



**Report to the Legislature**

**Child Protective Services - Staff Safety  
Status on Implementation of the  
Recommendations by Children's Administration**

Chapter 95 Laws of 2006

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Department of Social & Health Services  
Children's Administration

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# **Child Protective Services – Staff Safety Report: Status on Implementation of the Recommendations by Children’s Administration**

## **Background**

On February 16, 2005, a Children’s Administration (CA) social worker was physically assaulted while investigating a report of child neglect in a remote area of Ferry County. The Ferry County Sherriff’s deputy who accompanied the social worker shot and killed the father of the children. His action likely saved the lives of the social worker and the co-worker who accompanied her. Each day DSHS workers who conduct field investigations or home visits to assess the health and safety of children and vulnerable adults face similar risks.

In April 2005, House Bill 2189 passed in response to this tragedy, requiring DSHS to convene a work group to:

- develop policies and protocols to address the safety of CA employees
- make recommendations regarding training for staff in the areas of recognizing volatile, hostile or threatening situations; de-escalation and preventative safety measures.

The work group (chaired by staff of the CA Office of Risk Management) reviewed relevant information related to worker safety, was briefed on the work of the CA Critical Incident Response and Support Task Force, identified missing elements and made recommendations to CA regarding worker safety.

The following is the Children’s Administration status update on implementation of recommendations in the “CPS - Staff Safety Report”:

<b>Recommendations of the Staff Safety Work Group</b>	<b>CA Status on Implementation</b>
1. Amend RCW 72.01.045, Assaults to employees - - Reimbursements for costs to include Children's Administration (CA) employees and Adult Protective Services (APS) workers.	HB3122 sponsored by Representatives Kagi, Walsh and Dickerson and passed during the 2005 legislative session, adds a new section to chapter 74.04 RCW. The statute now provides reimbursement for time loss to CA employees and APS workers who, because of the potentially hazardous nature of their job, are at risk of being victims of assault.
2. Amend RCW 9A.46.110 Stalking to include CA employees and APS workers.	HB3122 sponsored by Representatives Kagi, Walsh and Dickerson and passed during the 2005 legislative session, amends RCW9A.46.110. It is now a class C felony to stalk CA employees and APS workers in retaliation for the performance of their official duties or to influence the performance of those duties.
3. The Washington State Criminal Justice Training Center (CJTC), in collaboration with the CA Office of Staff Development and Training should provide annual mandatory staff safety training for all CA field office staff.	The CA Office of Staff Development and Training (OSDT) in collaboration with the CJTC provided a total of 7 training sessions between August and October 2006. There was training in each of the six regions and training specifically scheduled for the Resource Family Training Institute, for a total of 158 staff trained to date. Ten additional sessions have been scheduled in the regions over the next eight months.
4. A statewide critical incident response protocol should be developed and implemented to ensure consistent regional response when critical incidents occur.	A Critical Incident Response Task Force with statewide CA representation completed protocols that include a specially trained Peer Support Team, case assignment, worker assignment, disclosure issues, and communications. The protocols were reviewed and approved for implementation by CA Management. (See attached protocol and all staff letter).
5. Identify databases that can provide the most useful background information on individuals in order to assess safety issues for a worker prior to commencing a CPS investigation.	The Children's Administration is working with the DSHS Background Check Central Unit, the Office of the Attorney General and the Washington State Patrol to find the most efficient means of accessing criminal histories both during and after office hours. Current access to any statewide informational database is limited to all convictions and only charges that occurred within the last year. The national data base (NCIC) managed by the FBI is a fingerprint based system and until the recent passage of new federal regulations (the Adam Walsh Act) was accessible only by criminal justice agencies. A feasibility study and guidelines for mandated access by agencies that perform child protective service investigations have not yet been released. CA has identified a statewide worker safety committee to address issues that arise from

