



Section B: Program Information

(3) CAPTA State Grant

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



Annual Progress and Services Report FY 2008 - FY 2009 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 (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)).

Specific activities funded by the CAPTA state grant are:

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

Summary of Accomplishments FY 2008

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 FFY 2008 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 is replacing 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. A Functional Team of experienced CA staff structured and refined FamLink to meet CA requirements. The team provides regular updates to keep staff informed and generate familiarity with the various components and functions.

CA is moving toward the last phases of the FamLink project. Design changes are complete, and programming and testing are in progress. The first training offered will "train the trainers" in August and September 2008. All other staff will receive training beginning in October 2008 through January 2009. FamLink will "go live" in December 2008.

Child Abuse and Neglect (CA/N) History Checks

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. Designated staff in the CA/N History Check Unit located in the Central Intake Office make requests of other states on behalf of CA social workers and 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:

- **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 08, this program was available in all regions, but not to all offices. In FY 09, local offices without access (with an emphasis on rural locations) will continue to focus on recruiting providers who will be trained to provide PCIT.

- **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 08, this program was available in Region 1, Region 2, and Region 3. In FY 09, there will be continued use of this program in existing locations, and more locations developed and trained within Region 3.

- **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 08, 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. In FY 09, CA specific providers will be developed and trained for use when a child does not meet RSN access to care standards.

➤ **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 on 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.

In FY 08, this program was available in all regions. In FY 09, efforts will continue to increase referrals to fill available caseload space.

➤ **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 Behavioral Rehabilitative Services (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 ensures 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 08, this program was available in Region 5 in Pierce County and Kitsap County. The program did expand to serve additional children after new training in the latency age (age 6 to 11) program. In FY 09, recruitment of new locations will continue for the MTFC program. There will also be ongoing discussions on the implementation of Project Keep, a lower intensity program for children in foster and kinship care.

➤ **Nurse Family Partnerships**

Prenatal and early childhood home visitation program designed to improve maternal and child health and well-being. Home visits are 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 08, this program was available through county public health programs in Region 2, Region 3, Region 4, Region 5, and Region 6. It was supported by contract in Pierce County (Region 5). Availability is through health departments in 7 other counties throughout the state. In FY 09, the programs will continue and may expand to other counties.

➤ **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 08, this program was available in Region 3 utilizing state staff as providers. It was also used in Region 5 Pierce County through a contractor. A research project where CA is a partner with community mental health agencies and UW researchers is also available in Region 5. In FY 09, the program will continue in Region 5, expand to new providers in Region 3, and focus on recruitment of providers in Region 4 King County.

➤ **Homebuilders**

Homebuilders is an Intensive Family Preservation Services evidenced based practice designed to prevent out of home placement of children. 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 parents' 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 be cost effective because it averts/reduces out of home placement of children.

In FY 08, training of IFPS providers in Homebuilders was completed. This program is planned to begin in FY 09.

➤ **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, training will begin for a small group of providers to test the Triple Standard and Pathways levels within the EFSS and FPS programs. The results of this small effort will be evaluated and decisions will be made on the implementation of this program, as well as a parent education group format.

➤ **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 08 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 09, training and implementation of this program will begin for BRS group care providers. Decisions will also be made on whether to extend availability in future years to Treatment Foster Care programs and other adolescent service programs.

➤ **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, tentative plans have been made for developing a Project SafeCare program in Region 3 as part of new services offered to families with neglect referrals.

Solution-Based Casework (SBC)

CA is working to include 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 is adopting a Practice Model which will provide an overarching framework for child welfare practice in Washington State. The foundation of this framework is Solution-Based Casework, a practice model developed in the state of Kentucky. This model sets out the philosophy and theory of practice and directs the policies and procedure of the agency toward family centered practice, engagement of children and families in assessment and case planning processes, with a focus on skill development rather than compliance with services. When the new SACWIS system is operational, CA will implement a Family Assessment tool. This tool will 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.

As of April 10, 2008, over 1500 staff have attended an Introduction to Solution-Based Casework presentation. More than 30% of CA's supervisors & managers have received SBC training and over 60% of CA's managers received Solution-Focused-Management training. Testing in three SBC trained pilot sites began in March 2008 and will continue through August 2008.

The practice model team conducted a review of all assessment tools used by CA. As part of the effort to move toward evidenced based practices, Washington State moved from a consensus based risk assessment tool to an actuarial model. Structured Decision Making (SDM) Risk Assessment was implemented in October 2007. When CA adopted SDM as our risk assessment tool, there was a need to identify an alternative approach to our 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. Washington plans to look at data from the SDM tool with the Children's Research Center to ensure the tool is working with Washington's populations.

