

PART II: Final Report for Fiscal Years 2000-2004

(7) Child Abuse Protection and Treatment Act

**Children's Administration
Department of Social and Health Services**

Final Report for FY 00-04: Child Abuse Prevention and Treatment Act

Children's Administration (CA) designated a number of different areas for improvement in FY 00-03. A synopsis of those activities appears below. A more detailed summary for FY 2004 follows since those activities have not previously been reported.

FY 00-03 CAPTA Summary of Accomplishments

➤ Kids Come First

One of the most significant improvements in CPS practice in the last five years has been in the area of risk assessment. Beginning in 2001, CPS coordinators and other agency staff were involved in a significant statewide initiative entitled *Kids Come First* (KCF). The project was undertaken with support from the Secretary of the Department of Social and Health Services, Dennis Braddock, and Washington State Governor Gary Locke.

Risk assessment tools were developed and a new practice guide for risk assessment was written and distributed to the field. Extensive training was also put in place between 2001 and 2002 as part of the KCF action agenda.

A major portion of CA's Kids Come First Initiative included the development of seven new risk assessment tools reflective of three of the primary objectives of the KCF initiative:

1. Child safety is the primary mission for Children's Administration.
2. Shared decision-making results in sound decision making.
3. Critical thinking is an important part of shared decision making.

The KCF risk assessment tools include:

- intake risk assessment
- safety assessment
- safety plan
- investigative risk assessment
- re-assessment of risk
- reunification assessment
- transition and safety plan

The Practice Guide to Risk Assessment was completed in May 2002 and is available on-line for all CA staff. The guide reviews each decision point in the life of a case and the risk assessment tools available to guide decision making.

Statewide implementation for all tools was complete by mid-July, 2002. Regional trainings have continued for on-going and new staff. Kids Come First Phase Two will continue to focus on child safety and will also incorporate recommendations from the Child and Family Services Review.

➤ Audio Recording of Child Sexual Abuse and Physical Abuse Interviews

More than 50% of the referrals reported to CA are investigated by CPS social workers. During the investigation process, social workers interview the alleged child victim to obtain the account of the reported incident. CA recognizes the need to ensure accuracy and completeness of the interview.

In 1999, the Office of the Family and Children's Ombudsman (OFCO) released findings from the investigation of CA activities regarding the widely publicized mid-1990's Wenatchee cases. One major finding of their 1999 report was that law enforcement and DSHS documentation policies were not sufficient to ensure that child interviews are documented in a manner that permits meaningful external review.

The report recommended CPS social workers be required to document child interviews in a verbatim or near-verbatim manner that captures questions asked, in what order and the answers given to the questions. The exact language is critical for effective forensic evaluation and for any external review.

In January 2000, CA administration piloted three different methods of near verbatim documentation and recording for conducting and preserving interviews with alleged child victims of sexual abuse per legislative mandate, Chapter 389, Laws of 1999, Senate Bill 5127a. Video taping, audio tape recording and laptop computers were all documentation methods tested during the pilot.

Through a statewide Continuous Quality Improvement team process in May 2001, two regions began a six month pilot to test the strengths and limitations of audio taping versus written documentation of child victim and witness interviews for investigations of physical abuse.

Assistance was sought from Harborview Sexual Assault Center to provide training for pilot participants on child interviewing. Participants from the Olympia sexual abuse pilot team were also invited to attend the training to provide technical and practical information. Letters were sent to community stakeholders and public meetings were held in each pilot site community to share information and answer stakeholders' questions. The team administered two surveys and collected additional data in an attempt to evaluate workload issues, staff satisfaction, quality outcomes, costs and improved documentation of child interviews.

The results of the physical abuse near verbatim documentation pilot supported the findings from the previous pilot test of child sexual abuse interviews. The projects clearly identified the benefits of electronically documenting child interviews:

- increased accuracy and integrity of child interviews and CPS investigation,
- reduced number of times a child is interviewed by community partners,
- increased stakeholder/parent satisfaction with quality and thoroughness of child interviews,
- increased quality of child interviews by increasing staff awareness and self/peer evaluation of interview skills, and
- decreased time spent by CPS social workers documenting investigations of CA/N and increased time spent providing direct services to children and families.

Statewide audio recording of child interviews was implemented May, 2004 following resolution of funding for transcription services and equipment and clarification of legal implications related to electronic recordings.

➤ CPS Intake

In August 2002, CA began operating Central Intake (CI), a central reporting center for statewide referrals alleging C/AN. CI had three main goals:

- improve consistency of screening decisions,
- improve consistency and timeliness of responses to reports of CA/N, and
- improve efficiency.

CI faced significant implementation issues, including:

- staffing levels,

- staff training on intake decision making,
- defining roles and responsibilities of CI and regional staff, including responsibilities to coordinate with local law enforcement,
- wait times experienced by referents calling the 1-800 number, and
- staff training to use new equipment.

Department of Social and Health Services Secretary Dennis Braddock contracted with Sterling Associates for an independent analysis of the intake system on March 27th, 2003. In addition, the CA Case Review Team looked at the quality of work performed by intake staff.

Neither the case review nor the Sterling report found that assessing a child's risk for abuse or neglect became more consistent under Central Intake. The Sterling report also concluded that CA underestimated the importance of local working relationships between staff and communities in protecting children and did not give adequate time to hear community views or sufficient weight to community concerns.

