

**Washington State  
Citizen Review Panel Annual Reports  
2003**

Washington State has three citizen review panels that evaluate the state's child protection responsibilities in accordance with the CAPTA state plan. The three citizen review panels are:

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

The statewide oversight committee has remained stable with consistent leadership and committee members. The oversight committees in regions two and six have had considerable turnover due to changes in CA and community leadership. To date, both regions have permanent administrators in place and renewed commitment to the responsibilities associated with the role of citizen review panels.

CA will continue working with the citizen review panels to focus their efforts on our CAPTA efforts in child protection. The goal of child safety and CA's supporting strategies are discussed in length in Section III: Strategic Plan of this Annual Progress and Services Report. Annual reports for the three citizen review panels follow.

**CAPTA CITIZEN REVIEW PANEL REPORT**

Region 2 DCFS Citizen Review Panel  
May 23, 2003

The Region 2 Oversight Committee continues to serve as a Citizen Review Panel (CRP) for CAPTA. This is a report on the CRP's work since May of 2001. The work plan for this time period includes the following:

- Regular convening of the CRP as part of the monthly Region 2 Oversight Committee meetings.
- Continuing focus on staff development and training based on the recommendations of our last report.
  - The CRP will follow upgrades of the Training Academy.
    - Progress/status: Mary Lou Szatkiewicz met with the CRP and provided a detailed report on upgrades to the academy. The upgrades included several changes consistent with the recommendations of the made in the 2001 CRP report. Most

- notable is the addition of post academy mentoring and coaching for new employees.
    - Identification of situations where post academy mentoring of new employees is taking place and dialog with the new employees and mentors on how that process is working.
      - Progress/status: In progress, these dialogs will be scheduled as new employee and mentor matches are available through the updated Academy process.
    - Review of staff development and training provided since the last report for relatedness to the mission of CA and to the skills workers need to carry out the mission.
      - Progress/status: This work will be completed during CRP meetings over the remaining months of 2003.
- Each local office in Region 2 has established child protection teams to support the work of child protection staff and to ensure community involvement in the planning and decision making related to those plans.
  - Meet with two local Child Protective Teams to gain insight to their functioning with respect to meeting the needs of children in their area.
    - Progress/status: The CRP has met with members of child protection teams in Ellensburg and the Tri Cities. It is clear that these teams are actively engaged in the work in these two communities and that the members of the teams have the support they feel they need to do their work. The teams meet on a regular schedule (25 CPTs per year) and volunteer their time. This adds up to a considerable commitment over a year's time. An insight from this work is the fact the community representatives on these teams place high value on parent involvement in their meetings. They would like to see expanded use of family group conferencing early in the process.
  - Meet with the Regional CPS Coordinator regarding their role and to learn their perceptions of the areas of child protection work that needs the most focus/support.
    - Progress/status: This work will be completed during the remaining months of 2003.
- Hard to place children is a challenge faced by child protection workers throughout the State. The CRP decided to review resource availability and accessibility to resources available through the Regional Service Networks.
  - Meet with representatives from the Regional Services Network to discuss resource availability and access to resources for hard to place children.

- Progress/status: The CRP met with a representative from the Greater Columbia Regional Support Network and the children's resource manager for Benton/Franklin counties during the April 2003 meeting. The dialog resulted in clarifying the process for accessing resources for children with serious mental health issues. The overall impression was that the system is accessible to children served by DCFS.
- Each meeting of the CRP provides opportunities for review of child protection service delivery within Region 2.
  - Each meeting includes an opportunity for the general public to meet with the Oversight Committee that includes the CRP.
  - Most meetings include dialog between members of the CRP, line staff, and supervisors.
  - All meetings include an opportunity to dialog with Regional management.
  - At least 50% of the meetings include dialog with representatives from other parts of the service community who help support child protection services (Judges, mental health service providers, substance abuse providers, law enforcement, foster parents and consumers of child protection services).

### **Community Members**

Rev. Thomas C. Champoux  
Carrie Huie Pascua  
Joan Kimble  
Greg Nebeker  
Kelly Rosenow  
Peggy Sanderson  
Ray Winterowd

### **DCFS Staff**

Regional Administrator  
Area Administrators  
Diversity Coordinator

## **CAPTA CITIZEN REVIEW PANEL REPORT**

Region 6, Children's Administration

May 28, 2003

The Region 6 Community Advisory Committee serves as a citizen review panel for CAPTA. This report summarizes the Region 6 Community Advisory Committee's discussions during the past year.

Dates of meetings – The Community Advisory Committee met on May 29, 2002, August 29, 2002, November 18, 2002 and March 12, 2003

### Community Membership:

Current members of the committee are:

Launda Carroll, Penny Hammac, Larry Pederson, Steve Ironhill, John & Darcy Jarolim, Ralph Wyman, Tom Hostetler, Bob Kanekoa, Charles Shelan, Blaine Hammond, Cheri Dolezal, Kelley Simmons-Jones, Jamie Corwin, Nancy Leitdke and Jo Waddell.

