

Notes

Policy

- Required annual training – per your contract under section 9 - Program Training.
- Non-disclosure forms – per your contract under section 6 - Data Sharing section d2
- Per the BFET contract, your agency is required to maintain or exceed an 85% performance enrollment goal, per component per quarter with an overall year goal.
- If your agency utilizes an approved alternate form, your agency must maintain documentation of policy staff approval and provide it to DSHS for review during the monitoring visit.

For DSHS Policy Contracted Providers

- Submit all form revision request to SWBFETPolicy@DSHS.WA.GOV for approval or at the time of renewal application.

For SBCTC Contracted Providers

- Submit all form revisions to Kathi Medcalf at kmedcalf@SBCTC.EDU for approval. Submit alternate forms with your grant application.

For DSHS ORIA Contracted Providers

- Submit all form revision request to McKenzie Nassiri at McKenzie.Nassiri@DSHS.WA.GOV for approval.

Notes

Monitoring

- You should have received the official Program results of your FFY2023 BFET contract monitoring visit.
- If the Monitoring Outcomes produce finding(s) that require(s) a formal Corrective Action Plan (CAP), your agency was required to submit a CAP outlining a process plan of correcting the items within 30 days.

ORIA

- State of arrivals and FAP E&T overview

Notes

Files That Get Smiles

- Requirements for participant files
- Forms
- Documentation
- Tips

If you have any questions, please reach out to your operations consultant.

Notes

Secondary Traumatic Stress and Community Self-Care

- Normalizing mental health
- Feelings of Languishment
- Self-Care for Helping Professionals
- Exposure to Secondary Traumatic Stress (STS)
- Be intentional about your own self-care plan

Notes

Cell-ED

This opportunity relates specifically to our ABAWD clients.

Cell-Ed has been providing services since 2014. They have a mobile platform that clients can utilize to access content that supports their learning goals.

Cell-Ed gives clients a user friendly platform. Furthermore, no smartphone, internet or data plan is required to use Cell-Ed. They are acutely aware of the digital divide that affects so many of our clients and one of their goals is to help bridge that gap by making learning tools accessible to all.

Cell-Ed is committed to working with us to serve our clients and they provide ongoing support.

Their programming is designed and developed by education experts and it is continuously improved based on new data. Cell-Ed has thousands of hours of content and they are constantly working to grow their catalog of learning. They also have trained and certified coaches who track and support each learner. The model is mobile first but not mobile only as they provide personalized support when clients need it.

Cell-Ed will provide wraparound services to help build out their program here in Washington. They are committed to providing support through regular communication in the form of webinars and 1 on 1 support. Through feedback, they will work with us on customization to be sure that our clients are getting what we want for them and that their services are of ongoing value to our clients. ***(Continued on next page)***

Notes

Cell-ED (cont'd)

Cell-Ed also provides comprehensive data on client progress and they will take our unique needs into account. Our partnership with Cell-Ed will provide us with some new options to serve our clients. Please reach out to us if you are interested in exploring this new opportunity.

WA state had funding to increase services for ABAWDs, not just in King & Snohomish Counties, but Statewide. This funding will provide grants to existing BFET partners, to increase their services to ABAWDs and increase capacity to serve more participants.

The funding will also be used to support new contracts with additional providers in the state to build service capacity to serve ABAWDs.

WA will soon release a proposal process for those interested providers. WA seeks competitive proposals focused on increasing ABAWD client enrollment and/or increasing program capacity from BFET E&T providers statewide by offering expanded activities.

WA anticipates these Capacity Building awards to generate a separate contract from existing BFET contracts.

Look for more information in the following few months, the proposal and an estimated timeline.

In the meantime, in order to assess interest, please contact us at SWBFETPolicy@dshs.wa.gov, no later than September 22nd.

Notes

Hispanic Heritage Month

September 15th through October 15th we honor Hispanic Heritage Month.

There are 62.5 million Hispanics in the United States. This is up from 50.5 million in 2010.

The Hispanic/Latino population is increasing steadily in Washington, almost doubling during the 1990s and reaching 13.4% of the population by 2020.

In 2020, Washington ranked 13th highest among the states in total Hispanic/Latino population and 15th in percent share of Hispanic/Latino population.

The counties with the largest metro areas in Washington have some of the highest # of Hispanics/Latinos, aside from Yakima County. King County with the most at around 234,000, followed by Yakima and then Pierce, Snohomish and Clark Counties.

Most of the counties with a high percentage of the total population of the county being Hispanic/Latino are in Eastern Washington. Yakima County has a high % as well as a high # of Hispanic/Latino people. In fact, it holds the 2nd highest population of Hispanic/Latino people in the state as you can see by the #'s in red compared to the rest of the Eastern Washington Counties with a high population percentage. How does Yakima fair in regards to some western counties which are more populated?

The counties with the largest metro areas in Washington have some of the highest # of Hispanics/Latinos, aside from Yakima County. King County with the most at around 234,000, followed by Yakima and then Pierce, Snohomish and Clark Counties.

[Understanding Hispanic Heritage – YouTube](#)

Reminders

- Success stories confirms our work is transforming lives! We would like more success stories to highlight! Please send them to SWBFETPolicy@dshs.wa.gov.
- If you have a best practice or specialty presentation for a future meeting. (Around 10 minutes) we can learn from each other, please send to SWBFETPolicy@dshs.wa.gov.
- DSHS provides notices to the first three points of contact on our list for your agency. Please forward any invites or emails to any of your staff.



BFET Quarterly Provider Meeting

Transforming
Lives

Washington State
Department of Social
& Health Services
Transforming lives

Welcome!

To help ensure everyone can hear the presentations, please **mute** yourself.

If you need any assistance with this Zoom meeting, please contact:

Felicia Talbott 360-764-9557

Or

Felicia.Talbott@dshs.wa.gov

Icebreaker Question:

Tell us your favorite soup or stew to keep you warm in the fall.

Drop your answers in the chat!

Agenda

***BFET Quarterly Provider Meeting
Sept. 9, 2023***

- 1. Icebreaker and Welcome***
- 2. BFET Staff Changes***
- 3. Program Updates***
- 4. Break***
- 5. Self-Care***
- 6. Files With Smiles***
- 7. Break***
- 8. Cell Ed: Capacity Building***
- 9. REDI/EDAI***
- 10. Adjourn and Survey***

If you need any assistance with this Zoom meeting, please contact Felicia Talbott at 360-764-9557 or Felicia.Talbott@dshs.wa.gov.



Program
Manager,
**Corinna
Lambert**

Welcoming New Staff



BFET Operations
Consultant,
Blake O'Connor



Policy Updates

Transforming
Lives

- Policy Updates
- Monitoring
- ORIA – McKenzie Nassiri

Policy Updates

Bessie Williams – BFET Program Manager

Barb Mooney – BFET Program Manager

FFY24 Contracts



Required Annual Trainings

- Section 9 under Program Training
- Current employees, subcontractors, volunteers, vendors
- Trainings must be completed no later than 90 days after the contract start date, Oct. 1, 2023
- Where to find the list of mandatory trainings

Nondisclosure Forms

- Contract under section 6 – Data Sharing
- Provider Handbook under Training and Networking – Confidential Information, Fraud and Abuse Form.
- Required to all employees with access to DSHS information
- Annually required in October
- Form link in the Provider Handbook

FFY23 Final Performance Reports

- Your agency will receive the final Q4 performance reports no later than Oct. 31, 2023.
- If you would like to meet with your assigned BFET Program Manager after you receive your agency final performance reports, please feel free to contact them.

Alternate Forms

- All requests to use alternative forms must be approved annually by policy staff at the onset of each contract year. Custom forms must contain the Civil Rights Nondiscrimination Statement. Providers must use the DSHS forms if they have not received approval from policy staff to use an alternate form.
- If your agency uses an approved, alternate form, your agency must maintain documentation of policy staff approval and provide it to DSHS for review during the [monitoring](#) visit.

POLICY UPDATES - MONITORING

Dear partners,

You should have received the official program results of your FFY2023 BFET contract-monitoring visit.

The visit was in accordance with DSHS Administrative Policy 13.11, which mandates the monitoring of medium and high risk contracts annually.

