for both licensed and unlicensed home studies.

Assessment of data during the development of the round three PIP revealed that while the unified home study process is consistently used for the home studies that are completed, home studies are not consistently initiated or completed timely for kinship caregivers. A number of factors contribute to delay in completion of home studies including:

- Caseworkers not referring kinship families for home studies timely.
- Kinship caregivers not completing required paperwork or activities.
- Licensor workload and lack of prioritization of kinship home studies.
- Unclear or inconsistent process for communicating concerns and delays between child welfare and licensing staff

Permanency impacts from delayed or no home study completion include:

- Lack of early assessment of the kinship family, which provides an opportunity to identify needs and resources. Early identification of needs and provision of resources supports the kinship family to care for the child, which can support improved placement stability and long-term permanency.
- Delay in guardianship finalization. Approved home study and foster care license with placement for 6 months under the license are required for guardianship subsidy eligibility. When guardianship is the

most appropriate permanent plan, these financial resources are crucial to providing ongoing support to the family.

- Inability to finalize adoption without a completed, approved home study.
- Kinship family does not "pass" the home study, which is needed to achieve a permanent plan other than reunification, but the court declines to approve removal from the placement due to the length of time the child has been in the home. This can delay permanency due to the delay in resolving concerns or being able to access alternate placement resources.

In addition, early engagement in the home study process provides kin comprehensive information regarding available support and training as well as information about the benefits of becoming licensed, which include receiving foster care payment.

During round two, Washington also focused on streamlining the shared planning meeting process, which allowed single meetings to meet requirements for multiple meetings if the timelines align and the required information for each individual meeting was incorporated. The intent behind the strategy was to decrease caseworker workload and impact on families and key participants by creating efficiencies. The ability to streamline meetings has been sustained, and the focus for the round three PIP now shifts to consistency and quality of these meetings, specifically related to permanency planning.

Problem

Children in out-of-home care are not achieving timely permanency.

Root Cause

- The lack of consistent support and oversight for caseworkers to complete ongoing shared planning meetings and integrate the Safety Framework into practice results in an inability to clearly communicate safety threats to children, parents, the court, and court partners and to create individualized case plans that accurately identify needed services to support timely permanency.
- Families lack support to effectively engage in the court process.
- A standardized statewide process for filing timely termination petitions does not exist.
- A clear process and communication plan regarding home study referrals and timely completion of the home study is not established.

Theory of Change

- Caseworkers are supported to engage parents, children, and caregivers and complete required processes timely, so that…
- Parents, children, and caregivers engage in case planning and kinship families are assessed timely, so that…
- Services and supports are identified to meet the unique needs of children, parents, and caregivers, so that…
- Timely accurate permanency plans for children can be identified and achieved.

Strategy Overview

In order to improve timely permanency for children in out-of-home care, strategies will address DCYF practice and engagement with key court partners and stakeholders. DCYF will strengthen practice related to permanency planning staffings through implementation of structured facilitation, coordination and tracking to improve consistency and quality. Strengthening shared planning will improve the following elements of practice:

- Engagement with children, parents, caregivers and other key participants.
- Maintaining family relationships and community connections for children including relationships with parents and siblings and visits with parents and siblings.
- Timely identification and changing of appropriate permanent plans and compelling reasons not to file termination petitions.
- Identification of and referrals to needed services to meet the needs of parents, children, and caregivers.
- Placement stability by identifying and implementing needed supports and services.