<b>Recommendations of the Staff Safety Work Group</b>	<b>CA Status on Implementation</b>
	worker safety incidents.
6. Local office safety committees should address employee safety issues in addition to building (facility) safety.	An office safety committee is an identified component of the national accreditation process which all 44 DCFS offices have either completed or are in the process of completing. The office safety plan must specifically address issues of employee safety.
7. Training for Intake workers should include assessing safety issues for making contact with a family.	Worker safety is currently a component of CA academy training. Training on notification and documentation of potential risks to worker safety was added to the specialized training for Intake workers June 12-15, 2006 and December 4-8, 2006.
8. CA should have a working agreement with all law enforcement jurisdictions and staff should be able to easily identify which law enforcement agency has jurisdiction in an investigation.	Each office is required to have a written agreement with local law enforcement jurisdictions regarding cooperation on sex abuse cases. Intake staff are aware of law enforcement jurisdiction based upon addresses.
9. Clarify the use and adopt guidelines for the use of "danger codes and notes" in CA's primary database (CAMIS). These codes and notes alert CA staff to individuals who may be dangerous.	This issue was a topic of discussion at the statewide meeting of regional CPS regional Managers and Intake leads. It was agreed that all staff as well as supervisors are responsible for updating new information on dangerous individuals ensuring the danger code is updated after critical incident reports about threats to staff safety have been received.
10. CA and Aging and Disability Services Administration (ADSA) should have timely access to databases that provide additional background information prior to and during investigations.	See status of recommendation #5
11. Identify geographical areas around the state where cell phones do not work. Continue to explore the use of other technology for those areas (i.e., radios).	Satellite telephones have been distributed to each region. Radios have been purchased for areas where there is no satellite coverage. An agreement has been developed with the Washington State Patrol to allow emergency use of their radio frequencies statewide. The first "train the trainer" session on use of the radios for staff was held in Parkland on November 9, 2006. Another training is scheduled in Spokane on December 13 <sup>th</sup> . The staff who are identified to use the radios have been assigned unique WSP badge numbers.
12. Greater sharing of mental health and substance	CA agrees with this recommendation but is limited by state (RCW 71.05.620) and federal (42 CFR Part 2)

<b>Recommendations of the Staff Safety Work Group</b>	<b>CA Status on Implementation</b>
information when the safety of children, families or employees may be at risk.	laws regarding disclosure of these types of personal information. Disclosure of these types of information requires specific written permission that meets specific legal requirements. Currently, staff can access the DSHS client registry which identifies that clients are/have been receiving services from the Division of Mental Health or the Division of Alcohol and Substance Abuse.
13. Determine the need for additional state vehicles (even if minimum mileage requirement not met). State vehicles, instead of personal vehicles, should be available for use by workers when conducting field investigations or visits.	CA supports this recommendation as resources are available. CPS and CWS staff should have priority usage of state vehicles for any contact with a client in their own home. Additional cars were purchased in each region in FY07.
14. Require social workers to maintain up-to-date itineraries. Design mandatory check in/check out procedure so the location of any worker at any time is known.	Off-site safety procedures is another identified component of the safety planning required by the national Council on Accreditation (COA) which all 44 DCFS offices have either completed or are in the process of completing. Most offices have sign in/out boards, forms to list schedules, access to electronic calendars, and so forth to make sure everyone is accounted for at the end of the work day.
15. Conduct a bi-annual staff safety survey.	The Governor, State legislature, and the COA require annual or bi-annual staff satisfaction surveys. Worker safety issues will be incorporated into this established survey process in 2008.
16. Require staff to annually review and sign off on staff safety policy.	Staff currently have to review and sign off on several other policies annually. The policy on staff safety will be incorporated into the established process in July 2007.
17. Develop a staff safety link on the CA website where relevant staff safety information/reminders can be posted.	A "safety "link on the CA intranet has been set up to include access to the DSHS statewide safety newsletter. Postings of new information, training opportunities related to safety, and so forth, will also be made available here.
18. Establish regular meetings with local law enforcement and CA (potentially by using Law and Justice or Regional Resource Team meetings).	This is already current practice in many offices and is arranged and completed at the local office level.
19. Develop a pocket card that clarifies statutory authority for	The cards have been designed, printed and shared with every DCFS office for distribution to all law

