

WASHINGTON STATE TITLE IV-E DEMONSTRATION PROJECT

*THIRD QUARTERLY PROGRESS REPORT:
APRIL – JUNE 2013*

*SUBMISSION
DATE:
JULY 31, 2013*

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Overview

This is Washington State's third quarterly report to the federal Administration on Children, Youth, and Families (ACYF) for the Title IV-E Waiver demonstration project. This report serves two purposes:

1. To answer ACYF's questions about our Initial Design and Implementation Report (IDIR) and 2nd quarterly Report, which summarized the activities Children's Administration (CA) must complete to implement our demonstration project—Family Assessment Response (FAR). The ACYF asked CA to provide more detail about:
 - a. **Section I. Theory of Change:**
This document unifies all the elements of the FAR theory of change.
 - b. **Section II. Clearly Defined Target Populations:**
Additional information about the Washington State child welfare population who indicated that housing was an issue.
 - c. **Section III: Clearly Defined Demonstration Components and Associated Interventions:**
 - A summary of the criteria for determining which families will be assigned to the FAR pathway;
 - The evidence used to inform the development of the intake tool;
 - How the Family Assessment tool (used in FAR cases) differs from the Investigative Assessment tool (used in investigative cases);
 - The use of Washington State's safety framework as part of the FAR program;
 - Work on evidence based practices to work within the time constraints of a FAR intervention; and
 - Information about how Community Resource Teams will support caseworkers and families.
 - d. **Section IV: Assessing Readiness to Implement the Demonstration:**
Additional information about how we will select staff who have personal values that support family-led interventions.
2. To provide an update of CA's progress implementing our demonstration project over the preceding quarter (January – March 2014).

The IDIR and the quarterly reports are key deliverables identified in the Terms and Conditions for the Title IV-E Waiver.

I. Theory of change

Washington State will train caseworkers in the Family Assessment Response pathway as an alternative to the traditional investigative pathway for families with low-moderate allegations of abuse and neglect

So that Caseworkers have a more effective way to engage families

So that Families feel like partners in a less adversarial process

So that Caseworkers and families work together to assess the family's strengths and needs.

And Caseworkers and families develop a case plan that meets those needs

So that Caseworkers and families are able to identify culturally appropriate community-based services and concrete supports to help reduce child safety concerns

And Families are linked to an expanded array of evidence-based programs

So that Families engage in appropriate services to meet their needs

So that Families learn to meet needs using sustainable, community help

So that Families are able to keep children safely at home

II. Clearly Defined Target Population(s)

Housing

The Washington State Department of Social and Health Services (DSHS) has partnered with 21 housing authorities and other housing entities to access additional housing vouchers for the families served by Children's Administration. These housing vouchers will be available for 3 populations:

1. Families for whom the lack of housing is a barrier to keeping their children safe at home.
2. Families with children placed in foster care for whom safe housing will expedite reunification.
3. Youth exiting from foster care who might otherwise become homeless.

Families in the FAR pathway will benefit from the housing in the first category. The DSHS Research and Data Analysis Unit has done a cross comparison of data elements from FamLink regarding families involved in CPS investigations. They found that of 28,659 completed CPS investigative assessments in calendar year 2012, 2,406 families had identified housing concerns:

- 1,274 families were identified as homeless or in need of housing; and
- 539 families were identified as living in unsafe housing,
- 593 families were living in inadequate housing.

FAR THEORY OF CHANGE

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Housing concerns are typically underreported in our FamLink system, so these statistics are likely low estimates of the housing needs for Washington State CPS-involved families. FamLink does not require caseworkers to respond to housing questions, and when housing is not available caseworkers often do not make note of the housing needs outside of case notes. Conducting case note searches to generally identify needs for families is nearly impossible, given the quantity of cases and information included in each case note.

We anticipate that by the time we implement FAR statewide, approximately 65% of the families who receive a CPS investigation today will be served in the FAR pathway. Sixty-five percent of 2,406 is 1,564. Using the above data, we anticipate at least 1,564 FAR families may qualify for housing assistance using the FUP vouchers.

The 3 offices selected to implement FAR in January (Spokane, Lynnwood, and Aberdeen) served approximately 602 families that were identified as having housing concerns in calendar year 2012. The data for these offices is displayed in Table 1. If intake and housing issues remain consistent in 2014, we would anticipate at least 391 families receiving a FAR response in 2014 may be eligible for FUP vouchers. It is likely that many more families will need housing assistance.

Table 1

Office	Type of Housing Issue			
	Inadequate Housing	Unsafe Housing	Homeless	Total
Spokane	121	140	269	530
Lynnwood	11	9	30	50
Aberdeen	6	6	10	22
Total	138	155	309	602

*** Source: FamLink July 2013

Additional activities undertaken in the current reporting period

Washington State has reviewed available data from FamLink (our SACWIS system) to gather additional information about the target population. However, our current data does not provide clear information about which families need which interventions, nor which services specific families receive. An update in our FamLink service referral form which is scheduled for December 2013 will give us the ability to make correlations between the services offered to families and the CA program with which they are involved. This future data will help us as we implement FAR in subsequent roll outs.

Planned activities for the upcoming reporting period

Children's Administration is exploring the possibility of accessing additional data sources from other DSHS programs to see what information may be available about our target population. We will report our progress and any changes to the data and its impact on services in the fourth quarterly report. CA plans to pay close attention to the services needed by families as we implement the FAR pathway, using input from our outside evaluator, TriWest, to define and refine the interventions that will be most successful for these families.

III. Clearly Defined Demonstration Components and Interventions

Criteria for determining which families will be assigned to the FAR pathway

Children's Administration worked with the Children's Research Center (CRC) to develop a Structured Decision Making (SDM) intake tool to determine which families will be eligible for FAR. The intake tool guides intake workers through a series of questions to first determine whether there is an allegation of child abuse or neglect as defined in state statute. Once a case screens in for a CPS response, the SDM will help intake staff determine whether an investigative or FAR response is appropriate for the family. The FamLink Sufficiency Screen and SDM intake tool are attached as Appendix A.

After determining that a referral meets the statutory requirements for a CPS response, the intake workers will first decide whether the intake is emergent (requires face to face contact with all alleged child victims within 24 hours of receiving the intake), or non-emergent (face to face contact required within 72 hours). The following is an excerpt from the FamLink intake tool to determine the response time:

The allegation, if true, minimally meets the WAC/RCW definition of CA/N. Check appropriate CA/N allegations and screening criteria. Complete a decision tree for each maltreatment type reported. When report contains multiple types, the assigned response time is based on the highest level indicated for each maltreatment type.

Criteria for Emergent Response (24 hour investigation)

☐ **Physical abuse**

Do **ANY** of the following apply? First box checked results in emergent response. If no boxes are checked go to non-emergent response questions for physical abuse.

- ☐ Significant injuries are present, **OR** medical care is required, **OR** there is serious concern that medical care may be required.
- ☐ Caregiver behavior is described as severe, bizarre, or torturous to the child.
 - ☐ Caregiver threatened harm, or caregiver's behavior is threatening to the child.
 - ☐ Alleged child victim fears retaliation from subject and/or is otherwise afraid to go home or remain in the home.

☐ **Negligent treatment or maltreatment or ☐ Abandonment**

Do **ANY** of the following apply? First box checked results in emergent response. If no boxes are checked go to non-emergent response questions for neglect.

- ☐ Child fatality and other children are in the care of alleged subject.
 - ☐ Living situation is immediately dangerous or unhealthy.
 - ☐ Child's current physical or mental condition indicates a need for immediate medical care, or child appears seriously ill or injured.
 - ☐ Child of any age has been abandoned **AND** is in need of immediate care.
 - ☐ Child is under age six (6), or has a significant developmental disability and is unsupervised / alone or cared for by a parent who is incapacitated.
 - ☐ Child is between ages six (6) and 10, and is in immediate need of supervision or care.
- ☐ **Sexual abuse or ☐ Sexual exploitation**

Is there a non-perpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child? ☐ Yes ☐ No. If "No," emergent response required, do not complete subsequent questions (24-hour investigation).

All emergent referrals and referrals alleging sexual abuse will receive a traditional CPS investigation.

After determining the response time, the intake worker will use the following decision tree (excerpted from the FamLink intake tool) to identify whether the referral is appropriate for a FAR CPS response or a traditional CPS Investigation:

Evidence used to support the Structured Decision Making intake tool

Washington State Children's Administration contracted with The National Council on Crime and Delinquency (NCCD)'s Children's Research Center (CRC) to develop a Structured Decision Making (SDM) intake tool. The tool was based on work the CRC completed with the state of Louisiana, and incorporated Washington State laws, administrative code, and agency policies and procedures. Inter-rater reliability testing was conducted with twenty-three CA staff consisting

of intake workers, intake supervisors, intake area administrators and program managers. Step 3 (Response Decision tree) in the intake tool incorporates many definitions found in the Present Danger Guide (from the Safety Framework) and the 17 Safety Threats Guide to determine the response pathway. Additionally, the six gathering questions from the Safety Framework have been incorporated in the intake tool.

The SDM model has been found to be more reliable than other child welfare risk assessment models by several independent research studies. These studies are briefly outlined in the NCCD's 2012 synopsis Independent Research: Background (Appendix B).

Because child welfare laws vary from state to state, the CRC cannot provide a standardized SDM tool for all states. The CRC works with each state to develop SDM tools that reflect state statutes

Family Assessment compared to the Investigative Assessment

FAR caseworkers will work with families to complete the Family Assessment tool (Appendix C) to determine what services will be most helpful to maintain children at home and reduce the risk of future maltreatment. CPS Investigators will use the Investigative Assessment tool (Appendix D) to document the course and outcome of the investigation.

Criteria for Non-Emergent Response (72 hour investigation)

☐

Physical abuse

Do ANY of the following apply?

☐

Alleged victim is in out-of-home care **AND** allegations are against the out-of-home, unlicensed caregiver.

☐

Allegation involves a licensed home or facility.

☐

Alleged victim is the victim or alleged subject is the subject in three or more investigations or assessments in the past year.

☐

Allegation includes reports of bruises on non-mobile children.

☐

Report made by a physician, or a medical professional on a physician's behalf, regarding a child under age five (5).

☐

Negligent treatment or maltreatment or ☐ Abandonment

Do **ANY** of the following apply?

☐

Alleged victim is in out-of-home care AND allegations are against the out-of-home, unlicensed caregiver.

☐

Allegation involves a licensed home or facility.

☐

Alleged victim is the victim or alleged subject is the subject in three or more investigations or assessments in the past year.

If no boxes are checked, response is Family Assessment Response (FAR). Contact required within 72 hours.

Both the Family Assessment and the Investigative Assessment tools will use the gathering questions to assess the safety of children in the home. The first priority of every Children's Administration program is the safety of children, and we have reworked our FamLink tools to ensure that every assessment requires these core questions to assess child safety. The gathering questions in the Investigative Assessment focus on maltreatment, while the gathering questions for the Family Assessment focus on the issues that brought the family to the Department's attention.

Gathering Questions from the Investigative Assessment:

1. Describe the nature and extent of maltreatment.
2. Sequence of events: What surrounding circumstances accompany the maltreatment?
3. Describe how the child(ren) function on a daily basis.
4. What are the overall parenting/child care practices used by the caregiver?
5. Describe the everyday life tasks that contribute to the maltreatment.
6. How does the parent(s)/caregiver manage his/her own life on a daily basis?
7. Describe each parent(s)/caregivers' support system and how these support systems can help protect the child(ren). Describe strengths and protective factors.

