Washington Voices
Preliminary Findings from the Stakeholder Input Process

October 11, 2016
Blue Ribbon Commission on the Delivery of Services to Children & Families

Leslie Ann Hay, Consulting Team
A Collection of Perspectives

1. Preface
2. Inquiry Process
   • Survey Respondents
   • Focus Group Respondents
   • Key Informants
3. Findings
   • Approach to Analysis
   • Theme Areas
4. Implications & Discussion
PREFACE

The Purpose of the Stakeholder Input Plan
Goals of the Commission

- Better outcomes for more children across the state
- Improved child and family well-being through earlier and more comprehensive intervention strategies
INQUIRY PROCESS

What we asked & how we asked it
Areas of Inquiry

**SURVEYS**
24 Qualitative Questions
51 Quantitative

**FOCUS GROUPS**
1.5 hr Discussion
9 Question Areas

**KEY INFORMANTS**
20 Interviews
22 Individuals

- Service Improvement
- Needs & Challenges
- Service Partnerships
- Job Satisfaction
- Prevention
- Outcomes
- Service Quality
- Barriers to Service
- Reunification
Survey Respondent Profile

- CONSUMERS: 182
- WORKFORCE: 356
- PROVIDERS: 536
- DEPENDENCY COURTS: 297

TOTAL: n = 1371
Statewide Reach

TOTAL: 37 of 39 counties

CONSUMERS: 28 counties

WORKFORCE: 34 counties

PROVIDERS: 34 counties

DEPENDENCY COURTS: 28 counties
Race & Ethnicity

CONSUMER

WORKFORCE

PROVIDER

D. COURTS

Black/ African American
Native American / Alaska Native
Hispanic
White / Caucasian
Asian / Pacific Islander
Other
Length of Involvement

CONSUMER
WORKFORCE
PROVIDER
D. COURTS

< 1 yr | 1-2 yrs | 2-5 yrs | 5-10 yrs | > 10 yrs

Consumer | Workforce | Provider | Courts
Consumer Profile

6-10 years old: 6%
11-14 years old: 2%
15-18 years old: 2%
18-21 years old: 1%
21+ adult: 5%
Biological Family: 31%
Extended Family: 12%
Adoptive Family: 14%
Legal Guardian: 4%

N = 182
## Consumer: Primary Agency Involvement

<table>
<thead>
<tr>
<th>Agency</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Administration</td>
<td>53%</td>
</tr>
<tr>
<td>Court Administered Services</td>
<td>10%</td>
</tr>
<tr>
<td>Department of Early Learning</td>
<td>3%</td>
</tr>
<tr>
<td>Tribal Services, JRA, SA, DV, ESA, Basic Food, DDA</td>
<td>&lt;2% ea</td>
</tr>
</tbody>
</table>

## Workforce: Primary Agency Involvement

<table>
<thead>
<tr>
<th>Agency</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Administration</td>
<td>70%</td>
</tr>
<tr>
<td>Department of Early Learning</td>
<td>14%</td>
</tr>
<tr>
<td>ESA, BHA, HCA, DoC, OSPI</td>
<td>&lt;2% ea</td>
</tr>
</tbody>
</table>
## Distribution of Provider Type

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 4%</td>
<td>Substance Abuse Treatment, Domestic Violence, Independent Living, Housing, Income or Economic Support, Employment Services / Job Training, LGBTQ Support, Court Administered Services, Group Home, Residential Treatment, Emergency / Shelter Care</td>
</tr>
<tr>
<td>5 – 11%</td>
<td>K-12 Education, Nutrition, Independent Living, Therapeutic Foster Care, Respite Care, Health &amp; Medical</td>
</tr>
<tr>
<td>19 – 22%</td>
<td>Mental Health / Crisis Intervention / Counseling, Home Visitation, Foster Care</td>
</tr>
<tr>
<td>34%</td>
<td>Child Care or Preschool</td>
</tr>
</tbody>
</table>

**PROVIDERS**

N = 536
Dependency Court Profile

- CASA: 48%
- Judge: 16%
- GAL: 13%
- Attorney: 12%
- Other: 7%

N = 297
Focus Group Respondents

11 CONDUCTED - 153 PARTICIPANTS

- **Consumers**: Youth, parents, parent allies
- **Providers**: Private & community-based agencies, early learning providers, etc.
- **Workforce**: Children’s Administration
- **Tribes**: Variety of positions & tribes
- **Blue Ribbon Commission audience**: Variety of stakeholders
FINDINGS

The story the data tells
Approach to Analysis

1. Used Survey Monkey to house surveys & responses
2. Organized quantitative responses into graphic representations
3. Conducted a content analysis of qualitative responses
4. Conducted a content analysis of focus group notes
5. Organized all content into 4 inquiry areas
6. Further analyzed into 12 key themes
Inquiry Areas

What challenges do children and families face?

