

2018 Annual Progress and Services Report

State of Washington

Department of Social and Health Services

Children's Administration

# Child Abuse Prevention and Treatment Act

Attachment A

June 30, 2017; Updated August 15, 2017

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## Child Abuse Prevention and Treatment Act Update

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### Use of State Grant Funds

CA provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), request child placement, or family reconciliation services to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- Regional CPS Program Managers and Safety Administrators assigned in each of Washington's three regions to help coordinate CPS services and program design. Includes salary, benefits and travel costs.
- Three Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. Includes salary and benefits.
- The Child Abuse and Neglect Consultation Network.

### CAPTA Goals

CA's Child Abuse Prevention and Treatment Act (CAPTA) goals are to continue developing and implementing improvements to our Child Safety Framework and Structured Decision Making Risk Assessment (SDMRA) tools, and finish implementing the new differential response system Family Assessment Response (FAR) while beginning work on sustaining the response system.

Goals for calendar year 2017 are:

1. Update the intake Screening and Response assessment tool to reflect current policy related to child on child sexual behaviors or contact, physical abuse allegations of children four and under, Commercially Sexually Exploited Children (CSEC) and imminent risk of serious harm cases related to drug exposed and affected newborns born to mother's using prescribed or non-prescribed substances.
2. Enhance the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.
3. Improve case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
4. Develop and implement agency response to Public Law 114-22: Impacts/Justice for Victims of Trafficking Act of 2015 for youth under the age of 18 years old. Washington State is not electing to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.

### 2016 Summary of Accomplishments

Each of Washington's three regions has a CPS Program Manager or Safety Administrator assigned to help coordinate CPS services and program design. To assist field staff in skill development regarding assessing and planning for child safety, six (6) Quality Practice Specialists (QPS) were hired statewide.

Outlined below are CA's accomplishments for calendar year 2016 for designated goals.

- CA continued developing and implementing policy on CSEC and a six-hour training has been developed and delivered to staff statewide. Current CA policy applies to children or youth in the placement, care, or supervision of CA who are at risk of, or are victims of commercial sexual exploitation or sex trafficking per PL 113-183 Preventing Sex Trafficking and Strengthening Families Act. This policy includes dependent children who are legally free, in out-of-home placement, on an in-home dependency, or participating in the Extended Foster Care program. This policy will be updated to reflect recent guidance and required Program Improvement Plan (PIP) from Region 10 regarding application of the law to all open cases. Definitions for CSEC were added to the CA policy manual and can be found at: <https://www.dshs.wa.gov/ca/practices-and-procedures-guide/appendix-definitions>

- Training for CSEC began in September 2015 in King County and continues to roll out over the next few months. Missing from Care Locators (MFC) received training in November 2015 and Child Health and Education Tracking (CHET) screeners received training in December 2015 and January 2016. Child and Family Welfare Services staff began training in March 2016 and all staff including intake and CPS workers, as well as caregivers will receive training over the next several months. As staff were trained, they began using the screening tool for the respective populations.
- Initial development began to incorporate the screening tool into FamLink Pro CSEC Module to streamline the work and provide easier data collection and reporting. The CSEC Module is the pilot module for what will be the new platform for the statewide FamLink SACWIS system.
- The policy can be found at: <https://www.dshs.wa.gov/node/23166>. CA was an active participant in the development of the Washington State Model Protocol for Commercially Sexually Exploited Children in 2012. This effort, led by the Center for Children and Youth Justice, brought together representatives from Children’s Administration, law enforcement, public schools, prosecutor’s, juvenile courts, community service and advocacy agencies, victim advocacy, youth advocacy and services, probation, public defense, and state legislators. These representatives provided input into the model protocol through a series of “mini-summits” held across the state between February 2012 and August 2012. CA is an active and on-going partner in the five local/regional CSEC task forces across Washington State that implemented this model protocol. Each task force includes representatives from CA, law enforcement, community service and advocacy agencies.
- CA has hired a program manager for CSEC to manage statewide implementation of the two federal laws. In consultation with the Attorney General’s Office, it was determined that request legislation will be required to allow CA to assess and offer services to children “identified as victims of sex trafficking and severe forms of trafficking in persons.” Washington Administrative Code (WAC) will also be revised regarding the definitions of child abuse and neglect to include CSEC. Below is a tentative work plan.

Children's Administration CSEC Work Plan	
Task	Due Date/Progress
Consult with AAG on implications	Completed
Draft legislation	Completed/did not pass in 2017. Will be resubmitted in 2018
Revise WAC	In progress. Will be completed and posted May 29, 2017
Draft decision package for additional funding	Draft completed but did not pass legislature
Identify and update policy	Completed May 2017; not yet implemented
Identify case flow	Completed May 2017
Engage CPS/Intake Leads workgroup	Ongoing
Change Request for FamLink (intake and assessment tools)	Completed November 2016
Review existing assessment tools or create new assessment	Completed January 2017; not yet implemented
Engage community partners (Sexual assault and DV centers) statewide around potential service delivery to confirmed CSEC youth	Began October 2016; Ongoing there after
Coordination with law enforcement, juvenile justice, and social service agencies (youth shelters) <ul style="list-style-type: none"> <li>Build on existing task forces statewide. Refer to model protocol for commercially sexually exploited children.</li> <li>Reach out to local law enforcement agencies to share information, joint training, etc.</li> </ul>	Began October 2016; Ongoing there after
Develop resource packet on treatment of CSEC for CA contracted therapists.	Due May 2017. In progress and ongoing thereafter.
CSEC Training:	Training curriculum completed.

Children's Administration CSEC Work Plan	
Task	Due Date/Progress
<ul style="list-style-type: none"> <li>▪ 6-hour training already developed and offered to all case carrying staff.</li> <li>▪ Develop community training with law enforcement, juvenile justice, etc.</li> <li>▪ Modified training for Caregivers/CPA staff</li> </ul>	

### 2016 Review Period Progress and Updates

Activity	Status
1. Continued implementation of FAR in remaining offices. As of December 2016 eight offices still need to be implemented.	June 2017
2. Ensure consistent use of the Child Safety Framework and Intake Screening Tool for CA CPS Leads, Quality Practice Specialists, and Intake Leads through monthly statewide in-person meetings and monthly intake conference calls by providing ongoing support and development.	Ongoing
3. Regular review of intake data by Headquarters and Regional Intake Program Managers. Managers bring any variations of screened out intakes to the attention of the Area Administrators for action. Provide monthly performance reports that include real time CPS investigation and CPS FAR, 24-hour and 72-hour response data for staff and managers to proactively manage their cases and ensure the safety of children. Monthly performance reports also provide data for Screened In, Screened Out and Non-CPS intakes.	Ongoing
4. A Statewide CPS Intake Review was completed to identify practice trends and review intake decision making.	Completed June 2016
5. Request legislation to amend FAR requirement to sign an agreement to participate in FAR because in response to disproportionality for Native American families	Completed January 2017 and legislation decision pending
6. Explore existing RCW/WAC regarding definitions of child abuse and neglect as it relates to CSEC and whether request legislation will be required.	Will be completed and posted May 29, 2017

