



Section B: Program Information

(3) CAPTA State Grant

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



Annual Progress and Services Report FY 2007 - FY 2008 Child Abuse Prevention and Treatment Act

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

- Improving the intake, assessment, screening, and investigation of reports of abuse and neglect (section 106(a)(1)).
- Enhancing the general child protective system by improving risk and safety assessment tools and protocols, automation systems that support the program and track reports of child abuse and neglect from intake through final disposition and information referral systems (section 106(c)).
- Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(h)).

Specific activities funded by the CAPTA state grant are:

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

To strengthen families and prevent child abuse and neglect, Children's Administration 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.

Summary of Accomplishments FY 2007

Children's Administration's accomplishments for FFY 2007 in each of the three designated areas are outlined below.

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

➤ Regional Child Protective Services (CPS) Program Managers

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.

➤ Medical Consultation Network

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

- Children's Hospital and Medical Center in Seattle

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

MedCon is available to CPS staff, Division of Licensed Resources (DLR)/CPS staff, law enforcement, attorneys and other physicians throughout Washington State.

- **Referrals on Substance Abuse during Pregnancy and Referrals on Newborn Infants with Prenatal Drug or Alcohol Exposure** - CA has developed a policy regarding the screening and acceptance of prenatal CPS referrals for substance abusing women. The policy development was a collaborative effort between CA and Department of Health, First Steps, Department of Alcohol and Substance Abuse (DASA). The policy has been approved and is scheduled to be implemented in October 2007.
- **Improving Intake Screening** - Washington State completes a quarterly review of two and one-half percent of CA Intake referrals for youth between the ages of eleven and eighteen. The reviewers examined a random sample of 353 referrals from the total of 11,261 referrals received on adolescents from October 2006 to December 2006. The review focused on accuracy of screen for program area (CPS; CWS; FRS) and accuracy of screening for response time (emergent/non-emergent). This review found that for this period of time 99.9% of all referrals were screened appropriately for program and response time.
- **Referrals on families experiencing domestic violence and co-occurring maltreatment** -- In an overall effort to guide child welfare practice for cases involving domestic violence and co-occurring maltreatment, CA in coordination with Washington State Domestic Violence Coalition and community partners, drafted intake, investigative and service policies and procedures. These draft policies and procedures are scheduled to be reviewed by the CA Management team in June 2007 and implemented in October 2007.

2. **Enhancing the general child protective system by improving risk and safety assessment tools and protocols, automation systems that support the program and track reports of child abuse and neglect from intake through final disposition and information referral systems (section 106(c))**

➤ **PIP Items**

The following are action steps and benchmarks for achieving some of the Children's Administration's PIP implementation goals.

Child Safety

Caseloads:

To improve service delivery to children in crisis, CA has a goal of decreasing the average number of cases a Child Protective Services Social Worker has on their caseload.

- ◆ Since April 2006, the number of case carrying social workers has increased by 74, rising from 1,013 to 1,087.
- ◆ During the July 2005 – October 2005 time period, the statewide caseload average has decreased from 26.5 in July 2005 to 21.2 in September 2006.

Response Times:

To improve safety for children, CA implemented a new policy requiring social workers to CPS social workers to conduct the initial face-to-face meeting with alleged child victims of abuse and neglect within 24 hours for emergent and 72 hours for non-emergent referrals.

An analysis of the effects of the 24/72 hour response to referrals indicates that children are safer when we see them sooner. An analyses of the data demonstrated that the decline in recurrence was highly likely to be the result of seeing children more quickly rather than changes in other factors.

The analysis shows:

- ◆ A marked decline in the rates of recurrence of child abuse for non-emergent referrals and a similar though smaller effect for emergent referrals.
- ◆ Combining both types of referrals, a 25 percent decline in the six-month recurrence rate.
- ◆ A significant association between lower rates of recurrence and shorter times between the receipt of the referrals and the initial face-to-face contact with the child victims, true even before implementation of the new policies.
- ◆ A similar pattern of lower re-referral rates, whether referrals are founded, inclusive, or unfounded.

CPS-CWS Re-Design:

A CPS/CWS Design team was created in 2006 to develop a model for improved child welfare service delivery that would support and sustain systemic change and improved outcomes for children and families. The CPS/CWS redesign is a priority of the Governor and in 2007, the Governor's supplemental budget included increased resources to support the redesign.