CA announced in June 2003 that CI would continue for after-hours reporting and that all child placement and daytime intake responsibility would return to the field. This new direction was an opportunity, in consultation with staff and community partners, to improve the quality and efficiency of our intake services and to work towards the goal of improving statewide consistency. Daytime intake was incrementally returned to the field until October of 2003 when after hours, week-ends and Region 4 (King County) remained as a central intake function in the downtown Seattle location. As a result of the lessons learned through the CI process, a new Quality Assurance and Consensus Building Plan was developed which is described in more detail in the 2004 summary that follows.

FY 04 CAPTA Summary of Accomplishments

Children's Administration (CA) designated the following areas from the options enumerated in section 106(a)(1) through (14) of the Child Abuse Prevention and Treatment Act for improvement:

- Improving the intake, assessment, screening, and investigation of reports of abuse and neglect (section 106(a)(1))
- Improving the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols (section 106(a)(4))

- Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12))

The specific activities funded by the CAPTA state grant are:

- Six regional Child Protective Services program managers
- The Medical Consultation Network

Our accomplishments for 2004 in each of the three designated areas are outlined below.

Improving the intake, assessment, screening, and investigation of reports of abuse and neglect (section 106(a)(1))

- Regional Child Protective Services (CPS) program managers support the intake, assessment, screening and investigation of reports of abuse and neglect via:
 - region specific staff and community training,
 - representation on statewide CPS projects such as the Intake Quality Assurance and Consensus Plan, the digital audio recording of child interviews, and the Administrative Incidents Reporting System (AIRS) that tracks child fatalities, trends and recommendations identified during the internal review,
 - consultation and consensus building within their regions,
 - coordination of regional community based child protection teams,
 - participation in local child fatality reviews, and
 - coordination of regional services for low risk families.
- The Intake Quality Assurance and Consensus Building Plan was implemented in April of 2004 to assure consistency and quality within the intake process. The Quality Assurance and Consensus Building Plan consists of four elements:
 - 1) referral review,
 - 2) data analysis,
 - 3) consensus building, and
 - 4) customer satisfaction surveys.

Referral Review

There will be three referral reviews per year. The CA Central Review Team (CRT) will conduct one statewide review and two regional reviews of referrals across all programs. Referrals for the reviews will be randomly selected and include screened in referrals and those screened as information only.

The CRT will use a statewide intake review tool. The CRT will include regional DCFS and DLR representatives experienced with the intake program as part of the team. Regional Child Protective Services (CPS) program managers and regional DLR/CPS supervisors will conduct a review of referrals twice a year across all programs.

The results of the reviews will be forwarded to regional administrators, regional management and the CA intake program manager. A regional quality improvement plan will be developed to address issues raised by the regional review.

Intake supervisors will review 100% of the referrals generated from their units. Feedback will be given to social workers on an individual basis as needed to address training and performance issues.

Data Analysis

The CA intake project manager will conduct a twice-yearly review of intake data statewide. The following data elements will be reviewed:

- screen in and screen out (I/O) rates
- referral decisions made within three days
- rates of referrals risk tagged as low standard and high standard
- referral response times

Regional CPS program managers, the DLR/CPS program manager and CI area administrator or program manager will analyze intake data each quarter. The findings from the quarterly reports will assist in identifying trends in specific offices. A comparison will be made to statewide and national averages for analysis of patterns and trends in referral screening rates.

Offices with findings that indicate significant variance from the regional or statewide averages will receive an additional review. Regions will develop plans to address issues as needed.

Regional intake leads will report field response activities initiated by CI after hours to the CA intake project manager monthly.

The report will include:

- number of calls,
- type of calls,
- hours spent on placement, and
- hours spent on non-placement activities by the field.

The report also shows average response times taken to make contact with law enforcement and type of placements made by field response workers.

The CA intake project manager will prepare a statewide quarterly report for the CA management team quarter.

Consensus Building

A statewide consensus building meeting will be held every six months. Feedback will be provided to headquarters for consideration in policy and WAC development and reform.

Regional CPS program managers and regional DLR/CPS supervisors will hold monthly consensus building meetings to review complicated referrals. A tracking log will be maintained to provide feedback and track trends in intake decision-making.

Regional intake leads and the CI area administrator meet bi-monthly to resolve ongoing operations and intake program issues. Regional consensus building will take place on a quarterly basis. In cases of disagreement across regions or with CI on referral decisions, the intake supervisor and the receiving region's field supervisor will work with their chain of command to resolve disputes, seeking resolution at the lowest possible level.

Complaints from mandatory reporters, licensed providers or community members will be resolved at the lowest possible level. The regional administrator will make the final decision if a decision can not be reached.

Customer Satisfaction Surveys

Customer satisfaction surveys will be coordinated with the referral reviews to occur twice a year, one with the second quarter statewide review and the second with the fourth quarter regional review.

The results of the survey will be collected by the intake project manager and a report submitted to the CA management team for use in program and policy development, intake training and community outreach and collaboration.

- CA policy for accepting prenatal CPS referrals for substance abusing women has been under review due to considerable professional disagreement on this policy among medical professionals, court personnel and CA staff. A workgroup was established in 2001 to look at this policy. Referrals on substance abusing women with newborn children who do not have other identified risk factors or allegations at intake will be referred to the First Steps program. First Steps helps low-income pregnant women get the health and social services needed during pregnancy. Medical coverage will also continue for two months beyond the pregnancy. Women also receive maternity support services. Some support services can continue until the baby turns one year old. Other services provided by First Steps includes:
 - paid medical bills,
 - transportation to medical appointments,
 - child care while at medical appointments,
 - child birth education,
 - medical care for the newborn,
 - help accessing medical care for the children,
 - drug education and assistance, and
 - family planning services when the pregnancy ends.