### Update on The Justice for Victims of Trafficking Act

As of June 30, 2017, CA has implemented the following to meet the requirements of the Justice for Victims of Trafficking Act:

- CA intake staff have been trained on procedures for identifying indicators for CSEC and capturing reports, suspicion or indicators of CSEC in the intake.
- FamLink, CA's SACWIS system has been updated to capture information obtained through the intake process.
- CA intakes are sent to law enforcement per established Intake and CSEC policy.
- A one-day training, "Identifying and Supporting Commercially Sexually Exploited Children" is mandatory for all CPS workers and other case-carrying staff. Training dates have been scheduled statewide and will be provided between August 2017 to November 2017.
- Policies have been updated to reflect practice expectations related to CSEC and will be effective July 23, 2017.

Without a change in state legislation and additional funding to support the additional workload, CA is unable to assess and provide services to children who are victims of trafficking when the offender is someone other than a parent or guardian (3<sup>rd</sup> party). CA is currently able to provide services to children who are victims of CSEC when:

- The parent/guardian is the subject,
- The parent/guardian or child requests services,

- An intake is accepted for investigation or services for other reasons and CSEC is identified,
- The case is already open for services in any program and a concern of CSEC arises.

All intakes that involve allegations of CSEC, including 3<sup>rd</sup> party allegations, are sent to law enforcement.

Washington state legislation to allow CA to assess and offer services to children “identified as victims of sex trafficking and severe forms of trafficking in persons”, which would allow response to allegations of CSEC by a third party, was submitted but did not pass in 2017. A decision package for additional funding was also submitted but was not included in the budget. The legislation and funding request will be resubmitted in 2018.

## CAPTA Services

### Regional CPS Program Managers and Safety Administrators

The Regional CPS Program Managers and Safety Administrators continue to support intake, assessment, screening, and investigation of reports of abuse and neglect through:

- Training their regional staff and community partners.
- Representation on statewide project teams regarding CPS and intake time frames, functions, and screening and assessment tools.
- Consultation and consensus building at the regional and statewide level.
- Coordination of regional community-based child protection teams.
- Participation in local child fatality reviews.
- Coordination of regional services for low risk families.

### Critical Incident Case Review Specialists

The Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. These cases involve child fatalities, near fatalities, other critical incidents, high risk, high profile, complex cases, or tort cases.

### Child Abuse and Neglect Consultation Network

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

- Children’s Hospital and Medical Center in Seattle
- Harborview Medical Center in Seattle
- Mary Bridge Children’s Hospital in Tacoma
- Providence St. Peter Hospital in Olympia
- Deaconess Medical Center in Spokane
- Yakima Pediatric in Yakima

The Child Abuse and Neglect Consultation Network has nine (9) medical experts available to provide consultation to caseworkers across the state.

## Other CAPTA Activities

### Parent Trust for Washington Children

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

Parent Trust reduces risk factors associated with child abuse and neglect by:

- Improving parent and child attachment.
- Increasing positive family and life management skills.
- Increasing knowledge of normal child development and appropriate parent and caregiver expectations.
- Decreasing isolation through developing positive support networks.
- Increasing knowledge and use of community resources.

Parent Trust Programs include:

- Family Help Line and Support Services
- Parent Education and Support Services
- Community Based Programs
  - Circle of Parents Parent Education and Support Groups
- Home Based Programs
- Child and Teen Services
- Expectant and New Parent Services
- Conscious Fathering Program

### CAPTA Review Hearings

CAPTA 2016 Case Review / Summary	
Outcomes from all cases received in 2016	453
Decisions issued by Administrative Law Judge Founded/Affirmed: 170 Unfounded/Reversed: 11	181
Findings changed to Unfounded by Area Administrator based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge	55
Findings changed to Invalid Subject / Victim by Area Administrator	3
Findings changed to Inconclusive by Area Administrator	0
Transferred to AGO for licensing or conflict cases	24
Scheduled for a pending administrative hearing	180
Hearing completed and decision pending from OAH	10

### Washington State Citizen Review Panels (CRP)

Washington State has three Citizen Review Panels that meet at least quarterly throughout the year. Each Citizen Review Panel prepares an annual report summarizing the activities of the panel and recommendations to improve the child protective services system at the state and local levels.

Attached are the completed 2016 reports for the three Washington State Citizen Review Panels and CA’s response to recommendations made by the Citizen Review Panels in 2016.

### Child Protection Services Workforce

1. Number of families that received differential response as a preventative service during the year.

	Total
Number of CPS Intakes screened in for Family Assessment Response for January 2016 – December 2016	17,834

*Data Source: InfoFamLink CPS Intakes by Supervisor Decision Type-January 1, 2016 to December 31, 2016*

2. Average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B)).
  - Intake/Screening – average caseload

Number of Workers (Intake Workers as of 9/30/2016; CPS Workers Monthly Average for FFY 2016)	Total FFY 2016 (Oct 1, 2015-Sept 30, 2016)	Average Number of Intakes per Month	Average Number of New Intakes per Month per Worker
86 Screening and Intake Workers	111,534	9,294	108
228 CPS-Investigation Workers	23,987	1,999	8.8
161 CPS-FAR Workers	15,187	1,266	7.9

*Data source: Intake Workers – Agency Financial Reporting System (AFRS) September 2016 Payroll; CPS Workers – Children’s Administration Workload FTE Report, monthly average assigned worker percent for FFY 2016*

- Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. CA uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

	CPS Average Caseload	CPS Full-time Employee (FTE)	Total CPS Cases
January	17.07	375.0	6,401.0
February	17.06	377.4	6,439.6
March	17.5	389.4	6,808.9
April	17.8	392.4	6,982.9
May	17.5	393.7	6,906.4
June	18.3	396.1	7,260.3
July	17.1	396.8	6,789.6
August	14.1	398.3	5,602.3
September	13.2	392.8	5,198.3
October	13.2	393.7	5,204.6
November	14.3	389.5	5,564.2
December	15	395.2	5,917.6

*Data source: FamLink Workload FTE Summary Report Jan-Dec 2016*



3. Information on the education, qualifications, and training requirements established by the State for child protective service personnel, data on the education, qualifications, and training of personnel, and demographic information of personnel (sections 106(d)(10)(A-C)):
  - Information on the education, qualifications, and training requirements established by the state for child protective service personnel.
  - Data for education, qualifications, and demographic information of personnel.