In January 2007, the project team implemented their model recommendations which included:

- ◆ Separate service delivery from investigative and assessment functions
- ◆ Concentrate investigations on seeing children quickly, assessing safety and risk, and determining need for services
- ◆ Increase focus on voluntary services and early support to families (create a new Voluntary Services function)
- ◆ Engage families early to increase safety and reduce risk of harm
- ◆ Create a model that accommodates future practice enhancements

Neglect Legislation:

CA implemented the chronic child neglect legislation (ESSB 5922 (2005)) effective January 2007. CA received funding to continue to support the child neglect legislation through the next biennium. Some of the funds will be used to provide additional services to neglect families as well as support and grow evidence based or promising practices. Specifically, this bill:

- ◆ Strengthens CA's ability to engage chronic neglecting families in services.
- ◆ Permits CA to intervene in cases of neglect where the health, welfare or safety of a child is at risk.
- ◆ Expands RCW 26.44.020, the definition of "Negligent Treatment or Maltreatment" to include "...a failure to act, or the cumulative effects of a pattern of conduct, behavior or inaction."
- ◆ A new definition of negligent treatment or maltreatment that includes a failure to act or the cumulative effects of a pattern of conduct, behavior or inaction.
- ◆ Substance abuse must be given great weight when it is a contributing factor in child neglect.

Steve Hassett, Senior Counsel in the Office of the Attorney General, made the following statement regarding substantive changes affecting eligibility from this legislation:

- ◆ *I have reviewed the Annual Progress and Services Report for FFY 2007 submitted by Children's Administration as part of its CAPTA reporting requirements. In particular I*

reviewed the part of the Report addressing the changes to state statute made as a result of the passage of ESSB 5922. This bill broadened the legal definition of neglect (i.e. "negligent treatment or maltreatment") to recognize chronicity and the cumulative effects of a parent's "pattern of conduct, behavior or inaction" and strengthens the ability of Children's Administration to intervene in situations involving allegations of chronic neglect and to offer voluntary services to families in appropriate cases. This bill was codified as chapter 512, laws of 2005, but it did not go into effect until January 1, 2007.

After reviewing the changes in State law made pursuant to the passage and enactment of ESSB 5922, it is my opinion that none of the changes affect the eligibility of the State of Washington for a State Grant under either section 106 or 107 of the Child Abuse Prevention and treatment Act as amended by the Keeping Children and Families Safe Act of 2003.

➤ **Other Activities**

Practice Model:

The Children's Administration is developing a Practice Model which will provide an overarching framework for child welfare practice in Washington State.

The foundation of this framework will be a clinical model that sets out the philosophy and theory of practice and directs the policies and procedure of the agency toward family centered practice. Children's Administration has chosen solution based casework as the clinical model, current practice and proposed changes within the CA will be evaluated in the context of how well they support the clinical model.

The practice model team has reviewed all assessment tools used by CA. Washington State will move from our current consensus based risk assessment tool to an actuarial model. A Structured Decision Making (SDM) Risk Assessment tool will be implemented in October 2007. The team is in the process of completing the work on this tool with the assistance of the Children's Research Center. CA will also implement a Family Assessment tool in October 2008 when the new SACWIS system is operational.

New Statewide Automated Child Welfare Information System (SACWIS):

Washington State is replacing its child welfare information system with a new web based information system (SACWIS) in order to better support client service delivery. SACWIS 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. CA requested and received funding to support SACWIS implementation scheduled for release in October 2008.

Changing Provisions Affecting the Placement of Children:

Recent Legislation expands the definition of relative to include relatives of half-siblings and second cousins. It allows the court to place a child with a suitable person who is not related to the child if the person has a pre-existing relationship with the child or family without the person going through licensing procedures and allows bio parental preference, absent good cause not to place.

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

➤ **An updated memorandum of understanding (MOU) has been completed between CA and the Division of Alcohol and Substance Abuse (DASA).**

The MOU is designed to improve the working relationship between the two agencies and to provide more effective services to mutual clients.

In 2006, 14 Chemical Dependency Professionals (CDPs) were funded as a result of E2SSB 5763. In State Fiscal Year 2007 an additional 8 CDPs will be funded and in Fiscal Year 2008 and additional 4 will be funded for a total of 26 CDPs statewide.

In addition to the increased number of CDPs, E2SSB 5763 also directed all of DSHS to screen for co-occurring disorders (substance abuse and mental health). The screening tool that was selected is the Global Assessment of Individual Needs - Short Screen (GAIN-SS). It is anticipated that the GAIN-SS will increase identification and referral of clients that have substance abuse, mental health, and/or co-occurring disorders. Statewide implementation is scheduled for January 2007.