Key to improving permanency is a shared understanding and integration of safety among court partners to achieve earlier safe reunification and identification of conditions for return home to include needed services or other permanent plans when reunification cannot be safely achieved. FJCIP jurisdictions include Spokane County, Chelan County, King County, Snohomish County, Pierce County, Thurston County, Kitsap County, Island County, Jefferson County, and Clallam County. Only three PIP offices (Ellensburg, Aberdeen, and Long Beach/Sound Bend) are not located within FJCIP jurisdictions. Strengthening the use of the P4P program will help to achieve much-needed improvements in rates of engagement and reunification. The strategy and activities to improve the completion of timely home studies will assist with timely permanency for children placed with relatives. This will bolster placement stability by helping to identify services and resources needed for caregivers to meet unique child needs. Finally, establishing a statewide process with data and QA support will create clear expectations for required documentation and lines of communication between the AGO and DCYF in order to meet permanency timeframes for filing of termination petitions.

Permanency strategies are supported by the Workforce Development strategies for supervisory support and coaching related to safety and permanency and development of resources to support specific practice areas, engagement strategies for supporting caseworker engagement with children and parents, and ongoing support and integration of safety assessment and planning. They align with and support the strategies identified within the PFD1 grant, including improvements to timely permanency for older youth through a reverse-matching process. Enhancements to permanency planning and court processes will improve development of tailored case plans and individualized services for children and families. This will improve caseworker knowledge of available services and resources, as well as understanding and identification of what and where services need to be expanded as identified in the Service Array Systemic Factor. The strategies will also address areas of concern related to the case review Systemic Factor by improving the consistency of the completion of case plan and PPM, which will support timely hearings, engagement with caregivers, and participation of families in the development of their case plans.

Strategies

Strategy 4.1: Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.

Tracking #	Activity	Projected Completion
4.1.1	The Alliance, in consultation with HQ program managers, will revise current permanency planning training curriculum for caseworkers and supervisors to ensure it comprehensively covers practice related to key permanency outcomes including, but not limited to: • Identification of safety threats, strengths, needs, and protective factors. • Conditions for return home. • Child/youth safety, well-being and permanency needs. • Permanency goal and concurrent planning goal(s). • Case planning and action steps.	Q2
4.1.2	The Alliance, in partnership with HQ program managers, will train permanency planning facilitators, FTDM facilitators, and others responsible for facilitating Permanency Planning Meetings to reinforce consistent, structured facilitation of permanency planning meetings. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	Q2-Q3
4.1.3	Permanency planning facilitator, or other regional designee, will coordinate meetings and invite participants, including parents, children, caregivers, and other members of the child's team to develop case plans with specific action plans to support timely progress. Guidance will be provided through training in 4.1.1 and 4.1.2 regarding expectations of efforts to engage participants to attend permanency planning meetings. This activity aligns with Engagement strategies 2.1, 2.2 and 2.3. Permanency planning facilitator or other regional designee will document who attended and participated in the meetings.	Q3-ongoing
4.1.4	In alignment with the PFD1 grant, an Enhanced Permanency Planning Meeting strategy will be implemented in 9 identified treatment offices (Centralia, Kelso, OICW, MLK, King East, Spokane Central, Spokane North, Spokane Valley, and Wenatchee) for early targeted intervention. A permanency planning meeting will occur within 30 days from the Fact Finding hearing, at 3 months and at 90-day intervals until permanency is achieved. All other offices will conduct permanency planning meetings as outlined in policy and in the activities as described in 4.1.8 and 4.1.9. Seven of the nine identified PFD1 treatment offices are PIP offices. ***See Attachment D***	Q3-ongoing
4.1.5	Designated HQ or regional staff will observe one meeting per facilitator every six months for quality and model consistency and provide feedback to the facilitator.	Q3-ongoing

