



## **Section C: Program Information**

### **(3) CAPTA State Grant**

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

## **Child and Family Services Plan FY 2010 - FY 2014 Child Abuse Prevention and Treatment Act**

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:

- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.
- Developing, strengthening, and facilitating training, including the following:
  - Training on research-based strategies to promote collaboration with the families.
  - Training regarding the legal duties of such individuals.
  - Personal safety training for case workers.
- Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide the following:
  - Child abuse and neglect prevention and treatment services (including linkages with education systems);
  - Addressing the health needs, including mental health needs, of children identified as abused or neglected. This includes supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

Specific activities funded by the CAPTA state grant are:

- Six regional Child Protective Services Program Managers
- The Child Abuse and Neglect Training and Consultation Network

### **CAPTA Summary of Accomplishments FY 05-09**

#### **Audio Recording Child Abuse Interviews**

Policies on Audio Recording of CPS Interviews were updated in 2004 to include physical abuse investigations. CA began audio recording child interviews in sexual abuse investigations in 2003 in order to increase the accuracy of agency records and improve service delivery to children and families.

#### **Family to Family**

In 2004-2006, CA partnered with the Annie E. Casey Foundation to implement four Family to Family strategies designed to improve child outcomes. These strategies are:

- Building Community Partnerships
- Family Team Decision Making (FTDM)
- Resource Family Recruitment, Development, and Support
- Self-Evaluation

Currently, all offices in the state are implementing Family Team Decision-Making meetings. CA is working towards achieving 100% capacity, however, this goal is also dependent upon available resources. To date, over 10,000 FTDM meetings have taken place.

Research is showing that FTDM supports child welfare practice by resulting in:

- More children placed with relatives.
- Shortened length of stay for children placed with relatives.
- Increased placement stability.
- More reunifications with biological parents.

## **Practice Model**

In 2005, CA staff and management identified the elements of a strong and sound foundation to support and sustain improved outcomes for children and families. This included having a well trained and supported workforce.

The objectives of this improvement initiative, "The Practice Model" was to provide an overarching framework for child welfare practice in Washington State and give social workers the tools, skills and support they need. Practice Model achievements include:

### **CPS/CWS Re-design**

Effective January 1, 2007, the CPS/CWS Redesign was implemented in most CA offices and changed how CA is organized to provide services to clients. The CPS/CWS Redesign helps in focusing the roles and responsibilities of CA social workers to improve our service delivery to families. The Redesign involves providing services in the following three tracks:

- Child Protection Services
- Family Voluntary Services
- Child and Family Welfare Services

The purposes of the Redesign include:

- Separate service delivery from investigation and assessment;
- Increase the focus on voluntary services in order to provide an opportunity for early support to families;
- Focus CPS investigations on seeing children quickly, assessing safety and risk and determining families need for services;
- Engage families early to increase child safety and reduce the risk of harm;
- Create a new Voluntary Service function; and
- Create a model that accommodates future practice enhancements.

### **Safety Assessment**

The Safety Assessment was revised in 2008 to provide a structured and consistent way to assess a child's immediate safety. This included creating a separate question about domestic violence. The question, "Have there been acts of domestic violence or threats of domestic violence by a caregiver or a person with frequent access to the child that has placed the child at risk of serious and immediate harm in the last 90 days?" is based on:

- Screening for domestic violence at each stage of the case is important.
- Shifts the focus from a "current incident" response to include incidents within the last 90 days.
- Guides the worker to assess indirect violence that places a child at harm.

### **Structured Decision Making (SDM)**

In October 2007, CA adopted an actuarial risk assessment model, Structured Decision Making® (SDM) to replace the former risk assessment tool after considerable input from focus groups, national experts and the Practice Model. The SDM is a research-based, relatively simple and structured assessment. Its purpose is to identify families who are most likely to experience a future event of child abuse or neglect. The principle behind SDM is that decisions can be improved by clearly defined and consistently applied decision making criteria, readily measurable practice standards, with expectations of staff clearly identified.

### **Family Assessment**

The Family Assessment page is a compilation of information used to identify issues surrounding the family and to develop a plan to address those issues. The information entered into various assessments about the strengths and needs of both the individual participants and the entire household supports the Family Assessment. The compiled information is used to first balance strengths against needs, then identify unmitigated needs, and finally develop a plan to address the unmitigated needs.

### **Solution Based Casework (SBC)**

CA chose SBC as the clinical model for child welfare practice because it's a family centered practice that builds on a family's strengths. Social workers are taught engagement skills, interviewing techniques, family life cycle development frameworks and relapse prevention techniques. These give social workers the skills and support they need to do their jobs well. The training and coaching is on-going, and training will be adjusted as CA receives critical feedback from supervisors and social workers.

**Solution Focused Management (SFM)** - To support social workers in their use of SBC, CA trained all management staff in SFM. SFM helps CA managers support social workers as they implement SBC. It's a parallel process that reinforces manager's use the same values, techniques, and language staff uses with their clients. SFM involves:

- Identifying what's already working and amplifying it to make useful changes.
- Focusing on what's possible rather than on causes of problems.
- Getting managers to stop doing what isn't working and look for opportunities to do things differently.
- Encouraging managers to turn to the expertise and strengths within their team for solutions that work.
- Encouraging managers to apply solution focused principles and concepts in their management style, including language and questions derived from solution focused interviewing.

### **Assessment of Progress**

This tool helps the social worker assess progress toward goals made on the Family Assessment and compliance with the service plan. The purpose of assessing progress is to determine if there has been sufficient movement toward each goal of the case plan to significantly reduce or eliminate the safety or risk issue(s) targeted. It's completed every 90 days for an FVS or FRS case; 180 days for a CFWS case, at case transfer, service completion, goal completion, and new service-related need for a child/youth or caregiver.

### **24 Hour Emergent Response Policy**

Effective August 1, 2005 the 24 Hour Response to Emergent Referrals policy was updated. The changes include:

- The intake process for emergent referrals, including supervisory review, must be completed within 4 hours of date and time CA receives the referral.
- The CA social workers who conducts or attempts to conduct the initial face to face contact(s) must input the action into an SER within 7 calendar days, noting the date and time of the interview(s).

### **72 Hour Non- Emergent Response Policy**

Effective August 1, 2005 the policy was updated to CA social workers to have face-to-face contact with all alleged victims of child abuse or neglect in non-emergent referrals within 72-hours from the time and date CA receives the referral.

### **Neglect Legislation**

In January 2007, new neglect legislation went into effect which expanded the definition of negligent treatment or maltreatment of child allowing the department to engage families earlier and place a stronger emphasis on the issue of neglect. The intent for the department is to be involved in cases of chronic neglect where the health, welfare or safety of the child is at risk. To decrease the likelihood of future neglect the court may reinforce a parent's early engagement in services when chronic neglect exists in a family.

## **Prenatal Substance Abuse Policy**

In October 2007, the policy was updated in response to the federal Child Abuse Prevention and Treatment Act (CAPTA) to address the needs of newborns exposed to substances in utero and to address the "Plan of Safe Care" requirement. It was also to clarify CA authority to accept referrals for CPS investigation or initiate court action on an unborn child.

## **Child Abuse and Neglect (CA/N) History Checks**

Criminal background policies related to the Adam Walsh Child Protection and Safety Act legislation were updated in July 2008. CA conducts FBI fingerprint-based checks for all prospective foster/adoptive parents, relative caregivers and all other adults in the home.

When emergency circumstances exist and don't allow for a national fingerprint check to be completed prior to placement, authorized staff at Central Intake process requests from social workers. This allows social workers to receive immediate criminal history data from the National Crime Information Center (NCIC) database prior to placing a child with unlicensed individuals. CPS investigators can also request criminal history information on the subject of the investigation to increase child and worker safety.

## **Updated Information for Mandated Reporters**

In December 2008, CA updated information for mandated reporters to provide new and updated information about child abuse and neglect including:

- How to report abuse or neglect.
- Definitions of child abuse and neglect including:
  - Legal definitions.
  - Signs and symptoms.
  - Common indicators.
- Description of what happens when child abuse or neglect is reported.
- Description of who is legally required to report child abuse or neglect.

## **Practice Guide to Intake and Investigative Assessment**

In 2008, CA updated the practice guide to support intake and CPS workers as well as their supervisors in making important decisions. This guide is intended to:

- Provide a better understanding of each decision point during the intake process and investigative process and the tools available to help make important decisions.
- Help investigators understand the IA and the tools contained within it.
- Give guidance for using the Family Action Plan.

## **Child Abuse and Neglect Investigation – Law Enforcement Protocols**

In July 2008, in response to a legislative mandate (SHB1333) Washington State Counties updated their sex abuse protocols. The updated protocols include the coordination of child fatality, child physical abuse, and criminal child neglect investigations between the county and city prosecutor's offices, law enforcement, children's protective services, local advocacy groups, emergency medical services, and any other local agency involved in the investigation of such cases. Investigative protocols also include statewide guidelines for first responders to child fatalities developed by the Criminal Justice Training Commission.

In response to a legislative mandate (SHB1333), law enforcement protocols were updated. The investigative protocols include:

- Investigations of child fatality, child physical abuse, and criminal child neglect cases. Statewide guidelines for first responders to child fatalities developed by the Criminal Justice Training Commission.

## **CPS Investigation Findings**

Substitute Senate Bill (SSB) 5321 went into effect October 1, 2008 and made several key changes to CPS Investigation findings. It removed inconclusive findings and changed the definition of unfounded finding. The following finding definitions are:

- Founded means the determination following an investigation by CPS that based on available information it is more likely than not that child abuse or neglect did occur.
- Unfounded means the determination following an investigation by CPS that based on available information:
  - It is more likely than not that child abuse or neglect did not occur, or
  - There is insufficient evidence for the department to determine whether the alleged child abuse did or did not occur.

## **FamLink**

On February 1, 2009, Washington State replaced its child welfare information system with a new web based information system FamLink in order to better support client service delivery. FamLink will enhance intake, child protective services, child welfare services and better support workers to make timely, informed decisions to achieve Washington's safety, permanency and well-being goals. FamLink will reduce the redundancy in documentation.

### **Decision Tree in FamLink**

The intake worker uses the decision tree matrix after a decision has been made to screen in an intake. It's a FamLink tool used to guide Intake in determining program response type, e.g., investigation or alternative intervention, and response time (emergent or non-emergent) for an investigation. It does not replace critical thinking and can be adjusted.

### **Asking Domestic Violence Universal Screening Question**

In July 2009, CA will require intake social workers to ask a universal screening question on all intake calls which asks: "Has anyone used or threatened to use physical force against an adult in the home?" The Universal screening question is used to help the intake worker identify if DV is an issue Intake workers must screen all intakes for domestic violence (DV) to assess whether a child is in clear and present danger from DV.

### **Chronically Referring Families**

In the fall of 2008, a Chronicity Indicator was developed in FamLink. It was designed to help the social worker identify families re-referred to CPS because there is growing evidence of the importance of early identification and community involvement in service planning.