### DCFS Members:

Regional Administrator

Area Administrator

### Primary topics of discussion:

#### A. Issues around the transition to and functioning of Centralized Intake:

The after-hours function was centralized in August 2002 despite vocal community opposition. The day time intake function was centralized in December 2002. The Community Advisory Committee expressed the same reservations and concerns regarding the centralization of intake as other community professionals in the region.

During March 2003, members of the Community Advisory Committee assisted in surveying community agencies in Thurston County regarding their experience with Central Intake. A number of community agencies reported difficulty in accessing CI staff to make reports. Law enforcement staff in Thurston county were a notable exception; these agencies stated that they were having no difficulties reaching CI.

#### B. Development of protocols with RSNs:

Children's Administration offices in Region 6 were involved for several months in developing working agreements with local RSNs. The Community Advisory Committee had a number of comments and suggestions regarding both the process by which these agreements were reached and their substance.

The Community Advisory Committee has continued to express concern regarding the lack of high quality mental health services in Region 6. In past meetings, the Community Advisory Committee has discussed the deficiencies of brief therapy (6-8 weeks) models usually preferred by managed care systems. The committee has also expressed concern regarding the training and pay of staff in RSN funded local agencies.

C. Fatherhood Initiative:

The National Family Preservation Network, in cooperation with the Stuart Foundation, has funded four fatherhood involvement projects in Region 6. Four offices have fatherhood involvement initiatives. These offices are Centralia, Olympia, Shelton and Aberdeen.

The Community Advisory Committee has expressed positive support for this initiative and offered ideas for implementation, including the development of local steering committees with father involvement.

D. Foster parent recruitment and retention:

This subject is discussed at every Community Advisory meeting. Discussions often come back to the question of why some offices are doing so much better than others in regard to foster home recruitment.

The Community Advisory Committee has two foster parents who serve as liaisons between Children's Administration staff and foster parents. These foster parents have commented about the importance of communication between foster parents and social workers and about their liaison role in facilitating communication.

E. Accreditation:

Four Region 6 offices have gone through the accreditation process during the past year. These offices are Aberdeen, Long Beach, Olympia and South Bend.

The Community Advisory Committee has been strongly supportive of accreditation.

F. Budget:

The Community Advisory Committee has been given regular updates on the Region 6 budget during a year in which the region has moved from an overspend to a large (3 million dollars) underspend.

The Community Advisory Committee has supported the budget controls that have generated the budget savings.

**CAPTA CITIZEN REVIEW PANEL REPORT**  
Children Youth and Family Services Advisory Committee  
May 21, 2003

**Purpose**

The purpose of the Citizen Review Panel is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its CAPTA State plan.

**Area of Focus Selected for this Report**

During this reporting period the CAPTA CRP focused its work on child protection issues in the area of Child Protection Intake.

**Process**

The Children, Youth, and Family Services Advisory Committee - Citizen Review Panel (CRP) met four times for the purpose of preparing this report. The CRP used examination of relevant documents and research, key informants, and discussion as its primary method for review. The first meeting included an overview of CAPTA and the role of the Citizen Review Panel. At this meeting, the CRP members chose to evaluate the State's efforts to fulfill their Child Protection Intake services responsibilities. Subsequent meetings resulted in the following report.

**SECTION I: Children, Youth & Family Services Advisory Committee  
CAPTA Citizens Review Panel work plan and progress.**

Consistent with the 2003 State of Washington CAPTA State Plan, the CRP will focus on the goal of the State Plan related to intake assessment, screening and investigation of reports of abuse and neglect. The work will include:

1. The CRP will review progress of implementation of centralized intake during monthly meetings of the CRP. This work is in progress. This review will include critical information regarding timeliness and responsiveness to calls. It will also include field response time to more serious calls.

Progress: Centralized Intake (CI) for child abuse and neglect referrals was initiated in the third and fourth quarter of 2002. Initially CI covered after hours referrals and later began doing both day time and night time referrals. The CRP received progress reports on the implementation process at each of its regular meetings. As we approached this work it was acknowledged that switching to a CI process was a complex and challenging process and that there would be significant problems to solve during implementation. It was also understood that there were issues related to child protection intake that needed improvement, especially in the area of standardization of risk determinations. Feedback was presented to Children's Administration staff at each of these meetings. Examples of issues reviewed by the CRP will follow.

One issue was adequacy of staffing for CI (both for responding to referrals and for supervision). Adequacy included number of staff, the experience of staff and supervision of staff. CI knew from the onset that recruitment, hiring and training of enough staff to fully implement CI would be a challenge. They have established a priority to resolve this problem and have made good progress. Several other issues were reviewed. CI keeps a log of calls received and response time. It became clear that there were peak call periods during which there were not enough staff to respond to the calls within an acceptable time frame. These peak times appear to be directly related to school personnel across the state making calls at the same time during teacher breaks and immediately after school. It also became clear that systems to ensure that information transfer and responses by local offices needed refinement to ensure timely appropriate responses. CI management reported their action plans to overcome these issues to the CRP. One issue that was perhaps underestimated during the planning for CI was the intricacy and strength of the local networks that have developed over the years for response to child protection referrals. It will take a consistent and concerted effort at the local level to help referral sources and law enforcement become familiar with and trusting of these changes.