Children's Administration CPS Workforce		
Race/Ethnicity	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
American Indian/Alaskan	5	1%
Asian or Pacific Islander	24	5%
Black/Not Hispanic origin	40	9%
Hispanic	42	9%
Unknown	72	15%
White/Not Hispanic origin	283	61%
<b>Total</b>	<b>466</b>	<b>100.0%</b>
Gender	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
Female	370	79%
Male	96	21%
<b>Total</b>	<b>466</b>	<b>100.0%</b>
Age	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
Under 35 Years Old	132	28%
35 - 45 Years Old	149	32%
46 - 60 Years Old	143	31%
Over 60 Years Old	42	9%
<b>Total</b>	<b>466</b>	<b>100.0%</b>
Education	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
AA Degree	1	0.43%
College Grad 4 Year Degree	115	24.84%
High School or GED	1	0.00%
MA/MS/MSW Degree	244	58.67%
PHD, LLD, MD, JD	2	0.86%
Some College - 2 quarters or more	9	0.86%
Some Graduate Work	12	1.93%
Unknown	54	12.42%
Other Master Degree	28	0.00%
<b>Total</b>	<b>466</b>	<b>100.0%</b>

*Data source: HRD as of 6/1/2017*

**DSHS Children’s Administration Social Service Specialist Series  
Required Education, Experience, Skills and Abilities**

Social Service Specialist 1	Social Service Specialist 2	Social Service Specialist 3	Social Service Specialist 4
<p>A Master's degree in social services, human services, behavioral sciences, or an allied field.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field and one year of social service experience.</p> <p>Note: Employees must successfully complete the formal training course sponsored by their division within eighteen months of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>	<p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and eighteen months as a Social Service Specialist 1.</p> <p><u>OR</u></p> <p>A Master's degree in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 1 or equivalent paid social service experience.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and two years of paid social service experience performing functions equivalent to a Social Service Specialist 1.</p> <p>Note: A two year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>	<p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Master's degree in social services, human services, behavioral sciences, or an allied field and two years of paid social service experience equivalent to a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and three years of paid social service experience performing functions equivalent to a Social Service Specialist 2.</p> <p>Above experience must include one year paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units</p> <p>NOTE: A two year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>	<p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and two years of experience as a Social Service Specialist 3.</p> <p><u>OR</u></p> <p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and four years of experience as a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Master's degree in social services, human services, behavioral sciences, or an allied field and four years of paid social service experience equivalent to a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and six years of paid social service experience performing functions equivalent to a Social Service Specialist 2.</p> <p>Above experience must include two years paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units</p> <p>NOTE: A two year Master's degree in one of the above fields that included a practicum may be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>

**CPS Training Related Information  
Calendar Year 2016**

Training Title	Required For	Mandate	CPS		DLR		Intake		Social and Health Program Consultants (SHPC)
			SW's	Sups	CPS	Licensors	SW's	Sups	
Child Abuse Interviewing and Assessment	Required for CPS and DLR/CPS SWs and Sups	<a href="#">Operations Manual Chapter 8000, Section 8323 RCW 74.14B.010</a>	246	0	Counted with CPS SWs	0	0	0	0
SW Regional Core Training (RCT)	Required for all SWs	<a href="#">Operations Manual Chapter 8000, Section 8323 RCW 74.14B.010</a>	395	0	Counted with CPS SWs	Counted with CPS SWs	0	0	0
Supervisor Core Training	Required for all Supervisors of Case-Carrying staff	<a href="#">DSHS Admin Policy 1834 WAC: 357-34-055</a>	0	49	0	0	0	0	0
Intake Specialized Track	Required for all intake SWs and Sups	<a href="#">Operations Manual Chapter 8000, Section 8323</a>	0	0	0	0	28	0	0
<b>Total Trained by Position / Job Classification</b>			<b>641</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

*\*Data from LMS as of 5/31/2017, and represent training completions for Calendar Year (CY) 2016. Numbers for RCT include RCT (140 completions) and Interim RCT (255 completions) which began on 4/1/2016.*

4. The number of children referred to CPS under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d) (15)).

CY 2016	
Number of children referred to CPS with Substance Exposure Evident at Birth for the period of January 1, 2016–December 31, 2016	529

Data Source: FamLink Production Query Request 1145

5. The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16)).

FFY 2016	
Number of children with a founded finding for abuse and/or neglect that are age 3 or under and have a documented referral to the Early Support for Infants and Toddlers Program for the period of October 1, 2015–September 2016	529

Data Source: FamLink-pulled data reported in NCANDS IDEAREF Field in Agency file

### Juvenile Justice Transfers

Children experiencing a Juvenile Rehabilitation placement remain in the custody of the Children's Administration, unless they are transferred because their Juvenile Rehabilitation stay will exceed the child's 18th birthday.

While transfer of custody is rare, Children's Administration gathers data from the FamLink SACWIS System on children who experienced a Juvenile Rehabilitation placement during the year. In calendar year 2016, 116 youth were identified as experiencing a Juvenile Rehabilitation placement.

The Juvenile Justice Transfers table below reflects the number of children in the custody of Children's Administration who experienced a Juvenile Rehabilitation placement during calendar year 2016.

Calendar Year 2016 January 1, 2016– December 31, 2016						
Race	Female			Male		Total
	12 – 15 Years	16 – 18 Years	10 – 12 Years	13 – 15 Years	16 – 18 Years	
American Indian/ Alaskan Native	3	8	0	5	9	25
Asian	0	1	0	0	0	1
Black/ African American	3	7	0	10	9	29
Multi	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	1	0	2	1	4
Unable to determine	0	0	0	0	0	0
White/Caucasian	7	15	0	10	25	57
<b>Total</b>	<b>13</b>	<b>32</b>	<b>0</b>	<b>27</b>	<b>44</b>	<b>116</b>

Data Source: Children's Administration FamLink; Includes any youth in an open episode for any length of stay during CY16, who were also placed into a state regulated JJRA facility sometime during FFY15. Includes only the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, WOODINVILLE TREATMENT CENTER

### Update on Services to Substance-Exposed Newborns

CA Intake policy requires intake workers to screen in intakes involving allegations of child abuse or neglect or imminent risk of serious harm involving a newborn exposed or affected by substances (alcohol, marijuana and all drugs with abuse potential; including prescription medications).