If a woman is not eligible for First Steps, they may also be referred to the Early Intervention Program (EIP). The EIP is a county-based public health program that focuses on health related issues for parents with young children or pregnant women. The Division of Alcohol and Substance Abuse (DASA) and CA are also developing a protocol for intervention at the Community Service Office level to ensure that

pregnant and parenting women with substance abuse issues are identified for services.

Both the Early Intervention Program (EIP) and the Alternative Response Service (ARS) serve low-risk, chronic neglect families through the use of public health nurses. EIP public health nurses typically serve families with children ages birth to six and address health issues. EIP can also provide services to families which do not meet the screening criteria for agency involvement yet which are the subject of substance abuse allegations. ARS is a legislatively mandated contracted service to low risk families.

A joint conference occurred in June 2004 for both programs. The two-day conference is for CA program staff and providers. Specific topics included:

- contract training,
- data collection,
- engaging families, and
- OCAR ARS evaluations.

Revised EIP contracts that will closely mirror the ARS contracts with the same data collection elements and reporting requirements will become effective July 2004. Both programs have also jointly developed common outcomes that will be tracked in contracts beginning in January 2005.

The ARS program began tracking specific data elements on an electronic statewide tracking system in July 2004. Client outcomes, contract performance information and research data are tracked via information submitted monthly to the regional ARS coordinators from the providers. Providers submit Monthly Status Reports, 90 Day Family Reviews and Family Exit Summaries.

The Office of Children's Administration Research (OCAR) uses the monthly information to generate reports at six month intervals. OCAR reports:

- family participation rates by provider and region,
- ten day face to face family visits,
- length of service for family,
- reason for exit from program,
- CPS re-referral rates, and
- out of home placements for children.

A secure email system is anticipated for the near future so providers can forward the monthly information to the coordinators in electronic form.

- CA has made referrals to the Infant Toddler Early Intervention Program (ITEIP) for several years already, irrespective of substantiation of CPS allegations. CA and the Division of Developmental Disabilities (DDD), who has state oversight for administering this program, have worked cooperatively in the last year to improve the referral process to ITEIP. Prepassport Screen coordinators, who assess children for developmental delays who have been in out of home placement for a minimum of 30 days, are required to make an ITEIP referral if developmental delays are identified for a child.
- Statewide implementation of digital audio recordings of investigative child interviews for child sexual abuse was completed in May 2004 following the development of policy and procedures, purchase and dispersal of the digital equipment, selection of two transcription providers, installation of equipment to ensure secure electronic transmissions between CA and the selected providers, and development of a quick reference guide for the field.

Each office in the state has a designated gatekeeper. The gatekeeper has responsibility for storing audio recordings on compact discs and processing of transcription requests. The gatekeeper also has responsibility for maintaining and tracking the equipment. Training was provided statewide that included:

- an on-line blackboard training for use of the equipment and child interviewing,
- a refresher course in investigative child interviewing, and
- regional trainings for social workers, supervisors and gatekeepers on policy, use of the equipment and use of the tracking form.

Improving the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols (section 106(a)(4))

- A memorandum of understanding (MOU) has been completed between CA and the Division of Alcohol and Substance Abuse (DASA) to improve the working relationship between the two agencies and to provide more effective services to our mutual clients. Provisions of the MOU include:
 - joint funding for mutually beneficial projects,
 - joint research projects on outcome measures,

- regular meetings between regional administrators from both administrations,
- regional MOUs will be put in place at the community level, and
- CA will be involved in the planning of the DASA three day training institute and a Prevention Summit.

A CA-DASA work group is currently drafting policy for substance abusing pregnant and parenting women. A quick field reference guide and website are planned over next the two years.

- CA continues to do child fatality reviews on child deaths when:
 - the family had an open CA case at the time of the fatality,
 - the family had any CA services during the 12 month period prior to the child's death, and
 - the death occurred in a CA licensed facility or a licensed child care facility/home.

Child fatalities are reviewed through an internal fact finding review within the agency and staffed by the regional CPS program manager. Although the Washington State Department of Health (DOH) no longer receives state funding to conduct external child fatality reviews, some local health jurisdictions have chosen to continue to conduct community reviews.

Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12))

- CPS staff were involved in the November 2003 Child and Family Services Review, and have subsequently served on program improvement plan work groups, focusing in the areas of service array and safety. This work will continue with the implementation of Kids Come First Phase Two.
- A contingency of community providers, legislators and CA staff met in April 2004 to identify issues particular to adolescents within the CPS system. The group made a decision to reconvene the Adolescent Work Group (AWG). The AWG met again for the first time in May 2004. Some of the issues identified by the group were:
 - communication barriers between Family Reconciliation Services and CPS,
 - inadequate investigations for alleged adolescent abuse,

- adolescents returning home without adequate support services in place,
- risk assessment process for adolescents, and
- mental health services for adolescents.

CA staff will compile the discussion from the AWG meeting and consolidate this information with the identified adolescent issues in the PIP. This information will then be shared with the AWG for further discussion and the development of next steps. The next meeting is scheduled for July 2004.

