

Report to the Legislature

Family Assessment Response Implementation Report

RCW 26.44.260(2)
ESSB 6555 [Chapter 259, Laws of 2012]

December 31, 2012

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TABLE OF CONTENTS

I.	Executive Summary	3
II.	Child Welfare Title IV-E Demonstration Waiver.....	5
III.	Background of FAR and Implementation Plan Design	5
IV.	Differential Response	7
V.	Neglect.....	11
VI.	Implementation Strategies, Guiding Principles and Core Values	14
VII.	The FAR Pathway.....	16
VIII.	Strategies to Reduce Racial Disproportionality.....	24
IX.	Involvement of Washington State Tribes in FAR.....	26
X.	Methods to Involve Local Community Partners.....	28
XI.	Strategies to Assist and Connect Families with Appropriate Private or Public Housing Agencies.....	31
XII.	Current Departmental Expenditures for Services Appropriate for FAR	32
XIII.	Staffing Needs	34
XIV.	Staff Training Requirements.....	37
XV.	Quality Assurance, Evaluation and Outcome Measures.....	40
XVI.	Legislative Changes Necessary for the Success of FAR	42
XVII.	Appendices	
	A. Sources	45
	B. Intake Data	48
	C. Strategies to Address Disproportionality	49
	D. Results from Community Summits.....	53
	E. Staffing Needs and Next Steps.....	57
	F. Training Academy Competencies.....	59
	G. Expenditure Projections for FAR.....	60

I. Executive Overview

The purpose of this report is to meet the legislative requirement for an implementation plan due to the legislature by December 31, 2012. Washington State has joined a growing number of states across the nation that have chosen to reform their response to child abuse and neglect through the implementation of an alternative response to child protection investigations. Through legislation, Washington state has demonstrated, in the most authoritative way possible, our commitment to advance child protective services practice. For Children's Administration (CA), the alternative pathway is known as Family Assessment Response (FAR). The development of the Family Assessment Response pathway represents a culture change in the way families will be involved in the child welfare system and promotes a high level of engagement from the family and community to ameliorate the child safety issues that brought the family to the attention of the department.

The Family Assessment Response pathway is an additional pathway to engage families, address the basic needs of children in order to stabilize and strengthen the family unit, improve child and family well-being, safely prevent out of home placements and is anticipated to benefit children and families through early intervention. While both the investigative and the Family Assessment Response workers are responsible for the safety of children, the investigative worker focuses on the reported allegation, the possible risk of serious harm or neglect, and determines whether the allegation is founded or unfounded. The Family Assessment Response caseworker focuses on assessment of the family's needs and resources, and no findings are made.

The additional pathway creates an alternative response to reports of maltreatment, based on the type of severity of the maltreatment, history, and the families' willingness to participate in services. In 2011, Children's Administration accepted 35,175 reports of child abuse and neglect. Of that number, 19,030 (almost 60%), alleged the neglect of children, compared to 34% reporting physical abuse and 6% reporting sexual abuse. The reports of neglect include a wide variety of specific allegations. Many of the families involved in the reports needed essential resources, such as transportation, basic household items, clothing, and food. Struggling to meet essential needs can challenge the mental and physical wellness of parents and affect their ability to recognize how their children are being neglected. Research indicates that the lack of essential needs, resources and supports can isolate families and cause them to separate from their communities, further removing them from available resources.

Washington State's implementation of Family Assessment Response, often known as "differential response" in other jurisdictions, is defined in legislation as follows:

"Family assessment response" (FAR) means a way of responding to certain reports of child abuse or neglect made under this chapter using a differential response approach to child protective services. The family

assessment response shall focus on the safety of the child, the integrity and preservation of the family, and shall assess the status of the child and the family in terms of risk of abuse and neglect including the parent's or guardian's or other caretaker's capacity and willingness to protect the child and, if necessary, plan and arrange the provision of services to reduce the risk and otherwise support the family. No one is named as a perpetrator, and no investigative finding is entered in the record as a result of a family assessment."

The states and Tribes across the nation who have preceded Washington State in the implementation of an alternative, less adversarial model of intervention have shown positive results working with families without compromising child safety. The development and implementation of the FAR pathway will allow DSHS to focus child welfare resources on both the Family Assessment Response and another legislative initiative related to performance based contracts. These two initiatives complement each other in their efforts to continue to improve safety, permanency, and well-being outcomes for the children served.

Under FAR, case managers will have increased access to concrete goods and services and evidence-based practices for children and families served by DSHS.

The implementation of the FAR pathway will include a process of assessing readiness for local offices, regions and communities, followed by the phase-in of 250 families every quarter into the FAR pathway. The first year of implementation will include the development of Memorandums of Understanding (MOU's) with Tribes, initiation of Community Resource Teams and training of staff to support the implementation of FAR. By the end of 2013, the automation system will be prepared to support the implementation of FAR, beginning with intake. Departmental staff will also work to develop a quality assurance process that incorporates the identified strategies for disproportionality and compliments the work and evaluation being completed on the implementation of the Child Welfare Title IV-E Demonstration Waiver.

On March 7, 2012, the Washington Legislature passed E2SHB 2264, "An Act Relating to Performance-Based Contracting for Certain Services Provided to Children and Families in the Child Welfare System." This bill, referred to as the Family Support and Services legislation, requires DSHS to enter into performance based contracts for family support and related services by December 1, 2013. As a result, the family support and services provided under FAR will be purchased through performance based contracts.

The provision of concrete goods and services and the expanded use of evidence-based practices to provide targeted interventions are designed to support families, effectively address the needs of children and their families, safely prevent placement in out-of-

home care, facilitate safe and timely reunification, and improve child and family well-being outcomes. The provision of housing vouchers and accompanying support services with Intensive Family Preservation Services using the Homebuilders model serve as examples of this type of intervention.

II. Child Welfare Title IV-E Demonstration Waiver

Washington State Children’s Administration applied for and received federal approval for a Title IV-E Child Welfare waiver from the Administration for Children and Families, Children’s Bureau. The waiver, approved on September 28, 2012, requires states to complete a demonstration project to reform child welfare practice. The statewide reform efforts are intended to safely reduce the number of children in out-of-home placements sooner so that the system can reinvest savings into services that help to keep children safely in their own homes and improve child well-being.

Washington’s demonstration project focuses on the implementation of the Family Assessment Response (FAR) pathway. As a part of the demonstration project, Washington state proposed to use the extensive body of available administrative data to track traditional child welfare outcomes related to placement and permanency and also to develop a broader picture of how interventions under FAR affect child and family well-being. Well-being measures, currently available to DSHS, include indicators of medical care, education, employment, behavioral and social functioning, and Adverse Childhood Experiences for children and their families. An independent evaluation of FAR’s impact on these outcomes will allow DSHS to improve and refine its services while building an evidence base that reflects the strengths and complications of Washington state public child welfare.

Based on financial projections made during the demonstration project planning process, Children’s Administration is confident the demonstration waiver project will create savings for the State by reducing out-of-home care costs, reduction in repeat referrals, and prevention of future maltreatment. Through these cost reductions, the waiver is expected to be cost-neutral to the federal government. The demonstration project closely aligns with the requirements of the FAR pathway outlined in legislation and the implementation plan.

III. Background of Family Assessment Response and Implementation Plan Design

In January 2012, the Senate introduced ESSB 6555, requiring the implementation of a differential response model in Washington State. After receiving bi-partisan support in both the House and Senate, ESSB 6555 was signed into law by Governor Christine Gregoire on March 30, 2012. The Legislation requires Children’s Administration to implement an alternative pathway to investigations of accepted reports of child abuse and neglect.

The legislation set goals for the differential response model that includes: early intervention, family-centered practice, an increase of resource identification for immediate and long-term needs, family centered practice and improvement in family engagement and assessment. Washington state leaders recognize and support the need for increased family engagement and family centered practice.

In 2008, Children’s Administration adopted Solution Based Casework (SBC), as the practice model for child welfare, assessment, case planning and ongoing casework. The SBC model targets specific everyday events in a family’s life that have created safety threats or risk of maltreatment situations for their children. Solution-based casework combines problem-focused relapse prevention with approaches from working within the chemical dependency and domestic violence communities. The solution-focused model evolved from family systems casework and therapy, where partnerships between family, caseworkers and service providers are developed so that families can seek solutions that work for their specific needs. This engagement and solution-focused approach builds and restores the family’s confidence and pride in their own competence.

Engrossed Substitute Senate Bill (ESSB) 6555 outlines the necessity of voluntary participation and agreement of services for families served by the Family Assessment Response pathway. The legislation further sets the timeframes for the intervention with families for 45 days, with a possible extension for continued services for up to 90 days. Children’s Administration must submit a design and implementation plan to the legislature by December 31, 2012. The implementation of FAR is required to begin by December 1, 2013. To assess the success of the FAR pathway, the Department is required to complete two client surveys, one in 2014 and the second in 2016. Washington State Institute for Public Policy will complete an evaluation of the program in 2016.

In the development of the implementation plan and FAR design, the Children’s Administration FAR team reviewed literature about differential response programs across the nation; reviewed research and evaluations of the implemented programs and consulted with leaders in other states for information on their design and implementation plans and lessons learned. In addition, the FAR team conducted a series of roundtables with Tribes and engaged in formal consultation with Tribal Leaders on the design of the implementation plan. The FAR team also gathered information from key regional staff, community partners, and stakeholders to design a pathway to implement FAR within the current Child Protective Services (CPS) framework currently offered by the department.

IV. Differential Response

Many states have phased in a differential response model within their Child Protective Services program. A differential response model adds a non-investigative, alternate pathway to the traditional investigative pathway as a response to screened-in reports of child maltreatment. There are similarities between the two pathways. Child safety remains the focus and goal of both pathways. Other pathway similarities include:

- Maintaining the authority to intervene if a child is in danger or at risk of harm;
- Retaining Washington state Child Protective Services ability to place children in safe homes with fit and willing relatives or in licensed care with a court order or police hold; and
- Promoting the permanency and well-being of children and supporting family strengths and access to community resources.

There are several key differences between the traditional investigation response and the differential response model. The table below outlines the primary differences.

Comparison of Responses to Screened-In Cases¹

	Traditional Investigation Response	Differential Response
Overview	Generally used for intakes screened for high risk, imminent harm, physical and sexual abuse; sometimes may potentially involve criminal situations.	Usually applied in low to moderate risk intakes, focus on engagement of family, assessing strengths and needs,
Focus	Child safety, forensic, fact-finding	Child safety, assessment of family strengths, needs and risk
Goal	Children determined to be safe, or are made safe.	Children determined to be safe; parents, extended family and community partners engaged in assessing family's strengths, needs and risk
Process	Investigations result in a "finding" related to the allegation in the report, subjects are identified, services are put in place to reduce risk.	Families participate in developing solutions and choosing services; families may receive supports that address family needs for both immediate safety and future risk of maltreatment
Initiation	Talk with the alleged victim first, unannounced visits	Talk with the caregivers first, request permission to visit with child(ren)
Assessment	Caseworker gathers facts regarding allegations, safety and risk from child, family and collaterals; may or may not	Caseworker and family jointly assess child safety, family strengths, needs and risks; family involved in identifying

¹ Information from comparison chart deemed from two sources: Differential Response in Child Protective Services: A Guide for Judges and Judicial Officers, National Quality Improvement Center; and Differential Response to Reports of Child Abuse and Neglect, Child Welfare Information Gateway.

	Traditional Investigation Response	Differential Response
	involve family in safety and risk assessment; children interviewed separately regarding presence of abuse or maltreatment; case decision regarding allegations made with supervisor; professionals as experts	collateral contacts who can assist with assessment; children participate in interviews with their parents regarding family strengths and needs; families as experts.
Agency disposition	Substantiation or indication decision made	No substantiation or indication decision made; families identified as “in need of services and support” or “services recommended”.
Central Registry	Require formal determination of whether or not child maltreatment occurred	No perpetrators or victim identified.
Services	If case is opened, service plan written and services provided; families can be ordered by the court to participate in services.	Voluntary services offered, after assessment, families can choose not to participate; if sufficient safety concerns exist, case can be reassigned for an investigation

The literature on differential response identifies some key benefits to the implementation of an alternative to a traditional investigation. Those benefits include:

- Non-adversarial approach;
- Family participates more willingly with caseworker;
- Assessment completed with the family, results in better identification of services and supports;
- Early engagement that targets service needs and identifies concrete resources to reduce risk of child abuse and neglect;
- Family experiences agency intervention as positive;
- Caseworkers experience satisfaction as helper;
- Re-referral rates decrease over time;
- Re-occurrence rates decrease;
- Safe reduction in out of home care placement; and
- Cost savings over time.

