

ALTERNATIVE RESPONSE SYSTEMS PROGRAM

PROGRESS REPORT

JULY 1, 2003 – JUNE 30, 2004

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ACKNOWLEDGEMENTS

The Alternative Response System was designed as a voluntary program for families who were referred to Child Protective Services with moderately low or low risk CPS referrals. The intention of the ARS program is to reduce the risk of child abuse and neglect and to prevent additional referrals to CPS for the families involved in the service. Most of these services are provided by public health nurses who educate parents about the care of their children, help them with time management, connect them to appropriate community supports, and schedule or provide transportation to appointments if necessary.

We would like to say thank you:

- to the contracted ARS providers who spent an enormous amount of time and effort working with these families and documenting the results of those efforts;
- to the DCFS social workers, who identified and referred families to the providers;
- to the families who participated in services and took the time to complete and share their opinion in the Consumer Satisfaction Survey;
- to the support staff in all six regions who input the data into the database;
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- to the CAMIS programmers who download and convert the referral information into a usable format for us to include in our analysis;
- and finally, to the ARS Program Manager (Pat Dettling) and the six Regional Coordinators

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EXECUTIVE SUMMARY

This report covers Alternative Response System (ARS) contracted services provided between July 1, 2003 and June 30, 2004. Included in this report is information on the families referred to ARS, family engagement rates in services, length of services, outcomes for families at six months post service, and regional service differences.

During this report period, 2,020 referrals were made to ARS providers, 17 were excluded due to being “information only” or no identification of the caregiver. The remaining 2,003 referrals are depicted in this report.

The most common type of abuse alleged for families referred to ARS was neglect (72%) with the next most common referral type being physical abuse (21%).

Close to half of the families referred for ARS services had no prior CPS referrals, 20% had one prior and 33% had two or more prior referrals to CPS.

Current contracts specify that face to face contact must be made with 85% of the referred clients and that initial contact should be made within the first 10 working days of receipt of the referral. Statewide, an average of 68% of the families received face to face contact with an ARS service provider, with some regions being well below this mark. Additionally, two fifths (40%) of the referred families were seen within the contracted time limit.

Services were offered to 70% of the referred families, 49% of the families referred participated in services, and 22% completed services.

Outcomes at six months post service were as follows: 18% of the ARS-referred families had a re-referral to CPS within six months of the end of ARS services. Looking at families who participated in services only, the re-referral rate is 17% (and 20% for families who were not located or contacted). The overall placement rate is 3%. This rate ranges from 2% for families who participated in services to 6% for families who were returned to CPS as higher risk.

The consumer satisfaction survey remains problematic in terms of return rates. The survey was given to one-third of the families referred and 19% of those were completed and mailed in. For this reason, it is not recommended that the data from this small sample be considered representative of ARS families in general. A randomized and more reliable approach to obtaining client feedback may provide more useful information.

Recommendations for Children's Administration and providers include improved referral and tracking systems, improved monitoring of contacts, engagement and service delivery to clients, and improved process for gauging client satisfaction.

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BACKGROUND

The revised code of Washington (RCW 74.14D.020(2)) states that “Alternative Response Systems are voluntary family-centered services that are (1) provided by an entity with which the department contracts; and (2) intended to increase the strengths and cohesiveness of families that the department determines present a low risk of child abuse and/or neglect.” This report responds to the evaluation requirement for Alternative Response Systems (ARS) services to families who are referred to Child Protective Service (CPS) and who are classified as low risk of child abuse/neglect. The statute also requires that the ARS programs are available throughout the state, and that they provide delivery of services in the least intrusive manner reasonably likely to achieve: improved family cohesiveness, prevention of re-referrals of the family for alleged child abuse and/or neglect, and improved health and safety of children. This statute further directs the department to identify appropriate data to determine and evaluate outcomes of ARS-delivered services.