Gathering Questions from the Family Assessment:

1. Describe the nature and extent of the issues that brought the family to the Department's attention.
2. Sequence of events: Describe the surrounding circumstances that led to the family assessment.
3. Describe the family's composition and cultural factors.
4. Describe the everyday life task(s) that contribute to the situation.
5. Describe what the family has done to keep the child(ren) safe and healthy in the past, and the resources they used.
6. Describe how each parent disciplines the child(ren).
7. What are the overall parenting practices used by the parent?
8. Describe the family's support system.

Aside from the gathering questions, the Family Assessment and the CPS Investigative Assessments are very different tools. The Family Assessment asks the caseworker and family to identify family and individual level objectives. The CPS Investigative Assessment asks the caseworker to identify findings for the allegations of abuse or neglect and the actions she took to determine those findings (interviews, collateral contacts, professional consultations, etc...).

Washington State's Safety Framework and FAR

As mentioned above, Children's Administration uses the Safety Framework to assess all child welfare cases. FAR caseworkers will complete a Present Danger Assessment, Safety Assessment (and safety plan, if indicated), and will work with the family to complete the Family Assessment and Risk Assessment tools to assess their needs and strengths and the appropriate services for the family.

Additional work on Evidence-Based Practices

Children's Administration worked with the legislature to try to pass legislation this year that would extend the length of services for FAR families to 120 days. Current legislation requires CA to close FAR cases within 45 days, with the option of an extension up to 90 days if the family is willing and engaged in services. The extension to 120 days would have allowed us more flexibility to access evidence-based services that families might need to begin long-term behavioral changes. Unfortunately, the legislation did not pass this year and services paid for by CA must be limited to less than 90 days.

Children's Administration has updated the list of Evidence Based Services that can meet the needs of the projected population and the statutorily defined timelines to include:

- Triple P – the delivery of Level 4 provided in the family home.
- Incredible Years – the delivery of parent education classes targeted at families with infants or toddlers.
- Promoting First Relations and SafeCare – Children's Administration is actively working with the model developers of both programs to develop an adaptation that will work within the timeframes.

Two services identified early for use with FAR families are now considered unlikely to be used as a result of the non passage of the legislation extending the amount of time FAR can be offered:

- Parent Child Interaction Therapy (PICT) is an intervention that regularly requires 15 or more weeks to complete, exceeding the statutorily allowable time.
- HomeBuilders has a service eligibility requirement of children at imminent risk of placement due to abuse or neglect. Few families served via the FAR pathway are anticipated to meet this requirement.

Children's Administration is working with our partners at the University of Washington to determine if these and other EBPs can be offered within the 90 day time frame, without sacrificing model fidelity. We will report on this in the next quarters report.

On April 22, CA launched the Evidence-Based Practices Directory on the CA website:

<http://ca.dshs.wa.gov/intranet/ebp/index.asp>. This tool provides guidelines for CA staff about how to choose appropriate services for families, referral forms for EBPs, and a provider directory. The information is available to the community, so that families and our public partners can access it.

Community Resource Teams

Each office is developing community resource teams to help caseworkers reunite families with extended family and their communities. Many of our clients have lost their ties to their families and their community. Some feel the shame of the stigma related to poverty, homelessness, unemployment, loneliness, mental illness, and addiction. We envision that community resource teams will help access concrete goods and services for families in need, but also help families reconnect with people who can support them in their efforts to create life changes that will keep their children safe and well cared for into adulthood.

Statewide Implementation Training & Readiness Activities

To implement FAR, Washington State has identified 3 regional leads to coordinate office readiness activities. The Regional Administrators in each of the 3 regions identified 4 offices that they thought would be most ready to implement FAR to conduct FAR Readiness Assessments. The Readiness Assessments include a description of staff, office, and community readiness, and the activities each office will need to complete to become ready to implement FAR. Each of those 12 offices has a delegated office lead to work on the Readiness Assessment and develop community relationships related to FAR activities. Tables 2-10 describe the implementation training, and readiness activities that Children's Administration has conducted at the State, Regional, and Offices levels in the 2nd quarter of the development year.

IV. Readiness to Implement the Demonstration

Staff and Community Readiness to Implement FAR

In the third quarter of the developmental year, Washington State engaged in a number of crucial activities to prepare for the FAR initial implementation in January 2014, including:

Release first quarterly FAR Newsletter and the FAR Video:

Children's Administration released its first quarterly newsletter on April 9. We developed a FAR video with input from veteran parents, State Representative Ruth Kagi, community partners, a CA social worker, and CA Assistant Secretary Jennifer Strus. The video was released April 18. Both the newsletter and the FAR video can be seen on the FAR website:

<http://www.dshs.wa.gov/ca/about/far.asp>

RFP for the Title IV-E Waiver Evaluation

Children's Administration released the RFP for the Title IV-E Waiver Evaluation on April 16th. We reviewed the evaluations and selected the apparently successful bidder on June 28th. Contract negotiations have begun and we are scheduled to begin the contract on August 1. Once contract negotiations are complete, CA will share information about the selected contractor and work with ACYF and JBA to begin the evaluation plan required in the Title IV-E Waiver Terms and Conditions.

Tribal Colloquium to discuss Tribes' involvement in FAR program

On April 24, Children's Administration held a Tribal Colloquium to discuss how the 29 federally recognized tribes in Washington wish to work with us to implement Family Assessment Response. 24 Tribes and two Recognized American Indian Organizations (RAIOS) from across the state attended the all-day event hosted by the Chehalis Tribes. CA staff and tribal social service directors discussed FAR and how it will impact tribal children for Tribes who conduct their own CPS investigations, those who team with CA to complete CPS investigations, and Tribes who do not currently have the capacity to investigate allegations of child abuse and neglect on their reservations. Nancy Dufraine, an elder and Director of the Chehalis Tribe's social services agency described the event as a success. She said she had never seen so many Tribes at a state sponsored event to discuss social service programs before they are implemented. The colloquium was an important first step in developing FAR with our tribal partners.

As a result of the Colloquium we updated our FAR website and included Tribal frequently asked questions (FAQ's). The FAQ's are updated monthly. CA also participates in the monthly Indian Policy Advisory sub-committee meetings and FAR regional and office leads now participate and provide updates. The local offices and tribes continue to work together on updating local Memorandum of Agreements (MOA). Another Colloquium will be planned in 2014 after the three initial offices have implemented FAR.

Identifying the initial Implementation sites:

Twelve offices completed readiness assessments to help determine which offices would begin offering FAR in January 2014. The assessments reflected the strengths and challenges their offices will face as they implement FAR. Rory Schilling, the Lynnwood office lead, said that writing the readiness assessment gave him an opportunity to dream about what a better child welfare system could look like in Lynnwood and the surrounding communities. He said, "No one has ever asked me to put the dream on paper before."

These readiness assessments helped us select the offices that will begin offering Family Assessment Response to families in January 2014. They are:

- Spokane (two Zip code areas initially: 99201 and 99207)
- Lynnwood
- Aberdeen

In addition to the offices' overall readiness, the management team wanted to select offices that would provide the broadest opportunity to learn lessons about statewide implementation. The offices selected to go first had to meet the following specific criteria:

- Represent each region;
- Include a combination of small, medium and large offices; and
- Reflect offices in urban and rural communities.

Work with the initial implementation sites to address any gaps in the Readiness Assessment:

After the readiness assessments were completed, the headquarters FAR leads met with the office and regional leads and the Area Administrators in each of the 12 offices to talk about their readiness assessments. On June 25th, all of the office, regional, and headquarters leads met to:

- Discuss lessons learned from the initial readiness assessments and to improve the assessments for the offices who will complete them in the future;
- Identify and share best practices from the readiness assessments;
- Share ideas about building Community Resource Teams and next steps; and
- Celebrate the work to complete the readiness assessments

Ohio Trip

Casey Family Programs sponsored a trip for 6 CA staff to go to Ohio from June 26-28 to learn about how Ohio implemented its differential response program. The three regional leads, the Lynnwood office lead, the statewide implementation lead, and the FAR project director spent 2 days with Ohio staff learning about their program. Although the Ohio program is significantly different from the Washington FAR model, it was a great opportunity for our implementation leadership to see the positive impacts of a differential response model directly from Ohio staff who were involved in their model from the beginning.

We learned ways to successfully integrate domestic violence (DV) interventions with the FAR model. Washington staff and stakeholders have been concerned that our plan to interview families together would impact the safety of DV victims and their children. We had the opportunity to observe a case staffing involving a family with significant DV issues. The Ohio staff explained that they typically interview the family together, and explain that in many circumstances they speak to family members separately to get a different perspective of the family. Although they may not always interview family members one on one, the initial conversation normalizes individual conversations, and reduces suspicion for DV perpetrators.

Ohio had many helpful suggestions about training for supervisors and staff. They indicated that implementing the differential response system in Ohio had positive impacts on their relationships with all of their clients in every program. Ohio is training all of their staff to use the principles of family engagement inherent in their differential response program.

Develop position descriptions for FAR supervisors and social workers

CA has developed position descriptions for FAR staff (see Appendix E – caseworker PDF & Appendix F – Supervisor PDF).

Complete prerelease training materials to prepare field for FamLink changes

The Alliance developed pre-release training materials for all staff to prepare them for changes coming to FamLink in October 2013. These changes include updates to the following:

- Intake Tool;
- Investigative Assessment;
- Family Assessment;
- Comprehensive Family Evaluation; and
- Court Report

Each of these tools will now have the functionality to transfer pieces of information from one document to the next, reducing the need for duplicate documentation by caseworkers. This will allow all CA caseworkers to spend more time working with children and families.

Table 1**Statewide Activities**

Date	Activity	Audience
April 1, 2013 (ongoing)	Monthly FAR FAQs posted on the Children's Administration website	Children's Administration Staff
April 2, 2013 (ongoing)	Weekly meetings to discuss readiness activities with Regional Leads	Headquarters and Regional Leads
April 9, 2013	First Quarterly Newsletter Released	Children's Administration Staff & Community Partners (posted on CA website)
April 10, 2013 (ongoing)	Weekly discussion for training FamLink changes related to FAR	The Alliance and Headquarters leads
April 18, 2013	FAR Video Released	Children's Administration Staff & Community Partners (posted on CA website)
April 22, 2013	Monthly meeting with FAR leads statewide to discuss progress	Children's Administration FAR leads
April 24, 2013	Tribal Colloquium	29 Federally recognized Indian Tribes of Washington State – 24 attended
May 8, 2013	Title IV-E Advisory Committee discussion	Statewide community partners
May 8, 2013	Indian Policy Advisory Committee	Indian tribal partners
May 14, 2013	Children's Justice Conference training	50 conference attendees from the child welfare and juvenile justice community
May 15, 2013	Washington Low Income Housing "Bringing Washington Home" Conference - training	75 Housing community partners
May 22, 2013 (ongoing)	Bi-weekly FAR Steering Committee	Children's Administration Directors
May 23, 2013	Children's Administration Deputy Regional Administrator's Meeting to discuss initial office selection	Children's Administration Regional Administrators and Deputy Regional Administrators
May 30 –June 21, 2013	Meetings in 12 offices to discuss readiness assessments and next steps	Children's Administration office leads, area administrators, regional leads, and statewide implementation team

Table 2**Statewide Activities continued**

Date	Activity	Audience
June 10 -14, 2013	Title-IV E Waiver Evaluator bid reviews	Children's Administration and DSHS Research and Data Analysis Administration Staff
June 7, 2013	Initial Implementation sites selected	Information sent to Children's Administration staff, Title IV-E Advisory Committee, Tribal partners, and posted on the CA website
June 24, 2013	Oral presentations by bidders for outside evaluations	Children's Administration and DSHS Research and Data Analysis Administration Staff
June 25, 2013	Regional and office leads in-person meeting	Children's Administration office leads, regional leads, and statewide implementation team
June 27 – 28, 2013	Meeting with Ohio Differential Response Team	6 Children's Administration staff- 2 headquarters staff, 3 regional leads, and 1 office lead
June 28, 2013	Notice of the apparently successful bidder for the Title IV-E waiver evaluation sent out	Bidders for the evaluation contract