4.1.6	The assigned caseworker will complete an updated Safety Assessment prior to the permanency planning meeting to inform discussion of safety threats and conditions for return home during the meeting.	Q3-ongoing
4.1.7	If it is determined that an active safety threat no longer exists or can be mitigated in the home and the next court hearing is more than 60 days away, an affidavit recommending reunification will be submitted to the court within two weeks of the staffing, rather than waiting for the next hearing, unless court authorization already exists.	Q3-ongoing
4.1.8	Caseworkers will staff cases at 9 and 12 months with the AA and supervisor if the child has been in out-of-home care for 9 months and reunification is the primary or concurrent plan but not imminent (within 60 days). If a change in the permanent plan is needed, caseworkers will schedule a permanency planning meeting and submit an updated court report to the court requesting a change in the permanent plan.	Q4-ongoing
4.1.9	If a child has been in out-of-home care for 15 months, the staff will coordinate an interim case planning staffing to address barriers to permanency. This case staffing will be held in between the permanency planning meeting(s) at 90-day intervals from the permanency planning meeting date(s) until permanency is established.	Q4-ongoing

Strategy 4.2: DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.

Tracking #	Activity	Projected Completion
4.2.1	Establish a short-term multi-disciplinary workgroup of IDCC subgroup members, FJCIP coordinators, field AGO, HQ program managers, DCYF field, Court Improvement Training Academy (CITA), the Alliance, and other identified stakeholders to: • Develop a crosswalk of DCYF Safety Framework, safety principles and existing court safety-related training and guidance. • Identify impacted/related procedures and forms. • Identify supportive resources available (i.e. safety framework posters for courtrooms) • Make revisions (as needed) to current judicial/multi-disciplinary Child Safety Framework training as determined through the crosswalk including guidance for judges on specific questions related to safety threats and conditions for return home to be addressed at every court hearing.	Q2
4.2.2	With support from the Capacity Building Center for Courts, a multidisciplinary group including CIP, DCYF, AGO, the Court Improvement Training Academy (CITA), and the Office of Public Defense (OPD) will	Q1-Q2

	develop an evaluation action plan for a Hearing Quality Project related to the application of the Safety Framework in court hearings including, but not limited to: • Baseline assessment of current court practice, specific to discussions of safety and family time. • Implementation assessment of how judges/multidisciplinary court teams have made changes to practices based on prior safety guide trainings. • Assessment of how current practice is related to specific CFSR outcomes of interest in a sub sample of sites. • A structured evaluation process that includes professional services, parent surveys, court observation, court case file review, and administrative data.	
4.2.3	Implement training, post-training supports such as peer exchanges and coaching, and supportive resources (including handouts, tools, and posters) in FJCIP jurisdictions to include: • Providing information on updates to safety training (as a result of 4.2.1) and schedule of available trainings at the annual dependency training for judicial officers and FJCIP Coordinators • Providing training to judges, multi-disciplinary partners, AGOs, and DCYF staff in FJCIP jurisdictions that have not completed the training, that identify safety principles that will be discussed at every Court hearing. • Providing supportive resources to those who have already been trained per any changes or adjustments to the training curriculum.	Q3-Q5
4.2.4	Once the training is completed, incorporation of the concepts learned and practiced in the training will occur including: • Judges asking questions related to safety threats and conditions for return home • Attorneys asking questions within the Safety Framework • Caseworkers submitting with their Court Report an updated safety assessment with the current active safety threat(s) clearly articulated. The Court Report will include conditions for return home, which clearly delineate what behavioral change, and supports are necessary to achieve reunification.	Q3-ongoing
4.2.5	AAs and supervisors, with support from HQ and regional QA/CQI staff, PFD1 grant staff, and other designated regional staff, will complete semi-annual, office-based targeted case reviews that will include review of Court Reports and Safety Assessments for documentation of current safety concerns, conditions of return home, and permanency planning. Review results will be presented to all staff and used to identify areas for practice focus and system improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.	Q4

	Case review results will be included in the Hearing Quality Project evaluation as identified in 4.2.4.	
4.2.6	Information obtained from the Hearing Quality Project evaluation will be used to determine improvement in outcomes related to the application of the Safety Framework in the Courts and to develop a plan to follow-up with additional support for areas that are not showing improvement in outcomes or fidelity to the application of the Safety Framework.	Q6-Q8

Strategy 4.3: AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.