During the course of the CPS response, the caseworker monitors the safety of the infant involved and continues to work with and refer parents to relevant services to increase the safety and well-being of the

infant involved. Caseworkers complete a "Plan of Safe Care" as required by the Child Abuse Prevention and Treatment Act (CAPTA) when a newborn has been identified as substance affected by a medical practitioner. The plan must include, but is not limited to:

- a. Medical care for the newborn.
- b. Safe housing
- c. A plan of child care if the parent is employed or in school.
- d. A list of phone numbers and contacts for the parent to call, including:
  - i. Emergency care for the newborn.
  - ii. Help with parenting issues.
  - iii. Help during a crisis.
- e. A referral for the parent to necessary services, e.g., local chemical dependency professional, substance abuse assessment/treatment, or mental health assessment/treatment.
- f. A referral to other resources that may be of support, e.g. First Steps, Safe Babies Safe Moms (CPS clients are a priority population), Parent Child Assistance Program, Public Health Department, Women, Infant and Children (WIC), etc.

In October 2014, CA launched the Infant Safety Education and Intervention policy to improve child safety outcomes for children under one-year of age through early intervention and education with caregivers. The development of a Plan of Safe Care is part of this policy and has been required prior to October 2014; however, a renewed emphasis came with this policy rollout. In 2016, CA launched Safety Boot Camp statewide which provided caseworkers with refresher training related to Infant Safety to include when and how to complete a Plan of Safe Care.

In Washington State, health care providers are mandated reporters are required to notify Child Protective Services when there is reasonable cause to believe a child has been abused or neglected. If a newborn has been identified as substance exposed or affected this may indicate child abuse or neglect and should be reported. CA contributed to the development of protocol by the Washington State Department of Health for substance exposed or affected newborns in their [Guidelines for Testing and Reporting Drug Exposed Newborns in Washington State](#). In addition, CA partnered with the Washington State Department of Health to the develop the [Substance Abuse During Pregnancy: Guidelines for Screening](#) practice guide which includes details for health care providers on how to make a report, what information will need to be provided, what happens after the report is made and more.

CA regularly updates the Mandated Reporter video for Washington State that provides education on reporting requirements.

### CAPTA Program Manager

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# Children's Administration

## Indian Policy Advisory Subcommittee

### Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel

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#### CAPTA Report for Calendar Year 2016

##### Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the State is fulfilling its child protection responsibilities in accordance with its Child Abuse Prevention and Treatment Act (CAPTA) State plan. The Children's Administration Indian Policy Advisory Committee (CA\_IPAC) serves as a CRP. The CA\_IPAC Subcommittee meets monthly in Olympia and uses video conferencing for statewide participation. The function of CA\_IPAC is to assure quality and comprehensive service delivery from the Department of Social and Health Services (DSHS) to all American Indians and Alaska Natives in Washington State.

##### Areas of Focus Selected

During the calendar year 2016 reporting period, the Panel reviewed and consulted on a number of areas related to improvement of child welfare services that impact the best interests of American Indians and Alaska Natives. The primary areas focused on by the panel in calendar year 2016 are shown in bold font below and an update on progress is also provided.

- **Revisions to the CA Tribal Memorandum of Understanding**
  - As of February 2017 we have [completed and signed 13 MOUs](#) and 17 others are in process. This count includes tribes who do not want an MOU and have declined CA's invitation to meetings to discuss the process. The MOUs use a [standard format](#) and allow for tribes to customize the delivery of child welfare services (provided by the state). The MOUs also help identify and facilitate delivery of services and enhance the government-to-government relationship as it applies to each tribe.
- **ICW manual revisions**
  - Tribes have participated in the review and revision of all chapters, the updated policies and procedures are now online and reflect recent changes to federal regulations that took effect December 12, 2016.
- **Develop a revised ICW training in partnership with UW Alliance**
  - CA coordinated with the UW Alliance and The National Indian Child Welfare Association to implement training for all CA caseworkers. Statewide trainings were completed August through November 2016.
- **WAC Revisions**
  - Following DSHS Administrative 7.01 policy CA has conducted two round tables and consultation with tribes on revisions to Washington Administrative Code 388-70. The WAC was revised to align the definition of Indian child with federal and state Indian Child Welfare laws, and to be consistent with current CA policy and procedure.

##### Recommendations to the Agency for Calendar Year 2017

- Continue to monitor and track Indian Child Welfare Act (ICWA) compliance and Disproportionality impacts (including impact of FAR and WSRDAC activities).
- Provide a report out on the action plans developed at the regional level as part of the 2015 ICW Case Review results.

- Provide regular updates to tribes at CA\_IPAC on the progress of Second Substitute HB 1661 which creates a new Department of Children, Youth and Family Services.
- Continue to work on the following:
  - MOU reviews and completing updated agreements - there are currently 13 MOUS completed, and CA continues to work with tribes that don't have an MOU in place.
  - Service availability to rural tribes and local offices.
  - Workforce stabilization - what can CA do to impact retention and provide consistency to families.
  - Outreach to all Tribes to increase participation at CA\_IPAC

### Citizen Review Panel Members

The CA\_IPAC is comprised of representatives from the 29 federally recognized tribes in Washington, the five Recognized American Indian Organizations, and staff from other DSHS Administrations. The Tribes highlighted in bold gave input for the calendar year 2016 report.

- |   |  |
|---|--|
| ▪ Confederated Tribes of the Colville Reservation | ▪ <b>Confederated Tribes of the Chehalis Reservation</b> |
| ▪ <b>Cowlitz Indian Tribe</b>                     | ▪ Hoh Tribe  |
| ▪ <b>Jamestown S'Klallam Tribe</b>                | ▪ <b>Kalispel Tribe</b>                                  |
| ▪ Lower Elwha Klallam Tribe                       | ▪ Lummi Nation   |
| ▪ Makah Nation                                    | ▪ <b>Muckleshoot Tribe</b>                               |
| ▪ Nisqually Tribe                                 | ▪ Nooksack Tribe   |
| ▪ Port Gamble S'Klallam Tribe                     | ▪ Puyallup Tribe   |
| ▪ <b>Quileute Nation</b>                          | ▪ Quinault Nation  |
| ▪ <b>Samish Nation</b>                            | ▪ Sauk-Suiattle Tribe                                    |
| ▪ Shoalwater Bay Tribe                            | ▪ Skokomish Tribe  |
| ▪ Snoqualmie Tribe                                | ▪ <b>Spokane Tribe</b>                                   |
| ▪ Squaxin Island Tribe                            | ▪ <b>Stillaguamish Tribe</b>                             |
| ▪ Suquamish Tribe                                 | ▪ Swinomish Tribe  |
| ▪ Tulalip Tribe                                   | ▪ Upper Skagit Tribe                                     |
| ▪ <b>Yakama Nation</b>                            |  |

# Children's Administration

## Children, Youth, and Family Services Advisory Committee

### Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel

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#### CAPTA Report for Calendar Year 2016

##### Purpose

The purpose of the Citizen Review Panel (CRP) (the Panel) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act. This is done through examining policies, procedures, and practices of the state child welfare agency and reviewing employee training, recruitment and retention, specific cases where appropriate, and other criteria that are important to ensure the protection of children. The Children, Youth, and Family Services Advisory Committee serve as a Statewide Citizen Review Panel for Washington State.