The BFET Team would like to thank you for your continued partnership, which has allowed Washington's BFET program to be a national model.

POLICY UPDATES – OFFICIAL MONITORING REPORT

If the Monitoring Outcomes produce finding(s) that require(s) a formal Corrective Action Plan (CAP), your agency is required to submit a CAP outlining a process plan of correcting the items within 30 days.



POLICY UPDATES – OFFICIAL MONITORING REPORT

Thank you all for your continued partnerships, and we look forward to collaboration supporting participants next year.

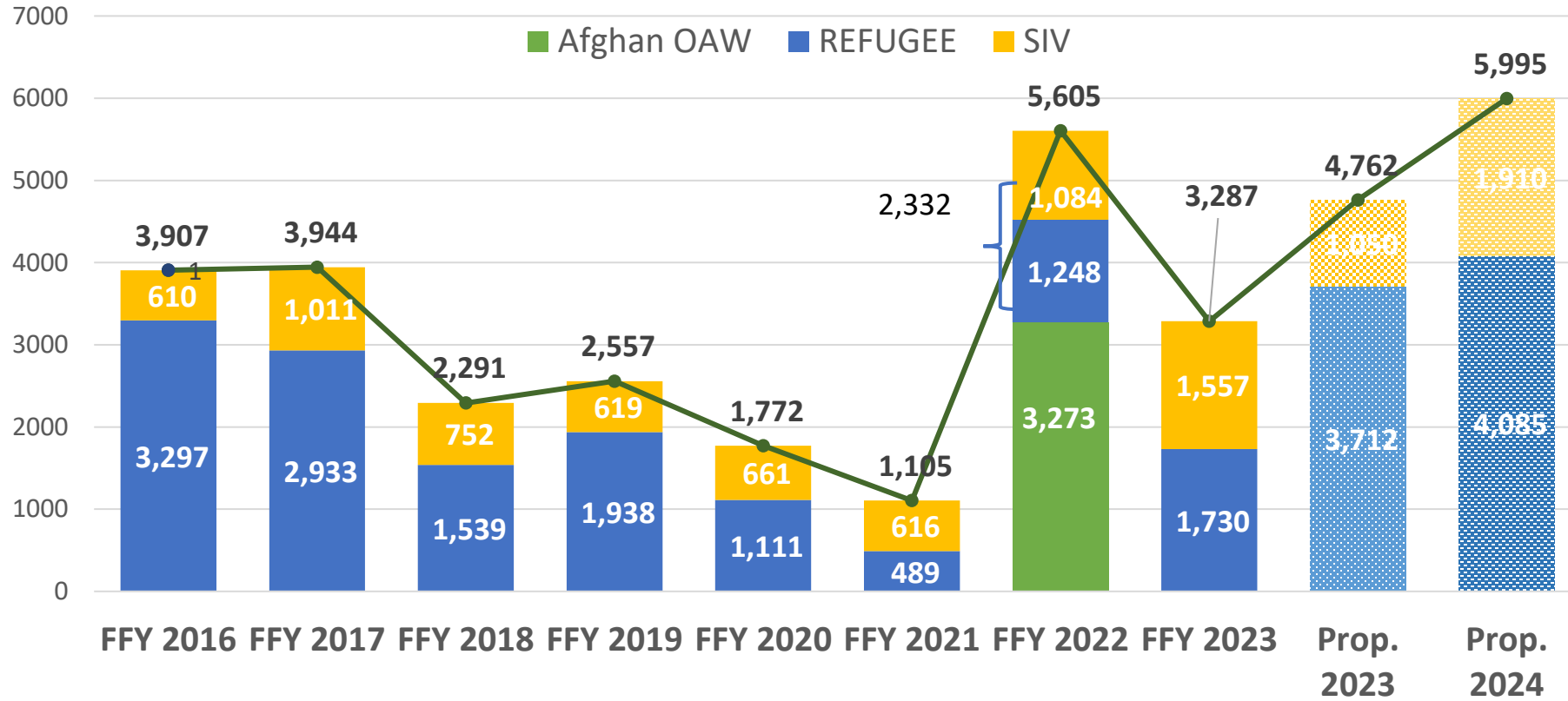
POLICY UPDATES – OFFICIAL MONITORING REPORT

Q&A



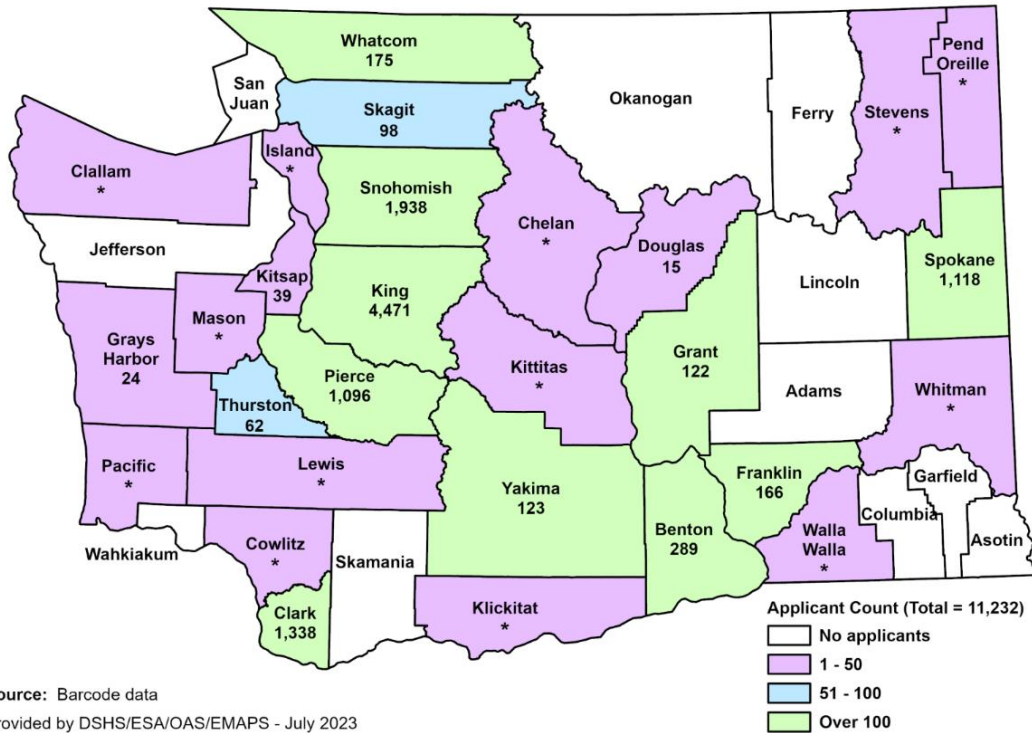
ORIA Food Assistance Employment and Training Program Updates -- McKenzie Nassiri

U.S. Refugee Admissions Program: Washington State Arrivals FFY 2016 to FFY 2023 (June 2023) and Projected Numbers 2023 - 2024



Sources: State Post-Arrival Demographics Report, Dept. of State, Bureau of Populations, Refugees and Migration
Afghan Placement and Assistance Program - Weekly Departure Status Report

**Newly Arrived Refugee and Humanitarian Immigrant Applicants for DSHS Services
by Residential County in Washington State: October 2022 - June 2023**



Source: Barcode data
Provided by DSHS/ESA/OAS/EMAPS - July 2023

* When necessary, values less than 10 (but greater than zero) are not displayed in order to help protect client confidentiality. These counties are denoted with an asterisk (*).