- The 2004 legislature passed two bills related to family decision making. The bills resulted from both the positive results CA has had with the family decision making models already in place and as a response to our recent Child and Family Services Review. The review indicated that Washington needs to demonstrate more direct family involvement in shared decision making, more thorough and consistent relative searches and better inclusion of fathers in decision making.

One of the bills rewrote a law passed in the 2001 session. The original bill said that parents at the time of the shelter care hearing should be informed about case staffing options that were available to them. The 2004 bill moves the legislation forward by requiring CA to offer a case staffing between the shelter care and fact finding hearings.

The second bill directs CA to develop a strategy for involving families more directly in the decision making process.

Family Decision Making (FDM) was first introduced in WA state in 1996. The FDM model in Washington consists of two basic meetings: the Family Group Conference and the Family Support meeting. Both engage family members and service providers by sharing information and decision making to reach a common goal of ensuring the safety and protection of children. Both meetings are voluntary and require consent from the parent and social worker.

A Family Group Conference (FGC):

- works well when multiple issues must be addressed
- can be a large meeting with many participants
- includes family and extended family in planning session
- participants are prepared by the coordinator for their role in the meeting

- asks service providers to share information in the first part of the meeting
- provides the family with private time to create a plan without professionals present
- may last three hours to a full day
- goal is determined at time of the referral to a Family Group Conference
- allows the social worker to review family's plan to ensure the child's safety
- follow up meetings can be held to review the family's progress at the request of the family or suggestion by the social worker

A Family Support Meeting:

- is best utilized when specific issues need to be addressed
- goal of meeting is discussed in detail as part of the agenda
- parent identifies family and service providers who should attend
- family takes the lead in planning with input from service providers
- all participants remain in the room throughout the meeting
- is generally a two hour meeting

The FDM coordinators meet on a monthly basis and will play a significant role in the implementation of both 2004 bills.

- In recent years, professionals who work in the field of domestic violence have recognized that there are different opinions about the most effective way to address its impact on families. It has become clear that discussion and resolution of these conflicting outlooks among victim advocates, child welfare authorities, law enforcement, and the courts is essential to the common goal of protecting women and children and stopping the cycle of domestic violence.

Funding for a two part summit to address these issues was provided by the Violence Against Women Act (VAWA) grant awarded by the Gender and Justice Commission's VAWA Grant Steering Committee.

On May 30, 2003, the first part of a Washington State Child Protective Services and Domestic Violence (CPS/DV) Summit was held in Seattle. Statewide policy-makers were in attendance from CA, the Coalition Against Domestic Violence, Washington courts, the Superior Court Judges' Association, the legislature, the Washington State Office of Public Defense, the Attorney General's Office, the Washington Association of Prosecuting Attorneys, Washington State CASA and Children's Home Society. This session began the dialogue among the various domestic violence professionals.

Part two occurred in March 2004 and worked specifically on two broad issues:

- 1) Key elements of a Washington state protocol when responding to domestic violence in families with children. The key elements identified for agreement between agencies included:
 - development of an oversight, monitoring and data collection network,
 - definitions of agency and professional roles and responsibilities,
 - common values and principles for practice and policy,
 - cross training in the community and across systems,
 - implementation of promising practices, and
 - a process for dispute resolution between agencies and the courts.
- 2) Development of a process for establishing county protocols for responding to domestic violence in families with children. Each region met and outlined next steps to develop local protocols. Regions were charged with convening meetings at the local level with community stakeholders to finalize a local protocol for responding to domestic violence.

- Community based Child Protection Teams (CPT) operate throughout the state. Staff are required to consult with a CPT regarding many high risk cases and may consult with a CPT on any case where the CPS staff want additional consultation in developing a case plan for the child and family.

The Regional CPS program managers coordinate CPTs and meet on a quarterly basis statewide. The group continues to work on statewide consistency for the CPT process. This past year a panel of CPT volunteer members and staff participated for the first time at the Children's Justice Conference in Bellevue. They will also participate in next year's conference.

- Medical Consultation Network

The Child Abuse Medical Consultation Network (MedCon), funded by the CAPTA Basic State Grant, is also available for use by CPS staff to obtain a physician's opinion about abuse and neglect cases. The Network is made up of seven pediatricians throughout the state who are recognized as experts in diagnosing child maltreatment. The physicians are affiliated with major hospitals serving children in Washington. Those hospitals include:

- Children's Hospital and Medical Center in Seattle,
- Harborview Medical Center in Seattle,
- Mary Bridge Children's Hospital in Tacoma,
- Deaconess Medical Center in Spokane,
- Vancouver Clinic in Vancouver, and
- Yakima Pediatric in Yakima.

MedCon is available to CPS staff, DLR staff, law enforcement, attorneys and other physicians.

➤ Guardian Ad Litem (GAL) Program

In Washington State, children in dependency proceedings are served by court appointed guardian ad litem (GALs) or court appointed special advocates (CASAs). These may be specifically trained volunteers or paid attorneys. While the pool of Washington's volunteer GALs has grown over the years, it does not meet the total need of children in dependency proceedings. Courts, therefore, supplement the volunteer ranks with paid attorneys to advocate for children.

Progress continues towards complete compliance with the CAPTA requirement that a GAL be appointed in all court cases involving child abuse and neglect. The Office of the Family and Children's Ombudsman's office reported in 1999 that 67% of Washington's children were being served by a GAL or CASA. With additional state funding and emphasis on the GAL/CASA requirement, CA can now report that nearly every child is being served by a GAL or CASA volunteer in each county with the exception of King and Snohomish. These counties continue in their efforts to uniformly provide GALs to all children alleged to have been victims of abuse and neglect.