##### Areas of Focus Selected

During the calendar year 2016 reporting period, the Panel continued their review of the Family Assessment Response (FAR) implementation. The panel members participated in a survey designed to identify a primary focus for 2016. The options were:

1. Continue monitoring of FAR implementation
2. Improvements to the parent/child visitation process
3. Further review and evaluation of the Child Safety Framework
4. Caseworker recruitment and retention

As a result of the survey the group decided to continue monitoring FAR implementation data as it is made available, continue monitoring the parent/child visitation workgroup outcomes, and to make caseworker recruitment and retention the panel's primarily focus.

##### Process

The Panel met five times in 2016. TriWest presented the results of Washington State FAR interim evaluation report and the field director presented on CA recruitment and retention.

In addition to these presentations, CA Assistant Secretary, Jennifer Strus attended the meetings and engaged the Panel in discussion to review and give advice on numerous child welfare topics including:

- Family Assessment Response (FAR)
- CA employee recruitment, retention, compensation, and training
- The role of the Citizen Review Panel
- Federal plans and review processes
- Performance measures
- Performance Based Contracting
- New / proposed legislation
- Parent/child visitation
- Foster parent recruitment and retention
- CA budget
- Mobile computing
- Placement resources
- Coordinated Care



- Background check processes
- The Blue Ribbon Commission
- LGBTQ youth welfare response and Advisory Committee implementation

### The Role of the Citizen Review Panel

This year the Panel continued discussion regarding the effectiveness of the CRP in its current form. The Assistant Secretary attends every meeting and engages members in a dialogue that encourages candid feedback from all members on a variety of child welfare topics. The topics cover areas that are important under CAPTA and other areas that are important for the smooth operation of a functioning child welfare system. At the end of the calendar year acknowledging the improved relationship between the Panel and CA, the members agreed to continue operating as one of Washington State's CRPs and completed a survey to identify an area of focus for 2017.

### Action by the Citizen Review Panel

During calendar year 2016 panel members participated in the following actions:

- Members continued participation in a workgroup assembled to make improvements to the policies and processes for parent/child visitation. This work is continuing into 2017.
- A survey of the CRP was completed to help identify and prioritize the interests of the whole group.
- Members reviewed proposed legislation and provided feedback as to benefits and consequences of the legislation.
- Members provided constituent reports that many new social workers were not adequately trained/job ready when they stepped into existing caseloads. These included examples of new social workers not understanding CA policies to struggling to engage families appropriately. There is strong concern that the lack of job readiness is leading to new worker turnover. There is also strong concern that turnover is leading to children not reaching permanency timely and families not receiving the services and support they need to reunify.
- Panel members brought concerns regarding individual case examples and patterns of case management to discuss as a group.
- In preparation for the panel's future plans, members researched and reviewed other states CRP actions and efforts to address child welfare employee recruitment and retention.
- Panel members continued support of CA request to the legislature to amend FAR legislation so clients do not have to sign an agreement to participate in FAR and to extend the amount of time a FAR case can be open so families can participate in the full array of evidence based services offered by CA.

### Recommendations for Calendar Year 2016

The Citizen Review Panel made the following recommendations to CA during the 2016 calendar year:

- Continue rolling out the Family Assessment Response (FAR) across the state as funding allows. (The 2016 legislature approved funding for continuation of the FAR roll out to the remaining offices.)
- Continue examining employee recruitment and retention in order to develop strategies for building employee capacity to deliver child welfare services.
- Continue to examine current training practices and identify areas for improvement in both preplacement training and on the job training and support.
- Continue work on the implementation of CA's policy on parent / child visitation by line social workers.
- Continue work on revamping visitation contracts to help ensure policies like having the first visit within 5 days are possible.
- CRP members will continue to inform work by the parent/child visitation workgroup regarding policy, training and contracts.

## Future Plans

The CRP will continue reviewing and tracking implementation of Family Assessment Response in relation to child safety and racial disproportionality in the coming year. The panel is requesting that Tri-West give a presentation to the group again in 2017 regarding the assessment of the FAR implementation.

The panel will collect data from CA and others sources as available regarding the status of child welfare employee recruitment and retention. The panel will provide the data collected and recommendations from the panel's review of the data to CA in calendar year 2017.

The panel is requesting data from CA as part of a review of staff turnover and retention for years 2014-2016, by year, statewide, region/sub region and office levels:

- Number of case carrying social service specialists 2/3 FTE
- Number of case carrying social service specialist 4 supervisors FTE
- Number of case carrying area administrator FTE
- Workload report by region and office per program FTE

For each of the categories above:

- How many FTE with less than a year CA experience
- How many FTE more than a year and less than five years' CA experience
- How many FTE more than five years CA experience
- List of offices ranked from lowest FTE turnover to highest.
- List of office ranked from least amount of FTE experience to highest in both SSS3 and SSS4

## 2016 Citizen Review Panel members

Jacob D'Annunzio, Office of Public Defense – **Co-Chair**

Byron Manering, Director of Brigid Collins, Family Support Center, Bellingham – **Co-Chair**

Alise Hegle, Children's Home Society of Washington

Andrew Hill, Excelsior Youth Center, Spokane

Annie Blackledge, The Mockingbird Society, Seattle

Ed Holm, Attorney, Olympia

Esther Patrick, Foster Parent

Janis Avery, Treehouse, Seattle

Jason Bragg, Parent Mentor/Ally

Jess Lewis, Office of Superintendent of Public Instruction

Jim Sherrill, Indian Policy Advisory Committee, Longview

Jorene Reiber, King County Superior Court Family Court

Laurie Lippold, Partners for Our Children, Seattle

Michelle Ressa, Spokane County Superior Court

Rea Culwell, Washington Association of Prosecuting Attorneys

Ron Murphy, Casey Family Programs, Seattle

Ryan Kiely, Excelsior Youth Center, Spokane

Ryan Murrey, Washington Court Appointed Special Advocates for Children

Tess Thomas, Thomas House, Seattle

## Children’s Administration

### Region 1 South Oversight Committee

### Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel

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#### CAPTA Report for Calendar Year 2016

It is the mission of the Region 1 South Oversight Committee and Citizen Review Panel (CRP) to be a presence in the community by reaching out and advocating for the needs of children and families across Region 1 South. In addition, this committee will be reviewing and evaluating performance measures, state and federal, and offer suggestions or help to overcome internal or external barriers to families.