➤ **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:

- ◆ **Building Community Partnerships**, which entails building relationships with a wide range of community organizations and leaders in neighborhoods in which child protection referral rates are high, and collaborating to create an environment that supports families involved with the child welfare system.
- ◆ **Team Decision-Making**, which involves not just foster parents and caseworkers, but also birth families and community members in all placement decisions to ensure a network of support for children and the adults who care for them.
- ◆ **Resource Family Recruitment, Development, and Support**, which involves finding and maintaining foster and kinship homes that can support children and families in their own neighborhoods.
- ◆ **Self-Evaluation**, in which teams of analysts, data managers, frontline managers and staff, and community partners collect, analyze, and interpret data about key Family to Family outcomes to assess whether progress is being made and to determine how policy and practice needs to be changed to bring about further improvement

As a result of this partnership, Family to Family strategies are currently implemented in each of the state's six regions and thirty-three offices in the state are now implementing at least one aspect of Family to Family. A number of offices have implemented all four strategies, while others are initially implementing Family Team Decision Making (FTDM) meetings with the intention of adding the other three strategies as resources allow. The FTDM strategy alone has served over 5000 individuals and/or families statewide.

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

CPTs function throughout the state. Staff 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.** The Family Help Line is a free, statewide training and referral line for the families of Washington State. Last year, the Family Help Line received over 5,000 calls and requests for information. Calls can last up to 90 minutes and parents can call as often as needed.

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- ◆ **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.

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

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1,324 family members to the 36 Parent Trust - Parent Education and Support Programs 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 Yakima County in central Washington.

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.
- ◆ **Skills for New Dads** is a community and hospital based seminar program for new or expectant fathers to provide them with knowledge of child development, and infant care; social support and preparation for fatherhood.

Other CAPTA Requirements:

1. Background Checks

Attached at the end of this CAPTA section is the CA policy and WAC regarding criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household. **Please refer to Appendix (2):** CAPTA WAC and CA Policy on Background Checks.

CA is currently finalizing criminal background policies related to the Adam Walsh Child Protection and Safety Act legislation of 2006 scheduled for release in July 2007.

2. 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." Pre-passport Screens (renamed Child Health Education Track -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 Children's Administration 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:

- ◆ Children's Administration workers will know they are primary referral sources to ITEIP, Part C, and how to refer.
- ◆ If a developmental concern is identified, Children's Administration 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, Children's Administration 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 Child Health Education Tracking (CHET) process by local CHET screeners.

CHET and Children's Administration 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.

3. Child Fatality Reviews

CA continues to do child fatality reviews and Executive Fatality Reviews on cases where children of abuse and neglect and had an open CA case at the time of the fatality or the family received any CA services during the 12 month period prior to the child's death, and the death occurred in a CA licensed facility or a licensed child care facility/home.

Child fatalities are reviewed through a fatality review process within the agency and staffed by the six regional CPS program managers. The Washington State Department of Health (DOH) no longer receives state funding to conduct child death reviews, however, about a third of local health jurisdictions have chosen to continue to conduct them.

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.

4. 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.

The pool of Washington's volunteer advocates has grown over the years, but does not meet the total need of children in dependency proceedings. In calendar year 2006, 6,758 children in dependency actions were represented by 2,128 CASA volunteers. Courts supplement the volunteer ranks by appointing an attorney as the Guardian ad Litem. The 2007 Washington State Legislature approved a \$6 million dollar increase in funding for local CASA programs.

The additional funding will be used to:

- ◆ increase the number of children statewide with a CASA volunteer by building program capacity,
- ◆ establish CASA programs in the six counties in Washington where the program currently does not exist
- ◆ increase CASA representation of adolescents
- ◆ increase retention of volunteers
- ◆ support a more diverse volunteer pool and
- ◆ improve program stability in rural jurisdictions.

Although CA does not administer either the GAL or the CASA program, CA has a longtime commitment to work with partners to achieve quality representation for abused and neglected children in court.

A memorandum of understanding (MOU) was signed between CA and the Washington State CASA organization on May 8, 2006. All six CA regions completed training and joint meetings regarding the MOU with local CASA programs in October 2006.

Progress continues towards complete compliance with the CAPTA requirement that a GAL be appointed in all court cases involving child abuse and neglect. Statewide, only about half of the 13,000 children in the dependency system currently have a CASA volunteer to represent their best interests. Of the children not represented by a CASA volunteer in 2006, Washington State CASA reports approximately half of those children (approximately 3000) were represented by a staff Guardian ad Litem or a public defense attorney. Typically in Region 4 (King County) children over the age of 12 are assigned a public defense attorney to represent them. Snohomish County (in Region 3) continues to have higher numbers of children without representation. The additional funds received by the CASA organization will assist them in focusing attention in Region 3 and 4 to increase the number of children represented by a CASA volunteer. Children's Administration will continue to work with the CASA program to achieve 100% representation of all children in Washington State.