The CA Practices and Procedures Guide clearly delineates expectations for the appointments of GALs and their role in court. The CA manual identifies GALs as key persons involved in staffings, general case planning and permanency planning for children. The GAL is named as a person able to receive confidential information about the child. In cases involving termination of parental rights of a minor parent, staff are required to ask for a hearing to request GAL appointment for the minor parent.

It has been longstanding CA policy that the appointment of quality GALs and CASAs represents good practice. While CA does not administer the GAL program, CA takes an active role in seeking to expand and enhance both volunteer and paid GAL programs. CA continues to be involved in

the development of an adequate funding base and consistent standards related to GAL appointment and workload throughout the state.

➤ CAPTA Review Hearings

In addition to notifying all subjects of all CPS investigations, CA also provides clear instruction on the appeal process for founded CPS findings. There are several stages of review in this process:

- Subjects of investigations are notified by letter of the findings, and that there are twenty calendar days in which to request an administrative review if the allegation is founded. The notification letter contains a form to request an administrative review.
- The administrative review is conducted by the local Division of Children and Family Services area administrator or the CPS section manager for the Division of Licensed Resources. Within sixty calendar days of the subject filing the request, the decision is sent via certified mail to the subject, along with instructions for the second stage of appeal, which is to the Office of Administrative Hearings.
- At the Office of Administrative Hearings level, the subject has opportunity to present evidence and call witnesses at a formal hearing conducted by an administrative law judge (ALJ). Within 60 days of the hearing's completion, the Office of Administrative Hearings mails out an initial decision to all parties notifying them of the decision rendered by the ALJ. Information provided to all parties includes findings of fact and conclusions of law made following the hearing.
- Decisions rendered by the Office of Administrative Hearings may be appealed either by the subject or by the Department of Social and Health Services. This third level of appeal is to the DSHS Board of Appeals (BOA). Parties must file a Petition for Review with the BOA within twenty-one calendar days of the date of the initial decision.
- The BOA is a board of attorneys serving as administrative appeal judges. Judges at this level issue rulings based on the evidence and testimony presented at the OAH hearing relative to each finding, as well as the ALJ's findings of fact and conclusions of law. All parties are notified of the decision rendered by the BOA, along with instructions on how to pursue further appeal.
- The fourth level of appeal is to the Washington State Superior Court. It is unusual for CAPTA cases to reach this level of appeal.

Beyond this, appeal is possible through the State of Washington Court of Appeals, and finally through the State Supreme Court.

In late 2002, the responsibility for representing CA in CAPTA hearings was transferred from the Attorney General's Office (AGO) to a newly-formed unit within CA. The CAPTA staff at the time were two CA employees who began taking over active cases from AAGs across the state and all new CAPTA cases. The "CAPTA Timeline and Procedures" manual was developed and implemented. In February 2003, a private attorney contracted with CA to handle caseload overflow and provide additional professional support, and in November 2003, a part-time legal secretary was hired to provide much needed office support.

The CAPTA team now consists of two CAPTA Program Managers, a part-time legal assistant and one contract attorney. The unit works closely with the CPS program coordinators, frequently meets with regional field staff and management and has begun regular participation in trainings on evidence and findings at the CA Academy.

Of the 77,200 Child Protective Services (CPS) referrals for suspected child abuse or neglect received statewide, 40,631 were investigated, resulting in a total of 3,406 "founded" findings. DCFS conducted 38,245 of these investigations, with 3,332 "founded" findings of child abuse or neglect. The Division of Licensing Resources (DLR/CPS) conducted 2,386 of the investigations, and made 74 "founded" findings of child abuse or neglect.

The CAPTA unit managed an average of 60 active cases each month. Cases were fairly evenly distributed across all six CA regions, with approximately 15-20% comprised of DLR/CPS cases. At the end of the year, the CAPTA unit had closed 145 cases involving 173 founded findings of child abuse or neglect. Although these cases represent CPS investigations from late 2002 through 2003, it is estimated that requests for review under CAPTA occur in approximately 5% of the founded investigations or 173 out of 3,406 founded findings. This, in turn, represents less than four-tenths of 1% of the CPS investigations or 173 out of 42,375 investigations.

The breakdown of CA/N founded findings are as follows:

- 56 for physical abuse
- 84 for negligent treatment/maltreatment
- 13 for sexual abuse
- 20 for "other", seven of which were medical neglect

Of the 145 closed cases, 95 cases were resolved prior to a hearing before an ALJ. Of these, over 71% of the original "founded" findings remained

unchanged either because the appellant defaulted by failing to appear for a pre-hearing conference or hearing, or the appellant agreed to withdraw his/her request for a hearing after discussions with the CAPTA project managers. In 27 cases CA modified the initial finding to either "unfounded" or "inconclusive" after further review with field staff and senior administrators.

The remaining 50 (63 findings) cases were decided by an ALJ after a formal hearing, and constitute approximately 37% of the total CAPTA caseload for 2003. Of these 63 founded findings, an ALJ affirmed 43% of the findings (27 findings in 21 cases), and reversed 57% (36 findings in 29 cases). The reversed findings constitute approximately eight-tenths of 1% of the 3,406 CPS founded findings entered for 2003.