METHOD

In July 2003 the Alternative Response System (ARS) Program Manager for Children's Administration created and distributed the new ARS Monthly Report Form and the new ARS Exit Summary Form to all of the regional coordinators and the contracted providers for use beginning in FY04.

Staff from the Office of Children's Administration Research (OCAR) worked closely with the ARS Program Manager to develop a data collection form that could be stored on a statewide share drive for access by the Regional ARS coordinators. This network version of the form was modified several times to assure that it captured the essential elements from the ARS Monthly Report and Exit Summary Forms and to accommodate the statewide change in computer and software systems used by the Children's Administration.

The ARS Program Manager and OCAR staff attended meetings with Regional ARS Coordinators where the new ARS database was demonstrated. ARS program problems were identified and discussed at these meetings (e.g., satisfaction with providers, contract problems, effectiveness of the program).

Agreements were made that the regional staff would be responsible for ongoing data entry of ARS referrals into the statewide database beginning in September 2003. OCAR completed all data entry for referral reports submitted July 2003 through August 2003 (see Appendix for more information on regional use of ARS database).

The following report covers data collected and entered into the database by each region for the period July 1, 2003 through June 30, 2004. OCAR staff have developed this report using the information from referrals entered into the ARS database. Demographics (age, gender, and race/ethnicity), case characteristics, re-referral, and placement information were captured through electronic matches to the Case and Management Information System (CAMIS).

DESCRIPTION OF FAMILIES REFERRED

There were 2,020 ARS referrals with end of service dates between 7/1/03 and 6/30/04 entered into the statewide ARS data tracking system. Of these 2,020 referrals, 14 referrals were classified as “information only” and for three referrals the primary caregiver was not identified so there was not a way to match them with the information download from CAMIS. This report is based on the remaining 2,003 referrals.

- A total of 2,926 children were identified as victims in the 2003 referrals.
 - 50% (n=1459) were female and 50% (n=1467) were male
 - Ages of children were evenly distributed across all ranges, 30% age 0 - 4, 28% 5 - 8, 24% 9 – 12 and 19% 13 – 18;
 - Most were Caucasian (68%), with 8% African American, 8% Multi- racial, 4% American Indian, 2% Asian/Pacific Islander; 5% other/not specified, and 5% a race identifier was missing due to not being asked, referent unable to determine etc.
 - 16% of the children were identified as being of Hispanic ethnicity¹
- There were 2,415 adults identified as the subject (perpetrator) of the referral in the homes.
 - 66% were female, 34% were male
 - 2% were 19 or younger, 26% were 20-29, 30% were 30-39, 15% were 40-49, 4% were 50 or older and for 23% the age was missing
 - The majority were Caucasian (72%), with 7% African American, 3% Multi- racial, 3% American Indian, 4% Asian/Pacific Islander; 5% other/not specified, and 7% race was missing due to not being asked, referent unable to determine etc.
 - 12% of the adults were identified as being of Hispanic ethnicity¹
- Almost half (47%) of the families referred had no prior referrals to CPS, while 20% had one, 17% had 2-3, 7% had 4-5, 7% had 6-10, and 2% had greater than 10 prior referrals.

¹ Hispanic, Latino, or Spanish ethnicity is coded as a separate data field than race. Persons identified as Hispanic are also included in one of the race categories.

CASE CHARACTERISTICS

- 88 % of the ARS referrals received an intake decision code of **R** (contracted ARS), 7% decision code **L** (low risk referral), and 5% decision code **A** (accepted for investigation)
- Risk tags assigned at intake were as follows:
 - Low Risk (1) = 12%
 - Moderately Low Risk (2) = 85%
 - Moderate Risk (3) = 1.1%¹
 - Moderately High Risk (4) = 0.4%
 - High Risk (5) = 0.6%
 - No Risk Assigned, (information only or FRS) (0) = 0.6%
- 66% of the referrals identified one subject or perpetrator, 27% identified two subjects, 0.6% identified three subjects and 7% had no subject identified
- 61% of the referrals identified only one victim, 18% identified two victims, 9% listed three victims, 5% had four or more victims, and 7% of the referrals did not identify a specific victim
- The type of CA/N most often alleged on ARS referrals was neglect (72%) followed by physical abuse (21%), sex abuse/exploitation (0.5%) and 6% of the referrals did not specify a specific type of maltreatment
- 93% of the referrals were assigned a low standard of investigation²