In the FamLink intake module, the Chronicity Indicator is automatically checked when a participant has the role of victim or subject in a case and meets the following criteria:

- 3 accepted CPS or DLR/CPS intakes in the prior year;
- 4 accepted CPS or DLR/CPS intakes in the prior 2 years;
- 5 accepted CPS or DLR/CPS intakes in the prior 3 years; or
- 2 or more founded allegations in the past 2–6 CPS referrals.

When the Chronicity Indicator is flagged on a person, social workers must review the history and assess for patterns of acts or omissions by the parent/caregiver and follow policy for services and case staffings.

### **New CPS Domestic Violence policy**

In July 2009, WA will require children be interviewed apart from siblings, caregivers or alleged perpetrators (even if DV is not indicated). When DV is identified all persons (e.g. children, caregivers and alleged perpetrators) must be interviewed separately. In addition, investigators must assess the danger posed to the child and adult victim by the alleged DV perpetrator. This is done by completing the specialized DV questions in the Safety Assessment and by conducting a specialized domestic violence assessment.

### **Early Family Support Services (EFSS)**

CA has improved the EFSS contracts with public health and private agencies. The outcome-based contracts include a new assessment and classification system to track family and individual outcomes in several domains. This assessment will be piloted in a few sites around this state this summer and early fall with a statewide implementation date of January 2009.

The service now has two pathways: short-term service and a longer term, family engagement services:

- Short Term Service – services up to 30 days. Provider refers to services and/or provides a short-term service or a concrete service. The provider completes at least one follow up contact and closes the case.
- Family Engagement Service – services up to 9 months. Provider completes a family assessment and service planning. Provider may offer a combination of referrals to services and provide services based on a service plan that includes input from the family and appropriate familial supports. Provider completes a closing assessment and tracks outcomes in the areas identified on the service plan. The provider may utilize screening tools as part of the family assessment such as NCAST, Ages and Stages, Depression Screenings, etc.

As part of the EFSS program, CA is phasing in two Evidence-Based/Promising Programs (EBP/PP) Promoting First Relationships and Triple P- Positive Parenting Program. In FY 10, we will also look at the program, Project SafeCare to determine whether or not it will be a good fit for EFSS.

### **Central Case Review**

Central Case Reviews began in 2003 and continue to be conducted as part of a proactive process designed to assist social workers, supervisors and managers to improve outcomes for children and families. Annually the case review questions and decision rules are updated to include major and policy and practice changes and in 2009, revisions were made to include changes in the Round 2 CFSR instrument.

Central Case Reviews are conducted at the office level. The purpose of the reviews is to:

- Evaluate progress in meeting federal Child and Family Services Review (CFSR) outcomes in the areas of Safety, Permanency and Well Being.
- Measure key elements of CA policy and quality of practice with an emphasis on child safety.
- Provide individual feedback to social workers and supervisors on cases reviewed to support the professional development of staff.
- Facilitate the development of annual Practice Improvement Goals with social workers, supervisors and managers at the office level.

### **Summary of Accomplishments FY 2009**

To strengthen families and prevent child abuse and neglect, CA provides services throughout Washington State to families and/or individuals who have been referred to Child Protective Services or have requested child placement or family reconciliation services.

A Child Protective Services Program Manager is assigned in each of Washington's six regions to help coordinate CPS services and program design.

CA's accomplishments for in each of the three designated areas are outlined below.

**1. *Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (section 106(5))***

**FamLink**

Washington State replaced its child welfare information system with a new web based information system, FamLink, in order to better support client service delivery. FamLink went "live" on February 1, 2009. It was designed to enhance intake, child protective services, child welfare services and better support workers to make timely, informed decisions to achieve Washington's safety, permanency and well-being goals. FamLink will reduce the redundancy in documentation.

Washington State added and enhanced screening tools available in FamLink to social workers. These tools were designed to give social workers the tools they need to build and sustain improved outcomes for children and families.

**Universal Screening Question for Domestic Violence in FamLink**

Because domestic violence can have a significant impact on CA's work with families, it is important we know how to identify when DV is present, assess the danger the DV poses to children (and others), and offer services to families that help increase safety for all.

To help intake workers assess whether a child is in clear and present danger from DV, a universal screening question was built in FamLink. During each call, the intake worker asks, "Has any adult used or threatened to use physical force against an adult in the home?"

When the answer to the universal screening question is "yes", the intake worker must ask, "Who did what to whom" and answer the pop up questions that help determine the risk of imminent harm.

This information helps social workers prepare for contact with the family by being aware of safety issues that can impact the safety of the social worker, the alleged child victims of CA/N and the adult DV victim.

**Chronicity Indicator in FamLink**

A Chronicity Indicator was designed to help the social worker identify families re-referred to CPS because there is growing evidence of the importance of early identification and community involvement in service planning.

In the FamLink intake module, the Chronicity Indicator is automatically checked when a participant has the role of victim or subject in a case and meets the following criteria:

- 3 accepted CPS or DLR/CPS intakes in the prior year;
- 4 accepted CPS or DLR/CPS intakes in the prior 2 years;
- 5 accepted CPS or DLR/CPS intakes in the prior 3 years; or
- 2 or more founded allegations in the past 2–6 CPS referrals.

When the Chronicity Indicator is flagged on a person, social workers must review the history and assess for patterns of acts or omissions by the parent/caregiver and follow policy for services and case staffings.

### **Revised Safety Assessment**

The safety assessment was revised in 2008 to provide a structured and consistent way to assess a child's immediate safety. This includes creating a separate question about domestic violence. The question, "Have there been acts of domestic violence or threats of domestic violence by a caregiver or a person with frequent access to the child that has placed the child at risk of serious and immediate harm in the last 90 days?" is based on:

- Screening for domestic violence at each stage of the case is important.
- Shifts the focus from a "current incident" response to include incidents within the last 90 days.
- Guides the worker to assess indirect violence that places a child at harm.

### **Decision Tree in FamLink**

The intake worker uses the decision tree matrix after a decision has been made to screen in an intake. It's a FamLink tool used to guide Intake in determining program response type, e.g., investigation or alternative intervention, and response time (emergent or non-emergent) for an investigation. It does not replace critical thinking and can be adjusted.

### **Family Assessment**

FamLink contains a Family Assessment, Case Plan and Assessment of Progress. In the Family Assessment, social workers will document both strengths and needs for the family and for individuals in the family. Specific questions are asked about the family view and the sequence of events that led up to CA involvement with the family. The assessment also captures what the family would like to achieve by working with CA.

The case plan documented in FamLink reflects information from the Family Assessment and will align services and tasks with desired goals and outcomes.

The Assessment of Progress tool is incorporated in FamLink and will be used by FVS, CFWS, Adoption, and FRS staff. It builds on the Family Assessment and incorporates scaling questions. It also documents progress the family is making in addition to compliance with the case plan.

### **Child Abuse and Neglect (CA/N) History Checks**

Criminal background policies related to the Adam Walsh Child Protection and Safety Act legislation were updated in July 2008. CA conducts FBI fingerprint-based checks for all prospective foster/adoptive parents, relative caregivers and all other adults in the home.

When emergency circumstances exist and don't allow for a national fingerprint check to be completed prior to placement, authorized staff at Central Intake process requests from social workers. This allows social workers to receive immediate criminal history data from the National Crime Information Center (NCIC) database prior to placing a child with unlicensed individuals. CPS investigators can also request criminal history information on the subject of the investigation to increase child and worker safety.

CA is required to check for child abuse and neglect history in other states when an adult in a prospective relative, foster or adoptive home has lived in another state during the preceding five years. The unit also responds to requests made by other states under the Adam Walsh Act requirements.

2. ***Developing, strengthening, and facilitating training including— training regarding research-based strategies to promote collaboration with the families; training regarding the legal duties of such individuals; and personal safety training for case workers; (section 106(6))***

## ***Evidence-Based Practices***

CA incorporates more evidence-based practices into our service array, such as the following:

### ➤ **Solution-Based Casework (SBC)**

CA includes evidenced-based practices in the work of the agency as well as in contracted services for children and families. As part of this effort, CA adopted a Practice Model which provides an overarching framework for child welfare practice in Washington State.

CA chose SBC as the clinical model for child welfare practice because it's a family centered practice that builds on a family's strengths. Social workers are taught engagement skills, interviewing techniques, family life cycle development frameworks and relapse prevention techniques. These give social workers the skills and support they need to do their jobs well. The training and coaching is on-going, and training was adjusted as CA received critical feedback from supervisors and social workers.

Tools in the FamLink were developed to support Solution-Based Casework. Current practice and proposed changes within the CA will be evaluated in the context of how well they support the clinical model.

### ➤ **Solution Focused Management (SFM)**

To support social workers in their use of SBC, CA trained all management staff in SFM. SFM helps CA managers support social workers as they implement SBC. It's a parallel process that reinforces manager's use the same values, techniques, and language staff uses with their clients. SFM involves:

- Identifying what's already working and amplifying it to make useful changes.
- Focusing on what's possible rather than on causes of problems.
- Getting managers to stop doing what isn't working and look for opportunities to do things differently.
- Encouraging managers to turn to the expertise and strengths within their team for solutions that work.
- Encouraging managers to apply solution focused principles and concepts in their management style, including language and questions derived from solution focused interviewing.

### ➤ **Parent Child Interaction Therapy (PCIT)**

PCIT is a parent training program that was originally designed to treat children (age two to seven) with problem behavior. Further studies of the program showed that PCIT helps parents improve parenting skills, build a warm and responsive relationship with their child; and decrease child behavior problems. The service lasts about 20 weeks and is delivered in one hour sessions. Trained therapists coach the parent (through the use of a one way mirror in which therapist uses a microphone device from another room) in child management techniques (e.g. how to praise appropriate behavior, ignore undesirable behavior, give clear, age-appropriate instructions, how to implement "time-outs") while parents are interacting with their children in a safe environment. Use of the program with clients involved in child welfare produced in one study a 50% reduction in re-occurrence of physical abuse and neglect.

In FY 09, this program was available in all regions, but not to all offices. In FY 10, regions will continue to expand services as funding allows.

### ➤ **The Incredible Years**

Comprehensive, developmentally-based intervention with components for parents of children (age three to six years) designed to prevent and treat emotional/behavioral problems in young children by promoting children's social, emotional and academic competence and strengthening parental competence and bonding with the child. Interventions use a group format and deliver content through multiple methods including video, discussion, activities, role playing, and home assignments.

In FY 09, this program was available in Region 1, Region 2, Region 3, and Region 4. In FY 10, there will be continued use of this program in existing locations, and expand to more locations within budget limitations.

- **Trauma Focused – Cognitive Behavioral Therapy (TF CBT) –**

Intervention designed for children ages 5 -18 who have been the victim of trauma, including sexual abuse. The child's parent or caregiver must participate in the program. TF CBT uses cognitive-behavioral therapy and stress inoculation training procedures to reduce children's negative emotional and behavioral responses (e.g., post-traumatic stress) and correct maladaptive beliefs and attributions related to the abusive experiences. The program should not be used with children who exhibit externalizing behavior disorders (acting out behaviors). In FY 09, this program was available as a CA contract in Region 5 Pierce County, and in other community mental health centers around the state through RSN-funded services. Due to lack of funding CA was not able to expand the program further.

