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Washington State Dependency Best Practices Report

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Washington State Dependency Best Practices Report

Commissioned by the Washington State Supreme Court
Commission on Children in Foster Care
Co-Chaired by
Justice Bobbe J. Bridge (Ret.) & Denise Revels Robinson

November 29, 2012

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November 29, 2012

The judge's work in child abuse and neglect cases is among the most challenging of any judicial proceeding. The complexities are substantial. Such cases depend upon the exercise of discretion and good judgment together with the application of sound legal principles. The judge must call upon his or her most cherished skills—objectivity, wisdom, patience, and foresight—in circumstances of acute stress. Lives are literally at stake—the lives of the most vulnerable children and youth in our communities and the lives of families wracked by generations of poverty and despair. Families, children, and youth who have experienced intense trauma; who may be mentally ill; where domestic violence may have become a way of life; where substance abuse, alcoholism, and the experience of incarceration have become normal, all rely on the dependency judge for timely and just resolution. The judge is called upon to bring safety, well-being, and permanence to the child. Decisions must be made. Problems must be solved. The stakes are high.

What makes this work possible is judicial leadership and system collaboration: the internal system in your courtroom and your courthouse; the external system among the community of stakeholders, service providers, other branches of government, and the like. Embracing these internal and external resources not only makes your job easier but also richer, and good results are more likely to ensue for the troubled children and families we serve. This collection of practices provides options for this important work—options that have been proven to result in better outcomes. They provide real, achievable, cost-effective, and efficient means to improve the process as well. Use them. They will enhance the already extraordinary work you are doing every day.

To quote from the great philosopher, Dr. Seuss, in *The Lorax*, “Unless someone like you cares a whole lot, nothing is going to get better. It’s not.”

Justice Bobbe J. Bridge (Ret.)
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Co-Chair, Washington State Supreme Court Commission on Children in Foster Care

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I want to thank Justice Bobbe Bridge, a remarkable champion of families and children, and the Commission on Children in Foster Care for asking me to lead an effort to compile a tool for judicial officers to use in our very important work in presiding over dependency cases. As addressed in this report, while there are many existing, quite good resources in this area of the law, there is not a great amount of research readily available to assist judicial officers in making appropriate decisions in these difficult cases. Typically judicial officers do not have a great deal of time available to track down the latest research or study a benchbook, certainly not during our large and busy dependency dockets. Taking all of this into account, our workgroup decided to compile a report of best practices that is easily accessible to busy judicial officers and can serve as a starting point or a guide, much like the travel guide discussed in the following introduction. This best practices report is intended to be a resource that is helpful and, more importantly, used.

This report is the result of the hard work of each person listed in the Acknowledgements. Several people in particular, however, are deserving of special recognition: Tim Jaasko-Fisher and the Court Improvement Training Academy (CITA) provided technical, subject matter, and personal support to me, including the expert services of Ingrid Mattson. Additionally, Janet Skreen of the Administrative Office of the Court and Jacob D'Annunzio of the Office of Public Defense, worked hard to compile many research resources and "translate" them all into plain language. Finally, Joanne Moore, Director of the Office of Public Defense, provided ongoing support and the use of her staff at every stage of this project.

It is the hope of each of us who worked on this report that it will be a useful, living document that is of use to judicial officers and others across the state as they continue their critically important work on behalf of children and families.

Judge Anne Hirsch
Thurston County Superior Court
Workgroup Chair

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Introduction

There is no one “best practice” guaranteed to improve all courts everywhere no matter what the conditions. The child welfare legal system is simply too complex to be reduced to an equation of variables to be manipulated in such a way as to guarantee a better result. There are however, promising practices and indeed “best practices” that we believe impact outcomes for families. In many cases, there is statistical evidence to show that the likelihood of positive outcomes is enhanced where particular practices are undertaken. This report is a collection of such practices.

The report is organized as a travel guide in the hopes that you will be enticed to “visit” some of the practices in your own court system. Much like a travel guide, the experiences of those who have tried these practices varies and not every destination may be for you and your court. However, our hope is to tell you a little bit about each practice, give you a preview of what your experience might be, and provide you with resources to help get you there when you decide which destination is for you. For each practice, we have provided personal guides in the form of people from around the state who have been involved in the practice as well as scholarly resources for those who wish to delve into the more formal research. The intent is not to provide an exhaustive literature review, but rather to give you enough to get you started on your own journey.

It is important to note that this guide is a work in progress. Surely our practice will change in the next ten years as much as it has in the preceding ten years. Consequently, this is a living document. We invite you to let us know what parts of it are useful, how it may be improved, and what we may be missing. If you have comments or suggestions, please e-mail Tim Jaasko-Fisher at tjfisher@uw.edu.