¹ This information represents risk tag assignment when intake was finalized in CAMIS. Risk tag could have been lowered by assigning supervisor as a result of collateral contacts and assigned to ARS, or risk tag could have been raised by assigning supervisor after initial contact by ARS.

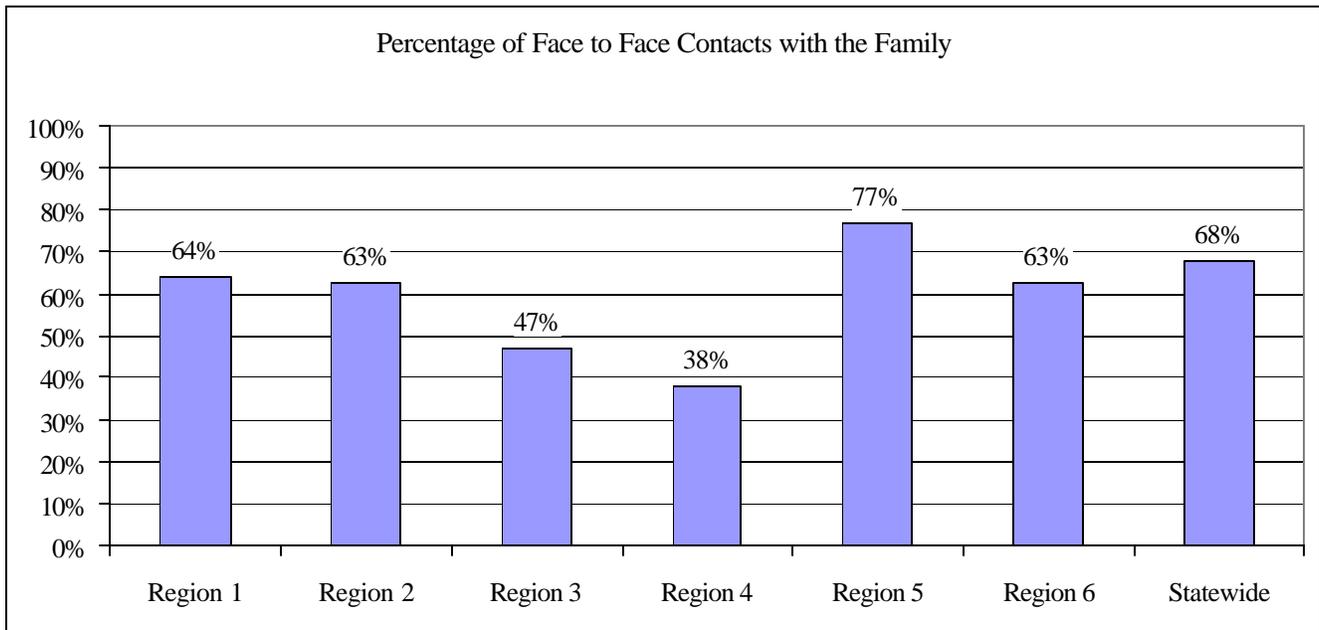
²This information is representative of investigation standard when intake was finalized in CAMIS. Some referrals were missing investigation standard, some could have been labeled high standard by mistake or changed after initial and/or collateral contacts.