Newly Arrived Refugee Applicants¹ for DSHS Services, June 2023

Source: DSHS-ESA/EMAPS Assignment M5363 using the Barcode database as of July 11, 2023

Serves all federal eligible immigrants, including:

- Refugees admitted under [§ 207 of the Immigration and Nationality Act \(INA\)](#)
- People granted asylum [under § 208 of the INA](#)
- Cuban and Haitian entrants
- Amerasians
- Certified victims of human trafficking
- Special Immigrant Visa Holders from Iraq and Afghanistan
- Afghan Humanitarian Parolees (See [ORR Policy Letter 22-01](#) and [22-02](#))
- Afghan Special Immigrant Conditional Permanent Residents
- Ukrainian Humanitarian Parolees (See [ORR Policy Letter 22-13](#))

Unduplicated # of Newly Arrived Refugee Applicants	
June 2023	1,128
FFY 2023 (Oct. 2022 - Sep. 2023) To-Date	11,232

Top 10 Newly Arrived Refugee Applicants by Country of Origin		
Country	# of Applicants June 2023	# of Applicants October 2022 - June 2023
Ukraine	484	6,926
Afghanistan	269	1,789
Cuba	18	375
Syria	60	189
Democratic Republic of Congo	45	160
Haiti	25	125
Colombia	10	116
Eritrea	16	88
Iran	18	79
Somalia	*	71

Top 20 Countries of Origin for Immigrant Recipients of Cash and Food Assistance, May 2022 - April 2023

Country of Origin	Unduplicated # of SNAP/FAP Clients
Ukraine	18,242
Afghanistan	6,984
Russia	2,591
Mexico	2,283
Colombia	1,236
Venezuela	1,045
Marshall Islands	965
Micronesia	781
Nicaragua	730
Cuba	729
Ethiopia	565
Honduras	487
Somalia	450
Guatemala	395
Romania	381
Democratic Republic of Congo	313
Peru	306
Eritrea	288
Moldova	278
El Salvador	261

Country of Origin	Unduplicated # of TANF/SFA Clients
Ukraine	11,077
Afghanistan	3,660
Russia	1,571
Colombia	650
Romania	326
Mexico	325
Venezuela	316
Marshall Islands	272
Cuba	185
Angola	179
Syria	165
Micronesia	147
Peru	139
Honduras	139
Nicaragua	137
Democratic Republic of Congo	130
Ethiopia	127
Moldova	126
Haiti	113
Belarus (Belorussia)	110

**ORIA-Administered
Employment and Training Programs**

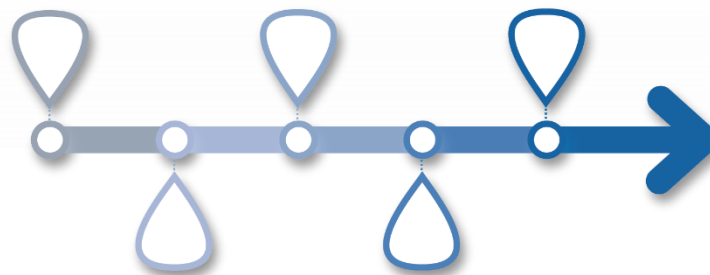
Available to all people receiving cash or food assistance regardless of immigration status.

- LEP Pathway Employment Program
- LEP Pathway ESL Program
- ORIA Basic Food Employment & Training
- State Food Assistance Program Employment and Training Program

ORIA Food Assistance Employment and Training Program (FAP E&T)

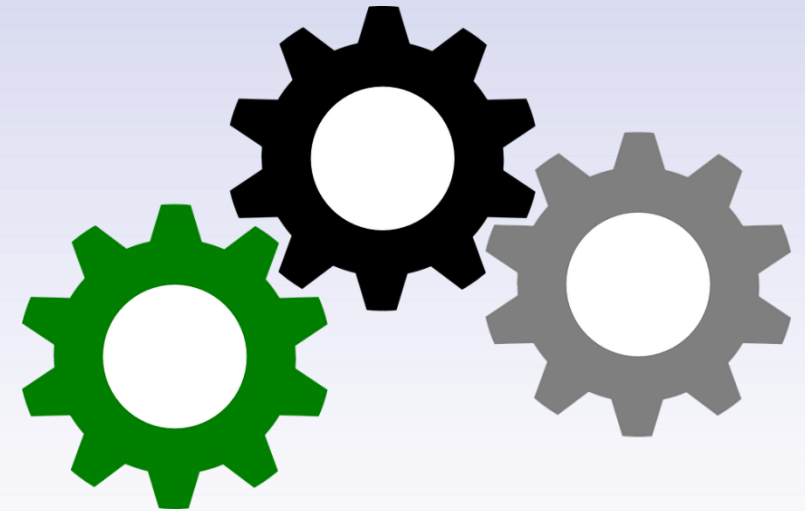
FAP E&T Overview

- Food Assistance Program (FAP) customers have historically not had access to E&T programs.
- ORIA requested funding from the state legislature to implement an E&T program for recipients of FAP.
- The FAP E&T program was launched Jan. 1, 2023.
- The purpose of FAP E&T is to assist FAP clients in gaining the skills, training, work or experience that will increase their ability to obtain regular employment.



FAP E&T Overview Cont.

- FAP follows the same eligibility rules as Basic Food, except for rules related to immigration status.
- FAP customers have the same work requirements as someone receiving SNAP.
- Some must register for work unless otherwise exempt. However, the FAP E&T program is voluntary, and there are no mandatory participation requirements.



FAP E&T Service Eligibility



- FAP customers are eligible to participate in FAP E&T if they are:
 - At least 16 years old
 - Not receiving TANF or SFA -- *RCA customers would not qualify for FAP*
- FAP consists of two distinct immigrant groups:
 - Qualified aliens who have not met the requirements for work quarters or five-year timeframe as a qualified alien to be eligible for Basic Food benefits
 - Nonqualified aliens who are immigrants, but will not be eligible for federal benefits unless they have an adjustment of their immigration status

Citizens of the Marshall Islands, Micronesia or Palau

Paroled into the U.S for one year or less

TPS Beneficiaries

V Visa Holders

Asylum Seekers

Foreign-Born Victims of Crimes

Family Unity Program Beneficiaries

K Visa Holders

Temporary Residents as Amnesty Beneficiaries

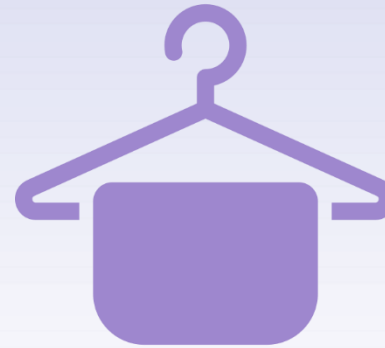
FAP E&T Service Activities

- FAP recipients have varying levels of employment-related service needs. Some eligible immigrants have resided in the U.S. for years and have prior work experience here, while others are recent arrivals with pending employment authorization.
- Activities include Job Readiness Training, Job Search Assistance, Basic Education, ESL and others.



FAP E&T Support Services

- Transportation
- Educational Expenses
- ID/Licenses/Fees
- Computer Equipment
- Tools
- Clothing
- Hygiene
- Medical
- Phone/Internet
- Housing/Utilities



Challenges



- Individuals who are eligible for FAP are typically not eligible for resettlement assistance, or connected to services through a refugee resettlement agency.
- Many participants have immigration-related legal service needs and barriers, including:
 - Paperwork
 - Attorney services and fees
 - Backlog in U.S. immigration courts
 - Lengthy processing times
- Many participants lack work authorization and/or stable income, and receive limited government support in finding housing. They rely heavily on other nonprofits, shelters and family networks.

FAP E&T in SFY 2023

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Lives

- 264 individuals were served. More than 77% of individuals lacked employment authorization at time of enrollment.
- Services are available in seven counties, including King, Pierce, Thurston, Snohomish, Skagit, Whatcom and Spokane.
- Job Readiness Training, Basic Education/ESL, Job Skills Training and Case Management are among the most commonly provided services across providers.

Questions?

Break Time



Secondary Traumatic Stress and Community Self-Care

Recognizing Our Mental Health Gauge

(How are you feeling?)



I'm doing great, totally manageable.



I'm doing pretty good, just a few hiccups.



I'm doing okay, I guess ...



