

State of Washington Department of Social and Health Services

Child Welfare Title IV-E Waiver Demonstration Project Proposal for
Fiscal Year 2012

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Executive Summary

Family Assessment Response: A framework for change to improve outcomes for children and families

Executive and Legislative leadership in the state of Washington are committed to continued improvement of the child welfare system and have taken substantial steps to improve outcomes for children and families involved in the child welfare system. It is the vision of the state of Washington to leverage funding flexibility a Title IV-E demonstration waiver provides to reinvest Title IV-E funds into interventions that support major reform of the child welfare system. Washington State's overall statewide reform is intended to safely reduce the number of children in out-of-home placements sooner so that the system can reinvest savings into services that help to keep children safely in their own homes and improve child well-being.

In 2012, the Washington State legislature passed four key initiatives pertaining to Family Assessment Response, performance-based contracting, use of evidence-based practices, and reinvestment of child welfare savings. These initiatives not only demonstrate the state's continued commitment to improve outcomes for children and families, but, coupled with Title IV-E funding flexibility, are the catalyst for fundamental reform of the child welfare system.

Washington State's waiver demonstration project will be focused on the **implementation of Family Assessment Response (FAR)**, a differential response pathway for screened in allegations of abuse and neglect as an alternative to traditional Child Protective Services (CPS) investigations.

The FAR framework will allow the Department of Social and Health Services (DSHS) to focus child welfare resources on two initiatives to improve safety, permanency, and well-being outcomes:

- **Provision of concrete goods and services** to support families, prevent placement in out-of-home care, facilitate reunification of children with their families, and improve child and family well-being. Within this proposal, provision of housing vouchers and accompanying support services will serve as an example of this type of intervention.
- Expanded use of **evidence-based practices** to provide targeted interventions that effectively address the needs of children and their families, improve child safety in the home, prevent placement, and increase child and family well-being. An example within this proposal is expanded Intensive Family Preservation Services using the Homebuilders model.

Under FAR, case managers will have increased access to concrete goods and services and evidence-based practices for children and families served by DSHS.

Washington State proposes to use its extensive body of available administrative data both to track traditional child welfare outcomes related to placement and permanency as well as to develop a broader picture of how interventions under FAR will affect child and family well-being. Well-being measures currently available to DSHS include indicators concerning medical care, education, employment, behavioral and social functioning, and Adverse Childhood Experiences for children and their families. This body of data will allow DSHS to improve and refine its services while helping to build an evidence base for what actually works in child welfare.

Based on financial projections made during the demonstration project planning process, DSHS is confident that this project will create savings by reducing out-of-home care costs and that Washington State's waiver would be cost-neutral to the federal government.

The following sections outline Washington State's proposed waiver demonstration project and comport with the requirements outlined in the May 14, 2012 Information Memorandum, ACYF-CB-IM-12-05.

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Section 1: Describe the purpose of proposed project. Explain the problem or issue that the demonstration is expected to address. Articulate the hypothesis that will be tested through the implementation of the program evaluation. Describe how the project is innovative and how it will foster improved child and family well being.

Washington State's demonstration project will be the implementation and operation of a differential response to allegations of abuse or neglect of a child. Washington State has identified Family Assessment Response (FAR) as an alternative, additional pathway to engage families and to address the basic needs of children in order to stabilize and strengthen the family unit, improve child and family well-being, and safely prevent out-of-home placements.

Currently, when a citizen or mandated reporter has reasonable cause to suspect that a child has been abused or neglected, and the facts are reported to the Department of Social and Health Services, Children's Administration, the report is evaluated by intake staff and is screened to determine if the report meets the criteria for an investigation, as outlined in Washington Administrative Code (WAC). The investigation pathway focuses on the safety of the child, the reported allegation, and the possible risk of serious harm or neglect. Intakes assigned for investigation include an identified subject and victim and results in a finding.

Throughout the investigation process, Children's Administration may offer services to parents, legal custodians, or persons serving in loco parentis, or bring the situation to the attention of the court and/or law enforcement, as appropriate.

In 2011, Children's Administration accepted 35,175 reports of maltreatment. Excluding intakes on licensed providers, this count represents 27,786 families with one or more accepted intakes in 2011. Of this number of families, 60.6 percent had one or more accepted intake(s) prior to 2011. Among these families, the median number of prior accepted intakes was four, though some families had as many as 50 prior accepted intakes.

For the first intake during 2011 (for some families, multiple intakes occurred in 2011), 62 percent (17,818) were for neglect, 33 percent concerned reports for physical abuse, and 5 percent concerned sexual abuse. Intakes concerning neglect represented approximately 50% of all intakes in 2011. The reports of neglect included a wide variety of specific allegations. All of the intakes on these families were assigned to the traditional investigative pathway for response.

Family Assessment Response will allow DSHS to address a wider variety of needs that, if not addressed, may lead to family involvement in the child welfare system.

Many of the families included in the reports needed essential concrete resources, such as stable and safe housing, transportation, basic household items, clothing, and food. Parents' struggles to meet essential needs can challenge the mental and physical wellness of parents

and affect their ability to recognize how their children are being neglected. Parents' lack of essential resources and supports can isolate families and cause them to become separated from their communities, further removing them from available resources.

Recognizing the needs of these families, and recognizing that repeated investigations of families reported for neglect is not a good use of state resources and generally does not result in successful engagement of families, the Washington State legislature passed Engrossed Substitute Senate Bill 6555 on March 7, 2012: "An Act Related to Child Protective Services." This legislation demonstrates in the most authoritative way possible Washington State's commitment to the reform that constitutes the signature element of this waiver application. This legislation outlines Washington State's plan to implement Family Assessment Response, often known as "differential response" in other jurisdictions. The bill defines FAR as follows:

"Family assessment response" (FAR) means a way of responding to certain reports of child abuse or neglect made under this chapter using a differential response approach to child protective services. The family assessment response shall focus on the safety of the child, the integrity and preservation of the family, and shall assess the status of the child and the family in terms of risk of abuse and neglect including the parent's or guardian's or other caretaker's capacity and willingness to protect the child and, if necessary, plan and arrange the provision of services to reduce the risk and otherwise support the family. No one is named as a perpetrator, and no investigative finding is entered in the record as a result of a family assessment.

The decision to move in this direction allows DSHS to create an alternative pathway investigation in response to reports of maltreatment, based on the type and severity of the maltreatment, history, and willingness of the family to participate in services that support and stabilize a family. FAR caseworkers will strive to understand the conditions that are impacting each family's ability to supervise and care for their children, while assessing safety.

FAR will use an engagement approach to collaborate with the family, in order to thoroughly assess and target service needs. The FAR worker, along with the family, identifies and accesses concrete resources that can make the most difference in reducing risk of child abuse and neglect. Services and concrete resources will be purchased through the implementation of Performance-Based Contracting. Washington State plans to make these services, resources, and interventions **available to caseworkers working with families in both the family assessment response pathway and the investigation pathway**, with a system-wide goal of strengthening family and child well-being, keeping children safely in their own home and preventing placement into out-of-home care.

The following constitute the tenets of Family Assessment Response:

- *Family Engagement.* FAR focuses on assessment of a family's needs and resources, with no subject or victim named, and no finding made. As a result, the intervention tends to be less adversarial and the family's experience with the department, as a helper, is more

positive. A family's involvement with the FAR program is voluntary, opening the door to a partnership between the family and the agency to engage in an assessment of safety, risk, strengths, and needs.

Implementation of FAR will complement DSHS's solution-focused approach to case management. Children's Administration has adopted and implemented Solution Based Casework (SBC) as the family-centered practice model for child welfare, assessment, case planning, and ongoing casework. Under this model, case workers respond to specific everyday events in a family's life that cause dangerous situations for their children. SBC combines problem-focused, relapse prevention approaches that evolved from work with addiction, violence, and helplessness with solution-focused models that evolved from family systems casework and therapy. Partnerships between family, caseworker, and service providers will be developed that address basic needs and restore a family's pride in its own competence. Implementation of FAR will build on the foundation of SBC.

- *Community Engagement.* The community is a critical component of a successful differential response program. The FAR pathway emphasizes community engagement as well as family engagement. A component of the assessment and service recommendation includes consideration of and access to available resources in order to strengthen the family's community connection and engagement.
- *Services and Interventions.* As Washington State develops the implementation plan for FAR, specific focus will be paid to making concrete goods and services available to families, as well as to increasing the use of evidence-based practices that target the specific needs of the family and child. These interventions will be presented in greater detail in section 5 of this waiver proposal.
- *Performance Based Contracting.* On March 7, 2012, the Washington Legislature passed "An Act Relating to Performance-Based Contracting for Certain Services Provided to Children and Families in the Child Welfare System." This act requires DSHS to enter into performance based contracts for family support and related services by December 1, 2013. As a result, the family support services provided under FAR will be purchased through this performance based contracting model, which requires DSHS to develop performance-based payment methodologies for purchasing these services.

Consistent with the framework provided in ACYF-CB-IM-12-04, and integral to the FAR legislation, Washington State holds the value of child and family well-being as foundational to positive outcomes across a child's lifespan. Preventing Adverse Childhood Experiences (ACE) accumulation in the lives of children and moderating the effects of ACEs in adults has the potential not only to improve child and family well-being but also to shift the cost curves in health, justice, education, and workforce productivity. Our assessment of the strengths and

needs of families through the lens of ACEs and trauma will inform the best service sets to support families under FAR. As we plan and implement FAR, we will take seriously these issues and find screening tools that match trauma to evidence-based treatments.¹

Based on the experiences of other states, assistance from the National Quality Improvement Center on Differential Response in Child Protective Services, and participation in the Casey Family Programs Shared Learning Collaborative on Differential Response, the state of Washington is implementing FAR because we believe the following hypothesis to be true:

By providing an **alternative, additional pathway** with which to respond to reports of abuse and neglect, FAR will give caseworkers tools to approach families in a more positive manner to successfully engage them in services. FAR will provide caseworkers access to **concrete services** and **evidence-based and evidence-informed practices** to strengthen and stabilize families. This will in turn lead to **significant improvements** in four outcome domains:

- Reduce repeat referrals,
- Prevent future maltreatment,
- Prevent placement in out-of-home care, and
- Improve child and family well-being.

This hypothesis will be evaluated in two ways:

- Specific comparison between families who participate in this alternate path (FAR) to similar families who do not. Details of how these comparisons will be made are outlined in the evaluation section of this application.

¹ The Adverse Childhood Experience (ACE) study is an epidemiological investigation by the Centers for Disease Control and Prevention in partnership with Kaiser Permanente. In this study involving over 17,000 adults, ACE categories include physical, sexual and psychological abuse, physical and emotional neglect, and five indicators of household dysfunction. The ACE study and related research show that the cumulative effects of experiencing multiple categories of ACE has enduring effects on mental, physical, behavioral health, homelessness, adult incarceration, and unemployment. Parents who experienced many ACE categories as children may find parenting more challenging, in part, because small stressors can trigger crisis responses that, in turn, increase risk of ACE transmission to the next generation.

For over a decade, Washington residents and professionals have been learning about the ACE study, using findings from this and related research to engage communities and improve cross-system services. Washington collects ACE data from adults using the Behavioral Risk Factor Surveillance System, and uses this data to improve the fit between family conditions, evidence-based programs and community empowerment strategies. In 2011 the legislature authorized formation of a public/private initiative focused on increasing community capacity for preventing and mitigating ACEs (E2SHB 1965). This initiative provides a formal venue for Washington to work with Casey Family Programs and other foundations to continuously improve resources that strengthen families' community connections and engagement in healthy family and community life.

- At the level of overall system performance, specific measures in each of four domains of system performance are expected to improve over the five years of this demonstration project, and a statistically significant positive trend over time is hypothesized for the demonstration project in all indicators in each of the four domains. This analysis is detailed in the evaluation section.

Additional hypotheses concern the cost savings of these anticipated improvements in these four outcome domains. Specifically, we expect that these outcome improvements will reduce costs and that reinvestment of these savings in additional evidence-based programs and concrete services for families will generate additional savings.

Lastly, evidence-based and promising child welfare practices implemented as part of FAR will also be made available as part of the current configuration of child welfare services and are expected to improve outcomes and lead to cost savings that can be reinvested in child and family well-being.

As part of implementing FAR, DSHS will consider the effectiveness of current family support and stabilization services and will replace ineffective services with services that have demonstrated success in keeping families together, keeping children safe, and improving child and family well-being. The Children's Administration will implement FAR in keeping with Washington State's evidence-based practices legislation, which focuses on expanding use of evidence-based practices. The identification of and appropriate scaling up of evidence-based practices as a part of FAR will be informed by the work of the Washington State Institute for Public Policy and the University of Washington's Evidence Based Practice Institute.