SERVICE CHARACTERISTICS BY REGION

Face to Face Contact

A basic component of service delivery and engagement is that the provider meets with the client or family face to face. There are various reasons why this might not occur as ARS is a voluntary service. If the provider calls first, the client can refuse to meet with them or the transient nature of some clients might make locating them impossible. Current contracts specify that providers need to make face to face home visits on 85% of the clients referred to them for services (subtracting inappropriate referrals returned to CPS as high risk). Graph 1 illustrates the ARS provider contact rate by region, showing that the contract requirement was not accomplished in any of the regions.

Graph 1



At a minimum, one initial face to face home visit needs to be made within 10 working days of receipt of the referral. If no contact is made, the providers are required to notify the CPS liaison that the family is unavailable or unwilling to meet. At least two attempts to make a home visit must be made before a case can be closed. Table 1 shows a regional breakout of the number of days between the ARS provider receiving the referral and the first face to face contact with the family. Less than half of the referrals statewide were seen within the desired timeframes.

Table 1
Number of Days Between Referral to ARS Provider and First Face to Face Contact
(N = 2003)

	F to F within 10 working days*		F to F after 10 working days		Negative days to F to F Contact**		No F to F Contact or Date missing		Total
	n	%	n	%	n	%	n	%	n
Region 1	67	45%	27	18%	5	3%	49	33%	148
Region 2	121	32%	113	30%	4	1%	136	36%	374
Region 3	26	19%	40	29%	2	1%	72	51%	140
Region 4	15	19%	15	19%	1	1%	48	61%	79
Region 5	494	45%	352	32%	6	1%	251	23%	1103
Region 6	76	48%	24	15%	1	1%	58	36%	159
Statewide	799	40%	571	29%	19	1%	614	31%	2003

*Equals 14 calendar days

**Probable data entry error; face to face contact date was before referral date

Row total may not equal 100% due to rounding

Reasons for Exit

When ARS providers discontinue services, the following exit codes are used to indicate the different levels of engagement for the families referred.

1. Services completed
2. Participated in on-going services past exit date
3. Participated in services, then refused
4. Participated in services, then transferred
5. All services refused
6. Unable to locate family (checked with DCFS for a more current address)
7. Unable to contact family
8. Services not needed (as determined by the provider)
9. Exit code missing (OCAR code when provider left blank)
10. Referral returned to CPS due to high level of risk determined after the initial ARS assessment
11. New CPS referral assigned for high standard investigation after the family involved in ARS services

Table 2 shows regional distribution of cases separated into sub-categories of those families not offered services (exit codes 6, 7, 8, and 10) and those families offered services (exit codes: 1, 2, 3, 4, 5, and 11). Statewide, 27% of families referred to ARS providers were not offered services.

Table 2
Engagement Levels for Families Referred To ARS
(N = 2003)

	Number Referred to ARS	Service Not Offered		Services Offered		Unable to Determine*	
		n	%	n	%	n	%
Region 1	148	83	56%	64	43%	1	1%
Region 2	374	132	35%	238	64%	4	1%
Region 3	140	38	27%	92	66%	10	7%
Region 4	79	26	33%	22	28%	31	39%
Region 5	1103	212	19%	882	80%	9	1%
Region 6	159	45	28%	111	70%	3	2%
Statewide	2003	536	27%	1409	70%	58	3%

*Exit Code was missing

Taking a closer look at reasons why some families were not offered services, providers were unable to locate and/or contact the family for 18% of the referrals, the ARS provider determined that services were not needed for 6% of the referrals, and 3% of the time the referral was returned to CPS due to a determination that it had a high level of risk after the initial ARS assessment.