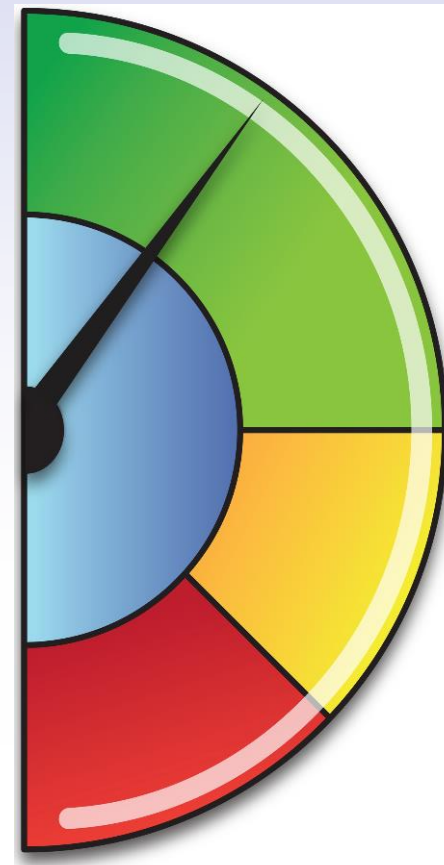
I'm starting to struggle.



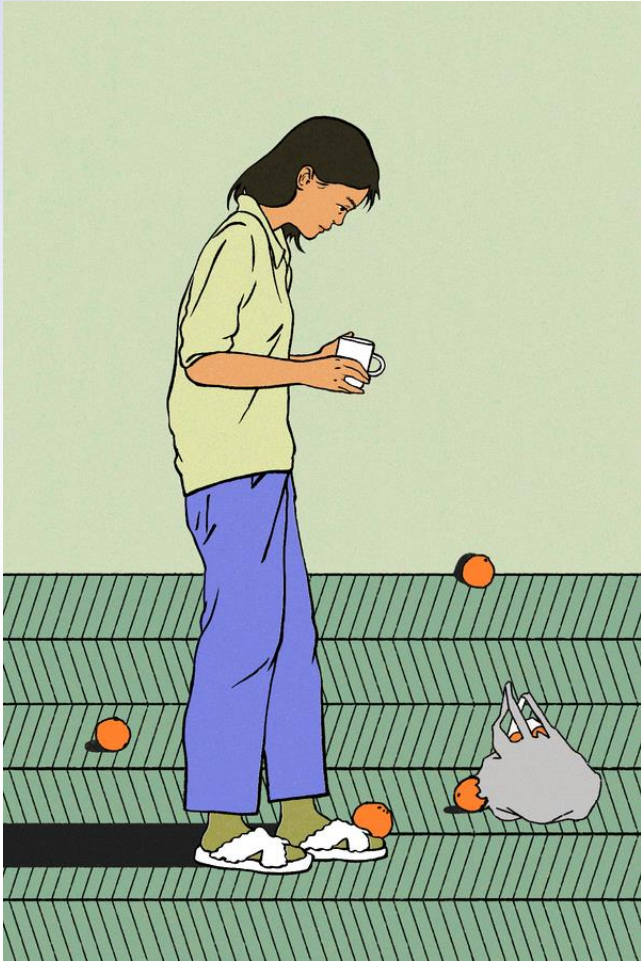
I'm having a really hard time.



I need immediate help. I'm going to snap!



Feelings of Languishing



“Languishing is a sense of stagnation and emptiness. It feels as if you’re muddling through your days, looking at your life through a foggy windshield.”

“Languishing is the neglected middle child of mental health. It’s the void between depression and flourishing -- the absence of well-being. You don’t have symptoms of mental illness, but you’re not the picture of mental health, either. You’re not functioning at full capacity. Languishing dulls your motivation, disrupts your ability to focus and triples the odds that you’ll cut back on work.”

-Adam Grant, Ph.D. and M.S. Professor and psychologist at Wharton University and host of the TED podcast “Worklife”

An Antidote to Languishing



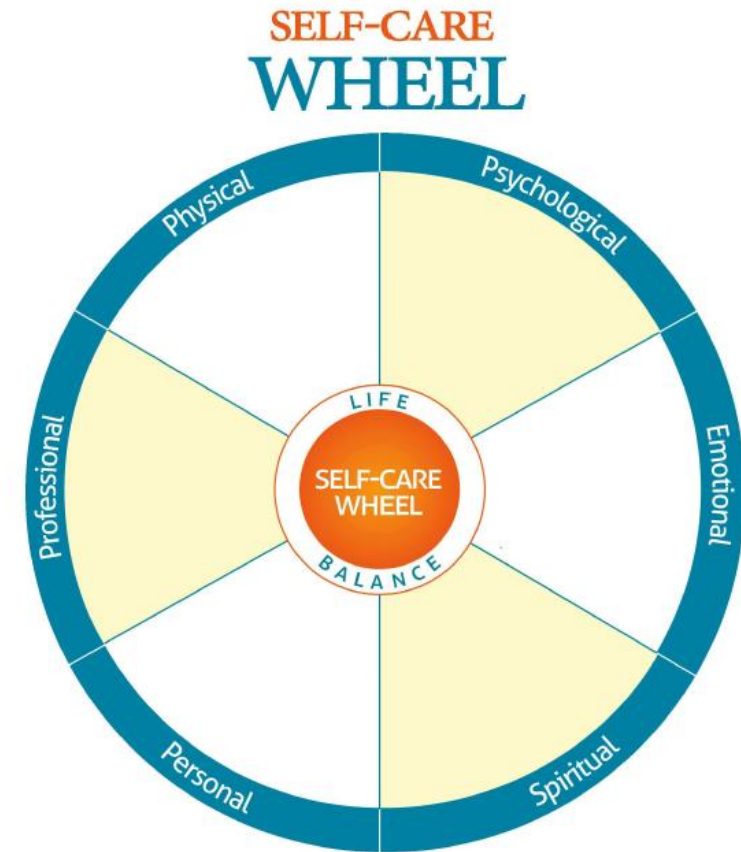
Flow is the state in which a person is fully immersed in a feeling of energised focus, full involvement, and enjoyment.

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AFFIRMATIONS TO START THE WEEK WITH

A line drawing of a woman's profile facing right, with her hair in a ponytail. Several speech bubbles with affirmations are arranged around her head and neck, connected by thin lines.

- IT CAN BE A HAPPY THING TO WAKE UP & START A NEW DAY
- I CAN HANDLE WHAT COMES MY WAY THIS WEEK
- I AM RESILIENT
- I'M GOING TO MAKE TODAY GREAT
- I CAN ONLY CONTROL WHAT I CAN CONTROL
- I LOOK FORWARD TO SEEING WHAT THIS WEEK HAS IN STORE FOR ME
- TODAY IS A GREAT DAY TO BE THE BEST VERSION OF MYSELF
- I CAN MAKE A POSITIVE IMPACT IN SOMEONE'S LIFE TODAY



Who is responsible for your Self-Care?



You



Co-workers



Supervisors



Organization



Self-Care for Helping Professionals



- Self Care is more than a to-do list of the things you are supposed to do to take care of your mind and body.
- It's also how you manage the stress of the empathetic nature of the work.

Vocabulary

- Compassion Satisfaction
 - Positive aspects of working as a helper
- Compassion Fatigue
 - Negative aspects of working as a helper
- Burnout
 - Inefficacy and feeling overwhelmed
- Work-related traumatic stress
 - Primary traumatic stress direct target of event
 - Secondary traumatic exposure to an event due to a relationship with the primary person

Exposure to STS



Exposure can be through:

- What a client tells you or says in your presence
- A person's play, humor, drawings or written stories
- The client's reactions to trauma reminders
- Media coverage, case reports, or other documents about the trauma