#### Purpose

The purpose of the CRP is to evaluate the extent to which the state agency in Region 1 South is fulfilling its child protection responsibilities in accordance with the Federal Child Abuse Prevention and Treatment Act (CAPTA) State plan.

In 2016, the team met on the following dates and locations: April 18, 2016 in Yakima, WA at the CA Regional Hub Office; July 28, 2016 in Richland, WA at the DCFS Office; and October 26, 2016 in Ellensburg at the DCFS Office.

#### Areas of Focus Selected

The Region 1 South Oversight Committee serves as a CRP for Washington State. The Oversight Committee CRP invites local community members to join committee meetings to discuss the accessibility and effectiveness of CA services, with emphasis on policies, practices and community collaborations that support child safety and well-being. Specific areas of focus for 2016 include: recruitment for additional CRP members, CA staff recruitment and retention, CA Region 1 South performance in meeting State and Federal child safety measures related to Child Protective Services intervention, and enhancing resources for children and families in rural areas of Region 1 South.

#### **Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervision of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers:**

Team wants to know the vacancy rate by office. Staff retention is one of the five (5) goals set by headquarters this year. Factor that may impact recruitment and retention of staff: Staff are overwhelmed with the work and requirements, the work culture/attitude of millennials may be a factor, Public child welfare is emotional work.

DRA explained that the situation is better than it was 6 months ago (January 2016). Some of the conclusions drawn are it is difficult to compete with the private sector, wages are competitive or better than state service; the same position in other divisions do not appear to have the same difficulty of work (ie: a Social Service Specialist (SSS) 3 with the CSO or APS is not the same work as an SSS3 with CA); another difficulty for new staff has been difficult relationships with court personnel and processes per reports by staff who have left the position – some of this is attempting to be addressed through the Table of 10 meetings but that is a work in progress and may only address difficulties experienced with the court process. There is discussion on a reclassification of an SSS3 within CA so that compensation is at a different level.

Some attempts at improving number seven (7) have been changing the interview process. Yakima is using a pilot project developed with HR that includes a more intensive interview process using key competencies and the supervisory team developing 2-3 questions per competency for interviews of new staff. This design will help assess the interviewees abilities and experience and hopefully give a better idea of their fit for the demands of the position.

Other areas being looked at is case load size and balancing case load vs. work load, which is impacted by legislative dollars. Regionally the management team is restructuring how supervision is done throughout

the region. There have been positions created for 2 new Area Administrators (one in Spokane and one in Region 1 South), and a new Deputy Regional Administrator over Programs with the goal of supervision ratio being 1:6.

The region has also been able to hire and maintain 7 SSS1s throughout the region to achieve Braam measures with legislative proviso dollars. These positions have shown to be supportive in the areas that have them. These positions are funded through June 2017. Clarification of SSS1 qualifications: must have bachelor level of education. CA looking into “career ladder program” which would allow for a paid internship for people working toward their 4-year social work degree, thus investing in future employees while training them to the job.

Also mentioned an update on the Mobility Project – all staff currently have tablets that they can take out into the field, as well as iPhones; both of which are seen as improving the way we do business.

Discussion on impact hiring crisis has on families: negative impact for families when they have multiple social workers due to high turnover rates.

### **Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols:**

CPS Program Consultants in Region 1 presented information regarding the Safety Framework tool, going over the basics of the tool which includes 17 Safety Threats and 5 Threshold Questions that staff use to guide practice in assessing for safety. Other key areas that staff are being supported in are ensuring a Global Assessment of the family is occurring to ensure knowledge of the family functioning and how each member contributes to the safety of the children and functioning of the family; meeting IFF standards (24 and 72 hour timeframes to see an alleged victim of CA/N); and focus on staff completing timely investigations.

The panel was provided the Policy and Procedures Manual for intake as well as the Practice Guide for Intake. The panel responded that this was helpful in better understanding the intake screening process. They felt that this information would be helpful to new staff and community partners to have a better understanding of how screening decisions are made.

Some discussion on the SDM (Structured Decision Making tool) and the Safety Framework tools. There have been some changes in FamLink and the struggle continues between documentation to capture the work that is being done vs. the time and energy it takes to actually do the work; the balance is to ensure there is documentation to adequately show the actual work being done by workers. We are in the process of combining the tools that we can to decrease duplicative work and to build consistency among all assessments of safety.

A description of the CPS-FAR pathway was shared with the team: how the program was rolled-out through-out the region, and some highlights we’ve learned from the Independent Review of CPS\_FAR. One of the biggest changes in R1 with the CPS-FAR roll-out is an increase in intakes screened for a 24-hour response (up 50%, which is higher than the anticipated 30% increase projected).

New legislation and practice was shared to the team to include a change in the intake process as it relates to domestic violence-asking about DV as a standard question in the intake process. New intakes regarding a child age 3 or younger called in by a physician will have a 24-hour response; and any physical abuse allegation of a child 3 years or younger will always go to the investigative pathway and not to CPS-FAR.

### **Case management, including on-going case monitoring, and delivery of services and treatment providers to children and their families:**

Currently WA state has 40 children placed outside of the state in BRS placements. CA is working with Sequil to develop a program with-in WA to accommodate these children. Looking into unused facilities in WA state with the idea to bring trained staff in to work with this population. The goal is to have 25 beds in each region. This is in the development stages with HQ and upper management.

Some positives with regards to placement is that relative placement is as high as it has ever been across the state. HQ is looking at creating/appointing Kinship Care to a Program Manager position to better support the unique needs of kinship/relative caregivers.