Table 3
Reasons Families Were not Offered Services
(N = 536)

	Unable to locate or contact		Services not needed (per provider)		Returned to CPS after ARS assessment		Total not offered services	
	n	%	n	%	n	%	n	%
Region 1	33	22%	47	32%	3	2%	83	56%
Region 2	93	25%	32	9%	7	2%	132	35%
Region 3	25	18%	12	9%	1	1%	38	27%
Region 4	20	25%	2	3%	4	5%	26	33%
Region 5	178	16%	11	1%	23	2%	212	19%
Region 6	21	13%	10	6%	14	9%	45	28%
Statewide	370	18%	114	6%	52	3%	536	27%

Table 4 shows the responses by those families who were offered services (exit codes 1, 2, 3, 4, 5, and 11). Statewide, 70% of families who were offered services participated in them, 26% refused and 4% were referred to Child Protective Services on a new incident, by the service provider. For ARS service delivery “participation” was defined as “*family participated in one or more of the services outlined in the Family Service Plan.*” This category includes those referrals with families who completed all services, those who participated in on-going services past exit, families who participated in services, then refused, and those who participated in services, then transferred. Again, the regional differences suggest variability in service delivery and engagement activities.

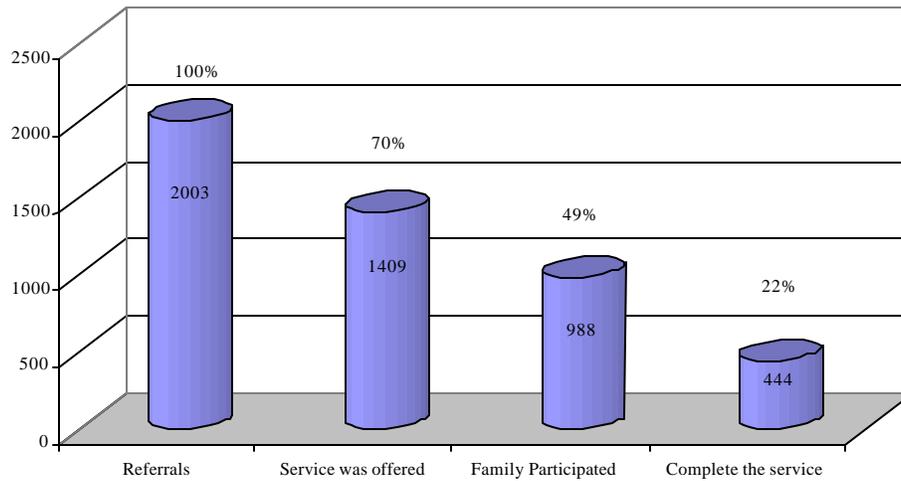
Table 4
Responses for Families Offered Services

	Number Offered Services	Participated in Services		Refused Services		New Referral to CPS	
		N	%	N	%	N	%
Region 1	64	36	56%	23	36%	5	8%
Region 2	238	174	73%	52	22%	12	5%
Region 3	92	50	54%	41	45%	1	1%
Region 4	22	13	59%	9	41%	0	0%
Region 5	882	639	72%	214	24%	29	3%
Region 6	111	76	68%	28	25%	7	6%
Statewide	1409	988	70%	367	26%	54	4%

Finally, Graph 2 illustrates the progression of referrals through the ARS process. Starting with total referrals, 70% were offered services, 49% participated at least partially, and 22% completed services.

Graph 2

ARS Referral to Service Completion Ratio 7/1/03 – 6/30/04



LENGTH OF SERVICE

Based on the ARS contract, ARS services are authorized for a family in 90 day intervals. The maximum length of service for any family may not exceed 18 months and a family may only have two service episodes within a three year period. Statewide, the average service period is well under 90 days, although some families came close to the 18 month maximum (see Table 5).

Table 5
Length of Time (in days) Case Open to ARS Service for All Families

	Average	Median	Minimum	Maximum
Region 1 (n = 147)	48	36	1	336
Region 2 (n = 369)	64	50	1	421
Region 3 (n = 134)	56	42	1	387
Region 4 (n = 75)	57	35	4	344
Region 5 (n = 1101)	88	78	1	536
Region 6 (n = 158)	66	42	1	410
Statewide (N = 1984)	76	65	1	536

* For 19 cases, the first face to face contact date or ARS referral date were missing or incorrect (length of service was a negative number)

Table 6 illustrates the length of service information for all of those families who were considered to have *participated* in services (exit codes 1, 2, 3, and 4). Looking at just those families, the statewide average was slightly over 90 days.