Fidelity to the differential response model is critical to a successful implementation and improved outcomes for children and families. Fidelity to the model includes:

- Provision of an alternate intervention to screened-in reports of child maltreatment, with the alternate intervention described in statute and policy;
- Pathway assignment based on:
 - *Presence of imminent danger and level of risk*
 - *Prior history and chronicity*

- *Presenting case characteristics, such as the type of alleged maltreatment and the age of the alleged victim.*
- The family case can be moved from the alternate intervention to an investigation track based on additional information gathered that impacts safety or risk;
- No subject identified or findings made in the alternate intervention;
- No identification of victim in the intake in the alternate intervention; and
- Participation in the alternate intervention is voluntary.

The voluntary involvement of the family is a critical aspect of differential response models and opens the door to early partnership between the family and the agency to engage in an assessment of safety, risk, strengths and needs. As a result, the intervention tends to be less adversarial and research shows that the family’s experience with the Department is more positive and they see their caseworker as helpful.

The Family Assessment Response pathway emphasizes engagement and collaboration to thoroughly assess and target service needs. Based on the assessment, the FAR caseworker, in partnership with the family, identifies and accesses concrete resources and services that can make the most difference in reducing risk of child abuse and neglect and keeping children home safely.

Differential response focuses on assessment of a family’s needs and strengths, with no subject or victim named, and no finding made.

The community is a critical component of a successful differential response program. The alternative pathway emphasizes community engagement as well as family engagement. A component of the assessment and service recommendations includes consideration of, and access to available community resources to strengthen the family’s community connection and engagement.

Other States

Children’s Administration staff reviewed the well-established differential response models in Tennessee, Hawaii, and Illinois revealed varied criteria for assignment to investigation or an alternate pathway. Illinois initially had fairly restrictive criteria for assignment to the alternative pathway; as they gained experience with differential response, caseworkers expressed interest in taking low to moderate physical abuse cases, believing that these families could be better served through the alternative response. Elements of these states’ differential response models are highlighted below:

Tennessee:

Assignment to alternative pathway is based on safety and risk of harm.

- Initial screening for investigation or alternative pathway;
- If initial screening results indicate investigation, maltreatment type identified and response priority assigned; and
- Maltreatment types identified as physical abuse, neglect, medical neglect and psychological harm, sexual abuse.

Hawaii:

Assignment to alternative pathway is based on assessment of safety and risk of harm.

- Two alternative pathways, in addition to the traditional investigative pathway;
- If case is identified as low to moderate risk factors with no safety concerns, assigned to alternative pathway; and
- If intake assessment identifies a safety factor or risk of high risk factors that place the child at risk of imminent harm, the case is assigned for investigation.

Illinois:

Assignment to differential response is based on maltreatment type.

- Neglect – Eligibility for Assignment to Alternative Pathway:
 - *No prior reports or no prior indicated (founded) allegations of abuse or neglect*
 - *Alleged perpetrators are parents, alleged victims not currently in care and custody of department*
 - *Protective custody not needed*
 - *Allegations meet neglect or risk of harm by neglect criteria*
- Neglect cases not meeting alternative pathway eligibility assigned for investigation; and
- Physical abuse and sexual abuse cases assigned for investigation.

The Institute of Applied Research published a January 2012 monograph² examining differential response in four states: Missouri, Minnesota, Ohio, and Nevada. Observations on assignment included the following:

- Assignment to differential response was based on safety and risk assessment rather than maltreatment type;
- Families with prior history were eligible for differential response;
- Poverty was a moderating condition of child abuse and neglect, rather than cause;
- Differential responses focused more on the delivery of concrete supports than services; and

² Institute of Applied Research article, January 2012 monograph

- Low to moderate risk, screened-in reports, typically identified as neglect were assigned for an alternative response.

Identification of Possible Additional Non-Investigative Responses or Pathways

The legislature directed the department to identify possible additional non-investigative responses or pathways. It is the intention of Children’s Administration to have two pathways for screened-in reports of maltreatment: Investigation and Family Assessment Response (FAR). It is not anticipated that the number of screened-in reports will increase following the implementation of FAR. All screened-in reports of abuse or neglect will receive an assigned response time of 24 or 72 hours, depending on the circumstances surrounding the allegations.

- 24-hour response: Intakes screened-in with a 24 hour response time concern children who are allegedly to be at imminent risk of harm or have been severely harmed as a result of physical abuse or severe neglect, or there are allegations of sexual abuse or exploitation. Policy directs caseworkers to make face-to-face contact with children identified as victims within 24 hours.
- 72-hour response: Reports of child maltreatment determined to be at low to moderate risk of maltreatment are generally found in this category. Reports will include neglect, and physical abuse. Policy directs caseworkers to make face-to-face contact with children identified as victims within 72 hours.

Historically, the Early Family Support Services (EFSS) program has been viewed as an “alternative intervention” to intakes that screened in for investigation. As the state implements FAR, EFSS will become available through the service network. It is not an independent pathway to respond to an intake.

V. Neglect

The families most likely to be served through Family Assessment Response are those reported to the Department with concerns about neglect. The public reports concerns about neglected children to the Department at significantly higher rates than concerns about other types of maltreatment.

Children’s Administration intake data for SFY 2011 shows that the majority of intakes were assigned a 72-hour response time. Using the response time as a way to look at risk levels, intakes with a 72-hour response are assessed as moderate risk; intakes assigned a 10-day response time are considered low risk. The majority of cases in the 10-day and 72-hour response time categories were coded as neglect. Once CA implements FAR, most of these cases will be assigned to the FAR pathway.

Response Time	Maltreatment Type	Total
<i>Ten-Day</i>	<i>Neglect</i>	<i>7112</i>
	Physical Abuse	1249
	Sexual Abuse	101
	Unknown	0
<i>72-Hour</i>	<i>Neglect</i>	<i>11918</i>
	Physical Abuse	8325
	Sexual Abuse	1469
	Unknown	899
<i>24-Hour</i>	<i>Neglect</i>	<i>2029</i>
	Physical Abuse	1420
	Sexual Abuse	359
	Unknown	1048

Source: Famlink SFY 2011

Findings data for the same period, shows that neglect cases were unfounded at four times the rate of founded, suggesting that these neglect cases may have been appropriate for a Family Assessment Response with services and concrete supports to stabilize families and prevent further involvement with Children’s Administration.

CPS Intakes by Abuse Type and Finding	Founded	Unfounded/No Finding	Total
<i>Neglect</i>	<i>3241 (66.4%)</i>	<i>12,727 (57%)</i>	<i>15,968 (58.7%)</i>
Physical Abuse	1221 (25.0%)	8,203 (36.8)	9,424 (34.6%)
Sexual Abuse	416 (8.5%)	1,380 (6.2%)	1,796 (6.6%)
Not Known	0	11 (0%)	11 (0%)
Total	4,878 (100%)	22,321 (100%)	27,199 (100%)

Source: Famlink SFY 2011

Neglect in Washington State

In 2005 the state adopted legislation to specifically address neglect of a child. The department was directed 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 courts were given the authority to reinforce a parent’s early engagement in services when chronic neglect exists in a family.

State law defines neglect as:

“Negligent treatment or maltreatment” means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child’s health, welfare, or safety. When considering whether a clear and present danger exists, evidence of a parent’s substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in RCW 26.50.010 that is perpetrated against someone other than the child do not constitute negligent treatment or maltreatment in and of themselves.³

Caseworkers are required to look at the child’s health, welfare, or safety independently when assessing child abuse/neglect. Caseworkers have the authority to consider substance abuse when assessing the risk of harm to a child.

In addition, statute requires the department to offer services if it determined a child had been subject to negligent treatment or maltreatment to: (a) ameliorate the conditions that endangered the child or (b) address or treat the effects of mistreatment or neglect upon the child.

In addition, the Governor directed Children’s Administration to develop a policy to provide guidance for caseworkers to identify and prioritize cases involving allegations of chronic neglect and authorized staff to provide enhanced services within available funds.

Many parents who have allegedly neglected their children are living in poverty and struggle to meet the essential needs of their children. Poverty can isolate families and separate them from their communities, further removing them from access to resources. For families who live under the continual stress of poverty, health and wellness are compromised and become persistent problems in family functioning. Helping these families meet their essential needs makes the greatest difference. Other states’ experiences with differential response models shows that by providing stabilizing concrete supports (such as housing, transportation, basic household items and repairs, clothing, and food), concerns about neglect are diminished and child safety, family functioning, and wellness are improved.

³ Washington State RCW 26.44.020

VI. Implementation Strategies, Guiding Principles and Core Values

Washington State's strategy for implementation of the Family Assessment Response pathway includes building on and utilizing research and knowledge of existing differential response programs across the nation. Ultimately, this will result in the development of a pathway that continues to move forward on a foundation of core principles and tenets important for successful implementation.

Guiding Principles and Core Values

- Investigations and Family Assessment Response caseworkers are equally responsible for ensuring child safety.
- Families are best served through planning that includes parents as partners.
- Families want safety for their children.
- Families can meet their children's needs with supports and resources.
- Families are better able to care for their children when community connections are developed and strengthened.
- Communities want children to be safe and well cared for.
- Family Assessment Response supports and enhances the vision of Children's Administration of increased family engagement, solution-based casework, assessment of the family's needs and strengths, delivery of concrete and supportive services and focus on child safety.
- Family Assessment Response aligns with and supports the safety and strength-based practice model of Children's Administration.
- Family Assessment Response will help safely reduce racial and ethnic disproportionality.
- Family Assessment Response will help reduce service disparity.
- Family Assessment Response is closely connected and aligned with the implementation of evidence based practices to provide families and children with services that have proven success.
- Fidelity to the differential response model will positively impact child safety, reduce placement in out-of-home care, reduce re-referral rates, and allow Children's Administration to reinvest savings to further improve child welfare services.
- The focus of the interventions for both investigations and Family Assessment Response will continue to be the safety and well-being of the child and family and the promotion of permanent and stable situations for children and families.
- Children's Administration recognizes the authority of the courts and law enforcement to make decisions about the placement of children in out-of-home care.
- Family cases may transfer from the FAR pathway to traditional investigations when the family does not want to voluntarily engage with the FAR program or

when there is a safety or imminent harm issue identified that would warrant an investigative response.

Tenets of Family Assessment Response Pathway

Safety of Children Remains the Focus

Differential response models never compromise child safety. Child safety remains the focus of the investigation and will be the focus of the Family Assessment Response pathway. Risk and safety assessments are consistently used by caseworkers in both pathways. The Family Assessment Response pathway includes an emphasis on early intervention, engagement, and collaboration with the family to achieve child safety. The process of working with the family to complete a comprehensive assessment should result in a more accurate identification and provision of services and supports intended to address child safety and reduce the risk of maltreatment.

Family Engagement

Implementation of FAR will complement the solution-focused approach to case management used by caseworkers in Children's Administration. Solution Based Casework (SBC) combines problem-focused, relapse prevention approaches that evolved from work with addiction, violence, and helplessness with solution-focused models that evolved from family systems casework and therapy. Partnerships between family, caseworker, and service providers will be developed that address basic needs and restore a family's pride in its own competence. Implementation of FAR will build on the foundation of SBC.

Community Engagement

The FAR pathway emphasizes community engagement as well as family engagement. A component of the assessment and service recommendation includes consideration of and access to available resources in order to strengthen the family's community connection and engagement.

Services, Concrete Supports, and Interventions

As Washington State implements FAR, CA will pay specific attention on making concrete goods and services available to families and increasing the use of evidence-based practices that target the specific needs of the family and child.

Performance Based Contracting of "Family Supports and Services"

On March 7, 2012, the Washington Legislature passed "An Act Relating to Performance-Based Contracting for Certain Services Provided to Children and Families in the Child Welfare System." This act requires DSHS to enter into performance based contracts for family support and related services by December 1, 2013. As a result, the family support services provided under FAR will be purchased through performance based contracts.

VII. The Family Assessment Response Pathway

The investigative and Family Assessment Response pathways will be equally challenging. A high level of engagement and collaboration with the family is expected in both pathways. The research about implementing differential response programs encourages states to be aware of the dichotomy created when labeling caseworkers as investigative versus assessment. To avoid division among staff, the development of policy, practice, and responsibility for work is critical to avoid the characterization that one pathway is more challenging than the other. This is particularly important when a case transfers from the Family Assessment Response pathway to the investigative pathway. All caseworkers are expected to take protective action when they encounter a child in danger.

Practice Components

Intake

Intakes are generated for all new reports or requests for services (refer to Appendix B for intake data). The Family Assessment Response pathway will only provide services for families screened-in for abuse or neglect and assigned to the Division of Children and Family Services. Concerns about abuse of children in licensed foster care, childcare, or other facilities licensed to provide care for children are not appropriate for the Family Assessment Response. Those allegations will continue to be investigated by the Division of Licensed Resources.

The addition of the Family Assessment Response pathway to Child Protective Services will not include an expansion of the current intake screening criteria, and families that would not have been investigated prior to the implementation of Family Assessment Response will not be investigated and will not be assessed after the implementation of Family Assessment Response.