Seven Principles of Successful Dependency Courts

Principle driven

Successful dependency courts are principle driven. They promote a court culture in which everyone is clear as to the purpose of the court process. These courts also promote values such as judicial integrity, access to justice, respect, and equity for all participants in the system. Court partners work together to form principles that guide decision-making and form court culture despite differences of opinion on individual matters.

Collaborative learning community

Successful dependency courts recognize that the landscape of the work we do together is complex and constantly shifting. They value the strength of a diversity of perspective and believe that by creating communities of cross disciplinary practice, the system as a whole is more likely to generate positive results. They believe in the value of a true interdisciplinary approach in which each professional has the benefit of knowing enough about related disciplines to be a well-informed participant in improving the system.

Systems thinking

Dependency courts are fundamentally about managing a system of relationships. Successful dependency courts recognize the interdependency of both the professionals who make up the court system and the communities they serve. These courts are mindful of the impact of unintended consequences when making decisions and seek to mitigate negative consequences as part of the initial intervention. They are mindful that the structure of any system, including a justice system, has great impact on the outcomes it creates and as such, seek systematic solutions to recurring issues.

Data aware

What gets measured gets done. Successful dependency courts are aware of data describing the process and outcomes generated by their court. They look for patterns and outlying data points to indicate where the court community might focus improvement efforts by either seeking to minimize undesirable results, or maximize positive ones. They recognize that without data, it is difficult if not impossible to adequately assess the court's performance. However, at the same time, they recognize that statistical data represents only a vague abstraction of the personal stories and lives of real people.

Youth and family centered

Dependency courts exist to serve youth and families. Successful dependency courts recognize that ultimately everything done in the court context will have a real and substantial impact on a child and family. As such, the court seeks to continually improve the quality of its interactions with youth and families. It seeks to create an environment and process in which youth and families can be heard and treated as meaningful partners.

Accountable

Dependency courts are ultimately accountable to the communities who empower and fund them. As such, successful dependency courts continually strive to behave in a way that is accountable for taxpayer resources. Simply put, a court must bring value to the community which supports it. In order to meet this obligation, successful dependency courts must create systems of accountability within the court system addressing both those who come before the courts and those who work within the courts. Successful courts create both an internal culture of accountability and mechanisms by which to ensure those who interact with the system are accountable for behaviors addressed by the court.

Promote empowerment of individuals and communities

Successful dependency courts are conscious of systemic barriers that inhibit the full participation or promote unfair treatment of individuals or communities because of age, disability, race, ethnicity, social status, sexual orientation, indigenous heritage, national origin, and gender. These courts work to ally with those seeking to promote empowerment of all individuals and help create judicial systems which truly promote a culture of equitable participation. This in no way implies that the court is anything but impartial in a given case, but rather requires the court to act on a systemic level to promote a culture of practice that supports justice for all.

Part I

Benchcards and Checklists

Benchcards and checklists are important tools that can help judicial officers conduct dependency and termination proceedings. They provide a way for judicial officers to ensure that hearings are conducted in an organized manner and with all essential queries being made and recorded. They also assist in the judicial officer being able to convey the leadership these hearings require. Benchcards and checklists were developed to support judicial officers in their duty to provide comprehensive and timely judicial action in child welfare cases and to encourage best practices.

Cost: \$

Evidence Base:



KEY PRINCIPLES

Judicial officers must conduct hearings in a thorough and competent manner. To be effective and efficient, judicial officers must possess a wealth of knowledge—both concerning black-letter law and matters that involve human relationships, development, substance abuse, and related areas.

Checklists and benchcards serve to help remind judicial officers of the information critical to dependency and termination cases. Recognizing the need to assure safe and permanent homes for abused and neglected children and to assist juvenile and family courts in performing their critical and highly complex functions, benchcards and checklists were developed to aid navigation of these cases.

“Benchcard implementation appears to be associated with substantially higher quantities and quality of discussion of key dependency topics.”

National Council of Juvenile and Family Court Judges



EXPECTED RESULTS

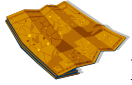
Benchcards and checklists are believed to help make hearings more efficient and effective. For example, in the study cited below (*i.e.*, *Right from the Start: The CCC Preliminary Protective Hearing Benchcard Study Report*) “judicial officers who used the Benchcard discussed more key topics during the preliminary protective hearings than did the control group.”

Please note, the benchcards and checklists identified in this report are not intended to serve as an authoritative source, but rather as a resource to inform courtroom practice.