Table 6
Length of Service for Families who “Participated” in Service

	Average	Median	Minimum	Maximum	Total
Region 1	82	70.5	8	336	36
Region 2	87	80	13	421	173
Region 3	92	88	7	301	47
Region 4	117	83	35	344	13
Region 5	111	91	7	536	637
Region 6	93	91	7	267	75
Statewide	104	90	7	536	981**

** There were 7 cases where first face to face contact date or ARS referral date were missing or incorrect

OUTCOMES SIX MONTHS POST SERVICE DELIVERY

OCAR matched ARS referral data to CAMIS data to determine whether the identified outcomes (prevention of re-referral, improved safety, and improved family cohesiveness) were achieved through delivery of ARS services. Table 7 shows little difference in re-referrals (17% - 20%), six months post closure, for those families who were served by ARS compared to those not served. The difference in re-referral rates is much greater for those families who were returned to CPS for investigation (31%).

Table 7
Regional Re-referral* Rates 6 Months After End of ARS Services

	Total # ARS Referrals	Re- referrals for all ARS	Re-referral for those offered services	Re-referrals for those participating in services	Re-referrals for those not needing services	Re-referrals for those who were not located or contacted	Re-referrals for those who were returned to CPS
	N	%	% (n/N)**	% (n/N)	% (n/N)	% (n/N)	% (n/N)
Region 1	148	22%	25% (16/64)	28% (10/36)	15% (7/47)	24% (8/33)	0
Region 2	374	24%	21% (51/238)	23% (40/174)	9% (3/32)	32% (30/93)	57% (4/7)
Region 3	140	17%	20% (18/92)	16% (8/50)	17% (2/12)	12% (3/25)	0
Region 4	79	19%	23% (5/22)	38% (5/13)	0	25% (5/20)	25% (1/4)
Region 5	1103	15%	14% (126/882)	14% (91/639)	27% (3/11)	13% (23/178)	26% (6/23)
Region 6	159	22%	18% (20/111)	17% (13/76)	40% (4/10)	19% (4/21)	36% (5/14)
Statewide	2003	18%	17% (236/1409)	17% (167/988)	19% (22/114)	20% (73/370)	31% (16/52)

*Counted as re-referral if a new CPS referral, with either same victim and/or same subject (perpetrator), is received within 6 months of ARS closure

**n = numbers of families who had re-referrals ; N = total number of families in column category

As can be seen in Table 8, there is an overall placement rate of 3% within six months after ARS services for children of families referred. The total numbers are too small to determine significant differences between categories of those who participated and those who did not.

Table 8
Statewide Placement Rates Six Months after End of ARS Service

Response to ARS	No Placement	Placement
	% (n/N)	% (n/N)
Offered Services	97% (1373/1409)	3% (36/1409)
Participated in Services	98% (964/988)	2% (24/988)
Services Not Needed	96% (110/114)	4% (4/114)
Family Not Located/Contacted	96% (357/370)	4% (13/370)
Returned to CPS	94% (49/52)	6% (3/52)
Total	97% (1947/2003)	3% (56/2003)

CONSUMER SATISFACTION SURVEY

As with other services provided to clients of Children's Administration, a client satisfaction survey is to be given at the 90 day review or at the end of the ARS service period. Clients are asked to complete and return surveys to OCAR in a stamped/addressed envelope. For the 2003 referrals entered into the ARS database for service year July 1, 2003 to June 30, 2004, providers indicated a Consumer Satisfaction Survey was given to 643 or 32% of the families. However, in the database there are 28% or 564 families without any indication of a Consumer Satisfaction Survey being given. Looking only at the 444 families who had exit code "1" (Services completed) a survey was given to 308 or 69% of the families.