How should the service system respond?

What does it take to provide this response?

How can positive outcomes be sustained?
Key Themes

**What challenges do children and families face?**

1. Defining the Needs of Those We Serve

**How should the service system respond?**

2. Listening to Families
3. Building Family Capacity for Self-Sufficiency
4. Getting the Right Services at the Right Time
5. Culturally Responsive System
Key Themes

What does it take to provide this response?

6. Retooling for Prevention
7. Reinforcing Consistent Practice Standards
8. Realigning the System to Achieve Outcomes
9. Preparing the Workforce to Do the Job
10. Aligning Partners

How can positive outcomes be sustained?

11. Sustaining Family Stability
12. Optimizing Outcomes
Inquiry Areas

What challenges do children and families face?
1. Defining the Needs of Those We Serve

- Asked all respondent groups what challenges they see families face...most frequently cited issues:
  - Poverty, substance abuse, mental health, child neglect, domestic violence, housing, unemployment and managing a child with complex needs
- Impacts of poverty, overwhelm and lack of support were commonly expressed in surveys...

“Our families are desperate and cannot see a way out of poverty, homelessness and a lack of upward mobility. Without a safe place to live there is no hope.”
– CW Staff

“If I’d had immediate support for myself & my son to find emergency shelter and housing it would have made things 1000% easier for us.”
– Parent
Vulnerable Kids & Families Have Multiple, Complex Needs

- Mental health concerns
- Substance abuse issues
- Managing a child with complex needs
- Basic needs (food, cash assistance, ...)
- Difficulties with parenting and home...
- Domestic violence
- Housing needs
- Difficulty managing disabilities or...
- Need for respite care
- Need for child care or pre-school
- Unemployment or need for job training
Providers: Frequency of Risk Factors

- Poverty: Almost Always
- Child abuse and neglect: Usually
- Mental health concerns: Almost Always
- Substance abuse: Usually
- Unemployment: Usually
- Learning disabilities: Usually
- Domestic violence: Usually
- Criminal justice involvement: Usually
- Medically fragile / chronic...
- Homelessness: Usually

Chart showing the frequency of risk factors among providers.
Workforce: Frequency of Risk Factors

- Poverty: Almost Always
- Child neglect: Usually
- Substance abuse: Almost Always
- Mental health concerns: Almost Always
- Child abuse: Usually
- Unemployment: Almost Always
- Criminal justice involvement: Usually
- Domestic violence: Usually
- Homelessness: Usually
- Learning disabilities: Usually

Almost Always: Light blue
Usually: Dark blue
Courts: Frequency of Risk Factors

- Poverty
- Substance Abuse
- Child Neglect
- Unemployment
- Mental Health Concerns
- Criminal Justice Involvement
- Child Abuse
- Homelessness
- Domestic Violence
- Learning Disabilities
- Medically Fragile / Chronic Illness

- Almost Always
- Usually
Discussion

What challenges do children and families face?

- What of this information resonates with what you know already about risk and need?
- What questions does it raise about the children & families being served?
Inquiry Areas

*How should the service system respond?*
2. Listening to Families

Birth parents, relatives, providers and staff identified the importance of families feeling heard...

- Listen to what families need and support them
- More emphasis on strength based, family-centered practice
- Skill/capacity building stance, rather than compliance and coercion
- Non-adversarial, non-deficit driven engagement with families
- Consider child’s needs in the context of family & community
  - Outreach & engagement of fathers
  - Ask family who they turn to for help
- More responsive communication from caseworker to family

TENSION

Family self-determination vs System knows best
3. Building Family Capacity for Self-Sufficiency

- More sophisticated parenting training
  - Intensive parenting education from the start (e.g., PCIT, Incredible Years)
  - How to parent special needs children
  - Understanding public school system & how to advocate for your child
  - Home-based parent instruction & coaching
  - Parenting education for different developmental stages – birth through adolescence

- Mentoring programs for parents
  - Link with peer support sooner
  - Expand use of parent allies to help those in dependency court

“If I’d had a Parent Ally during the investigation process I would’ve responded sooner and been less resistant to getting help. Instead I got help only after my kids were removed and I was at my worst.”

