



Report to the Legislature

Child Welfare and Early Learning Partnerships

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Washington State Department of
Early Learning

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Introduction

House Bill 2519, sponsored by Representative Tana Senn, was passed during the 2014 legislative session and signed into law by Governor Jay Inslee. HB 2519 directs the Department of Early Learning (DEL) and the Department of Social and Health Services (DSHS) to jointly develop recommendations on methods to “better partner to ensure children involved in the child welfare system have access to early learning services and developmentally appropriate child care services and report these recommendations to the governor and appropriate legislative committees.” ([See the full bill language](#))

In developing the content for this report, Department of Early Learning and Department of Social and Health Services staff conducted interviews with stakeholders. The stakeholders included philanthropic and non-profit organizations, advocacy groups, early learning providers and Children’s Administration veteran parents. There was consensus about the importance of high quality early learning environments for all children, but especially for children involved in the child welfare system. Stakeholders echoed the same areas of success detailed in the report and urged DEL and DSHS to continue to look for or create more opportunities for linkages and collaboration. There was agreement on the importance of cross sector, cross agency trainings on child development, parent engagement and available resources. Veteran Parents credited peer-mentoring as one of major reasons they were able to successfully regain custody of their children. One veteran parent called a peer-mentor a “culture navigator.”

For the purposes of this report:

- DEL and DSHS are defining “children involved in the child welfare system” as both children involved in Child Protective Services programs [Family Assessment Response (FAR) and investigations] and children involved in Child and Family Welfare Services.
- DEL and DSHS are defining “early learning services and developmentally appropriate child care services” to include home visiting offered through the Home Visiting Services Account; child care subsidy programs; the Early Childhood Education and Assistance Program (ECEAP), and the Early Support for Infants and Toddlers (ESIT) program.

Staff from DEL and DSHS met multiple times during the summer and fall of 2014 to discuss what is working well in linking children involved in the child welfare system with early learning services, and how we can improve our communication and collaboration on behalf of these children. Staff also spoke with early learning advocates and veteran parents from the child welfare system to get their perspective on what is working well and what could be improved.

This report articulates successes, challenges and opportunities for DEL and DSHS in providing children involved in the child welfare system with high-quality early learning services.

About Child Protective Services and Child Welfare Services

In 2012, the Legislature passed Senate Bill 6555, which required the DSHS Children's Administration to implement a new differential response system for accepted reports of child abuse and neglect. This alternative pathway is designed for families who have a low to moderate risk of future child maltreatment. In Washington, our differential response system is called Family Assessment Response (FAR).

When a report of child abuse or neglect is screened in for investigation, Children's Administration responds with a Child Protective Services (CPS) investigation or FAR intervention. Serious physical abuse, sexual abuse, and high-risk neglect intakes will continue to be assigned to the investigative pathway.

Both CPS programs connect families who come to the attention of the Child Welfare system with services to address the family's needs, without regard for income. These services may include housing assistance, home support services, child care, foster family care, financial and employment assistance, parent aides, mental health services, parenting classes and more.

Family Assessment Response (FAR) provides a comprehensive assessment of child safety, risk of subsequent child abuse or neglect, family strengths and needs. No subject is named and no findings are made. FAR emphasizes engagement and collaboration to thoroughly assess and target service needs. Based on the assessment, the FAR worker, in partnership with the family, identifies and accesses resources and services to increase parental capacity, reduce risk of child abuse and neglect, and keep children safely at home. Families are better able to care for their children when their needs are met and when they have strong community connections. This approach builds upon identifying the strengths of a family and using those strengths to build a collaborative relationship. FAR workers receive additional training and support to allow them to successfully identify these strengths and to work in this new way with families.