Reasons for Selecting the Demonstration Project

DSHS and our partners across Washington State are engaged in providing, evaluating and improving a wide range of practices that aim to improve positive outcomes for children and families. The Title IV-E Waiver Advisory Committee, co-chaired by the DSHS Assistant Secretary of the Children's Administration and the State House of Representatives Chair for the Early Learning and Human Services Committee, reviewed over 30 specific interventions to improve child welfare services under a Title IV-E waiver. DSHS, with participation and input from the Waiver Advisory Committee, carefully screened each intervention to identify the project(s) best-suited to meet Title IV-E waiver requirements and to bring the greatest benefit to children and families within a waiver environment. (Greater detail regarding this public input process is included in section 19 below.)

DSHS selected FAR for the Title IV-E waiver demonstration project for the following reasons:

- The traditional Title IV-E foster care entitlement program, which reimburses for costs associated with eligible children already in placement, has limited Washington State's

ability to invest in preventive services. Under a waiver, Washington State would have greater flexibility to leverage federal funds for preventive family support and stabilization services.

- FAR emphasizes not only safety and permanency, but provides case workers **with additional resources and access to assessment information that will provide a broader picture of the family's overall well-being**. As presented in the evaluation design below, DSHS plans to leverage existing data resources. It also plans to address any gaps in data through the implementation of FAR and to measure a broader picture of child well-being, including medical, educational and employment data, in addition to the data collected by Children's Administration for children served by the child welfare system. DSHS will utilize this data to continuously improve and refine the goods and services available to case managers working to stabilize children and families.
- The implementation of FAR will benefit not only children and families in the assessment track, but will also improve Child Protective Service investigators' ability to stabilize families in the investigation track by providing increased access to concrete goods, support services, and evidence-based practices across the system.
- Development of an alternative pathway will allow DSHS to target training for FAR case workers and traditional CPS staff, allowing for greater specialization of staff, particularly with regard to the traumas experienced by the children in the investigation pathway.
- Evidence demonstrates that the implementation of **FAR will reduce costs in out-of-home care**. Confirmed as an evidence-based practice, in other states as differential response, offering an alternative assessment approach to families has shown a **reduction in the need for out-of-home care** and a cost benefit to the taxpayer. Under a waiver, Washington State will be able to take the savings realized by reducing placement in out-of-home care and reinvest those savings into providing even more services that strengthen families, keep children out of foster care, and improve child well-being.

Studies of differential response programs in other states have shown reductions in CPS and out-of-home placement costs.

Implementation Planning

DSHS is currently engaged in a planning process for the implementation of FAR. Pursuant to the governing legislation, DSHS is required to submit an implementation plan to the Legislature by December 31, 2012. The plan must include:

- Description of the FAR practice model;
- Identification of possible additional non-investigative responses or pathways;
- Development of an intake and family assessment tool specifically to use for FAR;

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- Delineation of staff training requirements;
 - Development of strategies to reduce disproportionality;
 - Development of strategies to assist and connect families with the appropriate private or public-housing support agencies;
 - Identification of methods by which to involve community partners in the development of community-based resources to meet families' needs;
 - Delineation of procedures to ensure continuous quality assurance;
 - Identification of current DSHS expenditures for services appropriate to FAR;
 - Identification of philanthropic funding available to supplement public resources;
 - Mechanisms to involve the child's Washington State tribe, if any, in FAR;
 - Creation of a potential phase-in schedule, if proposed; and
 - Recommendations for legislative action necessary to implement the plan.

The implementation plan that DSHS develops also will be used as the basis for a workplan for the demonstration project and will be submitted to ACF upon completion.

Section 2: Describe which of the following goals identified in statute that the project is intended to accomplish:

- **Increase permanency for all infants, children, and youth by reducing the time in foster placements when possible and promoting a successful transition to adulthood for older youth.**
- **Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.**
- **Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.**

FAR is a front-end, prevention-focused approach to families who need additional assistance to maintain children safely in their home. Washington State's demonstration project will meet the following goals detailed in the Child and Family Services Innovation and Improvement Act:

- Increase positive outcomes for infants, children, youth and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children and youth.
- Prevent child abuse and neglect and the re-entry of infants, children and youth into foster care.

Section 3: Identify the target population to be served, including an estimate of the number of children or families who would be served by the proposed project; the estimated number of title IV-E foster cases involved; demographic information; child welfare status and history (e.g., substantiated reports of abuse and neglect, foster care status, lengths of stay in care) and other identified risk factors of the target population (e.g., parental substance abuse).

Number of Children or Families Served

As indicated above, DSHS is currently engaged in the development of an implementation plan, which will include the tools that will be used to clearly identify the children and families who will be assigned to FAR. There will be no expansion of the current intake screening criteria, and cases that would not have been investigated prior to the implementation of FAR will not be investigated and will not be assessed after the implementation of FAR. All intakes that meet the criteria to be screened in for response by DSHS Children’s Administration will be assessed for engagement in the FAR pathway. The assessment will include, but will not be limited to, an evaluation of safety and risk, history of maltreatment findings and chronicity. Any intervention will be culturally sensitive and will take into account demographics including age, race, ethnicity, language, and country of origin.

To project the number of children and families that will experience an assessment response, DSHS has analyzed state fiscal year intakes:

Type of Screening	Annual Cases (2011)
Neglect, assigned a 72 hour response	11,918
Neglect, assigned a 10 day response	7,112
Total Cases Likely to be Assigned to FAR	19,030

Our projection is based on an assumption that the eligible pool for application of the new FAR-related interventions will primarily be children and their families who are reported (screened in) to CPS for neglect only, with a non-emergent 72-hour or 10-day response time. It is understood that families with physical or sexual abuse and emergent intakes, those assigned for 24 hour response, may also be eligible; it is assumed that the numbers involved will be relatively small and at least partially cancelled by families with neglect-only, non-emergent intakes who will, for various reasons, not be deemed eligible for the interventions.

A range of estimates could be made regarding the final number of families who will be served by FAR. To account for duplication of families in the 19,030 intakes, and for the purposes of the estimations below, we use a maximum statewide projection of 15,000 intakes per year likely to be assigned to FAR after statewide implementation. Section 9 further details our assumptions

regarding the number of intakes assigned to FAR each year of the demonstration project, assuming a phase in period over the first two years.

Estimated Number of Title IV-E Foster Cases Involved

Based on the above figures, historical placement rates for neglect-only, non-emergent intakes in Washington State, and success rates from Minnesota's differential response program, the DSHS Research and Data Administration (RDA) estimates that approximately 2,430 children will be prevented from entering out-of-home care because of FAR. Applying Washington State's May 2012 Title IV-E penetration rate of 73.75 percent, this translates to approximately 1,790 Title IV-E cases. Based on Washington State's median length of stay and adjusting for placement reductions that would occur after the end of the waiver period, DSHS estimates a total reduction of approximately 900,000 placement days during the five-year life of the waiver, approximately 664,000 of which would involve Title IV-E cases.

Section 4: Identify the geographic area(s) in which the proposed project will be conducted.

The implementation plan that is currently in development by DSHS will include a phase-in plan. While FAR will be rolled out statewide within the lifetime of the five-year Title IV-E waiver period, the implementation plan will implement FAR on a limited basis and gradually move FAR to a statewide implementation. DSHS will implement FAR in defined geographic areas and gradually add more areas until FAR is implemented statewide. At this stage in the planning process, DSHS has not yet finalized the specific phases and geographic areas. Upon completion, the implementation plan will be submitted to the legislature as required by SB 6555 and will serve as a basis for DSHS's waiver demonstration project workplan.

Section 5: Clearly describe the service intervention(s) the title IV-E agency intends to implement under the demonstration. Indicate whether the proposed interventions are evidence-based or evidence-informed. Describe why the proposed interventions(s) were selected to meet the needs of the identified target population.

A number of the FAR implementation plan requirements focus on identifying the approaches that case managers will take and the goods and services that case managers will offer children and families in order to support, stabilize, and strengthen those families.

As the FAR planning process moves forward, DSHS is currently researching practice models and goods and services in use by other states. Additionally, DSHS plans to leverage expertise made available through our partnership with Harvard's Center on the Developing Child's Frontiers of Innovation initiative to identify an array of services available to children and families that

reflects current research on the prevention and mitigation of trauma, and the effects of toxic stress on children. This information, along with the success of other states in purchasing different types of services, will inform the services and interventions that Washington State purchases under FAR. Examples of goods and services provided in other states' differential response programs include:

- Food or clothing
- Housing/Money to pay rent
- Help paying for utilities
- Mental health services including treatment of trauma in children
- Drug and alcohol treatment
- Medical or dental care
- Help in looking for employment or changing jobs
- Car repair or transportation
- Appliances, furniture, or home repair
- Other financial help

At this stage in the planning process, DSHS is prepared to commit to the following: providing an increased array of concrete goods and services to stabilize families and meet children's basic needs, and an investment into evidence-based practices that target specific populations and needs. In this proposal, DSHS will highlight two services that will be available to case managers upon the implementation of FAR, if not before. For the purposes of this proposal, these interventions are representative examples of an array of goods and services that will be available under FAR.

The first service, an example of a service focused on concrete, basic needs, is Housing Vouchers and Housing Support services. The second service, an example of an evidence-based practice to be expanded under FAR, is Intensive Family Preservation Services using the Homebuilders model. This service will be expanded under FAR.

These services provide an example of the broader spectrum of goods and services that will be purchased to support children and families.

Housing Vouchers and Housing Support Services

Seventeen housing authorities and three private housing agencies have committed to provide 247 housing units and housing vouchers for use by local Children's Administration offices, in addition to 912 Family Unification Program (FUP) vouchers already in use. These housing resources would be at the disposal of local DSHS Children's Administration (CA) offices when, in the judgment of the CA case managers, the housing assistance would be necessary for one of

three purposes: (i) prevent the need for a placement in out-of-home care; (ii) shorten the need for out-of-home-care; or (iii) assist an older youth who is aging out of foster care to a smooth transition to independence without homelessness. CA staff do not presently have adequate and effective access to housing resources in such cases. DSHS, in its turn, would commit to provide the families and older youth with the supportive services necessary to help them make effective use of the housing.

Housing vouchers and housing support services are an example of the sort of concrete goods and services that will support and stabilize families under FAR.

The housing authorities and private housing agencies and DSHS have executed a preliminary commitment to a Memorandum of Understanding (MOU) that outlines the commitment of both parties to this program. This preliminary commitment and MOU is included in an appendix to the proposal. This commitment is preliminary in part because of the role that the waiver will play in the success of the MOU. Granting of the waiver will also increase the prospect that additional housing authorities and housers will join the MOU.

The following information suggests that placements in out-of-home care would be reduced if housing resources were available to caseworkers when, in their judgment, providing housing would prevent or shorten a placement:

- In 1997, the Washington State Supreme Court ruled that dependency courts have the authority to order DSHS to provide housing assistance when homelessness is a primary factor in causing or prolonging a placement (*Coalition for the Homeless v. DSHS*, 133 Wn.2d 894 (1997)). The evidence in the case on this point came primarily from DSHS child welfare caseworkers, a retired superior court judge with long experience on the dependency docket of King County, dependency guardians ad litem, dependency defense attorneys, drug treatment providers, researchers and other professionals who participate in the state's dependency system. The evidence showed that housing assistance could prevent about 5-10% of initial placements and significantly speed up reunification in about 15-20% of placement cases. The family's procurement of safe and stable housing is a precondition of reunification in 90% of the placement cases. The evidence also included the findings of a review of 126 Seattle foster care cases involving black children. It found that homelessness was a significant and contributing factor in 10% of the placements. It found that inadequate housing was a significant factor and contributing factor in the placement of 3% of the children. It found that inadequate housing was among the remaining barriers to reunification in 22% of the placement cases. See *Who Will Care When Parents Can't: A Study of Black Children Foster Care* (National Black Child Development Institute 1989). A conservative estimates based on this evidence indicates that housing assistance could prevent or shorten 2,026 placements per year in Washington State.

- A growing body of research indicates that the lack of adequate housing is a significant issue for families in the child welfare system and a factor in placement cases.²
- An evaluation of Keeping Families Together, a pilot program in New York City managed by the Corporation for Supportive Housing, examined the effect of housing assistance on foster care placements. The evaluation reported that the 29 participating families receiving housing and other supports reduced their children's use of foster care by an aggregate of 5,415 days over two years.³
- The experience in Tacoma, Washington with FUP vouchers has been positive. The Tacoma Housing Authority has provided 50 FUP vouchers to households chosen by the local Children Administration office. Of those 50 vouchers, 40 serve families who needed housing to prevent their children's placement or to reunify with their children from placement. The other 10 vouchers serve youth aging out of foster care. According to DSHS information, over three years, those 40 vouchers allowed the return of 37 children from foster care to their parents and allowed 48 children to remain with their parents who had been without housing.