Tracking #	Activity	Projected Completion
4.3.1	Establish a short-term workgroup with statewide child welfare and statewide AGO representation to assess termination referrals and termination filing and to establish a consistent statewide process that includes the following: • A single referral form for statewide use • Standardized referral packet requirements • Review process by AGO • Who to include in communication when the referral is submitted, denied, or filed • Timeframes for submission and resubmission when required elements are missing • Prioritization of referrals • Consistent communication chain with designated parties when termination referrals are not legally sufficient to file • Development of training and guidance to support implementation	Q1
4.3.2	The workgroup established in 4.3.1 will establish a consistent data report for use at the local, regional, and statewide level that incorporates process and timeliness tracking. DCYF and the AGO will be able to utilize the report to identify at the office and regional level where and why TPR referrals are not occurring.	Q2
4.3.3	The workgroup established in 4.3.1 will establish a semi-annual process to evaluate statewide implementation and progress.	Q2
4.3.4	Incorporate review of data related to the filing of and hearings for termination petitions into the quarterly data review conducted at IDCC in order to evaluate progress toward timely filing and identify other barriers for systemic improvements.	Q3-ongoing
4.3.5	DCYF staff and AGO staff in collaboration with AOC and other system partners will develop a training session for the AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion.	Q4

4.3.6	Using data related to timeliness of TPR filing and identifying FJCIP Courts where there is the highest delay in filing of TPR within or past 15 months, FJCIP Coordinators, in partnership with DCYF, AOC, and AGO, will hold stakeholder meetings within those court to review data, evaluate processes and determine what efficiencies can be implemented to improve timeliness to TPR filing.	Q5-Q6
4.3.7	Delays in TPR filing will be monitored at a local level to determine if change in processes are effective.	Q7-ongoing

Strategy 4.4: Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.

Tracking #	Activity	Projected Completion
4.4.1	In collaboration with P4P provider, provide increased knowledge and understanding for regional leadership, AAs, supervisors and caseworkers through field communication, guidance, presentations at local offices, and RCT training about P4P and partnering with parent allies to increase engagement with parents. This will occur in jurisdictions where P4P is currently operating and in jurisdictions, if/when expansion of the program occurs. Information will include: • Roles and responsibilities in relation to partnership between caseworkers and parent allies. • Barriers to engagement. • Best practice of engagement. • P4P evaluation and outcomes. • P4P service model. • How caseworkers can access and utilize the service. • How the P4P program works to reduce stigma for parents and caseworkers.	Q3-Q4
4.4.2	In collaboration with P4P staff, identify key P4P and engagement related data points to identify practice strengths and improvements needed to support use of P4P including: • Number of referrals/connections that occur from caseworkers to the program. • Participation by caseworkers in presenting at Dependency 101 classes. • Number of staffings and/or meetings that P4P is presenting at and in which offices/regions. • Number of parents engaged in the program. • Parent engagement and parental participation in case planning.	Q3
4.4.3	Based on the data collected in 4.4.2, focus groups will be conducted with caseworkers and parent allies in the P4P jurisdictions where DCYF referrals to the program is low to gather information about barriers to use of P4P	Q4-Q5

	within those jurisdictions. Data will also be used and incorporated into coaching activities as described in the Workforce Development goal area.	
4.4.4	Based on information gathered in 4.4.2 and 4.4.3, DCYF HQ and regional leads, P4P leaders/representatives, and key stakeholders such as parent attorneys, CASA/GAL, and parents will meet bi-annually to discuss trends, areas of strength, barriers and identified areas of improvements. The team will develop a plan to address identified concerns including targeted outreach to jurisdictions where DCYF referrals to P4P are low and parental engagement outcomes are low to increase awareness, knowledge and usage of the program, and discussions regarding expansion into additional jurisdictions and additional supports needed.	Q6-ongoing

