

**PART II:  
APSR Report FY 2005**

**(7) Child Abuse Protection and  
Treatment Act**

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

## Annual Progress and Services Report FY 2005 Child Abuse Prevention and Treatment Act

### Summary of Accomplishments

Children's Administration (CA) designated the following three 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 2005** in each of the three designated areas above are outlined below:

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

- **Regional Child Protective Services (CPS)** program managers continue to support the intake, assessment, screening and investigation of reports of abuse and neglect via:
  - Region specific staff and community training
  - Representation on statewide kids come first work groups
  - CPS consultation and consensus building at the regional and statewide level
  - Coordination of regional community based child protection teams
  - Participation in local child fatality reviews
  - Coordination of regional services for low risk families
- **The Child Abuse Medical Consultation Network (MedCon)**, funded by the CAPTA Basic State Grant, is available for use by CPS staff to obtain a physician's opinion about abuse and neglect cases, as well as available for use by DLR staff, law enforcement, attorneys, and other physicians. 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
  - Yakima Pediatric in Yakima
- **CA policy for accepting prenatal and post natal CPS referrals for substance abusing women** has been recommended for policy revision during the past year. CA recognizes the importance of the prevention of substance abuse during pregnancy and that substance abuse is a strong risk factor in the future abuse and neglect of children. Statute (RCW 26.44.020(6)) and federal requirements (Child Abuse Prevention and Treatment Act and the Born Alive Infants Protection Act of 2002) prohibit the administration from accepting referrals for CPS investigation or initiating court action on an unborn child. The following are recommended action steps:
- Establish working agreements requiring local CA offices to make referrals to community programs (e.g. First Steps, “Safe Babies, Safe Moms”) that provide services to pregnant and parenting women who are abusing drugs or alcohol
  - Identify a liaison in each local office to encourage collaboration and coordination of services with community programs

While the affect of illegal substance abuse on a newborn infant, or withdrawal symptoms from pre-natal exposure, will most likely result in CA receiving a report from a medical practitioner, the Child Abuse Prevention Treatment Act (CAPTA); Keeping Children and Families Safe Act of 2003 (Section 106(b)(2)(A)(ii)) requires that the administration may not use this report to generate an allegation of CA/N on these factors alone.

Referrals must be screened in and accepted for investigation when there is:

- A positive toxicology screen from the mother and/or newborn infant
- Additional risk factors exist on the Intake Risk Assessment that indicate a moderate to high risk of abuse or neglect
- An allegation of abuse and neglect
- A medical practitioner determines that a newborn infant has been affected by or has symptoms of withdrawals caused by the mother’s substance abuse during pregnancy, requiring specialized care and the mother is refusing the care necessary for the condition identified by the medical practitioner

Once the referral is screened in, it must be assigned a CA/N code of negligent treatment or maltreatment and a victim and subject identified.

Referrals indicating that the mother and/or newborn infant has a positive toxicology screen only, with no additional moderate to high risk factors or allegations of CA/N, will be taken as “Information Only” and referred to an Early Intervention Program (EIP) or other local post natal programs (if available).

Referrals where a toxicology screen is not available or cannot be obtained will be screened using the sufficiency screen and Intake Risk Assessment.

It is expected that the revised pre/post natal policy changes will be approved and finalized into CA policy by August 1, 2005.

- **Statewide implementation of digital audio recordings** of investigative child interviews for child sexual abuse was completed in May 2004. In October, 2004, digital audio recordings for physical abuse interviews were also included in the policy for audio recordings of child interviews.

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

- **Kids Come First II Update (KCF II)** The following are action steps and benchmarks for achieving some of the CPS KCF II implementation goals:
  - Develop guidelines outlining intake timelines for referral, review and transfer to CPS. A workgroup was created and completed this task in conjunction with the 24 hour face-to-face policy. The workgroup is now developing the intake timelines for the 72 hour face-to-face requirement.
  - Develop policy and procedures for CPS staff to have face to face contact with the victim, in the care of CA, within 24 hours if emergent. The policy was completed and implemented on April 29, 2005. The 24 hour face-to-face workgroup has met additionally to address issues generated from the change in policy and procedures.
  - Develop policy and procedures for CPS staff to have face to face with victim, in the care of CA within 72 hours if non-emergent. The 72 hour face to face workgroup is in the final stages of development of the draft policy for this task. The workgroup meets weekly to discuss the policy, procedures and the possible impacts of implantation. The Governor has made this a top priority and changed the implementation timeframe to August 1, 2005.
  - Streamline intake criteria for identifying chronically referred families. This has been completed and submitted to CA management for review. Implementation of this policy and procedure is July 1, 2005. The implementation may be delayed due to the automation of calculating the chronically referred criteria on all accepted CPS and DLR/CPS referrals. The intake criteria for chronically referred families include:
    - ⇒ Three accepted referrals in the prior year;
    - ⇒ Four accepted referrals in the prior two years;
    - ⇒ Five accepted referrals in the prior three years; and/or
    - ⇒ Two or more founded allegations in the past two to six CPS referrals.
  - Restructure the CPS model to include completion of investigation and risk assessment within 75 days and transferring in-home services cases to CWS within 75 days. The CPS/CWS workgroup convened in March 2005, and is drafting this policy for management's review in September 2005.
  - Coordinate investigation of serious physical abuse with law enforcement, the AAG and Medical Consultants. Workgroup was convened in March 2005. The workgroup is expected to join another statewide workgroup from the Criminal Justice Training Commission to work collaboratively on this task.