Of the 27 founded findings upheld by an ALJ, ten cases were appealed by the appellant to the DSHS Board of Appeals. Six findings were reaffirmed, one changed to unfounded and three are currently pending. Of the 36 founded findings reversed at the hearing by an ALJ, the CAPTA program managers appealed five findings or three cases. The BOA concurred with the ALJ on two reversed findings and CA withdrew its appeal of three findings for one case due to a favorable result in a companion licensing proceeding.

- Child advocates are appointed via two systems within Washington: Court Appointed Special Advocates (CASAs) are trained volunteers charged with the responsibility of investigating the child and family situation and acts on behalf of the best interests of the child and are appointed in dependency cases in juvenile court. Guardian Ad Litem (GALs) are also appointed by the court to represent a child in a dependency case of child abuse or neglect, are usually paid by the court and are often attorneys.

While CA does not administer either the GAL or the CASA program, CA takes an active role in seeking to expand and enhance both programs. CA has a longtime commitment to work with partners to achieve quality representation for abused and neglected children in court.

Citizen Review Panel Annual Reports

Washington State has three citizen review panels that evaluate the state's child protection responsibilities in accordance with the CAPTA state plan. The three citizen review panels are:

- Statewide Oversight Committee, Children, Youth and Family Services Advisory Committee
- Region Two Oversight Committee
- Region Six Oversight Committee

Annual reports for the three citizen review panels follow.

**Children Youth and Family Services Advisory Committee
Child Abuse Prevention and Treatment Act (CAPTA)
Citizen Review Panel 2004**

Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its CAPTA State plan.

Area of Focus Selected for this Report

The Children, Youth, and Family Services Advisory Committee (CYFSAC) was asked to serve as the state's oversight committee of the transition of its statewide Central Intake (CI) service to local offices.

The CYFSAC accepted this responsibility and, in addition, chose to make it a focus for its annual CRP review. The committee sent its final oversight report to the Secretary of DSHS on March 18, 2004. This review contains information from that report.

Background

In 2002 the Children's Administration implemented a plan for centralizing intake for child abuse and neglect referrals. This action was taken for two major reasons: 1) cost savings due to severe budget constraints; and 2) as an effort to achieve improved quality and standardization of services.

A few months into the implementation process it became evident that it was going to take more resources than were originally planned for and that there were challenges in making the new system function as planned. Slow response time during peak referral times of the day and coordination of information flow between central intake and regional child protection staff were two of the major challenges. Community representatives in several parts of the State became frustrated with the new process and pressed for corrective action.

The Secretary of the Department of Social and Health Services requested an evaluation of Centralized Intake and retained Sterling Associates, LLP to complete the evaluation. The results of the evaluation were recommended options for Children's Administration to consider. Children's Administration moved forward with the recommended option to transition child protection

intake back to the six Division of Children and Family Services regions. A summary of the Sterling Associates' June 6, 2003 recommendations follow:

1. mend damaged relationships
2. engage staff and community partners in creative solutions for short and long term strategies for Intake and other Children's services
3. initiate a structure as soon as possible to collaborate with staff and community partners, and to coordinate, manage and monitor the Central Intake transition
4. use this transition opportunity to review structures, processes and procedures (including support tools, systems and training) for improvement opportunities
5. develop and initiate a process, plan and schedule for managing and monitoring the Central Intake transition
6. move after-hours placement function back to the field first and daytime intake afterward
7. human resource and labor relations issues should be carefully identified and activities thoughtfully planned
8. prepare a training strategy to provide adequate intake training for all intake staff (field and CI)
9. assess the staffing needs for intake and placement functions in the changed structure and ensure adequate staffing capacity is assigned, within available resources
10. ensure appropriate guidelines are adopted and understood related to changes in referral decisions
11. a statewide consistency initiative should be developed and implemented
12. continue to improve information systems and tools to support intake functions and performance expectations, but coordinate with other recommendations
13. if Children's moves forward with the web reporting tool, ensure it is sufficiently tested, piloted and revised before full scale implementation, and ensure related processes have been thoughtfully designed and tested
14. develop and implement an on-going communications strategy related to this initiative
15. conduct independent monitoring and reporting on progress and decisions related to Central Intake transition

In response to recommendation number 15, the CYFSAC was asked by CA to provide oversight of the Transition of Central Intake back to the Regions.

CRP Activities

The CYFSAC had been informed of the plans for creating a Central Intake from the inception and received monthly updates on the implementation process. The CYFSAC also communicated with CA regarding local community responses to CI as concerns arose. Some members of the CYFSAC participated in community meetings conducted by Sterling Associates in their assessment of Central Intake.

The CYFSAC's oversight of the transition of CI back to the regions began in July of 2003. The oversight work has included:

- review of the Sterling Associates report and recommendations,
- review of CA's overall plan for transition,
- review and comment on regional plans for transition,
- review of minutes of planning meetings,
- dialog with State coordinators of the transition process at each CYFS-AC meeting through January 2004,
- monitoring of progress of transition of nighttime intake and daytime intake,
- monitoring of community response to the transition process,
- monitoring of community involvement in the planning process,
- individual committee member discussions with regional staff assigned to coordinate transition planning and implementation,
- discussion of transition planning at Regional Oversight Committee meetings, and
- conversations with selected child protection referral sources.

