

DSHS RESPONSE TO 2006 RECOMMENDATIONS

The Ombudsman is statutorily charged with “identifying system issues and responses for the Governor and Legislature to act upon” to improve the state child protection and welfare system.

In its 2006 Annual Report, the Ombudsman recommended detailed responses to the following systemic issues:

1. Native American children are over-represented in the child welfare system and experience significant delays in permanence. Complaints related to compliance with the Indian Child Welfare Act (ICWA) are on the rise.
2. The system is failing children with developmental disabilities and mental health issues.
3. Overwhelming caseloads leave vulnerable children and families at risk.

The Ombudsman’s recommendations and DSHS’ subsequent responses are provided, verbatim, in the table below. DSHS Secretary, Robin Arnold-Williams, issued her first response on January 24, 2008. On October 28, 2008, the Ombudsman requested a status update regarding several of the pending initiatives noted in the January 2008 response. Secretary Arnold-Williams provided the Ombudsman with an update on November 14, 2008.

Systemic Issue 1: Delays in permanence for Native American children and compliance with the Indian Child Welfare Act

OFCO RECOMMENDATION 1	Increase Communication Among Stakeholders Regular meetings should be established between tribal representatives, judges, tribal prosecutors, tribal welfare agency staff, care providers, the Attorney General’s office, CASA/GALs, and Children’s Administration to discuss procedures, issues, communication, and other issues of mutual concern.
DSHS RESPONSE	<p>“Currently CA has monthly Tribal/State meetings with Tribal ICW directors and workers and regional CA staff. Telephone conference capability is provided for all of these meetings.</p> <p>IPAC meets on a quarterly basis in Olympia. IPAC delegates and DSHS officials meet to discuss policy, planning, and program development on a government to government basis.</p> <p>Quarterly 7.01 meetings are held in the regions with Tribes and Recognized Indian Organizations to address individual and local issues and collaboration on service delivery processes.</p> <p>CA maintains a Tribal listserv to communicate between meetings. Through the listserv agendas, meetings notes, articles of interest, and notifications are shared with Tribal ICW, State ICW, and concerned partners.</p>

	CA sponsors an annual ICW Summit.”
STATUS UPDATE REQUESTED	No update requested.
STATUS UPDATE PROVIDED BY DSHS	N/A
OFCO RECOMMENDATION 2	<p>Identify Gaps in Resources and Services</p> <p>DCFS shall conduct a comprehensive survey of resources and services available in Native communities to satisfy the requirement under ICWA that “active efforts have been made to provide remedial services and rehabilitative programs designated to prevent the breakup of the Indian Family.”</p> <p>In the process of identifying resources, DCFS should also determine gaps in the system. Once these are identified, state and Federal resources need to be directed toward filling these gaps so that appropriate services are available in Native communities to serve Native children and families. Public funding for rehabilitative services such as substance abuse treatment and mental health counseling services need to be increased.</p>
DSHS RESPONSE	<p>“In May 2007, a formal consultation session was convened with Tribal Leaders and the Secretary of DSHS and Assistant Secretary of CA.</p> <p>CA is encouraging and assisting Tribes to review their current Agreements to help address the disparity in service delivery.</p> <p>CA is collaborating with the National Office for the Alliance of Children and Families in the deployment of Federal legislation to make Title IV-E and ILS available directly for Tribes.</p> <p>Currently there are 4 Tribes accessing IV-E as pass-through from CA. CA is working with 3 additional Tribes in developing an IV-E agreement. CA provides training and technical assistance to all Tribes requesting these services.”</p>
STATUS UPDATE REQUESTED	Outcome of the May 2007 formal consultation session between tribal leaders and DSHS regarding service delivery.
STATUS UPDATE PROVIDED	<p><u>“Outcome of the May 2007 formal consultation session between tribal leaders and DSHS:</u></p> <p>The consultation resulted in agreement on two major areas:</p> <ol style="list-style-type: none"> 1. Funding Distribution <ul style="list-style-type: none"> • The funding distribution will utilize the February 2007 Bureau of Indian Affairs (BIA) population figures for new funding only. • The funding formula will be 30/70; 30 percent base will be equally distributed to all existing contracts and the 70 percent will be applied to the Tribal Government contracts based on population. 2. Local ICW Agreement Template <ul style="list-style-type: none"> • A template was adopted that can be individualized to meet each Tribe’s unique needs for accessing services for their children and families.