Children's Administration began implementing FAR in the Spokane, Aberdeen and Lynnwood offices on January 1, 2014. Between 60 and 65 percent of families about whom CPS allegations were made in these offices received a FAR response ([July 2014 FAR progress report](#)). In July, six additional offices began implementing the FAR pathway. Children's Administration will continue to expand the FAR intervention across the state in quarterly implementation intervals. Between January 1, 2014 and September 30, 2014, Children's Administration has responded to 1,644 FAR intakes (Source Data: FamLink 10/7/14).

The Child and Family Welfare Services (CFWS) program in Children's Administration provides services to children and families who are under court supervision to mitigate abuse and neglect issues. Typically, these children have been removed from the family home and are in the foster care system. The focus of CFWS is to achieve a permanent plan and placement for these children as soon as possible. CFWS social workers use the solution-based casework framework, which supports family-focused practice. This framework offers a blend of problem-focused relapse prevention approaches and solution-focused models from family systems casework. The framework allows for situation-specific/individualized plans, takes into account primary recovery and relapse prevention goals and starts building on family strengths within the model.

Home Visiting:¹

About home visiting

Home Visiting is a proven strategy for supporting families and their young children. Either before their child's birth or in their child's first few years of life, families are voluntarily matched with trained professionals who provide information and support related to children's healthy development, the parent-child relationship and the importance of early learning. Research shows that in a child's brain development, this early time is critical to later success in school and life.

Home Visiting has a long history in Washington. Communities, in partnership with public health, education and social and health services, have been providing relationship-based home visiting services for many years. Decades of research showing that home visiting is effective prompted recent key state and national work:

- Home Visiting was prioritized in our state's **Early Learning Plan** and as a key strategy to support infants and toddlers in our state's **Birth to Three Plan** (required in **House Bill 2867**), both developed in 2010.
- The Legislature established a Home Visiting Services Account (HVSA) in the 2010 supplemental state operating budget (**SB 6444**) to leverage and match public and private dollars to support home visiting services and infrastructure. The HVSA is overseen by the Department of Early Learning (DEL) and Thrive WA administers the programs funded through the HVSA. Thrive also matches and leverages public and private funds through the unique structure of HVSA. The account supports a portfolio of program models including evidence-based, research-based and promising practices.
- The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was established through the Affordable Care Act. It is coordinated by the Department of Health and Human Services Health Resources and Services Administration (HRSA). DEL oversees this work in partnership with Thrive and the Washington departments of Health and Social and Health Services. A state formula grant and competitive expansion grant has brought federal resources to fund evidence-based home visiting programs through high-risk communities.

The HVSA has capacity to reach about 2,000 families per year in various communities across the state, with the location of HVSA funded services identified by **county**.

Thrive by Five programs funded by the HVSA include evidence-based, research-based, and promising practice **models**.

There are additional home visiting services not funded through the HVSA in many counties. These include: First Steps (Washington State Health Care Authority, or HCA); Early Head Start-Home Based (offered in many locations with direct federal to local funding); Parent Child Assistance Program (DSHS Division of Behavioral Health and Recovery); Safe Babies, Safe Moms (DSHS Division of Behavioral Health and Recovery); and Early Steps to School Success.

¹ For additional information, refer to: Mbajah and Ashley, "Free Evidence-Based and Promising Practice Home Visiting and Center-Based Early Childhood Programs." (30, April 2013) Retrieved from <https://sharepoint.washington.edu/ACWE/InService/Baby%20101/ECIT014.pdf>

What's working well in home visiting/child welfare linkages and coordination

During the last year, DEL and Children's Administration staff have developed collaboration/communication structures, enhanced availability of information on home visiting services, provided staff training, and supported community efforts to better link families involved in FAR with local home visiting services.