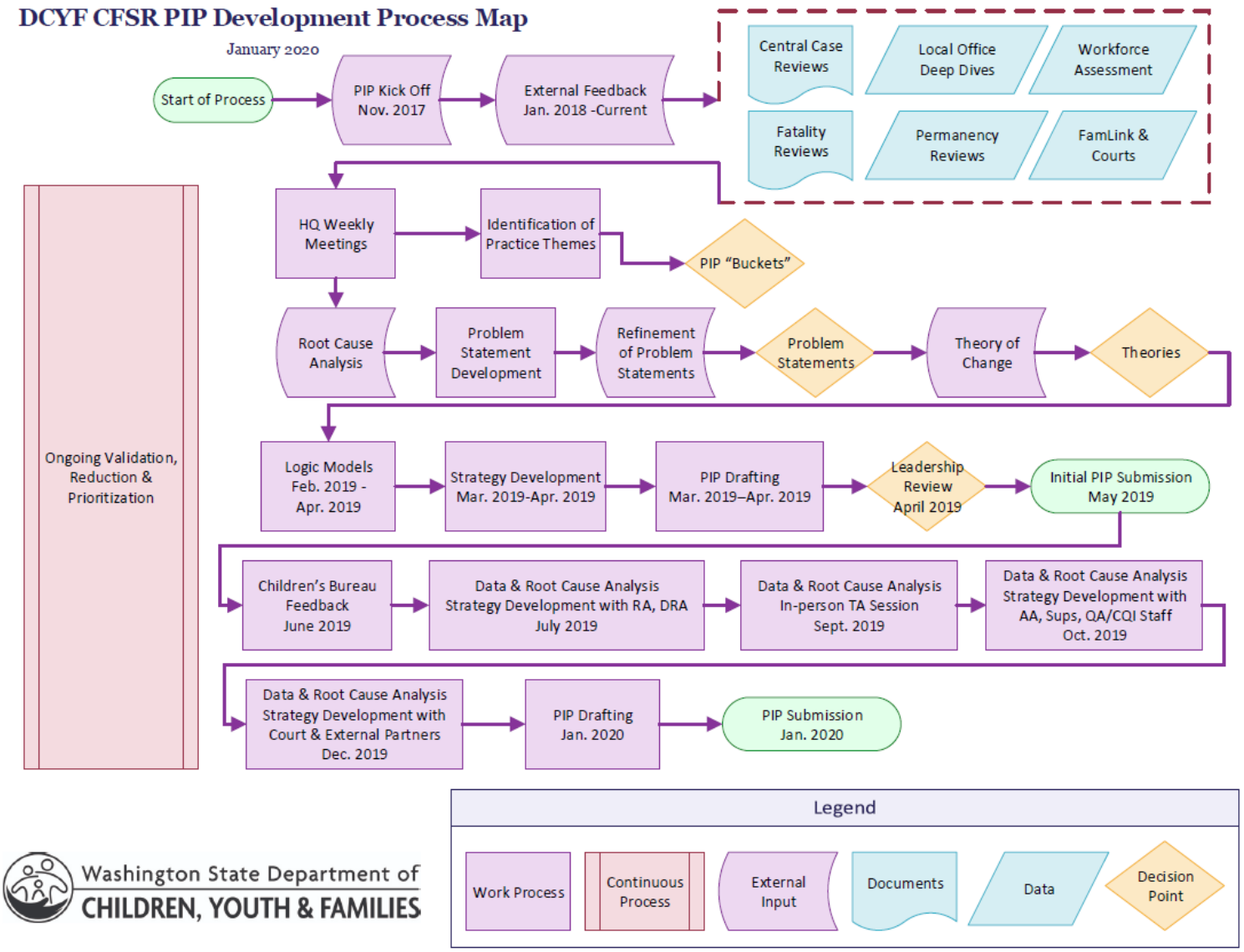
Strategy 4.5: Improve timely referrals for and completion of home studies.