Table 3**Region 1 Implementation & Readiness Activities**

Date	Activity	Audience
April 3, 2013	Indian Child Welfare (ICW) program planning	3 ICW staff
April 8, 2013	Community collaboration meeting	3 participants from Spokane Neighborhood Action Partners
April 9, 2013	General overview of FAR with Q & A	40 participants from Head Start, families and community members
April 11, 2013	FAR planning – Spokane office	10 Children's Administration staff from the Readiness Assessment Work Group
April 12, 2013	FAR planning – Richland office	3 Children's Administration staff from the Readiness Assessment Work Group
April 12, 2013	FAR planning – Moses Lake	4 Children's Administration staff from the Readiness Assessment Work Group
April 25, 2013	Community collaboration meeting	5 participants from the Empire Health Foundation
May 3, 2013	FAR overview	140 attendees at the Reasonable Efforts Symposium
May 8, 2013	FAR overview, updates, Q&A	75 Children's Administration Supervisors

Date	Activity	Audience
May 9, 2013	FAR: Collaboration planning	5 participants from the Empire Health Foundation work group
May 15, 2013	FAR: Collaboration planning	8 participants from the Empire Health Foundation work group
May 16, 2013	FAR overview and implementation around community work	22 participants from Family to Family / FAR - joint meeting
May 29, 2013	FAR overview and role of RIO	8 participants from the RIO – Native Health/Native Project
May 30, 2013	FAR overview, updates and local planning	30 participants from the 7.01 Region 1 North meeting
May 31, 2013	FAR overview and collaboration planning around housing issues	2 staff from the City of Spokane
June 5, 2013	FAR: Collaboration planning	5 participants from Empire Health Foundation, SNAP
June 14, 2013	FAR Overview	40 participants from Strengthening Families Workshop

Table 4

Region 2 Implementation & Readiness Activities: Lynwood

Date	Activity	Audience
April 1, 2013	FAR introduction and update. Discussion around FAR resources	15 participants from Snohomish County FUP Panel
April 2, 2013	FAR update	20 Children's Administration staff from the Lynwood office
April 3, 2013	Discussion: tribal cases and FAR	1 area administrator
April 6, 2013	FAR update	15 participants from Snohomish County 7.01 committee
April 8, 2013	FAR introduction and update	3 participants from the Institute for Family Development
April 9, 2013	Development of CRT	20 participants from Connected Communities
April 11, 2013	Development of CRT	15 community members
April 12, 2013	Implementation and update regarding FAR Implementation	8 Children's Administration Leadership
April 16, 2013	Introduction to FAR	10 participants from Connected Communities
April 16, 2013	Introduction to FAR	1 participant from DOC Adult Probation Services (supervisor)
April 17, 2013	Implementation and update regarding FAR Implementation	8 Children's Administration staff – CPS unit
April 17, 2013	Introduction to FAR	15 participants from Triple Play

Date	Activity	Audience
April 20, 2013	Introduction to FAR	12 participants from NFP Board
April 21, 2013	Introduction to FAR	1 participant from Swedish Edmonds Hospital: Social Work Staff
April 23, 2013	Introduction to FAR	30 staff from Reclaiming Futures workgroup
April 28, 2013	Introduction to FAR	10 participants from Youthnet
April 28, 2013	Introduction to FAR	3 participants from Snohomish County Parent Advocates
April 29, 2013	Introduction to FAR	1 participant from Swedish Edmonds Hospital – social worker

Table 5

Region 2 Implementation & Readiness Activities: Lynwood continued

Date	Activity	Audience
June 3, 2013	Developing non-traditional partners	40 participants from SCBOWA
June 4, 2013	Introduction to FAR	12 participants from Mountlake Terrace PD
June 5, 2013	Introduction to FAR – nontraditional partners	5 participants form the SCFOA Board
June 19, 2013	FAR updates, shared newsletter, community letter, scheduled future FAR presentation	12 participants from the Skagit County Child and Family Consortium meeting
June 19, 2013	FAR updates, shared newsletter, community letter, Q & A's	6 staff from Skagit Pediatrics
June 20, 2013	FAR updates, discussion on CRT, information sharing	15 participants from Concrete Resource meeting
June 27, 2013	FAR presentation	30 participants form the Skagit Community Resource Coalition
June 28, 2014	FAR discussion	1 person from Crossroads Church (pastor)

Table 6**Region 2 Implementation & Readiness Activities: Mt. Vernon**

Date	Activity	Audience
April 9, 2013	Presentation of FAR timelines for implementation, changes in practice, key points of FAR	9 participants from Skagit County Table of 10.
April 9, 2013	FAR Presentation – discussion of CRT development	15 participants from Skagit County LYNCS Staff, FFT therapist, Truancy social worker
April 17, 2013	Introduction to FAR, discussion of department changes, FAR newsletter	10 participants from Skagit County CAC, Detectives, LE, DV staff
April 18, 2013	Introduction to FAR, discussion of department changes, FAR newsletter	20 participants from Concrete Resource Group
April 18, 2013	Introduction to FAR, discussion of department changes, FAR newsletter	6 participants from Latino Resource Team
April 25, 2013	Shared FAR newsletter, community letter, scheduled future meeting to present FAR	20 participants from Skagit County Resource Coalition Meeting
April 26, 2013	Intro to FAR and CRT development. Shared FAR newsletter	3 participants from Sedro Woolley Community Partners
May 3, 2013	Presented updated on FAR and draft of FAR Policy	25 Children’s Administration staff from Mount Vernon office
May 6, 2013	Presented FAR newsletter, community letter on FAR and answered questions.	6 participants from Skagit County Teen Resources meeting
May 8, 2013	Presented FAR newsletter, discussion on FAR	1 principal from Lyman Elementary and Job Corp
May 8, 2013	Presented FAR newsletter, community letter, and update on FAR	16 Skagit County Law and Justice Council
May 14, 2013	Discussed FAR, scheduled meeting to present FAR to local DDD office	1 staff member from Mt. Vernon DDD
May 15, 2013	FAR Community Letter and newsletter e-mailed	140 community partners and professionals in Skagit County
May 15, 2013	FAR and DCFS updates	5 members of the Skagit County CAC Advisory Committee
May 16, 2013	FAR and DCFS updates	5 participants from the Latino community
May 16, 2013	FAR and DCFS updates	15 members from the Concrete Resource Group

Table 7**Region 2 Implementation & Readiness Activities: Mt. Vernon continued**

Date	Activity	Audience
May 31, 2013	FAR presentation/training	5 participants from Sedro Woolley Community Partners.
May 21, 2013	FAR informational meeting. Discussion on collaboration and future presentations on FAR	2 members from Skagit Dispute Resolution Center
May 30, 2013	FAR Updates and scheduled FAR training presentation	30 members of the Skagit Community Resource Coalition
June 5, 2013	FAR updates, discussion on creating FAR resource folder for Mt. Vernon	20 Children's Administration staff
June 12, 2013	FAR updates, shared newsletter, community letter, Q & A's	16 members from Skagit County Children's Council
June 14, 2013	Provided FAR information	50 attendees at the Reasonable Efforts Symposium
June 19, 2013	FAR updates, shared newsletter, community letter, scheduled future FAR presentation	12 participants from the Skagit County Child and Family Consortium meeting
June 19, 2013	FAR updates, shared newsletter, community letter, Q & A's	6 staff from Skagit Pediatrics
June 20, 2013	FAR updates, discussion on CRT, information sharing	15 participants from Concrete Resource meeting
June 27, 2013	FAR presentation	30 participants from the Skagit Community Resource Coalition
June 28, 2014	FAR discussion	1 person from Crossroads Church (pastor)

Table 6**Region 2 Implementation & Readiness Activities: King South- Kent**

Date	Activity	Audience
April 4, 2013	FAR discussion	12 Children's Administration Area Administrators and Supervisors
April 11, 2013	FAR discussion, updates of conference and FAR	12 Children's Administration Area Administrators and Supervisors
April 18, 2013	FAR discussion on the readiness assessment	12 Children's Administration Area Administrators and Supervisors
April 24, 2013	FAR training	30 Children's Administration staff
April 25, 2013	FAR readiness assessment updates	12 Children's Administration Area Administrators and Supervisors
May 2, 2013	FAR presentation with Q&A's	8 King South Community Advisory Board Members
May 15, 2013	FAR training	32 School staff from Kimball Elementary school

Date	Activity	Audience
May 16, 2013	FAR readiness assessment updates	12 Children's Administration Area Administrators and Supervisors
May 17, 2013	FAR training	21 School district counselors from Renton Schools
May 20, 2013	FAR training	26 School psychologists and nurses from Federal way public schools
May 20, 2013	FAR training	28 School Deans and counselors from Federal Way public schools
May 21, 2013	FAR training	21 Nurses and counselors from Renton School district
June 6, 2013	FAR readiness assessment updates	15 Children's Administration Area Administrators and Supervisors
June 13, 2013	FAR readiness assessment: discussion of offices chosen	12 Children's Administration Area Administrators and Supervisors

Table 7

Region 2 Implementation & Readiness Activities: MLK

Date	Activity	Audience
April 17, 2013	FAR training	30 Children's Administration staff

Table 8

Region 3 Office Implementation & Readiness Activities: Port Angeles, Port Townsend, & Forks

Date	Activity	Audience
April 3, 2013	FAR training	5 Children's Administration staff
April 4, 2013	FAR introduction	5 participants from Lutheran Community Services
April 9, 2013	FAR introduction	15 participants and providers from Lutheran Community Services
April 9, 2013	FAR introduction	7 participants from the Hargrove Committee meeting
April 11, 2013	FAR training	3 Children's Administration staff
April 16, 2013	FAR training	10 Children's Administration staff
April 17, 2013	FAR introduction	8 participants from the Port Angeles Court Improvement meeting
April 18, 2013	FAR update	4 LICWAC tribal members
April 25, 2013	FAR introduction	14 participants from the Port Townsend Court Improvement meeting

Date	Activity	Audience
May 2, 2013	FAR update	5 Children's Administration supervisors and area administrator
May 3, 2013	FAR update	12 participants from the Child Abuse Protocol
May 7, 2013	FAR training	6 Children's Administration staff
May 13, 2013	FAR: Newsletter and CRT discussion	5 participants from Forks DV/abuse program
May 15, 2013	FAR overview and discussion of CRT	1 Casa Director from Port Townsend
May 15, 2013	FAR overview and discussion about future training	2 participants from Dove House: Executive and Assistant Director
May 16, 2013	FAR update	4 members of the Jamestown Tribal Social Service office.
May 22, 2013	FAR training	3 CPT members from Forks
May 22, 2013	FAR training discussion around CRT	2 participants from Clallam Bay Food Co-op

Table 9

Region 3 Office Implementation & Readiness Activities: Aberdeen

Date	Activity	Audience
April 16, 2013	FAR introduction	11 members from the Grays Harbor Child Policy Team
April 24, 2013	FAR introduction, scheduled future training	15 participants from Grays Harbor Work Source Partners
May 3, 2013	FAR introduction	10 participants from Youth Chemical Dependency
May 7, 2013	FAR introduction	2 participants from the Dispute Resolution Center
May 29, 2013	FAR introduction	7 school personnel from the Hoquiam School District Principal meeting
May 31, 2013	FAR: CRT discussion	15 participants from Youth Chemical Dependency
June 3, 2013	FAR introduction	2 school counselors from Montesano School District
June 10, 2013	FAR introduction	1 participant from the Salvation Army

Date	Activity	Audience
June 11, 2013	FAR introduction	10 participants from Grays Harbor Mentoring
June 11, 2013	FAR introduction	6 participants from Dependency 101
June 21, 2013	Discuss potential EBP for Grays Harbor	8 participants from GHHD, CAC, BHR, prosecutor
June 26, 2013	FAR introduction	15 CAC staff

Table 10

Region 3 Office Implementation & Readiness Activities: Pierce East

Date	Activity	Audience
April 1, 2013	FAR: CRT development	2 participants from Coalition Groups of Pierce County
April 8, 2013	FAR update with Q&A's	12 Children's Administration supervisors
April 11, 2013	FAR update: development and case transfers	3 Children's Administration CPS staff and Area Administrator
May 6, 2013	FAR: Development of CRT's	8 participants from Community Coalition Leads
May 8, 2013	FAR readiness assessment update	20 Children's Administration staff
May 13, 2013	FAR: Discussion around CRT development	25 participants from Franklin Pierce Coalition
May 14, 2013	FAR discussion	15 Children's Administration staff
May 15, 2013	FAR and EBP discussion	7 Children's Administration CFWS staff/court unit
May 28, 2013	FAR discussion around community needs	25 participants from Bethel Community Services Coalition

Our traditional partners in child welfare, veteran parents, and foster care alumni have supported Children's Administration and the state legislature's efforts to implement a differential response system long before we sought and were granted the Title IV-E waiver.