<b>Recommendations of the Staff Safety Work Group</b>	<b>CA Status on Implementation</b>
law enforcement placing children in protective custody.	enforcement jurisdictions statewide. (see attached copy)
20. Ensure debriefing is available within a short timeline (usually between 24 to 72 hours after an incident).	A Critical Incident Response Task Force with statewide CA representation has completed protocols that include CA's response to staff support, case assignment, worker assignment, and disclosure issues. The protocols were reviewed and approved for implementation by CA management. Timely debriefing opportunities for staff involved in a critical incident are a crucial component of the protocol.
21. Consider the possibility of having a trained mental health professional on staff to provide and/or coordinate this function.	This component is included as an option in the Critical Incident Protocol. Four regions already had contracts for this type of service. A statewide template for Critical Incident Debriefing services that would be uniform to all regions was developed and a letter of solicitation will be sent out.
22. Explore the possibility of CA headquarters providing a statewide incident response team.	A proposal for the development of a statewide peer support team who are available to respond to critical incidents was developed and approved by CA management for implementation on November 1, 2006. Twenty-one CA staff were selected and trained to a child welfare critical incident model developed by the Children's Aid Society of Toronto. (see attached all staff memo)



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Olympia, WA 98504-5000

October 27, 2006

TO: Children's Administration All Staff  
FROM: Cheryl Stephani, Assistant Secretary  
Children's Administration

**SUBJECT: CRITICAL INCIDENT RESPONSE AND PEER SUPPORT**

We have long recognized the need to improve our response to staff in the aftermath of critical incidents. As part of our reform agenda, I am pleased to announce that on November 1, 2006, the CA Peer Support Team (PST) will be ready to respond to staff following a critical incident. The PST members are:

Connie Morlin	Terry Lockett	Natalie Green
Barbara Sheffler	Lucy Stevens	George Nelson
Rory Axel	Bertha Glatt	Patty Turner
Lela Brugger	Annie Doll	Sarah Sheppard
Teresa Sach	Lisa Ryan	LaShonda Proby
Sonja Heard	Ursula Petters	Janice Langbehn
Dawn Oster	Sherry Brummel	Toni Sebastian

The team was trained in September by peer support staff from the Toronto Children's Aid Society (CAS). CAS has been providing peer support to their child welfare staff for eight years.

The Peer Support Team is a key component of the CA Critical Incident Response Protocol (CIRP). The protocol, which can be found at <http://ca.dshs.wa.gov/intranet/pdf/manuals/CIRP.pdf>, describes how the CA PST will respond to staff affected by critical incidents within 48 hours after a referral for peer support is made by their supervisor. ***The PST will respond to critical and serious incidents as defined by the protocol.***

- Peer support is new to CA although not new to critical incident response.
- Peer support is confidential and is separate from procedural or agency review of the incident.
- Peer support is voluntary and is designed to focus on the staff impacted by the incident, to provide support, and to help them understand how the incident might affect them.
- Peer support is available to any staff impacted by a critical incident.

Accessing peer support is easy and requires only a phone call requesting the support by a person in the staff person's chain of authority. Confidential feedback forms will be sent out to recipients of peer support after the session. This feedback will be used to improve the responsiveness and helpfulness of peer support and to assess the need for expanding the team.

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Critical Incident Response and Peer Support  
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I want to thank all of you who were involved in the development of the Critical Incident Protocol and Peer Support Team. I look forward to hearing feedback from staff on how the PST improves our response to the needs of our staff following these critical incidents.

If you have any questions about the protocol or PST, please contact any of these staff:

- Toni Sebastian (425) 673-3276, pager (206)540-7716
- Sherry Brummel (360) 902-8050, pager (360) 971-2251
- Sharon Gilbert (360) 902-7822, pager (360) 971-7218

Thank You.



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
CHILDREN'S ADMINISTRATION**

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**Children's Administration  
Critical Incident Response Protocol**

**I. Purpose**

Children's Administration (CA) staff responds to critical incidents that are case, client, and staff-related. Most of these incidents will receive some attention and may result in an incident report to the Governor's office and some type of follow-up by regional administration and headquarters (HQ) staff.