Be intentional about your own Self-Care plan

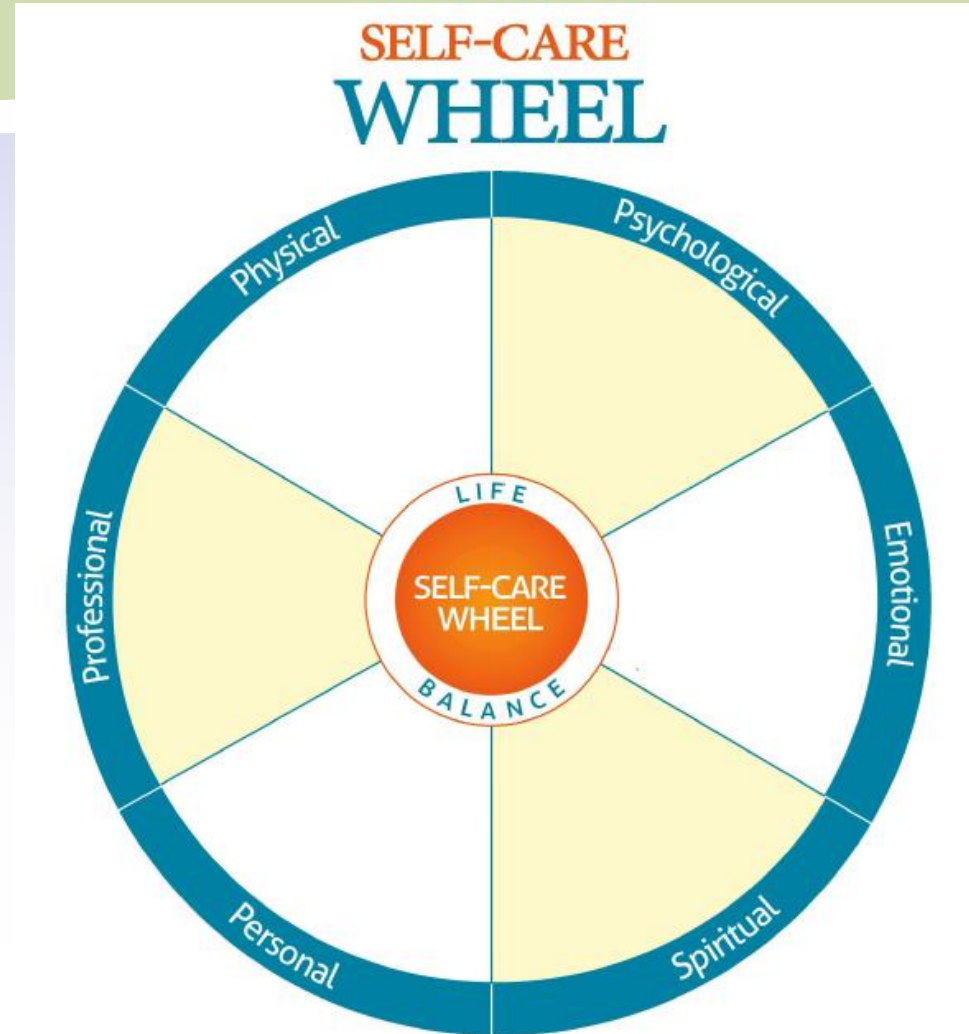
Make a Plan

Key components to include:

- A balance between work and relaxation, self and others
- How you will lean into the emotional aspects of work
- Activities purely for fun
- Regular stress management

Source: Coordinated Care of Washington

Washington State Department of Social and Health Services



Flow and Fun



Transforming
Lives

Files That Get Smiles



Anita Callahan – DSHS BFET Field Operations team

Files That Get Smiles

- Requirements for Participant Files
- Forms
- Documentation
- Tips



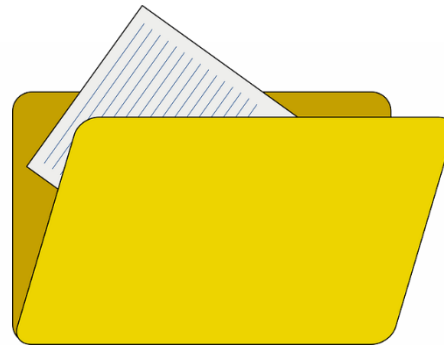
Transforming
Lives



Participant Files

Files must be kept for all BFET participants and:

- Can be **paper, electronic** or a **combination**
- Will be reviewed annually
- Supplement eJAS



- Complete
- Current
- Clean

Participant Files

Electronic Files – Tips

- Convenient, multi-page scanner
- Plan with your IT
- Set up an electronic filing system
- Establish a standardized naming convention

Files must contain:

- Intake and Assessment
- DSHS Consent Form (DSHS 14-012)
- BFET Individual Employment Plan (IEP)
 - [\(See Module 2 – Enrolling a participant for more information on the above documents: BFET eJAS Training Guides | DSHS \(wa.gov\)\)](#)
- Job log for all SJS activities, if not already noted in eJAS.
 - [\(See the Provider’s Handbook section on Case Management: eJAS Case Note Documentation for guidance.\)](#)
- Participant reimbursements and receipts
 - [\(See Module 7 – Participant Reimbursements for more information on participant reimbursements and receipts: BFET eJAS Training Guides | DSHS \(wa.gov\)\)](#)
- Wage verification if receiving retention services
 - [\(See Module 9 – Job Retention for more information on wage verification: BFET eJAS Training Guides | DSHS \(wa.gov\)\)](#)
- Participant progress
- Certificates received/obtained

Files must ***NOT*** contain:

- Information about other participants
- Confidential Personal Health Information
- Documents and information that is not BFET related

Required Forms

- DSHS Consent Form
DSHS 14-012
- BFET Individual Employment Plan (IEP)
- BFET Participant Reimbursement Request Form (PR Form)
Printed from eJAS or DSHS 07-103

Standard forms are available on the [BFET Provider Resource website](#).

Alternative versions of forms must be approved annually.

DSHS Consent Form

AKA: Release of Information, ROI, DSHS 14-012

This form links your BFET program and DSHS.

It must be signed **before** accessing eJAS to check eligibility.

It must be renewed when it expires.



Consent

NOTICE TO CLIENTS: The Department of Social and Health Services (DSHS) can help you better if we are able to work with other professionals that know you and your family. By signing this form, you are giving permission for DSHS and the agencies and providers to use and share confidential information about you. DSHS cannot refuse you benefits if you do not sign this form unless your program determines your eligibility. If you do not sign this form, DSHS may still share information about you to the extent allowed by law. If you have questions about how DSHS shares client confidential information or your privacy rights, please consult the DSHS Notice of Privacy Practices giving you this form.

eJAS ID#

CLIENT IDENTIFICATION:			
NAME	DATE OF BIRTH	IDENTIFICATION NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	OTHER INFORMATION		

CONSENT:
I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, treatment, payments, and benefits for me or for other purposes authorized by law. I further grant permission to DSHS and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery. Please check all below who are included in this consent in addition to DSHS and identify them by name and address:

- Health care providers: _____
- Mental health care providers: _____
- Chemical dependency service providers: _____
- Other DSHS contracted providers: _____
- Housing programs: _____
- School districts or colleges: _____
- Department of Corrections: _____
- Employment Security Department and its employment partners: _____
- Social Security Administration or other federal agency: _____
- See attached list
- Other: _____

Check and include organization name & address

Check

- authorize and consent to sharing the following records and information (check all that apply):
- All my client records
 - Records on attached list
 - Only the following records:
 - Family, social and employment history
 - Payment records
 - Other (list): _____
 - Treatment or care plans
 - School, education, and training

Length of time

PLEASE NOTE: If your client records include any of the following, you must complete this section to include these records.
I give my permission to disclose the following records (check all that apply):
 Mental health HIV/AIDS and STD test results, diagnosis, or treatment Chemical Dependency (CD) services

- This consent is valid for one year as long as DSHS needs records, or until _____ (date or event).
- I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.
- I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.
- A copy of this form is valid to give my permission to share records.

SIGNATURE	DATE	AGENCY CONTACT/WITNESS SIGNATURE	DATE
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)	DATE	TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE

If I am not the subject of this consent, I am signing because I am the: (attach proof of authority)
 Parent Personal representative Other: _____

NOTICE: If you have received information about HIV, STDs, or AIDS, you may not further disclose that information to anyone without the written consent of the person to whom the information was disclosed. If you are a provider of services to a client, you must include the following information in your disclosure: (42 CFR 2.32)
- The name of the person to whom the information was disclosed.
- The date of the disclosure.
- The purpose of the disclosure.
- The Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from disclosing this information unless the disclosure is expressly permitted by the written consent of the person to whom the information was disclosed. Authorization for the release of medical or other information is NOT sufficient for this purpose. Authorization is not sufficient to criminally investigate or prosecute any alcohol or drug abuse patient.

CONSENT
DSHS 14-012(X) (REV. 04/2016)

Signature & Date

DSHS Consent Form Tips

You can **pre-fill** your agency name.

Make co-enrollment easier.

You can highlight sections to make sure they are completed.

We recommend agencies be added based on the participant's BFET activities and co-enrollment at the time of those activities.