We are exploring new ways to engage non-traditional partners in Community Resource Teams, including:

- Using our more traditional partners to help us solicit community partners to implement FAR;
- Developing a quarterly newsletter to inform staff and communities about FAR;
- Developing a video to inform staff and communities about FAR; and

- Developing brochures for different types of community partners: schools, courts, traditional partners, and businesses.

Staff qualifications to be successful in the FAR program

A team of staff from the local field offices and headquarters are developing interview guidelines for hiring FAR staff. We recognize that caseworkers and supervisors working in the FAR pathway must have a strong foundational understanding of child safety and personal values that support family-led interventions. We will include the interview guidelines in the fourth quarterly report.

Planned activities for the upcoming reporting period:

Children's Administration will continue preparing for FAR in the 4th quarter. The planned activities are reflected in Table 11.

Table 11

Planned activities for the upcoming reporting period

Activity	Date
Post 2 nd Quarterly Newsletter	July 2013
Develop Community/Business Brochure on FAR	July 2013
Update the FAR Office Readiness Assessment based on feedback from FAR Offices	September 2013
Selected offices begin preparation for FAR implementation (Office organization, hiring)	July/August 2013
Draft FAR policy and FAR Practice Guide	July/August 2013
Draft FAR brochure for families	August 2013
Draft Practice Guide on Selecting Services for Families	August/September 2013
Complete FamLink System Testing on new tools to support FAR	August 2013
Begin User Acceptance Testing	August 2013
Develop training on new tools in FamLink to support FAR	July/August 2013
Develop training schedule for FamLink training	July/August 2013
Contract for FAR evaluation begins	August 2013
Identify and Schedule Trainers for FamLink Trainers	July/August 2013
Begin training on the new FamLink tools	September 2013
Finalize Position Descriptions for FAR social workers and FAR supervisors	July 2013
Begin stakeholder communication on FamLink changes	September/October 2013

V. Progress Made on Work Plan

Washington State has developed a comprehensive, detailed work plan to ensure we meet major milestones in our implementation plan. The work plan is attached as Appendix G. We have met every major milestone to date.

Developmental/installation activities:

Developmental costs:

Washington State has established the cost allocation methodology and associated structure to claim developmental costs in accordance with the approved Title IV-E Waiver Development Cost Plan. The timekeeping requirement has been

implemented and staff are tracking their efforts toward the implementation of allowable FAR developmental activities. This information is being used to distinguish the developmental costs from other eligible costs, so the claim accurately reflects Children's Administration total Title IV-E waiver costs.

We will process an adjustment to claim the allowable developmental activities retroactively based on the time sheets for work done since the preparation of the State's project proposal.

Quality Assurance:

Washington State is developing a quality assurance and continuous quality improvement (QA/CQI) plan for the FAR pathway. Our QA/CQI plan will define our internal data collection, analysis, and feedback plan to continually assess, review and improve our practice. We will consider the scope of work and deliverables of the comprehensive six-year independent program evaluation, the Alliance for Child Welfare Excellence training evaluation plan, and related Children's Administration QA/CQI plans. The FAR QA/CQI plan will likely include:

- Case review of intake screening decisions
- Process to measure and monitor FAR assignments and caseload ratios
- Assessment of the quality, timeliness and use of CPS Family Assessment Response practice model tools
- Other methods to assess solution-based casework model fidelity and FAR program expectations
- Feedback from CA staff
- Use of family satisfaction surveys conducted by independent contracted evaluator, Tri- West

We will finalize the plan in consultation with TriWest, to reduce duplication. It will be complete before implementing FAR in January 2014 and we will update ACYF on our progress in subsequent quarterly reports.

Hiring and training staff:

We have hired three regional leads and 12 office leads to conduct Readiness Assessments in 12 offices across the state to select the initial implementation sites. The headquarters FAR team trained these lead staff on January 14, 2013 to understand the direction the state is taking with FAR. As reflected in the previous section, these regional and office leads have been working with local Children's Administration staff and our partners to introduce them to FAR concepts and begin preliminary work to develop Community Resource Teams.

Tools:

Children's Administration has designed new FamLink (Washington State's SACWIS system) tools for intake and FAR caseworkers. The tools are currently in development and are scheduled for an on time release in fall 2013.

- The new intake tool guides intake workers to determine which pathway is most appropriate for families who have allegations of abuse or neglect that meet the requirements for a CPS response. All intake staff will begin using the intake tool in the fall of 2013. Early implementation of the intake tool will give us the opportunity to conduct quality assurance, further assess the inter-rater reliability and the accuracy of our anticipated case counts before we begin offering services to families in the FAR pathway in January 2014. Because we will use the intake tool on every intake, it will help us determine how many cases (and staff) will be assigned to offices that implement FAR in the fall of 2014 and beyond. It will also contribute significantly to the evaluation of the demonstration project.
- The new Family Assessment tool guides FAR workers and families to assess the strengths and needs of the family. In November and December of 2013 we will train FAR caseworkers in the identified early implementation offices to use the tool as part of FAR training.

Hiring Staff:

Once the initial implementation offices have been selected, Children's Administration will begin to hire staff to fill the FAR positions in those offices in time for the January start date. We anticipate that many current Children's Administration staff will be interested in these positions, and we will likely have to fill positions in other program areas. As part of the Readiness Assessment, each office projected the number of staff that will be needed to implement the FAR pathway and to maintain staffing in the Investigative units.

Training:

Children's Administration is working with The Alliance to develop FAR training for staff. The first training effort will be for all CA caseworkers on new FamLink tools. Training will begin with train the trainers in July and roll out to staff throughout the summer and fall of 2013.

The Alliance is developing competencies and training materials to train FAR caseworkers using examples from other states that have implemented similar programs. Using materials from Tennessee, Ohio, and New York, Children's Administration and The Alliance are working closely together to make sure that the FAR training aligns with FAR values and logic models described in Washington State's Theory of Change. Following the initial training, The Alliance will have coaches in the field available to help ensure that transfer of learning has occurred. In addition, the headquarters lead and quality assurance managers will be monitoring the implementation sites with the regional and office leads to ensure fidelity to the model and to identify learning opportunities (successes as well as opportunities for improvement) for ongoing implementation efforts.

Teaming & Collaborative Governance Structure:

Children's Administration continues to meet with our community, Tribal, and inter-governmental partners in the Title IV-E Advisory Committee. This advisory committee will continue to provide insight and guidance as we implement FAR across the state. Local offices have begun engaging community partners to begin the foundation to build Community Resource Teams.

We have developed a team of headquarters, regional, and local office staff to champion FAR in their offices and communities. The headquarters team meets weekly to gather updates on policy, quality assurance, communications, and implementation activities. The headquarters lead and project manager meet weekly with the regional leads to share updates, collaborate on Readiness Assessments, problem solve, and assess progress. The regional leads meet with the office leads weekly to discuss progress on the Readiness Assessments and local communication strategies. All of these groups meet monthly to share progress reports. The headquarters project manager monitors the teams' progress with the implementation plan and updates the Children's Administration FAR Steering committee bi-weekly on the status of the demonstration project.

All staff and CA stakeholders can access information about FAR Implementation activities at:

<http://www.dshs.wa.gov/ca/about/far.asp>

Evaluation activities:

On June 28th, Children's Administration selected TriWest as the successful bidder to conduct the evaluation of Washington's Title IV-E demonstration project. TriWest is a human service evaluation and management consulting company, based in Colorado with offices in Illinois, Michigan, Texas, and Washington. TriWest has expertise in child welfare and has participated in other Title IV-E evaluations. The estimated contract period is from August 2013 through July 2019. In August 2013, we will begin working with TriWest to meet the requirements outlined in the Terms and Conditions for the Title IV-E Waiver.

VI. Child Welfare Program Improvement Policies

Children's Administration updated its policies in 2012 to reflect our commitment to ensure foster youth over the age of 16 are engaged in discussions, including during the development of the transition plans, about the child's wish to reconnect with his/her biological family. During the 2013 legislative session, the legislature passed another component of the Federal Fostering Connection Act, increasing the number of youth who are eligible for extended foster care in Washington State. It also expanded extended foster care services to include participation in a program or activity designed to promote or remove barriers to employment.

VII. Major Barriers and Risk Management Strategies

Washington State is on track to begin FAR implementation in January 2014. To date, there have been no significant barriers or delays. There are three areas that may impact the timeliness of our implementation plan:

1. Children's Administration received the necessary funds to begin implementing and staffing FAR in 2014. While the fiscal outlook for Washington State is improving, state funding will continue to be an issue for successful implementation. We will continue to advocate for appropriate funds for FAR and other child welfare programs from the state legislature.
2. We have an aggressive training schedule to train staff on the changes to FamLink related to the new FAR tools. The intake tools are scheduled to go-live in fall 2013. The development of the tools will be complete in FamLink in late July. Because of the interdependence of these tools, all CA caseworkers and supervisors will need to be trained prior to the go-live date. Children's Administration policy, FamLink development, and the FAR team have been working with The UW Alliance to develop a comprehensive training plan to ensure that the training can be completed statewide between August and October.

See Appendices A-G below

Appendix A - FamLink Sufficiency Screen and SDM intake tool

Screening and Response Assessment

Policy and Procedures Manual

December 2012



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**WASHINGTON CHILDREN'S ADMINISTRATION
SCREENING ASSESSMENT***

ELEMENTS OF A CHILD ABUSE/NEGLECT REPORT

Step 1. Sufficiency Screening (At least one box in each column must be checked for the report to be screened as a CPS report.)

Alleged Victim	Alleged Subject	Alleged Incident
<input type="checkbox"/> The victim is under 18 years old.	<input type="checkbox"/> Parent/guardian of alleged victim <input type="checkbox"/> Acting in loco parentis <input type="checkbox"/> Providing care in a facility subject to licensing by DSHS, the Department of Early Learning, or state-regulated care <input type="checkbox"/> Unknown	The allegation, if true, meets the WAC/RCW definition of CA/N. <input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Negligent treatment or maltreatment <input type="checkbox"/> Abandonment

Screening decision:

- ☐ At least one item in each column is marked. Call will be screened in and assigned for an investigation or assessment (Step 3. Response Decision).
☐ In one or more columns above, the sufficiency criteria are not met (Step 2. CPS Risk Only).