Observations regarding the Transition Process

The following are observations and evaluative statements regarding the Transition Process (the statements are general as opposed to specific tracking against the Sterling report recommendations):

- CA was responsive to the Sterling recommendations and moved rapidly to address the recommendations.
- Leadership of the transition planning and implementation process was excellent.
- Regional transition plans were implemented on schedule or with minimal delays.
- Implementation of transition was monitored to insure regional readiness prior to approval to move forward.
- Community members participated in the planning in each region.

- Regions were able to hire or re-instate staff experienced in child protection intake. Standby staff is available for after-hours response throughout the State.
- Training for new intake staff is in place and supervision is available.
- A quality assurance plan is in place.
- Progress has been made toward standardization of intake processes and practices.
- Intake policies and procedures have been updated to reflect improvements and standardization of intake work.
- Technical support in terms of data systems, phone systems, and pagers has been upgraded.
- The transition process has been completed within existing resources.
- As transition of both day and nighttime intake was completed, community concern about the intake process leveled out.

Outcomes of Transition

One of the most important aspects of the return of intake to the regions is the restoration of community connectedness to the process. The major community concerns about Central Intake have been addressed and for the most part resolved. Much has been learned by CA through the entire process of working diligently to make the Central Intake process work and returning intake to the regions. There is more work to be done as has been outlined in the State's self assessment and the Children and Families Services Review. The structure and supports upon which to build future improvements are now in place.

Follow-up

The Committee has an on-going interest in the success of the new intake system. Part of the planning for the transition of intake responsibilities back to the regions included quality assurance work. It is the Committee's understanding that QA work will include regional reviews, a statewide review and a roll-up of intake data from the case reviews done throughout the state over the calendar year. The Central Review Team (CRT) would roll-up this data. There would also be quarterly reviews for intake.

The Committee requests information regarding the results of quality assurance reviews of intake work in October 2004 and again when annual QA reports are available.

Children, Youth and Family Services Advisory Committee
2004 Citizen Review Panel members:

Lucy Berliner, Harborview Center for Sexual Assault and Traumatic Stress, Seattle

Jean Carpenter, Washington State Parent Teacher Association, Tacoma

Juelanne Dalzell, Jefferson County Prosecuting Attorney, Port Townsend

Yolanda Duralde, M.D., Mary Bridge Children's Health Center, Tacoma

Robert Faltermeyer, Excelsior Youth Center, Spokane

Ron Hertel, Office of the Superintendent of Public Instruction, Olympia

Joan Kimble, Speech/Language Pathologist, Pomeroy

Laurie Lippold, Children's Home Society, Seattle

Byron Manering, Brigid Collins Family Support Center, Bellingham

James Sijohn, American Indian Community Center, Wellpinit

Tess Thomas, Thomas House, Seattle

Gwendolyn Townsend, OCOC/UJIMA Community Services, Seattle

Ray Winterowd, Casey Family Services, Yakima

CAPTA CITIZEN REVIEW PANEL REPORT
Region 2 DCFS Citizen Review Panel (CRP)
May 18, 2004

The focus of the Region 2 DCFS CRP since May of 2003 has been to increase the CRP understanding of all service segments for child protection work through different stages including:

1. Intake
2. Emergency placements
3. Child protection teams
4. Dependency process
5. Permanency planning
6. Reunification
7. Relinquishment or termination of parental rights

The CRP is continuing to review these processes through staff presentations at different field offices throughout Region 2. The content for the review has been organized into four parts. Part 1 focused on the essential elements of intake and investigation processes; Part 2 focused on decisions to place, including the role of the child protection teams; Part 3 focused on the dependency process; and Part 4 will focus on reunification and other permanent plans. The intent of this work is primarily to ensure that the members of the CRP are well informed as to the elements of child protective services provided by the Division of Children and Family Services. As part of this process the CRP has engaged in dialog with the Regional Child protective services Coordinator, CPS investigators, law enforcement, child

welfare services staff, and other support staff. The CRP met with a Child Protection Team last year.

The Region 2 CRP functions as part of the Region 2 Oversight Committee. Part of each meeting is dedicated to public comment. An announcement of the public comment period is published in a local newspaper that serves the general area of the meeting location. The first hour of most meetings is dedicated to this purpose. In the past year this process has been accessed by other child placing agencies, private citizens who have been recipients of child protective services, an advocate from the Hispanic community, a legislative assistant, crisis nursery staff, representatives from local media, and foster parents representing the Central Washington foster parent association. Issues that are presented in these sessions are generally addressed directly during the comment period by CRP members or Region 2 management staff. If issues cannot be addressed during the meeting, referrals are made or contact information for follow up with Region 2 staff is provided. The public comment period provides the CRP with important information regarding local child protection issues and an awareness of how child protective services are being received in the various communities served by Region 2. Since the meetings are rotated to each of the communities where DCFS has an office, the CRP has a good perspective of the service climate and the staff work throughout the Region.

In addition to the public comment period, community representatives from other parts of the child and family service system are routinely invited to meet with the committee. This has included the court system, mental health providers, and school officials.

During this reporting period, the CRP has not come up with specific recommendations for the local or statewide child protection programs. The State and the region are working on major program improvement efforts which the CRP is supporting. A representative of the CRP co-chaired the case review committee assigned to make recommendations for the State's Program Improvement Plan (associated with the CFSR conducted in 2003). The State, including Region 2, has implemented an ambitious plan to achieve Council on Accreditation status and is beginning major reform efforts to improve the quality of services. The co-chair of the CRP has provided feedback to COA for the offices in Region 2 who are going through this process. In addition, the State has moved back to a local/regional response system for child protective services and the CRP discussed the plan for Region 2 with the Child Protection Coordinator.