- **Functional Family Therapy (FFT)**

FFT is a family therapy that is provided usually in a family home. The program serves families with children between the ages of 11 and 18. FFT focuses reducing conflict in the family, improving communication, increasing use of age appropriate parenting skills, and improving parent supervision of children. The program lasts an average of 4 months. The entire family participates in FFT. With child welfare clients, one study showed a 50% reduction in out of home placement for adolescents whose families received FFT. This program is available in all regions.

- **Multi-Dimensional Treatment Foster Care (MTFC)**

MTFC is a program for children ages 12 to 18 who are in foster care and exhibit problem behaviors that led to a referral to BRS. The program's goal is to increase developmentally appropriate behavior in children and adolescents who are in need of out-of-home placement. The intervention is multi-method and occurs in multiple settings. It is a strength-based, skill building model, which shapes desired behaviors through positive reinforcement. The treatment model assists the youth's permanent resource family with effective parenting skills. This will ensure that positive changes made while in the MTFC program are sustained long term. Children remain in MTFC foster homes for an average of 9 months. Studies indicate that children participating in MTFC experienced increased placement stability after completion of the program. In FY 09, CA added a Latency age (6-11) site. In FY 10, CA was looking to expand the program to more regions of the state however budget restrictions impacted this plan.

- **Project KEEP**

Two pilot sites for Project KEEP began spring of 2009. KEEP is an evidence based model which that uses a support and skills group to assist foster parents. It has been shown to reduce placement disruptions and problem behaviors in foster youth and increase foster parent retention.

- **Nurse Family Partnerships (NFP)**

NFP is a prenatal and early childhood home visitation program designed to improve maternal and child health and well-being. Home visits conducted by experienced, well-trained and supervised nurses who work intensively with first-time, low-income mothers and their families over a period of two years. Goals for the program include improving maternal and fetal health by helping pregnant women improve their health-related behaviors; improving infant and child health and development by enhancing parental care giving skills; and improving the families' economic self-sufficiency. Studies have shown reductions child abuse and neglect, juvenile and adult crime, and increased employment by the participating mother. In FY 09, this program was available in Region 1, Region 2, Region 3, Region 4,

Region 5, and Region 6. It was supported by contract in Pierce County. Availability is through Public Health Jurisdictions in 10 counties throughout the state.

- **Promoting First Relationships**

Promoting First Relationships is a prevention program dedicated to promoting children's social-emotional development through responsive, nurturing caregiver-child relationships. The program trains service providers in the use of practical, effective strategies for promoting secure and healthy relationships between caregivers and young children (birth to 3 years). By supporting parents and caregivers to be loving, responsive and tuned in to their children's feelings and needs, the desired goals can be achieved: happy children who engage in trusting and caring relationships with others and are free to explore and learn about the world around them. In FY 09, this program was available in Region 3 utilizing state staff as providers. It was also used in Region 4 and Region 5 through contracted providers. A research project using collaboration with CA, community mental health agencies and UW researchers is also available in Region 5. Also in FY 09, providers of two other contracted service programs, Medicaid Treatment Child Care (MTCC), and Pediatric Interim Care Services (PIC) were trained and offered the services as part of their program in Region 2, and Region 3 respectively. In FY 10, we will continue to support newly trained providers by supporting their consultation with the University of Washington as the program is outlined. As with other evidenced based and promising programs, CA will prioritize services and develop a training and implementation plan for these programs.

- **Homebuilders**

Homebuilders is the service delivery model for Intensive Family Preservation Services designed to prevent out of home placement of children or facilitate return home. Referrals to the program are made when a family has been referred for child abuse and neglect and the child or children are at imminent risk of placement. The program is short in duration, usually four to six weeks. Homebuilders therapists respond to families 24 hours a day, seven days a week. The program focuses on teaching parents to care effectively for their children by increasing the parent's ability to manage child behavior, utilize appropriate discipline, and provide a safe and nurturing home environment. Therapists have a low caseload (two cases at a time) allowing therapists to spend a greater amount of time with the family. Homebuilders therapists also assist parents in enrolling in other longer term services that will help the parent maintain changes. The program in research has been shown to cost effectively reduce out of home placement of children.

- **Triple P (Positive Parenting Program)**

Triple P is a parenting program that teaches parents methods and skills to manage child behavior and to increase the positive interaction with their child. The program was initially developed and studied as an intervention with children with conduct problems. In recent years the program has been utilized in child welfare settings. In one research study Triple P was shown to reduce child abuse and neglect. In FY 09, contracted providers were trained in Region 1, Region 2, Region 3, Region 5, and Region 6. In FY 10 CA will continue to look at how this program is used in the regions and will develop a plan to implement Triple P in other areas around the state as funding allows

- **Aggression Replacement Training (ART)**

Aggression Replacement Training (ART) is a psycho-educational training program for adolescents ages 12 to 18. The program teaches participants social skills, specific steps to reduce and control anger, and moral reasoning. The program is provided over a 10 week period and meets three times per week. The program has been shown to effectively increase socially appropriate behavior and to reduce aggression in adolescents involved in the juvenile justice system. A decision was made in FY 09 to train provider of BRS programs in ART since many of the children in BRS programs display poor social skills and aggressive behavior. In FY 10, training and implementation of this program will begin for BRS group home providers. Due to budget constraints no expansion will occur.

- **Project SafeCare**

Project SafeCare is an intervention designed specifically to intervene with families that have been referred to child welfare for child neglect. The program has three components, Home Safety, Child Health, and Parent Skills. The service is provided in the family home and focus on parents practicing new skills in real time. Parents are supported by the home visitor until mastery of the skills and tasks are reached. Preliminary research on the program indicates the program is having an impact on re-referrals to child welfare. In FY 09, three agencies in Region 3 have been providing the Project SafeCare program, serving a total of 28 families to date. In FY 10, CA intends to train a few internal staff as well as a few providers in Region 3.

### **Neglect Legislation**

ESSB 5992, which went into effect January 1, 2007, allows the CA to be involved in cases of chronic neglect where the health, welfare or safety of the child is at risk. To decrease the likelihood of future neglect the court may reinforce a parent's early engagement in services when chronic neglect exists in a family.

CA continues to provide neglect training to social workers to:

- Examine chronic neglect in depth, with the goal of improving child welfare intervention with families.
- Learn the importance of pattern recognition and comprehensive family assessment.
- Collaborate with the community in creating more effective child welfare interventions.
- Understand the relationship between long term severe poverty, substance abuse, mental health problems and histories of victimization.

### **Personal Safety Training**

Mandatory worker safety training is provided through the CA Academy via a contract with Criminal Justice Training Commission, generated from House Bill 2189. Participants learn through lecture, group discussion, demonstration and role-plays. Training components include:

- Recognizing potentially dangerous conditions in workplace and the field.
- Reacting appropriately and safely when faced with dangerous situations.
- Types of workplace violence related to social work practice.
- Identifying predictors of violent behavior.
- Recognizing escalating behaviors.
- Safety precautions in methamphetamine sites.
- Resources and support for worker safety.
- Working with law enforcement.

CA addresses staff safety in the following ways:

- Staff safety information in CA Operations Manual 8612/ 5100 and the updated Guide to Intake and Investigative Assessment.
- Critical Incident policy and protocol, including a peer support team developed. Information is attached and can also be accessed at <http://ca.dshs.wa.gov/intranet/pdf/policy/CriticalIncident.pdf>.
- Social Workers have access to the National Criminal Information Center (NCIC) database for subjects of CPS investigations and other adults related to the CPS investigation. This information is used to assess child and worker safety and is available for quick access at all times.
- Improved communication equipment for areas where cell phones do not work.
- More cars for social worker use.
- The Washington State Criminal Justice Training Center (CJTC), in collaboration with the CA Office of Training and Staff Development and Training provides staff training on worker safety issues.

The FamLink intake data system has a "warning indicator" information system. It displays if there is a danger to the social worker, if the person is a registered sex offender and if the person is a

sexually aggressive youth. It also allows for any comments about the danger. Information about worker safety and reporting incidents or potential threats of harm is in policy. (Operations Manual 8612 and 5100)

### **Protecting the Abused & Neglected Child – A Guide for Mandated Reporters in Recognizing & Reporting Child Abuse & Neglect.**

This guide was updated in 2008, to provide new and updated information about child abuse and neglect, including:

- How to report abuse or neglect.
- Definitions of child abuse and neglect including:
  - Legal definitions
  - Signs and symptoms
  - Common indicators
- Description of what happens when child abuse or neglect is reported.
- Description of who is legally required to report child abuse or neglect.

### **Practice Guide to Intake and Investigative Assessment**

In 2008, CA updated the practice guide to support intake and CPS workers and their supervisors in making important decisions. This guide is intended to:

- Provide a better understanding of each decision point during the intake process and investigative process and the tools available to help make important decisions.
- Help investigators understand the Investigative Assessment and the tools contained within it.
- Give guidance for using the Family Action Plan.

### **3. *Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports (Section 106 (14)).***

#### **Early Family Support Services**

CA has improved our Early Family Support Services (EFSS) contracts with public health and private agencies. The outcome-based contracts include a new assessment and classification system to track family and individual outcomes in several domains. This assessment will be piloted in a few sites around this state this summer and early fall with a statewide implementation date of January 2009.

The service now has two pathways: short-term service and a longer term, family engagement services:

- *Short Term Service* – services up to 30 days. Provider refers to services and/or provides a short-term service or a concrete service. The provider completes at least one follow up contact and closes the case.
- *Family Engagement Service* – services up to 9 months. Provider completes a family assessment and service planning. Provider may offer a combination of referrals to services and provide services based on a service plan that includes input from the family and appropriate familial supports. Provider completes a closing assessment and tracks outcomes in the areas identified on the service plan. The provider may utilize screening tools as part of the family assessment such as NCAST, Ages and Stages, Depression Screenings, etc.

As part of the EFSS program, CA is phasing in two Evidence-Based/Promising Programs (EBP/PP) Promoting First Relationships and Triple P- Positive Parenting Program. In FY 10, we will also look at the program, Project SafeCare to determine whether or not it will be a good fit for EFSS.

#### **Child Health and Education Tracking**

The Child Health and Education Tracking Policy was revised in 2008, to require all identified children to receive a comprehensive mental health assessment within fifty days of entering placement once a concern is identified during the CHET Screening process. Once notified by the CHET Screening Specialist, the social worker will make sure a mental health referral is made within 5 working days.

### **Education Summits**

Children's Administration sponsored ten regional Education Summits this year collaborating with educators, caregivers, social workers and community providers to address the educational needs of youth in foster care. This was the third and final year of funding by Norcliffe and Northwest Children's Fund which supported the regional Education Summits. The goal of this year's Summits was to focus on post-secondary readiness and programs for youth in foster care. The over-arching theme of the Summits has been to develop common understanding of the experience of foster care from kindergarten to college and to work across systems to support youth. The Education Summits have been rated highly successful by participants in developing cross agency collaborations to support the educational stability and success of youth in foster care. We will continue to partner with the Office of Superintendent of Public Instruction on the "Compassionate Schools Initiative" as funding allows which supports all children and youth who've experienced trauma and by definition supports foster youth.