The Family Assessment Response legislation requires that intakes containing the following allegations be assigned to the investigation pathway:

- Sexual abuse or exploitation
- A serious threat of substantial harm to a child
- A criminal offense that has or is about to occur in which the child is the victim
- An abandoned child
- An adjudicated, dependent child
- A child in a facility that is licensed, operated, or certified for the care of children by the Department or the Department of Early Learning

The legislation also requires all reports concerning children identified at risk of imminent harm be investigated, therefore “Risk Only” intakes are ineligible for the Family Assessment Response pathway and will be sent to investigations.

“Risk Only” intakes are intakes without a specific allegation of child maltreatment. While other categories of intakes are included⁴, “Risk Only” intakes are those reports about a child in imminent danger or risk of abuse. The decision to screen-in a risk only intake is most frequently associated with drug use by a parent, recent use by the mother, mental health issues associated with violence, prior founded investigations, open dependency, prior relinquishments, or termination of parental rights. Children’s Administration policy directs intake caseworkers to screen-in all reports of children birth to five-years-old reported by a licensed physician or medical professional calling on behalf of the physician⁵. This includes those reports alleging child maltreatment and those reports without a specific allegation.

Other intakes, outside of these parameters, will be assigned to the investigation pathway when allegations of abuse and neglect screen-in, and the intake caseworker determine children are in danger or at high risk of maltreatment. Subjects and victims will be named in these intakes and the investigation will result in a determination that the abuse or neglect allegation is either “founded” or “unfounded.”

Intakes are generated for all new allegations or requests for services. Intake workers conduct a sufficiency screen for each intake to determine if it meets the criteria for a CPS intervention. There are three sufficiency screen questions:

1. Is the identified victim under 18 years of age?
2. If yes, and if the allegation is true, does the allegation minimally meet the Washington Administrative Code definition of child abuse or neglect?
3. If yes, does the alleged subject have the role of a parent, acting in loco parentis or unknown?

Multiple factors will be assessed to determine if intakes that meet the sufficiency screen for a response by Children’s Administration meet the criteria for assignment to the FAR pathway. The factors will include:

- Statutory limitations
- Severity of the allegation
- History of past reports
- Ability to assure the safety of the child
- Willingness and capacity of the parents to participate in services

⁴ CA Practices and Procedures Guide, Chapter 2210, E.

⁵ CA Practices and Procedures Guide, Chapter 2210, B.

Intake will also consider an array of risk factors in making the decision about assignment for a Family Assessment Response or investigative pathway. These risk factors include:

- Vulnerability of the child
- Chronicity of prior founded reports
- Substance abuse
- Domestic violence
- Mental health of the caregiver.

Assignment to the FAR or investigative pathway will be based on consideration of these factors, rather than assignment by type of child maltreatment.

The intake worker will assign a low, moderate, or high risk to the intakes. The Structured Decision Making (SDM) assessment tool, currently used in CPS investigations, is being reviewed for its feasibility for use in the intake process. Using the SDM Tool at intake will provide consistency in assessing risk with investigation and Family Assessment Response caseworkers.

The SDM risk assessment, implemented in 2007, is a household-based actuarial assessment tool. It estimates the likelihood that a child will experience abuse or neglect in their home based on the characteristics of the caregivers and children living in the home. To accurately complete the SDM risk assessment, it is critical to accurately identify the household being assessed. The SDM risk assessment combines research and practice strategies and provides caseworkers a framework for consistent decision making.

Assessing safety and risk

The Family Assessment Response caseworker will be responsible for assessing the safety of the child, and will use the Safety Framework⁶ to complete the same safety assessment used in investigations, and be accountable for any necessary protective actions. These protective actions may include the development of a safety plan as indicated by the safety assessment. After the protective action is taken, the case will be transferred to investigations and any new allegations of abuse or neglect shall be reported to intake.

Children's Administration uses the Safety Framework to assess the immediate or present danger⁷ to children and the impending danger to children through identification of specific safety threats⁸. The Safety Framework emphasizes the

⁶ <http://ca.dshs.wa.gov/intranet/practicemodel/index.asp>

⁷ <http://ca.dshs.wa.gov/intranet/uploadedFiles/Training/Misc/PresentDangerGuide.pdf>

⁸ <http://ca.dshs.wa.gov/intranet/uploadedFiles/Training/Misc/17SafetyThreatsGuide.pdf>

comprehensive assessment of safety rather than focusing on an incident of maltreatment. Present danger assessments occur in the moment, each time a caseworker interacts with the child. The danger may or may not have been included in the intake information. The caseworker takes protective action immediately if the child is in danger. The child may be initially assessed as safe, however, future safety assessment(s) may indicate that the child is in impending danger, meaning that the child may need the protection of a safety plan and placement may be necessary. Caseworkers are always mindful of child safety and would take protective action any time a child is in danger.

Family Assessment

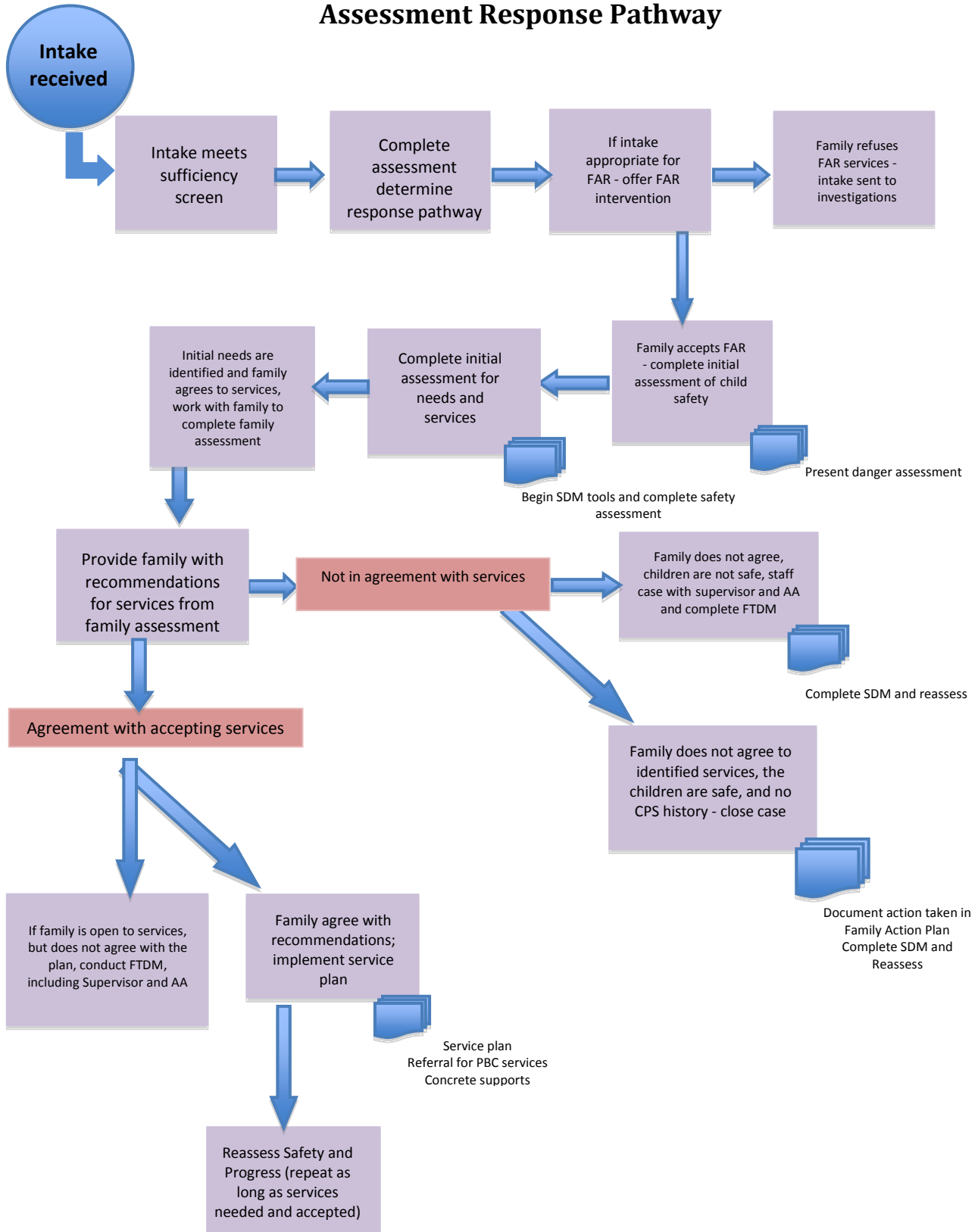
Caseworkers assigned to Family Assessment Response will work with the family to engage them in a thorough assessment, striving to understand the conditions that impact each family's ability to supervise and care for their children, while assessing safety and identifying the family strengths and protective capacities. The Family Assessment Response caseworker will collaborate with the family to complete a family assessment.

The family assessment currently used in the Solution Based Casework (SBC) Practice Model is appropriate for use in the family assessment response pathway. After natural supports, strengths and needs have been identified, the information will be incorporated into a service plan. Family Assessment Response caseworkers will also complete an Assessment of Progress to celebrate success and make adjustments to the plan with the family as goals are achieved. The Assessment of Progress is a tool used to determine changes in behavior, rather than compliance with services.

The Children's Administration Practice Model, informed by Solution Based Casework, provides the foundation for the philosophy of family-centered practice and directs the development of policies and procedures. The Practice Model fits with the differential response model by focusing on engagement and collaboration with families to identify strengths and needs. The Practice Model uses an assessment tool that the caseworker and the family use to identify the issues that led to maltreatment and develop goals that focus on skill-building and behavioral relapse-prevention techniques that target the primary safety and risk issues.

Through the assessment process, the Family Assessment Response caseworker, with the family, will identify services and access concrete resources that will make the most difference in reducing the risk of child abuse and neglect. The focus will be on natural supports, accessing concrete resources, and stabilizing the family based on poverty related issues. Services will be provided through performance based contracts by the Network Administrators, and will be available to families throughout the state.

Assessment of Safety and Risk within the Family Assessment Response Pathway



Services and Concrete Supports

Services and concrete supports will be identified through the family assessment and address issues of maltreatment, safety and risk, and will be available for all families in all Children's Administration programs. The Family Assessment Response caseworker will provide a diverse array of concrete goods and services to stabilize families and to keep children safely at home.

The Department will purchase concrete resources with an emphasis on efficient delivery. Families served in the child protective services programs, both investigations and Family Assessment Response, will require the quick delivery of concrete supports. The Network Administrator and the caseworkers' ability to purchase concrete resources timely is vital when addressing safety and risk concerns with the goals of strengthening family and child well-being, keeping children safely in their own home, and preventing placement into out-of-home care.

Below is a list of goods and services provided through differential response programs in other states. Children's Administration also intends to offer the following goods and services:

- Food or clothing
- Housing/Rent Assistance
- Help paying for utilities
- Mental health services including treatment of trauma in children
- Drug and alcohol treatment
- Medical or dental care
- Help in looking for employment or changing jobs
- Car repair or transportation
- Appliances, furniture, or home repair
- Other financial help

Early Family Support Services (EFSS) is currently available for low risk families through contracted agencies and may be referred to at the time of intake. Families can also be referred to EFSS at the time of assignment to CPS investigations, and will be able to receive the service after the implementation of FAR. In addition to direct intervention with the family, agencies may also refer the family to other community service providers or assist the family in obtaining concrete supports and services to reduce risk. Early Family Support Services are offered in all three Children's Administration regions, but are not offered in all office catchment areas. The service is provided by a mix of county public health agencies and private, non-profit social service agencies, and will be a service offered through the Network Administrator.

Phase-in Plan

Children's Administration has determined that a geographically based phased-in schedule is the best option for implementation of the Family Assessment Response pathway in local offices. Family Assessment Response will be phased-in over a period of 2 ½ years, with 250 families phased in every quarter. This method of phase-in will allow for statewide representation of the FAR pathway and, depending on office size, may result in a varying number of offices being phased-in each quarter. The phase-in schedule will be identified using a system of readiness assessments for both the regional and local offices.

The readiness assessment tool is being developed through a partnership between the Children's Administration FAR Lead and staff representatives from the regions. It is expected to be completed in January 2013. All offices will use the tool and be assessed for FAR readiness. Some offices will be ready for implementation sooner than others due to existing factors such as staffing availability, community readiness and completed tribal MOU's. The readiness assessment should include:

- Workforce development and training;
- Organizational alignment;
- Communication plan and outreach;
- Legal, practice, and policy development and revisions;
- Information technology and data development;
- Quality assurance strategies;
- Office and staff knowledge of FAR and readiness for implementation;
- Community readiness;
- Available services and concrete supports
- Impact on fiscal, personnel, and business operations.