Intensive Family Preservation Services (IFPS)

DSHS intends to expand the use of Intensive Family Preservation Services (IFPS) using the Homebuilders model. IFPS, using the Homebuilders model, has been evaluated by the Washington State Institute for Public Policy (WSIPP) and is considered an evidence-based practice. The program is designed to prevent out-of-home placement of children and is short-term in duration, usually four to six weeks. Homebuilders therapists respond to the needs of families 24 hours a day, seven days a week. The program focuses on teaching parents to care effectively for their children by increasing the parents' ability to manage child behavior, utilize appropriate discipline, and provide a safe and nurturing home environment. Therapists have a low caseload (two cases at a time) allowing therapists to spend a greater amount of time with the family. Homebuilders therapists also assist parents in enrolling in other longer term

Intensive Family Preservation Services (IFPS) is one example of an evidence-based practice that may be expanded under FAR in order to improve child and family outcomes by focusing on what works.

² See e.g., M. Courtney, S. McMurtry, and A. Zinn, *Housing Problems Experienced by Recipients of Child Welfare Services* (Child Welfare, vol.83, #5 2004); Farrell et al, *Supportive housing for families in child welfare, client characteristics and their outcomes at discharge*, Children and Youth Services Review 32 (2010); Dorre, Y. A., & Mihaly, L. K. *Home sweet home*,: (CWLA Press 1996); . Ernst, J. S., Meyer, M., & DePanfilis, D. *Housing characteristics and adequacy of the physical care of children: An exploratory analysis*. Child Welfare, 83 (2004).

³ Corporation for Supportive Housing (2011). *Is Supportive Housing a Cost-Effective Means of Preserving Families and Increasing Child Safety? Cost Analysis of CSH's Keeping Families Together Pilot*. http://www.csh.org/wp-content/uploads/2011/12/Report_KFTCostAnalysisWriteUp.pdf

services that will help the parent maintain positive changes. Of the families referred to IFPS, 89 percent involve children at imminent risk of placement, eight percent need intensive services in order to be able to achieve reunification, and three percent of referrals are for caregivers at risk of placement disruption; Research on IFPS has shown that IFPS cost-effectively reduces out-of-home placement of children.

Outcomes experienced by Washington State specific to Intensive Family Preservation Services using the Homebuilders model include:

- Appropriate connection of families to community resources;
- Avoidance of new referrals to the department for Child Protective Services, Child and Family Welfare Services, or Family Response Services within one year of the most recent IFPS case closure by the department;
- Prevention of placement or achievement of placement stabilization or reunification in 95 percent of cases;
- Reduction in the length of stay in out-of-home placement, for reunification cases;
- Reduction in level of risk factors as indicated by North Carolina Family Assessment Scale;
- Prevention of reentry into out-of-home placement for over 75 percent of cases during the six months following termination of services.

In addition to evidence demonstrating a significant impact on out-of-home care rates, WSIPP also identified benefits related to reduction in crime, improvement in earnings through high school graduation as well as test scores, impacts on special education and a reduction in costs across a spectrum of health care categories. These effects indicate that IFPS/Homebuilders not only reduces placement in out-of-home care, but provides broader well-being improvements for children and families.

Section 6: Identify the time period in which the project will be conducted

The implementation plan for FAR, due to the legislature on December 31, 2012, will detail the phased implementation of FAR services across Washington State. Washington State is required to implement FAR by December 31, 2013. Washington State expects that FAR will prove a successful strategy to improve well-being outcomes for children and families in Washington State, and as a result, it will be an ongoing strategy for DSHS in years to come.

Section 7: Outline the specific outcomes on which the title IV-E agency expects the demonstration to have an impact, including outcomes relating to safety, permanency, and well-being. The Department expects all child welfare demonstrations to include specific measures assessing both family capacity to provide for children’s needs and child functioning in the well-being domains. In addition, the Department expects that demonstrations will measure not only the achievement of permanency, but appropriate post-permanency measures, such as whether children re-enter care, whether adoptions or guardianships disrupt or dissolve and any other pertinent information on how children and families fare after discharge from foster care.

The following are the outcomes we expect from the FAR program based on a review of the research and the results differential response programs have shown in other states/jurisdictions. The following list includes expected outcomes related to safety, permanency and well-being:

- *Re-Referrals*: Reduction in the number of future intakes received on allegation of abuse or neglect for families served by FAR compared to the families assigned to the investigative pathway.
- *Recurrence Rates*: When families are identified for the pathway of FAR and choose to accept it, research has shown that through proper assessment and identification of services and supports, the families’ needs are appropriately addressed. This level of engagement has resulted in a reduction of future substantiated maltreatment.
- *Removal/Placement Rates*: Research shows that there is a lower removal rate for children in families served by FAR compared to families served through investigations. This may be connected to the immediate intervention, engagement with the family, assessment of safety and initiation of services to address the need. Children are able to be maintained safely in their own home.
- *Earlier Intervention*: Review of other differential response programs show that the ability to respond quickly and intensely to low to moderate risk allegations may have an impact on preventing future high risk or un-safe situations. Differential response is often accompanied by greater efforts to identify, build and coordinate formal and non-formal services and supports, resulting in children being safer sooner. Another purpose of differential response is to identify the protective factors in the family and the larger community that could be mobilized to protect child(ren), strengthen the family, and reduce stress and trauma exposure for children.
- *Judicial system*: With the expectation that FAR will result in a decrease in removal rates, this would have a domino effect and result in a decrease in the number of dependency petitions filed, court hearings, and ultimately termination of parental rights.

- *Community involvement:* The implementation of FAR requires the development of local community resource teams. These teams will be critical to a successful implementation. Community stakeholder collaboration will lead to early identification of services that could impact and support the families in the area of well-being, such as access to early care and education services, education supports, medical intervention and mental health services. Families are better able to care for their children when connections to communities are developed and strengthened. The collaboration with the housing authorities that is described above is an example.
- *Indian Child Welfare Act:* Differential response is supportive of the concept of preserving critical connections for children and families, including tribal connections. It is a practice consistent with Washington State's long standing collaborative relationship with its 29 federally recognized Indian tribes and its commitment to working with tribal social service agencies whenever Indian children are served by the state, or a tribal, child welfare system. Washington State is one of a handful of states that has enacted a state Indian Child Welfare Act (Revised Code of Washington chapter 13.38) to clarify the state's policy in implementing the federal Indian Child Welfare Act, and to codify policies and practices developed by the DSHS Children's Administration. The purpose of the Washington State Indian Child Welfare Act, like that of the federal law, affirms Washington State's commitment "to protecting the essential tribal relations and best interests of Indian children by promoting practices designed to prevent out-of-home placement of Indian children that is inconsistent with the rights of the parents, the health, safety, or welfare of the children, or the interests of the tribe." (Revised Code of Washington 13.38.030. See also 25 U.S.C. § 1902.) The practice of differential response has also shown to be respectful of the family, giving them a choice and resources, and engaging in a meaningful way. This practice is consistent with Indian culture and both the Washington State and federal Indian Child Welfare Acts. "There is no resource that is more vital to the continued existence and integrity of Indian tribes and their children." (United States Code Title 25, Chapter 34, Indian Child Protection and Family Violence Act)
- *Impact on racial disproportionality:* National and Washington State research shows a clear overrepresentation of African American and Native American children in the child welfare system. Racial disproportionality is evident at the very beginning of a family's experience of the child welfare system: Native American families are six times more likely to be reported and African American families are twice as likely to be reported for neglect or abuse. The implementation of FAR will provide an opportunity for case managers to reduce the overrepresentation of families of color at the point of intake: as a family's needs are identified in collaboration with the family and addressed, fewer families will move through the child welfare system and into out-of-home placement.
- *Engagement:* The philosophy behind differential response is that you engage with the families, working from a strengths based perspective. Engagement occurs at all levels of

case intervention, from the creation and implementation of safety plans, to service and case plans. The family is an active participant in the assessment process. Research shows through parent surveys that they report feeling more involved in decision making. When families are engaged in the process the intervention is more effective as the families' cooperation has increased, the identification of services are appropriate and match the true needs of the family. Family Assessment Response seeks safety through family engagement and collaborative partnerships.

- *Increased service delivery:* As families participate in the assessment process, non-traditional services and supports will be identified as essential to assisting the family. This provides an opportunity to provide services not based on abuse or neglect, but on the goals of assisting the family to parent their children and increasing well-being.
- *Stability:* As families' basic needs for services and supports are addressed and families are stabilized, more opportunities arise for parents to focus on the physical and emotional needs of their children as well as their children's educational performance.

Examples of specific measures

Through the implementation planning process for both FAR and performance-based contracting, DSHS is developing specific measures for improved family capacity to care for children and improved child well-being. These measures are discussed in greater detail in section 8:

- Reduction in repeat referrals
- Reduction in substantiated maltreatment
- Reduction in repeat maltreatment
- Reduction in placement in out-of-home care
- Reduction in length of stay in out-of-home care
- Increase in rate of reunification
- Reduction in placement re-entry

In addition, DSHS maintains an Integrated Client Database, which will allow DSHS to track outcome indicators across a number of well-being domains. These areas include the following, and also are discussed in much greater detail in section 8:

- Behavioral and emotional functioning
- Social functioning
- Cognitive and academic functioning
- Physical health and development
- Mental health

Section 8: Describe the evaluation design the Title IV-E agency proposes to employ. Provide a justification of why the proposed approach is the most rigorous and appropriate approach to evaluation that will enable the Title IV-E agency to accurately determining the impact and effectiveness of the program intervention(s).

Washington State is well prepared to design the required evaluation and obtain an independent contractor to conduct the evaluation through a competitive bidding process. CA will work in partnership with the DSHS Division of Research and Data Analysis (RDA) to finalize the evaluation design described below. RDA will assist in developing specifications for the RFP to select the independent evaluation contractor, and participate in the selection process. RDA has worked with many state agencies within Washington State, as well as with federal partners (CMS, BJA, HHS) in other service sectors, to provide data, evaluation, and research designs and as well as studies, economic analyses, and predictive risk modeling support and services. RDA provides research and a unique data capacity to support DSHS administrations like the Children's Administration while maintaining an objective arms-length relationship. RDA will provide data to the successful bidder for the independent evaluator contract, and work with the evaluator to ensure they have what they need to proceed with analyses. The external evaluator will be responsible for all analyses and reporting.

Evaluation Design. The evaluation will have four primary components, a direct comparison of treatment and control conditions and groups (outcome evaluation), an overall system-wide performance evaluation, a process evaluation, and a cost analysis. The programs and processes to be introduced through this waiver through a staged implementation process will permit a direct comparison of the new strategies and evidence-based practices and existing system practices. This will be a primary focus of the evaluation. A second level of analysis will focus on overall system performance. The introduction of the FAR represents a significant shift in the service delivery model for child welfare services in Washington State. It is our expectation that this shift will result in improvements in overall system performance over time. Process and cost evaluations are also described in detail below. They are important in understanding the overall evaluation picture and we expect all four aspects of the evaluation design, taken together, to tell a complete story of the effectiveness of the demonstration, as well as identify mid-course corrections that might be needed to maximize investments.

Control Group Comparisons. A comprehensive outcome evaluation will address key components of the FAR program and expected outcomes over time using a scientific and quasi-experimental approach to ensure meaningfulness of findings. Administrative data will be used to compare changes in key outcome measures for children, youth and families who received FAR after reports of abuse and/or neglect to a propensity score matched comparison of similar children, youth and families in the same time period and geographic area.

The overall design for this study will be based on geographic phase-in decisions made about implementation of the FAR and the associated treatments, services, and assistance that will be offered to families who are screened into the FAR pathway. Although the final implementation plan will not be finalized until December 2012, enough is known to outline the initial evaluation design. The design will utilize the regional roll out of FAR to create well-matched statistical controls for the FAR intervention. Because the roll out is expected to unfold geographically, early cohorts of FAR families and children will be identified. Families and children from the same or very similar regions, who meet the same criteria for FAR but for whom the service is not available will be candidates for inclusion in the primary FAR control group. These are families who will receive “services as usual” (i.e. the Investigation track). These comparison group candidates will then be matched to FAR program participants using propensity score matching. RDA has a broad array of demographic, geographic, clinical, economic, criminogenic, and health data to permit creation of statistically precise comparison pools. This group will be considered singularly (a single statewide control group). However for some outcome measures, we anticipate sample sizes large enough to allow control sub-groups groups at a more granular level (by ethnicity, geography, and other substrata to be determined in conjunction with the independent evaluator and James Bell Associates (JBA)). Comparison groups will be constructed in collaboration with RDA to ensure that evaluator can verify the equivalence and adequacy of these control groups for statistical comparisons.

To serve the dual purposes of evaluation and ongoing implementation monitoring, RDA will construct a cohort of families (children, youth and parents) with reported cases of abuse or neglect. An operational database that includes family information, demographic and geographic characteristics, services and dates, and specific information about criminal justice history, behavioral health (e.g., diagnoses, functional indicators, medications, services), for all family members and parental employment, as well as the full list of measures listed in the table below, will be constructed for the purpose of making meaningful comparisons over time. Once all required institutional review board applications have been submitted and approved, a de-identified version of the database will be provided to the contractor.