The team was also provided regional information regarding achieving permanency of youth in out of home care. Information from the quality practice team was shared regarding the total number of out of home placements for the month of September 2016; as well as the numbers of youth in out of home care for the months of January 2016 – September 2016 for comparison; and the number of adoptions by month for 2012 – September 2016 (which shows a trend of increased number of adoptions over the past 4 years). Dorene also briefly shared the regions plan to begin Rapid Permanency Reviews – which is a system to complete 30 minute reviews of children who are close to permanency, focus on bright spots and bottlenecks in the case and system, not primarily focused on practice, and designed to address program and system barriers.

The panel received a presentation by Coordinated Care-Apple Health Core Connections/Kolbi Peach. This program began in Washington State in April 2016. The Goal of Coordinated Care is to ensure timely access to needed physical and behavioral health services for all youth in out of home care or who have been in out of home care.

Areas covered in this presentation was information on who Apple Health Core Connections serves, which includes all children and youth in out of home placements, children and youth receiving Adoption Support, youth in Extended Foster Care, and Alumni of Foster Cared (aged out the month of their 18th birthday or after, enrolled until age 26). Benefits include: medical services, behavioral health benefits, pharmacy benefits, vision health benefits, ProviderOne benefits (substance use services, services for people with developmental disabilities, dental services, eyeglasses and fitting, inpatient psychiatric care and crisis services, ESIT, maternity support, voluntary pregnancy terminations, sterilizations, transportation to medical appointments, and transgender benefits). Other benefits are psychotropic medication utilization review, access to a health library, and Healthy Kids Club.

The team had questions about youth who achieve permanency through Guardianship; and also what the process was for the psychotropic medication utilization review was. The team felt the presentation was very informative and hopeful that it will improve the health and well-being of youth in foster care.

### Committee Work Plan for 2017

The team plans to meet in February, May, August, and November 2017 at various locations around the region.

1. The Oversight committee will consider holding some meetings at local CA offices in order to meet with Social Workers and Supervisors (this has occurred in past years).
2. Committee will meet every quarterly. Telephone meetings may be used in place of face to face meetings dependent upon budget constraints and weather. As offices in CA are able to take advantage of video conferencing equipment, the oversight members and additional members may be able to participate through that modality which hopefully will improve productivity while maintaining rural uniqueness.
3. Foster youth and alumni will be invited to Committee meetings to share their experiences, make recommendations for improving practice.
4. Committee will recruit additional members from under-represented areas, including new Tribal members, a new member from the foster care alumni and service recipients from those areas.

### Region 1 South Oversight Committee CRP Members

- Mary O’Brien – Yakima Valley, Administrator Yakima Valley Farmworker’s Clinic
- Joel Chavez – Franklin County Drug and Alcohol Program, Kennewick
- Linda Watts – Yakima Police Department

- Jessica Hodges – 3 Rivers Wrap Around, Kennewick
- Lynn Biggs – Casey Families
- Jeff Gwinn – Walla Walla County CASA program
- Nancy Jewett – Kittitas County CASA program
- Dorene Perez – DSHS/CA Deputy Regional Administrator Region 1 South
- Monica Jenkins – Regional Programs Supervisor, Region 1
- Molly Rice – Region 1S CPS Program Consultant
- Jenna Kiser – Safety and Intake Program Manager, CA Headquarters

# DSHS - Children’s Administration

## Response to Washington State Citizen Review Panel

### Purpose

The purpose of this report is to respond to the Citizen Review Panels’ recommendations to improve the state and local child protection system. To coincide with the Annual Progress and Services reporting period, this report covers the calendar year 2016 reporting period.

### Background

Washington State Citizen Review Panel Program was established in 1999 in response to the CAPTA requiring states to develop and establish Citizen Review Panels. Washington State has one regional Panel and two statewide Panels. These include:

1. Children’s Administration Indian Policy Advisory Subcommittee
2. Children, Youth and Family Services Advisory Committee
3. Region 1 South Oversight Committee

More than 40 Panel members, representing a broad spectrum of Washington communities participate on these panels. As required by CAPTA, Panel members play an integral role in reviewing whether the state is meeting its goals of protecting children from abuse and neglect.

CA supports Panels by providing logistical and technical support; assisting with training, recruiting, and strategic planning; and facilitating the exchange of pertinent information. More information on Washington State Citizen Review Panels is located at: [DSHS - Children's Administration - Citizen Review Panels](#)

### Washington State Citizen Review Panels’ Areas of Focus for Calendar Year 2016

Citizen Review Panel	Areas of Focus
Children’s Administration Indian Policy Advisory Subcommittee	<p>During the calendar year 2016 reporting period, the Panel focused on the following efforts:</p> <ul style="list-style-type: none"> <li>▪ Revisions to the CA/Tribal Memorandum of Understanding</li> <li>▪ Finalization of a ICW Continuous Quality Improvement Action Plan</li> <li>▪ Revisions to ICW Manual</li> <li>▪ Modifications to ICW FamLink page for better data accuracy and monitoring of ICW cases</li> <li>▪ Revised ICW training in partnership with UW Alliance developed</li> </ul>
Children, Youth and Family Services Advisory Committee	<p>During the calendar year 2016 reporting period, the Panel focused on the following areas.</p> <ul style="list-style-type: none"> <li>• Provided review and feedback for parent child visit policies</li> <li>• Completed a CRP survey to identify group priorities</li> <li>• Provided review and feedback for proposed legislation</li> <li>• Provided constituent feedback regarding training and skill gaps for new CA staff affecting worker turnover, family engagement, service delivery and permanency for children.</li> <li>• Case management review and feedback at worker and office levels.</li> <li>• Researched and reviewed other states’ CRPS action and efforts regarding child welfare worker recruitment and retention.</li> <li>• Support CA request legislation for FAR (eliminate the signed agreement, increase timeframe for FAR case).</li> </ul>

Region 1 South Oversight Committee	<p>During the calendar year 2016 reporting period, the Panel focused on the following efforts:</p> <ul style="list-style-type: none"> <li>▪ Re-establishing regularly scheduled CRP meetings.</li> <li>▪ Recruiting and enlisting new membership</li> <li>▪ Discuss accessibility and effectiveness of CA services regarding policies, practice, community support for child safety and wellbeing.</li> <li>▪ Reviewed CA Region 1 South federal child safety measures for CPS intervention, enhancement of resources for children and families</li> <li>▪ Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervision of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.</li> <li>▪ Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.</li> <li>▪ Case management, including on-going case monitoring, and delivery of services and treatment providers to children and their families.</li> </ul>
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### Citizen Review Panel's Recommendations