The first component of FAR implementation will be the intake process. Children's Administration Intake is a statewide, 24 hour a day/seven day per week operation, and must be prepared to take a report regardless of catchment area and, therefore, must be prepared when offices begin phasing in FAR. If a caller is making a report alleging maltreatment in a different community, the intake unit will produce the intake and send it to the office where the child resides. Central Intake, operating afterhours, produces intakes for all of CA's 46 offices around the state.

The second component to the implementation of the FAR pathway will be a phase-in of the offices to begin providing FAR services.

In preparation for implementation, the Children's Administration Technology Services (CATS) will take the lead to make the necessary changes, modifications and additions to the Famlink system. The intake functionality will be modified first to support implementation. It is the intention that the Family Assessment Response pathway will

use existing assessment tools, although they may require some modifications. Additional work is underway to assess and determine the necessary changes needed to the current tools within the system to accommodate proper case management documentation of the new pathway.

Practice Areas and Expectations

The Family Assessment Response Pathway is based on the following set of expectations and practices that will be further developed and defined in practice by the department:

- Risk and safety assessments are completed on both Family Assessment Response and Investigation cases, ensuring child safety is, and remains, the focus.
- Family Assessment Response and investigative caseworkers will complete face-to-face contact with the children in the family. In FAR cases, the preferred practice will be to request the parent's permission before seeing their children, unless doing so would compromise the safety of the child or the integrity of the assessment.
- Families may accept or decline services and concrete supports. If the parents agree to participate in services, the parents and FAR caseworker sign an agreement before services begin. The agreement informs parents of their rights under Family Assessment Response, their options, and the options the Department has if the parents do not to sign the consent form.
- The decision about pathway assignment is determined at intake. If safety concerns arise at any point, the case shall be transferred to the investigative pathway. If the Department identifies safety threats or risk factors that warrant an investigation, the Family Assessment Response case will be reassigned to the investigation pathway.
- The Family Assessment Response pathway emphasizes early intervention, engagement, and collaboration.
- The Family Assessment Response comprehensive assessment will be completed in collaboration with the family and will include an examination of issues related to: safety, risk of subsequent child abuse or neglect, trauma, family strengths and needs, and child and family wellbeing.
- Services and concrete supports identified through the initial assessment process relate directly to issues of child safety and risk of maltreatment and are offered within 10-days of completion of the assessment. If no services or concrete supports are identified by the assessment, the Department will close the case, unless the child is assessed to be unsafe.
- Ensures safety through family engagement and collaboration with the community.
- Involvement in the initial assessment and acceptance of services is voluntary. If a family refuses the initial family assessment, the Department will provide an

investigation. Families assigned to Family Assessment Response can choose an investigation over the family assessment response pathway.

- Families who refuse services may have their case closed, unless CA has concerns about child safety. The Department must close the Family Assessment Response case when a family refuses services and the Department cannot identify specific facts related to risk or safety that warrant assignment to investigation and there is no history of reports of child abuse or neglect related to the family.
- If the parent(s) disagree with the recommended services and supports, CA will convene a Family Team Decision-Making meeting to discuss the services and the parents' objections. The caseworker's Supervisor and Area Administrator will attend the meeting.
- Cases assigned to the Family Assessment Response pathway will be closed within 45 days of receiving the report of maltreatment. If the parents agree, the case may remain open up to 90 days.

VIII. Strategies to Safely Reduce Racial Disproportionality

The Department is committed to safely reducing racial disproportionality in the child welfare system. To provide appropriate services, providers must develop the capacity to understand the family's culture. A family's culture can shape the services they need, as well as the optimal place, time, and method of delivering services and supports. Addressing issues of culture, race, class, and ethnic background increases the likelihood of family engagement and a positive intervention.

Children's Administration has identified several strategies to ensure culturally appropriate services and to continue the focus on safely reducing disproportionality during the implementation of the Family Assessment Response pathway:

- Application of a Racial Equity Impact Analysis Tool;
- Disproportionality awareness training for CPS staff (Investigations/Family Assessment);
- Cultural competence training for CPS staff (Investigations/Family Assessment);
- Development of a statewide/regional advisory team; and
- Tracking of statewide data on racial disproportionality.

(Refer to Appendix C for additional details on these strategies).

A 2004 study of the child welfare system in King County, Washington found that Native American and African American children were over-represented at all points in the system. While the extent of this type of overrepresentation varies significantly across different regions of the country, it exists at some level in virtually every locality. A significant amount of research documents the overrepresentation of certain racial and

ethnic groups, including African-American and Native Americans, in the child welfare system when compared with their representation in the general population (Casey-CSSP Alliance for Racial Equity, 2006).

From initial data, Children's Administration has identified the greatest impact on racial disparity happens when intakes are reported. One study found hospitals reported suspected abuse among African American children, but avoided reporting allegations involving Caucasian children (Berrick, Bryant, Conley, et al, 2009). A study conducted by the Washington Institute for Public Policy found that while children of color were reported disproportionately to the Department, intake decision-making appeared to neutralize the influence of race and ethnicity.

Studies show that disproportionality can also indicate disparate outcomes in service equity for children and families of color while they interact with the child welfare system. The Federal Child and Family Services Review noted numerous states have problems with disproportionality in their child welfare systems. At least 25 states identified gaps in culturally appropriate services, and at least 24 indicated language differences as a barrier to services, case planning, investigations and trainings (U.S. HHS, n.d.). The National Association of Social Workers (NASW) defines cultural competence as,

"The process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of the individuals, families, and communities and protects and preserves the dignity of each." (NASW, 2007)

Rates of disproportionality increase at subsequent decision-making points. Children's Administration expects that the process of early engagement with families with low to moderate risk allegations of physical abuse and neglect in the voluntary provision of services, the Family Assessment Response pathway will keep families safely together and out of the child welfare system.

The lessons learned from other states implementing Family Assessment Response confirmed the following must occur for successful implementation and to address disparity and disproportionality:

- Demonstrate respect, fairness, and cultural competence in assessing, working with, and making service decisions regarding clients of diverse backgrounds.
- Understand the influence and value of traditional, culturally based childrearing practices and use this knowledge in working with families.
- Recognize how biases can impact services and interventions on both micro and macro levels.

- Specific knowledge of a community’s demographics and community resources is essential to providing culturally appropriate services.
- Recognize biases within assessment tools and understand the importance of utilizing culturally competent instruments.
- Demonstrate knowledge of legal, socioeconomic, and psychosocial issues facing immigrants, refugees, and minority groups and devise culturally competent and effective interventions.
- Demonstrate knowledge of the rationale for and requirements of the Indian Child Welfare Act and apply its provisions when working with tribal representatives and families.
- Understand the inherent power differential when working with clients and effectively manage and balance that power.

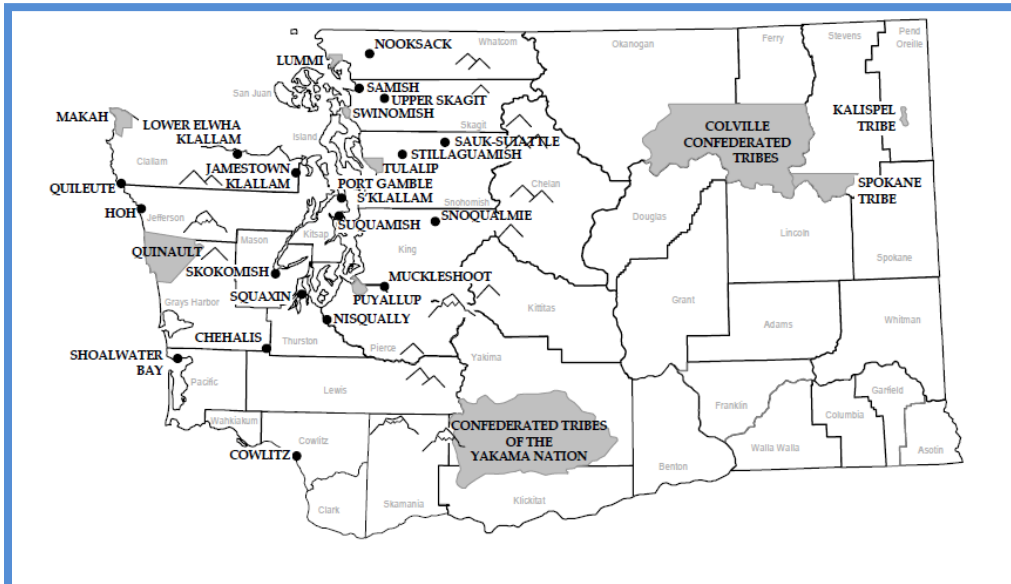
IX. Involvement of Washington State Tribes in Family Assessment Response

Children’s Administration recognizes a Government to Government relationship between Washington State and the 29 federally recognized Indian Tribes in accordance with the Washington state Centennial Accord, the Washington state Tribal State Agreement, the Department of Social and Health Services 7.01 Policy, and Local Tribal State Agreements.

Differential response supports preserving critical tribal connections for children and families. The differential response model is respectful of the family, with collaboration on choices about assessment, recommended services, use of concrete supports, and strengthened connection to community.

The Family Assessment Response pathway supports Washington State’s long-standing relationship with the Tribes and its commitment to working with tribal social service agencies whenever Indian children are served by the state, or a tribal child welfare system. The emphasis on engagement, collaboration, and service within the family’s community is consistent with Indian culture and both the Washington State and Federal Indian Child Welfare Acts.

Washington State Map of Federally Recognized Tribes



Roundtables and Consultation

In April 2012, conversations with the Tribes began with a presentation to the Children’s Administration/Juvenile Rehabilitation Administration-Indian Policy Advisory Committee about the legislation requiring the implementation of the Family Assessment Response. Children’s Administration also participated in the Children’s Administration/Juvenile Rehabilitation Administration-Indian Policy Advisory Committee meetings in May and July 2012. To provide more focused discussions, tribal members were invited to three Roundtables held in August 2012. Roundtable meetings are used for discussions, problem resolution, and preparation for formal Consultation⁹ with Tribal Leaders.

Tribal Roundtables

At the Roundtables, the Tribes present expressed great interest in intake decisions about assignment to the investigative pathway. Some Tribes conduct their own child protective services investigations. These Tribes may develop a Family Assessment Response pathway. The Department currently conducts child protective services investigations for some Tribes on tribal lands, either on its own or in collaboration with the tribal child welfare workers, and pursuant to the Memorandum of Understanding, or at the request of the Tribe. It is conceivable that some Tribes will decide to participate in the Children’s Administration Family Assessment Response pathway for tribal families on tribal lands by joining in the assessment process, the delivery of services and supports, or both.

⁹ Consultation Protocol, DSHS Administrative Policy No. 7.01, March 31, 2009

Timelines on assignment of Family Assessment Response were discussed and agreement on contacting the family needs to be addressed in the Memorandums' of Understanding between CA and Washington Tribes.

The tribal members were also asked for input about the establishment and implementation of the Community Resource Teams, as required in the legislation. Those in attendance reported that they believed families assigned to FAR would have opportunities in their community to strengthen ties and access to resources. The Tribes will determine the best way to develop their Community Resource Teams.

Options for tribal involvement in the Family Assessment Response assessment were discussed as identified below:

- The Children's Administration intends to partner with Tribes on all Family Assessment Response cases involving tribal children.
- Issues of confidentiality and who takes the lead when the child belongs to more than one Tribe will be reflected in each Tribe's Memorandum of Understanding with CA.

Formal Tribal Consultation

A formal Tribal-State Consultation was conducted to discuss the Family Assessment Response legislation and address questions from the Roundtables to tribal Leaders. The

The department shall develop an implementation plan in consultation with stakeholders and Tribes.

Consultation, held on October 1, 2012, was attended by the Jamestown S'Klallam Tribe, the Upper Skagit Tribe, the Cowlitz Tribe, the Stillaguamish Tribe, and the Chehalis Tribe. The DSHS Secretary, Robin Arnold Williams and Children's Administration Assistant Secretary, Denise Revels Robinson, were joined by representatives for the Department including Colleen F. Cawston, Senior Director, Office of Indian Policy and Children's Administration's staff. Tribal Leaders discussed the expectations identified below:

- Family Assessment Response will allow the Department to provide services and concrete supports to directly address issues of child maltreatment and reduce the risk of child maltreatment.
- Services and concrete supports will be provided to families through Family Assessment Response. The Network Administrator will provide the services through the Family Support and Services contracts. Children's Administration caseworkers will provide families access to concrete supports.