5. CAPTA Review Hearings

CAPTA Hearing Unit – CY 2006 Annual Report

In CY 2006, one CAPTA attorney managed an average of approximately 100 cases active. The number of new cases was generally offset by the number of closed cases each month.

Cases Opened in CY 2006:

During CY 2006, **202** new cases were opened (up from 152 in 2005) and **296** cases had active status at some point during the year (up from 252 in 2005).

Of the 202 new cases received in CY 2006, 30 were transferred to the Office of the Attorney General for consolidation with another case (dependency, licensing, and disqualification).

The remaining 172 cases were distributed across all six DSHS Regions, as follows:

Region 1	-	27
Region 2	-	24
Region 3	-	21
Region 4	-	33
Region 5	-	30
Region 6	-	35
DLR/CPS	-	32

Cases Closed in CY 2006:

During CY 2006, 190 cases were closed. Of these 190 cases, 30 were those case mentioned above that were transferred to the Office of the Attorney General for consolidation with another case (dependency, licensing, and disqualification).

Of the remaining **160** cases, outcomes are as follows:

- **114** founded findings were upheld following a hearing on the merits, by the Appellant's default or withdrawal, or through an agreed settlement.
 - ⇒ **61** of these cases involved a hearing on the merits, up significantly from the 20 hearings held in 2005.
 - ⇒ **19** of these cases were appealed by the Appellant to the Board of Appeals, and the Department was successful in affirming all 19 cases.
- **38** founded findings were changed by agreement without a hearing to either unfounded (11) or inconclusive (27).
- **13** founded findings were reversed to unfounded by an Administrative Law Judge after a hearing on the merits.
 - ⇒ The Department appealed **7** of these reversals to the Board of Appeals, and was successful in reinstating the founded determination in **5** cases.

Goals for FY 2008

- **In FY 2008, CA will continue to focus their attention in the three designated areas as outlined below.**
 - 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 neglect (section 106(5));
 - 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));
 - 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)).

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

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

Citizen Review Panel Annual Reports

Washington State currently has two operating citizen review panels that evaluate the state's child protection responsibilities in accordance with the CAPTA state plan. This year letters were sent from CA to each Citizen Review Panel in response to the recommendations that were submitted in their annual reports.

The two Citizen Review Panels include the:

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

**Children Youth and Family Services Advisory Committee
Child Abuse Prevention and Treatment Act (CAPTA)
Citizen Review Panel
CAPTA Work Plan 2006**

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) also serves as the statewide CRP for Washington State. During the 2006 reporting period, the CRP was involved with the Children's Administration's (CA) development of a new Practice Model for social work staff. Also during this period, the CRP began discussions about the issue of racial and ethnic disproportionality and disparity in Child Welfare Services and how the CRP could be involved in examining and making recommendations to continue addressing this problem in Washington State.

Process

The CYFSAC - CRP met six times during 2006 with the first meeting concentrating on the 2006 CRP report for CY 2005. The CRP used examination of relevant documents and research, interviews with key informants, and group discussion as its primary method for review. Because there were new members on the Panel, also included were overviews of CAPTA and the role of the Citizen Review Panel. In addition, the development of a new social work Practice Model was discussed, input was provided and recommendations were made to the CA Co-Directors leading the development of the new model. Also at each meeting the issue of racial disproportionality was discussed and the possible roles the CRP might have.

Practice Model Review and Recommendations

The CRP focused part of each meeting on the development of the new CA practice model. The new practice model includes a redesign of Child Protective and Child Welfare Services to realign and separate roles, allowing CPS to focus on investigating and assessing the risk of abuse or neglect, while CWS works to get children and families essential services. The new model will provide a clinical framework that will support practice to increase engagement of families in assessment, case planning and services. Outcomes have improved in other jurisdictions using family engagement

models. It is expected that similar improvements will be gained in Washington as the model becomes imbedded in practice.

The CRP received a briefing from one of the two Practice Model Co-Directors at each meeting which included current information, research, and preliminary recommendations by the Practice Model Workgroups. The CRP reviewed the data presented as well as draft policies and guidelines written by the workgroups. They offered input at each stage, discussed the direction of various aspects of the model, and made specific comments and recommendations as to direction and content. Following are the highlights of Practice Model discussions and recommendations made:

- The CRP was provided with the proposed Practice Model (PM) development team attributes and the Team Charter. Discussion included how the PM and the SACWIS model would be integrated.
Panel recommendation: The Panel had no changes to the documents presented. The Panel did recommend that the new PM should drive the new SACWIS system and not the other way around.
CA response: concurred.
- CA proposed replacing the current risk assessment with Structured Decision Making. Information provided to the CRP concerning research on Structured Decision Making compared to the Washington Risk Assessment demonstrated that:
 - There is better inter-rater reliability using Structured Decision Making
 - Higher risk levels are better correlated with increased recurrence of abuse and/or neglect
 - There appears to be less difference in the ratings of risk among ethnic groups than in the Washington Risk Assessment
 - The tool is more objective, is easier to train to, and requires less experience
 - The tool can be completed earlier in an investigation, fitting better with the redesign mentioned earlierPanel recommendations: Placement Decision Making guidelines should be developed and included in the PM to ensure staff have specific criteria and structure around their decisions.
CA response: concurred, guidelines were developed with input by the Panel, and approved by CA Leadership Team (LT) in January, 2007.
Panel Recommendation: agreed with CA's decision to replace the current risk assessment with Structured Decision Making.
CA response: CA LT approved Structured Decision Making as the new risk assessment model.
- The new CPS/CWS redesign model was explained and discussed with the Panel.
Panel recommendation: engagement should be added to the flow chart in the PowerPoint presentation for clarity and performance measures should be developed for the new model to track how well it has been implemented and is working.
CA response: The PowerPoint was updated with language to reflect the ability to engage families early. It was used to train staff and stakeholders on the CPS/CWS redesign prior to January 1, 2007, and it continues to be used in presentations with external partners. Performance measures are being developed and a draft will be presented to the Panel.
- The CPS/CWS redesign draft performance measures were presented and feedback was requested and discussed.
Panel Recommendation: The Panel believed the draft performance measures were satisfactory. The Panel requested to see the final measures when completed.
- Solution Based Casework (SBC) was proposed as the clinical model for CA.
Panel Recommendation: the Panel agreed with CA's proposal to use SBC.
CA Response: CA LT approved SBC as the clinical model in January 2007. Funding was requested in the Governor's budget to support coaches to help train the SBC model. The

Legislature provided funding to help with implementation of the practice model, including 7 coaches, in the 2007 legislative session.

- The Agency submitted request legislation to expand the definition of relative and, with approval of the court, to allow placement of children with individuals who are not licensed and not relatives but who are significant persons for the children or their families. The Panel was asked for input on whether it was appropriate for the non-licensed, non-relative, court-approved placement option to have a relationship with the "child and family" or with the "child or family."

Panel Recommendation: The Panel recommended using the language "child or family".

CA Response: The original draft legislation was modified to reflect this new language. The Legislature passed the new language to expand the definition of relative in the 2007 session.

Future Plans: Development of plan to address Racial and Ethnic Disproportionality and Disparity in Washington State

The Children, Youth, and Family Services Advisory Committee also serves as the statewide CRP, as stated above. Racial and ethnic disproportionality and disparity in Washington State had been a topic at many committee meetings and it became clear that this issue was of particular interest to all members of the committee. It therefore became a strong candidate for the subject of the 2007 CRP report. Discussions ranged from specific issues and consideration of data in different parts of the state, to how the panel would address this broad issue within the confines of CAPTA and limit the focus to CPS issues for purposes of the CAPTA CRP report. It also considered how to involve all members of the Panel and use the knowledge and expertise of those members already involved in committees addressing racial disproportionality. A CA CPS program manager was included in discussions and was asked to be a resource for the CRP. A CA proposal for the Study on Racial and Ethnic Disproportionality and Disparity, a multi-year proposal for the CRP to undertake, was presented, revised and brought back to the January 2007 meeting.

Recommendations:

- ❖ Approve the CA proposal for the Study on Racial Disproportionality
- ❖ Select a CRP member as the Lead for this project for CY 2007
- ❖ Have a CPS program manager with knowledge of CAPTA be a resource to the CRP in gathering information about racial disproportionality

Response:

- ❖ The CA proposal for the Study on Racial and Ethnic Disproportionality and Disparity was approved at the January 2007 meeting by the CRP
- ❖ A CRP member was selected as the lead on this project for CY 2007
- ❖ The CA approved and identified a CPS program manager to be a resource to the CRP

Children, Youth and Family Services Advisory Committee 2006 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

Nancy Brown, Juvenile Court Administrators, Skagit County

Jean Carpenter, WA State Parent Teachers Assoc., Tacoma (retired as member in April, 2006)

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
Judge Charles Snyder, Whatcom County Superior Court, Bellingham
Tess Thomas, Thomas House, Seattle
Gwendolyn Townsend, OCOC/UJIMA Community Services, Seattle

**Children's Administration Response to the
Children Youth and Family Services Committee
CAPTA Citizen Review Panel**

June 25, 2007

Children's Administration wishes to extend a heartfelt thank you for your hard work and dedication in your participation on the Children Youth and Family Services Committee (CYFSAC) Citizen Review Panel throughout FY 2006. CA recognizes the valuable role Citizen Review Panels (CRP) have in ensuring Child Protection Services are protecting children from abuse and neglect. CRP's provide community members and CA a valuable forum for the exchange of ideas and the promulgation of best practices.