- Develop a practice model for chronic neglect. This workgroup will begin in July of 2005. The implementation date of this practice model is January 2006.
- **Adolescent Work Group (AWG)** In the past several years, community advocates for adolescents have voiced their concern about safety issues for adolescents. As a result, the long standing Adolescent Work Group began once again to meet on a regular basis. The AWG membership includes, community advocates, contracted providers, CA staff and legislators. Several subcommittees, including a safety committee, were formed from the AWG to address specific adolescent issues. To date the safety group has reviewed:
  - Intake focusing on the screening process;
  - The intake risk assessment section of the Practice Guide to Risk Assessment;
  - The Family Reconciliation Services (FRS) assessment process at Crisis Residential Centers;
  - The assessment process for FRS Phase One.

The safety subcommittee work group has put together several recommendations that are pending management review. The Adolescent Work Group will continue to meet as needed.

**3. 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)).**

- **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. Regional administrations from both DASA and CA are currently working on written local agreements. This past year, the legislature provided funding for statewide chemical dependency specialists to serve in each CA office beginning July 05.
- **Community-Based Child Protection Teams (CPT)** function 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 when additional consultation is needed in developing a case plan for the child and family.

Policy, practice guidelines and recommendations were established in a KCF work group to create a more uniform implementation of the CPT process across the state. This included:

- Clarifying the purpose and role of a CPT;
- Increasing CPT staffing time allotment to one hour minimum (in those offices not already on this schedule). More or less time may be scheduled depending upon a review of the case information by the CPT coordinator;
- Increasing the participants at the table to include parents, CASA/GAL, foster parents and a more diverse representation of experts;
- Outlining the duties of the CA staff and CPT member involved in CPT

staffings;

- Clarifying the process for dissent and disagreement between CA and CPT members;
- Recommendations for automation accountability.

### **Other CAPTA Requirements**

- **The Infant Toddler Early Intervention Program (ITEIP)** continues to receive referrals from CA irrespective of substantiation of CPS allegations. Child Health and Education Track 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. Steps are being taken to ensure appropriate referrals from CA to ITEIP. There is some discussion about developing an inter-agency agreement to further clarify and define the implementation procedures at the local levels.
- **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
  - 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 six regional CPS program managers. Although the Washington State Department of Health (DOH) no longer receives state funding to conduct external child fatality reviews, about a third of local health jurisdictions have chosen to continue to conduct community reviews.

The Administrative Incident Reporting System (AIRS) was fully implemented as policy and practice in January 2005. This policy includes the development of work plans based on the identified issues and recommendations from child fatality reviews. In the past child fatality reviews identified practice issues and recommendations were made but CA did not have a way to track the issues to ensure that they were being addressed. There was not a formal process in place to implement any changes recommended from the reviews.

AIRS is capable of tracking these recommendations so that regions can develop work plans to address the issues identified. Work plans can be developed in AIRS. Notification to management in CA will occur when the work plans have been developed and it will identify who is responsible to work on the issues. AIRS will then document progress of the work plan until it is completed.

This process will enable child fatality reviews to have direct impact on the policy and practice of CA. The goal for 2005 is to fully implement and fine tune the process of work plan development and tracking. This will enable CA to have continuous feedback and a plan to address those issues identified during the fatality reviews.

- **Guardian Ad Litem (GAL) Program:** Child advocates are appointed via two systems within Washington: Court Appointed Special Advocates (CASA) 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 (GAL) are also appointed by the court to represent a child in a dependency case of child abuse or neglect and are usually paid by the court. Some GALs may be 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.**

The pool of Washington's volunteer advocates has grown over the years, but 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 100% of dependent children are being served by a GAL or CASA volunteer in almost every county in the state. This information was verified by polling each county in the state. The counties that are not at full compliance are King County and Snohomish County.

In 2004, Snohomish County had 66% of children who were appointed a CASA or GAL, 270 dependencies were assigned a volunteer CASA/GAL, and 62 were assigned a paid GAL. In King County, of the 502 eligible children, 90% of the children were assigned a CASA in 2004. These two counties continue in their efforts to uniformly provide GALs to all children alleged to have been victims of abuse and neglect.