X. Methods to Involve Local Community Partners

Community summits were held across the State and community partners provided input in areas of the implementation plan regarding the involvement of the community and the establishment of a community resource team. The information solicited from the community meetings are summarized in Appendix D. The questions posed to the community members were:

- What should the community resource teams look like in your community?
- Who should be included?
- How do we ensure the demographics of the community are represented?
- Are there ways to engage existing community support systems

As we move forward, summit participants agreed, Children Administration's Family Assessment Response caseworkers will need to engage the community on a different level and in many instances in a non-traditional manner - a manner requiring more outreach on the part of caseworkers, office and regional leadership. Agency staff will need to work in partnership with the community to seek out ideas and identify effective resources and gaps on an ongoing basis. Efforts to incorporate this level of collaboration will be dependent on: the quality of the communication as well as the availability, accessibility and capacity of the community-based services.¹⁰

A caseworker's knowledge of community resources, in addition to the assistance of the Network Administrator, is essential to providing appropriate and culturally relevant services. Three states reported a greater use of community resources in their assessment track.¹¹ By connecting families to neighborhood resources, families become more embedded in the community, and parents will know how to secure assistance from the community should future need arise (Berrick, Bryant, et al 2009).

Each region will identify a Family Assessment Response lead/Community Liaison. This position will work with each office's Family Assessment Response lead on readiness for phase-in, community demographics and resources, and will liaise with the community and provide information to the regional leadership about a community's demographics and resources imperative for providing culturally appropriate services. Researchers have articulated the need for caseworkers to find the community members who play pivotal roles "guiding those excluded back into the associational life of the community."¹² Each region will formalize a network of community organizations and outline practices for ongoing efforts to engage community organizations.

¹⁰ National Quality Improvement Center on Differential Response, 2011

¹¹ Child Welfare Information Gateway, n.d.

¹² Child Welfare Information Gateway, 2009

While each region is different and must identify the appropriate avenue for engaging their communities, CA strongly supports engagement through the Family to Family initiative established in 1992. One key strategy of Family to Family is Building Community Partnerships:

“The concept of this strategy is to partner with a wide range of community organizations, beyond public and private agencies – in neighborhoods that are the source of high referral rates to work together toward creating an environment that supports families involved in the child welfare system and helps to build stronger neighborhoods and stronger families.”

Many regions already engage their community through this model and may find minute changes are all that is necessary to support the level of community engagement needed for the Family Assessment Response pathway.

Keeping children safe within their own community and actively partnering with the community to access services and support have strengthened child welfare practice for decades. Service delivery models and practice models, such as Family Team Decision Making, emphasize the importance of community to a child's life and the system serving the child.¹³ Maintaining and expanding community partnerships is critical to the implementation and sustainability of a differential response model. Research has established the importance of the model being grounded in effective community-based networks of formal and informal resources and, while many states refer their non-investigatory families to private agencies or co-partner with them to serve families, many chose to retain case management and planning responsibilities and engage with the community providers to assure services and resources are provided effectively to families.

Children’s Administration will provide training for caseworkers regarding community engagement and for community members on child welfare and the concepts of differential response. As a part of their new level of engagement with families, caseworkers will need to understand and recognize the importance of engaging non-traditional community-based providers. Faith-based organizations, nonprofit agencies, neighbors, and other institutions can offer additional positive, informal supports to the child and family. Community members must be seen as an asset and trained about child welfare and the differential response model. Children’s Administration is prepared to work with communities to address stigma, misconceptions, and mistrust of child welfare. Some states have found using the families themselves for community outreach has been invaluable whether in urban, suburban, rural areas or within Native American nations.

¹³ Child Welfare Information Gateway, 2009

Each office and region must become knowledgeable of community resources and be willing to gather as much information about those agencies as possible. One study highlighted the importance of determining the availability and accessibility of needed services and effective coordination between a public agency and community-based providers (Schene, 2005). Regions and offices must identify strategies to engage and connect not only with the traditional child welfare providers, but with a segment of the community where a child welfare relationship does not currently exist. The Regions and offices will plan for and implement strategies including:

- Establishment of a plan for ongoing community engagement;
- Creation of Regional Community Resource teams;
- Establishment of a Regional Community Liaison;
- Training staff on issues related to engagement of the community;
- Training mandated reporters on FAR and their roles within the FAR process;
- Identification of traditional and non-traditional community demographics and resources;
- Identification, engagement and training of non-traditional community providers; and
- Engagement and collaboration with veteran parents.

Evaluators of the differential response model found that for greater impact, community collaboration is essential and states must increase and accelerate community development activities and resources. For success in this area, time must be provided for the regions to make this a reality; it will not happen if it is identified as an additional task for staff to complete. It must be the focus and prioritized in the same manner as collaborating with families to ensure child safety.

XI. Strategies to Assist and Connect Families with Appropriate Private or Public Housing Agencies

The Department of Social and Health Services, Children's Administration staff have not historically had access to adequate housing resources to meet the needs of the children, youth and families that need stable housing. To improve access to available housing resources, a *Child Welfare Services and Housing Collaboration* was created through the development of a Memorandum of Understanding (MOU) between DSHS and 21 participating public housing authorities. Although Children's Administration currently has some access to housing resources through the Family Unification Program (FUP), the MOU adds an additional 250 housing vouchers for families involved in the child welfare system.

The MOU, was signed on July 3, 2012 with the purpose of providing child welfare workers access to housing as a resource for families when the housing would prevent

the need for a child to enter into foster care, facilitate a reasonably imminent reunification of a foster child with their family, or avoid homelessness for older youth (age 18-21) that are aging out of foster care. The MOU refers to the use of the housing resources, the FAR approach to service delivery, and the provision of other supportive services to safely keep families together whenever possible and prevent the placement of children and youth in out-of-home care. In addition to maintaining safe housing for families, the MOU is also intended to improve the rate of reunification for families for whom a lack of stable housing may serve as a barrier to a reduced length of stay, as well as reduce placement re-entry for families involved in the child welfare system.

The MOU provides Children's Administration caseworkers with the opportunity to address the practical needs of families. It provides stable, affordable housing for families for whom lack of housing is a factor that could contribute to losing custody of their children. The housing identified in the MOU is available to children and families involved in the dependency system and families receiving services in their homes. Many of these families may meet the criteria for services within the Family Assessment Response pathway.

XII. Current Departmental Expenditures for Services Appropriate for Family Assessment Response

Through the implementation of Family Assessment Response pathway, Children's Administration expects to incur an increase in the types and availability of services and concrete supports to families. While the number of families served by the department is not expected to increase, a diverse array of services and concrete supports will be available across department programs to families who previously may not have received services and supports. As a result, there will be an increase in the average cost per family due to the expected increase in concrete supports provided.

Prior to the implementation of FAR, the average funding for services to families was \$2,016 for services and \$319 for concrete goods. The average cost for services following the implementation of the FAR pathway is expected to remain at \$2,016. Due to the expected increase in concrete supports, the projected cost per family will increase to \$588 per family. This represents a total increase in the average cost per family of \$269. Refer to Appendix G for additional information.

FAR Expenditure Projections

Family Assessment Response			
Concrete Goods- Current Famlink Expenditures			
Concrete Goods	Expenditure	Unduplicated Case Count	Per Family Expenditure
Appliance/Furniture/Home Repair	\$ 14,828	75	\$ 198
Food/Clothing	\$ 46,977	236	\$ 199
Medical/Dental	\$ 4,403	19	\$ 232
Utilities	\$ 37,969	125	\$ 304
Rent	\$ 45,380	93	\$ 488
Housing	\$ 6,651	16	\$ 416
Auto Repair/Transportation	\$ 17,911	199	\$ 90
Other Financial Support	\$ 46,774	478	\$ 98
Family Preservation Concrete Goods	\$174,057	752	\$ 231
Homebuilders Goods & Concrete services	\$ 54,695	234	\$ 234
Total	\$449,646	1,409	\$319
Concrete Goods Expenditure per Family is \$319			
<i>*Based on the analysis of several State's implementations of Differential Response programs and the professional experience and familiarity with child welfare program in Washington State, based on the Minnesota and Ohio differential response models an increase in concrete service cost per family per year of approximately \$269.00 is expected.</i>			
Projected Concrete Goods per Family Expenditure Under FAR is \$588			

Services - Current Famlink Expenditures			
Services	Expenditure	Unduplicated Case Count	Per Family Expenditure
Counseling - Child & Family	\$4,754,207	2,604	\$ 1,826
Parenting*	\$ 244,037	196	\$ 1,243
Child Care**	\$ 944,384	424	\$ 2,226
Total	\$5,942,627	2,948	\$ 2,016
<i>*Assumes a 25% increase in EBPs provided. **Assumes 30% of child care will be provided through the investigation track.</i>			
Service Expenditure per Family is \$2016			
Total Expenditures per Family is \$2,604			

Source: CA, Finance and Performance Evaluation Division, Expenditure Projections, December 17, 2012

The expected increase in the annual cost of FAR will be partially offset by the transition of caseworkers between units. Refer to the Staffing Needs section of the report for additional details. In addition, it is expected that some of the costs for the FAR program will be further offset through funding from the Child Welfare Title IV-E Demonstration Waiver combined with the legislatively established Reinvestment Fund.

Philanthropic Funding

Children’s Administration leadership is actively seeking financial assistance from philanthropic groups that support child welfare initiatives. The funding will support the initial implementation of the Family Assessment Response (FAR) program. The Department will use Federal, State and philanthropic funding to support the implementation of the FAR pathway. The funds will be used to support staffing, services and the purchasing of concrete goods for families.

Although the number of families served by the department is not expected to increase, the service array and concrete supports will be available to families across Children’s Administration, including those who previously may not have received services and supports. Evaluations of states that have successfully implemented differential response models reveal the importance and value of concrete supports. Washington has studied the lessons learned from other states that have implemented differential response to frame requests for funding from philanthropic groups. The following information illustrates the needs of families that will be supported by the FAR program and why Children’s Administration needs financial help from the philanthropic community:

- Families served by FAR need, on average, \$1000 for concrete supports to successfully keep their children safely at home. (Several years ago, Minnesota requested funding for \$1,000 per family for concrete needs from the McKnight Foundation);
- When FAR is fully implemented, the program will serve approximately 10,000 Washington families per year (This is not an increase in the numbers of families currently served).

XIII. Staffing Needs

Staffing of the Family Assessment units will be different for each region and each office. There are 46 Children’s Administration Offices. Ten offices have more than one Child Protective Services unit. The offices with more than one Child Protective Services unit will work with their supervisors and staff to select the Family Assessment unit. For offices with one Child Protective Services unit, a process of selection of Supervisor and case workers will be necessary. The development of Family Assessment units will be part of the readiness process for each office. The feasibility of instituting Family

Assessment Response pathway units in the smaller offices will need to be assessed on a case by case basis.

In regions with smaller offices, the protocol that was previously established and used for the implementation of the Child Protective Services Redesign will be incorporated. Some very small offices cannot support a separate Family Assessment unit. For those offices, the readiness assessment will address how FAR will be implemented differently. In some areas with smaller populations, staff carry cases in more than one program area. The level of engagement for the Family Assessment Response caseworker requires additional discussion about the appropriateness of one caseworker's ability to successfully support two to three different program types. Other States reported an increase in service provision and requirements of an increased level of engagement and services

“ ..some jurisdictions also reported that more caseworker time is required at the beginning of [Differential Response] cases than investigation cases, in order to coordinate and connect families to services and supports more quickly, which can be helpful for jurisdictions to keep in mind.. (Casey Family Programs, 2012)”

In addition, implementation of the Family Assessment Response pathway requires the establishment of a Family Assessment Response Unit, Family Assessment Response Program Manager and Regional Family Assessment Response Lead/Community Liaison.

In 2007, American Humane Society developed core values to guide the implementation of a differential response program (American Humane, Institute of Applied Research and Minnesota Consultants):

- Engagement versus adversarial approach
- Services versus surveillance
- Level of “in need of services/support” versus perpetrator
- Encouraging versus threatening
- Identification of needs versus punishment
- Continuum of response versus one size fits all

Children's Administration's goal for the Family Assessment Response pathway supports these values. Children's Administration plans to implement a program with a strong foundation of caseworkers and supervisors, who have the opportunity to engage with families, provide extensive services and resources, and who are involved with strong community collaboration. In the Family Assessment Response pathway, the assessment of child safety and engagement with families is critical.