### **OTHER ACTIVITIES**

#### **Family to Family**

CA partnered with the Annie E. Casey Foundation in 2004-2006 to implement four Family to Family strategies designed to improve child outcomes. These strategies are:

- o Building Community Partnerships
- o Family Team Decision Making (FTDM)
- o Resource Family Recruitment, Development, and Support
- o Self-Evaluation

All offices in the state are implementing Family Team Decision-Making meetings. CA is working towards achieving 100% capacity, however, this goal is also dependent upon available resources. To date, over 10,000 FTDM meetings have taken place.

Currently, 13 offices are actively developing all four strategies of Family to Family with more beginning the process all the time.

Research is showing that FTDMs supports child welfare practice by resulting in:

- o More children placed with relatives.
- o Shortened length of stay for children placed with relatives.
- o Increased placement stability.
- o More reunifications with biological parents.

#### **Regional Child Protective Services (CPS) Program Managers**

The Regional Child Protective Services (CPS) Program Managers continue to support the intake, assessment, screening and investigation of reports of abuse and neglect through:

- Training region specific staff and community partners.
- Representation on statewide project teams regarding CPS and Intake timeframes, functions and screening and assessment tools.
- 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.

## **Child Abuse and Neglect Training and Consultation Network**

The Child Abuse and Neglect Training and Consultation Network, funded by the CAPTA Basic State Grant, is available for use by CPS staff, law enforcement, other physicians and prosecuting attorneys 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
- Yakima Pediatric in Yakima

Child Protection Consultants are available in each region to CPS staff, Division of Licensed Resources (DLR)/CPS staff, law enforcement, Tribes, attorneys and other physicians throughout Washington State.

## **Child Abuse and Neglect Investigation – Law Enforcement Protocols**

In July 2007, a legislative mandate (SHB1333) required all counties to update their sex abuse protocols by July 1, 2008. Investigative protocols were to include:

- Investigations of child fatality, child physical abuse, and criminal child neglect cases.
- Statewide guidelines for first responders to child fatalities developed by the Criminal Justice Training Commission.

## **CPS Two Tiered Findings**

Substitute Senate Bill (SSB) 5321 went into effect October 1, 2008 and made several key changes to CPS Investigation findings. It removed inconclusive findings and changed the definition of unfounded finding. The following finding definitions are:

- Founded means the determination following an investigation by CPS that based on available information it is more likely than not that child abuse or neglect did occur.
- Unfounded means the determination following an investigation by CPS that based on available information:
  - It is more likely than not that child abuse or neglect did not occur, or
  - There is insufficient evidence for the department to determine whether the alleged child abuse did or did not occur.

## **Monthly Visits with all Children in Foster care**

Effective September 2008 Social worker visits are required for all children in care. Each Region developed a plan for implementation of this policy. Social workers now:

- Conduct monthly visits for all children in out-of-home care every calendar month
- Visit all children in care within the first week of placement in the home where the child resides

## **Workload Study**

Throughout 2006-07, CA participated in a Workload Study to determine how CA staff who provide services to children and families spend their time and the nature of the activities they perform. This study was one of the most comprehensive in the country. The study reports that there is not enough time in the day for staff to accomplish all required work because of the workload and high number of cases.

Since the workload study, CA has examined a variety of ways to reduce workload/caseloads. In addition, CA was able to hire new staff approved and funded by the legislature. Currently, efforts to reduce caseload are paying off. Data in the January 2009 Braam report shows 65% of CA social workers have caseloads (involving children in out of home care) under 19.

## **Child Protective Services Investigation Response Times**

In October 2008, CA released an update to an analysis originally conducted in October 2006. The original study reported that the implementation of the policy to conduct the initial face-to-face (IFF) meeting of CPS social workers with alleged child victims of abuse and neglect within 24 hours for emergent and 72 hours for non-emergent referrals resulted in a reduction in the rates of re-victimization. The purpose of the reanalysis was to determine if IFF compliance still has a significant effect on victim recurrence in a changed practice environment.

The results indicate that IFF compliance is still a useful strategy for reducing the number of children who are re-victimized following an initial founded referral to the agency. After adjusting for all known and measurable case characteristics, the direct effect of compliance with the IFF policy is likely responsible for the protection of approximately 85 children per year from re-victimization over a period of two years following their initial victimization, for all cases regardless of whether and when the child was placed in foster care.

### **Community-Based Child Protection Teams (CPT)**

CPTs function throughout the state. Social workers are required to consult with a CPT on all high-risk cases and may request a consultation on any case where additional consultation is needed to develop a case plan for the child and family. Policy updates and practice guidelines have been developed.

### **Parent Trust for Washington Children**

Parent Trust for Washington Children (PTWC) is a contracted CA service with the mission of creating lasting change and hope for the future by promoting safe, healthy families and communities. PTWC accomplishes this mission by:

- Building family and life management skills.
- Decreasing isolation.
- Improving family bonding.
- Increasing knowledge of school readiness.
- Increasing knowledge of healthy brain development.
- Developing parent's ability to give and receive support.
- Preventing child abuse and neglect.

### **PTWC Programs include:**

#### **Telephone and Web Services:**

- **Family Help Line: 1-800-932-HOPE or [www.parenttrust.org](http://www.parenttrust.org).** The Family Help Line is a free, statewide training and referral line for the families of Washington State. FY 07-08, the Family Help Line received over 12,000 Contacts to the Parent Trust Family Help Line. Calls can last up to 90 minutes and parents can call as often as needed. Calls from families involved with CPS and/or other WA State Services
  - 10% Current CPS Involvement.
  - 32% At-risk of future CPS Involvement.
  - 12% Past CPS Involvement.
  - 10% Past Foster Care Involvement.
  - 3% Relative and Foster Caregivers.
- **The Live Support Line:** Staffed by trained parenting coaches to provide callers with intensive training and support on:
  - Stress management techniques.
  - Positive discipline techniques.
  - Problem-solving methods.
  - Developing a positive social support system.
  - Knowledge of child development.
  - Knowledge of early learning and brain development.
  - Activities to increase parent-child attachment/bonding.

- Appropriate referrals to community resources.
- **The Parent Info Line: quickly connects families to current classes and activities in all 39 counties in Washington State through recorded information or the Parent Trust website: [www.parenttrust.org](http://www.parenttrust.org).**

### **Education/Support Group Services**

**The Parent/Caregiver Program** is a statewide network of support groups to help parents and caregivers improve critical family management skills and to create a positive social support system based on family strengths and safety. There were 26 Parent/Caregiver groups and over 7,000 visits from parents from across the state.

The Parent/Caregiver Program provides free education and support groups for the community at large as well as such specialized groups as:

- **The Families in Recovery Network (FIR):** Provides groups during and after chemical dependency treatment for families working to overcome substance abuse. FIR groups give parents essential tools to help them rebuild relationships and become part of a supportive, drug-free community.
- **The Latino Program:** Provides a network of support groups specifically designed to meet the needs of Spanish-speaking Latino families, increase critical family management skills and build a positive social support system based on family strengths and safety.
- **The Children's Group Program:** Provides a network of groups that provide opportunities for children to increase their sense of acceptance and belonging, build relationships with positive, adult role models, and practice communication and problem-solving skills with peers.
- **The Youth Leadership & Support Program:** Provides a unique mentoring, education, support and community involvement program for at-risk inner city youth.

### **Home Visiting Services**

**The Intensive Parent Training & Support Program** is a one-on-one program where a trained home visitor works with a family on family/life management skills, stress management, parent-child interaction, positive discipline techniques and related issues. This program serves high-risk family members living in underserved, isolated areas of Central Washington.

**Parents as Teachers** Parent Trust for Washington Children is the State Office and provides direct service and training/technical support for the internationally recognized early learning and child abuse prevention program Parents As Teachers. Program services include practical ways to encourage learning, manage challenging behaviors and promote strong parent-child relationships. Currently there are 25 Parents as Teachers programs widely dispersed in Washington serving more than 1,767 parents and their children.

### **Classes and Seminars**

**The Conscious Fathering Program™** provides skill building for fathers to help them improve their parenting skills and become the best caregivers they can be. This program is being nationally replicated as part of the federal Responsible Fatherhood Initiative. In FY 07-08, there were 73 classes, serving 803 men who received 2,007 hours of direct services. The program is currently available in 9 locations around Puget Sound.

**Great Starts Birth and Family Education** provides pregnancy, childbirth and early parenting education for families. Great Starts provided 171 classes, serving 2,550 individuals who received 1,454 hours of service.

## **OTHER CAPTA REQUIREMENTS:**

### **1. Referrals to the Infant Toddler Early Intervention Program**

CA continues to make referrals to the Infant Toddler Early Intervention Program (ITEIP) regardless of substantiation of CPS allegations. Per CA's Practice and Procedures Guide, "the assigned CPS social worker must refer a child ages birth to 3, identified with a developmental delay to a Family Resources Coordinator with ITEIP." Child Health Education Tracking (CHET) screeners assess children for developmental delays. Screens are administered to children in out-of-home placement for at least 30 days. Screeners are required to make an ITEIP referral if developmental delays are identified for a child.

The most recent CAPTA and IDEA, Part C reauthorization language has been strengthened to highlight the emphasis on referring children in foster care. CA and ITEIP continue to work together to improve and strengthen coordination of referrals for infants and toddlers who may have a developmental delay and/or disability.

ITEIP and CA have agreed to implement the following process for referring children, birth to three, in foster care, to the local Infant Toddler Early Intervention Program, Part C, Lead Family Resources Coordinator by assuring:

- CA workers will know they are primary referral sources to ITEIP, Part C, and how to refer.
- If a developmental concern is identified, CA staff are to refer the child/foster family to the local Lead Family Resources Coordinator (FRC), within two working days of identification of concern. Screening information is shared with the FRC to assist in determining next steps needed in evaluation.
- The FRC will assist the foster family and child to access an evaluation/ assessment to determine if the child is eligible for Part C. If eligible, the FRC will work together in partnership with the foster family, and the biological family as appropriate, CA staff, early intervention providers, and others to complete additional assessments, and develop and implement the Individualized Family Service Plan (IFSP).
- All children expected to be in the foster care system (out of home placement) longer than thirty (30) days are to be screened through the CHET process by local CHET screeners.

CHET and CA social service staff will call the Family Health Hotline at 1-800-322-2588, for the name and number of the local Lead FRC or refer to the ITEIP website at

<http://www1.dshs.wa.gov/ITEIP> as needed for local contacts.

### **2. Child Fatality Reviews**

CA conducts child fatality reviews on cases where CA had an open case at the time of the unexpected child fatality or the family received any CA services during the 12 month period prior to the child's death. CA also conducts child fatality review on unexpected child deaths that occurred in a CA licensed, certified, or state-operated facility or a licensed child care facility/home.

Executive Child Fatality Reviews (ECFR) are conducted on all cases where the child fatality is the result of apparent child abuse and neglect and CA had an open case at the time of the child death or the family received any CA services during the 12 month period prior to the child's death. ECFR teams are required by law to be comprised of individuals who had no previous involvement in the case and whose professional expertise is pertinent to the case.

Child fatalities are reviewed through a fatality review process within the agency and staffed by one of six regional CPS program managers. Legislation enacted in June 2008, requires CA to complete the child fatality review within 180 days of the child's death. Extension of the 180 timeframe requires the Governor's approval. All child fatality reports are posted on a public website created and maintained by CA.