- **CAPTA Review Hearings:** In late 2002, the responsibility for representing CA in CAPTA hearings was transferred from the Attorney General's Office to CAPTA hearing program managers, a newly-formed unit within CA Headquarters and supervised by the Deputy Assistant Secretary. The CAPTA team, at that time consisting of two CA employees, began taking over active cases from AAGs across the state, as well as all new CAPTA cases. A private attorney contracted with CA in early 2003. In February 2003, the team developed and implemented the "CAPTA Timeline and Procedures" with the input and assistance of the AGO liaison and CA management and staff, and worked throughout the year to establish itself with the Administrative Law Judges and Department management and staff.

Throughout 2004, the CAPTA team consisted of two attorney CAPTA Program Managers, a part-time legal assistant and one contract attorney. Supervision of the team was transferred to the Director of Field Operations in the spring. The CAPTA team continued to work closely with the CPS Program Managers, frequently met with regional field staff and management, and began regular participation in trainings on evidence and findings at the CA Academy.

In addition, members of the team participated in the Program Improvement Plan workshops, and took on additional responsibilities designed to help improve both the quality of CA's child abuse and neglect findings ("CA/N findings"), as well as the accuracy of CA's records regarding past CA/N findings since the implementation of the CAPTA hearing process in 1998. Members of the team were also actively involved in

discussions with HQ management, the AGO liaisons, and CPS Program Managers in the development and refinement of policies and practice designed to improve the quality of the finding-decision process, particularly with respect to instances of alleged negligent treatment/maltreatment.

The CAPTA hearings team managed an average of 50 active cases monthly, with the number of new cases generally offset by the number of closed cases each month. Unlike 2003, the CAPTA cases were unevenly distributed across all six DSHS Regions: Regions 5 (Tacoma and Pierce County) consistently comprised 20-25% of the cases, followed by Regions 1 (Spokane and half of Eastern Washington) and Region 4 (Seattle and King County). DLR/CPS cases comprise approximately 8-12%, less than 2003.

At year's end, the CAPTA team had resolved and closed 133 cases. These cases represent CPS investigations from calendar year 2002 through calendar year 2004, and many cases opened in 2004 have carried over to 2005. These resolved cases (not including 18 cases transferred to the AGO prior to resolution due to related pending dependencies, licensing revocations, etc.) involved 155 findings of child abuse or neglect. This is roughly equivalent to numbers in 2003.

It should be noted that toward the end of 2004, the number of active cases had begun to increase substantially, and during the first 5 months of 2005, the number of new cases totaled 95, with an average active caseload of 80 to 85. This increase in cases during the first five months of 2005 suggests a possible increase in *new* cases alone of over 50% more than the total cases resolved by the CAPTA team in 2004.

Of the 155 "founded" findings, 110 were resolved prior to a hearing before an ALJ. Of these, 69% of CA's original "founded" finding remained unchanged, either because a) the Appellant defaulted by failing to appear for a pre-hearing conference or hearing, b) the Appellant agreed to withdraw his/her request for a hearing after discussions with the CAPTA team, or c) CA's dispositive pre-hearing motions were granted (summary judgment, collateral estoppel, etc). In 41 findings, CA modified the initial finding to either "Unfounded" or "Inconclusive" after further review and discussion with field staff and senior administrators. The resolution of these findings prior to hearing is as follows:

- Finding Unchanged: 69 (45% of total)
- Finding Changed to "Inconclusive:" 21 (14% of total)
- Finding Changed to "Unfounded:" 20 (13% of total)

➤ **Hearings:** The remaining 45 "founded" findings (20% of total findings resolved) were decided by an ALJ after a formal hearing, and constitute approximately 29% of the total resolved findings for 2004. Of these 45 "founded" findings, the ALJs affirmed 19 (42% of the hearing total) and reversed 26 (58% of the hearing total).

➤ **Board of Appeals (BOA):** Of the 45 "founded" findings decided by an ALJ at an OAH hearing, 16 (36%) were appealed to the DSHS Board of Appeals (BOA): 11 were appealed by the appellant and 5 were appealed by CA. The results are as follows:

- Finding Affirmed: 10 (63% of BOA total)
- Finding Reversed: 5 (31% of BOA total)
- Pending: 1 (6% of BOA total)

- **Criminal Background Checks:** Children's Administration is already in compliance with this new requirement.