Transforming
Lives

- A copy of this form is valid to give my permission to share records.

<small>SIGNATURE</small>	<small>DATE</small>	<small>AGENCY CONTACT/WITNESS SIGNATURE</small>	<small>DATE</small>
<small>PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)</small>	<small>TELEPHONE NUMBER (INCLUDE AREA CODE)</small>	<small>DATE</small>	

If I am not the subject of this record, I am authorized to sign because I am the: (attach proof of authority)

Individual Employment Plan

AKA: IEP

The foundation of the client's BFET plan:

- Employment goal
- Assessment of skills, qualifications and employment barriers
- Employment plan
- Participation requirements



Basic Food Employment & Training (BFET) Individual Employment Plan

Client Name: [redacted] EJAS ID: [redacted]
 BFET Provider: [redacted] Contractor Code: [redacted]
 Case Manager: [redacted] Date of Intake: [redacted]

Employment Goals	
Career Plan: [redacted]	Long term employment goals [redacted]
Wage Expectation: [redacted]	
Immediate Job Goals(s): [redacted]	Short term goal – if different from career plan [redacted]
Target Employment Date: [redacted]	

Skills and Qualifications		
Education		
<input type="checkbox"/> High School Diploma or Equivalent		Notes: [redacted]
<input type="checkbox"/> College Education	Degree: [redacted]	Notes: [redacted]
<input type="checkbox"/> Vocational Training	Certificate: [redacted]	Notes: [redacted]
Work Experience		
Number of employers in past 5 years: [redacted]		
<i>List Employment History on separate sheet</i>		
<input type="checkbox"/> No work experience in the past year		
Transferrable Skills		
<input type="checkbox"/> Customer service	<input type="checkbox"/> Solve problems	<input type="checkbox"/> Organized
<input type="checkbox"/> Write clearly	<input type="checkbox"/> Calculate, compute	<input type="checkbox"/> Manage people
<input type="checkbox"/> Speak in public	<input type="checkbox"/> Listening	<input type="checkbox"/> Run meetings
<input type="checkbox"/> Speak multiple languages	<input type="checkbox"/> Managing time	<input type="checkbox"/> Direct projects
<input type="checkbox"/> Communicate verbally	<input type="checkbox"/> Being punctual	<input type="checkbox"/> Other: [redacted]
<input type="checkbox"/> Handle food	<input type="checkbox"/> Cooperating	<input type="checkbox"/> Other: [redacted]
<input type="checkbox"/> Manage money	<input type="checkbox"/> Follow instructions	<input type="checkbox"/> Other: [redacted]
<input type="checkbox"/> Take orders	<input type="checkbox"/> Construct or repair	<input type="checkbox"/> Other: [redacted]
<input type="checkbox"/> Operate office equipment	<input type="checkbox"/> Drive or operate vehicles	<input type="checkbox"/> Other: [redacted]
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Operate tools and machinery	<input type="checkbox"/> Other: [redacted]
Other Qualifications		
Certificate: [redacted]		
Professional License: [redacted]		
Other: [redacted]		

(Revised 10/01/2022)

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Transforming lives

IEP Tips

Basic Food Employment & Training (BFET) Individual Employment Plan

Client Name:
 BFET Provider:
 Case Manager:

EJAS ID:
 Contractor Code:
 Date of Intake:

- **Pre-fill** any sections that will always be the same.
- You can **highlight** sections to be sure they do not get missed.

Employment Goals	
Career Plan:	Long term employment goals
Wage Expectation:	<input type="text"/>
Immediate Job Goal(s):	Short term goal – if different from career plan
Target Employment Date:	<input type="text"/>

Skills and Qualifications

IEP Tips

Must update IEP:

- when **component changes**
- when **goals change**
- **annually** (minimum)
- at **re-enrollment**

Ways to update:

- A whole new IEP form
- New employment plan section and signature page
- Date and initial changes on the original form

Participant Reimbursement Form

AKA: PR Form, DSHS 07-103

- It records details of support services issued.
- It includes client acknowledgements.
- The signed form and receipt must be kept in the participant file.



Participant Reimbursements

Name AGOOO, ADWOA Contractor ZXZ-BFET & CONTRACTOR
 JAS Id 2666452
 ACES Id 2666452 Status Issued

Issuance Date:	01/08/2019	Program Type:	BFET
Component:	VE-15	Participant Reimbursements type:	Education/Books/Supplies
Created by:	SKDA300 - SKAAR, DAVID - 20190108	Total Amount Issued:	\$159.00
Updated by:	SKDA300 - SKAAR, DAVID - 01/08/2019		

Justification :

test

Client was given a 'Gift Card Receipt Attachment' and a prepaid envelope to return receipts for all purchases.

 Organization approval signature Date

Client Declaration and Signature

I understand and agree that:

- I received the above issuance(s).
- I have not received the same type of assistance in the current month from any other organization, including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.
- I can only use the assistance provided (including all Gift Cards) for work or training related purposes as described above.
- I will return the receipt(s) for all Gift Card purchases.

 Client Signature Date

If the client's primary language is not English, this form and contents were explained in their primary language by (Required if this form was interpreted to the client):

 Interpreter's signature Interpreter's printed name and Date

NAME	
DATE	
ENTER AMOUNT	
ly	\$
	\$
	\$
	\$
	\$
	\$
	\$
titude	\$
	\$
	\$
	\$
sued.	
t(s) for all purchase.	
and other details such as: tory training uniform, shirt,	
APPROVAL PRINTED NAME	
ization including but not	
poses as described above.	
back the funds.	
ceipt Attachment."	

Participant Reimbursement Form

- Needed **every time** a support service is issued
- Best practice is to use the eJAS form
- Paper forms -- PR must be entered in eJAS
- Creating the PR in eJAS generates a case note

Participant Reimbursement Form -- Tips

- Before issuing PR, always confirm the participant is eligible for PR.
- Document everything.
- Track and follow up.

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Lives

Participant Progress – JS Component

- Everyone in a JS component **must** have job search verification in their file and eJAS notes.
 - Completed and collected at least once a month
 - Best practice is to collect at each meeting with participant
 - Document in eJAS how job search logs were received from client, information about the review of job logs, and follow-up plans

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Tip: Review Job Search Log expectations and due dates with participants frequently.

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Participant Progress

- Certificates received or obtained
- Any other documents needed to show participation and progress
- Employment-verification documents for Job Retention Services (BR component)



Participant Progress – eJAS Client Notes

- Handbook requires a client note at least once a month, with at least 95% accuracy.
- Required notes include:
 - Initial client note
 - Ongoing client note
 - Closing client note

Participant Progress – eJAS Client Notes

Why? Client notes:

- Tell the story
- Help provide continuity of support
- Provide a history
 - What was successful?
 - What was not, and why?
 - What barriers keep arising?
 - What barriers have been overlooked?
 - What barriers have not been addressed?

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Lives



Participant Progress – eJAS Client Notes Tips

Best practices:

- Update with each participant interaction
- Enter before the end of the third week
- Use “Monthly Progress” radio buttons
- Develop your own personalized templates
 - Blanks to fill in the ***who, what, why, where, when and how***

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The image shows a vertical list of radio buttons for tracking monthly progress. At the top, there is a header labeled "Monthly Progress". Below this, there are ten rows, each containing two radio buttons labeled "Yes" and "No". The "Yes" radio button in the second row from the top is selected, indicated by a dark grey dot inside the circle. The other radio buttons are unselected, with a light grey dot inside the circle.

Files That Get Smiles

- Requirements for Participant Files
- Forms
- Documentation
- Tips



Transforming
Lives



Q&A

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Lives

Thank
You



Break Time



Stretches to prevent office syndrome

ARM STRETCH

Sit down. Intertwine your fingers in front of you with your palms facing outward, stretch your arms out as far as you can while keeping your back straight, and slowly count from 1-10. Repeat once more.



Now stand up with your legs apart. Intertwine your fingers with your palms facing outward and your arms upwards above your head. Stretch your arms out as far as you can and slowly count from 1-10. Repeat once more.