Children’s Administration anticipates hiring additional FAR caseworkers, supervisors and clerical staff to support the successful implementation of FAR. In addition to hiring new staff, a portion of the current Children’s Administration caseworkers will transition to FAR. Children’s Administration has established the following staffing ratios for the FAR pathway:

- Caseworkers – CA will begin with a ratio of 1:8 (caseworkers to cases) and build up to 1:18 ratio. Beginning with lower caseloads as caseworkers learn their new roles will help to ensure a successful implementation
- Supervisors – 1:8 supervisors to caseworkers
- Clerical – 1:6 clerical staff to caseworkers

Based on the staffing ratio above, Children’s Administration has identified the following preliminary estimates on the additional staff full-time equivalents (FTEs):

Projected Additional Staffing Needs (FY 2014 – FY 2018)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Cases	750	4,500	8,500	10,000	TBD
Caseworker (FTEs)	12.6	33.9	49.9	46.4	46.3
Supervisor (FTEs)	1.9	4.5	6.2	5.8	5.8
Clerical (FTEs)	2.1	5.7	8.3	7.7	7.7

Research indicates large caseloads and limited resources are obstacles to a differential response program’s effectiveness. The Missouri evaluation concluded that, while their results favored the family assessment approach, the impact of their demonstration was mitigated due to their large caseloads and limited resources. Evaluators recommended reducing caseworker caseloads. In North Carolina, evaluators also recommended limiting caseload sizes of family assessment workers and reported a caseload size of six to eight families per caseworker.¹⁴

Priority for the Family Assessment Response caseworker positions should be given to caseworkers with current Child Protective Services experience. A review of differential response programs in other states revealed that staffing the program was best done through a specific selection of staff, not volunteers. Selection and movement of staff into the Family Assessment Response work should be based on a specificity of skills in assessment and engagement with families. Implementation studies of other state programs revealed that inappropriate staffing and workload can determine the strength or weakness of the Family Assessment Response program. Many states have determined a caseworker’s clinical judgment and discretion is very important in implementing differential response. While there will be clear guidelines around decisions in the area of intake assignment and pathway response reassignment, the Family Assessment Response pathway also requires case-level decision making.

¹⁴ Child Welfare Information Gateway, 2008

Successful phase-in of the Family Assessment Response pathway is not only dependent on the staffing of the program. It relies heavily on the ability of staff to collaborate and engage with families and the community on a level of engagement much different than the traditional investigative program. Staff will support the efforts of safely maintaining children in their home with an expected increase in workload time associated with engagement efforts, conducting screenings and ongoing assessments of the needs and services of families.

Children’s Administration will work closely with the Human Resources Department in preparation for phase-in. The phase-in will include discussions with the Union Management Communications Committee (UMCC), Notices to the Union and Staffing Plans. Plans for next steps are outlined in more detail in Appendix E.

Initially, Children’s Administration submitted a Decision Package estimating a need of 276 additional staff to support the implementation of FAR. The staffing needs have been under continual review and, after further evaluation, the department estimates approximately 59 additional FTE’s will be needed. As vacancies become available within the offices, management will review the needs of the office, the stage of the phase-in plan and the needs of all programs and determine where the vacancy would be best used.

A review of the evaluation literature from the Quality Improvement Center for Differential Response and other resources revealed multiple states discontinued implementation of their differential response programs due to lack of available staffing resources. Washington expects initial implementation to be successful with ongoing success dependent upon continuous improvement and adequate resources.

XIV. Staff Training Requirements

In order to address the culture shift of the Family Assessment Response, all Children’s Administration personnel will receive training on the Differential Response model and the Family Assessment Response pathway. This training will emphasize the reasons for the move to a differential response model, the anticipated improvements in child safety, permanency and well-being, and the benefits for families when access to concrete supports and community connections are strengthened.

As the Family Assessment Response is phased-in, Children’s Administration will evaluate the impacts on children and their families to identify additional training needed to strengthen practice. The Department intends to have caseworkers and supervisors participate in training that will build on original skills and strengthen practice identified through case review, quality assurance activities, and evaluation of the pathway.

The capacity to provide ongoing training to case-carrying workers and supervisors will be assessed based on FTE allotments. All Children’s Administration staff will receive an introduction to differential response and the Family Assessment Response pathway. Caseworkers from Child Protective Services, Family Voluntary Services, and Family Assessment Response as well as the supervisors from these three programs will require additional specialized training specific to engagement, collaboration and working with the community. Based on data on the number of FTE’s from November 2012, this additional training will be provided to approximately 469 staff.

FTE Social Service Specialist Series

Child Protective Services Intake, Investigations, and Family Voluntary Services

Classification	Region 1	Region 2	Region 3	Central Intake
CPS Social Service Specialist - Intake	21.73	11.29	25.88	44.08
CPS Social Service Specialist- Investigation	99.43	141.25	107.94	
CPS Social Service Specialist- Voluntary Services	18.23	28.79	20.84	

	CPS Supervisor - Central Intake	CPS Supervisor - Regional Intake	CPS Supervisor - Investigation	CPS Supervisor – Family Voluntary Services
State Totals	10.0	7.4	43.6	8.5

Source: Finance and Operations Support Division, November 2012

Newly-hired Children’s Administration caseworkers and supervisors currently attend a mandatory academy intended to be completed prior to assignment of cases. This academy will continue until July 2013, when the Washington State Alliance for Child Welfare Excellence (or “The Alliance”) begins providing comprehensive training and professional development system for the state’s child welfare workforce.

Current academy training includes competencies¹⁵ for caseworkers and supervisors on Solution-Based Casework, including a focus on safety, assessment of services and needs, goal setting with parents, case planning and ongoing casework. Competencies also include the assessment of safety and safety planning using the Safety Framework.

The Alliance will develop a curriculum specific for Family Assessment Response. Appendix F outlines the timelines and core steps for development and rollout of the training. This training will be provided first to Family Assessment Response Supervisors and then to caseworkers. Supervisors and caseworkers remaining in the investigative and family voluntary services units will also attend the Family Assessment Response training, as the implementation impacts the entire Child Protective Services program.

Intake caseworkers and supervisors will attend the Family Assessment Response training. They will also attend training about Famlink functionality reflected in the modifications to the intake decision-making tool; this training will be delivered in-house by Famlink staff. Based on FTE count from November 2012, intake training will be provided to approximately 120 staff.

Academy Training and Competencies

The Alliance is developing an academy based on revised competencies for caseworkers and supervisors. These competencies were vetted with Children’s Administration staff, advisory groups, regional disproportionality committees, and other training partners. They are expected to be finalized in December 2012. Curriculum selection and development will follow. The curriculum will include content on the Family Assessment Response policy and practice, engagement, collaboration, accessing use of concrete supports, and community engagement. The Alliance plans to make competencies available individually so that caseworkers and supervisors needing additional training may attend sessions rather than repeating the entire academy. In addition, other training collaboration efforts are in the planning stages that include:

Training Collaboration Efforts

Training Focus	Training Resources/Leads
Pre-Implementation and Planning, including readiness assessment	Children’s Administration staff will assist with Intake production and management training.
Cultural and Community Engagement Training	Regional FAR Leads (Children’s Administration Staff)
Differential Response and the Family Assessment Response	The Alliance staff trainers and Children’s Administration personnel (caseworkers, supervisors and Headquarters leads)

¹⁵ Appendix F: Training Academy Competencies

Training Focus	Training Resources/Leads
Personnel Training	
Famlink functionality	Famlink staff and Children’s Administration personnel (caseworkers, supervisors and Headquarters leads)
Ongoing and Additional Specialized Training	Children’s Administration personnel (caseworkers, supervisors and Headquarters leads) including CPS, FVS an FAR staff
Onsite trainings with contracted training staff focused on use of revised tools, decision trees and risk assessment.	Children’s Research Center will partner with Headquarters leads on this training

XV. Quality Assurance, Evaluation and Outcome Measures

Quality Assurance

The Children’s Administration case review tool will be used to conduct case reviews in the FAR program. The case review team uses federal measurements, Washington state law, policy, and practice in the review of family cases. The case review team also assesses compliance and quality assurance to the Safety Framework, Solution Based Casework practice model, and Structured Decision Making tools. To monitor consistency in the implementation of the Family Assessment Response pathway, Children’s Administration will expand the current case review process to include elements of compliance and quality assurance to the Family Assessment Response policy and procedure. Quality assurance activities will also include continuous quality improvement to address issues such as pathway assignment, disproportionality, and service equity. Quality assurance activities will also include client surveys in 2014 and 2016. The information from these surveys will, at a minimum, be evaluated for client satisfaction with FAR.

Child Welfare Title IV-E Demonstration Waiver Evaluation

As a condition for receiving the Child Welfare Title IV-E Demonstration Waiver, Children’s Administration is required to include an evaluation component in the implementation plan. In order to do this, leadership has worked with the DSHS Division of Research and Data Analysis (RDA) to develop an evaluation design.

The formal evaluation will have four primary components:

1. A direct comparison of treatment and control conditions and groups (outcome evaluation),
2. An overall system-wide performance evaluation,
3. A process evaluation, and
4. Cost analysis.

The evaluator will compare the outcomes for families receiving the Family Assessment Response pathway to families who meet the FAR pathway criteria, but are assigned for an investigation. In order to do this, there will need to be areas throughout the state identified as the control group that will not receive the option to go to the Family Assessment Response pathway for the first two years of implementation.

The overall design for the study will be based on geographic phase-in decisions made about implementation of the FAR and the associated treatments, services, and assistance that will be offered to families who are screened into the FAR pathway. The evaluation design will use the regional roll out of FAR to create well-matched statistical controls for the FAR intervention.

Since the phase-in schedule for the implementation of the Family Assessment Response pathway is expected to unfold geographically, early cohorts of FAR families and children will be identified. Families and children from the same or very similar regions, who meet the criteria for FAR but for whom the service is not available will be candidates for inclusion in the primary FAR control group. These families will be assigned to the investigative track. These comparison group candidates will be matched to FAR program participants using propensity score matching or a similar case matching methodology. The Division of Research and Data Analysis has a broad array of demographic, geographic, clinical, economic, criminogenic, and health data to permit creation of statistically precise comparison groups.

Since families must consent to participate in the FAR alternative, there will be two FAR cohorts in each administrative region, those that agree to participate, and those that decline the FAR pathway. Families who choose not to participate in FAR will be choosing to be served by the investigation pathway.

In addition to the study involving the control and experimental groups, the research on the implementation of the FAR pathway will include a review of the following areas:

- How closely FAR implementation follows the plan;
- What types of changes were made to the original proposed implementation plan;
- Factors that led to the changes in the original plan ; and

- The effect the changes will have on the planned system of care changes and performance assessment.

Integration with WSIPP Process Evaluation

An evaluation, conducted by the Washington State Institute for Public Policy (WSIPP), of the implementation of FAR is required by the legislation. It is expected that the independent contract evaluator will work with WSIPP and include their findings, ensuring collaboration, integration and communication where possible.

Outcome Measures

FAR will provide caseworkers increased access to concrete supports and evidence-based and evidence-informed practices to strengthen and stabilize families. It is expected that the work on the FAR pathway will lead to significant improvements in four domains:

1. Safely reduce repeat referrals,
2. Prevent future maltreatment,
3. Safely keep children in their own homes and prevent placement in out-of-home care, and
4. Improve child and family well-being.

As a part of monitoring the successful implementation of FAR, these outcome measures will be monitored through the current information system, as data is available. In addition, evaluation of the outcome measures will be included in the research and analysis that will be completed as a part of the Child Welfare Title IV-E Demonstration Waiver.

XVI. Legislative Changes Necessary for the Success of Family Assessment Response

The Family Assessment Response legislation allows the Children’s Administration to identify changes to the legislation through design of the implementation plan. The Department has identified four areas where changes in the legislation will expedite or improve the quality of service for families.

Issue I: Families may accept or decline services recommended through the Family Assessment Response assessment. If the family disagrees with the Department’s recommendation regarding the provision of services, the Department is required to convene a Family Team Decision Making meeting to discuss the recommendations and objections; the caseworker’s supervisor and Area Administrator are required to attend the meeting ESSB 6555 § 6(2).

Under the Department's current practice, Family Team Decision Making meetings are held specifically to discuss the placement of children. The meetings, which include the family's relative, kin, and other natural supports, provide an opportunity to discuss placement options, develop safety plans if a return home is planned, the commitment to and actions those around the table will take to ensure the safety of the child. Children's Administration conducts a variety of shared planning meetings that are a better fit for discussions with the family on service recommendations. These meetings which can also include relatives, kin, and other natural supports may be held with supervisors in attendance as needed, instead of required. An Area Administrator may not always be needed to discuss recommendations and objections to service recommendations.

Recommendation:

ESSB 6555 § 6(2) should be amended to provide flexibility in the type of shared planning meeting that must be convened to discuss a parent's or guardian's disagreement with the Department's recommendations for services. The subsection also should delete the requirement regarding the presence of the supervisor and Area Administrator, or should state that the caseworker's supervisor and Area Administrator shall attend if their attendance is needed to resolve issues between the caseworker and parent or guardian.

Issue II: Evidence-based and best practice services will be provided through the network administrators, to those families who accept services after the completion of the assessment. The Family Assessment Response legislation requires the family assessment response to be completed within 45 days, but allows cases to be open up to 90 days, if the parent agrees to the extension. ESSB 6555 § 3(13)(c).

Some services, particularly some evidence-based services, last beyond a 90-day period. These services may include substance abuse treatment and follow-up, mental health treatment, or development of parenting skills. Under the Memorandum of Understanding with the Public Housing Authorities, families may need continuing services related to stable housing. Parents and families should be able to voluntarily continue receiving needed services for more than 90 days.