Legislation also requires CA to notify the Office of the Family and Children's Ombudsman (OFCO) of near fatalities.

CA has continued to improve systems for tracking child fatalities, both through the Case and Management Information System (CAMIS) and the Administrative Incident Reports system (AIRS). Both systems provide an electronic alert that notifies appropriate staff in the event of a child's death. The AIRS also maintains specific information about each fatality, collects aggregate data, and provides a format and recording document for fatality review teams. Information from these systems is summarized in the administration's annual Child Fatality Report. The agency also takes the information gained from these reviews and has created a "Lessons Learned" training that is delivered to all regions across the state.

### **3. Guardian Ad Litem (GAL) Program**

In dependency cases, child advocates are appointed by the juvenile court. Washington State has a very active state Court Appointed Special Advocate (CASA) organization operating in many jurisdictions through locally run programs through out the state. CASAs are trained volunteers charged with the responsibility of investigating the child and family situation, who act on behalf of the best interest of the child. When a CASA is appointed as the child advocate in a dependency case, the CASA acts as the Guardian ad Litem for the child.

Although CA does not administer either the GAL or the CASA program, CA will continue to work with the CASA program to achieve 100% representation of all children in Washington State. Progress continues toward having a GAL be appointed in all court cases involving child abuse and neglect.

In 2008, legislation (2SSB 6206) passed requiring DCFS social workers to notify the Guardian Ad Litem (GAL)/ Court Appointed Special Advocate (CASA) when they learn of a referral of child abuse or neglect on a dependent child and again when the investigation is complete and a finding is made. This will typically be done by the CFWS social worker who has a working relationship with the GAL/CASA.

The current CASA Memorandum of Understanding (MOU) already outlines the expectation that social workers notify the GAL/CASA of changes in a child's situation. This is now required by statute and has been added to policy.

Although many children are represented in legal proceedings throughout Washington, the GAL/CASA program has yet to achieve 100% representation. Progress has been made throughout 2008. However, the number of represented children may be negatively impacted due to recent budget cuts approved by legislation. CA and GAL/CASA partners will continue to work together to achieve 100% representation of all children in Washington State.

### **4. CAPTA Review Hearings**

Outcomes from all cases received in 2008: 262

Decisions issued by Administrative Law Judge:	118
Founded:	107
Unfounded:	10
Inconclusive:	1

Findings changed prior to hearing by agreement:	49
Inconclusive:	27
Unfounded:	18
Invalid subject (not in loco parentis):	3
Incident occurred out of state (no jurisdiction):	1
Transferred to AGO for dependency or licensing:	46
Scheduled for a pending administrative hearing:	33
Hearing completed and decision pending from OAH:	15
Dismissal of attempt to appeal "inconclusive" finding:	1

Outcomes by Region:

Region	Appeals	AGO	Upheld	Reversed	Agreed change	Pending
1	52	5	28	2	14	4
2	40	4	15	1	9	11
3	36	4	15	2	5	10
4	35	5	12	0	7	11
5	47	16	14	3	6	7
6	52	12	23	3	9	5

**Goals for FY 2010 - 2014**

**FY 2010**

In FY 2010, CA will focus attention in the three designated areas.

- 1) The intake, assessment, screening, and investigation of reports of abuse and neglect.
- 2) Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
- 3) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

➤ **The specific activities funded by the CAPTA state grant will continue to include:**

- ➔ Six regional Child Protective Services Program Managers
- ➔ The Medical Consultation Network

- **New CPS Domestic Violence policy**

In July 2009, WA will require children be interviewed apart from siblings, caregivers or alleged perpetrators (even if DV is not indicated). When DV is identified all persons (e.g. children, caregivers and alleged perpetrators) must be interviewed separately. In addition, Investigators must assess the danger posed to the child and adult victim by the alleged DV perpetrator. This is done by completing the specialized DV questions in the Safety Assessment and by conducting a specialized domestic violence assessment.

Distribution of a DV-CPS Guide in consultation with the Washington State Coalition Against Domestic Violence (WSCADV) and a national expert on CPS-DV issues.

- **SAY/PAY –**

In July 2009 CA is implementing a process Quality Assurance process for SAY/PAAY. This QA process will include continuing to use the supervisor approval process already programmed in FamLink. In addition, each Region has established a quality assurance/risk management process. The quality assurance includes individual or committee (identified by the Region) who will review the identification of youth as SAY/PAAY and the plans created to supervise and support the youth.

- **EFSS**

As part of the EFSS program, CA is phasing in two Evidence-Based/Promising Programs (EBP/PP) Promoting First Relationships and Triple P- Positive Parenting Program. In FY 10, we will also look at the program, Project SafeCare to determine whether or not it will be a good fit for EFSS.

- **CPS Findings**

Develop and implement training to support improvement in consistency of CPS investigation findings.

- **Assessment of Substance exposed Infants**

Continue implementation of an assessment program for newborn infants diagnosed at birth as substance exposed and CA received an intake referral related to the infant's exposure.

## **FY 2011-2014**

- Implement training and case review plan to improve accuracy in completing the Structured Decision Making tool.
- Collaborate with the Domestic Violence Coalition to provide a comprehensive DV training to CA staff to improve response to children and families who are involved with CA and experiencing domestic violence.
- Continue collaboration with the Washington State Coalition Against Domestic Violence (WSCADV) and a national expert on CPS-DV issues.
- Continued Safety focus on:
  - The intake, assessment, screening, and investigation of reports of abuse and neglect.
  - Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
  - Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems). Continue to address the health needs, including mental health needs, of children identified as abused or

neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

## **Citizen Review Panel (CRP) Annual Reports**

During the 2008 review period, Washington State had two operating CRPs that evaluated the state's child protection responsibilities in accordance with the CAPTA state plan.

The two 2008 Citizen Review Panels include the:

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

In January 2008, the Indian Child Welfare subcommittee to the Children's Administration Indian Advisory Council agreed to begin acting as Washington's third CRP. They will examine and make recommendations on disproportionality and disparity issues impacting Indian children and families.

### **Children Youth and Family Services Advisory Committee Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel CAPTA Report for CY 2007 July 2008**

#### **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 Child Abuse Prevention and Treatment Act (CAPTA) State plan.

#### **Area of Focus Selected for this Report**

The Children, Youth, and Family Services Advisory Committee (CYFSAC) serves as the statewide CRP for Washington State. During the 2007 reporting period, the CRP continued the work begun in 2006 on racial and ethnic disproportionality by:

- Finalizing the initial CRP plan to examine racial and ethnic disproportionality and disparity in Child Welfare Services in Washington State, herein called the Disproportionality plan.
- Beginning to implement the tasks of the CRP Disproportionality plan.

#### **Process**

The CYFSAC - CRP examined relevant documents and research, received information from key staff and stakeholders, and used group discussion as its primary methods for review and education.

The CRP met six times during 2007. Each meeting included agenda items which focused on the first tasks of the Disproportionality plan.

#### **Examination of Racial Disproportionality within Washington State Child Welfare Services**

The Children's Administration proposal for a multi-year study on Racial and Ethnic Disproportionality and Disparity was refined in 2006 and brought back to the January 2007 meeting where it was approved as the focus for the CRP. A plan was developed and refined with Panel input in April and approved in May 2007.

The first tasks of the Disproportionality plan – to be educated on Racial and Ethnic Disproportionality and Disparity in the Child Welfare system, within Washington State and nationally – were addressed this past year as well as other issues about disproportionality in CA practice. Following are the highlights of disproportionality training and discussions in 2007.

- The Executive Committee of the King County Coalition on Disproportionality spoke with the Panel about the Coalition's efforts to address racial disproportionality since 2002. The Coalition is unique in that it has a broad leadership group that includes a CA Regional Administrator, a Superior Court Judge, and the Senior Director of Casey Family Programs Seattle Field Office as the Executive committee. It also includes representatives of the Court Appointed Special Advocate (CASA) program, the public defender, and other community agencies. About 26 organizations have committed to support the work of the Coalition.

The Executive Committee suggested ways for the CRP to begin to address racial disproportionality and had some valuable lessons learned that were passed on to the CRP members, including the caution there "Is no quick fix".

- A presentation was given by the CA CPS program manager who attended the 2007 national CRP conference in Lexington, Kentucky. She gave the Panel information on racial disproportionality from Kentucky as well as several national experts. The Panel received a copy of "White Privilege: Unpacking the Invisible Knapsack" by Peggy McIntosh, which many thought hit the mark on the issue.
- Dr. David Marshall presented the results of his review of data concerning "Racial Disparities in DCFS." The Washington state data reviewed children in CY2004 entry and exit cohorts comparing the race/ethnicity of children in referral and placement outcomes. His data review demonstrated that, as we go deeper into the child protection and child welfare services system, disproportionality gets worse.
- The CRP committed to taking the workshop "Undoing Racism" from the Peoples Institute for Survival and Beyond in CY2008.
- The Panel has been kept up to date on the progress of the Washington State Racial Disproportionality Advisory Committee created in 2007 by the Washington State Legislature. The report, released in June of 2008, addresses the following questions about the Washington State Child Welfare System:
  - Whether disproportionality exists.
  - Where in the system are the highest levels.
  - Are children from low-income backgrounds or from single parent families more likely to be in the system?
  - How do outcomes differ from those of White children?

The CRP will be providing input to the Disproportionality Advisory Committee for the remediation plan required by the Legislature. This plan will address the issues found in the report and is due to the Legislature by December 1, 2008.

- The CRP was provided a national perspective on racial disproportionality by Dr. Ralph Bayard, from Casey Family Programs. Dr. Bayard described for the Panel the populations of children in foster care, including racial data. He also discussed reasons for some of the differences in disproportionality between the states. He gave an overview of on-going work around the country and noted very few other states have, or are considering, legislation on disproportionality. He informed the Panel of collaborative work with the Casey-Center for the Study of Social Policy (CSSP) Alliance for Racial Equity and the GAO audit on disproportionality. This discussion raised many challenges and opportunities for all states and for the Panel to consider in our work around this issue.
- The Structured Decision Making (SDM) risk assessment model and Solution Based Casework (SBC) were discussed at many of the Panel meetings. A major concern of the Panel was whether either of these models would impact racial disproportionality in any way.

- Structured Decision Making has helped address disproportionality in child protection risk assessment in other states. In addition to having greater validity and reliability, the SDM assessment appears to reduce disparity in risk ratings between some ethnic groups based on research conducted in California. The Children's Research Center will review the effectiveness of the SDM risk assessment tool by associating risk levels with re-occurrence and re-referral, broken down by ethnic groups as well as geographic areas.
- The new practice model is based on Solution Based Casework and will be introduced to social work supervisors in 2008 and to line social work staff in 2009-2010. The heart of the model is the treatment of clients as experts in their own family system, which is theoretically more culturally sensitive. Solution Based Casework also supports the use of community and cultural supports, in addition to formal services, to assist families in learning skills needed to parent their children safely. To help ensure the model is culturally sensitive, the curriculum will be reviewed in early 2008 by a committee of experts funded through the Casey Family Program. Suggested changes will be incorporated into the curriculum.