The CRP is in support of the State's reform efforts. Particular areas for improvement, which are already planned are: 1. Implementation of the

Family to Family initiative, including improved relative search/involvement; 2. increased use of Family Group Conferencing in case planning and decision making; and 3. More consistent involvement of parents in Child Protection Team meetings and prognostic staffing processes.

At the same time the CRP is supporting the State's work on program reform, the CRP will do its own continuous quality improvement work. For instance, it has been suggested that we initiate a process where we do a selective sample survey of staff, community representatives, contract providers, and service recipients, prior to our meetings so that we can better focus our time and effort on issues that are relevant to current concerns.

The CRP met 8 times from May of 2003 through April of 2004. Citizen Review Panel Members for this report period were:

Ray Winterowd
Gale Gorrod
Carrie Huie-Pascua
Greg Nebeker
Ann Passmore
Dawn Petre
Kelly Rosenow
Joan Kimble
Tom Champoux
Peggy Sanderson
Ignacio Resendez

**CAPTA CITIZEN REVIEW PANEL REPORT
Region 6, Children's Administration
May 20, 2004**

The Region 6 Community Oversight Committee serves as a citizen review panel for CAPTA. This report summarizes the Region 6 Community Advisory Committee's discussions during the past year.

Dates of meetings – The Community Advisory Committee met on June 11, 2003, September 24, 2003, January 7, 2004, April 14, 2004.

Summary:

The Region 6 Community Oversight Committee meets quarterly to share information, identify problems needing attention and discuss ideas for improving agency functioning.

Meetings usually begin with updates from Area Administrators and from the DLR manager of foster care licensing regarding major developments and

initiatives in offices around the region. The Regional Administrator then describes changes in agency policy at the state level and comments on other issues of statewide concern. Community members are then invited to talk about child welfare developments or concerns in their communities.

The committee then turns its attention to the subjects of special presentations.

Primary topics of discussion:

A. The return of day intake function to local offices:

This change was welcomed by most DCFS staff and almost all stakeholders. The Oversight Committee was supportive of this change. The day intake function was taken over by Region 6 offices on September 8, 2003.

The Region 6 plan for implementing this change was sent to committee members for review and comment, then discussed in the fall 2003 meeting of the committee.

B. Mental Health Task Force:

The Children's Administration, Division of Mental Health and the Juvenile Rehabilitation Administration have formed a work group to develop a plan for improving children's mental health services. The committee was briefed on the structure and process of this DSHS workgroup.

There are two members of the committee who manage or oversee the management of local mental health agencies. Both of these members are supportive of mental health System of Care initiatives.

The committee has also heard from the Region 6 mental health consultant, Tim Truschel, regarding his contacts with Region 6 staff.

C. Child and Family Services Review:

The committee has been briefed on the federal review of Washington State's child welfare system. The committee has not yet made recommendations regarding the CA Program Improvement Plan.

The committee has listened to descriptions of Family to Family, an approach in child welfare reform which is likely to be a major part of

CA Program Improvement Plan (PIP), the agency's corrective plan to the CFSR findings.

D. Foster parent/birth parent mentoring:

The committee has been informed regarding foster parent/birth parent mentoring programs in the Vancouver office and Tumwater office. The committee has been supportive of the concept, which brings experienced and skilled foster parents into a mentoring relationship with birth parents whose children are in foster care.

E. Budget:

Fiscal year 2004 (FY 04) has been an unusual budget year in the Children's Administration in that five of six regions were 1-2 million dollars underspent after the first few months of the fiscal year.

The committee was interested in the reasons for this underspend and in the possibility of reinvesting the budget surplus in system improvements, especially prevention and early intervention programs.

F. End of the Year Report:

One of the meetings of this committee was devoted to a discussion of the Region 6 End of the Year Report which describes Region 6 offices' performance on a number of performance measures, especially measures of permanent planning. The committee had questions regarding the reasons for the large differences in offices' performance on these measures.

Recommendations:

- One member of the committee has strongly recommended that DSHS make its processes for conducting criminal background checks on foster parent applications and staff in the employ of private agencies more timely and efficient. The delays and inefficiencies engendered by the current system are a major obstacle to foster home recruitment.

The committee member engaged with the issue recommended an on-line application process, with better computer technology.

- One committee member has recommended utilizing "low tech" methods of finding and sustaining local relatives and foster

parents to minimize placement trauma and length. This committee member has also recommended using contractors to find relative placements and paying them part of their fee up front, part when the placement is made and part if the placement is successful.

- The committee has recommended reinvesting savings which result from prevention efforts (placement, FTE's) back into proven prevention approaches.
- One committee member has recommended against hiring more case carrying staff. He recommends identifying outcome based casework elements which can be performed less expensively by contractors and built into a sustainable community infrastructure.

Community Membership:

Current members of the committee are:

Launda Carroll, Penny Hammac, Larry Pederson, Steve Ironhill, Ralph Wyman, Tom Hostetler, Charles Shelan, Blaine Hammond, Cheri Dolezal, Kelley Simmons-Jones, Jamie Corwin, Nancy Leitdke and Jo Waddell.

DCFS Members:

Regional Administrator Area Administrators DLR- OFCL Manager