The CA Critical Incident Response Protocol (CIRP) describes the agency's standard response to a critical incident. The CIRP goals are to ensure consistency of response, accuracy of information, safety, staff support, and clarification of roles and responsibilities. The CIRP focus is to ensure that debriefing is consistently available to staff in order to minimize the harmful effects of critical and serious incidents. The CA Peer Support Team (PST) is available to provide debriefing. CA recognizes that there is a degree of severity to traumatic events and a variance of response by staff to those events. Peer support is available to any staff who is impacted by a critical or serious incident.

Critical incidents have a ripple effect and agency activities are generated as a result of the incident. Media, legislative, and community interest can also be generated by the incident resulting in increased attention on the agency and on the staff persons involved. Some of these activities can take place many months after the critical or serious incident occurs. The peer support response to critical incidents can be available at any time it is needed with the initial debriefing designed to meet immediate support needs. It is very important that managers, administrators, and others remain aware of the impact of activities that follow the initial impact of the critical incident and that support is made available to staff as these activities occur.

**II. Definitions**

**Alternate assignment:** A temporary reassignment of duties and, possibly work station, outside of regularly assigned duties.

**Briefing:** A meeting which provides participants with an accounting of the facts of the incident as they are known and to answer questions as appropriate and necessary.

**Critical Incident:** A critical incident is an unpredictable, traumatic event which may cause physical and/or emotional distress to staff and may interfere with their ability to continue their work or regular routine. These incidents include:

- CA/N fatalities in licensed or state operated facilities
- CA/N fatalities or near fatalities on open or recently closed cases in any program area
- CA/N-related or work-related arrest or charges filed against staff person or provider of services
- Staff or provider assaults

**Critical Incident Response Meeting:** A briefing at the administrative level to discuss the incident and needed follow-up. The meeting will include updated information on the status of the case, critical incident support to staff involved, services to the family, and a communication plan. Those participating in the meeting include the Assistant Secretary, Executive Assistant, Division of Licensed Resources (DLR) administrator/Division of Children and Family Services (DCFS) regional administrator, Director of Field Operations (DFO), Office of Risk Management (ORM), and DSHS Communications

**Debriefing:** A meeting between the staff person(s) involved in the critical incident and a specially-trained debriefer, allowing the staff person(s) to discuss the impact of the incident in a confidential and supportive environment.

**Initial Case Staffing:** A meeting at the regional level to gather incident information, discuss current case status and follow-up, services for children and family as needed. Those participating in the meeting may include the case-assigned social worker, the supervisor, and the area administrator.

**Peer Support Team (PST):** A statewide network of CA staff specially trained to provide debriefing to staff impacted by a critical or serious incident.

**Recently Closed Case:** A recently closed case is one that has had services in any CA program within 12 months prior to the incident.

**Serious Incident:** A serious incident is an unpredictable, potentially traumatic event which is likely to cause emotional distress to staff and may interfere with their ability to continue their work. These incidents include:

- CA/N-related near fatalities on open or recently closed cases in any program area
- CA/N-related near fatalities in licensed or state operated facilities
- Crime-related fatality or serious injury of staff or provider that is work-related
- Multiple victim abuse cases that involve a licensed or state operated facility
- Serious threats to staff

### **III. Support and Administrative Response**

The CIRP provides timelines for concurrent administrative and support activities that are required following a critical incident. These activities may also occur after a serious

incident. The support response is available to all staff who experience a critical or serious incident.

Activities that can occur after a critical or serious incident include:

- case staffings and reviews conducted within CA at the regional level
- child fatality reviews required per RCW and CA policy at the regional or executive level
- criminal prosecution of perpetrators
- tort claims
- requests for public disclosure
- release of records including staff names
- efforts by media to contact staff persons involved in the incident

The DLR administrator/DCFS regional administrators take the lead on initiating activities for their staff. It is essential to the successful initiation of the support response and successful completion of administrative activities that communication channels remain open with HQ staff. It is important that information about the event is shared as soon as it is available and that the information be factual rather than speculative.

#### A. SUPPORT RESPONSE

The timelines and activities described below apply to all incidents defined as critical. The activities can occur concurrently. The activities may also apply to incidents defined as serious. The PST is available for all types of traumatic incidents, critical, serious, or otherwise.