### **Recommendations:**

- The Panel recommends that the department develop an action plan to address child placement decision points based on data with the intention of reducing racial disproportionality in the Washington State Child Welfare System.
- The CRP recommends the department monitor the effects of recent legislation regarding neglect referrals made to CA. The Panel's intention is for the CA to identify and quickly address any unintended consequences the legislation may cause in relation to racial disproportionality and disparity of services.
- The Panel recommends the department address issues of racial disproportionality when developing new policies, practices, and procedures.

### **Future Plans: Continue Implementation of the Plan to Address Racial and Ethnic Disproportionality and Disparity in Washington State**

The CRP plan to address racial and ethnic disproportionality and disparity in Washington State is multi year. In the first year of this plan, 2007, the Panel focused on education about racial disproportionality, its effects in Washington state and nationally, and the effectiveness of efforts to address disproportionality and disparity.

Plans for 2008 include:

- Educational efforts will continue.
- Review of effectiveness of efforts to address disproportionality will continue.
- Members will attend the "Undoing Racism" workshop.
- The Panel will review the report by the Statewide Disproportionality Advisory Committee and invite research staff and other Committee members to discuss the report with the Panel.
- The Panel will provide input to the Disproportionality Advisory Committee for the remediation plan required by legislation.
- The Panel will invite CA Regional Administrators to inform the Panel on current efforts to address racial disproportionality in each region. The Panel will discuss ideas to help advance and expand successful efforts.

**Children, Youth and Family Services Advisory Committee 2007 Citizen Review Panel members:**

Ron Murphy, Casey Family Programs - Chair

Robert Alexander, Yakima

Janis Avery, Treehouse, Seattle

Danielle Baxter, Foster Parents Association of Washington State, Olympia

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

Jemilla Booker, Children's Administration Youth Advisory Board

Nancy Brown, Juvenile Court Administrators, Skagit County

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

Jana Heyd, Society of Counsel, Seattle

Laurie Lippold, Children's Home Society, Seattle

Byron Manering, Brigid Collins Family Support Center, Bellingham

Lissa Osborne, Greater Seattle Alumni Network, Seattle

Ann Passmore, YWCA, Walla Walla

Jim Sherrill, Indian Policy Advisory Committee, Longview

Tess Thomas, Thomas House, Seattle

Gwendolyn Townsend, OCOC/UJIMA Community Services, Seattle

**Children's Administration Response  
To the  
Child, Youth and Family Services Advisory Committee (CYFSAC)  
CAPTA Citizen Review Panel  
April 2009**

The following are CYFSAC activities and recommendations in an effort to improve the Child Protective Services system.

**CYFSAC Activities**

In 2007, the CYFSAC met regularly and examined local community needs, service delivery, CA policies and procedures and community collaboration related to child protection.

During the 2007 reporting period, the CRP continued the work begun in 2006 on racial and ethnic disproportionality by:

- Finalizing the initial CRP plan to examine racial and ethnic disproportionality and disparity in Child Welfare Services in Washington State, herein called the Disproportionality plan.
- Beginning to implement the tasks of the CRP Disproportionality plan.

## **CYFSAC Recommendation**

The Panel recommends that the department develop an action plan to address child placement decision points based on data with the intention of reducing racial disproportionality in the Washington State Child Welfare System.

## **CA Response**

CA is in agreement that strategies are needed to address child placement and reducing racial disproportionality. CA will continue to work toward reducing disproportionality for all children of color where it exists.

Each year, CA prepares a quality assurance report on performance outcome data in compliance with RCW 43.20A.870 and RCW 74.13.031 (5). In addition, CA prepares an annual CA Performance Report. The reports serve to identify where CA needs improvement and examines those areas in which performance measures fail to meet federal and internal targets. Four priority goal areas include: safety, permanency, well-being and supporting client outcomes.

Since 2001, CA has tracked disproportionality in priority goal areas and identified it an issue needing improvement. Current strategies include:

FamLink - Washington State replaced its child welfare information system with a new web based information system (FamLink) in order to better support client service delivery. FamLink will enhance intake, child protective services, child welfare services and better support workers to make timely, informed decisions to achieve Washington's safety, permanency and well-being goals. This will give more accurate information on key child placement decision points.

Family to Family – Family Team Decision Meeting (FTDM) - FTDM involves birth families and community members, as well as social workers in all placement decisions to ensure a network of support for children and the adults who care for them. Currently, Family to Family is available in all offices in the state. To date, over 13,000 FTDM meetings have taken place and shown to have a positive impact on children in placement. Research is showing that FTDMs result in:

- More children placed with relatives
- A shortened length of stay for children placed with relatives
- Increased placement stability
- More reunifications with biological parents

Practice Model - In 2005, CA staff and management identified what had to be done to build a strong and sound foundation to support and sustain improved outcomes for children and families. This included having a well trained and supported workforce.

The objectives of this improvement initiative, "The Practice Model" was to provide an overarching framework for child welfare practice in Washington State and give social workers the tools, skills and support they need. The practice model team conducted a review of all assessment tools used by CA and in 2007, after considerable input from focus groups, national experts adopted an actuarial risk assessment model, Structured Decision Making® (SDM) to replace the former risk assessment tool.

SDM -- is a research-based, relatively simple and structured assessment. Its purpose is to identify families who are most likely to experience a future event of child abuse or neglect. The principle behind SDM is that decisions can be improved by clearly defined and consistently applied decision making criteria, readily measurable practice standards in an effort to minimize social worker bias. The expectations for staff are clearly identified and reinforce assessment results that directly affect case and agency decision making.

The components of SDM for child protective services include:

- Screening Criteria: to determine whether or not the report meets agency criteria for investigation.
- Response Priority: which helps determine how soon to initiate the investigation.
- Safety Assessment: for identifying immediate threatened harm to a child.
- Risk Assessment: based on research, which estimates the risk of future abuse or neglect.
- Child Needs and Strengths Assessment: for identifying each child's major needs and establishing a service plan.
- Family Needs and Strengths Assessment: to help determine a family's level of service and guide the case plan process.
- Case Planning and Service Standards: to differentiate levels of service for opened cases.
- Case Reassessment: to ensure that ongoing treatment is appropriate.

Assessment of Progress and Compliance - When CA adopted SDM as the risk assessment tool, there was a need to identify an alternative approach to the Reassessment of Risk. A statewide workgroup developed a tool to assess progress and compliance that incorporated an assessment of risk. The new Assessment of Progress and Compliance was implemented with Family Voluntary Service (FVS) social workers in October 2007.

Solution-Based Casework (SBC) - CA is implementing SBC as the foundation for child welfare practice in Washington State. SBC sets out the philosophy and theory of family-centered practice and directs the policies and procedures accordingly. Current practice and proposed changes within the CA will be evaluated in the context of how well they support the clinical model. SBC is found to be effective in engage families of color giving options/choices found to be effective.

KEY PRINCIPLES of a Solution Based Casework approach include:

- Understanding the family developmental tasks that are a challenge for the family and are interfering with child safety (Family Life Cycle Development)
- Identifying the pattern of high risk behavior in the family and ways to interrupt or stop patterns that lead to a child being harmed (Relapse Prevention)
- Planning in Partnership with the family by building a plan with the family that will resolve issues (challenges in everyday life) that get in the way of children being safe

As of March 2009, all CA offices have received an introduction to the new practices; the practice change has been piloted in three offices; and supervisors throughout the state have been trained on the new practice. By October 2009, all CA staff will have received training appropriate for their position on the Solution Based Casework approach.

Solution Focused Management (SFM) - To support social workers in their use of SBC, CA trained all management staff in SFM. SFM helps CA managers support social workers as they implement SBC. It's a parallel process that reinforces manager's use the same values, techniques, and language staff uses with their clients.

SFM involves identifying what's already working and amplifying it to make useful changes.

- Focusing on what's possible rather than on causes of problems.
- Getting managers to stop doing what isn't working and look for opportunities to do things differently.
- Encouraging managers to turn to the expertise and strengths within their team for solutions that work.
- Encouraging managers to apply solution focused principles and concepts in their management style, including language and questions derived from solution focused interviewing.

Indian Child Welfare – CA recognizes American Indian children also experience racial disproportionality and disparity. CA is committed to improve compliance with Indian Child Welfare Act mandates and improve outcomes for Native American children. Current strategies to achieve these goals include:

- Increase consultation and collaboration with tribes statewide.
- Comprehensive Indian Child Welfare Review

- Upon CA request, the CA Indian Policy Advisory Subcommittee agreed to function as one of Washington State Citizen Review Panels to:
  - Address the need for sustained efforts to address American Indian disproportionality.
  - Evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its Child Abuse Prevention and Treatment Act (CAPTA) State plan.

\*CA recognizes more works needs to be done to address child placement and reducing racial disproportionality. Efforts have been and will continue to be to improve upon this.

### **CYFSAC Recommendation**

The CRP recommends the department monitor the effects of recent legislation regarding neglect referrals made to CA. The Panel's intention is for CA to identify and quickly address any unintended consequences the legislation may cause in relation to racial disproportionality and disparity of services.

### **CA Response**

CA is in agreement about the importance of monitoring the effects of the neglect legislation. In 2006 CA Office of Training and Development, asked Dee Wilson, Director of Northwest Institute for Children and Families, to review the research literature on the relationship between neglect and race/ethnicity as a way of assessing the potential impact of the neglect legislation on racial disproportionality of children placed in out of home.

In his January 2007 summary, Dee wrote that any neglect initiative which increases the number of children placed in out of home care, has the potential of having a disproportionate impact on African American and Native American families. He noted, however, that CPS entries into care have increased in 2005 and 2006, and that the large majority of children entering care have been placed due to neglect. He said it is possible that the neglect legislation may not accelerate a trend that has already has a large impact on the number of children in out of home care, but may make it more difficult to slow or reverse this trend.

The legislation did not change the criteria for emergency placement of children, but it increased the power of CA social workers to pursue legal intervention when parents fail to follow through on voluntary service plans. To provide on-going support of the Neglect Legislation, the legislature allocated funding to CA. This funding was allocated in the following areas:

- Additional CA case carrying staff
- Additional funds for foster care placements
- Increased services
- Implementation/expansion of Evidence Based Programs/Promising Practices to serve neglecting families.
- Regional funding increase for basic support, IFPS, childcare and evaluations/treatment services

Training -- CA provided training to social workers and supervisors in January 2007 that focused on the legal aspects of the Neglect Legislation, legal duties of the department, prioritization criteria for services, evidenced based practices, what works best with neglecting families and how to engage neglecting families.

CA continues to offer engagement training as required post academy training. Neglect training CDs and DVD's that outline the trainings presented by the Attorney General's office and Dee Wilson are also available to staff. Understanding Neglect, presented by Dee Wilson continues to be also offered as on-going training for social workers.

Dependency Data - Juvenile dependency filings for FY08 decreased about 6% from FY07. This marks a reversal of a trend of annual increases in dependency case filings that started in 2002, the

year the AGO started to collect data. According to Steve Hassett, Attorney General, the number of dependencies increased in 2002 and continued to increase until 2006. There was an increase in dependencies during one quarter in FY 2007 that resulted in a slight increase for FY 2007 overall. In FY 2008 the number of dependencies decreased and this appears to continue in FY 2009. This seems to indicate, the Neglect legislation has not resulted in an increase in dependency filings.