Tracking #	Activity	Projected Completion
4.5.1	LD will reduce the requirements of the home study packet to be completed by the kinship care provider.	Q1
4.5.2	HQ program manager will develop and provide guidance to Adoption AAs and Adoption Support Consultants regarding the requirements for home study updates to avoid time spent processing requests that are not required. Use administrative data to track home study update requests and identify strategies for practice improvement.	Q1
4.5.3	A short-term workgroup will be convened to establish a consistent, statewide home study referral process within child welfare to support the timely submission of home study applications. The workgroup will be comprised of HQ program managers, Child Welfare staff and LD staff.	Q2
4.5.4	When LD has been unable to successfully engage a kinship family in the home study process, the home study worker will complete a declaration to the court regarding the diligent efforts made.	Q3
4.5.5	A workgroup comprised of LD policy, quality, and data staff, administrators and supervisors will develop a consistent process for early identification of families where there may be barriers to approving a home study. This team, working with HQ child welfare program staff, AAs, and supervisors, will develop a process for resolving home study barriers.	Q4
4.5.6	In collaboration with court partners identified through IDCC (including parent allies, parent attorneys, judicial officers and FJCIP coordinators), develop a process for court inquiry re: home study referral status including: • Appropriate language for court inquiry regarding home study referral status. • Development of a plan for evaluating whether court inquiry into home study referral and completion improves case timeliness and permanency outcomes.	Q4

4.5.7	Implement process including: • Within FJCIP jurisdictions, at review hearings judicial officers will ask about the status of the home study referral and completion until the home study is completed. The judicial officer will inquire if any updates to the home study are needed. • If a home study referral is not completed, a hearing related solely to status of the home study referral will be set by the court within 30 days. • If the caseworker completes the home study referral prior to the status hearing, they will complete an affidavit to the court of completion and the hearing will be vacated. • The caseworker shall update the court of the status of the home study at subsequent review hearings (Approved, Denied, In Process, Barriers to Completion)	Q5-ongoing
4.5.7	A sampling of recorded review hearings will be reviewed in FJCIP jurisdictions to determine if Court is inquiring about the home study. This information will be utilized along with data obtained through AOC and DCYF on home study completion and permanency outcomes.	Q6-Q7
4.5.8	Based on data obtained in 4.5.7, if practice shows promising outcomes on permanency, then process for home study referral and home study completion inquiry will be implemented within the remaining PIP office jurisdictions that are not FJCIP jurisdiction and then, using a targeted and data-driven approach, within other jurisdictions around the state.	Q8-ongoing
4.5.9	LD will implement a process to complete an initial foster-family home license to care for specific children for a period not to exceed 90 days.	Q8

Attachments

Attachment A—PIP Development Process Map



Washington State Department of CHILDREN, YOUTH & FAMILIES

Attachment B—Child Welfare Management Dashboard

Document Map

- All Management Dashboard
  - State
  - Region 1
    - Region
    - Clarkston
    - Colfax
    - Colville
    - Lincoln County (Spokane/Lincoln)
    - Moses Lake
    - Newport
    - Omak
    - Reg 1 AS
    - Region 1 Facility Investigation
    - Region 1 Office
    - Region 1 Out of Home Licensing
    - Republic
    - Spokane Central
    - Spokane ICW
    - Spokane North
    - Spokane Valley
    - Wenatchee
  - Region 2
  - Region 3
  - Region 4
  - Region 5
  - Region 6