Step 2. Risk Only (Select any that apply. If any criteria are selected, report will be screened in for CPS risk only with response times based on the criteria selected.)

CPS Risk Only—Although all sufficiency screening criteria were not met, the information presented indicates a safety threat to a child.

- ☐ Law enforcement or the prosecutor's office makes a report regarding a sexually aggressive youth (*72-hour response, assessment only*).
 ☐ Law enforcement reports a child under age 8 to have committed a sexually aggressive act.
 ☐ Prosecutor reports a child under age 12 to have committed a sexually aggressive act, but the child will not be prosecuted.
☐ There is a situation of imminent risk of serious harm to a child (*24-hour response, assessment only*).
 ☐ Registered sex offender is alleged to have unsupervised contact with a child, and it is unknown if contact is allowed or if contact must be supervised.
 ☐ Prior conviction for serious or violent crime against a child, AND unsupervised contact with a child, AND it is unknown if such contact is allowed.
 ☐ Prior dependency and/or termination of parental rights where parent did not complete or make progress in remedial services.
 ☐ History of serious injury to child as a result of CA/N, or history of serious neglect.
 ☐ Substance exposure or affects evident at birth with no other CA/N concerns reported.
 ☐ Other: _____
☐ None of the criteria above are included in the report. The call will be screened out.

DLR CPS Risk Only—Although all sufficiency screening criteria were not met, allegation occurred in a DLR facility and indicates present safety threats.

- ☐ **The alleged victim is between the ages of 18 and 21, in the care of a licensed/state-regulated facility, AND the allegation meets the WAC definition of CA/N.**
 ☐ If the alleged victim is determined to be at risk of imminent harm, 24-hour response.
 ☐ If the alleged victim is determined to be safe from imminent harm, 72-hour response.
☐ **The alleged victim is an adult, the allegation meets the WAC definition of CA/N, AND the license remains open and/or the facility is still in operation.**
 ☐ If children are determined to be at risk of imminent harm, 24-hour response.
 ☐ If children are determined to be safe from imminent harm, 72-hour response.
☐ **None of the criteria above are included in the report. The call will be rescreened as a rule infraction.**

*Assessment property of the Washington Children's Administration.

**WASHINGTON CHILDREN'S ADMINISTRATION
SCREENING ASSESSMENT
DEFINITIONS**

STEP 1. SUFFICIENCY SCREENING (Policy statement regarding sufficiency questions)

Column 1. Alleged Victim

At least one identified victim in the report is a child under age 18.

Column 2. Alleged Subject

The alleged subject of the child abuse/neglect (CA/N) is a caregiver who meets one of the following definitions:

- Parent/guardian of alleged victim;
- Acting in loco parentis;
- Providing care in a facility licensed by the Department of Social and Health Services (DSHS), the Department of Early Learning, or state-regulated care; or
- Unknown.

Column 3. Alleged Incident

Neglect or abuse is the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child; **or** sexual abuse, sexual exploitation, or injury of a child by any person under circumstances that cause harm to the child's health, welfare, or safety. The physical discipline of a child is not unlawful when it is reasonable and moderate and is inflicted by a parent, teacher, or guardian for purposes of restraining or correcting the child. Any use of force on a child by any other person is unlawful unless it is reasonable and moderate **and** is authorized in advance by the child's parent or guardian for purposes of restraining or correcting the child. The following actions are presumed unreasonable when used to correct or restrain a child:

- Throwing, kicking, burning, or cutting a child;
- Striking a child with a closed fist;
- Shaking a child under age 3;
- Interfering with a child's breathing;
- Threatening a child with a deadly weapon; or
- Doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks (Washington Administrative Code (WAC) 388-15-009(1)).

The allegation, if true, meets the WAC/RCW definition of CA/N.

- "Physical abuse means the non-accidental infliction of physical injury or physical mistreatment on a child. Physical abuse includes, but is not limited to, such actions as: (a) Throwing, kicking, burning, or cutting a child; (b) Striking a child with a closed fist; (c) Shaking a child under age three; (d) Interfering with a child's breathing; (e) Threatening a child with a deadly weapon; (f) Doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks *or* [emphasis added] which is injurious to the child's health, welfare or safety" (WAC 388-15-009(1)).

- “Sexual abuse means committing or allowing to be committed any sexual offense against a child as defined in the criminal code. The intentional touching, either directly or through the clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party. A parent or guardian of a child, a person authorized by the parent or guardian to provide childcare for the child, or a person providing medically recognized services for the child, may touch a child in the sexual or other intimate parts for the purposes of providing hygiene, child care, and medical treatment or diagnosis” (WAC 388-15-009(3)).
- “‘Sexual exploitation’ includes: (a) Allowing, permitting, or encouraging a child to engage in prostitution by any person; or (b) allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person” (Revised Code of Washington (RCW) 26.44.020(20); see also WAC 388-15-009(3)).
- “‘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, including but not limited to conduct prohibited under RCW 9A.42.100. 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 does not constitute negligent treatment or maltreatment in and of itself” (RCW 26.44.020(14); see also WAC 388-15-009(5)).
- “‘Abandonment’ means when the child’s parent, guardian, or other custodian has expressed, either by statement or conduct, an intent to forego, for an extended period, parental rights or responsibilities despite an ability to exercise such rights and responsibilities” (RCW 13.34.030(1) and 13.34.360(3)(c)).
 - » A court may find a presumption of abandonment even if there is no expressed intent to abandon if:
 - »
 - “The petitioner has exercised due diligence in attempting to locate the parent;”
AND
 - There has been “no contact between the child and the child’s parent, guardian, or other custodian for a period of three months.”
 - » “If a parent of a newborn transfers the newborn to a qualified person at an appropriate location pursuant to this section, the qualified person shall cause child protective services to be notified within twenty-four hours after receipt of such a newborn. Child protective services shall assume custody of the newborn within twenty-four hours after receipt of notification,” but as a non-CPS case.

STEP 2. RISK ONLY

If the information gathered by the screener does not meet one or more of the sufficiency criteria, the screener must determine whether a child protective services (CPS) risk only screening decision is appropriate. One or more of the following criteria must be present to assign the call as a CPS risk only assessment.

CPS Risk Only—Although all sufficiency screening criteria were not met, the information presented indicates a safety threat to a child.

- Law enforcement or the prosecutor’s office makes a report regarding a sexually aggressive youth (72-hour response, assessment only).

- » Law enforcement reports a child under age 8 to have committed a sexually aggressive act.
- » Prosecutor reports a child under age 12 to have committed a sexually aggressive act, but the child will not be prosecuted.
- There is a situation of imminent risk of serious harm to a child (*24-hour response, assessment only*).
 - » Registered sex offender is alleged to have unsupervised contact with a child, and it is unknown if contact is allowed or if contact must be supervised.
 - » Prior conviction for serious or violent crime against a child, AND unsupervised contact with a child, AND it is unknown if such contact is allowed.
 - » Prior dependency and/or termination of parental rights where parent did not complete or make progress in remedial services.
 - » History of serious injury to child as a result of CA/N, or history of serious neglect.
 - » Substance exposure or affects at birth with no other CA/N concerns reported.
 - » Other: _____
- None of the criteria above are included in the report. The call will be screened out.

Division of Licensed Resources (DLR) CPS Risk Only—Although all sufficiency screening criteria were not met, allegation occurred in a DLR facility and indicates present safety threats.

The alleged victim is between the ages of 18 and 21, in the care of a licensed/state-regulated facility, AND the allegation meets the WAC definition of CA/N.

- If the alleged victim is determined to be at risk of imminent harm, 24-hour response.
- If the alleged victim is determined to be safe from imminent harm, 72-hour response.

The alleged victim is an adult, the allegation meets the WAC definition of CA/N, AND the license remains open and/or the facility is still in operation.

- If children are determined to be at risk of imminent harm, 24-hour response.
- If children are determined to be safe from imminent harm, 72-hour response.

None of the criteria above are included in the report. The call will be rescreened as a rule infraction.

WASHINGTON CHILDREN'S ADMINISTRATION CHILD PROTECTIVE SERVICES RESPONSE ASSESSMENT

Step 3. Response Decision

Part A. Response Decision Trees

Complete a decision tree for each maltreatment type reported. When the report contains multiple maltreatment types, the assigned response time is based on the highest level indicated for each maltreatment type.

PHYSICAL ABUSE

Do ANY of the following apply?

- ☐ Significant injuries are present, **OR** medical care is required, **OR** there is serious concern that medical care may be required.
- ☐ Caregiver behavior is described as severe, bizarre, or torturous to the child.
- ☐ Caregiver threatened harm, or caregiver's behavior is threatening to the child.
- ☐ Alleged child victim fears retaliation from subject and/or is otherwise afraid to go home or remain in the home.

Yes → Emergent Response—
Within 24 Hours

No ↓

Do ANY of the following apply?

- ☐ Alleged victim is in out-of-home care, **AND** allegations are against the out-of-home, unlicensed caregiver.
- ☐ Allegation involves a licensed home or facility.
- ☐ Alleged victim is the victim or alleged subject is the subject in three or more investigations or assessments in the past year.
- ☐ Allegation includes reports of bruises on non-mobile children.
- ☐ Report made by a physician, or a medical professional on a physician's behalf, regarding a child under age 5.

Yes → Non-Emergent Response—
Contact Required Within
72 Hours

No ↓

Family Assessment Response—
Contact Required Within 72 Hours

NEGLIGENT TREATMENT/MALTREATMENT/ABANDONMENT

Do ANY of the following apply?

- ☐ Child fatality, and other children are in the care of alleged subject.
- ☐ Living situation is immediately dangerous or unhealthy.
- ☐ Child's current physical or mental condition indicates a need for immediate medical care, or child appears seriously ill or injured.
- ☐ Child of any age has been abandoned **AND** is in need of immediate care.
- ☐ Child is under age 6, or has a significant developmental disability and is unsupervised/alone or cared for by parent who is incapacitated.
- ☐ Child is between ages 6 and 10 and is in immediate need of supervision or care.

Yes → Emergent
Response—
Within
24 Hours

No ↓

Do ANY of the following apply?

- ☐ Alleged victim is in out-of-home care, and allegations are against the out-of-home, unlicensed caregiver.
- ☐ Allegation involves a licensed home or facility.
- ☐ Alleged victim is the victim or alleged subject is the subject in three or more investigations or assessments in the past year.

Yes → Non-Emergent
Response—
Contact
Required
Within
72 Hours

No ↓

Family Assessment Response—
Contact Required Within 72 Hours

SEXUAL ABUSE/EXPLOITATION

Is there a non-perpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?

No → Emergent Response—
Within 24 Hours

Yes ↓

Do ANY of the following apply?

- ☐ Allegation involves a licensed home or facility, and children remain in their care.
- ☐ Alleged perpetrator will have access to alleged child victim within the next 72 hours, or access within the next 72 hours is unknown or unclear.
- ☐ Alleged child victim fears retaliation from the perpetrator and/or is otherwise afraid to go home or remain in the home.
- ☐ Alleged physical injury to child victim occurred due to alleged sexual abuse/exploitation.
- ☐ Allegations are against the out-of-home, unlicensed caregiver, and children remain in their care.