Termination cases also decreased in FY 08, down 8% from FY07. CA opened 1,154 new termination cases in the past fiscal year compared to 1,247 in FY07. FY07 showed a 6.4% increase from FY06, when CA opened 1,172 new termination cases. The average number of new termination cases per quarter was 288 for FY08, compared to 311 for FY07. The decrease in FY08 reverses a trend that began in 2001. From then until FY07, the office experienced a 75% increase in termination filings over the 7 year period.

The Department will continue to monitor and assess placement and dependency data to report progress and identify areas needing improvement.

### **CYFSAC Recommendation**

The department to address issues of racial disproportionality when developing new policies, practices and procedures.

### **CA Response**

CA strongly agrees with this recommendation and will continue to move forward in addressing racial disproportionality and disparity in the child welfare system.

CA is lead for the DSHS Secretary for the joint DSHS Stakeholders and Washington State Racial Disproportionality Advisory Committee (WSRDAC). The committee was created as a result of Substitute House Bill 1472 (2007). It's charged with creating recommendations to reduce and eliminate disparities and improve long-term outcomes for children of color.

In June 2008, CA partnered with King County Disproportionality Coalition, and Casey Family programs to co-sponsor the first Washington State Disproportionality Advisory Symposium. The purpose was to:

- Review regional disproportionality data.
- Begin to foster a movement that focuses racial disproportionality among children and families in WA State Child Welfare System at local, regional and statewide levels.
- Provide recommendations to the WSRDAC about what to consider in the remediation plan.

During the September 2008 WSRDAC meeting, six CA regions presented strategies and ideas to address disproportionality. These steps included:

- Creation of Regional Disproportionality Advisory Committees.
- Partnership with the CWTAP and EWU School of Social Work.
- CA & Regions to assess existing procedures and practices and their related impacts (both positive and potentially negative) on over-represented populations:
- Use the Racial Equity Impact/analysis tool to review policies & procedures at all levels (e.g., hiring practices, contracting, resource allocation, information system, licensing etc.)
- Fund Undoing Racism workshops for all child welfare stakeholders; Promote Undoing Racism in other child/family systems.
- Develop, test, and expand the use of a cultural resource center.
- Ensure timely and continued involvement with tribes (notification & engagement early on).
- Promote/convene multi-systems in an effort to address disproportionality such as in:
  - Higher education (schools of SW, law, etc.)

- Juvenile justice
- Mental health
- Host ongoing, informal dialogue on ICW issues (i.e., brown bag conversations).
- Resource ICW Permanency Planning to eliminate the need for long term foster care and support third party custody.
- Develop closer working relationships with the tribes and community to prevent placements.

In December 2008, WSRDAC created a remediation plan that includes recommendations for administrative actions. CA is working to develop plans to address and implement recommendations contained in the Remediation Plan.

- CA assigned the position, Special Assistant, Stakeholder Communication Manager” to coordinate the remediation plan and work with the Regional leads and community.
- DSHS Implementation Committee was created to address how agency is going to implement the Remediation Plan.
- Disproportionality Diagnostic Tool to use within workgroups to address disproportionality in policy development, including the Policy Conversion Project.
- Use of Race Matters Tool Kit to determine if policy or procedure captures culturally appropriate language and processes.
- Developed Keeping It Real video and Discussion Guide – A Training Resource for non-African American parents of African American children.
- Developing similar video and guide for addressing the needs of Native American children in care.

**Region 2 Children’s Administration Oversight Committee  
Child Abuse Prevention and Treatment Act (CAPTA)  
Citizen Review Panel  
CAPTA Work Plan 2007  
May 30, 2008**

**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 the Child Abuse Prevention and Treatment Act (CAPTA) State plan.

**Areas of Focus**

The Region 2 Oversight Committee also serves as a Citizen Review Panel (CRP) for Washington State. The Oversight Committee CRP in 2007 continued to visit more rural communities, which might have insufficient resources and/or be under-served by Children’s Administration (CA) in this geographically large, rural region. The Oversight Committee CRP invited local key informants to meetings to explore whether CA services are accessible, and whether policies, practices and community collaboration support child safety and well-being. Areas of particular focus this year were collaboration and coordination in investigation and intervention in child abuse and neglect, emergency child placement resources, and CA staff resources and organizational strength. The committee also continued to follow progress implementing recommendations from prior years.

**Process**

The Region 2 Oversight Committee CRP met nine times during 2007. The meetings were conducted in various communities throughout the seven counties that comprise Region 2. Meetings were held in more non-traditional locations and more remote communities than in previous years. Meetings were held as follows:

January	Wapato (Filipino-American Community Center)
March	Walla Walla (Juvenile Justice Center)
April	Goldendale (Grange Hall)
May	Yakima (Local CA Office)
June	Pasco (Educational Service District)
August	Dayton (Hospital)
September	Yakima (Hospital)
October	Kittitas (Secondary School)
November	Sunnyside (Catholic Family & Child Service Office)

Meetings included community comment from a variety of people knowledgeable about child and family services and service gaps. The CA regional administrator and area administrators regularly attend the Oversight CRP meetings. Local CA staff and specialized program managers attend some meetings, and CA line staff and supervisors were invited to five specific meetings with Committee co-chairs. The CA HQ CAPTA program manager attended one meeting. Committee guests during 2007 included:

Law enforcement officers representing 12 jurisdictions  
Hospital medical, social work and administrative personnel from 2 hospitals  
Educational personnel representing 6 districts  
Juvenile justice and CASA personnel from 2 counties  
CA staff from all offices  
One foster youth  
Governor's Juvenile Justice Advisory Committee member  
Office Chief, Office of Juvenile Justice  
Private child-placing agency parent educator  
Foster parents and relative caregivers  
Health Department outreach staff  
Sexual assault advocate

## **Findings and Recommendations**

The Oversight Committee CRP explored issues in two primary arenas. It also tracked progress of previously implemented recommendations from 2006.

### I. External environment in which CA provides its mandated services

#### CRP Recommendations:

- (a) Expand emergency placement resources, particularly for runaway and youth experiencing family conflict, to provide accessibility throughout the seven counties. Regional CRC beds are funded only in Yakima. This is a significant resource gap. Separation from home community and school, and large distances to travel affect law enforcement, youth, families and CA staff. The Oversight CRP explored co-location of emergency placement beds with existing county juvenile detention facilities, inviting the chief of the DSHS Office of Juvenile Justice to a meeting. She clarified that federal policy does not allow this, and provided information about possible other models and a grant funding opportunity.
- (b) CA should take steps to minimize the current negative effects of the state's implementation of Adam Walsh legislative requirements for fingerprint background checks. Potential resource family licensing and home evaluations are being significantly slowed.

- (c) Continue to improve responsiveness of CA Central Intake after-hours, especially in promptly deploying local social workers to pick up children and assist law enforcement. Law enforcement continued to raise this as a concern, as they did last year.

Work Plan:

1. Three CA-Oversight CRP jointly sponsored workgroups are underway in Kittitas, Walla Walla/Columbia and lower Yakima Counties to develop new emergency placement resources. Approaches need to be creative and collaborative to assure sound financial footing despite few economies of scale and low population density. It is requested that CA HQ support unique contracts which may be developed to meet this need.
2. Several offers of help were made by Oversight Committee members and other community partners with access to fingerprint capability. The CA HQ response, however, asked everyone to wait for a new statewide contract, for consistency purposes. It has been announced that the new contract is to be implemented in July 2008 to provide expanded and more accurate fingerprinting services.
3. The CA Region 2 area administrator serving as CPS Intake lead will continue to initiate problem-solving with CI staff for problem situations. The Oversight CRP will invite the CA HQ CAPTA program manager to attend another meeting in 2008.

II. Internal Needs

CRP Recommendations:

Through discussions with a variety of staff and managers throughout the year, the Oversight CRP has noted a number of themes in what are viewed as problems in various offices. These have potential to negatively impact quality service delivery. It is recommended that CA should seriously examine and address the following areas:

- Sufficiency of staff work space
- Staff safety concerns
- Inexperienced line and supervisory staff
- High staff turnover
- Excessive documentation requirements
- Internal communication processes
- New policy overload
- CA legal representation in Dependencies, e.g.:
  - Not all areas have Attorney General representation
  - Tribal Court issues
- Workload issues, e.g.:
  - caseload size
  - overtime
- Personnel system barriers for replacing or adding staff, e.g.:
  - Length of time in non-permanent positions
  - Adequacy of pools of qualified candidates
  - Position vacancies
  - After-hours staff: required minimum qualifications

Work Plan:

1. Oversight CRP received the summary reports on 5/27/08 of the 2007 annual DSHS staff survey, with response patterns broken down by CA region.
2. Oversight CRP and CA Region 2 administration to flesh the above areas out more fully, identify at what level they can be impacted, and develop plans for improvement.

3. This report to be provided to Region 2 staff and legislators, with explanation.
4. Oversight CRP co-chairs to produce a power point presentation, with CA technical assistance.
5. Oversight CRP to extend invitation to CA Assistant Secretary and HQ CAPTA Program Manager to attend a committee meeting this year.
6. Plan to initiate inviting local legislators to Oversight CRP meetings in fall 2008.

III. Inaccessibility of CA services in Columbia County (*2006 issue follow-up*)

CRP Recommendation: Provide local CA presence (*2006*)

- Reviewed status during the 2007 Dayton meeting and it was discovered that dissatisfaction was re-emerging. CA had partially re-deployed the designated Columbia County social worker to the next county due to a hiring freeze and insufficient CPS workforce. It was requested that there be consultation prior to a staffing change.

Work Plan:

- Follow up was a meeting between CA managers and school superintendent at which an explicit agreement was reached about social worker presence and coverage, and prior notification should circumstances change.

**Submitted by:  
Region 2 Oversight Committee CRP**

**Ann Passmore, Co-Chair, Dayton**  
Domestic Violence Advocate

Robert Alexander, Yakima  
(Retired) School and CRC Administrator

Lynn Biggs, Yakima  
Casey Family Program Director

Mary O'Brien, Yakima  
Yakima Valley Farmworkers' Clinic  
Clinical Supervisor

**Kelly Rosenow, Co-chair, Yakima**  
County Corrections & Retired Police Chief

Michael Bates, Walla Walla  
Juvenile Court Administrator

Joel Chavez, Kennewick  
Substance Abuse Prevention Specialist

Dawn Petre, Ellensburg  
CW Comprehensive Mental Health  
Designated MH professional & team leader

**Children's Administration  
Response to the  
Region 2 Oversight Committee  
CAPTA Citizen Review Panel  
April 2009**

The following are Region 2 Oversight Committee activities and recommendations in an effort to improve the Child Protective Services system.

**Region 2 Oversight Committee Activities**

In 2007, the Region 2 Oversight Committee met regularly and examined:

- Local community needs
- CA policies and procedures

- Data
- Service delivery
- Community collaboration

The Region 2 Oversight Committee FY 2007 recommendations and work plans focused on the following 3 arenas.