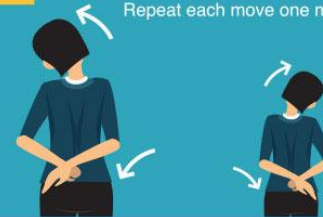
BACK AND SIDE STRETCH

Raise your right arm and grab your left shoulder from behind your head. With your left hand, grab your right elbow. Then lean towards the left and slowly count from 1-10. Then switch sides. Raise your left arm and grab your right shoulder from behind your head. With your right hand, grab your left elbow. Then lean towards the right and slowly count from 1-10. Repeat each side once more.



NECK STRETCH

With your left hand, grab your right wrist from behind your back, tilt your head to the left, and slowly count from 1-10. Then switch. Grab your left wrist with your right hand from behind your back, tilt your head to the right, and slowly count from 1-10. Repeat each move one more time.



BACK, WAIST, AND HIP STRETCH

While sitting in a chair, cross your left leg over your right leg, twist your body towards the left, hold the chair with both hands, and count from 1-10



Then, switch legs, twist your body towards the right, and count from 1-10. Repeat each move one more time.



CHEST AND LOWER BACK STRETCH

Sit down in a chair and place your palms on your lower back while extending your chest out, and count from 1-10. Repeat one more time.



HAND STRETCH

Open and close your hands into fists 5 times.



Washington State Department of Social and Health Services Community Services Division Programs



Cell-Ed and ABAWDs

Sept. 12, 2023

BFET Program Administrator

Aman Joshi



ABAWDS

Some Washington state residents are required to participate in specific, employment-related activities to maintain eligibility for Basic Food assistance. These individuals are called Able-Bodied Adults Without Dependents, or ABAWDS.

ABAWD requirements returned to King and Snohomish Counties
July 1, 2023.

Who is an ABAWD?

An ABAWD is an able-bodied adult who:

- Is aged 18-49**
- Has no dependent children living with them
- Is physically and mentally able to work
- Has no exemptions or exceptions from work registration

**Age range is changing due to the Fiscal Responsibility Act of 2023(FRA)

New Exceptions

The FRA created additional exceptions to the ABAWD time limits.

- Homeless, Homeless with Housing, or in a shelter
- Any veteran (even dishonorably discharged)
- Foster care system alumni under 24 years old and active on D01/D02 or D26 medical



Cell-Ed

We are in the process of contracting with Cell-Ed, a mobile-learning access provider.

- Cell-Ed is currently providing services to the state of California and the state of New York as well as other public and private organizations all over the country. It has won awards for its ongoing work in improving adult literacy.
- We are looking for interested providers to begin implementing and using Cell-Ed's platform as a means to serve clients in their employment and training efforts.

Cell-Ed

Cell-Ed is a global social-enterprise organization that provides a mobile-learning platform to assist clients in skill acquisition.

- Easy-to-access, engaging, effective holistic mobile education
- Live coaches to help connect to services, answer curriculum questions, provide tech support, and more
- Partner outreach, coordination and support to partners and their networks
- Data and reporting to meet the particular needs of the state of Washington

Cell-Ed

- Continuing partner support
- Ongoing webinars, quarterly webinars and one-on-one support
- Works with partners to identify enhancements based on feedback
- Comprehensive learning management system provides partners with ongoing client data

Questions regarding Cell-Ed?



Thank you

Capacity Building

- **Washington state has funding that will be used to bolster services for ABAWDs**
 - **Statewide**
 - **Existing and new BFET providers**

Capacity Building

- **Expect to learn about capacity building in the near future.**
 - **Proposals**
 - **Funding will be awarded**
 - **Providers will track participation and outcomes**

Questions regarding capacity building?