106(b)(2)(A) (xxii) (New CAPTA CRP)	Not later than two years after the enactment of the Keeping Children and Families Safe Act of 2003 (6/25/05) provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household.	<ul style="list-style-type: none"> <li>• Operations Manual Section 5522</li> <li>• Relative Placements RCW 74.15.030</li> <li>• Practice and Procedures Manual Section 4200</li> <li>• Practices and Procedures Manual Chapter 5000, Case Supports Section 5134 Initial License</li> </ul>
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**Citizen Review Panel Annual Reports and CA's responses (A.2.f)**

**Washington State has three citizen review panels** that evaluate the state's child protection responsibilities in accordance with the CAPTA state plan. The DSHS Children's Administration is committed to continue working with Tribes and these citizen review panels. This year, letters were sent from CA to each Citizen Review Panel in response to the recommendations that were submitted in their annual reports. The three citizen review panels are:

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

**The Annual Reports and CA's Responses** for the three citizen review panels are in the following Appendices (Appendix 1; Appendix 2; Appendix 3):

**Children Youth and Family Services Advisory Committee (CYFSAC)  
Child Abuse Prevention and Treatment Act (CAPTA)  
Citizen Review Panel Annual Report  
CAPTA Work Plan 2005  
April 21, 2005**

**Purpose**

The purpose of the Citizen Review Panel 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**

During this reporting period the CAPTA CRP focused its work on child protection issues in the Kids Come First II Plan, which included the Program Improvement Plans designed to respond to deficits identified in the 2004 Federal Children and Family Services Review CFSR.

**Process**

The Children, Youth, and Family Services Advisory Committee - Citizen Review Panel (CRP) met four times for the purpose of preparing this report. The CRP used examination of relevant documents and research, key informants, and discussion as its primary method for review. The first meeting included an overview of CAPTA and the role of the Citizen Review Panel. At this meeting, the CRP members chose to evaluate the State's efforts to address deficits identified in the CFSR.

**SECTION I: Children, Youth & Family Services Advisory Committee CAPTA Citizens Review Panel work plan and progress.**

Consistent with the 2005 State of Washington Kids Come First II Plan, the CRP will focus on the goals of the Plan related to intake assessment, screening and investigation of reports of abuse and neglect. The work will include:

**1. The CRP will review the rationales supporting the Kids Come First II Plan**

- Progress: Based upon the CFSR and conclusions from Washington State child fatality reviews, Children's Administration leadership decided that Child Protection Services (CPS) and Child Welfare Services (CWS) functions should be separated into two distinct staff groups. The CRP has received lengthy briefings about this staffing strategy and has written to the legislature supporting the overall plan and budget request.

**2. The CRP will review data related to child safety** including percentage of offices meeting the target of 80% for CPS investigations which include face-to-face contact within 10 days of referral, and percentage of offices meeting the 75% target for 90-day caseworker face-to-face visits with children placed in foster homes.

- Progress: Children's Administration provided data at each meeting CPS investigations including 10-day face-to-face contacts are being tracked in all DCFS regions. All regions have made dramatic improvements compared to a December 2003 baseline. In all but one region, data collected in September and October 2004 showed dramatic improvements. All regions showed a small reduction in progress in November 2004. Two of six regions are now consistently meeting or exceeding the 80% target. Health and Safety Visits every 90 days are being tracked

in all DCFS regions. All regions have made dramatic improvements compared to a December 2003 baseline. All six regions are meeting or exceeding the 80% target at the latest data point, January 2005.

### **3. CRP members will monitor implementation of the Kids Come First II Plan**

- Progress: Children's Administration reports at each meeting, providing goals, tasks and progress to-date. The CRP has also met with Regional Administrators to discuss the pace of change and impact on quality services to children and families, child safety and permanency outcomes. The CRP has noted that this is an extremely ambitious and complex plan with multiple initiatives taking place throughout the Children's Administration.

## **SECTION II: Citizen Review Panel Observations**

The Kids Come First II Plan is a work in process. Members of the CRP have the unique opportunity to review and respond to the initiatives at the same pace as Children's Administration employees and legislators. The CRP notes that Kids Come First II is an aggressive and ambitious reform agenda that is complex to manage.

## **Section III – Citizen Review Panel Recommendations**

- During the next year, the CRP will focus on state efforts to address child neglect
- Kids Come First II is in its very earliest phase of implementation and needs continued monitoring.
- As noted above, Kids Come First II is demanding, with multiple operational challenges as well as complex implementation. However, the CRP recommends staying focused and moving the plan forward despite challenges
- The CRP observes that change is always full of tension. It recommends that CA build more support for change among community stakeholders and staff. While the CRP does not believe CA can do this alone, it recommends development of a communication strategy to share information about changes. More formalized feedback loops will help so that different stakeholders understand how to share perspectives
- In the midst of change, inconsistencies emerge. The CRP recommends that consistency of practice across offices is a priority.