Recommendation:

ESSB 6555 § 3(13)(c) should be amended to provide parents the opportunity to continue to receive services under FAR for more than 90 days, not to exceed 120 days, to enable them to complete treatment programs or other services needed to maintain their children safely at home.

Issue III: In September 2012 the United States Department of Health and Human Services approved Washington's application for the Child Welfare Title IV-E

Demonstration Waiver. The waiver project is the Family Assessment Response and the waiver will enable the Department to use Title IV-E funds to implement and maintain FAR. As a condition of the waiver, the Department is required to participate in an independent, comprehensive evaluation of FAR, including substantially more measures than is required under ESSB 6555 § 9. Because a thorough evaluation of the implementation of FAR will be independently completed as part of the Title IV-E waiver agreement, the Department suggests that ESSB 6555 be amended to reflect that the evaluation of the program may be done as part of the waiver evaluation.

Recommendation:

ESSB 6555 § 9 be amended to allow the Department to participate in an evaluation of the implementation of the FAR, as required under the conditions of the Title IV-E waiver approved by the United States Department of Health and Human Services. The requirements contained in ESSB 6555 § 9 for additional evaluations should be deleted.

Issue IV: The evaluation of the Department’s phased-in implementation of FAR will include a control group, the members of which will receive a traditional CPS investigation, rather than a FAR assessment. This evaluation process will enable the Department to determine the success of the FAR approach. However, some families will not have the opportunity to participate in FAR, due to their inclusion in the control group. To limit liability created due to this evaluation technique, the Department suggests that ESSB 6555 be amended to address the liability issue.

Recommendation:

ESSB 6555 § 13 be amended to add a subsection stating that a parent or guardian does not have a right to a FAR assessment rather than a CPS investigation, and the legislation contemplates the use of an evaluation model that will include a control group.

XVIII. Appendices

- A. Sources
- B. Intake Data
- C. Strategies to Address Disproportionality
- D. Results from Community Summits
- E. Staffing Needs and Next Steps
- F. Caseworker Academy Training Sections
- G. Expenditures Projections for FAR

Appendix A: Sources

Website Resources

California: Differential Response and Alternative Response in Diverse Communities
<http://www.csulb.edu/projects/ccwrl/Differential%20Response%201023.pdf>

Child Welfare Information Gateway (2011). *Addressing Racial Disproportionality*. In *Child Welfare*.
www.childwelfare.gov/pubs/issue_briefs/racial_disproportionality/racialdisp1.cfm.

Child Welfare Information Gateway (2009). *Community-based Resources: Keystone*
www.childwelfare.gov/pubs/acloserlook/community/community4.cfm.

Child Welfare Information Gateway (2008). *Differential Response to Reports of Child abuse and Neglect*. www.childwelfare.gov/pubs/issue_briefs/differential_response.

Minnesota: Extended Follow-up Study of Minnesota's Family Assessment Response
<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5005A-ENG>

National Council on Crime and Delinquency – Children's Research Center
<http://nccdglobal.org/assessment/sdm-structured-decision-making-systems/child-welfare>

Ohio: Ohio Alternative Response Pilot Project Evaluation: Final Report
<http://www.csulb.edu/projects/ccwrl/Differential%20Response%201023.pdf>

Tennessee: Differential Response Approach in Child Protective Services
<http://www.differentialresponseqic.org/assets/docs/differential-response.pdf>

Texas: Alternative Responses to Child Maltreatment: Findings from NCANDS
<http://aspe.hhs.gov/hsp/05/child-maltreat-resp/report.pdf>

Policies, Practice Guides, Procedures and Reports

Department of Social and Health Services Administrative Policy

- Consultation Protocol, Administrative Policy, No. 7.01, March 31, 2009

Children's Administration Practices and Procedures Guide

- Chapter 2210, E
- Chapter 2210, B
- Chapter 4302

DSHS Children's Administration Central Case Review Report, Child Protective Services Intake Review, March 2011

Children's Administration Safety Framework

- Present Danger Guide
- Protective Action Guide
- Safety Threats Guide
- Safety Threshold Guide
- Safety Plan Analysis Guide

Research Articles

Berrick J.D., Bryant, M., Conley, A., de Elizalde, L., Garcia, V., Geer, A., et al. (2009). *Differential response and alternative responses in diverse communities: An empirically based curriculum*. Berkeley: University of California Berkeley, California Social Work Education Center.

Casey Family Programs (2012). Comparison of Experiences in Differential Response (DR) Implementation: 10 Child Welfare Jurisdictions Implementing DR.

Haulenbeek, G., Huang, Y., Ruppe, J. (2011). *Differential Response in Child Protective Services in New York State – Implementation, Initial Outcomes and Impacts Pilot. Report to the Governor and Legislature*. New York Office of Children and Family Services.

Lohrbach, S., (2011). National Quality Improvement Center Issue Brief #2 – *Evolving Models of Practice and Differential Response Systems*.

Loman, L.A., Filonow, C.S., Siegel, G.L., (2010). *Ohio Alternative Response Evaluation: Final Report*. St. Louis: Institute of Applied Research. www.iarstl.org.

Miller, M. (2008). Racial Disproportionality in Washington State's Child Welfare System. Olympia: Washington State Institute for Public Policy, Document No. 08-06-3901

National Quality Improvement Center. (2011). *Differential Response in Child Protective Services: A Literature Review – Version 2*. A Project of the Children's Bureau, US DHHS, ACF, ACYF – CFDA Number:93:670 – 2008-2013.

National Quality Improvement Center (2009). *Information Summit on Disproportionality*.

Richardson, J. (2008). *Differential Response: Literature Review*.

Schene, P. (2005). *The emergence of differential response*. In *Differential Response in Child Welfare*. Protecting Children, 20(2&3), 4-7.

Stephanie Lee, Steve Aos, and Marna Miller. (2008). *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*. Olympia: Washington State Institute for Public Policy, Document No. 08-07-3901.

US Department of Health and Human Services (US DHHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010*.

Appendix B: Intake Data

Table 1: Total Intakes Generated, Includes Information Only
January 1, 2011 to December 31, 2011

REGION¹⁶	DCFS CPS	DCFS RISK ONLY	DLR CPS/RISK ONLY	TOTAL of DCFS and DLR CPS/Risk Only	NON-CPS (OTHER PROGRAMS)¹⁷
One	9088	477	251	9816	1476
Two	6261	166	160	6587	1336
Three	8616	272	134	9022	1574
Four ¹⁸					
Five	9506	244	245	9995	1429
Six	9199	273	160	9632	1498
Central Intake	30265	1105	892	32262	5545
TOTALS	72935	2537	1842	77314	12858

¹⁶ Six regions were consolidated into three regions in May 2011. Effective May 2011, regions one and two consolidated into region one, regions three and four consolidated into region two, regions five and six consolidated into region three. Central Intake remains a stand-alone office.

¹⁷ Other programs include Family Reconciliation Services, Family Voluntary Services, Child and Family Welfare Services, Licensing Provider Infractions, Interstate Compact on the Placement of Children, Home Studies, private adoptions, and Interstate Compact on Adoptions and Medical Assistance.

¹⁸ Region 4 Intakes are produced by Central Intake and represented in Central Intake totals.

Appendix C: Strategies to Address Disproportionality

Recommendation	Description	Necessary parties	Notes
<p>Application of Racial Equity Impact Analysis Tool to FAR core team design process</p> <p><u>Objective:</u></p> <p>Use racial equity lens to determine the impact of services and interventions on families or color.</p>	<p>Completed: In August 2012, the FAR core team applied the Racial Equity Impact Analysis Tool to the discussion with the goal of identifying what groups will be impacted by the implementation of FAR and what disparities may exist for those groups. The tool also explores whether the groups impacted have been engaged to design the implementation of the current or proposed program, policy, or practice.</p> <p><u>Group feedback:</u></p> <ul style="list-style-type: none"> • Additional feedback desired from community partners – would like to utilize community liaisons to message FAR • Language interpreters needed at FAR Community Summits to ensure that all community members have a voice • Caseworkers could benefit from additional training in cultural competence and cross cultural communication skills. Understanding community concerns can assist social workers in improving their communication when engaging with families. 	<p>Disproportionality Program Manager/FAR Core Team</p> <ul style="list-style-type: none"> • DPM to provide Racial Equity Tool and facilitate discussion 	
<p>Disproportionality awareness training for CPS staff (investigations/family assessment)</p>	<p><i>Roll of the Dice (The Game)</i> is an interactive, 3-4 hour training that explores the impact of race and class on systems. It was developed in 2011 by the King County Coalition on Racial Disproportionality as a hands-on way to train its members on the causes and effects of disproportionality across major systems like education, health, child welfare and juvenile justice. The experience brings together readily available quantitative</p>	<p>Disproportionality Program Manager</p> <ul style="list-style-type: none"> • Develop sole source contract for KCDC • Track staff attendance • Monitor training evaluations <p>Children’s Home Society/Catalyst for</p>	<p>December 2012 Meet with KCDC to begin modifying training with CPS tools</p> <p>January 2013 Develop sole source contract pursuant to FAR implementation plan</p>

Recommendation	Description	Necessary parties	Notes
	<p>research/statistical quality measurements in a personal and interactive manner that mobilizes participants to apply a racial equity lens to their efforts. Through their engagement with <i>Roll of the Dice</i>, participants personally experience the inequitable impact of race on the outcomes of interaction with diverse systems, and through this experience they recognize the need, and are inspired to advocate, for systems reforms that promote positive and equitable outcomes for persons of all races.</p> <p>For purposes of training CPS staff, <i>Roll of the Dice</i> can be customized to address issues incorporated in Family Assessment Response. Reflecting their specific job responsibilities, staff would complete the training using the perspective of a family receiving an assessment or a family that is experiencing a CPS investigation.</p>	<p>Kids</p> <p>Collaborate with CA to modify training for CPS staff;</p> <p>Facilitate training;</p> <p>Provide post-training coaching to CA staff</p>	
<p>Cultural competence training for CPS staff (investigations/family assessment)</p> <p><u>Objectives:</u></p> <p>Demonstrate respect, fairness, and cultural competence in assessing, working with, and making service decisions regarding clients of diverse backgrounds.</p> <p>Understand the influence and value of traditional, culturally based childrearing practices and use knowledge to work with families.</p>	<p>In 2012, Cultures Connecting presented cultural competence training to CA staff that provided a framework for cross-cultural communication and bias reduction. Training objectives are to gain skills necessary to work effectively across cultures. Participants learn strategies to effectively communicate across cultures when racial tensions exists. The curriculum is designed to help staff improve working relationships with families by increasing awareness about internal biases, enhancing cross-cultural communication skills, and improving knowledge about how decision-making impacts racial disproportionality in child welfare.</p>	<p>Disproportionality Program Manager</p> <ul style="list-style-type: none"> • Develop sole source contract for Cultures Connecting • Track staff attendance • Monitor training evaluations <p>Cultures Connecting</p> <ul style="list-style-type: none"> • Facilitate training • Provide post-training coaching to CA staff 	<p>January 2013</p> <p>Develop sole source contract pursuant to FAR implementation plan</p>

Recommendation	Description	Necessary parties	Notes
<p>Develop statewide/regional advisory team</p> <p><u>Objective:</u> Acquire specific knowledge of a community's demographics and community resources to provide culturally appropriate services.</p> <p><u>Objective:</u> Acquire specific knowledge of a community's demographics and community resources to provide culturally appropriate services, continued.</p>	<p>In 2012, several CA community partners expressed interest in providing input to the Family Assessment Response design team as the group develops an implementation plan. These groups include Washington State Racial Disproportionality Advisory Committee (WSRDAC), King County Disproportionality Coalition (KCDC), Commission on African American Affairs, African American Service Providers, Indian Policy Advisory Committee (IPAC), Children's Youth and Family Services Advisory Committee (CYFSAC), and many other child welfare stakeholders. The resounding message of these community partners is one of great interest in FAR's success as it pertains to racial disproportionality. Additionally, several of these partners are active in the communities that we serve and can provide valuable information about how to better serve families of color.</p> <p>With this significant change for CA, it is also important to have allies that can message FAR positively in the communities that they serve. As acknowledged by members of the core FAR team, community partners often have increased success in reaching communities with information about new policies and/or practice.</p> <p>This committee could also review client feedback regarding the implementation of FAR and develop remediation recommendations.</p>	<p>Disproportionality Program Manager/Stakeholder Manager</p> <p>Collaborate with stakeholder leads to determine committee participants</p> <p>FAR Team Leads</p> <p>Meet quarterly with community advisory team to review progress on FAR and determine areas of improvement</p>	
<p>Track statewide data on racial disproportionality</p> <p><u>Objective:</u> Monitor impact of FAR on racial disproportionality</p>	<p>In addition to annual disproportionality data collected for remediation efforts, begin annual tracking of the following measures:</p> <ul style="list-style-type: none"> • Children in out-of-home placement 	<p>Disproportionality Program Manager/Stakeholder Manager</p> <p>Coordinate data</p>	

Recommendation	Description	Necessary parties	Notes
<p>and develop recommendations for improvement.</p>	<ul style="list-style-type: none"> • Rates of recurrence of maltreatment • Child removal rates • Child re-referral rates <p>This information can be compiled annually for presentation to CA staff, WSRDAC and other statewide advisory groups and community partners.</p>	<p>request with CATS (if approved);</p> <p>Present data to CA staff, WSRDAC and other statewide advisory groups and community partners;</p> <p>Provide leadership in internal disproportionality workgroup to compile recommendations based on trends in data</p>	

Appendix D: Results from Community Forums

What should the Community Resource Team look like in your community?