In 2006, the CYFSAC met regularly and assisted CA by examining CA policies and procedures, statewide data systems, and new practice proposals related to child protection.

CYFSAC work included:

The review of Children's Administration policy, procedures and data related to:

- Development of the Practice Model for social worker staff.
- Review of the current Risk Assessment with Structured Decision Making.
- Review of CPS/CWS redesign draft performance measures.
- Review of proposal to utilize Solution Based Casework.
- Review of proposal to address Racial Disproportionality and Disparity.

CYFSAC recommendations for FY 2007 are:

- Development of Placement Decision Making Guidelines.
- Replace the current risk assessment with Structured Decision Making.
- Include engagement training in the new CPS/CWS Re-design.
- Use "child or family" in the expanded definition of "relative" for proposed legislation.
- Approve the CA proposal for CRP study on Racial Disproportionality.
- Select a CRP member as Lead for the Racial Disproportionality Project.
- Select a CA program manager to be a resource to the CRP in gathering information about Racial Disproportionality.

These are all excellent recommendations. In response to the CYFSAC recommendations, CA made significant progress in achieving these and other goals related to child protection services.

These accomplishments include:

- **Development and approval of the new Practice Model.** The foundation of this framework will be a clinical model that sets out the philosophy and theory of practice and directs the policies and procedure of the agency toward family centered practice. Children's Administration has chosen solution based casework as the clinical model, current practice and proposed changes within the CA will be evaluated in the context of how well they support the clinical mode
- **New Statewide Automated Child Welfare Information System (SACWIS)** Washington State is replacing its child welfare information system with a new web based information system (SACWIS) in order to better support client service delivery. SACWIS 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. CA requested and received funding to support SACWIS implementation scheduled for release in October 2008.
- **CPS/CWS Re-Design team** – This team was created in 2006 to develop a model for improved child welfare service delivery that would support and sustain systemic change and improved outcomes for children and families. The CPS/CWS redesign is a

priority of the Governor and in 2007, the Governor's supplemental budget included increased resources to support the redesign.

In January 2007, the project team implemented their model recommendations which included:

- Separate service delivery from investigative and assessment functions.
 - Concentrate investigations on seeing children quickly, assessing safety and risk, and determining need for services.
 - Increase focus on voluntary services and early support to families (create a new Voluntary Services function).
 - Engage families early to increase safety and reduce risk of harm.
 - Create a model that accommodates future practice enhancements.
- **Neglect Legislation:** CA implemented the chronic child neglect legislation (ESSB 5922 (2005)) effective January 2007. CA received funding to continue to support the child neglect legislation through the next biennium. Some of the funds will be used to provide additional services to neglect families as well as support and grow evidence based or promising practices. Specifically, this bill:
 - Strengthens CA's ability to engage chronic neglecting families in services.
 - Permits CA to intervene in cases of neglect where the health, welfare or safety of a child is at risk.
 - Expands RCW 26.44.020, the definition of "Negligent Treatment or Maltreatment" to include "...a failure to act, or the cumulative effects of a pattern of conduct, behavior or inaction."
 - Creates a new definition of negligent treatment or maltreatment that includes a failure to act or the cumulative effects of a pattern of conduct, behavior or inaction.
 - Substance abuse must be given great weight when it is a contributing factor in child neglect.
 - **Approval of Solution Based Casework as the new clinical model for CA.**
 - **Expanded definition of "relative."** Second cousins and relatives of siblings will be included in the definition of relatives beginning in July 2007.
 - **Referrals on Substance Abuse during Pregnancy and Referrals on Newborn Infants with Prenatal Drug or Alcohol Exposure** - CA has developed a policy regarding the screening and acceptance of prenatal CPS referrals for substance abusing women. The policy development was a collaborative effort between CA and Department of Health, First Steps, Department of Alcohol and Substance Abuse (DASA). The policy has been approved and is scheduled to be implemented in October 2007.
 - **Improving Intake screening** - Washington State completes a quarterly review of two and one-half percent of CA Intake referrals for youth between the ages of eleven and eighteen. The reviewers examined a random sample of 353 referrals from the total of 11,261 referrals received on adolescents from October 2006 to December 2006. The review focused on accuracy of screen for program area (CPS; CWS; FRS) and accuracy of screening for response time (emergent/non-emergent). This review found that for this period of time 99.9% of all referrals were screened appropriately for program and response time.
 - **Referrals on families experiencing domestic violence and co-occurring maltreatment** -- In an overall effort to guide child welfare practice for cases involving domestic violence and co-occurring maltreatment, CA in coordination with Washington State Domestic Violence Coalition and community partners, drafted intake, investigative and service policies and procedures. These draft policies and

procedures are scheduled to be reviewed by the CA Management team in June 2007 and implemented in 2008.