– Parent
Building Family Capacity for Self-Sufficiency

- Education, job skills & employment for parents
  - Vulnerable families need living wage jobs, child care & support
  - Coordinate with WorkFirst to help families move toward self-sufficiency
  - Partner with community colleges to create specialized education & job training programs for parents with special barriers (e.g., incarceration, learning disabilities, in recovery, immigrants)
  - Provide work incentives to reduce unemployment

“Treating those with these challenges with respect, helping them improve their lives by adequate housing, the ability to work any type of job to be dependent on themselves and not the government raises pride and self-worth.”

– Courts

TENSION

Hold parents accountable vs Help restore their capacity
4. Getting the Right Services at the Right Time

- Expand service capacity to meet demand
  - Increase availability of services in high demand: housing, behavioral health, domestic violence
  - Better availability of services for youth with complex needs
  - Incentivize providers to serve rural areas

- Offer more culturally relevant service array
  - Flexible use of service resources identified by family themselves
  - More providers who speak native language of client
  - Outreach to communities of color and immigrant communities about what services are available

"Refugee communities aren’t getting information about services they could be using; we need to improve communication, public awareness and information sharing."

– Provider
Consumer’s Experience: Helpfulness of Services

Enrollment in child care or preschool
Medical assistance / access to health care
Legal assistance
Assistance managing disabilities or...
Cash assistance
Food / nutrition
Respite care
Housing assistance
Parenting classes or instruction
Counseling or other mental health services
Domestic violence counseling
Substance abuse treatment
Support from a caseworker

0% 20% 40% 60% 80% 100%

Unhelpful & Very Unhelpful  Very helpful & Helpful
Right Services at the Right Time

- Allow client needs to drive service referral decisions
  - Worker bias/preference/habit can interfere with referring to service that best fits child and family needs
  - Open slot may not mean a good fit
- Improve service delivery efficiencies
  - Streamline intake / referrals with universal eligibility process – “No wrong door”
  - Make bureaucracy easier to navigate
- Serve the full developmental span from birth to age 24
- Remove barriers to access and/or follow through…

“Make paperwork to get child services shorter and easier to fill out.”
  – Relative Caregiver

<table>
<thead>
<tr>
<th>Services most needed by Consumers were least timely [40% said ‘untimely’ or ‘very untimely’]</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Parenting Classes or Instruction</td>
</tr>
<tr>
<td>• Substance Abuse Treatment</td>
</tr>
<tr>
<td>• Counseling or Other MH Treatment</td>
</tr>
<tr>
<td>• Support from a Caseworker</td>
</tr>
</tbody>
</table>

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## Barriers to Getting the Right Services

<table>
<thead>
<tr>
<th>Obstacles to accessing available services (e.g., transportation, cost, scheduling, cumbersome intake processes, wait lists, etc.)</th>
<th>CON</th>
<th>WRK</th>
<th>PRO</th>
<th>DC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Caseworker didn’t help get me/us connected to needed services</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of service coordination between agencies to align prevention efforts around child and family need</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus is on immediate harm but not on overall well-being</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Caseworker turnover</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>The services needed were not offered</td>
<td></td>
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<td>2</td>
<td></td>
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**TENSION**

System issues driving service access vs Needs of service recipient
5. Culturally Responsive System

Attend to biases that diminish service equity for children, youth & families:

- Identify & prioritize the elimination of systemic racism, sexism, ableism & other forms of prejudice
- Address the “Belief Gap” (non-white or impoverished parents can’t change or be successful)
- Engage with families without imposing further trauma
- Improve accessibility of services/providers for families of diverse cultures and languages
- Ensure parenting education is culturally relevant, utilizes natural support systems & includes peer support

TENSION

System prescribed help vs Youth/family/community defined help
Example: The Native American Experience

Disproportionately Poor Well-Being Outcomes for Native American youth:

The rate of fatality & suicide for youth in out-of-home care is significantly higher than other ethnicities.

Recognize the Sovereign Role of 29 WA Tribes:

Recognition of the government status of each Indian Nation respects the legal, fiscal & service needs of native people.