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.

Social workers and supervisors received training in three areas:

- *New Neglect Legislation* which focuses on the legal aspects of the legislation; the legal duties of the department; the Washington Administrative Code (WAC) definition; prioritization criteria for services; service array and allocation; evidence based practices; GAIN-SS policy and tool.
- *Understanding Neglect* which provides an overview of neglect; what works best with neglecting families; and how to engage neglecting families
- *Engaging Families for Change* which focuses on: empowering families to engage in changing behavior; strategies to effectively handle conflict and resistance; motivational interviewing

Personal Safety Training

A half-day worker safety training is provided through CA Academy. Participants learn through lecture, group discussion, demonstration and role-plays. Training components include:

- Recognizing potentially dangerous conditions in workplace and/or in the field
- Reacting appropriately and safely when faced with dangerous situations.

Under contract with the Criminal Justice Training Commission, CA offers a mandatory one-day Worker Safety training, which was generated from House Bill 2189. The training covers topics including:

- Types of workplace violence related to social work practice
- Predictors of violent behavior
- Recognizing escalating behaviors
- Safety in the field
- Safety precautions in methamphetamine sites
- Resources and support for worker safety
- Working with law enforcement

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, Children's Administration is phasing in two Evidence-Based/Promising Programs (EBP/PP) Promoting First Relationships and Triple P- Positive Parenting Program.

Education Summits

Children's Administration sponsored eight regional Education Summits around the state, collaborating with educators, caregivers, social workers and community providers to address the

educational needs of youth in foster care. The goals of the Summits was to provide training to over 1100 participants on "helping traumatized children learn" and creating trauma-informed learning environments in schools. We are also collaborating with the Office of Superintendent of Public Instruction on the "Compassionate Schools Summit" which will be held in August to develop support services for children/youth that have experienced trauma, including youth in foster care.

Additionally, CA contracts with Treehouse for Kids, a child/youth advocacy program which assists children/youth and their caregivers with education related services. The Educational Advocacy Coordinators collaborate with school personnel to coordinate services for youth in foster care. There are 1.5 FTE Educational Advocacy Coordinators in each region to liaison with schools on behalf of youth in care.

OTHER ACTIVITIES

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, 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.
- Family Team Decision Making (FTDM), 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.

Thirty-four offices in the state are currently implementing Family Team Decision-Making meetings with a plan in place to expand into all remaining offices by September 2008. 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 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

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, Tribes, attorneys and other physicians throughout Washington State.

New Policy- CPS Response to Serious Physical Abuse and Sexual Abuse

In July 2007, a legislative mandate (SHB1333) required all counties to update their sex abuse protocols by July 1, 2008. As county protocols are developed the need for statewide consistency regarding child placement in out-of-home care was identified.

CA expanded policy to assure consistent practice when referrals are received on severe physical abuse and sexual abuse. CA developed a procedure to outline this process. The policy helps guide social workers through the process when considering:

- Out-of-home placement
- Contact between the victim and perpetrator
- Critical components of the safety plan
- A list of categories when out-of-home placement must occur

Monthly Visits with all Children in Foster care

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

- 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

An agency-wide workload study was conducted in 2007, lead by Walter R. McDonald and Associates of Sacramento, CA. Over 2,000 CA staff participated statewide. Results of the study were complete in November 2007. The study found that child welfare workers in Washington State spent 70% of their time on child and family-related tasks. This is higher than results found in similar studies in most other states.

The study also highlighted the fact that caseloads remain higher than in other states studied and that a great deal of social workers' time is spent conducting visits with children on their caseloads, documenting information and attending court hearings. The high number of cases and workload prevents social workers from completing all their required work. A plan was developed to address these concerns. The plan involves hiring more social work staff to make workload more manageable. From July 2005 through December 2008, CA is expected to have hired over 400 full time social work employees (FTEs) or their direct supervisory or clerical support. Implementation of the new SACWIS system (FamLink), once staff are trained, is expected to reduce data entry and paperwork by "pre-populating" many routine forms and reports. CA has committed to examining policy requirements and looking at ways of streamlining processes.

Child Protective Services Investigation Response Times

In August 2005 to improve safety for children, CA implemented a policy requiring 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. Today 95 percent of child abuse and neglect complaints are now addressed within 24 hours if the child is in danger, and this has resulted in a 25 percent reduction in repeat referrals.