To maximize the success of the development of adequate control groups, it will be necessary that the implementation of FAR is done in a way that satisfies several criteria:

- Control group candidates are available from the same state regions, preferably county level, taking rural and urban factors into consideration. Propensity score matching within a homogenous geography should be used.
- Control groups remain in the control condition (investigation track) for a sufficient period of time to allow a full assessment of this course of treatment on the outcome measures of interest. If these families are moved to the FAR track as soon as FAR expansion is available, these controls may not have enough tenure in the treatment

condition to permit estimates of effect sizes of outcomes. For this reason, families in the treatment condition must remain for an agreed upon time. This design will require that the roll out of FAR statewide be done in a way that maintains the integrity of these treatment and control conditions for at least two years

- FAR pathway families assigned to the investigate pathway, where repeat allegations of abuse and neglect are founded, will necessarily be removed from both the treatment and control (FAR and Investigation pathway) conditions, and their outcomes tracked separately.

Because families must consent to participate in the FAR alternative, there will actually be two FAR cohorts in each region, those that consent or volunteer to participate, and those that decline these services. These families are basically opting in to the investigation track by declining the initial assessment offered through the FAR alternative. Outcomes and assessments for this group will be tracked separately for this cohort, as they can be viewed as representing a distinctly different population. They differ from FAR participants in the consent choice they make, which might reflect a willingness to accept offers of assistance and/or their trust of the child welfare service system. They differ from those who go straight to the Investigations track, due to the perceived severity and likelihood of abuse and neglect in this latter group which precluded their being candidates for the FAR track. These two additional groups comprise additional comparison points for understanding the impacts of the planned shifts in child welfare service delivery. Although the primary comparison will be between FAR families and controls, it will be essential to report the same outcomes and measures for the other conditions to complete the picture of system impact.

To summarize, four conditions will be evaluated to assess outcomes and costs for this evaluation:

1. FAR-eligible families participating (**FAR Families**)
2. FAR-eligible families not participating-program not yet available in their area, propensity score-matched to Group 1 (**FAR Controls**)
3. FAR-eligible families, not participating in FAR by choice (**FAR Refusers**)
4. FAR-ineligible families (Investigation track, due to nature and severity of suspected abuse/neglect-**Investigation Track**).

Outcome Measures. Four levels of outcome measures will be employed for this waiver evaluation:

1. Traditional measures of child welfare outcomes. The following global outcome measures will be one focus of the outcome evaluation. We expect to first see improvements in the earlier indicators of repeat referrals (screened-in intakes), substantiated maltreatment, repeat maltreatment (substantiated referrals), and rate of placement, followed by the later indicators of length of stay in foster care, rates of reunification, and re-entry into foster care following reunification. All measures will be based on entry cohorts, and distinguish families reported to CPS for the first time (inception cases) from those with a prior history with CPS. (“Initial” in the following measure definitions refers to

the intake which falls within an entry cohort period, i.e., the intake that qualifies a family or child for inclusion in the cohort; not the first-ever or inception intake.) All of these measures, as well as many other measures and variations, have already been developed and used internally.

Earlier Indicators

- Repeat Referral (family): a new intake (new CA/N allegations) on the family within a specified period of time after the initial intake. Measure of ongoing involvement with the system (family stabilization) after assessment, intervention and service provision.
- Substantiated Maltreatment (child): A founded (substantiated) allegation for the child within a specified period of time following the initial intake on the family. Measure of child safety after assessment, intervention and service provision to family.
- Repeat Maltreatment (child): A founded allegation within a specified period of time following an initial founded allegation on the child. Measure of continued child safety after assessment, intervention and service provision to family.
- Rate of Placement: percentage of families with any child entering out-of-home care within a specified period of time following the initial intake on the family, of all families in the intake entry cohort. Measure of placement prevention after assessment, intervention and service provision to family.

Later Indicators

- Length of Stay: in out-of-home care from placement entry to discharge, subdivided by permanency type (reunification, guardianship, adoption), and subdivided by emergency placement only (short-term, no Court involvement) and longer-term care (dependency – Court involvement). For adoption cases, the time from placement entry to filing of the petition to terminate parental rights will also be measured. Measure of placement costs and child well-being after assessment, intervention and service provision to family.
- Rate of Reunification: Percentage of all children entering care who exit to reunification within a specified period of time. Measure of family service effectiveness after assessment, intervention and service provision to family.
- Placement Re-Entry: Percentage of children returning to out-of-home care within a specified period of time following reunification. Measure of child safety and family service effectiveness after assessment, intervention and service provision to family.

The effect of any trial return home period (in-home dependency) on the Later Indicators will also be assessed.

2. *Outcome indicators available from administrative data sets.* A major component of the data infrastructure to be used in this evaluation is the DSHS Integrated Client Database (ICDB; see <http://www.dshs.wa.gov/pdf/ms/rda/research/11/144.pdf>), built and maintained by the Research and Data Analysis (RDA) division of DSHS. This database extends back to July 1998 for all DSHS clients and includes services for over 2 million people per year. The foundation of the RDA integrated client database is a sophisticated matching algorithm that maintains a personal identifier crosswalk for service and event records derived from different administrative information systems. The database also maintains the classification of social and health services, including child welfare, into consistent service modalities over time, which facilitates our planned multi-year cohort-based comparison group design. The database has been useful in estimating the prevalence of behavioral health risk factors from the combination of medical and behavioral health service events and arrest charges, and in measuring key life outcomes such as employment, criminal justice involvement, and medical service utilization and costs. Recent performance assessments utilizing the ICDB infrastructure have addressed: impacts of chemical dependency treatment public safety, impact of recovery services on treatment and criminal justice outcomes, and the impacts of emergency room screening for substance abuse on long-term medical costs.

RDA has recently expanded the capacity of ICDB further to include links between children and their parents. This allows for the construction of risk and service measures not only across systems, but also across family members. Recently, this infrastructure has proven invaluable in developing target populations and services for a cross-system intervention, Integrated Case Management. For this initiative, which uses wraparound principles to work with youth involved in both the child welfare and juvenile justice system, parent and child risk profiles were generated to describe the service and support needs for youth and families.

In addition to the core measures from the ICDB, RDA has developed the ability to measure Adverse Childhood Experiences (ACES) at the client level, using a variety of administrative data and related sources. These can be estimated for specific children, siblings, and parents, if they have received publically funded social or health services, or economic support (food, housing, and cash assistance programs). The ability to extract these well-researched factors affecting cognitive, emotional and social development, resilience, risk, and protective factors is unique in the nation.

There is an existing data sharing agreement with the Washington State K-12 agency which allows CA to produce educational success measures for children in foster care. Additionally, RDA has recently developed the capacity to measure educational outcomes for DSHS clients in a collaborative effort with the Washington State Education Research & Data Center (ERDC), which combines early learning, K-12, higher education and employment data into a single P-20 database. These linked data will be made available to the external researchers through our partnership with ERDC, and will be

instrumental to understanding the well-being of children served by the child welfare system, and specifically for those who receive the FAR.

It will be a key expectation that our contracted independent evaluator make maximum use of these integrated data sets to measure outcomes reflected by these data. These include a variety of factors including well-being, consistent with the four domains of well-being in the framework provided by Lou, Anthony, Stone, Vu, and Austin, 2008, and summarized in ACYF-CB-IM-12-04. The table below indicates the Domain measures we anticipate being able to address using these administrative data:

DOMAIN 1: Behavioral and Emotional Functioning	
Title IV-E Waiver Goal	Indicators
Children and youth experience improved functioning and reduction in symptoms	Number and proportion of children and youth who have functional impacts such as crisis encounters, suicidal behavior, drug overdoses, inpatient stays and substance abuse from administrative data sources
Children and youth screened and treated if necessary for behavioral health	Number of youth with mental health and/or AOD need who are screened, identified, and/or treated
Children and youth receiving psychotropic medications are also receiving mental health treatment	Number and proportion of children and youth with mental health needs receiving psychotropic medications who receive additional mental health treatment
Children and youth do not use emergency rooms for treatment inappropriately	Rate of emergency department use

DOMAIN 2: Social Functioning	
Title IV-E Waiver Goal	Indicators
Children and youth experience improved functioning and reduction in symptoms	Number and proportion of children and youth who have functional impacts such as crisis encounters, suicidal behavior, drug overdoses, inpatient stays and substance abuse from administrative data sources
Children and youth screened and treated if necessary for behavioral health	Number of youth with mental health and/or AOD need who are screened, identified, and/or treated
Children and youth receiving psychotropic medications are also receiving mental health treatment	Number and proportion of children and youth with mental health needs receiving psychotropic medications who receive additional mental health treatment

Children and youth do not use emergency rooms for treatment inappropriately	Rate of emergency department use
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DOMAIN 3: Cognitive and Academic Functioning	
Title IV-E Waiver Goal	Indicators
Language development is age-appropriate	Developmental screening and assessments; standardized tests of early language
Children and youth are engaged in school	Children and youth attend school regularly, are continuously enrolled, have less school mobility
Children and youth are successful in school	Meet standards on statewide achievement tests, attendance, continuous enrollment
Older youth complete high school	High School Graduation and GED

DOMAIN 4: Physical Health and Development	
Title IV-E Waiver Goal	Indicators
Children and youth use emergency rooms less and have less injuries	Rate of emergency department use and injuries recorded in medical encounters
Children and youth meet normative standards for growth and development	Early Periodic Screening, Diagnosis and Treatment (EPSDT) results. Immunizations and wellness visits completed on timely basis.
Risk taking behaviors related to health are reduced	Number and proportion of youth with substance abuse related health encounters (including tobacco) and arrests

3. *Direct Assessments of Families and Children.* We have stressed administrative data capacity in Washington State, but these data have limitations. Administrative data may not be sensitive to all aspects of clinical status and well-being of a child or family. While there are robust indicators of health status and child development in health care encounter data, education data and data on mental health and substance abuse treatment needs of parents and children, more direct assessments of cognitive, emotional, and social functioning of children and families will strengthen the overall evaluation design. This is an area where DSHS hopes to leverage the expertise made available through Washington State’s partnership with Harvard’s Center on the Developing Child’s Frontiers of Innovation initiative.

We are also interested in assessing the parenting skills of families over time as a result of participation in FAR and other family support activities. Some additional data in these domains

will be gathered in the course of conducting FAR casework on each child and family. It will be necessary to organize these data with particular emphasis on reliability and validity.

Additional direct measures of well-being will be selected in collaboration with the independent evaluator, with input from JBA, to assure we have strong overall assessments of child and family well-being, drawing on the best information available from both administrative data and direct assessments and using instruments supported by the well-being literature consistent with the four domains of well-being identified by Lou et al (2008). We will also construct a similar framework for family well-being, consistent with the description of family well-being indicators described above.

The enabling legislation for FAR requires surveys of families. We will use multiple survey points over the course of the waiver, including these two points, to assess well-being over time for FAR participants and FAR controls. We will also use that opportunity for direct family contact to assess additional variables of interest including parenting skills, attitudes towards parenting, satisfaction with program participation, program improvement suggestions, and additional information to be developed in consultation with our independent evaluation contractor and JBA. We plan to select random samples from the FAR and FAR control groups with sample sizes sufficient to allow an assessment of the differences in outcomes from these two groups. We anticipate it will be most cost effective to have our independent evaluation contractor design our surveys and oversee the conduct of these surveys by the RDA Survey Unit, which regularly conducts surveys on DSHS and other state agency clients for a variety of purposes.

4. Calculation of Adverse Childhood Experiences (ACEs) of Children and where available their parents or primary care providers. The associations between multiple adverse childhood experiences and behavioral health and other chronic medical problems in adulthood have been strongly established over the last decade (Felitti, Anda, Nordenberg, Williamson, Spitz, & Edwards, 1998). Along these lines, RDA has recently completed an effort to construct ACEs measures for youth from administrative data as part of a separate DSHS research agenda. We therefore plan to make the applicable parental risk factor measures from the ACEs measures available to the independent evaluator to use as a component in propensity score matching to ensure adequate comparisons group construction. For example, the following measures pertaining to parental risks will be constructed using administrative data: domestic violence arrests for either parent, mental illness of birth parent, substance abuse of birth parent, criminal justice involvement of birth parent, any prior family involvement in child welfare or child protective services system, a homeless spell for the family, and death of a parent.

System-wide Evaluation

In addition to these “treatment vs. control” comparisons, we also plan a more global, overall evaluation of system performance. At a more global level, the introduction of the FAR

represents a significant shift in the service delivery model for child welfare services in Washington State, creating a second path for providing child welfare services to families and presenting significant opportunities to work in partnership with families before more serious risk of abuse or neglect occurs. It is reasonable to expect that earlier interventions with evidence-based and promising practices will result in improvements in overall system performance over time by reducing out-of-home placements, preventing abuse or neglect from occurring and increasing child and family well-being. These will be assessed globally in a number of ways. The child welfare measures described earlier (both the “earlier” and “later” outcomes) will be calculated at annual intervals over the life of the demonstration, taking Calendar Year 2012 as a baseline for assessment of these measures. To the extent that this demonstration is having an impact these indicators should reflect improvements in overall system performance. Many of these measures are contained in the Governor’s Management and Accountability Program (GMAP) and the Executive Management Information System (EMIS) reporting systems maintained by RDA.