The DLR administrator/DCFS regional administrator or designee will ensure that the staff person(s) involved in the incident has an opportunity for a debriefing and will ask the staff person to set time aside to meet with a debriefer. The purpose of the debriefing is to allow the staff person(s) an opportunity to begin to discuss the impact of the incident with a person trained in debriefing who is not in their chain of command. Administrators or their designees, or supervisors, should consider peer support for any staff impacted by the incident including caseworkers, supervisors, clerical and administrative support, home support specialists, and others who may have had a relationship to anyone involved in the incident.

##### 1. *Within 24 hours:*

- The DLR administrator/DCFS regional administrator or designee will contact the PST lead to request a PST member meet with the staff involved. A time and meeting place will be scheduled.
- The ORM will deploy a PST member or members to meet with the staff person(s). The PST member will meet with the staff person and provide debriefing if the staff person chooses to participate in the session.

2. *Within 48 hours:*

- The staff person(s), supervisor, and area administrator will meet for an initial case staffing. The purpose of the staffing is to ensure that the support response has begun and to gather case/incident-related information. The initial case staffing should be attended by those staff who are directly assigned to or have authority over the case. The initial case staffing is not intended to be used as a debriefing or briefing session.
- The Assistant Secretary, Deputy Assistant Secretary, the DLR administrator/DCFS regional administrator, DFO, the ORM, and DSHS Communications will meet in person or via conference call for a critical incident response meeting. The purpose of the meeting is to provide updated case information and current case planning, discuss media and stakeholder communication, ensure that the support response has been initiated, etc.

3. *Within five working days:*

- The DLR/DCFS administrator will make a determination about the need for case reassignment and/or alternate assignment. Reassignment or alternate assignment should be considered under the following circumstances:
  - a) When a child dies or is gravely injured as the result of alleged abuse or neglect by a caregiver and the case is open for services.
  - b) When employee conduct is being investigated.
  - c) When a staff person is physically injured or assaulted.
- The DLR administrator/DCFS regional administrator or designee will hold a briefing for staff. The purpose of the briefing is to provide known and factual information about the case to the office or section. The staff person(s) involved in the incident should attend at their discretion. Others invited to the briefing will include the PST member assigned to the incident and a representative from the ORM. The facilitator of the briefing will be selected by the DLR administrator/DCFS regional administrator or their designee. Participants in the briefing should be reminded that information shared at the briefing will be confidential.

5. *Within seven working days:*

- The DLR administrator/DCFS regional administrator or designee will determine the need to hold a briefing for case-related service providers. The purpose of the briefing is to provide known and factual information about the case to the case-related service providers as soon as possible in order to avoid having these providers learn about the case through media, speculation, hearsay, etc. If it is determined that a briefing should take place, the briefing will be scheduled within two weeks of the incident. The staff person(s) involved in the incident should attend at their discretion. Others invited to the briefing will include the PST member assigned to the incident and a representative from the ORM. The facilitator of the briefing will be selected by the DLR/DCFS administrator or their

designee. Participants in the briefing should be reminded that information shared at the briefing will be confidential.

## B. ADMINISTRATIVE RESPONSE

### 1. *Within 24 hours:*

- The ORM will be notified via CAMIS alert, AIRS, or the DLR administrator/DCFS regional administrator or their designee of the critical incident. The ORM staff person will ensure that the DFO has also been notified of the event.
- The ORM will determine the need for an Incident Report to the Governor. The purpose of an Incident Report is to alert the Governor and the Secretary of Department of Social and Health Services (DSHS) to any incident likely to become high-profile and evoke legislative, media, and/or community interest. The ORM will write the Incident Report in consultation with DLR or the DCFS regional office as needed.

### 2. *Within 48 hours:*

- The DLR administrator/DCFS regional administrator or designee will create an administrative file. Access to the file will be given to the assigned staff person and their supervisor, the area administrator, the DLR administrator/DCFS regional administrator, and their executive assistant. The ORM staff person assigned to the incident will have access to the administrative file.