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 10,000 Contacts to the Parent Trust Family Help Line. Calls can last up to 90 minutes and parents can call as often as needed.
- **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. There were over 10,000 visits by 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 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.

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.

Great Starts Birth and Family Education provides pregnancy, childbirth and early parenting education for families.

OTHER CAPTA REQUIREMENTS:

1. Background Checks

In July 2007 CA implemented criminal background policies related to the Adam Walsh Child Protection and Safety Act. States must now have procedures for conducting FBI fingerprint-based checks for all prospective foster and adoptive parents. CA has extended this requirement to include relative caregivers and all other adults in the home. CA previously required only a national fingerprint based background check on prospective caregivers and other adults in the home who had lived in Washington for less than three years.

CA now has direct access to the NCIC database. When emergency circumstances do not allow for a national fingerprint check to be completed prior to placement, authorized staff at Central Intake process requests from social workers to get immediate criminal history data from the 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.

Attached at the end of this CAPTA section is the updated 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.

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." 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 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.

3. 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. 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.

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.

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 2007, 6,919 children in dependency actions were represented by 2,226 CASA volunteers. These figures represent a 2.4% increase in children served from 2006 and a 0.5% increase in dependency volunteers.

Courts supplement the volunteer ranks by appointing a staff paid by the court or an attorney as the Guardian ad Litem.

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) between CA and the Washington State CASA organization has been in place since 2006.

Progress continues towards complete compliance with the CAPTA requirement that a GAL be appointed in all court cases involving child abuse and neglect. According to 2007 CASA Program Statistics Compilation, approximately 54% of the 12,912 children in the dependency system (statewide) have a CASA volunteer to represent their best interests. Excluding children under guardianship, the figure is 61%. Of the children not represented by a CASA volunteer in 2007, CASA Program Statistics Compilation shows approximately half of those children (approximately 3,000) were represented by a staff Guardian ad Litem or a public defense attorney. 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 2007 Annual Report

Outcomes from cases received in 2007: 201

- Scheduled for a pending administrative hearing: 18
- Administrative hearing completed and decision pending from OAH: 12
- Resolved prior to hearing (defaults, withdrawn appeal, etc.): 107
 - Sent to AAG for licensing/dependency: 8
 - Founded: 68
 - Inconclusive: 25
 - Unfounded: 6
- Decision issued by ALJ following full hearing: 56
 - Founded: 38
 - Unfounded: 18
 -
- Appeals to the Board of Appeals: 22
 - Affirmed founded: 17
 - Affirmed unfounded: 2
 - Pending issuance of decision: 3
- Appeals to Superior Court: 5

Outcomes from all contested hearings in 2007 (cases received in 2007 or prior): 83

- Founded: 60
- Unfounded: 23
- Appeals to Board of Appeals: 26
 - Affirmed founded: 16
 - Affirmed unfounded: 3
 - Reversed and reinstated founded: 5
 - Reversed and overturned founded: 0

- Pending issuance of decision: 2
- Appeals to Superior Court: 7

Goals for FY 2009

- **In FY 2009, CA will continue to focus attention in the three designated areas as outlined below.**
 - Developing and updating systems of technology that support the program, track reports of child abuse and neglect from intake through final disposition, and allow interstate and intrastate information exchange.
 - Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.
 - 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 caseworkers.
- **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 (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 June 2008

The Children Youth and Family Services Advisory Committee Statewide Citizen Review Panel's annual report is pending final approval by committee members.

It will be submitted as an amendment to this APSR when available.

Children's Administration Response to the Members of the Children Youth and Family Services Advisory Committee

CA's response to the Statewide Citizen Review Panel's annual report will be submitted as an amendment to this APSR when available.

**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

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

Robert Alexander, Yakima
(Retired) School and CRC Administrator

Michael Bates, Walla Walla
Juvenile Court Administrator

Lynn Biggs, Yakima
Casey Family Program Director

Joel Chavez, Kennewick
Substance Abuse Prevention Specialist

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

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

**Children's Administration Response to the Members of the
Youth and Family Services Advisory Committee and Region 2 Oversight Committee**

CA's response to the Statewide Citizen Review Panel's annual report is pending final approval.

It will be submitted as an amendment to this APSR when available.

WAC and CA Policy on Background Checks

Please see Appendix (2) at the end of this APSR to view the *draft* 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.