No → Non-Emergent Response—
Contact Required Within
72 Hours

Yes ↓

Emergent Response—
Within 24 Hours

Part B. Response Decision**Recommended Response**

Based on Decision Tree(s) (mark one): ☐ Emergent response—within 24 hours
☐ Non-emergent response—contact required within 72 hours
☐ Family assessment response—contact required within 72 hours

OVERRIDES

- ☐ **Increase to emergent response—within 24 hours whenever:**
- ☐ Family may flee/child made unavailable;
 - ☐ Prior death of a child due to abuse/neglect in the household;
 - ☐ Forensic investigation would be compromised if investigation were delayed;
 - ☐ Report includes current concern of domestic violence in the home, and there is concern that non-perpetrating parent may be injured or unable to protect the child within the next 72 hours;
 - ☐ Hospital physicians or hospital administrators have placed the child on an administrative hold based on concerns of child abuse or neglect; and/or
 - ☐ Law enforcement requests immediate response.
- ☐ **Decrease to non-emergent response—contact required within 72 hours if:**
- ☐ Child is in an alternative safe environment and is expected to remain there for at least 72 hours;
 - ☐ Allegation involves a child care center or staffed facility, and the alleged subject has been placed on administrative leave; or
 - ☐ Allegation involves a facility that is not in operation at the time of intake.

☐ **Override—increase by one level (supervisor only)**

☐ **Override—decrease by one level (supervisor only)**

Describe: _____

Final Assigned Response

After Consideration of Overrides (mark one): ☐ Emergent response—within 24 hours
☐ Non-emergent response—contact required within 72 hours
☐ Family assessment response—contact required within 72 hours

Screener: _____ **Date:** ____/____/____

Supervisor: _____ **Date:** ____/____/____

**WASHINGTON CHILDREN'S ADMINISTRATION
CHILD PROTECTIVE SERVICES RESPONSE ASSESSMENT
DEFINITIONS**

STEP 3. RESPONSE DECISION

(Enabled only if the call is screened in step 1, sufficiency screening.)

PART A. RESPONSE DECISION TREES

PHYSICAL ABUSE

- **Significant injuries are present, OR medical care is required, OR there is serious concern that medical care may be required.**

Significant injuries are present or actions by the alleged subject pose a danger of death, impairment, disability, or substantial pain within the next 72 hours. Examples of **significant injuries** include broken bones, burns, or lacerations; injuries to the head or torso; injuries that suggest use of implements such as belts, boards, irons, or cigarettes; poisoning or suffocation; or injuries that suggest use of restraints. Also include bruises, welts, bite marks, and abrasions that cover multiple body surfaces or appear to be in different stages of healing.

Medical care is immediately necessary and if not provided will seriously, and possibly permanently, affect the child's health and well-being. This includes treatment and/or evaluation of an injury that is needed or currently in progress. It does not include medical examination solely for forensic purposes.

- **Caregiver behavior is described as severe, bizarre, or torturous to the child.**

Examples include the following:

- » Current allegation includes death of a child due to abuse, and other children remain in the care of the alleged perpetrator;
- » Use of restraints, torture, or extremely age-inappropriate punishment; forcing children to stand in place for long periods of time, or forcing children to eat materials that cause extreme pain or illness; and/or
- » Behavior that is dangerous to the physical well-being of the child, such as holding the child out of an open window or over the edge of a balcony railing, immersing the child under water as a form of discipline, or containing a child in a cage or kennel.

- **Caregiver threatened harm, or caregiver's behavior is threatening to the child.**

Mark if the current report includes allegation of threatened harm. Threatening caregiver behavior includes behaviors that are considered violent, dangerous, aggressive, brutal, cruel and hostile toward the child. This includes behavior that a reasonable person would recognize as dangerous or likely to result in serious injury. Include verbal and physical threats of physical abuse. Threats of physical discipline by the child's parent or guardian that are reasonable and moderate for the purposes of correcting or restraining do not, alone, meet the threshold for selection.

- **Alleged child victim fears retaliation from subject and/or is otherwise afraid to go home or remain in the home.**

The child is expressing fear of returning to or being in the home at this time. The child exhibits behavioral indicators of fear, e.g., the child states that subject has threatened harm if the child tells anyone about the home situation, or child reports the subject has retaliated against the child in the past. Child may beg to be removed from home or not to be left alone with subject, and/or and may demonstrate symptoms of fear (screaming, trembling, and/or becoming immobile).

- **Alleged victim is in out-of-home care, AND allegations are against the out-of-home, unlicensed caregiver.**
Mark if any alleged child victim is in unlicensed, out-of-home care and the alleged perpetrator is the unlicensed, out-of-home care provider.
- **Allegation involves a licensed home or facility.**
Mark if any alleged child victim is in the care of a licensed or state regulated facility, and the alleged subject is a licensee or caregiver in the facility.
- **Alleged victim is the victim or alleged subject is the subject in three or more investigations or assessments in the past year.**
Using available information, including FamLink and credible information from reporter or other jurisdictions, determine if the alleged victim or subject has been identified in that role in three or more reports accepted for investigation or assessment in the past 12 months. Do not include any reports that were screened out or otherwise not accepted for an in-person response.
- **Allegation includes reports of bruises on non-mobile child.**
Mark if the alleged victim is not able to crawl/walk without assistance (regardless of age) and the allegation includes description of significant bruises.
- **Report made by a physician, or a medical professional on a physician's behalf, regarding a child under age 5.**

NEGLIGENT TREATMENT/MALTREATMENT/ABANDONMENT

- **Child fatality, and other children are in the care of alleged subject.**
- **Living situation is immediately dangerous or unhealthy.**
Based on the child's age and developmental status, the home situation is immediately dangerous or unhealthy. Conditions could result in imminent risk of harm such as death; life-endangering illness; injury requiring medical treatment within the next 72 hours; or substantial risk of injury to physical, emotional, and/or cognitive development of child. Examples include, but are not limited to, the following.
 - » Living arrangements are an immediate threat to his/her safety. This would include the most serious unsanitary circumstances: buildings capable of collapse; exposure to extreme weather conditions; fire hazards; electrical wiring exposed; weapons accessible and available; open sewage; unsafe heating; etc.
 - » No access to food, or indications that the child is not being fed.
 - » Substances or objects that may endanger health/safety, including guns and other weapons, are accessible to the child.
 - » Excessive garbage, or rotten/spoiled food that threatens health.
 - » Insect or rodent infestation.
 - » Serious illness or significant injury has occurred due to living conditions, and these conditions still exist.
- **Child's current physical or mental condition indicates a need for immediate medical care, or child appears seriously ill or injured.**

Medical care is immediately necessary. If not provided, the child's health and well-being will be seriously, and possibly permanently, affected. This includes extreme dental conditions and threats to mental health, including suicidal or homicidal ideation or gesture with immediate ability to follow through.

Examples include, **but are not limited to:**

- » Allegations of alcohol- or drug-affected newborn;
- » Failure to thrive, malnutrition/starvation;
- » Lack of supervision that results in an injury requiring medical care;
- » Child suicide attempt that requires medical care;
- » Untreated medical issues that pose a serious threat; or
- » Child is diabetic and parent has not accessed medication or treatment.

For DLR CPS investigations, include allegations that the caregiver changed/ inappropriately administered medication or other doctor-ordered care, and, as a result, the child is in need of medical care.

- **Child of any age has been abandoned AND is in need of immediate care.**

- » The current report includes an allegation of a child of any age being abandoned (the absence, disappearance, or desertion by a parent or caregiver, without providing for the child's well-being or needs under such circumstances and for a substantial period of time as to cause substantial risk of harm);

AND

- » The reporter indicates this child needs **immediate care** to meet basic needs (food, shelter, clothing, medical care, and/or safety).

- **Child is under age 6, or has a significant developmental disability and is unsupervised/alone or cared for by parent who is incapacitated.**

- » Mark if the child has not yet reached his/her sixth birthday, or is limited by disability;

AND

- » Is currently alone OR is with a caregiver who is currently impaired by alcohol or other drugs; is cognitively impaired; is absent physically/emotionally; or has a mental/physical illness or disability, to the extent that the caregiver is not providing for the child's needs for care and safety.

- **Child is between ages 6 and 10 and is in immediate need of supervision or care.**

Answer yes if one or more child victims has reached his/her sixth birthday, but has not yet reached his/her eleventh birthday, and:

- » He/she is currently alone **and** without information about how to contact the caregiver, neighbor, or other responsible adult; and/or is without access to a safe and secure place to be until his/her caregiver returns;

OR

- » He/she is currently without a caregiver due to the caregiver's current level of intoxication, current mental/physical illness, or developmental disabilities, or caregiver is absent physically/emotionally **AND** there is no adequate care available for the child. The caregiver is not providing/responding to or is ignoring child's basic needs.

- **Alleged victim is in out-of-home care, and allegations are against the out-of-home, unlicensed**

caregiver.

Mark if any alleged child victim is in unlicensed out-of-home care, and the alleged perpetrator is the unlicensed, out-of-home care provider.

- **Allegation involves a licensed home or facility.**

Mark if any alleged child victim is in the care of a licensed or state-regulated facility, and the alleged perpetrator is a licensee/caregiver in the facility.

- **Alleged victim is the victim or alleged subject is the subject in three or more investigations or assessments in the past year.**

Using available information, including FamLink and credible information from reporter or other jurisdictions, determine if the alleged victim or subject has been identified in that role in three or more reports accepted for investigation or assessment in the past 12 months. Do not include any reports that were screened out or otherwise not accepted for an in-person response.

SEXUAL ABUSE/EXPLOITATION

- **Is there a non-perpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?**

A non-perpetrating caregiver is aware that sexual abuse has been alleged, and he/she supports the child's disclosure AND demonstrates the ability to prevent the perpetrator from having access to the child. The non-perpetrating caregiver will not pressure the child to change his/her statement and will obtain or has obtained medical treatment for the child as needed.

- **Allegation involves a licensed home or facility, and children remain in their care.**

Mark if any alleged child victim is in the care of a licensed or state-regulated facility, and the alleged subject is a licensee/caregiver in the facility and children remain in their care.

- **Alleged perpetrator will have access to alleged child victim within the next 72 hours, or access within the next 72 hours is unknown or unclear.**

The alleged perpetrator lives in the home or has immediate access to the child (e.g., a babysitter, coach, neighbor), or the perpetrator's access is unknown.

- **Alleged child victim fears retaliation from the perpetrator and/or is otherwise afraid to go home or remain in the home.**

The child is expressing fear of returning to or being in the home at this time. The child exhibits behavioral indicators of fear, e.g., the child states that subject has threatened harm if the child tells anyone about the home situation, or child reports the subject has retaliated against the child in the past. Child may beg to be removed from home or not be left alone with subject, and/or may demonstrate symptoms of fear (screaming, trembling, and/or becoming immobile).

- **Alleged physical injury to child victim occurred due to alleged sexual abuse/ exploitation.**

Mark if a medical provider reports concern of physical injury of any type that appears to be the result of sexual abuse or exploitation, or a pre-adolescent child is reported to have a sexually transmitted infection.

- **Allegations are against the out-of-home, unlicensed caregiver, and children remain in their care.**

PART B. RESPONSE DECISION

OVERRIDES

An immediate response is required in the following circumstances.

- Family may flee/child made unavailable. The family is preparing to leave the jurisdiction to avoid investigation/assessment, they have fled in the past, or the caregiver has done something to make the child unavailable.
- Prior death of a child due to abuse/neglect in the household. There is credible information (e.g., statements by reporter, verified information in FamLink, police reports, etc.) that a current caregiver caused a child's death due to abuse or neglect prior to the current allegation.
- Forensic investigation would be compromised if investigation were delayed. Physical evidence may be lost or altered; or attempts are being made to alter statements, conceal evidence, or coordinate false statements.
- Report includes current concern of domestic violence in the home, and there is concern that non-perpetrating parent may be injured or unable to protect the child within the next 72 hours.
- Hospital physicians or hospital administrators have placed the child on an administrative hold based on concerns of child abuse or neglect.
- Law enforcement requests immediate response.
- Override—increase by one level (supervisor only). Available information indicates that a quicker response time/type is necessary to support the safety of a child; and this information does not meet criteria for any of the items on the response tree or in the listed override reasons. (narrative description required)

The response time may be decreased in the following situations.