Washington State Department of CHILDREN, YOUTH & FAMILIES

Child Welfare Management Dashboard

State

Data As Of: 5/10/2020 2:30:32 AM

Design Document

State - Performance Metrics	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	13 Month Trend
Parent-Worker Visits	23.0%	22.0%	21.0%	22.0%	23.0%	21.0%	22.0%	21.0%	24.0%	28.0%	31.0%	36.0%	40.0%	12.0%	
Child Health & Safety Visits	97.8%	97.2%	97.1%	97.6%	97.6%	97.4%	97.3%	97.4%	97.7%	97.9%	97.5%	94.2%	87.0%	12.3%	
Children in Out-of-Home Care	9147	9096	8976	8919	8667	8616	8617	8380	8180	8153	8090	7964	7881	7818	
Entries	518	558	485	483	443	465	565	435	421	394	412	392	290	55	
Exits	533	561	566	532	552	512	578	642	562	494	536	480	370	80	
Initial Face-to-Face Timeliness	97.5%	97.5%	97.7%	97.9%	98.4%	97.4%	97.8%	97.8%	98.0%	97.9%	98.2%	98.1%	98.4%	91.2%	
Median Length of Stay	593.0	589.0	593.0	582.0	575.0	570.0	580.0	579.0	581.0	590.0	596.0	601.0	604.0	621.0	
Supervisor Review	72.4%	74.0%	77.3%	81.1%	80.0%	78.4%	78.3%	78.6%	79.5%	84.5%	82.1%	85.4%	92.6%	6.5%	
Timely CPS Investigations	66.8%	68.9%	64.0%	64.6%	66.1%	67.9%	69.0%	66.5%	63.0%	64.5%	66.5%	74.8%	86.8%	92.0%	
Timely CPS FAR Assessments	78.8%	80.7%	78.6%	79.8%	78.1%	81.7%	83.2%	84.9%	85.1%	83.3%	85.4%	85.9%	93.3%	97.1%	
Timely Placement Documentation	64.3%	62.0%	61.4%	58.7%	61.2%	57.8%	64.4%	62.4%	58.1%	61.0%	65.4%	59.8%	64.4%	57.9%	

Parent-Worker Visits - **Percent of Required Monthly Parent-Worker Visits Completed**

Child Health & Safety Visits - **Percent of Children Receiving Monthly Health and Safety Visits**

Children in Out-of-Home Care - **Number of Children in Out-of-Home Care End of Month**

Entries - **Number of Children Entering Care During the Month**

Exits - **Number of Children Exiting Care During the Month**

Initial Face-to-Face Timeliness - **Percent of Children Receiving a Timely CPS Response**

Median Length of Stay - **Median Number of Days in Out-of-Home Care**

Supervisor Review - **Percent of Cases Receiving Monthly Supervisor Review**

Timely CPS Investigations - **Percent of CPS Investigations Due During the Month that were completed within 90 days**