Process Evaluation

Data will be used for implementation monitoring throughout the demonstration period. The CA implementation director will monitor the infrastructure data routinely reported from the waiver database. A comprehensive set of performance measures and reports generated from state service records will be shared and reviewed regularly with the implementation oversight group and other key stakeholder groups. Measures will be reviewed in the context of how Washington State is performing compared to targets set and prior time periods with respect to:

- How closely FAR implementation follows the plan?
- What types of changes were made to the original proposed implementation plan?
- What led to the changes in the original plan?
- What effect will the changes have on the planned system of care changes and performance assessment?

Additionally, data and results described above relevant to performance monitoring will be presented quarterly to the DSHS Executive Leadership Team and regional leaders in a format that focuses on accomplishments and gaps in performance relevant to the system improvement priorities.

In developing a system performance measurement feedback loop, a data workgroup will be convened to review each measure for quality, sensitivity to change, and accuracy. This will involve reviewing operational definitions, measure components, and preliminary versions of each of the measures individually. This work group will meet monthly at the onset of the grant, then quarterly once the measures have been defined, finalized, and constructed. In order to maximize consumer and family input, there will be consumer and family representatives

involved at each stage of review, including conceptualizing and operationalizing the final set of measures.

We will rely as much as possible on administrative data for the core of the process evaluation, primarily through specific service utilization data. We will implement unambiguous, intervention-specific service codes for FAR and its associated interventions, and modify our administrative data system where possible to improve the accuracy and specificity of data entry by the field. Changes in service utilization data will also provide an accurate measure of the rate of implementation of the FAR interventions and thus an aid to the outcome evaluation. Besides service utilization, we have found that two process measures in particular are strongly associated with a number of the outcome measures: timeliness of the initial face-to-face investigation after intake, and frequency of social worker visits with the child, either during in-home service provision, or in out-of-home foster care. These two critical process measures will also be included as part of the evaluation. Finally, we also have available a number of internally-developed early warning indicators and measures of progress that the outside evaluator may wish to use to further inform the evaluation.

Additionally, an evaluation of the implementation of FAR is required by the enabling legislation with the evaluation to be conducted by the Washington State Institute for Public Policy (WSIPP), the policy research arm of the Washington State Legislature at Evergreen State College. We wish to avoid costly duplication of effort, and some key process evaluation activities will occur under that effort. The evaluator will therefore be required to compare the WSIPP implementation monitoring plan with the requirements for a process evaluation for this waiver as specified in ACYF-CB-IM-12-05. The evaluator will also develop a process evaluation plan for CA review and approval, with input from JBA and ACF, and conduct the full process evaluation for this waiver demonstration. The evaluator will also be required to develop a detailed logic model that describes the FAR demonstration project in a detailed analysis of services and the measurable outcomes described here.

We will ask our independent contract evaluator to work with WSIPP and include their findings, such that the process analysis includes all of the following components and that this information is obtained in the most efficient manner possible:

- The organizational aspects of the demonstration, such as staff structure, funding committed, administrative structures, and project implementation, including ongoing monitoring, oversight, and problem resolution at various organization levels (source: WSIPP reports, documentation of FAR Implementation staff);
- The number and type of staff involved in implementation, including the training they received, as well as their experience, education and characteristics (source: WSIPP reports, documentation of FAR Implementation staff);

- The service delivery system, including procedures for determining eligibility, referring subjects for services, the array of services available, the number of children/families served and the type and duration of services provided (source: RDA ICDB service measures).
- Contextual factors, such as the social, economic and political forces that may have a bearing on the replicability of the intervention or influence the implementation or effectiveness of the demonstration. This discussion should note any possible confounding effects of changes in these systems, or changes resulting from other demonstrations or reforms that were implemented during the Title IV-E waiver demonstration (source: WSIPP reports, legislative staff analyses, documentation of FAR Implementation staff);
- The degree to which demonstration programs and services are implemented with fidelity to their intended service models (source: WSIPP reports, documentation of FAR Implementation staff); and
- The barriers encountered during implementation, the steps taken to address these barriers, and any lessons learned during implementation.

Cost Analyses

RDA has worked with several Washington state agencies to produce a variety of cost effectiveness, cost outcome, and predictive cost modeling studies. These have guided policy and legislation in health and social services in Washington State over the last ten years. With well-respected health economists, statisticians, analytical programmers, and database managers capable of managing and analyzing complex administrative data sets, RDA's cost benefit studies have become the standard in policy assessment and research in this state. The RDA role in this study will be to provide cost data to the independent evaluator, to provide the documentation they might need to satisfy concerns they have about data integrity and completeness, and to provide consultation to them as needed over the course of the life of the waiver. The independent evaluator will be responsible for all analyses and reporting. They will be required to work closely with the CA Finance Director and with the RDA econometrics team to fully understand the cost savings and re-investment strategies, and total cost impacts of this demonstration.

With precise control group assignment through propensity score matching, careful documentation of program integrity and fidelity assessments of the selected program interventions, and a full accounting and tracking of treatment costs for each program intervention, it is possible to determine with good precision the cost effectiveness of

interventions, and the "cost offsets" (dollars saved, if any) as a result of implementing alternative interventions to "business as usual."

Estimates of economic costs and economic benefits have become standard metrics for many of the policy analyses now conducted within DSHS and will be an expected standard for assessing the intended policy and program interventions in this demonstration project. With implementation of a differential response system (FAR), it will be particularly important to assess the cost impacts of this change in the way many families and children will be served under a Title IV-E waiver demonstration, in order to fully understand the economic implications of this shift in assessment and service delivery. This is also true for assessing the cost benefit of the evidence-based practices to be implemented. These analyses will also be vital in meeting the Section 1130 requirement of cost neutrality.

The Children's Administration and RDA look forward to working with ACF and the national contractor, and the successful bidder for our independent evaluation contract to satisfy all needs and data reporting requirements of the waiver and to collaborate in evaluation activities to ensure that the demonstration project evaluation is successful and ACF's goals are met.

Section 9: Provide an estimate of the costs or savings of the project, along with a description of the basis for projecting that the project would be cost-neutral overall.

Washington State's waiver development process included an evaluation of potential demonstration project interventions based on their estimated financial impact to DSHS Children's Administration (CA) during the life of the waiver. In consultation with Waiver Advisory Committee members, the Washington State Institute of Public Policy (WSIPP), and other advisors, DSHS developed a cost-benefit analysis for each potential intervention.

To estimate costs and savings for FAR, DSHS based the cost-benefit analysis on a recent study of evidence-based practices conducted by WSIPP.⁴ The WSIPP analysis examined costs and benefits associated with differential response programs in Minnesota and Ohio. Because the details of implementation and operation of Washington State's FAR program are still in development, DSHS determined that WSIPP's examination of Minnesota and Ohio would give the best available approximation of costs and benefits associated with a large-scale implementation of differential response in Washington State. Based on an examination of the effectiveness of differential response in reducing child abuse and neglect and out-of-home placement, and based on an economic model to assess costs and benefits, WSIPP calculated an

⁴ Lee, S., Aos, S., Drake, E., Pennucci, A., Miller, M., & Anderson, L. (2012). *Return on investment: Evidence-based options to improve statewide outcomes, April 2012* (Document No. 12-04-1201). Olympia: Washington State Institute for Public Policy.

anticipated average cost per case served and average benefit per case served. For FAR, WSIPP calculated an average incremental cost per case (cost above and beyond “business as usual”) of \$96 per case per year. The anticipated average benefits to CA per case served relative to reductions in child abuse and neglect (i.e., CPS costs), placements in out-of-home care (i.e., foster care maintenance costs), and reductions in services and case management related to placements in out-of-home care were projected to be \$299 per case.⁵ The

A Washington State Institute for Public Policy study of differential response in Minnesota and Ohio indicates that expected benefits to DSHS for **reduced CPS and foster care maintenance costs alone will exceed the cost of operating FAR** instead of “business as usual” CPS services.

net benefits for implementation of FAR are thus expected to be \$203 per case during the life of the waiver. DSHS estimated total benefits during the life of the waiver based on a phased-in implementation of FAR that will ultimately reach 15,000 families per year. The projected net benefit of operating FAR during the life of the waiver is thus anticipated to be approximately \$10.6 million.

Net benefits for the housing voucher and support services program were calculated through a similar method. Based on a per-case ratio for caseworkers and a per-caseworker cost calculated by DSHS, DSHS calculated anticipated total costs to provide the support services that will accompany the 247 housing units and housing vouchers provided by public and private housing authorities around the state (in addition to the 912 FUP vouchers). DSHS estimates anticipated benefits associated with the housing and support services program based on the results of a comparable program in New York City, in which families provided with housing supports and services reduced their usage of out-of-home care by an average of three months per family per year.⁶ Using historical caseload and expenditure data from CA, DSHS calculated total benefits associated with each month of reduced out-of-home care. Net benefits during the life of the waiver are estimated to be approximately \$3 million, or approximately \$2,400 per case per year. Note that these benefits are expected to accrue beginning in year one of the

⁵ The “Alternative Response” report published by WSIPP indicates total lifetime projected benefits of \$852 per case served under differential response. In consultation with WSIPP during the waiver development process CA rendered benefits as follows: 1) only “Taxpayer” benefits associated with child abuse and neglect and out-of-home placement outcomes were added into the calculation (totaling \$153/case); 2) because CPS costs and initial foster care placements are anticipated to be short-term savings, the full “lifetime” benefit for these categories is included within the life of the waiver; 3) because the out-of-home placement benefits reflect only foster care maintenance costs, CA used historical caseload and expenditure data to calculate benefits related to additional service and case management costs associated with placements out-of-home care (\$146/case).

⁶ Corporation for Supportive Housing (2011). *Is Supportive Housing a Cost-Effective Means of Preserving Families and Increasing Child Safety? Cost Analysis of CSH’s Keeping Families Together Pilot*. http://www.csh.org/wp-content/uploads/2011/12/Report_KFTCostAnalysisWriteUp.pdf

waiver, thus contributing to the funding available to begin implementing FAR. Counting the 912 FUP would confer a commensurate additional amount of savings.

DSHS based its analysis of costs and benefits for IFPS/Homebuilders on the same WSIPP report used for FAR. DSHS estimates a total net savings of approximately \$1 million (approximately \$4,000 per case) if usage of IFPS is expanded by 10% over the life of the waiver. This analysis does not include potential immediate savings based on corresponding reductions in other non-evidence-based family preservation services.

Based on these assumptions of phased-in implementation, costs, benefits, and out-of-home caseload reductions, DSHS anticipates a net benefit of approximately \$14.6 million over the life of the waiver:

Intervention	Estimated net benefits to DSHS over the life of the waiver
Family Assessment Response (FAR)	\$10,637,203
Housing Supports	\$2,973,219
Intensive Family Preservation Services (IFPS)/Homebuilders	\$1,007,538
Total	\$14,617,960

In compliance with waiver requirements and Washington State’s recent legislation regarding reinvestment of child welfare savings, DSHS commits to reinvesting all Title IV-E, state, and local funds that are freed up under the waiver project for child welfare purposes.

DSHS recognizes that this analysis does not take into account the implementation costs associated with these programs and that the only way to leverage flexible funding via a capped allocation under a waiver is to create short-term savings to the Title IV-E system. DSHS is in the process of identifying and implementing immediate-term permanency efforts that, along with the housing support services program, will yield short-term savings and allow for flexible reinvestment under the waiver. Additionally, DSHS is making efforts to obtain private funding to support the up-front costs for FAR. The implementation plan for FAR will include a plan for balancing implementation costs with cost savings.

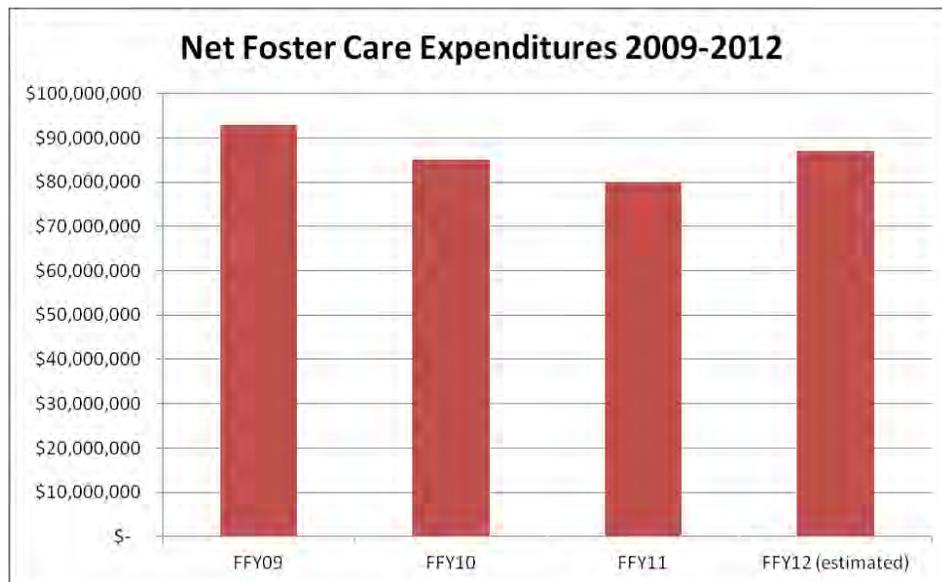
Section 10: Present a reliable method of measuring and ensuring Federal cost-neutrality over the course of the demonstration.