## **Children, Youth and Family Services Advisory Committee 2005 Citizen Review Panel members:**

Janis Avery, Treehouse, Seattle

Robert Alexander, EPIC Place, Yakima

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

Jean Carpenter, WA State Parent Teachers Assoc., 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, Superintendent of Public Instruction, Olympia

Laurie Lippold, Children's Home Society of WA

Byron Manering, Brigid Collins Family Support Center, Bellingham

Ron Murphy, Casey Family Programs

Ann Passmore, YWCA, Walla Walla

James Sijohn, American Indian Community Center, Wellpinit

Tess Thomas, Thomas House, Seattle

Gwendolyn Townsend, OCOC/UJIMA Community Services, Seattle

**Children's Administration Response to the Members of the  
Children Youth and Family Services Committee (CYFSAC)  
CAPTA Citizen Review Panel  
June 17, 2005**

Thank you for your continued support of Children's Administration through your participation on the CYFSAC. Your committee's report was received by CA and included in our yearly submission of our 2005 Annual Progress and Services Review (APSR) to the Department of Health and Human Services, Administration on Children, Youth and Families.

In 2004, the CYFSAC was asked to serve as the state's oversight committee of the transition of its statewide Central Intake (CI) service to local offices.

Your work 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 CYFSAC 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;
- dialogue with selected child protection referral sources.

You also made the following observations:

- 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.
- Training for new intake staff was put in place and supervision is available.
- A quality assurance plan was put in place.
- Progress has been made toward standardization of intake processes and practices.
- Intake policies and procedures were 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 was completed within existing resources.
- As transition of both day and nighttime intake was completed, community concern about the intake process leveled out.

You also observed that there is more work to be done as 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.

**Your recommendations are as follows:**

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 (QA) reviews of intake work in October 2004 and again when annual QA reports are available.

**CA's response to the committee recommendations:**

In 2004, significant work was accomplished to improve intake quality assurance. The following occurred:

- Development of the intake review tool was completed
- The CAIRO system was developed
- The data pool was identified
- Trainings for use of the CAIRO system and the intake review process
- Coordination of two statewide reviews

The reviews were completed in (automated incident reporting system) AIRS using the statewide review tool in the CAIRO system that was created specifically for that purpose. The first review was completed in early 2004 and the second one was completed in October 2004. The CAIRO system allows for reports to be pulled based on queries entered by the user.

There has been considerable transition within CA this past year and consequently some of the recommendations for the QA plan were not fully implemented. Regions continue to do consensus building and intake review on a yearly basis. The central review continues to do an annual review. The CPS regional program managers do consensus building around intake issues at each monthly meeting.

There is also new legislation requiring intake reviews of referrals related to adolescents and a new requirement around intake for GMAP (Government, Management, Accountability, and Performance). The quality assurance plan and process needs to be revised to meet these new requirements.

Even though CA has continued to monitor intake for consistency, a more formal reporting process needs to be developed with reports being forwarded to interested parties. We appreciate the efforts the committee has put forth on the intake issue as we transitioned back to the field.

Attachment: April 2004 Intake Review

## Results of CPS Intake Referral Review – April 2004

CPS #	APPLICABLE CASES								FULL COMPLIANCE								PARTIAL COMPLIANCE							
	ST	R1	R2	R3	R4	R5	R6	CI	ST	R1	R2	R3	R4	R5	R6	CI	ST	R1	R2	R3	R4	R5	R6	CI
1	168	27	23	22	27	25	20	24	164	26	23	21	26	25	19	24	2	1	0	0	1	0	0	0
									96%	96%	100%	95%	96%	100%	95%	100%	1%	3%	0	0	3%	0	0	0
2	174	28	24	24	26	26	21	25	83	14	3	14	9	23	7	13	54	10	10	10	13	2	6	3
									47%	50%	12%	58%	34%	88%	33%	52%	31%	35%	41%	41%	50%	7%	28%	12%
3	51	7	10	10	6	8	4	6	32	5	6	6	2	7	3	3	6	0	3	2	1	0	0	0
									62%	71%	60%	60%	33%	87%	75%	50%	11%	0	30%	20%	16%	0	0	0
4	174	28	23	25	26	26	21	25	146	24	16	21	24	23	16	22	20	2	5	3	2	3	3	2
									83%	85%	69%	84%	92%	88%	76%	88%	11%	7%	21%	12%	7%	11%	14%	8%
5	164	25	21	23	25	24	21	25	132	20	16	19	21	20	15	21	19	4	3	3	2	3	3	1
									80%	80%	76%	82	84%	83%	71%	84%	1+	16%	14%	13%	8%	12%	14%	4%
6	164	25	23	23	24	23	21	25	133	23	21	15	20	20	18	16	23	1	1	7	3	3	0	8
									81%	92%	91%	65%	83%	86%	85%	64%	14%	4%	4%	30%	12%	13%	0	32%
7	175	28	24	24	27	26	21	25	116	19	17	18	19	13	14	16	36	6	3	6	4	9	4	4
									66%	67%	70%	75%	70%	50%	66%	64%	20%	21%	12%	25%	14%	34%	19%	16%
8	165	26	23	25	23	25	21	22	107	18	13	15	19	19	11	12	23	4	4	6	1	0	4	4
									64%	69%	56%	60%	82%	76%	52%	54%	13%	15%	17%	24%	4%	0	19%	18%
9	173	28	23	24	26	26	21	25	66	8	11	11	7	15	6	8	69	15	7	10	12	7	5	13
									38%	28%	47%	45%	26%	57%	28%	32%	39%	53%	30%	41%	46%	26%	23%	52%
10	176	28	24	25	27	26	21	25	156	27	20	23	24	25	18	19	7	0	2	2	2	0	0	1
									88%	96%	83%	92%	88%	96%	85%	76%	3%	0	8%	8%	7%	0	0	4%
11	174	28	24	25	27	25	20	25	72	11	8	12	12	15	6	8	22	2	7	0	4	0	3	6
									41%	39%	33%	48%	44%	60%	30%	32%	12%	7%	29%	0	14%	0	15%	24%
12	162	25	23	22	24	23	21	24	78	11	13	9	15	14	8	8	42	6	4	8	6	3	7	8
									41%	44%	56%	40%	62%	60%	38%	33%	25%	24%	17%	36%	25%	13%	33%	33%
13	166	24	24	23	26	24	21	24	149	21	23	23	21	23	18	20	0	0	0	0	0	0	0	0
									89%	87%	95%	100%	80%	95%	85%	83%	0	0	0	0	0	0	0	0
14	25	4	3	5	4	4	1	4	16	2	2	3	3	2	1	3	5	1	1	1	1	1	0	0
									64%	50%	66%	60%	75%	50%	100%	75%	20%	25%	33%	20%	25%	25%	0	0