- ❖ Setup local offices under the umbrella of higher level Regional office



- ❖ Planning and decision making teams should be localized to develop community resource teams
- ❖ Use micro and macro approach to designing teams
- ❖ Connect and learn from existing community based teams, foster care system teams, resource and advisory teams
- ❖ Create teams to fit family's needs - case-by-case participation driven
- ❖ Build teams on existing successful programs that support families
- ❖ Involve community members not directly tied to the department.
- ❖ Keep ad-hoc running list of team potentials.

How do we ensure the demographic of the community is represented?	How to engage existing community support systems?
<ul style="list-style-type: none"> ❖ Include programs like Family-to-Family to help organize the community to meet needs. ❖ Make sure faith community and culturally specific service/advocacy groups are represented. ❖ Have interpreter/translation services available. ❖ Use data disaggregated by race, gender, ethnicity, age, LGBTQ, religion... ❖ Recruit and employ diverse veteran parents representing demographics. ❖ Client demographic should be considered over community demographic. ❖ Consider the geographical area. ❖ Cultivate connections with larger groups – community key leaders, immigrants, Tribal representatives. 	<ul style="list-style-type: none"> ❖ Educate community about Child Welfare, Family Assessment Response and the families served. ❖ Ask community how they can help support families. ❖ Invite community to the table. ❖ Children’s participate in the community. ❖ Host Resource Fair or Community Open House. ❖ Use existing education/support groups. ❖ Don’t overuse community resources – be selective – make good matches. ❖ Build agency/community relations. ❖ Exercise reciprocity – you must reciprocate and be available when needed.

Who should be considered for the Community Resource Team

PBC Network Administrator	Faith Communities Catholic Community Services Men’s Gospel Missions St Vincent DePaul YWCA - Pathways
Parenting Classes Parents/Families/Veteran Parents Parenting Advocacy Groups Parents of Autistic Children Parent Partners Family Support Centers Family-to-Family Father Engagement Foster Parents-Fostering Together Foster Care system teams Friends/Neighbors Planned Parenthood SnoPac	Division of Early Learning (DEL) Childcare Aware Safe Childcare-Safe Babies-Safe Moms Childcare and Pre-Schools Public, Private, and Voc Schools Clubs – Girl/Boy Scouts, Girls & Boys Club, Big Brothers/Big Sisters Community Colleges Children aging out of system Juvenile Justice Denny Youth (At-Risk-Youth program) Cocoon House (for teens) PTAs Libraries
Economic Services Energy Assistance Division of Developmental Disabilities LICWAC and CPT participants Domestic Violence programs Wraparound Providers Legal Services	Chemical Dependency Providers Community Health Clinics Community Health and Safety Networks CPR/First-Aid classes Dental Van UW – emergency dental Medical Professionals Public Health Nurses and Home Visiting Mental Health Providers (counselors) County/Community Mental Health Substance Abuse Treatment providers Alcoholics anonymous
Employers (if client is employed) Employment agencies (Work-First, Work Source, Vocational Rehabilitation) Local Chamber of Commerce Clothing Banks Local Food Banks Housing Hope Classes Housing Authority Homeless Coalitions Life Skills Training Interagency Coordinating Councils – Part C services Transportation services (Para-transit, ORCA cards) 211 (local resource information line)	Existing community support systems and service centers Private & non-profit service agencies (Neighborhood House, Educare, Wellspring) Service organizations (i.e. SeaMar, ARC) Service Clubs (Rotary, Kiwanis, Lions, Eagles) American Humane United Way Mockingbird Society Volunteers of America

Who should be considered for the Community Resource Team

Military services (Family Support, Deployment Support VA)
Service programs representing various cultural /ethnic backgrounds
Tribal Leaders
LGBTQ services

Appendix E: Staffing Needs and Next Steps

Area of Discussion	Reason	Focus/Discussion
UMCC	Educating on the Family Assessment Response program	Headquarters educate on Family Assessment Response
Notice to the Union	Notification of the implementation and phase-in of Family Assessment Response	Written notification to the Union outlining Children’s Administration’s Plan to move forward with the implementation of Family Assessment Response
Demand to Bargain (if requested)	Discussion around impact to staff	Meetings will be scheduled between Union, Children’s Administration and Human Resources
Staffing Plan	Classification	<p>Staffing needs for Family Assessment Response:</p> <ul style="list-style-type: none"> - If appropriate creation of a Family Assessment Response Unit - Supervisors, social workers and administrative support will be needed - Regional Family Assessment Response Lead/Community Liaison - Family Assessment Response Program Manager - Classification will still be under the Social Services Specialist - Position Description Forms need to be created or just updated to reflect the Family Assessment Response work.
	Description of work	Will distribution or redistribution of work impact staff numbers and require layoffs?

Area of Discussion	Reason	Focus/Discussion
	Staffing Ratio/Support	<p>What will be the staffing ratio and what level of support will be needed by the unit. What will the staffing model look like?</p> <ul style="list-style-type: none"> - Family Assessment Response caseload – 8-10 - Span of control for Supervisors – 6-8 staff - Unit support – 1 Administrative staff, or an additional administrative staff provided to the office.
	Additional FTE's	Will distribution of work require additional FTEs?
	Organizational Structure	What are the expected changes to the organizational structure?
	Filling Positions	How will the Family Assessment Response unit be created, will staff be asked to volunteer, transfers or will there be recruitment?
	Training	<p>What is the plan around training for staff, will the training be done in-house or through the Alliance with the University of Washington</p> <ul style="list-style-type: none"> - When will the training be provided; will staff be trained before they are asked to take on this new role - Where will it be provided; will staff have to travel and be away from their office - How will the training be provided; classroom, online

Appendix F: Training Academy Competencies

Children’s Administration Training and Development

Academy Competencies through July 2013

• Legal Foundation of Child Welfare	• Dynamics of Physical Abuse, of sexual abuse and of neglect
• Foundations of Practice	• Chemical Dependency
• Ethics and Professionalism	• Initial Placement
• Safety Framework	• Structured Decision Making
• Introduction to Domestic Violence	• Working with Adolescents
• Family Life Stages	• Supporting children in care
• Legal Definitions and Intake Process	• Introduction to Indian Child Welfare
• Engagement and Collaboration	• Permanency Planning
• Teaming with Placement Providers	• Family Assessment
• Department of Developmental Delays	• Shared Planning
• Reunification and Transition Planning	• Case and Action Plans
• Medical Perspective on Physical Abuse	• Assessment of Progress
• Legal life of a dependency	

Timeline and Core Steps for FAR Training

November- December 2012

Draft competencies are reviewed to assure that they address the knowledge and skills needed for FAR social workers and supervisors. Comments are gathered, and edits are made to draft competencies.

January 2013

Competencies are approved and established for FAR social workers and supervisors. Competencies are used during the FAR Readiness Assessment to identify training needs for direct line social workers and supervisors in specific CA offices.

February –April 2013

Curriculum is selected, edited, and developed based on the competencies. New coaching positions are hired, and their preparation to deliver the curriculum begins.

May – June 2013

Coaches are fully prepared by providing “teach-back” opportunities to test their readiness. Curriculum is finalized.

July –November 2013

Coaching and training occurs for direct line FAR social workers and FAR supervisors in each of the CA offices approved as ready to begin FAR.

January – June 2014

Another group of competencies and curriculum are delivered to deepen the knowledge and skills needed for successful implementation.

Appendix G: Expenditure Projections for Family Assessment Response

Concrete Goods- Current FamLink Expenditures			
Concrete Goods	Expenditure	Unduplicated Case Count	Per Family Expenditure
Appliance/Furniture/Home Repair	\$14,828	75	\$198
Food/Clothing	\$46,977	236	\$199
Medical Dental	\$ 4,403	19	\$232
Utilities	\$37,969	125	\$304
Rent	\$45,380	93	\$488
Housing	\$ 6,651	16	\$416
Auto Repair/Transportation	\$17,911	199	\$ 90
Other Financial Support	\$46,774	478	\$ 98
Family Preservation Concrete Goods	\$174,057	752	\$231
Homebuilders Goods & Concrete services	\$ 54,695	234	\$234
Total	\$449,646	1,409	\$319
Concrete Goods Expenditure per Family is \$319			
<p style="font-size: small;">*Based on the analysis of several State's implementations of Differential Response programs and the professional experience and familiarity with child welfare program in Washington State, based on the Minnesota and Ohio differential response models an increase in concrete service cost per family per year of approximately \$269.00 is expected.</p>			
Projected Concrete Goods per Family Expenditure Under FAR is \$588			
Services - Current Famlink Expenditures			
Services	Expenditure	Unduplicated Case Count	Per Family Expenditure
Counseling – Child & Family	\$4,754,207	2,604	\$1,826
Parenting*	\$244,037	196	\$1,243
Child Care**	\$944,384	424	\$2,226
Total	\$5,942,627	2,948	\$ 2,016
<p style="font-size: small;">*Assumes a 25% increase in EBPs provided. **Assumes 30% of child care will be provided through the investigation track.</p>			
Service Expenditure per Family is \$2016			
Total Expenditures per Family is \$2,604			

Source: CA, Finance and Performance Evaluation Division, Expenditure Projections, December 17, 2012

Repurposed Funding		
FRS and FVS Services	Case Count	Average per Family cost for Services
\$4,998,244	2,800	\$1,785
Repurposed Funding		
FRS per family cost		\$1,785
FVS per family cost		\$2,104
Number of FRS families*		
	423	
Number of FVS families**		
	240	
FRS expenditures		
	\$ 755,738.42	
FVS expenditures		
	\$ 505,182.94	
Total Repurposed		
	\$ 1,260,921.36	
*Based on 2012 FRS case counts, FAR team estimates 20% of FRS cases will be diverted to FAR		
**Based on 2012 case counts, FAR team estimates 70% of FVS cases will be diverted to FAR		

Projected Total Families Served Under FAR	Quarterly Uptake Rate (annualized = 1000)	% of Families Receiving Concrete Goods	Concrete Goods Per Family Expenditure per month	% of Families Receiving Services	Services per Family Expenditure per month	Service Duration Period (Days)	Repurposed Funding %
10,000	250	85%	\$ 196	70%	\$ 672	90	7%

Source: CA, Finance and Performance Evaluation Division, Expenditure Projections, December 17, 2012

Estimated Cost of FAR in 2014	\$ 1,433,630
Repurposed Funding from 11/13 Biennium	\$ 100,354
Estimated 2014 Funding Needed	\$ 1,333,276
Title IV-E Waiver Funds - Federal	\$ 666,638
Title IV-E Waiver Funds - State Match	\$ 666,638

Estimated Cost of FAR in 2015	\$ 8,601,778
Repurposed Funding from 11/13 Biennium	\$ 602,124
Estimated 2015 Funding Needed	\$ 7,999,654
Title IV-E Waiver Funds - Federal	\$ 3,999,827
Title IV-E Waiver Funds - State Match	\$ 3,999,827

SFY16 Estimated FAR Expenditures	\$ 16,247,804
2013 - 2015 Biennium Carry Forward Funding	\$ 7,999,654
Estimated 2016 Funding Needed	\$ 8,248,150
Repurposed Funding from 11/13 Biennium	\$ 1,137,346
Estimated 2016 Funding Needed	\$ 7,110,803
Title IV-E Waiver Funds - Federal	\$ 3,555,402
Title IV-E Waiver Funds - State Match	\$ 3,555,402

SFY17 Estimated FAR Expenditures	\$ 19,115,063
2013 - 2015 Biennium Carry Forward Funding	\$ 7,999,654
Estimated 2017 Funding Needed	\$ 11,115,409
Repurposed Funding from 11/13 Biennium	\$ 1,338,054
Estimated 2017 Funding Needed	\$ 9,777,355
Title IV-E Waiver Funds - Federal	\$ 4,888,677
Title IV-E Waiver Funds - State Match	\$ 4,888,677

2015 - 2017 Biennium Carry Forward Funding	\$ 19,554,709
Title IV-E Waiver Funds - Federal	\$ 9,777,355
Title IV-E Waiver Funds - State Match	\$ 9,777,355

Source: CA, Finance and Performance Evaluation Division, Expenditure Projections, December 17, 2012