Successes:

- Children's Administration has developed a referral tool for social service specialists that includes home visiting programs. FAR workers have ready access to home visiting information. This is used to assess family interest and match families to appropriate services. Children's Administration, in collaboration with Children's Home Society, also developed a document about home visiting services for staff to use as reference tool. See Appendix A.
- Children's Administration provides training to staff (prior to implementing FAR) that includes topics such as: **HB 2519**, child development (typical and atypical), and community-based services (including home visiting and ESIT).
- In addition to specific work in FAR, Children's Administration is also targeting newly reunified families with home visiting services or other community-based services that meet family needs and are not funded directly by Children's Administration.
- DSHS is a key partner in the home visiting management structure:
 - Home Visiting Leadership Forum: The DSHS Secretary joins leaders from DEL, DOH, HCA and private partners to provide annual guidance and strategic direction for home visiting work.
 - Home Visiting Partnership Group: Children's Administration participates in this group to support the development of a coordinated, high-quality system of home visiting to meet needs of families. This group meets quarterly to identify opportunities to link across programs and communities with a focus on strong outcomes for children and families.
- Thrive, DEL's private partner, contracts with and supports Local Implementing Agencies (LIAs) to provide home visiting services. Thrive gathers data from programs on how they work with child welfare partners and families involved in FAR and other child welfare pathways. This information is included in the capacity assessment and is used in planning for implementation and services for priority populations.
- Since implementation of HB 2519, the first round of child welfare focused reflection/planning was completed for home visiting sites funded on the state and federal fiscal year cycle. Sites that are funded on the calendar year will complete this process in 2015.
- Local home visiting programs reported various approaches to formal and informal partnerships with their local child welfare partners. Some have developed specialized referral pathways, others are participating in the DSHS lead goals and planning with families, and others participate in regional collaboratives.

Challenges and proposed solutions

- There needs to be a mechanism for voluntary home visiting programs to better track engagement and completion of services for children who are involved with Child Welfare but are not in out-of-home care. The data systems and IT infrastructures for these two efforts are not linked or integrated. Children's Administration does not track engagement in or completion of services for families who do not have an open case.
- DEL and Children's Administration discussed exploration of referral pathways for pregnant moms who do not qualify for Children's Administration services. Children's Administration often receives information on women who are alleged to be using substances during pregnancy. Children's Administration is unable to intervene in cases where the fetus is still in utero. Children's Administration forwards these intakes to Economic Services Administration for possible intervention by First Steps. Once the referral is made, Children's Administration does not have the authority to follow up to ensure enrollment and engagement in First Steps services. A referral pathway for first-time pregnant women to Nurse Family Partnership or other home visiting programs that serve women prenatally needs to be developed.
- There is interest in continuing to evaluate and support retention of families with their consent in services beyond their involvement with FAR and other CA programs. This includes using safety nets provided in the community, such as home visiting that exceeds the 45-90 days when CPS cases are open. Children's Administration is unable to track, evaluate or support families participation in services once their case is closed.
- There is interest in improving support for shared training and professional development opportunities in communities. This includes supporting home visitors gaining knowledge of rules and regulations associated with FAR and other Children's Administration related programs, and the ongoing support of Children's Administration staff in understanding the home visiting interventions in a community to support participation.
- Finally, there is interest in building or enhancing participation of child welfare staff and families who navigate these systems in their local early learning coalition planning efforts.

Child care subsidies

About child care subsidies

DEL is responsible for setting policy relating to:

- Working Connections Child Care (WCCC): Child care subsidies to help families pay for child care, allowing them to work, attend training, or enroll in educational programs.
- Seasonal Child Care: Child care subsidies for parents who participate in seasonal agricultural-related work.
- Homeless Child Care: Short-term child care subsidy for homeless families not eligible for other child care subsidy programs.

DEL contracts with the DSHS Economic Services Administration Community Services Division (CSD) to determine family eligibility in the WCCC and Seasonal Child Care programs. CSD also makes subsidy payments to child care providers.

Provider rates are determined by the child's age, where the child lives, the amount of care needed and the type of provider used.