1. Was there documentation of an Indian Child Welfare Inquiry?
2. Were the subjects and victims accurately identified on the referral?
3. If a supervisor changed a screening decision was the rationale documented in the basis for decision risk tag section?
4. Were the baseline level of risk, risk factors and protective factors accurately assessed in determining the overall level of risk?
5. Was complete contact information requested or gathered regarding the referrer?
6. If needed were collateral contacts made?
7. Was the allegation section adequately completed?
8. Does the documentation in the allegations section of the referral support the identified CA/N code?
9. Was the risk factors and additional information history of child abuse and neglect section adequately completed?
10. Was the recent and past known history, including patterns, frequency and severity considered in forming the baseline level of risk?
11. Were the risk factors and additional information sections adequately completed?
12. Was the intake sufficiency screening decision accurately answered?
13. Were family strengths and protective factors for the children asked or identified in the referral?
14. Was the designated response time accurate?

## Results of CPS Intake Referral Review – April 2004

CPS #	APPLICABLE CASES								NON-COMPLIANCE							
	ST	R1	R2	R3	R4	R5	R6	CI	ST	R1	R2	R3	R4	R5	R6	CI
1	168	27	23	22	27	25	20	24	2 1%	0	0	1 4%	0	0	1 5%	0
2	174	28	24	24	26	26	21	25	37 21%	4 14%	11 45%	0	4 15%	1 3%	8 38%	9 36%
3	51	7	10	10	6	8	4	6	13 25%	2 28%	1 10%	2 20%	3 50%	1 12%	1 25%	3 50%
4	174	28	23	25	26	26	21	25	8 4%	2 7%	2 8%	1 4%	0	0	2 9%	1 4%
5	164	25	21	23	25	24	21	25	13 7%	1 4%	2 9%	1 4%	2 8%	1 4%	3 14%	3 12%
6	164	25	23	23	24	23	21	25	8 4%	1 4%	1 4%	1 4%	1 4%	0	3 14%	1 4%
7	175	28	24	24	27	26	21	25	23 13%	3 10%	4 16%	0	4 14%	4 15%	3 14%	5 20%
8	165	26	23	25	23	25	21	22	35 21%	4 15%	6 26%	4 16%	3 13%	6 24%	6 28%	6 27%
9	173	28	23	24	26	26	21	25	38 21%	5 17%	5 21%	3 12%	7 26%	4 15%	10 47%	4 16%
10	176	28	24	25	27	26	21	25	13 7%	1 3%	2 8%	0	1 3%	1 3%	3 14%	5 20%
11	174	28	24	25	27	25	20	25	80 45%	15 53%	9 37%	13 52%	11 40%	10 40%	11 55%	11 44%
12	162	25	23	22	24	23	21	24	42 25%	8 32%	6 26%	5 22%	3 12%	6 26%	6 28%	8 33%
13	166	24	24	23	26	24	21	24	17 10%	3 12%	1 4%	0	5 19%	1 4%	3 14%	4 16%
14	25	4	3	5	4	4	1	4	4 16%	1 25%	0	1 20%	0	1 25%	0	1 25%

1. Was there documentation of an Indian Child Welfare Inquiry?
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**Child Abuse Prevention and Treatment Act (CAPTA)  
Region 2 Citizen Review Panel Summary  
June 04-October 04**

The last report of the Region 2 Citizen Review Panel (CRP) was submitted on May 18, 2004.