HOW TO TRACK SUCCESS

Compare thoroughness of hearings where checklists and benchcards were used against hearings where checklists and benchcards were not used.



ROAD MAP FOR GETTING IT DONE

1. Print the checklists and benchcards located at <http://www.uwcita.org/juvenile-nonoffender-benchbook.html>.
2. Organize these materials in a notebook with labeled tabs identifying the hearing type at which each checklist and/or benchcard should be used.
3. Refer to benchcards and checklists as necessary and appropriate.

Resources

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JUVENILE NONOFFENDER BENCHBOOK, CHECKLISTS AND CHARTS, <http://www.uwcita.org/juvenile-nonoffender-benchbook.html> (last visited Nov. 12, 2012).

Elimination of Racial Disproportionality

Best practices for eliminating racial disproportionality in the dependency system have not been systematically determined at this point. However, there are a number of promising practices a court should consider.

Cost: \$

Evidence Base:



KEY PRINCIPLES

1. The goal (*i.e.*, elimination of racial disproportionality) should be clearly stated, and all participants must commit to the goal to ensure that families of color have outcomes in dependency cases that are similar to families not of color.
2. Data must be obtained and consistently reviewed. The number of children for each race/ethnicity (African-American, Native American, Hispanic, etc.) in the system must be identified. Similarly, the race/ethnicity of each parent must be determined. Evidence-based practices must be examined for their effectiveness in minority communities compared to their effectiveness in the majority community.
3. Data must be reviewed quarterly by all of the participants to assess the need to adjust service assessments and provisions of services.
 - a. The judicial officer and the parties should work in a non-adversarial manner to identify the family's issues and needs and to develop a case plan in which the family is willing to participate.
 - b. The team must assess and discuss whether services are being fairly provided (are there more services given to the Caucasian parent or to Caucasian children, are there fewer relative placements for Caucasian families, are Caucasian families given more time to enter services, etc.)
 - c. Only through analyzing the data and an open discussion amongst the participants (*i.e.*, the judicial officer, parents' defense counsel, the Department of Social and Health Services (DSHS), and the Assistant Attorney General (AAG)) can the participants identify concerns and attempt to address possible disproportionality. If there is no acknowledgement of systemic problems, there is no opportunity to improve the system and help the children involved.
 - d. Participants should be open to alternative processes and service delivery systems which have been shown to work in other parts of the country.
4. All professionals involved should participate in the Undoing Racism workshop, facilitated by the People's Institute for Survival and Beyond.
5. Judicial officers should adopt best or promising practices to address racial disproportionality. For example,
 - a. Family team decision meetings should be based on the New Zealand process, where the family decides what is best for the child. DSHS, attorneys, and any other professionals should give the family time to meet as part of this decision-making. However, the plan can go back to court for review.
 - b. Strength-based family assessments should be conducted.
 - c. Services directed particularly toward fathers should be considered.
 - d. Veteran Parents (parents who have successfully navigated the child welfare system and reunified with their children) should mentor parents currently involved in the system.
 - e. Dependency 101 programs should be offered to parents unfamiliar with the dependency process.
 - f. Judicial officers should familiarize themselves with and utilize benchcards.
 - g. Cultural training for all participants in a dependency should occur.

6. With respect to services assessments,
 - a. Cases must be evaluated to determine whether the Indian Child Welfare Act (ICWA) applies and whether proper notice has been given to the correct tribe prior to dependency being established.
 - b. Culturally-focused services should be offered.
 - c. Court-certified interpreters should be used whenever possible, beginning with the initial investigation and continuing throughout the case.
 - d. Evidence-based services should be used as much as possible, and judicial officers must ensure that the services work for all participants. Consider the work of the University of Washington's Evidence Based Practice Institute when evaluating services (<http://depts.washington.edu/ebpi/>).
 - e. Identify heavy referral areas and intervene before the court process begins. Judicial officers should be helpful in activating the community involved.



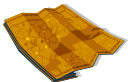
EXPECTED RESULTS

“Through the collection and analysis of data, [courts] can better understand the extent and dimensions of racial disproportionality in their jurisdictions. This understanding enables [courts and relevant agencies] to diagnose systemic problems and assess the impact of various reform efforts.”¹



HOW TO TRACK SUCCESS

1. Make improvement part of performance appraisals for Children and Family Services Reviews (CFSR).
2. To measure achievement, the judicial officer needs to know baseline data points (*e.g.*, the level of racial disproportionality).
3. Judicial officers can then track and assess data points and their variations (if any) after three, six, and 12 months and adjust processes accordingly.