DSHS has carefully measured anticipated cost savings and reinvestment opportunities throughout the waiver planning process, understanding at every point that the waiver project must be cost neutral to the federal government. The FAR implementation plan under

development between now and December 31, 2012 will refine the projections made for this proposal.

DSHS maintains careful and detailed records of expenditures and funding sources for each program offered under the Children’s Administration. DSHS is planning to leverage this existing strength in the development of a fiscal monitoring tool for use during the waiver period. This tool will allow DSHS to monitor progress against spending and outcome benchmarks.

The chart below shows our Title IV-E foster care maintenance and administration expenses (net of ARRA and SACWIS development costs).



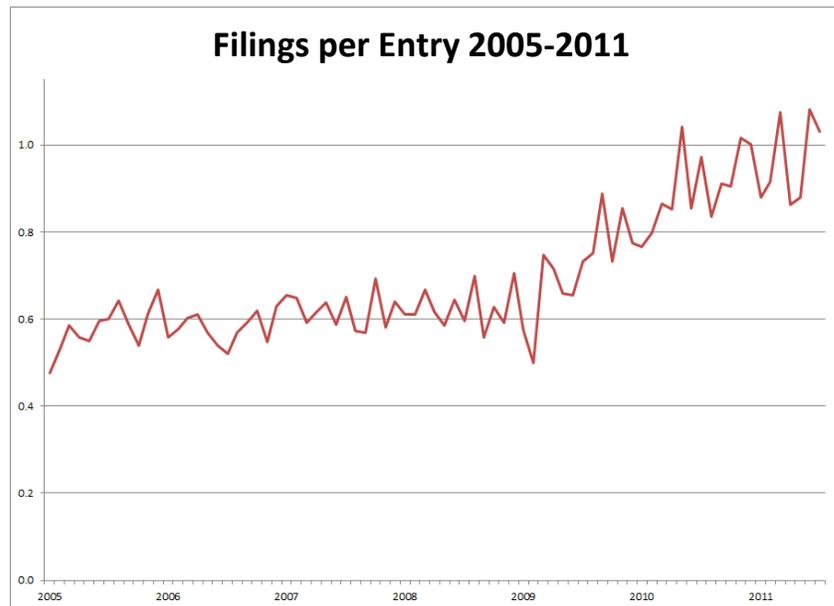
Although expenditures trended down in fiscal years 2010 and 2011, projections for fiscal year 2012 indicate a nine percent increase in expenditures over 2011. Based upon this trend, and the factors below, we believe the year that would most accurately reflect our foster care costs over the life of the waiver is 2009. We, therefore, propose to use 2009 as the base year for the waiver. Said in another way, state and federal funding levels in 2009 are most representative of the funding levels we expect to reach in the years of the waiver. We anticipate a growth rate of two percent per year absent a waiver.

Our proposal of 2009 as the best representative base year and of a two percent growth rate is based on the following factors:

- After reducing staff during the economic downturn in 2010 and 2011, DSHS began hiring back case management staff in FY12 and will continue to increase case management staff, with the goal of reaching levels realized in 2009, in the coming years.
- DSHS is implementing a change to administrative claiming which is anticipated to increase the eligibility rate for administration expenditures. In the last quarter during

which a claim can be made for a given quarter, the final eligibility rate for that quarter will be adjusted to reflect updated eligibility since the initial claim was made. This adjustment, which will predominantly reflect the final eligibility status of cases which were initially “pending,” will increase reimbursements for administration payments.

- In fiscal year 2012, the foster care penetration rate used by DSHS increased by approximately two percent.
- Recent research by DSHS research partner Partners for Our Children (POC) comparing entry and exit rates for out-of-home placements indicates that the rate of exits from out-of-home care is slowing relative to the rate of entries into out-of-home care. Based on this trend, we expect our overall foster care caseload to grow.
- Washington State has seen an increase in the rate of dependency filings in recent years (number of dependency filings per entry into foster care; see graph below). POC research shows that children in the child welfare system due to dependency petitions tend to spend more time in out-of-home placements than children who are in the child welfare system due to voluntary placements.⁷



- Under Washington State’s Performance Based Contracting legislation (anticipated in 2014 or 2015), DSHS will be required to launch demonstration sites related to contracting out case management functions. DSHS anticipates an increase in training costs related to the implementation of these demonstration sites.

⁷ Courtney, Mark E., et al (2012). *Timing of Permanency Exits from Out-of-Home Care: The Importance of Systems and Implications for Assessing Accountability for Permanency Outcomes*. Partners for Our Children.

Section 11: Describe any similar project already underway in the State or tribal service area that is supported by State, tribal or private foundation funds and how these activities will be affected if the Title IV-E agency is approved to undertake the demonstration. If the child welfare waiver demonstration is intended to be operated in conjunction or collaboration with other Federal initiatives (e.g. Title XIX (Medicaid) State Plan Amendments and/or waivers in Medicaid or other programs, provide information on these associated collaborative activities. Explain to what degree (1) the proposed collaboration can be accomplished through coordination within the other program's existing authority or a plan amendment; or (2) whether coordinated activities will require approval or waivers in another program.

Children's Administration works with families to keep children safely in their own home using supports such as: Intensive Family Preservation Services (IFPS), Family Preservation Services (FPS), partnerships with housing authorities and the use of concrete goods and services. Intensive Family Preservation Services are used when there is an immediate risk of the child being removed from the family home. Services are provided using an evidence-based practice (Homebuilders) with concrete funds set aside to address imminent needs of the family to stabilize the child in the home. For families for whom the placement is not imminent but significant upheaval is occurring in the family home other services are provided such as Family Preservation Services. When a safe stable living environment is the primary issue facing the family, assistance is provided through a partnership with the local housing authority and the use of available Family Unification Program (FUP) vouchers.

DSHS is currently in the planning phase for Family Assessment Response. The new program structure must be supported by services that are effective and have proven results with the population that we serve. When possible, DSHS will accomplish this by replacing less effective programs and services with evidence-based or promising practices shown to have positive results with the population we serve. Services will be outcome-based and support a family's need for concrete goods and services. Details of the services and supports that will be used during FAR will be determined during the planning phase of the FAR project.

Collaboration with Medicaid

Along with the submission of a Title IV-E demonstration waiver, Washington State intends to pursue a Medicaid State Plan Amendment or waiver in partnership with the state Medicaid program to improve access to mental health services for children involved in the child welfare system. Presently, children and youth must meet an access standard of medical necessity under DSHS's 1915 (b) waiver for community mental health. If needs are low to moderate children receive traditional mental health services from private clinicians in the fee for service system managed by the Health Care Authority (HCA). A CMS demonstration to waive comparability for children in the child welfare system would allow for greater flexibility and

access to a broader array of home and community based mental health programs. There would be a streamlined mental health system of care across DSHS and HCA primary care services.

The State is planning for increased access to Medicaid-funded evidence-based therapies, in coordination with the Centers for Medicare and Medicaid Services, and in collaboration with the System of Care (SOC) foundation being established under a SAMHSA SOC Planning grant.

Additionally, the Department is participating in a grant application to the Administration for Children and Families (ACF) that is an “Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare.” If successfully funded, this five year infrastructure-building grant would continue to support and build screening, functional assessment, and matching of identified needs to appropriate mental health evidence-based and evidence-informed treatments that are delivered in the publically funded mental health system.

DSHS is also collaborating with housing authorities and others in another grant application to ACF for “Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System” HHS-2012-ACF-ACYF-CA-0538. That application, if granted, will be a useful companion to our Title IV-E waiver application and its collaboration with the housing authorities.

Section 12: Provide an accounting of any additional Federal, State, tribal, and local investments made, as well as any private investments made in coordination with the Title IV-E agency, during the past two fiscal years to provide the service intervention(s) that the applicant intends to undertake through the waiver demonstration.

DSHS currently offers a group of home-based services, including some housing support services. DSHS anticipates that these services will fall under the umbrella of FAR once the FAR implementation is completed in late 2013. DSHS also currently contracts for some IFPS/Homebuilders services. DSHS’s anticipates that its current contracted Family Preservation Services (FPS) will either be incorporated into FAR or offset by increased evidence-based practices like IFPS.

An accounting of the funding for these services in federal fiscal years 2010 and 2011 is below.

	Home-based Services		IFPS		FPS	
	FFY 2010	FFY 2011	FFY 2010	FFY 2011	FFY 2010	FFY 2011
Title IV-E	-	-	-	-	-	-
Title IVB-2	\$29,074	\$0	\$363,712	\$487,402	\$2,452,167	\$1,690,714
TANF	-	-	-	-	-	-

	Home-based Services		IFPS		FPS	
Title XIX (Medicaid)	-	-	-	-	-	-
SSI	-	-	-	-	-	-
State General Fund	\$3,601,009	\$2,009,883	\$5,674,091	\$5,935,186	\$3,340,228	\$3,222,605
Local investment	-	-	-	-	-	-
Private investment	-	-	-	-	-	-

Section 13: Provide an assurance that the Title IV-E agency will continue to provide an accounting of that same spending for each year of the approved demonstration project.

DSHS will provide an accounting of all additional federal, state, tribal, local, and private investments related to the service interventions under this demonstration project for each year of the approved demonstration project period.

Section 14: Identify the statutory and regulatory requirements under Titles IV-B or I-VE of the Act for which waivers will be needed to permit the proposed project to be conducted.

Washington State requests that ACF grant waivers to the following provisions of the Social Security Act and Program Regulations in order to permit the waiver demonstration project to be conducted:

- Section 471(a)(16), pertaining to case plans for eligible children
- Section 472 (a) (b) (d) (e) (f) (g) and (i), pertaining to foster care eligibility and services, except with regards to foster care services for children over 18
- Section 474(a)(1), pertaining to foster care maintenance payments, except with regards to foster care services for children over 18
- Section 474(a)(3)(A) (B) (D) and (E), pertaining to administrative costs, except with regards to administrative costs related to children in foster care over 18
- 45 CFR 1356.60(c), pertaining to allowable administrative costs, except with regards to administrative costs related to children in foster care over 18
- 432 (7) (a) and (b), with regards to Title IV-B

Section 15: Address whether/how the demonstration will affect the Title IV-E agency's automated child welfare information system.

Background

Over the past year, Washington State implemented a new Safety Framework that has been incorporated into the CA model of Solution Based Casework practice. CA worked with the National Resource Center for Child Protective Services (NRCCPS) in designing, developing, and implementing our Safety Framework to ensure that Safety is assessed not only at the beginning of an investigation, but throughout the life of the case.

To support this practice, modifications were made to Washington State's SACWIS – FamLink. These modifications included, in part, a new Safety Assessment and Safety Plan, Family Assessment and Case Plan and Assessment of Progress.

DSHS believes that its foundation of Solution Based Casework practice and Safety Framework, in addition to three significant pieces of legislation passed during the 2012 legislative session, will work in conjunction with the waiver. Together these changes and the waiver will bring positive outcomes to the children and families in Washington State by keeping children safely in their homes or safely returning children home sooner.

Changes to the automated child welfare information system

Modifications to the automated child welfare information system are necessary to fully implement the Family Assessment Response pathway. Although the requirements to implement FAR have not been identified as yet, the following minimum modifications will be necessary:

- New security resources to allow for statewide view of new pages, but create capabilities limited to demonstration sites and Centralized Intake.
- New or changes to existing modules and/or pages will need to be created or are impacted:
 - New intake with changes to the sufficiency tab that incorporate a new decision tree
 - Changes to the Decision Tab for the Family Assessment Response path including edits
 - New Family Assessment type assessment (different from current Family Assessment)
 - New or modifications to the Safety Assessment Tool and the Risk Assessment Tool
 - New page to move from Family Assessment path to the Investigation path including the reasons for the path change
 - Changes to the Investigative Assessment (IA) to bring in the Family Assessment path (if the path changes)
 - Changes to the IA and/or the appeals pages to allow for the creation of a founded finding on Family Assessment responses

- Changes to the Chronicity Indicator page and logic in FamLink.
- NCANDS mapping changes.
- Changes to the Law Enforcement referral/report.
- Up to four new forms/documents: intake, family assessment, safety assessment and risk assessment.