**The CRP reviewed the requirements of Public Law 108-36** with respect to CRPs:

- Examine the practices (in addition to policies and procedures) of the state to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities.
- Provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community.
- Make recommendations to the State and public on improving the child protective services system at the State and local levels. The appropriate State agency is to respond to the panel and State and local child protective services agencies in writing no later than six months after the panel recommendations are submitted. The State agency's response must include a description of whether or how the State will incorporate the recommendations of the panel (where appropriate) to make measurable progress in improving the State and local CPS systems.

Note: A copy of the requirements of Public Law 108-36 is available to CRP members.

The Region 2 CRP also serves as the Region 2 Oversight Committee. The CRP has conducted business at each of the Oversight Committee meetings held during the time frame of this report. (June 24th, July 22nd, September 23rd, and October 28th, 2004).

At each meeting of the CRP either or both of the following have occurred:

- The public has been invited via newspaper advertisement to participate in the meeting;
- The CRP has invited targeted community representatives to the meetings to dialog with the CRP regarding child protection services issues. Meetings of the CRP are conducted in each of the communities where the Region 2 Division of Children and Family Services have offices so that a broad spectrum of the community is involved in this process.

In May 2004 the CRP considered the notion of developing an instrument to survey various community representatives regarding their thoughts/beliefs on how well CPS services were working in the various communities served by Region After a couple of meetings this idea was abandoned when it became clear that the input being received by the CRP had a consistent theme.

The theme centered on communications and working relationships between Region 2 DCFS and other community agencies that are part of the child protection services web. Specific examples include: Public Health, Law Enforcement, Public Health, Mental Health, Public Schools, and Court Appointed Special Advocates. The needs identified centered on coalition building development of mechanisms for on going communication and relationship building with community partners. The following is a partial list of ideas the CRP generated as ways the Region might address these needs:

- Complete a self-assessment of community connectedness in each of the communities in which offices are located. This might include a community mapping exercise, where

each office identifies the key agencies involved in child protection efforts. After mapping is completed an inventory of supervisor and staff relationships and involvement with each of these agencies would be conducted. This step would involve identification and assessment of staff "connectedness". Connectedness meaning quality of working relationship, frequency of contact, and nature of information sharing. Once mapping and assessment is completed, each office would develop a specific plan for strengthening working relationships where necessary.

- Ensure that mechanisms are in place for on-going cross education between Region 2 offices and community partners.
- Engage staff in discussion of their perceptions of the importance of community and enlist their participation in development of plans for developing and embracing community partnerships.
- Training and support for staff in terms of the art of engagement of community partners and the skills involved in sustaining working relationships (Walla Walla 7-22-04).
- A specific recommendation for a community forum in Goldendale was made at the June meeting in White Salmon. The Region has indicated that an alternative plan to complete the objectives of the community forum will be included in their work toward meeting Council on Accreditation requirements.
- Recognition of secondary trauma as it pertains to child protection staff and community partners, followed by training and development of a work culture which addresses this important issue. This might involve development of internal and external supports, as well as empowerment from administration.

See September 23, 2004 Oversight Committee minutes for more details.

Part of the CRP requirements is met by reviewing the State/Region performance indicators, especially those directly connected to the Program Improvement Plan. Ken does an excellent job of presenting that information and the CRP simply needs to ask for it.

At the October 28th meeting the CRP decided that staff development and training should be revisited in future months.

Respectfully Submitted by Ray Winterowd, Region Two Oversight Chair

**Children's Administration Response to the Members of the  
Region 2 Oversight Committee  
CAPTA Citizen Review Panel  
June 17, 2005**

Thank you for your continued commitment and participation on the Region Two Oversight Committee. Your committee's report was received by CA and included in our yearly submission of our 2004 Annual Progress and Services Review (APSR) to the Department of Health and Human Services, Administration on Children, Youth and Families.

**Your recommendations were as follows:**

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 Two, 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 two 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 two with the child protection program manager.

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

- Implementation of the Family to Family initiative, including improved relative search/involvement;
- Increased use of Family Group Conferencing in case planning and decision making; and
- 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.

**CA's response to the committee recommendations:**

➤ **Accreditation**

At each meeting the area administrators report on status of accreditation efforts by office. Members provide recommendations, about maintenance of effort. Several members have first-hand experience with accreditation in their own agencies. We currently have 3 accredited offices, two more with site visits in 2005 and two scheduled in 2006.

➤ **Central Intake and Local Office Intake and Investigative Responses**

This is also a frequent topic of discussion and community input. Meeting notes show recommendations concerning implementation and community involvement/notification regarding CPS intake and responses, from formation of CI to return of daytime intake to local offices, to 24-hour emergent referral responses. The most recent meeting focused on

developing a sound system to respond to all accepted referrals within 72 hours. Useful input and suggestions were discussion by the committee.