2. The CRP will make a site visit to centralized intake office to increase its knowledge of how the system works.

Progress: This visit has not taken place as of this report. The intent was to allow sufficient time for CI to get established before completing the visit. Two other circumstances have delayed the visit. One was the death of the Assistant Secretary for the Children's Administration. The other was an outside review of CI ordered by the Secretary of DSHS.

3. CRP members will provide feedback regarding implementation issues occurring at the local level (geographic areas of the State members represent).

Progress: The CRP discussed and provided feedback to CA on local issues, news coverage and public response to CI during regular convening of the panel.

4. To the extent possible the CRP will participate in community forums regarding centralized intake. Regional oversight committees and Child Protective Teams may be used as a vehicle for some of these forums.

Progress: CRP members along with CI management participated in stakeholder public forums regarding CI in Spokane, the Tri Cities, and Yakima. Meetings related to an independent study of CI initiated by the DSHS Secretary occurred in Regions 4, 2, and 1 and were attended by CRP members.

5. CRP members will meet with local CA staff regarding implementation of centralized intake and will provide feedback to the CYFSAC.

Progress: Two of the CRP have met with local DCFS staff and law enforcement during three meetings of the Region 2 Oversight Committee. One member met with DCFS staff in Region 1 and one member met with DCFS staff in Bellingham.

6. The CRP will complete a report regarding the results of its work around these issues.

Progress: This Citizen Review Panel will continue to provide oversight for Central Intake, and will update this report in 2004.

## **SECTION II: Citizen Review Panel Observations**

The issues of greatest concern regarding the new Central Intake service are:

- Callers being placed on hold for long periods of time.

- Some Intake workers appear to be inexperienced and lack sufficient training.
- The capacity to send a worker out immediately if a situation is urgent and assess risk (e.g., school or hospital personnel who are unwilling/reluctant to send a child home, children who have been dropped off at a crisis nursery). It is not acceptable to the community to have an anonymous person at CI decide that the case isn't urgent and simply put it into the routine process. There needs to be a fall back mechanism at minimum to negotiate the response.
- The fact that there appears to be no policy about referrals to law enforcement. What people want is an immediate referral process as soon as the case reaches the local office and ASAP if the case is urgent.
- Clarification about the police pick up question. There is clearly a perception that the Department changed a policy and is now leaving police with the responsibility for transporting children or making placements. At minimum it needs to be spelled out what the expectation is.
- Consultation with the reporter to obtain additional information or to inform them about the plan. In some cases CPS workers do not bother to make contact with the reporter to learn any additional information nor to coordinate the investigation. This should be standard practice (except perhaps in emergencies) because it makes all the difference in terms of community support.
- Some mechanism for responding to situations that may not rise to level that permits legal intervention (or where there is a strong disagreement about risk level) but where local practice has supported a referral process to services and coordinated efforts to get intervention to families (e.g., pregnant drug abusers). This does not mean that there should be inconsistencies in screening and risk assessment, but recognition that there are many at-risk situations the community cares deeply about out and wants to work in some form of collaboration with the Dept. This can only happen at the local level since CI will inevitably be unaware of local services/practices.

Since identifying these issues, Central Intake has ameliorated some of these concerns by significantly reducing wait times, by implementing a review of cases for quality assurance, and by prioritizing calls from law enforcement. In addition, the DSHS Secretary has initiated an independent review of the program that was not complete at the time of this report.

### **Section III – Citizen Review Panel Recommendations**

In addition, a comprehensive plan needs to be developed and carried out to support CPS staff and local communities to assess Central Intake efficiency and effectiveness, develop standards and evaluation criteria to review follow-up investigation activities, strengthen community partnerships, and implement recommendations resulting from the independent review.  
Children, Youth and Family Services Advisory Committee

#### **2003 Citizen Review Panel members:**

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

John Britt, Tacoma/Pierce County Health Department

Robert Faltermeyer, Excelsior Youth Center, Spokane

Joan Kimble, Speech/Language Pathologist, Pomeroy

Laurie Lippold, Children's Home Society, Seattle

Byron Manering, Brigid Collins Family Support Center, Bellingham

Tom McBride, Washington Association of Prosecuting Attorneys

Mary Ellen Shields, MD, Bellingham

Bernadine Spalla, YFA Connections, Spokane

Tess Thomas, Thomas House, Seattle

Gwendolyn Townsend, OCOC/UJIMA, Seattle

Peggy West, DHHS, Maternal Child Health, Seattle

Ray Winterowd, Casey Family Services, Yakima