ROAD MAP FOR GETTING IT DONE

Points in the process where racial disproportionality should be assessed and addressed include the following:

1. At the 72-hour hearing and the fact-finding hearing, the judicial officer and the team must assess whether there are any allegations arising from cultural ignorance. For example, if it is alleged that an African-American father cannot parent due to his health concerns from diabetes and high blood pressure, the judicial officer should carefully query whether other allegations exist without cultural implications.
2. At disposition hearings, query whether services are being fairly distributed. Also consider whether reunification is being unduly delayed for families of color or there is a presumption that visits need to be supervised more often for a parent of color or that supervision is lengthier.

¹ ALLIANCE FOR RACIAL EQUALITY IN CHILD WELFARE, POLICY ACTIONS TO REDUCE RACIAL DISPROPORTIONALITY AND DISPARITIES IN CHILD WELFARE 5 (2009), *available at* <http://www.ncjfcj.org/sites/default/files/Policy%20Actions%20to%20Reduce%20Racial%20Disproportionality%20and%20Disparities.pdf>.

3. With respect to permanency planning, consider whether termination occurs more often and more quickly for children placed in Caucasian foster homes. Also, consider whether there is a correlation between the race of the parent and/or child and the length of time it takes to terminate parental rights.

Resources

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DISPROPORTIONALITY AND DISPARITIES IN CHILD WELFARE (2009), *available at*
<http://www.ncjfcj.org/sites/default/files/Policy%20Actions%20to%20Reduce%20Racial%20Disproportionality%20and%20Disparities.pdf>.

Use of Plain Language

With use of plain language (*i.e.*, avoiding legalese), participants in court proceedings understand the proceedings more quickly, do not need to spend time asking for explanations, and leave hearings understanding what will happen next and what they must do before the next hearing. Additionally, when their encounter with the judicial system has concluded, they are more likely to feel that the process was fair and manageable.

Cost: \$

Evidence Base:



In turn, court personnel benefit as they answer fewer phone calls, write fewer explanatory letters and emails, and provide more beneficial assistance to more participants in court proceedings. Plain language in a court proceeding, including the use of plain language forms, educates litigants about the law and helps them better present their case, better inform other parties of claims and issues, results in the court receiving more accurate information on which to base its decisions, and leads to decisions and orders that are more specific to the case at hand (which in turn makes those decisions and orders easier to comply with and to enforce). When a judicial officer incorporates plain language into a proceeding, parents have a greater understanding of what is happening with their children and whether their children may be returned home.



KEY PRINCIPLES

1. Parents will understand the dual nature of the permanency plan, the tasks they must accomplish before subsequent hearings, what the Department of Social and Health Services will do for them, what consequences they face if they do not follow the court's orders, and when the next hearing will be held.
2. Court orders should explicitly and clearly state what each party is to do before the next hearing.
3. A simple, easy to read notice in orders should clearly state when the next hearing will be held.

To simplify complications is the first essential of success.

George Earle Buckle

Simplicity is the ultimate sophistication.

Leonardo da Vinci



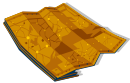
EXPECTED RESULTS

The National Adult Literacy Study (1993) found that the average adult in America reads at a 7th grade level. A study in California found that 90 percent of readers of a plain language form understood what the form was telling them to do, while only 60 percent understood what a "regular" form was telling them to do (Transcend 2004). When dependency court orders and Individualized Service and Safety Plans (ISSPs) are written in plain language, parents will be more engaged, will be able to understand expectations of them, will be able to realize the consequences of not complying with court orders, and will know when to next appear in court. It follows that if parents understand what is at stake, what they are to do, and by when, permanency for the child could be achieved earlier.



HOW TO TRACK SUCCESS

Ultimately success will be measured by (i) whether permanency is achieved sooner in cases in which the court communicates using plain language than in cases in which traditional forms and traditional legal jargon are used; and (ii) whether children's outcomes remain stable. One way a court could determine if it is successful is to test plain language forms and colloquies in hearings, then compare timeliness results and the stability of outcomes with otherwise comparable courts across the region. Another way to track success is to compare parents' attendance at hearings and rates of continuances (due to parents' nonattendance) in cases in which plain language is incorporated against those cases in which plain language is not incorporated.