➤ **Family to Family (FTF) Initiative**

The Oversight Committee was fully briefed by the Annie E. Casey technical assistance staff and FTF efforts and progress are discussed at each meeting. The committee has particular interest in the type of quality of family involvement in agency staffings. An agenda item during the coming months will be an in-depth examination of family involvement in the CPT process.

➤ **Community Surveys**

The 12/04 report explains that the committee decided not to conduct its own surveys (first full paragraph, page 2). However, the committee considers new data on a regular basis. During the past year the committee has heard reports on the "touching bases" random phone calls by regional office staff to foster and kinship caregivers, and is also briefed on self-assessments done in local offices as part of accreditation preparation. The committee interviews selected community invitees at most meetings, which continue to be held in different communities around the region.

CC: Ken Nichols, Region Two Regional Administrator

**Child Abuse Prevention and Treatment Act (CAPTA)  
Region 6 Citizen Review Panel Report  
April 5, 2005**

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 January 7, 2004, April 14, 2004, July 27, 2004, October 8, 2004, March 9, 2005.

**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

### **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**

#### ➤ **Family Treatment Drug Court**

CA Tumwater office staff provided information on the functioning and achievements of the Thurston County Family Treatment Drug Court. The success of this unusual drug court in reuniting children in out of home care with their parents was described. The oversight committee discussed implications for public policy and the possibility of expanding the same approach to other communities in Region 6.

#### ➤ **Domestic Violence Protocol**

Dee Wilson discussed the development of a statewide domestic violence protocol for law enforcement agencies and Children's Administration (CA) offices in child welfare cases with DV issues. He also discussed a regional process for bringing Region 6 staff together with local law enforcement officers and child advocates to discuss and revise the state protocol for local use.

#### ➤ **Service Integration**

The oversight committee heard from Cindy Mund, the EMFS Region 6 Administrator and Dee Wilson regarding collaborations in Region 6 between staff and the two DSHS Administrations on behalf of mutual clients.

➤ **Hispanic Committee**

Dee Wilson described the formation of standing Hispanic Services committee consisting of CA staff and service providers whose purpose is to improve CA funded services for Hispanic families. This committee will meet quarterly and will utilize a format much like the Region 6 ICW 7.01 workgroup.

➤ **Foster Home Shortage**

CA staff discussed the acute and chronic shortages of foster homes in some Region 6 offices; the oversight committee offered suggestion for improving foster parent recruitment and retention.

➤ **Foster Parent/Birth Parent Mentoring Program**

Bruce Wood, a Region 6 social and health Program Manager, discussed foster parent/birth parent mentoring programs in Tumwater and Vancouver. Foster parent mentors are paid a small monthly stipend to coach birth parents seeking reunification with their children.

➤ **Region 6 Outcomes**

The oversight committee received the Region 6 2003 End of the Year Report which contained data for each Region 6 office regarding permanent planning outcomes and descriptive data regarding CPS reports, high risk standard investigations, number of children in out of home care and dependency filings.

**Recommendations**

- Expand the use of the Family Treatment Drug Court to other communities.
- Carefully evaluate outcomes of foster parent/birth parent mentoring programs.
- Continue collaborative efforts with EMFS.

**Children's Administration Response to the Members of the  
Region 6 Oversight Committee  
CAPTA Citizen Review Panel  
June 17, 2005**

Thank you for your continued commitment and participation on the region six oversight committee. Your committee's report was received by CA and included in our yearly submission of our 2004 Annual Progress and Services Review (APSR) to the Department of Health and Human Services, Administration on Children, Youth and Families.

**Your recommendations were as follows:** 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.

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.

**CA's response to the committee recommendations:** A member of the oversight committee was encouraged to pursue the background check issue. The member has written editorials and met with top DSHS managers regarding background checks. Additionally, a joint task force was created and provided a report to the legislature in January 2005 with recommendations for improving WA State's criminal background check processes. The full report can be accessed at, <http://www1.leg.wa.gov/House/Committees/CJC/Reports.htm>.

**Regarding low tech approaches to relative search:** The Vancouver DCFS office created two relative search specialists. One of the social workers worked with children who had recently been placed in care while the other social worker was assigned to work with children who had been in care for more than two years. Both social workers were responsible for documenting the relative search and facilitating the home study. The social workers also sometimes involved the family in a family meeting such as a family group conference. This was a method for identifying families that might be a possible relative placement.

I want to thank the committee member who recommended assigning more work to contractors. Issues concerning contracting out of state employees work will be handled in accordance with the Personnel System Reform Act of 2002 and the Collective Bargaining Agreement. There are no plans at this point in time to proceed in this direction.

Region six experienced a vacancy in the regional administrator position from October 2004 to January 2005.

CC: Randy Hart, Region Six Regional Administrator