The majority of the children we serve fall into the first three categories:

- Child Protective Services child care: Child care subsidy for families who need support as part of their CPS case plan.
- Child Welfare Services child care: Child care subsidy for families who need support as part of their Child and Family Welfare Services case plan.
- Employed foster parent child care: Child care subsidy for foster parents who are employed.
- Seasonal child care: Child care subsidy for parents who participate in seasonal agricultural-related work.
- Teen parent child care: Child care subsidy for parents who are 21 or younger.

Children's Administration's child care programs share the same subsidy guidelines and rates as WCCC. However, eligibility criteria and the special needs determination process for Children's Administration childcare differ from WCCC. Approximately 60 percent of children in foster care between the ages of birth to three are enrolled in licensed child care.

What's working well in child care linkages and coordination

- A key success is that the Children's Administration subsidy programs and guidelines mirror WCCC, so there is consistency where appropriate among programs.
- Children's Administration is able to expedite services when a child is placed in foster care or relative placement as a way to secure or stabilize a placement.

Challenges and proposed solutions

- Children’s Administration and WCCC staff continue to collaborate to ensure a seamless transition between programs for shared families. The two agencies should consider transition planning for families who need support paying for childcare. Planning will address issues of eligibility while promoting stability and continuity of services for children, parents, and providers.
- Providers often have multiple invoices based on eligibility and needs of each child and family. This is confusing and time consuming for providers and increases the likelihood of overpayment issues.
- We need to improve communication between Children’s Administration, CSD and DEL on program changes so policies can be better aligned. It is recommended that Children’s Administration, CSD and DEL meet monthly on subsidy-related issues, overpayments, program changes and establish clear points of contact for questions and clarifications. These meetings will get Children’s Administration, DEL and ESA closer to making transitions between programs seamless and eliminating confusion for parents and providers.

Early Support for Infants and Toddlers (ESIT)

About Early Support for Infants and Toddlers

DEL's Early Support for Infants and Toddlers (ESIT) program provides services to children birth to age 3 who have disabilities or developmental delays. Eligible infants and toddlers and their families are entitled to individualized, quality early intervention services in accordance with the federal Individuals with Disabilities Education Act (IDEA), Part C.

Early intervention services may include but are not limited to: specialized instruction, speech therapy, occupational therapy, and physical therapy.

About 6,000 infants and toddlers are served through ESIT at any given time.

Children's Administration is an identified screening and referral mechanism for ESIT. Children are screened and identified for referral through Child Health and Education Tracking (CHET). Children under the legal authority of Children's Administration who are expected to remain in care for 30 days or more receive a well-being screening:

- Children from birth to three months of age are screened using the DENVER II Developmental Screen.
- Children from three months to five years of age are screened using the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire Social Emotional (ASQ-SE).

If the screening identifies any concerns, the child is referred to the local ESIT program within two business days.

Very few states have formalized screening and referral processes like Washington does with CHET. In states that perform screenings, including Washington, about one-third of the children are referred to early intervention services.

Children's Administration also makes referrals to ESIT following the requirements of the Child Abuse Prevention and Treatment Act (CAPTA). When the assigned Child Protective Services (CPS) worker suspects a child (birth to three) in a substantiated case of abuse or neglect has a developmental delay, a referral must be made to ESIT no more than two working days after the concern has been identified.

What's working well in ESIT linkages and coordination

- Federal regulations require that a person from the child welfare system hold a position on the ESIT State Interagency Coordinating Council (SICC). Children's Administration has always had representation on the SICC, offering advice and input on the state's early intervention system.
- Children's Administration staff and the DEL ESIT team work collaboratively to meet the federal CAPTA referral requirements (**Investigative Standards**).
- Children's Administration staff and the DEL ESIT team work collaboratively to meet requirements related to screening and referral through the DSHS foster care assessment instrument, CHET (see Children's Administration: **Child Well-Being Health and Education Tracking**).