From these 643 families who were given surveys, 122 were returned to OCAR, for a response rate of 19%. The following information is from the 122 surveys that were returned.

"Would you recommend these services to a friend?"

- 83% of the families returning the survey responded "Yes" to this question, 3% said "No" and 14% either did not answer or marked "N/A" (not applicable).

"How is your family doing now, compared to before services were provided?"

- 42% answered "much improved", 30% answered "slightly better," 24% said "no change" and 2% answered "slightly worse or much worse."

"Was your case manager available and responsive to you? (For example: Were appointments at your convenience? Were you encouraged to call if you needed help? Were responses to your calls helpful?)

- 93% of the families replied that the case manager was "very responsive/responsive," 1% said they were "neither", 1% said they were "somewhat unresponsive" and 5% of the families did not answer this question.

Table 9
Consumer Satisfaction Survey

Question	Satisfied		Neither		Dissatisfied		Missing		Comments
	N	%	N	%	N	%	N	%	
How satisfied were you with the quality of service you received?	115	94%	-	-	5	4%	2	2%	<i>We didn't have any problems before and never have, but (case manager) is a very well (sic) listener and was very helpful on what I can do to protect myself from false statements.</i>
How satisfied were you with the way your case manager listened to you and understood what you had to say?	118	96%	-	-	2	2%	2	2%	
How satisfied were you with the amount the case manager involved you and your family in making a service plan and setting goals with your family?	100	82%	18	15%	-	-	4	3%	
How satisfied were you with being able contact your case manager when a crisis or emergency happened?	89	73%	16	13%	-	-	17	14%	
Question	Yes Definitely/ Most of the Time		Some of the Time		Almost Never/ Never		Missing		<i>...I now have medical and dental. I couldn't afford before or even know how to get...I was very satisfied with (case manager's) help and this program and grateful that there a program like this to help families better their lives and help families stay together.</i>
	N	%	N	%	N	%	N	%	
Did you feel the case manager was respectful of your cultural beliefs and values?	111	91%	2	2%	-	-	9	7%	
Did the case manager focus on the strengths and successes of your family?	110	90%	3	2%	1	1%	6	5%	

CONCLUSION

Regional staff and providers seem to have adjusted to the new streamlined reporting system, but some concerns regarding the engagement of clients and the effectiveness of services delivered remains.

Although current contracts specify that a face to face contact must be made within 10 days for at least 85% of referred families statewide, only 68% of the families ever received a face to face contact and 40% were within the specified time frames. A client satisfaction survey was provided to only one third of the families referred.

The fact that statewide, 27% of families referred to ARS providers were not offered services should raise questions about the accuracy and completeness of the information provided during the referral process and/or the efficacy of the initial response by providers. Are DCFS staff gathering/providing sufficient information for the ARS providers to locate clients? Are the providers making a genuine effort to find and engage clients and to immediately notify CPS when they don't? The significant difference in the percentage of referrals determined to not need services by Region 1 providers again suggests a need to review the intake decision and referral processes as well as the provider assessment.

Graph 2 on page 9 best summarizes the outcomes for ARS referrals made during the current reporting period: there were 2003 referrals to ARS; 70% of them were offered services, 49% participated at least partially and 22% completed services.

RECOMMENDATIONS FOR CHILDREN'S ADMINISTRATION

- ◆ Examine assignment of low risk tag for families re-referring as high risk and chronic families with subsequent placements. Recommend training for Intake staff regarding increased risk for chronically referring families.
- ◆ Regions should monitor program practice to ensure that required time frames are being met and/or that they are notified when families cannot be located.
- ◆ Improve location of and contact with ARS-referred families. Do not send referrals without complete address information to ARS providers and inform ARS providers of new address information if family relocates.
- ◆ Develop a process to gain adequate feedback to successfully measure client satisfaction. OCAR recommends administering consumer satisfaction surveys by telephone to a random sample of families who actually receive ARS.
- ◆ Develop a system to improve the tracking of ARS referrals, completed services, and missing exit summaries. OCAR recommends creation of a Web-based system accessible to providers with appropriate confidentiality procedures and safeguards in place.
- ◆ Examine reasons for and development of solutions to address the problem of families not receiving services that match their CPS-identified needs.