	<p><u>CA's IV-E Agreements with the Tribes</u></p> <p>CA currently has four Tribal/State IV-E agreements. Those agreements are in place with the Quinault Nation, the Lummi Tribe, and the Port Gamble S'Klallam Tribe and the Makah Tribe. CA continues outreach to those Tribes that express interest in learning more about IV-E agreements.</p> <p>CA has presented at the Indian Child Welfare (ICW) Conference on a per request basis. In addition, CA has meetings scheduled in November on the east side of the state to discuss IV-E and in February 2009 on the west side of the state. These agreements may change with the passage of the federal Fostering Connection to Success and Increasing Adoption Act of 2008, which gives Tribes the opportunity to directly operate their own IV-E programs beginning in October 2009. CA will continue to be available for consultation with Tribes regarding IV-E.</p> <p><u>Funding:</u></p> <p>DSHS submitted a Decision package to the Governor's Office for funding to support tribal capacity building through additional funding. Given the current status of state budget projections, it is unknown whether this will be included in the Governor's budget. If proposed in the Governor's budget, the legislature would need to appropriate additional funding."</p>
<p>OFCO RECOMMENDATION 3</p>	<p>Avoid Long-Term Placement Disruption</p> <p>The following steps should be implemented to minimize situations in which DCFS must choose between the loss of a long-term, committed, and stable foster home and the loss of an opportunity to place a child in a prospective Native home:</p> <ol style="list-style-type: none"> 1. Active inquiry at the front end into a child's Indian status at the time of initial out-of-home placement. 2. Active recruitment and retention of Native foster homes with training and financial resources to support this goal. 3. Improved representation of Indian children through appointment of an attorney and/or a GAL to represent the child's best interest in all child welfare, proceedings, whether in state or tribal court. 4. Avoid placement of Indian children in non-Native homes except for short term placements or respite care, and communicate this at the front end to foster parents so as to manage expectations.
<p>OFCO RECOMMENDATION 4</p>	<p>Clarify Applicability of Permanency Timeframes</p> <p>Establish a workgroup to consider permanency timeframes, in particular, the extent to which the timeframes under the Adoption and Safe Families Act (ASFA) apply to ICWA children. The workgroup shall recommend a policy for adoption by Children's Administration to guide the agency and provide greater clarity on the issue of permanence for Indian children.</p>
<p>OFCO RECOMMENDATION 5</p>	<p>Be an Active Player</p> <p>Require DSHS CA through training, improved policies and procedures and a shift in the culture of the agency, to remain actively engaged in all dependency cases whenever the agency continues to provide child welfare services, regardless of the entity deciding the case.</p>
<p>DSHS RESPONSE</p>	<p>"During the 2006 WA state Legislative session, CA supported the change</p>

Addresses OFCO recommendations 3, 4, and 5 above.

in state RCW allowing WA State Tribes to license foster homes on or near their reservation boundaries under their own Tribal standards. Previously under state code, Tribes were only able to license on the reservation. This legislative change brought Washington State code into alignment with Federal code. To date, one Tribe, Port Gamble S’Klallam, has exercised this right. Currently CA is working with one other Tribe at their request to replicate this process.

CA respects the authority of Tribes to govern their own courts and child welfare programs reflecting their cultural values. We work with Tribes to develop permanency for their dependent children within the guidelines of Federal regulations and Tribal codes and customs

CA does not have the authority to direct, undermine, or challenge Tribal authority when they exercise their sovereign status as a Federally Recognized Tribal Government. We value our government to government relationship to work together for the safety, wellbeing, and permanence of all of our children.”

STATUS UPDATE REQUESTED	No update requested.
STATUS UPDATE PROVIDED	N/A
OFCO RECOMMENDATION 6	<p>Implement a Weighted Caseload Implementation of a weighted caseload which recognizes that Indian child welfare cases due to notification requirement, legal complexities, cultural considerations, and a higher burden of proof under the law, are more labor intensive and time consuming.</p>
DSHS RESPONSE	<p>“The work load study recently completed for the CA provides a comprehensive review of the work done and the time spent by CA staff. CA will utilize the results of the survey to develop and implement strategies to support appropriate workloads.”</p>
STATUS UPDATE REQUESTED	Status of whether Indian child welfare caseloads are weighted.
STATUS UPDATE PROVIDED	<p><i>“Indian Child Welfare (ICW) Weighted Caseloads</i> Children’s Administration began weighting each ICW case as 1.3 cases to reflect the additional workload of ICW cases in September 2008. This case weighting standard has now been incorporated in calculation of caseloads reported to the Braam Panel.”</p>