- Child is in an alternative safe environment and is expected to remain there for at least 72 hours. The child is no longer living where the alleged abuse/neglect occurred, or he/she is temporarily away and will not return within the next three days.
- Allegation involves a child care center or staffed facility, and the alleged subject has been placed on administrative leave.
- Allegation involves a facility that is not in operation at the time of intake.
- Override—decrease by one level (supervisor only). Available information indicates the child will be protected from abuse/neglect for at least the next 72 hours, despite emergent response criteria having been met. (Narrative description is required.)

**WASHINGTON CHILDREN'S ADMINISTRATION
SCREENING AND RESPONSE ASSESSMENT
POLICY AND PROCEDURES**

Which Cases:	The screening and response assessment is completed on all calls alleging harm to a child. This includes new referrals on open cases. The screening assessment is also completed on all allegations that, if accepted, would be investigated by DLR.
Who:	The intake worker completes the assessment, and the supervisor reviews and approves it.
When:	The screening and response assessment is completed upon receipt of information that constitutes a referral. This generally occurs while the screener talks with the reporter making a referral (either over the phone or in person). Occasionally, the screener may need to gather information from additional sources as part of the screening process. For these referrals, the screening assessment is completed as soon as all necessary information is gathered.
Decision:	The screening and response assessment determines whether a referral meets criteria for an in-person response by the department and, if so, the type of response and timeframe for first contact with the alleged victim.

Appropriate Completion

Step 1. Sufficiency Screening

Proceed with review of screening criteria. At least one box in each column must be marked for the call to be accepted as a CPS report. Mark all applicable criteria in each column, using the definitions to ensure criteria is met.

If there are one or more columns in which no criteria are met, the call does not meet sufficiency for CPS investigation or family assessment response. The intake worker must complete step 2, risk only screening.

If at least one criterion is met in each column, the report will be screened in for an investigation or family assessment response. The intake worker must complete step 3, response decision.

Step 2. Risk Only

For all calls in which the alleged perpetrator is the parent or guardian, acting in loco parentis, or unknown, the worker will complete the CPS risk only section. For all calls in which the allegation involves facility subject to licensing by DSHS, the Department of Early Learning, or state-regulated care, the worker will complete the DLR CPS risk only section. The intake worker will review the items, selecting each within which criteria are met.

If any criteria are met, the call will be screened in for a risk only response. The timeframe for first contact with the alleged victim is identified based on risk only criteria.

For CPS calls, if no risk only criteria are selected, the call will be screened out.

For DLR calls, if no criteria are selected, the call will be documented and responded to as a licensing concern. DLR calls cannot be screened out.

Step 3. Response Decision

All reports which met the sufficiency screening require a completed response decision tree. The worker will complete a decision tree consistent with the type of alleged maltreatment, selecting criteria which are included in the allegation. Decision trees will be completed on all types of maltreatment included in the allegation until an emergent response (24 hours) has been identified or all trees are complete.

The initial response time and type will be identified by the completion of the response decision trees.

Workers then complete the override section, endorsing any override that is consistent with information contained in the allegation. An unspecified override to increase or decrease the required response time can only be completed by a supervisor.

Appendix A1 – Intake Report

Intake Report

INTAKE TYPE	
<input type="checkbox"/>	CPS
<input type="checkbox"/>	CPS Risk Only
<input type="checkbox"/>	Non CPS

A. Parent(s) Identification

MOTHER'S NAME (LAST, FIRST, M.I.)		RACE / TRIBAL STATUS	DATE OF BIRTH	MENTAL HEALTH <input type="checkbox"/>
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	CROSS REFERENCE - AKA / PREVIOUS NAMES		COUNTY	
Warning Indicator: <input type="checkbox"/> Danger to Worker <input type="checkbox"/> RSO <input type="checkbox"/> SAY				
COMMENTS				
FATHER'S NAME (LAST, FIRST, M.I.)		RACE / TRIBAL STATUS	DATE OF BIRTH	MENTAL HEALTH <input type="checkbox"/>
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	CROSS REFERENCE - AKA / PREVIOUS NAMES		COUNTY	
Warning Indicator: <input type="checkbox"/> Danger to Worker <input type="checkbox"/> RSO <input type="checkbox"/> SAY				
COMMENTS				

B. Names of Children (check children identified as victims)

	LAST, FIRST, M.I.	DATE OF BIRTH	SEX	SCHOOL / DAYCARE	RACE/TRIBAL STATUS	VICTIM	SUBSTANCE EXPOSED	MENTAL HEALTH
1.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIMARY LANGUAGE OF FAMILY				<input type="checkbox"/> Interpreter Needed <input type="checkbox"/> Worker Safety Concern				

Other Participants

NAME	RELATIONSHIP	NAME	RELATIONSHIP

C. Referrer Identification

NAME OF REFERRER		RELATIONSHIP TO FAMILY		
ADDRESS		CITY	COUNTY	STATE ZIP CODE
TELEPHONE NUMBER	POLICE REPORT NUMBER	MANDATED REPORTER <input type="checkbox"/> Yes <input type="checkbox"/> No	CALL BACK REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	REQUESTS CONFIDENTIALITY <input type="checkbox"/> Yes <input type="checkbox"/> No

D. Alleged Perpetrator Identification – Complete on Law Enforcement Report Only			
NAME	TELEPHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
E. Narrative – Allegation / Concern – CPS Investigation, Family Assessment Response or Risk Only Intakes			
<p>Describe the nature and extent of the alleged maltreatment or concerns. Describe the surrounding circumstances accompanying the maltreatment or concerns. Describe who lives in the household.</p>			
Risk and Protective Factors			
<p>1. Child Characteristics: Describe how the child(ren) function on a daily basis. Describe any immediate needs that the child(ren) may have, their current level of functioning, vulnerability, special needs, behavioral concerns, and past victimization/trauma. Document the child(ren)'s current location, school/daycare including dismissal time, medical provider, race and ethnicity.</p>			
<p>One or more children in the home are currently receiving Mental Health Services: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>			
<p>2. Caregiver Characteristics: Describe how the parent(s)/caregiver manage his/her own life on a daily basis. Describe the overall parenting/child care practices used by the caregiver. Describe how the parent(s)/caregiver discipline the child. Describe family strengths and challenges/stressors and any immediate needs the caregiver may have.</p>			
<p>One or more adults in the home are currently receiving Mental Health Services: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Identify which adults in the home are receiving Mental Health Services at the time of intake:</p>			
<p>3. Social / Economic Factors: Describe the home and social environment. Describe connections with community, family and/or friends. Describe cultural considerations, language needs, prior/current services, employment, income and education.</p>			
<p>4. Domestic Violence</p> <p>Has anyone used or threatened to use physical force against an adult in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Was the child assaulted, injured or threatened during the DV incident? <input type="checkbox"/> Was the child in danger of physical harm during the DV incident? <input type="checkbox"/> Was the child's parent or caregiver killed by the DV perpetrator or incapacitated such that the child's parent or caregiver is unable to meet the needs of the children? </div>			
<p>5. Additional Risk Factors and Prior CA/N History: Describe any additional risk factors, including CA/N history and agency involvement. Describe other conditions or factors related to child safety and family functioning. Document additional domestic violence information and risk factors.</p>			

6. **Directions to House:** Provide additional directions. Document additional addresses or contact information.

F. Indian Child Welfare (ICW)

- YES NO
- ☐ ☐ 1. Is there information indicating the child or any relative of the child may be Native American, Alaska Native or Canadian First Nations Ancestry?
- ☐ ☐ 2. Is there information indicating a Tribe, Band or Native American Organization considers the child(ren) to be a member?
- ☐ ☐ 3. Is there information indicating the child(ren) is / are currently or in the past a ward or wards of any tribal court?
- ☐ ☐ 4. Is there information indicating the residence or domicile of the child(ren) or parent/custodian is known to be a predominantly Indian community or within the bounds of a reservation?
- ☐ ☐ 5. Has the Washington State Tribe(s) been contacted regarding this referral?
6. Please list others who we can contact regarding the child(ren)'s Native American Ancestry?

G. Allegation Type for CPS Investigation

Check all that apply.

- ☐ Physical Abuse ☐ Sexual Abuse ☐ Negligent Treatment or Maltreatment
☐ Abandonment ☐ Sexual Exploitation Date of Alleged Maltreatment (CA/N):

H. Allegation Details – Complete on DLR / CPS intakes only.

- ☐ Provider Related Intake ☐ Incident Location Same as Intake Name

ADDRESS CITY COUNTY STATE ZIP CODE

TELEPHONE NUMBER

WORK TELEPHONE NUMBER

CELL PHONE NUMBER

I. Services – Complete for Non CPS intakes only

- ☐ Non-CPS:
☐ Adoption – Interstate Compact on Adoption an Medical Assistance (CAMA) ☐ CWFS ☐ FRS ☐ FVS
☐ ICPC ☐ Tribal Band (payment/placement only) ☐ Rule Infraction

Specific Service Requested:

Second Quarterly Progress Report

J. Sufficiency Screen		
Step 1. Sufficiency Screening. At least one box in each column must be checked for the report to be screened as a CPS report.		
ALLEGED VICTIM	ALLEGED SUBJECT	ALLEGED INCIDENT
<input type="checkbox"/> Is the victim under 18 years of age?	<input type="checkbox"/> Parent / guardian of alleged victim <input type="checkbox"/> Acting in loco parentis <input type="checkbox"/> Unknown <input type="checkbox"/> Providing care in a facility subject to licensing by DSHS, the Department of Earning Learning (DEL) or state-regulated care.	The allegation, if true, minimally meets the WAC / RCW definition of CA/N <input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Negligent treatment or maltreatment <input type="checkbox"/> Abandonment
Screening decision: <input type="checkbox"/> At least one item in each column is marked. Call will be screened in and assigned for an investigation or assessment. Go to Step 3. Response Decision. <input type="checkbox"/> In one or more columns above, the sufficiency criteria are not met. Go to Step 2. CPS Risk Only.		
Step 2. Additional Screening. Select any that apply. If any criteria are selected, report will be screened in for CPS risk only with response times based on the criteria selected.		
CPS Risk Only. Although all sufficiency screening criteria were not met, the information presented indicates a safety threat to a child.		
<input type="checkbox"/> Law enforcement or the prosecutor's office makes a report regarding a sexually aggressive youth (72-hour response) . <ul style="list-style-type: none"> • Law enforcement reports a child under age eight (8) to have committed a sexually aggressive act. • Prosecutor reports a child under age 12 to have committed a sexually aggressive act, but the child will not be prosecuted. 		
<input type="checkbox"/> There is a situation of imminent risk of serious harm to a child (24-hour response) . <ul style="list-style-type: none"> • Registered sex offender is alleged to have unsupervised contact with a child, and it is unknown if contact is allowed or if contact must be supervised. • Prior conviction for serious or violent crime against a child, AND unsupervised contact with a child, AND it is unknown if such contact is allowed. • Prior dependency and/or termination of parental rights where parent did not complete or make progress in remedial services. • History of serious injury to child as a result of CA/N, or history of serious neglect. • Substance exposure or affects evident at birth with no other CA/N concerns reported. • Other 		
<input type="checkbox"/> None of the criteria above are included in the report. The call will be screened out.		
DLR CPS Risk Only. Although all sufficiency screening criteria were not met, allegation occurred in a DLR facility and indicates present safety threats.		
<input type="checkbox"/> The alleged victim is between the ages of 18 and 21, in the care of a licensed/state-regulated facility, AND the allegation meets the WAC definition of CA/N. <ul style="list-style-type: none"> • If the alleged victim is determined to be at risk of imminent harm, 24-hour response. • If the alleged victim is determined to be safe from imminent harm, 72-hour response. 		
<input type="checkbox"/> The alleged victim is an adult, the allegation meets the WAC definition of CA/N, AND the license		

remains open and/or the facility is still in operation.