- **Caseloads:** To improve service delivery to children in crisis, CA has a goal of decreasing the average number of cases a Child Protective Services Social Worker has on their caseload.
 - Since April 2006, the number of case carrying social workers has increased by 74, rising from 1,013 to 1,087.
 - During the July 2005 – October 2005 time period, the statewide caseload average has decreased from 26.5 in July 2005 to 21.2 in September 2006.
- **Response Times:** To improve safety for children, CA implemented a new policy requiring social workers to CPS social workers to conduct the initial face-to-face meeting with alleged child victims of abuse and neglect within 24 hours for emergent and 72 hours for non-emergent referrals. An analysis of the effects of the 24/72 hour response to referrals indicates that children are safer when we see them sooner. An analyses of the data demonstrated that the decline in recurrence was highly likely to be the result of seeing children more quickly rather than changes in other factors.
- **Structured Decision Making tool for CPS –** 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 and reinforced assessment results directly affecting 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.

CA looks forward to continuing to work in close collaboration with the CYSFAC in improving Washington's Child Protection System. In addition, CA will participate with the CYFSAC in examining the disproportionate issues related to child protection and recommend strategic system changes that will ultimately reduce disproportionality in Washington State. Time will be dedicated at each CYFSAC meeting for this project.

**Region 2 Children's Administration Oversight Committee
Child Abuse Prevention and Treatment Act (CAPTA)
Citizen Review Panel
CAPTA Work Plan 2006**

May 25, 2007

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

The Region 2 Oversight Committee also serves as a Citizen Review Panel for Washington State. Its mission statement is:

It is the mission of the Region 2 Oversight Committee to be a presence in the community by reaching out and advocating for the needs of children and families across Region 2.

A major focus for the Oversight Committee CRP during 2006 was to move into areas which may be under-served by Children's Administration (CA). The Oversight Committee CRP's intent is to ensure that CA services are accessible and delivered in all communities in this large, rural region. An additional, related area of focus was on ways to expand client access to effective resources to reduce child abuse and neglect. This included identifying and advising the Agency about what factors promote strong community relationships, coordination, and collaboration, particularly in resource-poor rural areas.

Process

The Region 2 Oversight Committee CRP met eight times during 2006. The March 2006 meeting was a facilitated committee retreat which resulted in an updated mission statement and strategic plan for the next two years. The 2006 meetings were conducted in various communities throughout the eight counties which 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	Toppenish
March	Grandview
April	Kennewick
May	Dayton
July	Yakima
September	Cle Elum
October	Kennewick
December	Yakima

Meetings included community comment from people active in community services and knowledgeable about service gaps. Comment was received from the following Committee guests during 2006:

Yakama Indian Nation Administrator
Yakama Nation Prosecutor
Bilingual Parenting Educator, Toppenish School District
CA Region 2 Child Protective Services Program (CPS) Manager
Kennewick Police Department Detective
Catholic Family & Child Services Administrator
CPS Social Worker out-stationed at Kennewick Police Department
Columbia County Sheriff
Dayton School District Superintendent
Columbia County Deputy Juvenile Court Administrator
Out-stationed CPS Social Worker and Supervisor (2 individuals), Dayton
Elementary and Middle School Professionals (3 individuals), Cle Elum School District
Drug/Alcohol Program Coordinator, Cle Elum
Juvenile Court Administrator, Benton/Franklin Counties
Drug/Alcohol Program Manager, Benton/Franklin Counties
Regional Support Network (Mental Health) (3 individuals), Greater Columbia RSN
Southeast Yakima Community Center Director

Findings and Recommendations

The Oversight Committee CRP noted, made recommendations to the agency, and tracked progress for four primary problem areas during the year:

I. Inaccessibility of CA services in Columbia County.

CRP Recommendation: Provide local CA presence.

CA Response:

1. Established a new part-time CPS social worker position stationed in Dayton (the largest town and county seat). Community stakeholders participated in the interview and staff selection process. The social worker was stationed with Juvenile Court staff in small out-station in Dayton. Previously, all services were provided from the Walla Walla office in the next county.
2. At May 2006 meeting, the Sheriff and school Superintendent provided feedback on the success of this change. CA staff reported that CPS intakes and investigations were increasing significantly in Columbia County since the local staff started. The CA Regional Administrator then increased the social worker's hours to full-time to meet local needs.