### 3. *Within two weeks of the incident:*

- The DLR administrator/DCFS regional administrator and/or their designee may conduct an internal case review to determine follow-up activities

### 4. *Within timeframes described in RCW, WAC, and policy:*

- Child fatality review or executive child fatality review. Peer support should be made available to staff if they are expected to be interviewed as part of a child fatality internal or executive review. PST member can be deployed to the office or location of the review for an on-site response during the review. Referral for peer support during a fatality review is made to the PST lead.

### Critical Incident Support and Administrative Response Timeframes and Activities

Timeframe	Persons Involved	Activities
Within 24 hours	DLR/DCFS administrator or designee PST lead	<ul style="list-style-type: none"> <li>Referral to PST for debriefing</li> </ul>
Within 24 - 48 hours	Staff person involved in critical or serious incident PST member	<ul style="list-style-type: none"> <li>Meet for debriefing</li> </ul>
Within 24 hours	ORM and DFO	<ul style="list-style-type: none"> <li>Notification of incident</li> </ul>
Within 24 hours	ORM	<ul style="list-style-type: none"> <li>Incident Report to Governor</li> </ul>
Within 48 hours	Staff Person(s), supervisor, area administrators (others to be determined)	<ul style="list-style-type: none"> <li>Initial Case Staffing</li> </ul>
Within 48 hours	Assistant Secretary, Executive Assistant, DLR/DCFS administrator, DFO, ORM, and DSHS Communications	<ul style="list-style-type: none"> <li>Critical Incident Response meeting</li> </ul>
Within 48 hours	DLR/DCFS administrator or designee	<ul style="list-style-type: none"> <li>Create administrative file</li> </ul>
Within five working days	DLR/DCFS administrator	<ul style="list-style-type: none"> <li>Case reassignment, alternate assignment</li> </ul>
Within five working days	CA unit and/or section staff	<ul style="list-style-type: none"> <li>Briefing</li> </ul>
Within seven working days	Case-related service providers	<ul style="list-style-type: none"> <li>Briefing</li> </ul>
Within two weeks	DLR/DCFS administrator or designee	<ul style="list-style-type: none"> <li>Internal case review</li> </ul>
Within timeframes defined in RCW, WAC and CA Policy	CPS program manager	<ul style="list-style-type: none"> <li>Child fatality review (as needed)</li> </ul>
At direction of Assistant Secretary	ORM	<ul style="list-style-type: none"> <li>Executive child fatality review</li> </ul>

Call this toll-free number if you suspect that a child or vulnerable adult is being abused or neglected. The operator will connect you with the right DSHS office to make your report.



Voice/TTY Accessible  
1-800-737-7991

Washington  
State  
Department  
of Social &  
Health Services

If you're calling about an immediate life-threatening emergency, dial 911.  
For more information about reporting abuse of a child or vulnerable adult, visit the DSHS web site at [www1.dshs.wa.gov/](http://www1.dshs.wa.gov/)

DSHS 22-890 (11/05)

## Mandatory Reporters

### Make The Call!

Report abuse and neglect involving children

For a crime, physical or sexual abuse or a life-threatening situation, call 911

Mandatory reporters call directly to the appropriate local office.

You are encouraged to look on the Internet for information about reporting child abuse in Washington State at:

[www1.dshs.wa.gov/ca](http://www1.dshs.wa.gov/ca)

Statewide after normal business hours, weekends and holidays:

1-800-562-5624

(Answered by DSHS employees, 24/7)

## Child Abuse & Neglect in Washington State

### ▶ KNOW THE SIGNS

- Unexplained injuries (bruises, burns, welts)
- Difficulty sitting or walking
- Unusual sexual knowledge/behavior
- Abandonment
- Fear of a caregiver
- Shrinks from approaching adults
- Afraid to go home
- Unexplained absences
- Unexplained lags in physical development
- Failure to provide basic needs
- Begs/steals food or money
- Sudden behavior changes
- Poor hygiene

**RCW 26.44.050**  
A law enforcement officer may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were necessary to first obtain a court order pursuant to RCW 13.34.050.



For more signs, visit our website at  
<http://www1.dshs.wa.gov/ca/safety/abuseWhat.asp>