- If children are determined to be at risk of imminent harm, 24-hour response.
- If children are determined to be safe from imminent harm, 72-hour response.

☐ None of the criteria above are included in the report. The call will be rescreened as a rule infraction.

Step 3. Response Decision – CPS intakes only.

The allegation, if true, minimally meets the WAC/RCW definition of CA/N. Check appropriate CA/N allegations and screening criteria. Complete a decision tree for each maltreatment type reported. When report contains multiple types, the assigned response time is based on the highest level indicated for each maltreatment type.

Criteria for Emergent Response (24 hour investigation)

☐ **Physical abuse**

Do **ANY** of the following apply? First box checked results in emergent response. If no boxes are checked go to non-emergent response questions for physical abuse.

- ☐ Significant injuries are present, **OR** medical care is required, **OR** there is serious concern that medical care may be required.
- ☐ Caregiver behavior is described as severe, bizarre, or torturous to the child.
- ☐ Caregiver threatened harm, or caregiver's behavior is threatening to the child.
- ☐ Alleged child victim fears retaliation from subject and/or is otherwise afraid to go home or remain in the home.

☐ **Negligent treatment or maltreatment or** ☐ **Abandonment**

Do **ANY** of the following apply? First box checked results in emergent response. If no boxes are checked go to non-emergent response questions for neglect.

- ☐ Child fatality and other children are in the care of alleged subject.
- ☐ Living situation is immediately dangerous or unhealthy.
- ☐ Child's current physical or mental condition indicates a need for immediate medical care, or child appears seriously ill or injured.
- ☐ Child of any age has been abandoned **AND** is in need of immediate care.
- ☐ Child is under age six (6), or has a significant developmental disability and is unsupervised / alone or cared for by a parent who is incapacitated.
- ☐ Child is between ages six (6) and 10, and is in immediate need of supervision or care.

☐ **Sexual abuse or** ☐ **Sexual exploitation**

Is there a non-perpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child? ☐ Yes ☐ No. If "No," emergent response required, do not complete subsequent questions (24-hour investigation).

Do **ANY** of the following apply? First box checked results in emergent response. If none checked, response is non-emergent (72-hour investigation).

- ☐ Allegation involves a licensed home or facility, and children remain in their care.
- ☐ Alleged perpetrator will have access to alleged child victim within the next 72 hours, or access within the next 72 hours is unknown or unclear.
- ☐ Alleged child victim fears retaliation from the perpetrator and/or is otherwise afraid to go home or remain in the home.
- ☐ Alleged physical injury to child victim occurred due to alleged sexual abuse / exploitation.
- ☐ Allegations are against the out-of-home, unlicensed caregiver, and children remain in their care.

Criteria for Non-Emergent Response (72 hour investigation)

☐ **Physical abuse**

Do ANY of the following apply?

- ☐ Alleged victim is in out-of-home care **AND** allegations are against the out-of-home, unlicensed caregiver.
- ☐ Allegation involves a licensed home or facility.
- ☐ Alleged victim is the victim or alleged subject is the subject in three or more investigations or assessments in the past year.
- ☐ Allegation includes reports of bruises on non-mobile children.
- ☐ Report made by a physician, or a medical professional on a physician's behalf, regarding a child under age five (5).

☐ **Negligent treatment or maltreatment or** ☐ **Abandonment**

Do **ANY** of the following apply?

- ☐ Alleged victim is in out-of-home care AND allegations are against the out-of-home, unlicensed caregiver.
- ☐ Allegation involves a licensed home or facility.
- ☐ Alleged victim is the victim or alleged subject is the subject in three or more investigations or assessments in the past year.

If no boxes are checked, response is Family Assessment Response (FAR). Contact required within 72 hours.

Is this intake:

- ☐ A child fatality
- ☐ Serious Injury, Critical or High Profile Incident?

- ☐ Staff Safety
- ☐ Runaway
- ☐ High Profile – Media

☐ Other:

☐ Law Enforcement Notified

Response Decision

Check only one box.

- ☐ Screen-in
 - ☐ Investigation (24 hours)
 - ☐ Investigation (72 hours)
 - ☐ Family Assessment Response (FAR) (72 hours)
 - ☐ Risk Only (24 hours)
 - ☐ Risk-Only (72 hours)
 - ☐ Non-CPS
- ☐ Screen-out – Investigation
 - ☐ Allegation documented in previous intake
 - ☐ Anonymous Referrer – Risk Low
 - ☐ Referred to Tribal Jurisdiction
 - ☐ Unborn Victim
 - ☐ No specific CA/N allegation or Risk
 - ☐ Third Party – Referred to Law Enforcement
 - ☐ Other:

Overrides

- ☐ Increase to emergent response-within 24 hours whenever:
 - ☐ Family may flee / child made unavailable.
 - ☐ Prior death of a child due to abuse/neglect in the household.

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Appendix B- Independent Research: Background
(See separate attachment)

Appendix C – FAR Family Assessment



CHILDREN'S ADMINISTRATION FAR Family Assessment & Case Plan

CASE & PARTICIPANT INFORMATION

Case Name (ID):

Approval Date:

Parent/Caregiver (ID):

DOB:

Intake ID:

Child(ren):

DOB:

Social Service Specialist:

Email:

Phone:

INITIAL ENGAGEMENT QUESTIONS

Did you discuss the FAR Intervention with the family and provide written information?

Did the family agree to participate in the FAR Intervention?

Explain:

CURRENT NEEDS AND CHALLENGES

Describe the Nature and Extent of the Situation that brought the family to the Department's attention.

Sequence of Events: Describe the surrounding circumstances that led to the family assessment.

FAMILY DEVELOPMENTAL STAGES AND TASKS

Family Developmental Stages:

Military Family:

Describe the family's composition and cultural factors.

Describe the everyday life task(s) that contribute to the situation.

Describe what the family has done to keep the child(ren) safe and healthy in the past and the resources used.

Parenting Practices

Describe how each parent disciplines the child(ren).

What are the overall parenting practices used by the parent?

Family Support

Describe the family's support system.

FAMILY OBJECTIVES

Start Date:

Target End Date:

Objective:

Task:

Task:

Service:

Provider (ID):

Family's Perspective:

Previous progress and/or barriers in achieving objective:

Discuss progress and/or barriers in achieving objective:

INDIVIDUAL ADULT PATTERNS OF BEHAVIOR

Parent/Caregiver:

How does the parent manage his/her own life on a daily basis? How does the parent function on a daily basis?

Individual Level Objectives for <LAST NAME, FIRST NAME MI (Person ID)>

Start Date:

Target End Date:

Objective:

Tasks:

Service:

Provider (ID):

Family's Perspective:

Previous progress and/or barriers in achieving objective:

Discuss progress and/or barriers in achieving objective:

CHILD FUNCTIONING AND DEVELOPMENT

Child:

Describe how the child functions on a daily basis. Describe the child's general behavior, temperament and physical capacity.

ASSESSMENT RECOMMENDATIONS

Assessment Summary:

Assessment Recommendation:

Recommendation Reason:

Explain:

Third Quarterly Progress Report

Present Danger Date:

00/00/0000

Present Danger:

Safety

Assessment Date:

00/00/0000

Safety Decision:

Final Safety Plan:

SDM Date:

SDM Score:

FAMILY OBJECTIVES ACHIEVED/HISTORICAL

Start Date:

Target End Date:

Objective:

Tasks:

Service:

Provider (ID):

Family's Perspective:

Status of Objective:

Date Achieved:

Previous progress and/or barriers in achieving objective:

Discuss progress and/or barriers in achieving objective:

INDIVIDUAL OBJECTIVES ACHIEVED/HISTORICAL <Last Name, First Name MI (Person ID)>

Start Date:

Target End Date:

Objective:

Tasks:

Service:

Provider (ID):

Family's Perspective:

Status of Objective:

Date Achieved:

Previous progress and/or barriers in achieving objective:

Discuss progress and/or barriers in achieving objective:

Appendix D – CPS Investigative Document



**INVESTIGATIVE
ASSESSMENT**
(Display Type of Investigative
Assessment)
Assessment ID:
Completion Date:

Case:
Worker:
Office:

Provider Name:
Provider Type:

ALLEGATIONS

Intake ID:
Victim:
Subject:
Support of Findings/CAPTA Narrative:

CA/N:
Findings:
Relationship to Victim:

Intake ID:
Victim:
Subject:
Support of Findings/CAPTA Narrative:

CA/N:
Findings:
Relationship to Victim:

PARTICIPANTS

Roles:	AP = Alleged Perpetrator; CL = Client; CO = Collateral; CS = Courtesy Supervisor; HM = Household Member; IC = Identified Child; IN = Intake Name; NM = Non-Household Member; PR = Parent/Parental Role; ST = Staff; SB = Subject; V = Victim; WT = Witness		
Name:	Gender:	Roles(s):	
Ethnicity:	Date of Birth:	Chronicity Indicator	
Race:	Primary Language:		
Name:	Gender:	Roles(s):	
Ethnicity:	Date of Birth:	Chronicity Indicator	
Race:	Primary Language:		

GATHERING QUESTIONS (CPS and CPS Risk Only)

Describe the nature and extent of maltreatment.

Sequence of Events: What surrounding circumstances accompany the maltreatment?

Describe how child(ren) function on a daily basis.

Describe how each parent(s)/caregiver disciplines the child(ren).
What are the overall parenting/child care practices used by the caregiver?
Describe the everyday life task(s) that contribute to the maltreatment.
How does the parent(s)/caregiver manage his/her own life on a daily basis?
Describe each parent(s)/caregivers' support system and how these support systems can help protect the child(ren). Description of Strengths and Protective Factors.

GATHERING QUESTIONS (DLR/CPS and DLR/CPS Risk Only)
Describe the nature and extent of maltreatment.
What surrounding circumstances accompany the maltreatment?
How does the child(ren) function on a daily basis?
How do the parent(s)/caregiver discipline the child(ren)?
What are the overall child care practices used by the caregiver?
Describe the behavior/condition that a parent/caregiver presents that contributes to a threat to child safety. How does the parent(s)/caregiver manage his/her own life on a daily basis.

INVESTIGATIVE DETAILS
Narrative describing facts obtained from Investigation and sources used to verify.
Issues and Concerns Noted (DLR/CPS and DLR/CPS Risk Only)
Description of Strengths and Protective Factors (DLR/CPS and DLR/CPS Risk Only)

CONTACTS				
Activity	Participant	Location	Date/Time Occurred	Date/Time Created

RECORDS REVIEWED		
Type of Record	Date Reviewed	Comment

SAFETY ASSESSMENT

Assessment Date

Safety Decision

Final Safety Plan

PRESENT DANGER

Date Assessed

Present Danger ID

Present Danger

SUBSTANCE ABUSE

Name:

Historical or Current Alcohol/Drug use identified:

Referral Made:

Is person currently involved in Alcohol/Drug Services:

If Not, Reason:

Name:

Historical or Current Alcohol/Drug use identified:

Referral Made:

Is person currently involved in Alcohol/Drug Services:

If Not, Reason:

GENERAL DETAILS

(Military Family displayed value when applicable)

Living Arrangement of the Child(ren):

Family Characteristics/Conditions:

Developmental Stages:

DISPOSITION

Disposition:

SDM/DLR Risk Score:

Explain:

SERVICES

Is the family being referred to ongoing services that require Children's Administration to monitor? Program Type:

Reasons services are not being provided to the family by Children's Administration:

Appendix E, F and G –
Case Worker PDF
Supervisor PDF
Work Plan
(See separate attachments)