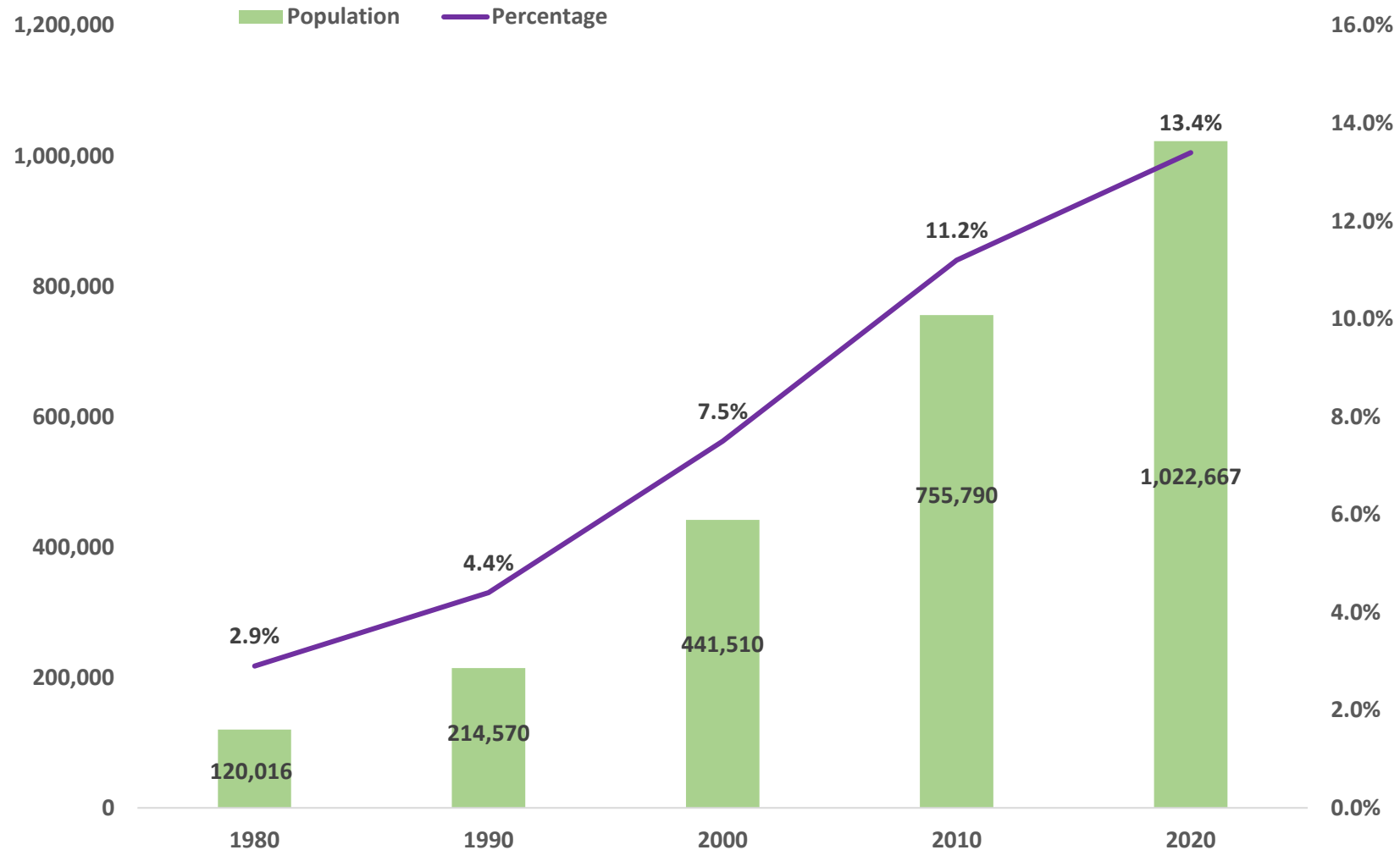
Thank you



Hispanic Heritage Month

Sept 15th – Oct 15th

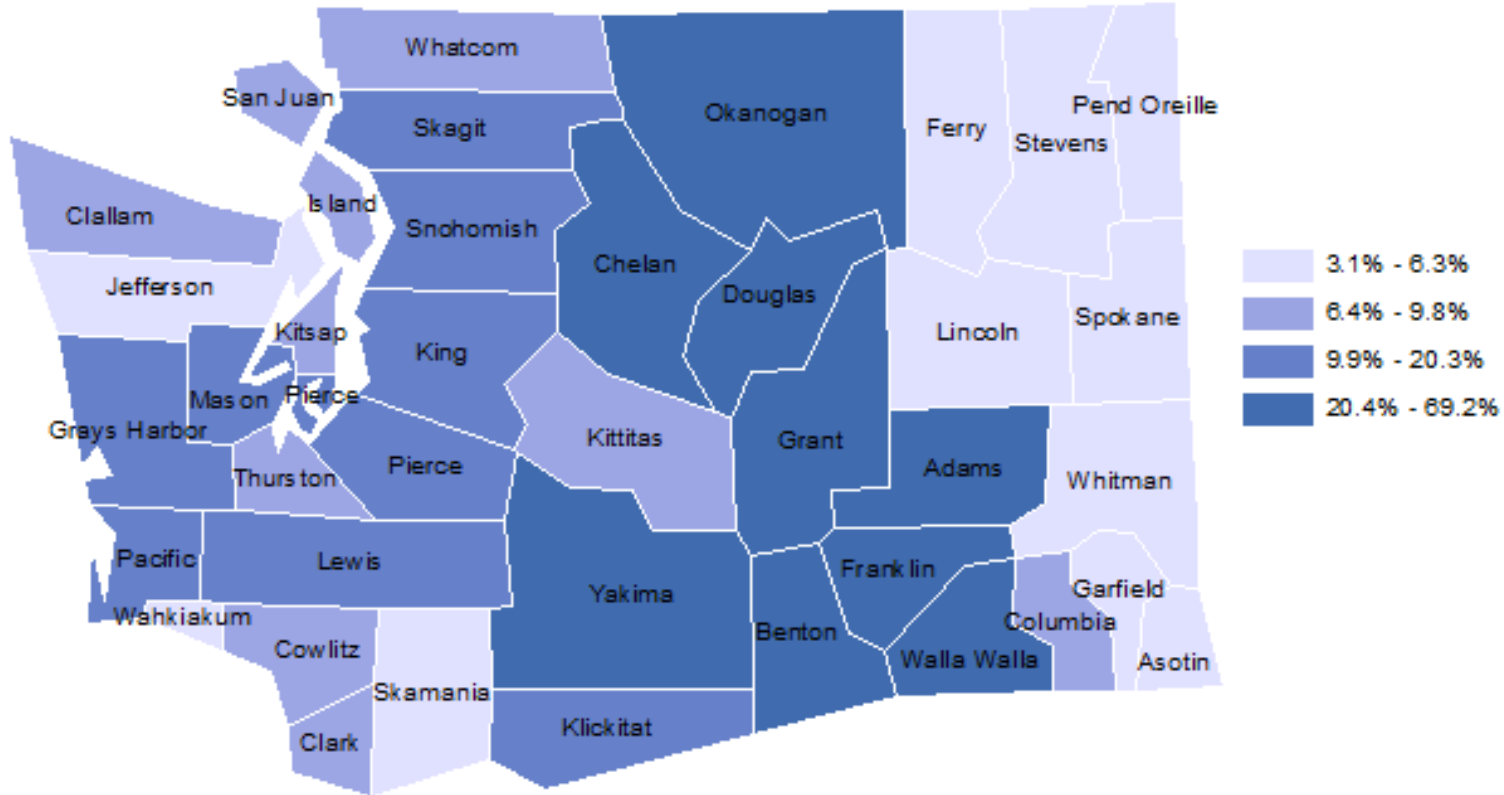
Hispanic/Latino Population Growth in Washington State



Data from 2020 Census

Washington State Department of Social and Health Services

Counties with high %age of Hispanic/Latino Population

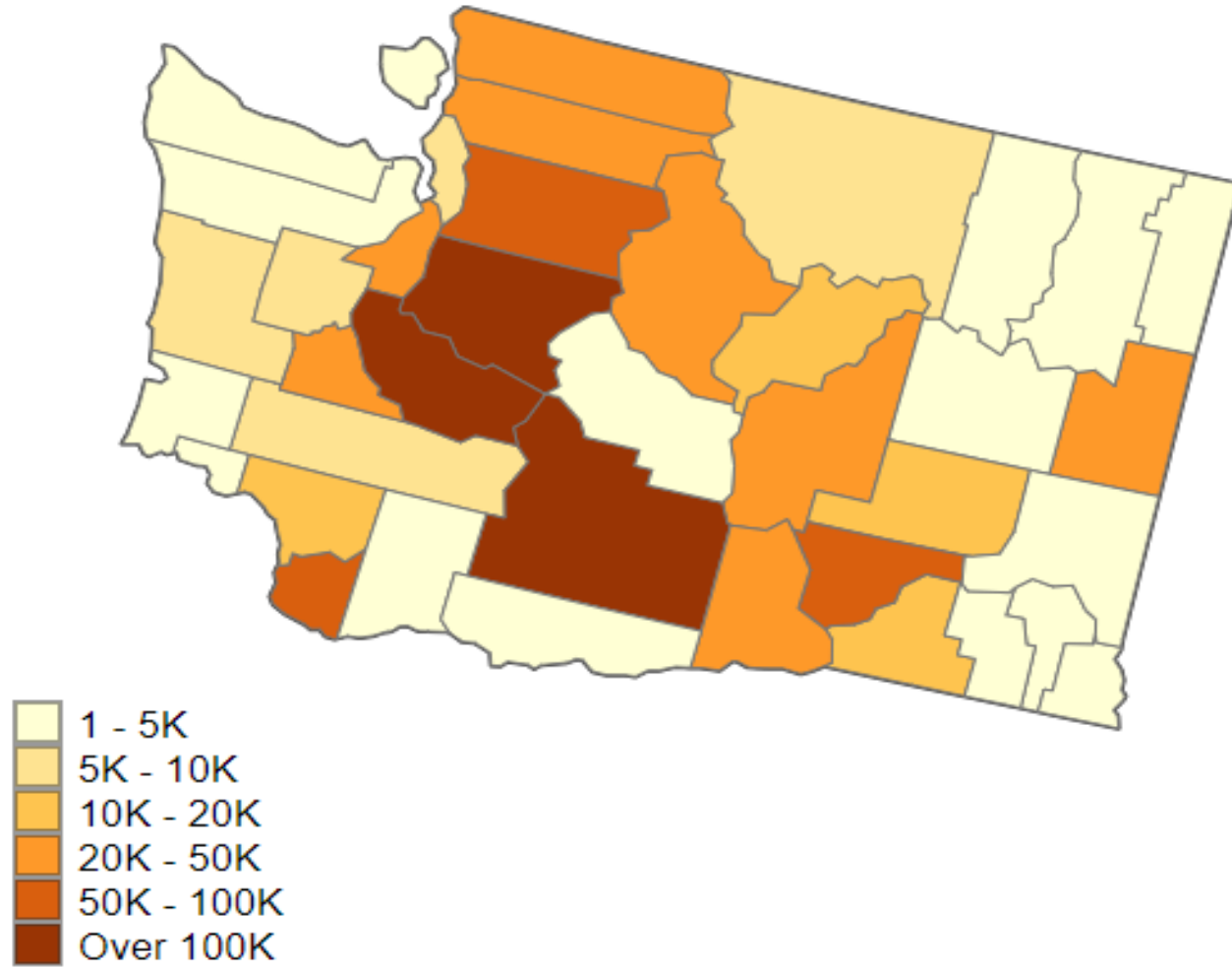


1. Adams (69%, ~13K)
2. Franklin (56%, ~52K)
3. Yakima (52% , **~130K**)
4. Grant (43%, ~42K)
5. Douglas (34%, ~14K)
6. Chelan (28%, ~28K)
7. Benton (24%, ~49K)
8. Walla Walla (23%, ~14K)
9. Okanogan (19%, ~8K)

Counties With Highest # of Hispanic/Latino Population

Significant numbers of Hispanics/Latinos also live in western counties, while making up a lower %age of the county (the exception being Yakima County):

- King (~234K)
- Yakima (~130K)
- Pierce (~100K)
- Snohomish (~90K)
- Clark (~59K)





From the BFET team, we thank you.

Thank you for being a partner with us in the BFET provider's quarterly meeting! Here are the dates for our FFY24 meetings, so block those calendars!

Hold the dates for FFY24

- December 5th
- March 5th
- June 4th
- September 10th

9:00 am – 12:00 pm

Partnering Together in Transforming Lives

Transforming Lives

Please complete the Zoom post-meeting survey that will pop up once you leave the meeting.