The enacted 2012 Supplemental budget provides \$1,232,000 in total funds to cover the cost of modifications to the automated child welfare information system.

Section 16: Provide a narrative description of the Title IV-E agency's capacity to effectively use the waiver demonstration authority under Section 1130 of the Act to conduct a demonstration project by identifying changes the Title IV-E agency has made or plans to make in policies, procedures, or other elements of the agency's child welfare program that will enable the Title IV-E agency to achieve the goal or goals of the project.

Through state investments, the building of collaborative relationships, and the use of data to inform decisions and develop services, Washington State has demonstrated it is ready to improve outcomes for children and families with the authority of a Title IV-E demonstration waiver.

With significant state investments over several years, Washington State has been engaged in a system-wide child welfare reform that has yielded measurable results for children and families. Some of these investments include additional case management resources; implementation of a new practice model, Solution-Based Casework, which has changed how social workers engage children and families; and implementation of a new statewide automated child welfare information system to support child protective and child welfare staff and services.

These investments have made measureable improvements in the well-being of children and families. A few of those improvements include:

- Increased frequency of home visits,
- Improved engagement of relatives and use of kinship care,
- A decrease in the number of children in out-of-home placements,
- Reduced length of time children are in out-of-home placements,
- Increased graduation rates and school stability, and
- A focus on addressing the health and mental health needs of children and families.

In addition to state investments, Washington State recognizes the importance of collaborative relationships in the development of a community based system of care. Examples of collaborative relationships include:

- The Center on the Developing Child at Harvard University selected Washington State to be the first state to collaborate in their Frontiers of Innovation initiative, which aims to embed the science of early childhood development across programs, practice, and policy and strengthens the multi-agency, cross-system collaboration among the Washington State Departments of Social and Health Services, Health, Early Learning, and Health Care Authority.
 - Washington State has formalized an early childhood orientation within DSHS. Within CA, we are focusing on bringing to life an alignment of the early child orientation with day to day child welfare decisions for young children involved in the child welfare system.
- Casey Family Programs also has made a significant investment in early childhood development through a recent commitment of funding for three years to focus specifically on implementing an early childhood orientation throughout child welfare. This effort will impact day to day decision making regarding the most vulnerable children and families and will build on existing efforts to provide education about ACEs and resilience to provide a common language, common understanding, and strong foundation for generating collaborative solutions to child and family problems at multiple points in the system. This new investment will assist the CA in applying what we know about early childhood development to what we do by aligning child welfare policy and practice with research on early brain science. We see these partnerships as significant resources of support for our overall reform efforts and as clear demonstration of our readiness to make significant improvements in our system.
- Children’s Administration has a strong partnership with the Washington State Health Care Authority (HCA) and other DSHS administrations to coordinate oversight of Medicaid-funded health care services including use of psychotropic medications for children in foster care. We have worked together since 2004 to develop and implement programs that promote safe prescription of mental health medications and psychotropic drugs for children receiving child welfare services. As a part of this effort HCA has established prescription protocols that safeguard foster children by flagging “too many, too young, and off label” practice by requiring consultation with a child psychiatrist prior to either the continuation or refilling of identified prescriptions.
- The Fostering Well-Being (FWB) program within DSHS provides health care coordination services for foster children with complex health and mental health issues including prescription medication oversight. FWB partners with CA and HCA to identify ways to improve well-being outcomes for foster children. Additionally there are six part-time

DSHS has demonstrated its capacity to **leverage statewide partnerships** to implement large-scale child welfare reforms that result in improved outcomes for children and families.

pediatricians who provide consultation and support to social workers and FWB staff concerning the health care needs of children in foster care.

- In November 2011, CA contracted with the University of Washington Evidence Based Practice Institute for the explicit purpose of increasing program, fiscal, and service effectiveness for the evidence-based programs currently offered to children and families of the child welfare system. Toward that end, four specific goals have been defined: 1) support social workers in accessing the evidence-based programs that best fit the needs of families; 2) provide data-informed recommendations to improve the effectiveness and availability of services; 3) conduct research to improve the outcomes; and 4) implement quality evidence-based practice training and fidelity monitoring by certified model experts.
- The Children's Administration, the University of Washington, and the Eastern Washington University Schools of Social Work joined forces to create the Washington State Alliance for Child Welfare Excellence. This alliance will integrate research and evaluation with child welfare training and social work education to achieve continuous improvement of services to children and families involved in the child welfare system.
- Partners for Our Children (POC) is a collaboration among DSHS, the University of Washington School of Social Work, and the private sector committed to making positive changes in the child welfare system. Through our partnership, we objectively examine key issues that affect children and families involved with the Washington State child welfare system. POC provides outcome data, research, policy analysis, and implementation support to Washington State's child welfare leaders and policy makers.
- The Children's Administration partners with twenty-nine federally recognized tribes to address all areas of child welfare practice. In May 2011, the Washington State Indian Child Welfare Act was enacted and strengthens the commitment of the state in protecting essential tribal relations and the best interests of Indian children.
- Washington State has an active youth advisory board called Passion to Action. This board includes current and former foster youth who inform the department on all aspects of policy and practice that affect their lives.
- The Children's Administration has an active parent advisory committee called the Washington State Parent Advocacy Committee (WSPAC). Members of WSPAC are veteran parents who have successfully navigated the child welfare system and who want to work collaboratively to improve the system. Veteran parents are involved in a network of local Parent Advocacy Committees and gather quarterly at WSPAC meetings to bring the parent voice into the development of child welfare policy and practice; to promote improved and equitable outcomes for all children and parents regardless of their race, gender, or circumstance; and to advocate for parent leadership in the direct

service, training, and public awareness activities that strengthen and support families involved in the child welfare system. Veteran parents sit on local advisory committees, participate in Family Team Decision Making (FTDM) meetings, and provide mentoring and support to parents entering the child welfare system. At the statewide level, veteran parents consult with policy makers on key policy issues including the CA Practice Model, FAR, father involvement, background checks, FTDM, and performance based contracting for services.

- The Children’s Administration has a strong and strengthening relationship with Washington State’s housing authorities. In 2010, this relationship allowed them to agree on a statewide Memorandum of Understanding that made the state’s housing authorities notably successful in that year’s national competition for FUP vouchers. The collaboration with the housing authorities that is set forth in this waiver application will strengthen that relationship significantly. Significantly, with this waiver application, that collaboration now extends to include private nonprofit providers of housing.

Each of these partnerships serves as an example of the strong, collaborative network of individuals and organizations that support and serve children and families in Washington State. Many of these organizations have submitted letters of collaboration and support in section 19 of this proposal. Washington State has approached the Title IV-E waiver opportunity from within this network, drawing from strong partnerships to develop an effective platform for reform.

DSHS began planning for a Title IV-E waiver immediately upon the passage of the Child Welfare Innovation and Improvement Act. Co-chaired by the Washington State House of Representatives Chair for the Early Learning and Human Services Committee and the DSHS Assistant Secretary of the Children’s Administration, a statewide advisory committee was convened in December 2011 and has continued to meet throughout the spring. The Waiver Advisory Committee includes representatives from community service providers, tribal governments, local housing authorities, staff and members of the legislature, foster parents, foundations, foster care alumni, attorneys who represent parents and foster care youth, veteran parents, and institutes of higher education. This group has been tasked with advising DSHS on how CA can leverage the Title IV-E waiver opportunity to make substantial, meaningful improvements in the outcomes of children and families in Washington State.

At the first Waiver Advisory Committee meeting, CA shared the following Guiding Principles for the Title IV-E waiver, which have provided a foundation for Washington State’s waiver planning:

- Maintain children and adolescents safely in their own homes, to safely prevent out-of-home removal and placement
- Safely reduce out-of-home care placements
- Shorten time to permanency for children and adolescents

- Stabilize family after reunification to reduce re-entry into care

Washington State has also developed collaborative relationships with research partners so that data can be used to inform decisions and improve outcomes for children. Some examples of the body of data developed include:

- *Integrated Client Database (ICDB)*: As indicated above, the DSHS ICDB is a longitudinal client database containing over a decade's worth of detailed service history, risks, costs, and outcomes. ICDB supports cost benefit and cost offset analyses, program evaluations, operational program decisions, geographical analyses, and in-depth research.
- *Adverse Childhood Experiences (ACEs)*: Washington State has a body of data, unique in the nation, which includes indicators of intergenerational transmission of ACEs and resilience. In 2009, Washington State became one of the first states to add ACE questions to the Behavioral Risk Factor Surveillance System survey, a random statewide telephone survey of adults across Washington State. The survey questions were repeated in 2010 and 2011, giving Washington State a large enough sample to look at reported ACE prevalence across counties and cities.

Education about ACEs and resilience has also been provided and delivered to educators, social workers, justice professionals, emergency management professionals, foster parents, and others to give them a common language, common understanding, and strong foundation for generating collaborative solutions to child and family problems.

- *Education Research and Data Center (ERDC)*: Washington State has established ERDC to combine and integrate information from early learning, K-12, and higher education programs with the goal of conducting analyses and sharing information about education issues across the P-20 system. CA has access to this combined information through a partnership with the Washington State Institute for Public Policy (WSIPP) and through a database under development within DSHS that will integrate social service data with education data from the ERDC. This will allow CA to analyze the educational outcomes and well-being of children served by the child welfare system. Examples include early childhood development program attendance, grade progression, academic progress, graduation rates, and college attendance and completion.
- *Predictive Risk Intelligence System (PRISM)*: PRISM is a decision support tool designed to support care management interventions for high-risk Medicaid patients. The tool identifies clients of most need of comprehensive care coordination based on risk scores developed through risk modeling. It integrates information from medical, social service, behavioral health, and long-term payment and assessment data systems and serves over 400 users within 60 distinct population groups.

- *Washington State Child Well-Being Data Portal:* Partners for Our Children is currently working with CA and DSHS, with support of private philanthropy, to create a web-based data portal that will provide direct public access to child welfare performance data. POC is partnering with DSHS to harness valuable information from the DSHS Integrated Client Database (ICDB) to better understand the health, mental health, and economic service needs of vulnerable children and families who come to the attention of the child welfare system. The website will include performance measures and data to track child level outcomes, critical systems measures, and program effectiveness measures.

These data sets are currently used to improve and enhance the quality of services Washington State provides to children and families and to allow Washington State to assess the value and effectiveness of current practice. DSHS will leverage these data sets and use data analytics to evaluate services and outcomes through the course of the waiver demonstration project.

Section 17: Identify the steps taken to assure county, local, Tribal and/or judicial cooperation as required by the project. Supply a copy of letters or memoranda of agreement between the title IV-E agency and any county, municipality, Tribe or tribal organization, foundation, private agency or any other governmental organization that is to be a participant in the child welfare demonstration project.

In an appendix to the proposal, we have included a copy of a preliminary commitment to a memorandum of understanding between DSHS and 17 participating public housing authorities and other housers of Washington State creating a child welfare services and housing collaboration. This commitment is preliminary pending the grant of this waiver, among other contingencies. This memorandum will be leveraged to provide housing support and housing to children and families served by Children’s Administration. In addition, we have included letters of collaboration and support from a wide range of partners who will be critical to the success of FAR.

Section 18: Describe how the proposed project responds to the findings of the State’s Child and Family Service Review and how it will affect implementation of the State’s CFSR PIP.

This waiver project will enhance Washington State’s ability to advance child welfare practice in areas identified as needing improvement in our 2010 Child and Family Services Review. Primarily, the waiver project will support improvements in the area of Well-Being Outcome 1, “Families have enhanced capacity to provide for children’s needs.” Only 41.5 percent of the cases reviewed were rated as having substantially achieved in this area.

The waiver project will increase Washington State’s practice in assessing and providing services and concrete supports to meet the needs of children and families and prevent out-of-home

placement, whenever it is safe to do so. It will also better support engagement with child and families which is another component of this outcome.

The one area rated as needing more improvement than Well-Being Outcome 1 was Permanency Outcome 1. Washington State will continue to strive to improve permanency and stability for children through the strategies included in our Program Improvement Plan. These strategies include expanding Permanency Roundtables, implementing Unified Home Studies, and working with our partners in the Administrative Office of the Courts and the Attorney General's Office to improve timeliness of dependency processes. We do not foresee any negative impact on the implementation of our Program Improvement Plan which extends to September 30, 2013.

Section 19: Describe any court order in effect anywhere in the State by which a court has determined that the State's child welfare program failed to comply either 1) with State child welfare laws or 2) with Title IV-E, Title IV-E or the U.S. Constitution, along with an analysis of whether the proposed demonstration project would have any effect on any such court order, and if so, how.

No court has determined that Washington State's child welfare program has failed to comply with state child welfare laws, or with Title IV-B, Title IV-E or the United States Constitution.