- External environment in which CA provides its mandated services.
- Internal needs related to quality service delivery. CA should examine and address the following areas.
- Difficulty in accessing CA services in Columbia County (2006 issue follow – up).

## **Region 2 Oversight Committee Recommendations**

1. External environment in which CA provides its mandated services
  - a. Expand emergency placement resources. Three CA-Oversight RRP workgroups are underway to address this issue. Request CA HQ support unique contracts to meet this need.
  - b. Minimize the negative effects of the implementation of the Adam Walsh legislation by addressing concerns in a consistent manner once statewide contract is developed in July 2008.
  - c. Improve communication and understanding between Centralized Intake (CI), CA After Hours (AH) and Law Enforcement (LE).
2. Internal needs related to quality service delivery. CA should examine and address the following areas:
  - a. Sufficiency of staff work space
  - b. Staff safety concerns
  - c. Inexperienced line and supervisory staff
  - d. High staff turnover
  - e. Excessive documentation requirements
  - f. New policy overload (Reduce policy to two time per year) policy moratorium)
  - g. CA legal representation in Dependencies
  - h. Workload issues
  - i. Personnel system barriers for replacing or adding staff
- 3) Inaccessibility of CA services in Columbia County (2006 issue follow – up).
  - a. Improve communication between CA and education system by agreeing on plan of communication about changes within CA that impact the community.

## **Children’s Administration Response**

### Recommendation 1.a. Emergency Placements:

CA Region 2, with the support of CA HQ contracts unit, has expanded Emergency placement resources in Kittitas, Columbia and Walla Walla Counties. CA HQ contracts unit is committed to supporting regions with the contracting process.

### Recommendation 1.b. Adam Walsh Legislation:

CA updated criminal background policies related to the Adam Walsh Child Protection and Safety Act legislation in July 2008. Guidelines for the Fingerprint & Background Check Process are attached at the end of this document. [http://ca.dshs.wa.gov/intranet/policy/walsh\\_contacts.asp](http://ca.dshs.wa.gov/intranet/policy/walsh_contacts.asp)

### Recommendation 1.c. Improve communication and understanding between CI AH/LE:

Berta Norton, Region 2 Area Administrator, has been assigned to participate in Region 2 Oversight committee meetings. She is responsible for following up with Beverly Payne, CI Program Manager and After Hours staff whenever law enforcement issues arise. Problem solving can also occur during regularly scheduled statewide Intake Leads and CPS Program Manager meetings.

Recommendation 2. a. Sufficiency of Staff Work Space:

CA acknowledges the issue of securing appropriate space for staff is an ongoing concern. Currently, securing additional work space is not possible due to the economic situation. However, CA HQ Fiscal, Budget and Accounting will work with the regions in planning for increasing office space as soon as the budget will allow.

Recommendation 2.b. Staff Safety Concerns:

Social workers face risk each day in protecting children and serving families. Social Workers should always have law enforcement accompany them if they feel their safety, or the safety of the child or any other person included in the investigation is in question.

CA addresses staff safety in the following ways:

- Staff safety information in CA Operations Manual 8612 and 5100 (see attachment).
- Critical Incident policy and protocol, including a peer support team developed. Information is attached and can also be accessed at <http://ca.dshs.wa.gov/intranet/pdf/policy/CriticalIncident.pdf>.
- Social Workers have access to the National Criminal Information Center (NCIC) database for subjects of CPS investigations and other adults related to the CPS investigation. This information is used to assess child and worker safety and is available for quick access at all times.
- Improved communication equipment for areas where cell phones do not work.
- More cars for social worker use.
- The Washington State Criminal Justice Training Center (CJTC), in collaboration with the CA Office of Training and Staff Development and Training provides staff training on worker safety issues.
- The FamLink intake data system has a “warning indicator” information system. It displays if there is a danger to the social worker, if the person is a registered sex offender and if the person is a sexually aggressive youth. It also allows for any comments about the danger.

Recommendation 2. c. and 2.d. Inexperienced CA staff - High Turnover:

In 2005, CA staff and management identified what had to be done to build a strong and sound foundation to support and sustain improved outcomes for children and families. This included having a well trained and supported workforce.

The objectives of this improvement initiative, “The Practice Model” was to provide an overarching framework for child welfare practice in Washington State and give social workers the tools, skills and support they need. Practice Model achievements include:

- *Structured Decision Making (SDM)* - In October 2007, CA adopted an actuarial risk assessment model, Structured Decision Making® (SDM) to replace the former risk assessment tool after considerable input from focus groups, national experts and the Practice Model.
  - SDM is a research-based, relatively simple and structured assessment. Its purpose is to identify families who are most likely to experience a future event of child abuse or neglect. The principle behind SDM is that decisions can be improved by clearly defined and consistently applied decision making criteria, readily measurable practice standards, with expectations of staff clearly identified.  
<http://ca.dshs.wa.gov/intranet/policy/sdm.asp>
- *Solution Based Casework (SBC)* - CA chose SBC as the clinical model for child welfare practice because it’s a family centered practice that builds on a family’s strengths. Social workers are taught engagement skills, interviewing techniques, family life cycle development frameworks and relapse prevention techniques. These give social workers the skills and

support they need to do their jobs well. The training and coaching is on-going, and training will be adjusted as CA receives critical feedback from supervisors and social workers.

<http://ca.dshs.wa.gov/intranet/practicemodel/sbcWhat.asp>

- *Solution Focused Management (SFM)* - To support social workers in their use of SBC, CA trained all management staff in SFM. SFM helps CA managers support social workers as they implement SBC. It's a parallel process that reinforces manager's use the same values, techniques, and language staff uses with their clients. SFM involves:
  - Identifying what's already working and amplifying it to make useful changes.
  - Focusing on what's possible rather than on causes of problems.
  - Getting managers to stop doing what isn't working and look for opportunities to do things differently.
  - Encouraging managers to turn to the expertise and strengths within their team for solutions that work.
  - Encouraging managers to apply solution focused principles and concepts in their management style, including language and questions derived from solution focused interviewing.

More information about the Practice Model is located at:

<http://ca.dshs.wa.gov/intranet/practicemodel/index.asp>.

Additional efforts for having a well trained and supported workforce include:

- *Employee Satisfaction Survey (ESS)*. In October 2007, CA participated with other DSHS administrations in the on-line ESS in efforts to increase employee satisfaction. The survey was designed for staff to share their views of what it's like to work in CA and to identify areas of concern associated with the job and work environment. The survey showed improvements from the 2006 survey with continued improvement efforts underway. More information about what CA is doing can be found at:  
<http://ca.dshs.wa.gov/intranet/ppt/qi/2007%20Employee%20Survey%20Action%20Plan.pps>  
. See also CA ESS plan attached.
- *Chemical Dependency Professionals*: An updated memorandum of understanding (MOU) has been completed between CA and the Division of Alcohol and Substance Abuse (DASA). The agreement is designed to improve the working relationship between the two agencies and to provide more effective services to mutual clients. Currently, there are 8 Chemical Dependency Professionals statewide.
- *Family to Family* - CA partnered with the Annie E. Casey foundation in 2004-2006 in implementing four Family to Family strategies designed to improve child outcomes. These strategies are:
  - Building Community Partnerships
  - Family Team Decision Making (FTDM)
  - Resource Family Recruitment, Development, and Support
  - Self-Evaluation

All offices in the state are implementing Family Team Decision-Making meetings. CA is working towards achieving 100% capacity, however, this goal is also dependent upon available resources. To date, over 10,000 FTDM meetings have taken place.

Currently, 13 offices are actively developing all four strategies of Family to Family with more beginning the process all the time.

Research is showing that FTDMs supports child welfare practice by resulting in:

- More children placed with relatives.
- Shortened length of stay for children placed with relatives.

- o Increased placement stability.
- o More reunifications with biological parents.

Recommendation 2. e. Excessive documentation requirements:

Washington State replaced its child welfare information system with a new web based information system (SACWIS) in order to better support client service delivery. SACWIS (FamLink) will enhance intake, child protective services, child welfare services and better support workers to make timely, informed decisions to achieve Washington's safety, permanency and well-being goals. FamLink will reduce the redundancy in documentation. However, documentation remains a key social worker function due to the importance of showing what work was done and why.

Recommendation 2. f. New policy overload:

As a result of input from staff and regional management, CA implements new or updated policies on a schedule of three times a year. Implementation occurs in April and October with an option to implement new legislated policies in July. This change was made in March 2007 and designed to:

- Provide a predictable schedule for policy and program changes.
- Bundle policy and program changes using an integrated implementation approach.
- Reduce the frequency of policy and program changes.

Recommendation 2. h. Workload/Caseload Issues:

Throughout 2006/07, CA participated in a Workload Study to determine how CA staff who provide services to children and families spend their time and the nature of the activities they perform. This study was one of the most comprehensive in the country. The study reports that there is not enough time in the day for staff to accomplish all required work because of the workload and high number of cases.

Since the workload study, CA has examined a variety of ways to reduce workload/caseloads. In addition, CA has been working closely with Union Management Communication Committees and representatives to elicit the best ideas possible. Steps to reducing workloads/caseloads include:

- In 2008, CA was able to hire new staff approved and funded by the Legislature. CA will continue to ask for additional staff, but we have to be realistic that in hard economic times there will be significant strains on the state's resources and a need to decrease state spending to match revenue.
- Caseload size has been significantly reduced from an average of 26 cases in 2005 per social worker to 21 in 2008.
- SBC may help reduce caseloads. In Kentucky, a reduction in referrals occurred once offices were trained in SBC. Tennessee implemented a similar model, and also reported reductions in re-entry into care and re-referral. CA will monitor these outcomes with the implementation of the Practice Model.
- FamLink, the new information case management data system will also eventually help workload issues by reducing the number of steps to complete tasks by.
- Finally, the management teams are working with staff in each region to identify tasks that can be taken off social workers and supervisors plates. Plans, once approved, will be implemented in each region. While this will unlikely reduce caseload size, it should reduce workload.

Currently, efforts to reduce caseload are paying off. Data in the January Braam report shows 65% of CA social workers have caseloads (involving children in out of home care) under 19.

Recommendation 2. h. CA legal representation in Dependencies:

It is the duty of the attorney general to handle dependency cases under chapter 13.24 RCW. In each county with a population of less than two hundred ten thousand, the attorney general may contract

with the prosecuting attorney of the county to perform the duties of the attorney general under this section. Steve Hassett, Assistant Attorney General manages these contracts with county elected prosecutors. He is available to participate in problem solving with Ken Nichols and the local offices whenever issues arise.

Recommendation 2. g. Personnel system barriers for replacing or adding staff:

CA HQ Workforce Management Supervisor has been working with Region 2 Management in developing a creative plan to address barriers to hiring Region 2 After Hours personnel. Region 2 will participate in a pilot plan that incorporates a revised After Hours job description. The goal is to attract educational personnel that will meet Department of Personnel educational requirements.

Recommendation 3. Inaccessibility of CA services in Columbia County:

CA understands the panel and Region 2 staff are partnering in this effort and progress is being made.

Thank you for this opportunity to respond to this report. Your recommendations help CA continue to improve our system of practice and outcomes for kids and families. The work of the panel members is greatly appreciated and we look forward to the continued partnership for FY 2009.