Systemic Issue 2: System Fractures Are Failing Children With Special Needs

<p>OFCO RECOMMENDATION 1</p>	<p>Establish a Protocol to Expedite Placement Require DSHS to establish a protocol between the Division of Children and Family Services (DCFS), the Division of Developmental Disabilities (DDD), and the Mental Health Division (MHD) to simplify and expedite access to service and placement of children with mental health needs and/or developmental disabilities that can no longer be managed at home.</p>
<p>DSHS RESPONSE</p>	<p>“DSHS convened a cross agency work group to create cross system protocols. It is expected that the protocols will be completed by mid-2008.”</p>
<p>STATUS UPDATE REQUESTED</p>	<p>Status of the cross system protocols between the Division of Children and Family Services, the Division Developmental Disabilities, and the Mental Health Division.</p>
<p>STATUS UPDATE PROVIDED BY DSHS</p>	<p><u>“DDD and CA Collaboration</u> CA and DDD have been collaborating under an Interagency Agreement since 2002. That agreement is being revised and updated and should be completed by mid-2009. CA and DDD do have a process in place to serve DDD eligible children who require out of home placement but do not have abuse and neglect issues. CA contributes state funds to assist DDD in paying for costs related to food, clothing, and shelter. DDD provides case management and placement services for these children.</p> <p><u>MHD and CA Collaboration</u> CA and MHD have drafted Coordination Guidelines to simplify and expedite access to services and placement of children with mental health needs who can no longer be managed at home. These draft guidelines are currently being reviewed to identify any regional considerations and are expected to be finalized by mid-2009.”</p>
<p>OFCO RECOMMENDATION 2</p>	<p>Convene a Task Force to Develop a More Effective Response to Requests for Services from Adoptive Parents</p> <p>Children’s Administration should convene this task force to address the special needs of formerly dependant children who require additional adoption support services.</p> <p>A system of services to meet the needs of these families should include crisis intervention and wraparound services, as well as a protocol for collaboration between CA and other DSHS division (such as DDD and MHD) in order to quickly access and coordinate needed services and/or placement.</p>
<p>DSHS RESPONSE</p>	<p>“A number of studies and reports have identified the service needs of adoptive parents.</p> <p>Currently there is a King County work group meeting to address this issue.</p>

Convening another task force would not be productive at this time. These reports and studies agree that:

- Adoptive parents need more training and preparation before adoption
- Adoptive parents need help navigating the system and accessing services
- Adoptive parents and children need improved access to mental health services

Several initiatives are underway to address these needs.

A cross agency team is implementing HB 1088 (the redesign of children’s mental health system). This will include a redefinition of access to care standards with a view to providing greater access to services to all children and families. It also includes the implementation of 4 wrap around pilot programs.

The Mental Health Transformation Project has a focus on mental health prevention. There is a special focus on children birth to 5 years. The goal is to improve the coordination and add services to support mental health.

CA is reviewing models for providing post-adoption information and referral services for adoptive parents.

CA published and distributed to all adoptive families receiving adoption support a booklet which outlines post-adoption services.

CA conducted a survey of post-adoptive families in 2007. The results indicated a need for information and referral services and opportunities such as a listserv so that adoptive families can communicate with each other.

CA’s caregiver training programs are open to all adoptive parents. CA is reviewing its training programs with a view to providing more training that meets the specific needs of adoptive parents.”

<p>STATUS UPDATE REQUESTED</p>	<p>Status of the work of the King County work group to improve training for adoptive parents and access to services, and whether recommendations made by the workgroup have been implemented by DSHS.</p>
<p>STATUS UPDATE PROVIDED BY DSHS</p>	<p>“Region 4 has implemented a two-hour pre-Foster-Adopt Program Information session. These sessions occur twice a month and are required prior to a family submitting an application to be a foster-adoptive family in Region 4.</p> <p>Region 4 has also developed a support group, which meets on the third Thursday of each month. This support group offers discussion/training on various adoption related topics that have been requested by the attendees.</p>