ROAD MAP FOR GETTING IT DONE

At this point, it is incumbent upon individual judicial officers to use plain language when addressing parents in dependency matters. Consider reviewing the results from the *Washington Judicial Colloquies Project* (cited below) for examples of how this might be accomplished. With respect to forms, the following actions are in progress, but it is not clear when the project will be finalized:

1. The Pattern Forms Committee will work to convert all dependency forms to incorporate plain language;
2. The Administrative Office of the Courts (AOC), The Access to Justice (ATJ) Pro Se Project Plain Language Forms Committee, and the Pattern Forms Committee will undertake field testing;
3. ATJ will conduct presentations in all regions to promote new forms; and
4. Forms will be implemented for use statewide.

Resources

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References

MODEL WASHINGTON JUDICIAL COLLOQUIES (November 2012) (for a copy of the model colloquies, contact Janet Skreen at the Administrative Office of the Courts at janet.skreen@courts.wa.gov)

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One Family-One Judicial Officer / Direct Calendaring

In many courts, child abuse and neglect cases are assigned to a specific judicial officer at the time the case is first brought to court, and this judicial officer conducts all subsequent hearings, conferences, and trials. Courts in which one family is assigned to one judicial officer throughout its court experience are said to use “direct calendaring.” By contrast, courts with “master calendaring” can reassign cases to different judicial officers at different stages of the case. Direct calendaring is particularly suitable for abuse and neglect cases because this type of litigation typically involves complex hearings extending over a long period of time. Direct calendaring enables judicial officers to become thoroughly familiar with the needs of particular families and children, the efforts over time made to address those needs, and the complexities of each family’s situation.

Cost: \$

Evidence Base:



KEY PRINCIPLES

1. Each family that enters the dependency system is assigned to one judicial officer for the life of the case.
2. That judicial officer conducts all hearings, conferences, and trials for the families assigned to him or her.
3. All substantive decisions are consistently made by the judicial officer with the historical knowledge of the family and particular issues they are facing, providing consistency and continuity.



EXPECTED RESULTS

- Long-term perspective identifies patterns of behavior exhibited over time by all parties involved in a case, preventing a judge from too heavy a reliance on social service agency recommendations.
- May increase the quality of government’s response to family crises.
- Provides consistency and continuity in decision-making and outcomes.
- A judge who has remained involved with a family is more likely to make decisions consistent with the best interests of the child.
- Parties can rely on the court’s direction without concern that a different judge at the next hearing will interpret the case differently. This can prevent families from feeling that strangers who know nothing about them are controlling their lives, enabling families to anticipate a judge’s response to their future conduct.
- Can prevent parties from resurrecting previously rejected arguments.
- Can prevent parents from repeating excuses for lack of progress.
- Judges can quickly review files, agency reports, and case plan changes before each hearing, allowing for informed decisions on case scheduling in terms of frequency and length of time allotted for hearings.

Why use direct calendaring:

- *Provides consistency and continuity in judicial decision-making; and*
- *Results in more prepared and informed judicial officers with well-established working relationships with all parties.*

- Gives judges a sense of ownership in each case.
- When a judicial officer knows that his or her involvement will extend beyond the immediate hearing, the judicial officer is more likely to invest the time necessary to gather complete information, to assess the results of decisions, and to develop a working relationship with all the parties.



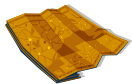
HOW TO TRACK SUCCESS

Success can be measured first by realizing the goal of having one judicial officer assigned to each family and subsequently measuring the outcomes for families with one judicial officer against the outcomes for families who interact with more than one judicial officer over the course of their contact with the court.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

Direct calendaring is used in many counties statewide. In some smaller counties there is only one judicial officer who hears dependency and termination cases, and in some larger counties like Spokane County, the court has designed a system that provides one judicial officer for every family that enters the dependency system. Mid-sized counties, such as Thurston County, use this approach as part of a Unified Family Court Model.



ROAD MAP FOR GETTING IT DONE

Implementation of this approach depends upon the court's resources. Direct calendaring may work in a court with sufficient judicial resources to accommodate such scheduling, but results can also be seen in counties with only one judicial officer on the bench.

Resources

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Judge Anne Hirsch
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hirscha@co.thurston.wa.us
<http://www.co.thurston.wa.us/fjc/index.asp>

References

NAT'L COUNCIL OF JUVENILE & FAMILY COURT JUDGES, RESOURCE GUIDELINES: IMPROVING COURT PRACTICE IN CHILD ABUSE & NEGLECT CASES (1995),
<http://www.ncjfcj.org/sites/default/files/resguide.pdf>.

Trudy Festinger & Rachel Pratt, *Speeding Adoptions: An Evaluation of the Effects of Judicial Continuity*, 26 SOC. WORK RES. 217 (2002).