Citizen Review Panel	Recommendation
Children's Administration Indian Policy Advisory Subcommittee	<p>Recommendations to CA for calendar year 2017:</p> <ol style="list-style-type: none"> <li>1. Continue to monitor and track Indian Child Welfare Act (ICWA) compliance and Disproportionality impacts (including impact of FAR and WSRDAC activities).</li> <li>2. Provide a report out on the action plans developed at the regional level as part of the 2015 ICW Case Review results.</li> <li>3. Provide regular updates to tribes at CA IPAC on the progress of Second Substitute HB 1661 which creates a new Department of Children, Youth and Family Services.</li> <li>4. Continue to work on the following: <ul style="list-style-type: none"> <li>• MOU reviews and completing updated agreements - there are currently 13 MOUS completed, and CA continues to work with tribes that don't have an MOU in place.</li> <li>• Service availability to rural tribes and local offices.</li> <li>• Workforce stabilization - what can CA do to impact retention and provide consistency to families.</li> <li>• Outreach to all Tribes to increase participation at CA IPAC.</li> </ul> </li> </ol>



<p>Children, Youth and Family Services Advisory Committee</p>	<p>The Citizen Review Panel made the following recommendations to CA for calendar year 2017:</p> <ol style="list-style-type: none"> <li>1. Continue reviewing and tracking implementation of FAR in relation to child safety and racial disproportionality.</li> <li>2. Collect data regarding the status of CA employee recruitment and retention in order to provide feedback for building employee capacity to deliver child welfare services.</li> <li>3. Continue to examine current training practices and identify areas for improvement in both preplacement training and on the job training and support.</li> </ol>
<p>Children’s Administration Region 1 South Oversight Committee Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel</p>	<p>The team plans to meet in February, May, August, and November 2017 at various locations around the region.</p> <ol style="list-style-type: none"> <li>1. The Oversight committee will consider holding some meetings at local CA offices in order to meet with Social Workers and Supervisors (this has occurred in past years).</li> <li>2. Committee will meet every quarterly. Telephone meetings may be used in place of face to face meetings dependent upon budget constraints and weather. As offices in CA are able to take advantage of video conferencing equipment, the oversight members and additional members may be able to participate through that modality which hopefully will improve productivity while maintaining rural uniqueness.</li> <li>3. Foster youth and alumni will be invited to Committee meetings to share their experiences, make recommendations for improving practice.</li> <li>4. Committee will recruit additional members from under-represented areas, including new Tribal members, a new member from the foster care alumni and service recipients from those areas.</li> </ol>

## Children's Administration Indian Policy Advisory Subcommittee

### Recommendation 1

Continue to monitor and track Indian Child Welfare Act (ICWA) compliance and Disproportionality impacts (including impact of FAR and WSRDAC activities).

#### *Children's Administration Response*

CA will continue to monitor and track ICWA compliance and Disproportionality impact through established ICW Case Review, Central Case Reviews, Continuous Quality Improvement and Quality Assurance evaluations. Results of these evaluations will be shared with CA IPAC and WSRDAC to solicit feedback on how to improve CA's performance on these items. CA will then share the results of any policy and systemic changes implemented as a result of the feedback provided by CA IPAC and WSRDAC.

### Recommendation 2

Provide a report out on the action plans developed at the regional level as part of the 2015 ICW Case Review results.

#### *Children's Administration Response*

CA will provide an updated status report on each of the action plans that were developed.

### Recommendation 3

Provide regular updates to tribes at CA IPAC on the progress of Second Substitute HB 1661 which creates a new Department of Children, Youth and Family Services.

#### *Children's Administration Response*

CA will share information regarding implementation and status of HB1661 at CA IPAC meetings.

### Recommendation 4

Continue to work on the following:

- MOU reviews and completing updated agreements - there are currently 13 MOUS completed, and CA continues to work with tribes that don't have an MOU in place.
- Service availability to rural tribes and local offices.
- Workforce stabilization - what can CA do to impact retention and provide consistency to families.
- Outreach to all Tribes to increase participation at CA IPAC

#### *Children's Administration Response*

CA will continue efforts to establish MOU's with tribes that do not have an MOU in place and update existing MOU as needed.

CA will continue efforts to provide services for families and children to rural tribes and local offices.

CA continues efforts for recruitment and retention of case workers and provide consistent service for families.

CA will continue outreach to all tribes to increase participation in CA IPAC.

## Children, Youth and Family Services Advisory Committee

### Recommendation 1

Continue reviewing and tracking implementation of FAR in relation to child safety and racial disproportionality.

#### *Children's Administration Response*

- FAR has been implemented statewide as of June 1, 2017. The TriWest IV-Evaluation continues through December 2018. The evaluation includes child safety and racial disproportionality. Data and interim evaluation results will be shared with the panel as they become available.

### Recommendation 2

Collect data regarding the status of CA employee recruitment and retention in order to provide feedback for building employee capacity to deliver child welfare services.

#### *Children's Administration Response*

The data request has been submitted and CA will report back to the panel the results of items that are obtainable.

### Recommendation 3

Continue to examine current training practices and identify areas for improvement in both preplacement training and on the job training and support.

#### *Children's Administration Response*

CA continues efforts to work with the Alliance on curriculum development and training improvements for both regional core training and in-service training. Leadership and supervision training is being updated with a focus on building supervisor and administrative skills in the areas of clinical feedback and support of case workers.

## Children's Administration Region 1 South Oversight Committee

### Recommendation 1

The Oversight committee will consider holding some meetings at local CA offices in order to meet with Social Workers and Supervisors (this has occurred in past years).

#### *Children's Administration Response*

CA Region 1 South administrators will identify local offices where the committee can meet with case workers and supervisors during a committee meeting.

### Recommendation 2

Committee will meet every quarterly. Telephone meetings may be used in place of face to face meetings dependent upon budget constraints and weather. As offices in CA are able to take advantage of video conferencing equipment, the oversight members and additional members may be able to participate through that modality which hopefully will improve productivity while maintaining rural uniqueness.

#### *Children's Administration Response*

CA will continue scheduling and committee meetings and make remote attendance options available as technology allows.

### Recommendation 3

Foster youth and alumni will be invited to Committee meetings to share their experiences, make recommendations for improving practice.

#### *Children's Administration Response*

CA will continue efforts to identify and encourage foster youth and alumni to attend committee meetings and provide feedback to the group about his or her experiences and practice improvement recommendations.

### Recommendation 4

Committee will recruit additional members from under-represented areas, including new Tribal members, a new member from the foster care alumni and service recipients from those areas.

***Children's Administration Response***

CA will support the Committee's efforts to recruit additional members from under-represented areas by providing staff support and video conference opportunities.