	<p>Statewide there are several support groups available to adoptive families. The voluntary listserv has offered a way for families to connect with other adoptive families, discuss issues and ask questions of adoption specialist. The listserv provides a venue for adoptive families to share information on support groups' services and to raise awareness.</p> <p>The foster care newsletter "Caregiver Connection" features a section on adoption issues. The "Caregiver Connection" is mailed to all licensed caregivers, unlicensed caregivers, and to adoptive families who have chosen to receive the newsletter. It is available on the Internet.</p> <p>CA, in collaboration with Partners for Our Children, applied for a federal Adoption Opportunities grant in May 2008 with a component focused on preparation and ongoing support for adoptive families. Unfortunately, Washington was not selected."</p>
<p>OFCO RECOMMENDATION 3</p>	<p>Eliminate Waiting Lists for Children who qualify for Long-Term Inpatient Care in a Children's Long-Term Inpatient (CLIP) Facility</p> <p>Provide better wraparound services up front to children to meet their mental health needs so as to reduce the number of children and adolescents in need of CLIP placement.</p> <p>Direct DSHS to inventory supplemental wraparound services and therapeutic foster and group home placement options; identify children currently on a CLIP waitlist and provide these children with intensive therapeutic placement and supplemental wraparound services until either the child's clinical situation has improved to a degree that CLIP placement is no longer necessary or placement in a CLIP facility is available.</p>
<p>DSHS RESPONSE</p>	<p>"There are ongoing efforts to develop the availability of effective resources for community-based intensive mental health services. These efforts parallel the recommendation of the Office of the Family and Children's Ombudsman.</p> <p>Expanding the Availability of the Wraparound Process</p> <ul style="list-style-type: none"> • Recent implementation of legislation (SSHB 1088) includes expanding four new and existing Wraparound sites based on the National Wraparound Institute research based high fidelity model. • The DSHS Mental Health Division (MHD) is supporting Regional Support Networks' applications for SAMHSA System of Care grants to look at integrated means of addressing children and youth's needs. <p>Intensive Community based Services</p> <ul style="list-style-type: none"> • MHD is currently piloting Multi-Systemic Therapy (MST) an intensive, in-home evidence-based practice for youth in Thurston-Mason RSN.

	<ul style="list-style-type: none"> • While MHD does not have the direct ability to provide out-of-home placement for youth, MHD is piloting Multi-Dimensional Treatment Foster Care (MTFC) in Kitsap County, an evidence-based practice which provides a specialty trained foster family and intensive work with the youth and guardian/family. • Community stakeholder and Tribal forums are being conducted to inform MHD's formation of the next biennial requests for new services. <p>'High intensity services' is a team-based modality offered through the RSNs which may support ...supplemental wraparound services.'</p>
<p>STATUS UPDATE REQUESTED</p>	<p>Status on the implementation of the wraparound pilot program for children with serious emotional or behavioral disturbances authorized by HB 1088.</p> <p>Whether CLIP waitlists have been reduced, what the current waitlist is for CLIP treatment and whether appropriations were sought and received for additional CLIP beds.</p>
<p>STATUS UPDATE PROVIDED BY DSHS</p>	<p><u>Wraparound Pilot</u></p> <ul style="list-style-type: none"> • MHD implemented three "High Fidelity Wraparound" pilot sites in April 2008." • Pilot sites are located in Grays Harbor, Skagit, and Cowlitz counties. • Since July 1, 2008, 18 children and youth with severe emotional and behavioral disturbances have been referred and have wraparound teams. • Enrollment is not restricted to children/youth meeting the state's access to care standards. • The pilot sites have close ties with cross-system partners including: CA, JRA, DDD, NAMI Washington, DASA, schools, local primary medical practitioners, and mental health providers. <p><u>CLIP Waitlist</u></p> <p>Since January 2008, the current average number of children and youth waiting for CLIP, based on a monthly snapshot, is 23. This is up so far (in 2008) from 2007 and 2006 when the average was 18.</p> <p>While we continue to monitor and track these trends with the length of time waiting prior to admission, wait times have not reduced in the past three quarters.</p> <p>The following factors influence wait times:</p> <ul style="list-style-type: none"> • The volume of referrals; • Intensive community mental health service alternatives to enable more diversions from CLIP; and • "Step-down" (safe, intensive community or residential) services to help address length of stay by enabling an earlier discharge for those who could manage a less secure environment but still need high levels of support and structure.

CLIP Appropriations

Appropriations have been sought. DSHS submitted a Decision Package to the Governor's Office which includes:

- Funding for 12 additional beds specifically targeted to children ages 5-11.
- Funding for implementation of one site (10 "beds") of Multidimensional Treatment Foster Care for children ages 7-12 which carries the prospect of diverting eligible children from long-term inpatient care or allowing earlier discharges.
- Given the current status of state budget projections, it is unknown whether this will be included in the Governor's budget. If proposed in the Governor's budget, the legislature would need to appropriate additional funding.