Increased Frequency of Review Hearings

RCW 13.34.138 requires review hearings to be conducted by the court once every six months, but many courts conduct reviews on a more frequent basis. Some jurisdictions simply shorten the statutory timelines, while other set special review hearings to check in on very limited issues such as whether a parent has been able to access treatment services or whether a petition to terminate parental rights has been filed.

Cost: \$\$

Evidence Base:



KEY PRINCIPLES

1. Everyone should be clear what is expected by the early review date and how that information is to be reported to the court.
2. Hearings should be set within a reasonable timeframe for the task to be accomplished and the court should be clear about what action it will take if the task is not accomplished (*e.g.*, if the parent is not in treatment by the hearing, the court will direct the filing of a termination petition, or if the caseworker has not provided the referral by the next hearing the court will require a supervisor to appear).



EXPECTED RESULTS

At least one study suggests that there are benefits to increasing the frequency of court reviews (see the References section below). In this study, cases with more frequent reviews had a higher rate of legal permanency, particularly adoption, without a corresponding decrease in the return home rate. Courts that employ early review hearings believe that the practice promotes accountability, expedites permanence (return home or otherwise), and in general saves cost by keeping cases from lingering.

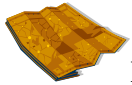
Frequent review hearings are essential if the cases are going to be completed at or near the statutory timelines of 12–15 months. It is the judicial officer’s responsibility to remind parents and the other players of these timelines on a regular basis. The statutory minimum of in-court reviews once every six months is not adequate.