Future opportunities

- Children's Administration and DEL ESIT staff should review CAPTA and CHET referral procedures at least annually to ensure referrals are being received and the proper referral source is being identified. This would also ensure Children's Administration and DEL have accurate and matching ESIT referral data.
- Children's Administration and DEL ESIT staff should consider developing a data exchange agreement that would permit, with parent permission, direct referral to a Family Resources Coordinator in the child's community. This would facilitate referral and reduce loss of services due to lack of follow-up (similar to DOH EHDDI data share agreement). ESIT would have more direct knowledge of the CHET screeners and the CPS workers who are referring to ESIT, and how many children they are referring. This could require legislative funding to explore possible data linkage points and processes that would make sense for most of the programs at DEL to share data with Children's Administration, and vice versa as appropriate.
- DEL ESIT staff should provide training to new Children's Administration staff about ESIT and ESIT services (similar to regular DEL ESIT training already provided to DSHS Developmental Disabilities Administration staff) and consider sharing training resources for other child development topics.

Early Childhood Education and Assistance Program (ECEAP)

About the Early Childhood Education and Assistance Program

Since 1985, ECEAP has focused on the well-being of the whole child by providing comprehensive nutrition, health, education and family support services. ECEAP reaches 3- and 4-year-old children most in need of these foundations for learning. The program design is aligned with the nationally researched programs that have shown exceptional returns on investment.

Children are eligible for ECEAP in their two years before kindergarten if they are from families with annual income at or below 110 percent of federal poverty level (\$26,235 for a family of four), qualify for school district special education services, are in foster care or from a family receiving Child Protective Services through the investigative or FAR pathways, and/ or have developmental or environmental risk factors that could affect school success.

There are more applicants for ECEAP than spaces. As of March 2014, there were 1,131 4-year-olds and 1,099 3-year-olds on the ECEAP waiting list. Approximately 29,128 children in Washington were eligible for ECEAP in the 2013-14 school year and were not served by either ECEAP or the federal Head Start program.

ECEAP prioritizes enrollment of children who will be in kindergarten the following year, are in foster care, are homeless, are from families with lowest incomes, are from families receiving CPS or FAR services, and/or have multiple risk factors:

- 65 percent of children served by ECEAP are in families with incomes below 80 percent of federal poverty level (\$19,080 per year for a family of four).
- 35 percent speak a home language other than English.
- 10 percent are homeless, 9.6 percent are on an Individual Education Plan.
- 51 percent are behind in well-child medical exams.
- 72 percent need to see a dentist.

What's working well in ECEAP linkages and coordination

- Children and families receiving CPS services are eligible and prioritized for ECEAP.
- Children's Administration participates on the HS/ECEAP advisory committee, which advises the Head Start State Collaboration Office and DEL ECEAP regarding the ongoing operation of ECEAP.
- Children's Administration staff has access to all ECEAP resources on the DEL website, including the ECEAP site locator, so their social workers know where ECEAP is located across the state and have contact information to connect families with an ECEAP contractor in their area.
- Children's Administration and DEL staff are working together on ECEAP contracted slots to ensure "one-on-one's" needed for children involved with Children's Administration are maintained as they transition to an ECEAP contracted slot.

Future opportunities

- DEL and Children’s Administration should work together to identify strategies to increase enrollment in ECEAP for Children’s Administration clients.
- DEL ECEAP staff should provide training to Children’s Administration staff on ECEAP, including the full day models added in 2014-15.
- The state agencies should support shared training and professional development opportunities at both the state and community level. This includes DEL ECEAP staff and ECEAP contractor direct service staff gaining knowledge of rules and regulations associated with FAR and other Children’s Administration related cases, and the ongoing support of Children’s Administration staff in understanding the availability of ECEAP in the community to support participation.
- DEL ECEAP staff should create a data-share agreement to share real-time information with Children’s Administration about available openings in ECEAP sites across the state.
- DEL ECEAP staff should engage Children’s Administration staff in ECEAP expansion planning as we move towards serving all eligible ECEAP children whose families choose to participate in 2018-19.