“If Children’s Administration and DSHS separate, ensure the Centennial Accord is honored. This framework establishes government to government relationship and implementation procedure—a hard won agreement that’s been forged over 30 years and is working well.”

– Tribal Focus Group
“There is a form of disproportionality within Child Welfare in terms of which children end up in foster care (kids of color) vs which end up in voluntary placement, in-home dependency or having their case dropped (white kids). Kids of color have more out of home placements, beginning at birth. Newborns of color who are assessed as having had drug exposure get placed out of home; white newborns with the same assessment go home. We see it because we are providing consultation from the outside; child welfare case workers don’t see it.”

• – Youth Development Executives
Discussion

How should the service system respond?

- What stands out in this picture of the landscape of services for children & families?
- What is most hopeful and what is most concerning?
Inquiry Areas

What does it take to provide this response?
6. Retooling for Prevention

- Identify and engage vulnerable families early
  - Outreach to families of kids 0-3 to assess developmental milestones, offer parenting tips, and help with pre-school enrollment
  - Increase outreach to ESL and other underserved populations
  - Expand capacity of home visiting and early learning programs
  - Re-brand public image of child & family service agency with more visible presence at community level
    - Free community training on parenting, life skills, finances, accessing basic services (housing assistance, health care, food, clothing, etc.)

“We blame families for poor child outcomes, but children are impacted by living in ‘low opportunity’ communities. So community-wide services can be seen as preventative and should be funded.”

– King County Early Learning Coalition
Retooling for Prevention

• CA has few resources or authority to intervene before issues are extreme—missed opportunity for early intervention

“Children’s Administration is often alerted of vulnerable families at an early stage, but do not refer to needed services until the family’s risk level requires an open investigation. Engaging community partners in serving families at the earliest sign of concern would be a significant improvement.”

– Provider

• Strengthen voluntary services
  • Fully implement Family Assessment Response (FAR)
  • Establish eligibility criteria to allow extensions of FAR beyond 1 year

• Expand access & eligibility for in-home supports
  • Invest in community-based Family Resource Centers
  • Utilize in-home support before and after decision to remove
7. Reinforce Consistent Practice Standards

- More consistent CPS decisions about whether to intervene, remove, return or terminate
  - Disparate views across stakeholder groups about criteria
  - Worker turnover can lead to placement instability or permanency delays due to inconsistent ideas about which placement is best
- More consistency in upholding Federal standards
  - Some call for shorter permanency timelines; others want more flexibility
  - Wide variation in what constitutes “reasonable efforts”
  - Variable perspectives how to determine “best interest of the child”
Reinforce Consistent Practice Standards

• Bring evidence-based practice models to scale across the state
  • Mockingbird Hub Homes, Parent-Child Interactive Therapy, Best 4 Babies, substance abuse programs where parents & children are in in-patient treatment together, Nurse Home Visiting

• Challenges to fully embracing a Family-Centered Practice approach
  • No shared belief system about family across partners involved in decision-making around child safety, permanency and well-being
  • Real or perceived oppositional view points between what it means to be child-focus and family/parent focused
  • Divergent perspectives about kin
  • Inconsistent perspective on value of staying connected with bio family
  • Overt biases about biological family
8. Realigning the System to Achieve Outcomes

• Avoid system-induced trauma
  • Re-traumatization appears in many forms: unnecessary separations; parents treated as criminals; continuances; unresponsive workers…

• Caseworkers need manageable caseloads
  • More time for workers to do *actual* social work (e.g., build working relationships with clients, know case details, communicate with all parties, help families navigate the system, timely referral to services)

“My caseworker said that all my Mommy really needed was help with doing her paperwork and keeping it organized, but he [the caseworker] wasn’t paid for doing that.”
– Youth
Realigning the System to Achieve Outcomes

- Improve contractual arrangement between state and providers
  - Review and reform provider payment structure to match service need and incentivize outcome achievement
  - Don’t renew contracts of low performing providers
- Better integrated services
  - Working in silos and poor communication across systems interferes with achieving outcomes for children and families

“…How do we own our system complexity and not put that on the parent? Services and supports are entirely too fragmented. Policy needs to wear the consumer hat and the on-the-ground provider hat, then apply some Continuous Quality Improvement to our disjointed system.”