Commissioner Royce Moe

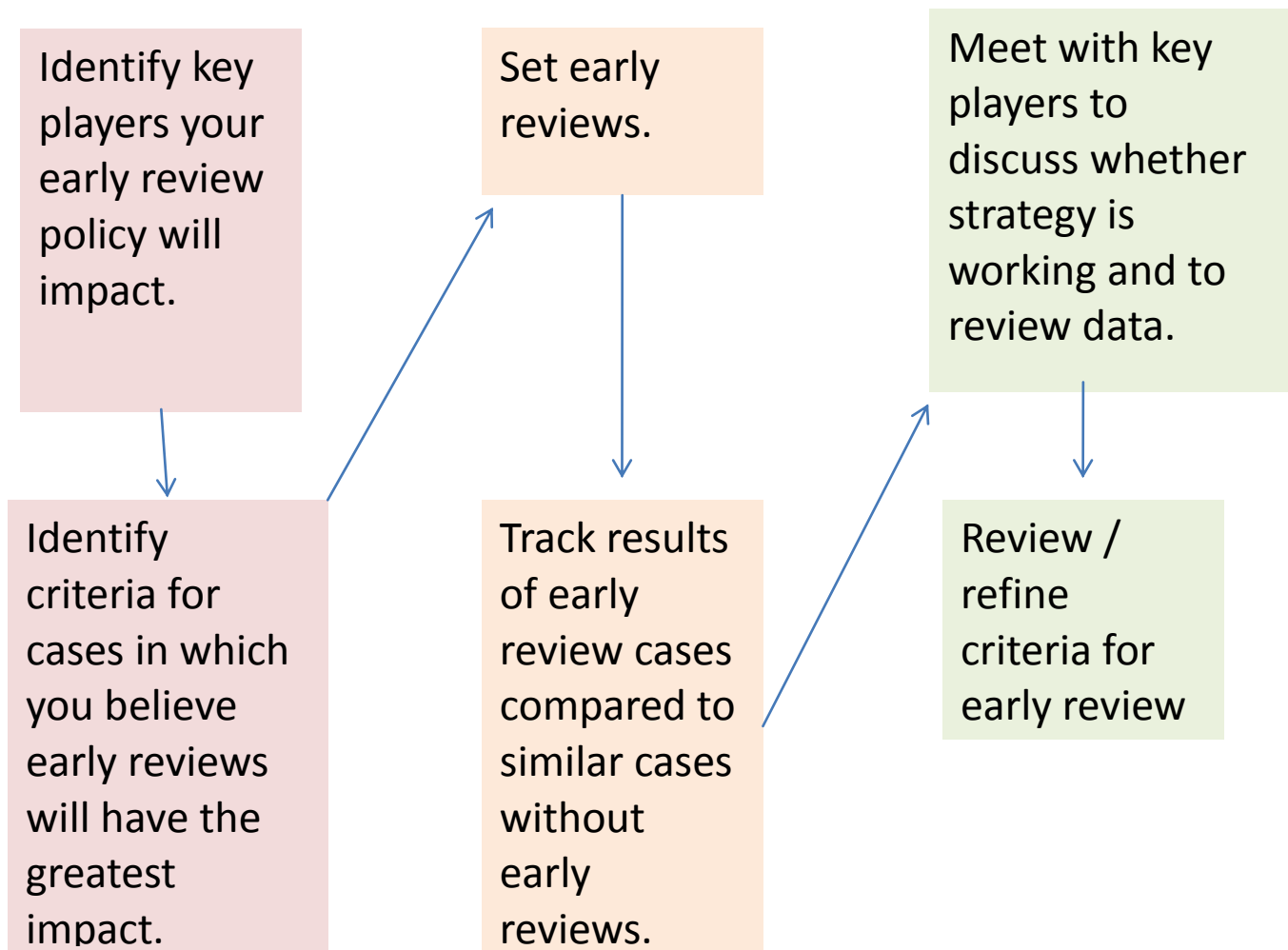


HOW TO TRACK SUCCESS

Ultimately success will be measured by whether early review promotes a quicker, more just resolution of the case. One way to decide if this practice is worth the effort is to keep track of a number of cases in which you have employed the strategy, then intentionally follow up with those cases to see if the early review was effective. Tracking a group of cases in which you employ this strategy and comparing them against a similar group of cases in which the strategy was not used is the best way to decide if this strategy is right for your court.



ROAD MAP FOR GETTING IT DONE



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References

Mark E. Courtney & Joan Blakey, *Examination of the Impact of Increased Court Review on Permanency Outcomes for Abused and Neglected Children*, 41 FAM. CT. REV. 471 (2003).

Parents Representation Program

The Parents Representation Program (PRP) was developed by the Washington State Office of Public Defense (OPD) and the Washington State Legislature to enhance the quality of parent representation in dependency and termination hearings. RCW 13.34 codifies the right to counsel for a child's parents, guardian, or legal custodian involved in dependency or termination proceedings and provides that if a parent is indigent, counsel shall be appointed by the court.² Legal representation in juvenile court has been recognized by most states as an essential protection for parents when children have been removed from their custody.

Cost: \$\$

Evidence Base:



KEY PRINCIPLES

The OPD Parents Representation Program seeks to provide high quality, effective representation to indigent parents involved in dependency and termination of parental rights proceedings. As both a counselor at law and an advocate, the attorney strives to inform and advise the parent; protect the parent's legal rights, including rights to family autonomy, remedial services, and visitation; and ardently pursues the case goals and outcomes as identified by the parent.

Key elements of the Parents Representation Program include the implementation of case load limits (no more than 80 cases per full-time attorney), professional attorney standards, access to expert services and independent social workers, OPD oversight, and ongoing training and support.

Why Consider PRP:

- *Increases the rate of reunification;*
- *Helpful in moving children from foster placement to permanent homes; and*
- *Cuts the time it takes for children to reach permanency.*



EXPECTED RESULTS

As a result of the program, judges, attorneys, and social workers agree that the court is better informed about the parent's needs and abilities, and there is a more responsive and balanced system for children and their families. Process impacts also include more timeliness, earlier overall case resolutions, and restored checks and balances within the justice system for all parties involved. The restored balance enhances the ability of the court to make better decisions on behalf of children.

Program attorneys have more time to devote to their clients, to become involved with their clients earlier, to conduct necessary case preparation, to stay involved and aware of their clients' needs, and to monitor their clients' activities. In addition, children receive the opportunity to have sufficient quality visitations with their

² RCW 13.34.090; RCW 13.34.092.

parents and increased chances of finding timely permanency—either through reunification with their parents or, if that is not possible, another permanent outcome.

Research has shown that in counties where PRP operates, there is a significantly increased rate of reunification, as well as a significant reduction in the time to all types of permanency, including reunification with parents, guardianships, and adoptions.



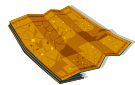
HOW TO TRACK SUCCESS

Success can be tracked by measuring the reduction in time it takes to reach permanency and the increase in the rate at which children are being successfully reunified with their parents.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

PRP is currently located in 25 counties in Washington State: Benton, Chelan, Clallam, Clark, Cowlitz, Ferry, Franklin, Grant, Grays Harbor, Jefferson, Kitsap, Kittitas, Klickitat, Mason, Pacific, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, and Yakima.



ROAD MAP FOR GETTING IT DONE

The Parents Representation Program is provided by legislative authority. If you have interest in having the PRP in your county, please contact the Office of Public Defense for more information.

Resources

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References

Mark E. Courtney, et al., *Evaluation of the Impact of Enhanced Parental Legal Representation on the Timing of Permanency Outcomes for Children in Foster Care*, 34 CHILD. & YOUTH SERVS. REV. 1337 (2012).