RECOMMENDATIONS FOR ARS PROVIDERS

- ◆ Improve location of and contact with ARS-referred families within specified timeframes. Providers should pursue alternative methods of contact, e.g., contacting families outside of normal business hours to reach working families.
- ◆ Improve assessment of families to reduce the number of families who are identified as not needing services by providers, but who subsequently re-refer to CPS. A standardized assessment process should be identified and providers trained accordingly.
- ◆ Increase family engagement in services. Improve matching of services to identified client needs. Offer services related to needs indicated on CPS referral form as well as services the families identify.

APPENDIX

Total New ARS Referrals and Exit Summaries Reported Each Month by Region*

		Region 1		Region 2		Region 3		Region 4		Region 5		Region 6	
		New	Exit										
2003	July	9	14	29	33	4	5	4	14	80	153	23	24
	August	6	10	22	16	8	5	5	2	64	99	14	22
	September	12	10	32	33	17	6	2	6	107	106	10	6
	October	13	4	56	27	12	20	4	0	106	83	14	11
	November	5	12	15	28	13	11	0	5	88	66	12	5
	December	16	2	15	32	13	6	0	1	83	79	12	18
2004	January	8	11	38	19	4	14	7	1	81	82	16	7
	February	18	11	40	41	17	13	14	7	69	94	18	12
	March	21	12	52	21	19	1	19	3	104	105	18	21
	April	18	22	34	38	26	29	11	2	72	76	19	12
	May	27	11	36	60	28	23	29	15	64	75	29	12
	June	18	29	45	33	34	33	18	25	85	91	13	12
Total		171	148	414	381	195	166	113	81	1003	1109	198	162

*Current as of March 1, 2005.

**Total Number of ARS Referrals by Provider
(Sorted by Region)**

Name of Provider	#	Name of Provider	#
Region 1		Region 2	
Moses Lake Community Health Ctr	110	Yakima Health District	171
Chelan-Douglas Health District	36	Lutheran Community Services NW	78
Okanogan County Health District	1	Benton-Franklin Health District	48
		Parent Trust for WA Children	34
		Institute for Family Development	16
		Inland Counseling Network	12
		Walla Walla School (Sharpstein)	11
		Klickitat County Health Department	7
Region 3			
Institute for Family Development	79		
Brigid Collins	26		
Catholic Community Services, Everett	16		
Skagit Co (Skagit Co Health District)	9		
Grayson Associates, Inc.	8		
Island County Health Department	6		
		Region 4	
		Grayson Associates, Inc.	48
		Institute for Family Development	21
		UIATF/ Ina Maka	7
		Becker & Associates	3
		Ryther Child Center	1
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Bremerton-Kitsap Co, Health Dept.	235	Clark County Health Dept. #66	71
Tacoma-Pierce CHD/Puyallup FSC	123	Grays Harbor Children Advocacy Ctr	64
Tacoma-Pierce CHD/Bryant FSC	112	Thurston County	21
Tacoma-Pierce CHD/Lakewood FSC	100	Healthy Families of Clallam County	2
Tacoma-Pierce CHD/Parkland FSC	96	Mason County Health Department	2
Tacoma-Pierce CHD/Bethel FSC	94	West End Outreach Service	2
Tacoma-Pierce CHD/Hilltop FSC	93		
Tacoma-Pierce CHD/McKinley FSC	83		
Tacoma-Pierce CHD/Sumner FSC	58		
Tacoma-Pierce CHD/Eastside FSC	55		
Tacoma-Pierce CHD/Key Peninsula	37		
Tacoma-Pierce CHD/Orting FSC	21		