II. Stressed Working Relationships in Klickitat County (esp. CA-Juvenile Court)

CRP Recommendation: Host meetings with opportunity for open input from variety of stakeholders, CA to participate more regularly in ongoing local efforts.

CA Response:

- Area Administrator established local advisory committee and invited community stakeholders to participate.
- Area Administrator and Regional office staff met with Juvenile Court Administrator and identified key resource shortages creating stress.
- New contract for Receiving Care and Assessment beds was developed with participation by Juvenile Court Administrator.
- Office supervisor began attending local JAG juvenile court services coordination meetings.

III. Temporary Housing Needs for Out-of-County Runaway Youth- Kittitas County

CRP Recommendation: Collaboration between CA and law enforcement to develop resources to meet this specific need.

CA Response:

- Several meetings held between county law enforcement, local CA staff and local Oversight Committee member. No product yet.

IV. Foster Home Shortage (raised in Toppenish, but a region-wide problem)

CRP Recommendation: Improve the effectiveness of agency recruitment and retention of foster homes at the local level.

CA Response:

- Regional Administrator provides financial support to Yakama Nation Child Placing Agency foster home recruitment activities in Toppenish.
- Regional Administrator maintains a full-time regional program manager with responsibility for foster and kinship caregiver relationships/ support and foster home recruitment and retention. She coordinates with local staff and community stakeholders throughout the region, conducts ongoing telephone surveys of caregiver satisfaction and needs, and produces a regional caregiver newsletter and other informational services. This program manager attends Oversight Committee meetings regularly to report.

CRP Recommendations to CA State Office

- The CA State Office provide for more local and regional-level foster home recruitment and retention contracts, in lieu of statewide contractors lacking strong local presence and track record.

- The Oversight Committee CRP has heard significant concerns from law enforcement personnel in several locations for more than a year about timeliness of CPS response after-hours and weekends. Since the return of day time CPS intake to local offices last year, this was reported no longer to be a problem during office hours. But after-hours, law enforcement described a serious problem they face. Despite calls to Centralized Intake (CI) in Seattle requesting social worker assistance for transfers of children taken into protective custody, officers are faced with very slow response times. In small jurisdictions, this creates a crisis. The station can be distant, and may not be staffed after-hours. The officer may be the only officer on duty, with responsibility to respond to emergency calls, but cannot do so with a child in the car. The Oversight Committee CRP plans to develop recommendations in the coming year to address this problem. The Committee requests availability of the CA State Office CPS and CAPTA Program Manager to attend meetings in Region 2 as a resource to discuss this issue.

Submitted by:

Ann Passmore, Co-Chair
Walla Walla

Kelly Rosenow, Co-chair
Toppenish

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

June 25, 2007

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In 2006, the Region 2 Oversight Committee met regularly and examined local community needs, service delivery, CA policies and procedures and community collaboration related to child protection.

Region 2 Oversight Committee work included:

The review of Children's Administration policy, procedures and data related to:

- Inaccessibility of CA services in Columbia County.
- Stressed working relationships in Klickitat County.
- Temporary housing needs for Out-Of-County Runaway Youth – Kittitas County.
- Foster Home shortage throughout Region 2.

Region 2 Oversight Committee FY 2007 recommendations are:

- The CA State Office provide for more local and regional-level foster home recruitment and retention contracts, in lieu of statewide contractors lacking strong local presence and track record.
- Timely After Hour CPS Response.
- CA program manager to attend CRP as a resource to discuss After Hour CPS Response issue.

CA agrees with these recommendations and will work collaboratively with the Region 2 Oversight Committee in achieving them. A CA CPS Program Manager will participate in the September CRP meeting in order to address their recommendations regarding foster home recruitment and retention and After Hours CPS response.

During 2006, CA made progress in identifying several strategic priorities, defining the project scope and preparing for implementation. Strategic priorities will help to improve child protection services in Washington State.

The Strategic Priorities include:

- **Development and approval of the new Practice Model.** The foundation of this framework will be a clinical model that sets out the philosophy and theory of practice and directs the policies and procedure of the agency toward family centered practice. Children's Administration has chosen solution based casework as the clinical model, current practice and proposed changes within the CA will be evaluated in the context of how well they support the clinical mode.
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Other accomplishments include:

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- 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.

CA applauds Region 2 Oversight Committee's active participation in the CRP process and looks forward to supporting their efforts for FY 2007.