Additional Efforts:

- A cross-system meeting held in August 2008 with the Regional Support Networks' Children's Care Coordinators and Children's Administration Regional Representatives to address system issues impacting CLIP length stay and the waiting list.
- The Mental Health Division convened the Intensive Children's Mental Health Services workgroup contracting with national consultants, Tri-West Group to facilitate a time-limited stakeholder group to study capacity for intensive community-based services. Other states models were researched. The group identified and prioritized interventions and grouped these into purchasing scenarios. This lays groundwork for future planning with DSHS leadership and legislators.
- An MOU was signed with the Squamish Tribe to allow direct application the CLIP Administration for tribal children and youth without going through the RSN.

Systemic Issue 3: Caseloads are unmanageable and leave vulnerable children and families at risk

**OFCO
RECOMMENDATION 1**

Urgently implement recommendations previously made by the Ombudsman, the Joint Task Force on Child Safety, and a number of child fatality reviews, to address a workload crisis widely reported by caseworkers and supervisors across the state

This recommendation was originally issued in the Ombudsman's 2004-05 Annual Report. See excerpted text Below.

Reduce Caseloads of Caseworkers and Supervisors

Direct DSHS to develop and submit a proposal to the state legislature that would create a method for reducing caseloads and keeping them at a level that is consistent with standards established by the Child Welfare League of America (CWLA) or the Council on Accreditation of Services for Families and Children (COA).

DSHS RESPONSE

January 31, 2007

“CA has received funding for FY 2007 to hire additional caseworkers, first-line supervisors, and clerical support FTE’s. These new staff are being hired and put into service according to the FTE phase-in provided in the budget allocation.

In addition, the Governor’s 2007-09 budget includes funding for an additional 71 case worker and supervisor FTE’s. If the additional resources identified in the governor’s budget request are provided to CA, we should be close to achieving the COA caseload standard of 1 caseworker to 18 cased by the end of FY 2008.

CA is in the process of achieving accreditation through the Council on Accreditation. This includes meeting the COA social worker caseload standard and supervisor-to-staff ratio standard. We believe the COA standards are widely accepted in the field of child welfare, and are selected through a rigorous process based on literature review and field experience, and have evolved to become increasingly outcome-focused and evidence-based.

CA has contracted with Walter McDonald and Associated to undertake a prospective workload study. The study will be done in collaboration with the American Humane Society. They have considerable experience in this area and have conducted similar workload studies for California and New York. This study will focus on the current and projected expectation of caseworkers and supervisors. The study will be conducted in February 2007 and the results will be available in June 2007. The study will provide objective data upon which to determine staffing requirements.”

STATUS UPDATE REQUESTED

Status of strategies that are being developed as a result of the workload study to support appropriate workloads.

STATUS UPDATE PROVIDED BY DSHS

“Workload Study
CA Management, Union Management Coordinating Committee (UMCC) and Washington Federation of State Employees (WSFSE) representatives have held 11 full-day meetings to discuss workload issues. This work includes analyzing data, examining policy and processes, and making recommendations to reduce workload. The results of the workload study report are being used the UMCC meetings to identify possible workload efficiencies and changes. To date UMCC has:

- Reviewed work of the Regional and Policy Workgroups and discussed implications for the UMCC work
- Reviewed current tasks performed by social workers,
- Identified tasks that could be done by non-case carrying staff or through contracts, and
- Reviewed the task list from the workload study to validate that identified tasks would save time if moved from social worker workload.

Final recommendations of the UMCC will be included in a report to the Legislature in November 2008.

Funding:

With the support of the Governor and Legislature, CA received:

- Funding in the 2006 Supplemental and the 2007-09 budget to phase-in an additional 284 new staff, by the end of December 2008, for monthly visits of children; and Funding in the 2008 Supplemental to accelerate the hiring of monthly visit staff so that all staff are hired by May 2008 rather than December 2008.

Other initiatives that have been recently funded to help reduce workload and strengthen the continued commitment for the safety and well-being of children include:

- Funding of FamLink which will support good Social Work practice;
- Funding to establish Centers for Foster Care Health Services. The Centers will provide care coordination services and gather, organize, and maintain individual health histories for nearly 2,000 children in foster care;
- Funding to contract for twenty-two chemical dependency specialist who will provide services in each field office; and,
- Funding of additional resources for relative placements and support services for birth and foster parents.”