– CW Staff
9. Preparing the Workforce to Do the Job

- More sophisticated training for staff
  - Trauma-informed practice, infant mental health, intensive family engagement, addressing implicit bias, strengths-based assessments, increasing protective factors & resiliency, respecting parents’ rights, substance abuse recovery cycle

- Support frontline workers
  - Address vicarious trauma
  - More attentive supervision and coaching

- Retention of sufficient, consistent, high quality caseworkers

- Support & training for foster parents
  - Trauma-informed practice, reactive attachment disorder, grief and loss
Preparing the Workforce to Do the Job

“Most SWs and GALs/CASAs have no clue about understanding parents’ poverty, lack of housing, and lack of education. Some SWs are condescending and bully the parents. They don't understand cultural differences and extended families are denied contact with the children. Most parents are poverty stricken, have past evictions or criminal histories that make finding housing and employment extremely difficult. They can't just go find a job and apartment. Many parents lose their housing vouchers when the kids are removed but then are told, you need to find housing.”

– Dependency Courts

“If they had provided trained workers to help with big family meetings it could have helped us kids to stay living within our extended families.”

– Youth
10. Aligning Partners

- Widespread agreement about both the benefits and challenges of aligning partners involved in supporting children & families
- Workforce & Providers shared almost identical satisfaction with their partnership: most felt “somewhat” satisfied

“Systems need to be working together so that families have one plan that captures their goals, pathways to success and supports their ‘will’ to get there.”

– Workforce
Evidence of the Challenge to Partner

- For Workers, <20% agree that there is:
  - Sufficient communication between parties
  - Agreement to adjust plan as needs change
  - Coming together of all parties around the child’s needs
- Efforts to coordinate services when multiple systems involved is especially complicated
  - Workers report these efforts are made with only moderate frequency:

![Bar chart showing percentage of agreement.]

- Always: 5%
- Usually: 28%
- Sometimes: 47%
- Rarely: 17%
- Never: 3%
Elements to Improve

- Joint intakes or assessments
- Shared understanding of child/family’s strengths & needs
- Teaming among caseworker(s) and service providers
- Coordination of efforts toward common service delivery goals
- Clear roles & responsibilities among team members
- Information sharing using confidentiality protocols
- Communication between team members
- Support & promotion of collaboration by referring agency

10% Very Satisfied
33% Somewhat

5% Very Satisfied
32% Somewhat
Discussion

What does it take to provide this response?

- What considerations do these findings raise about the change process ahead?
- What are your concerns & hopes for the future?
Inquiry Areas

How can positive outcomes be sustained?
11. Sustaining Family Stability

- Expand use of progressive parent-child visitation
- Provide post-permanency supports (especially post-reunification to prevent re-referrals/re-entries)
- Cultivate natural resources throughout case lifespan, so family can lean on circle of support after system involvement
- Expand the use of Wraparound principles and practices

“Family counseling with an actual reunification counselor for all parties really helped us through. [It helps] the placement family and the biological family understand how trauma endured by the child’s transitioning can affect the child’s behavior.”

– Kinship Parent & Court Worker
Parents Satisfaction with Their Services While Child in Placement

- Very satisfied: 5%
- Mostly satisfied: 27%
- Somewhat satisfied: 16%
- Mostly satisfied: 16%
- Very dissatisfied: 39%

TENSION
Birth Parents & Foster Parents: Allies vs. Competitors
12. Optimizing Outcomes

- Replication and scaling of effective programs & models that are funded optimally
- Address staff retention issues, including manageable caseloads, improved pay, better resourced & trained workers
- Enforce legal timeline for reunification or TPR
- More sophisticated training for all involved in child protection & family support
- Strengthen family centered practice
- Better teamwork, collaboration & partnership
- Better availability & access to high demand services

“Looking back, I was given a gift that I wouldn’t have chosen for myself.”

– Parent
The most important factor of improving outcomes for children and families is being out there working with families and children. When we have to schedule in LARGE amounts of meetings, trainings, and evaluation processes into our schedule it is taking away from line workers being out there working.

- Workforce
IMPLICATIONS

Considerations for the BRC in the work ahead
Implications of Stakeholder Input

- Analyze outcome data for all agency functions contained in new department
  - What’s working, what can be improved
- Engage consumers & other stakeholders throughout change process
  - Especially during transition to new dept.
- Stakeholder findings can inspire improvement, innovation & reform as this change effort and others are initiated