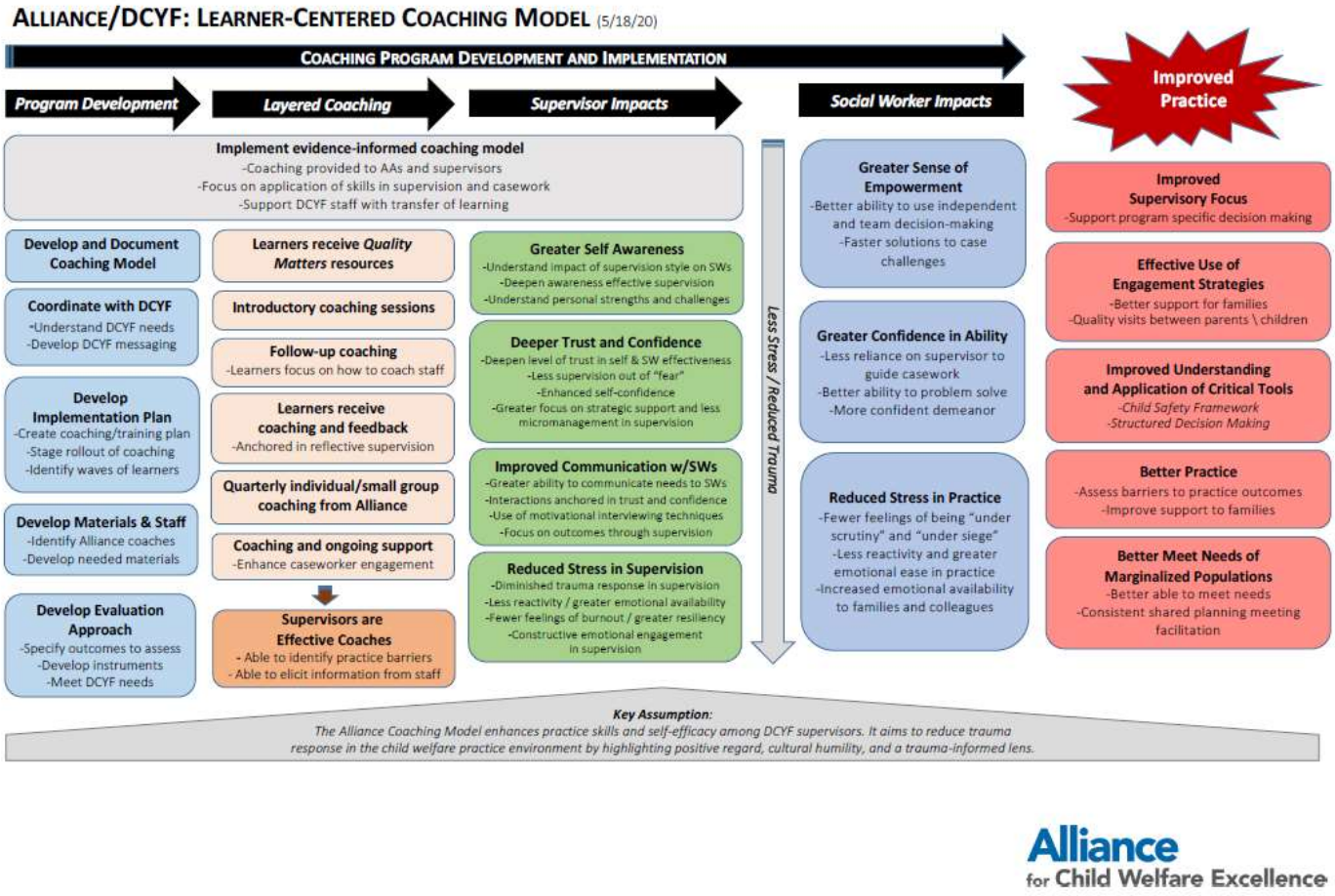
Timely CPS FAR Assessments - **Percent of FAR Assessments Due During the Month completed within 120 days**

Timely Placement Documentation - **Percent of Placements Documented Within 3 Days**

Summary Numbers between 1-9 cannot be shared outside DCYF without prior approval. [redacted]

Source: OIAA, Child Welfare infoFamLink reporting portal

Attachment C—Coaching Theory of Change



Attachment D—PPM Components Between Policy 4305, PIP Strategy 4.1, and PFD1 Grant

PPM Components comparison between Policy 4305 and PIP Strategy 4.1

	Designated PPM Facilitator	"Pre-Meet Conversations" w/ parents, youth and caregivers	PPM 30 days from FF hearing	PPM @ 3 months	PPM @ 6 months	PPM @ 9 months	PPM @ 12 months	PPM @ 15 months	PPM @ 18 months	
Current Policy 4305	Varies: worker, supervisor, FTDM facilitator or designated PPM facilitator	No	No	No	Yes	No	Yes	No	Yes	Continue every six months
PIP Strategy 4.1	Varies: worker, supervisor, FTDM facilitator or designated PPM facilitator	No	No	No	Yes	No, does allow for internal agency staffing with AA, supervisor and caseworker	Yes and an internal staffing with AA, supervisor, and caseworker	Yes (interim case staffing to address barriers)	Yes	Continue every 90 days with option to dismiss interim case staffing if case is on track to achieve permanency
Enhanced PPMs (PFD1)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Continue every 90 days