Description of Court-Approved Settlement

Washington State is a party to a court-approved settlement agreement of a class action that alleged constitutional violations of the State's foster care system. The initial version of the settlement was signed in July 2004, after the State Supreme Court vacated an order of injunction against the Department and remanded the lawsuit for new trial. See *Braam v. Dep't of Soc. & Health Svcs.*, 150 Wn.2d 689, 81 P.3d 851 (2003). The agreement was revised in October 2011 and was again approved by court order.

The class of children affected by the *Braam* settlement agreement is limited to children who are in the custody of the Department of Social and Health Services and who are placed in out-of-home care. The renewed settlement exit agreement includes 21 outcomes related to foster care services:

The Outcomes are measured according to specific data or reviews, with performance reports provided by the Department every six months. Full compliance of an outcome measure is achieved when the measure is met for 18 consecutive months. The parties anticipate that the agreement will end December 31, 2013.

Analysis of Impact of Proposed Demonstration Project

Washington State's proposed demonstration project would not have a direct effect on the *Braam* settlement. The demonstration project – implementing a differential response to allegations of child abuse or neglect – is intended to provide supports and services needed to keep children who are alleged to be abused or neglected safely in their own homes. A purpose of the project is to prevent and reduce out-of-home placements.

Because the class of children subject to the settlement agreement includes only children who are in foster care, the proposed demonstration project would not affect the Department's efforts or ability to comply with the settlement agreement.

Section 20: Describe methods used to obtain public input, a summary of comments received and how public input shaped the development of the proposal.

DSHS formed a statewide Advisory Committee to help shape and inform Washington State's Title IV-E waiver application in December 2011 when the possibility to apply was first announced. Approximately 30 representatives from a diverse group of leaders that represent children and families in Washington State were asked to participate in a process to provide input to help shape the focus and direction of Washington State's Title IV-E demonstration project. The committee worked to ensure that 1) the project reflects Washington State's priorities and values, 2) the project is an accurate reflection of the work in Washington State, 3) the project incorporates the feedback and ideas of a broad group of stakeholders, and 4) there is ownership and consensus for Washington State's child welfare reform effort. Advisory Committee members include State Legislators, tribal representatives, private foundations, nonprofit leaders, foster alumni, foster parents, housing authorities, representatives of the courts, representatives of government agencies, and child and family advocates. (See below for a complete list of Advisory Committee members). Advisory Committee meetings were conducted by a neutral, privately-funded facilitator.

The Advisory Committee met in person five times between December 2011 and June 2012, and had several scheduled conference calls. All Advisory Committee meetings were open to the public and included time on the agenda for public comment, and all materials were posted on the DSHS website.

The Advisory Committee went through a process of learning more about Title IV-E funding, including how Washington State currently uses its Title IV-E funding, the allowable uses of Title IV-E funding, required goals and outcomes of the Title IV-E waiver, and how other jurisdictions have previously used waivers to improve outcomes for children. Simultaneously, the Advisory Committee was asked to prioritize potential uses of a Title IV-E waiver in Washington State,

continually refining a list of potential priorities as more information was learned about the Title IV-E waiver. Through this process, the following interventions were recommended by the Advisory Committee for consideration in the Title IV-E waiver application:

Consensus Priorities:

- Focus on very young children, which represent a high % of children in out-of-home care
- Use of Family Assessment Response (FAR)
- Focus on cross-systems efforts

Common Priorities:

- Focus on disproportionality; ensure impacts of intensive programs on targeted populations
- Ensure alignment with legislative reform efforts
- Focus on evidence-based programs
- Programs that speed up time to permanency
- Programs that prevent re-entry
- Programs for adolescents

The full list of ideas brainstormed by the committee is below:

- Align with legislative reform efforts
 - Family Assessment Response (FAR)
 - Alignment with PBC
 - Use of evidence-based programs
- Cross-System Efforts - Expand connections to Public Health, early learning, housing, K-12, and the courts
- Veteran Parenting Programs
- Permanency - Focus on reunification efforts
- Expand current pilots to statewide efforts
 - Expand tribal workgroup pilot
 - Expand Tables of 10
 - Expand Permanency Round Tables
- Housing Programs
- Permanency - Housing for Older Youth
- Parent Representation Program
- Foster Liaisons in Schools
- Transition to Adulthood Support
- Permanency - Engage with extended family
- Prevention of Re-Entry - Ongoing Parenting Support
- Prevention of Re-entry - In-Home Services
- GLBT Programs
- Prevention of Re-entry - Community supports for families
- Focus on Disproportionality/Tribes
- Focus on 0-5 population - Neglect issues
- Focus on 0-5 population - Targeted Programs for Parents around substance abuse, domestic violence
- Focus on 0-5 population - Prevention to initial entry into the system
- Focus on 0-5 population - Infant/Toddler Mental Health Programs
- Permanency - Older Youth

During the application development process, DSHS invited Advisory Committee members to participate in gathering information and research on the recommended interventions in order to ensure that all relevant information was included in the analysis used for developing Washington State's application. The following questions were analyzed for each intervention, and Advisory Committee members were able to provide this information on specific interventions:

- Description of the intervention
- What is the specific area of focus for the intervention?
- Has the intervention been implemented? Where?
- What population is being targeted?
- Does evidence exist to support that the intervention reduces out-of-home care? What is the evidence (facts and figures)?
- Is the intervention an evidence-based practice?
- Are the results measurable? (if already measured, submit facts and figures)
- Does the intervention maximize partnerships and leverage community involvement?
- How are outcomes tracked?
- What are the costs to implement?

In addition to the research on specific interventions conducted by DSHS, additional members of the Advisory Committee compiled research to include in the application development process:

- Brett Ballew, Washington State Office of Public Defense
- Justice Bobbe Bridge, Center for Children & Youth Justice
- Sangree Froelicher, Thrive by Five Washington
- Therese Grant, Ph.D, University of Washington
- Margaret Hobart, Washington State Coalition Against Domestic Violence
- Representative Ruth Kagi, 32nd Legislative District
- Marna Miller, WSIPP
- Michael Mirra, Tacoma Housing Authority
- Roberta Nestaas, Lutheran Community Services
- Nancy Roberts-Brown, Catalyst for Kids
- Mary Stone-Smith, Catholic Community Services

All of this information was compiled for the purpose of evaluating each intervention's impact on child welfare outcomes and its waiver readiness, and the results of this evaluation process were shared with the Advisory Committee for discussion.

A draft of Washington State's full Title IV-E waiver proposal was shared with the committee for feedback, and conference calls were scheduled to discuss Washington State's final application in advance of its submission.

Washington State's Title IV-E Waiver Advisory Committee	
Co-Chairs	
State Representative Ruth Kagi	32nd Legislative District
Denise Revels Robinson	Assistant Secretary, Children's Administration
Committee Members	
Justice Bobbe Bridge	Center for Children & Youth Justice
Deonate Cruz	Foster Youth Alumni
Ben de Haan	Partners for Our Children
Nancy Dufraine	Tribal Representative, Chehalis Tribe
Sangree Froelicher	Thrive by Five Washington
Elizabeth Griffin Hall	Foster Parent
Gwen Gua	Tribal Representative, SPIPA
Senator Jim Hargrove	24th Legislative District
Sheila Huber	Attorney General's Office
Brenda Lopez Kauffman	Veteran Parent
Jeanine Livingston	Washington Federation of State Employees
Maureen McGrath	Catholic Family & Child Services
Mary Meinig	Office of the Family and Children's Ombudsman
Kollin Min	Bill & Melinda Gates Foundation
Michael Mirra	Tacoma Housing Authority
Joanne Moore	Office of Public Defense
Ron Murphy	Casey Family Programs
Roberta Nestaas	Lutheran Community Services
Sharon Osborne	Children's Home Society
Dru Powers	Foster Parent
Nancy Roberts-Brown	Catalyst for Kids
Janet Skreen	Administrative Office of the Courts
Andi Smith	Governor's Policy Office
State Senator Val Stevens	39th Legislative District
Mary Stone-Smith	Catholic Community Services
Jim Theofelis	Mockingbird Society
Casey Trupin	Columbia Legal Services
State Representative Maureen Walsh	16th Legislative District

Section 21: Provide an assurance that the Title IV-E agency provides health insurance coverage for all special needs children for whom the Title IV-E agency has entered into an adoption assistance agreement (including those not supported by Title IV-E funds).

The Department administers two adoption support programs: (1) A state program, funded entirely by state tax dollars, and (2) A Title IV-E program that is subsidized in part by federal tax dollars and in part by state tax dollars. The state law governing the adoption support program is RCW chapter 74.13A. The agency rules governing administration of the program are set out in WAC 388-27-0120 through –0390.

Eligibility under the programs differs, but the benefits under both programs are the same. One of those benefits is medical assistance through Medicaid. Another is payment for counseling services. WAC 388-27-0255.

Under Department regulations, the adoption assistance agreement must include a statement that medical assistance through Medicaid is provided under the agreement. WAC 388-27-0175.

The Department’s Adoption Support Agreement template provides this statement:

All children who participate in the adoption support program are eligible for medical assistance through Medicaid. If the family resides outside of Washington State and is receiving Federal IV-E Adoption Assistance benefits, Medicaid is paid by the state of residence. If the child is not eligible for Federal IV-E Adoption Assistance benefits Medicaid will be provided directly from Washington State or the state of residence if that state has reciprocal Medicaid coverage. Medicaid benefits included in Washington State’s Medicaid Plan but excluded or limited by the resident state’s Medicaid Plan remain available through Washington State’s Medicaid program.

The Department provides for medical assistance under the Interstate Compact on Adoption and Medical Assistance (ICAMA). RCW 74.13A.090 through .125.

Key statutory and regulatory provisions governing insurance coverage for special needs children who have an adoption assistance agreement are the following:

RCW 74.09.510(2) Medical Assistance – Eligibility

Medical assistance may be provided in accordance with eligibility requirements established by the [Health Care Authority], as defined in the social security Title XIX state plan for mandatory categorically needy persons and: . . .

(2) Individuals who are under twenty-one years of age, who would be eligible for medicaid, but do not qualify as dependent children and who are in (a) foster care, (b) subsidized adoption, (c) a nursing facility or an intermediate care facility for persons with intellectual disabilities, or (d) inpatient psychiatric facilities; . . .

WAC 388-505-0210

Funding for coverage under the apple health for kids programs may come through Title XIX (Medicaid), Title XXI (CHIP), or through state-funded programs. There are no resource limits for the apple health for kids programs. Apple health for kids coverage is free to children in households with incomes of no more than two-hundred percent of the federal poverty level (FPL), and available on a premium basis to children in households with incomes of no more than three-hundred percent FPL. . . .

(10) Children who receive subsidized adoption services are eligible for federally matched [categorically needy] coverage.

Section 22: Identify which of the Child Welfare Program Improvement Policies identified in section 1130(a)(3)(C) of the Act the Title IV-E agency has implemented or intends to implement within three years of the date on which the Title IV-E agency submits its application or two years after the Department approves the demonstration (whichever is later). At least one of the child welfare program improvement policies to be implemented must be a policy that the Title IV-E agency has not previously implemented as of the date on which is submits an application to conduct the demonstration project.

Children’s Administration recently implemented the Extended Foster Care program that allows youth between the ages of 18 and 21 to remain in foster care to complete their education. This program supports #4 in the Child Welfare Program Improvement Polices identified in section 1130(a)(3)(C) of the Act. In 2011, the Washington State Legislature created the legal foundation for youth to remain in care after their 18th birthday, this became known as the Extended Foster Care program. Through the Extended Foster Care program, youth can remain in a dependency from age 18 to 21. Washington State implemented this legislation in two phases. The first phase of this legislation passed in 2011 and targeted youth who have not completed their secondary education or an equivalency program by the time they turn 18 years old. The second phase enacted during the 2012 session, allows youth to remain in care to complete a post secondary education or vocational program.

Building on the implementation of the Extended Foster Care program, Children’s Administration has selected #9 in the Child Welfare Program Improvement Polices identified in section 1130(a)(3)(C) of the Act as the policy it intends to implement in the near future. Children’s Administration will begin planning efforts for implementing policy and procedures to ensure foster youth over the age of 16 are engaged in discussions, including during the development of the transition plans, about the child’s wish to reconnect with his/her biological family. These policies and procedures will include providing guidance and services to assist these youth to successfully achieve their goal of reconnecting with biological parents.

Appendix: Letters or memoranda of agreement

On the following pages please find letters of support and cooperation from the following parties, as well as a signed Memorandum of Understanding regarding the DSHS housing vouchers and support services program.

- Washington State Delegation to the United States Congress
- Washington State Senator James Hargrove
- Washington State Representative Ruth Kagi
- Washington Courts Superior Court Judges' Association
- University of Washington Evidence Based Practice Institute
- The Bill and Melinda Gates Foundation
- Casey Family Programs
- Harvard University Center on the Developing Child
- Partners for Our Children
- Washington State Parent Advocacy Network
- Washington State Disproportionality Advisory Committee
- Indian Policy Advisory Committee
- Children, Youth and Family Services Advisory Committee

- Child Welfare Services and Housing Collaboration Memorandum of Understanding