WASH. STATE OFFICE OF PUB. DEF., REUNIFICATION AND CASE RESOLUTION IMPROVEMENTS IN OFFICE OF PUBLIC DEFENSE (OPD) PARENTS REPRESENTATION PROGRAM COUNTIES (2010), http://www.opd.wa.gov/Reports/Dependency%20&%20Termination%20Reports/100325_ReunificationOutcomes.pdf.

WASH. STATE OFFICE OF PUB. DEF., 2011 FOLLOW UP TO PARENTS REPRESENTATION PROGRAM CASE RESOLUTION STUDY (2011),

http://www.opd.wa.gov/Reports/Dependency%20&%20Termination%20Reports/2011_Followup-CaseResolutionStudy.pdf.

CAROL J. HARPER, KATHY BRENNAN, & JENNIFER SZOLNOKI, DEPENDENCY AND TERMINATION PARENTS' REPRESENTATION PROGRAM EVALUATION REPORT (2005)

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PERMANENCY PLANNING FOR CHILDREN DEP'T, NAT'L COUNCIL OF JUVENILE & FAMILY COURT JUDGES, IMPROVING PARENTS' REPRESENTATION IN DEPENDENCY CASES: A WASHINGTON STATE PILOT PROGRAM EVALUATION (2003),

[http://www.opd.wa.gov/Reports/Dependency%20&%20Termination%20Reports/watabriefcolorfinal\[1\].pdf](http://www.opd.wa.gov/Reports/Dependency%20&%20Termination%20Reports/watabriefcolorfinal[1].pdf).

AM. BAR ASSOC. , THE NATIONAL PROJECT TO IMPROVE REPRESENTATION FOR PARENTS INVOLVED IN THE CHILD WELFARE SYSTEM,

http://www.americanbar.org/groups/child_law/what_we_do/projects/parentrepresentation.html (last visited Oct. 2, 2012).

PARENT'S REP. PROGRAM, WASH. STATE OFFICE OF PUB. DEF., PARENTS REPRESENTATION PROGRAM STANDARDS FOR ATTORNEYS,

http://www.opd.wa.gov/PRPupdates/ParentsRep/120625_Program_Attorney_Standards.pdf.

PARENT'S REP., WASH. STATE OFFICE OF PUB. DEF., SOCIAL WORKER PRACTICE STANDARDS,

<http://www.opd.wa.gov/ParentsRep/080618%20Social%20Worker%20Practice%20Standards-%20Final.pdf>.

Court Appointed Special Advocates (CASA)

Court Appointed Special Advocates (CASAs) are community volunteers appointed by judges to represent the best interests and well-being of children in dependency. Under RCW13.34.100, the court may appoint a guardian ad litem (GAL) to represent the interests of a minor or dependent child; in Washington State, a Court Appointed Special Advocate may fulfill this role. The CASA Program began in 1977 in King County juvenile court at the request of Superior Court Judge David Soukup; today it is a national model in over 955 jurisdictions. The CASA program is a cost-effective model that leverages community volunteers to positively influence the child welfare system. CASA volunteers are recruited, trained, and supported by local CASA offices in 33 county and tribal jurisdictions across Washington State. CASA volunteers receive 30 hours of initial training and 12 hours of ongoing annual training. CASAs remain appointed on a child's case until permanency is established, and they are often the only continuous and stable adult presence in a child's life while the child is in care.

Cost: \$

Evidence Base:



KEY PRINCIPLES

CASAs are responsible for four main activities when fulfilling their responsibilities on behalf of the court:

1. **Investigate.** CASAs carry out an objective examination of the child's situation by consulting with the child and all collateral contacts related to the child. CASAs also investigate the child's cultural, ethnic, racial, and tribal heritage.
2. **Facilitate.** CASAs identify resources and services for the child and facilitate a collaborative relationship between all parties involved in the case. This facilitation helps to create a situation in which the child's needs are met expeditiously and in the child's best interests.
3. **Advocate.** CASAs speak up for the child by making recommendations to the court both in written form and oral testimony. Recommendations are based on the independent investigation and facilitation that CASAs conduct during the case.
4. **Monitor.** CASAs keep track of whether the orders of the court and the plans of the child's protective services are carried out. CASAs report to the court and/or collaborate with the protective services agency when any of the parties do not follow those orders or plans.



EXPECTED RESULTS

A child with a CASA/GAL volunteer is more likely to achieve the following outcomes than a child without a CASA/GAL volunteer:

- A child with a CASA/GAL volunteer is
 - More likely to find a safe, permanent home;
 - Less likely to spend time in long-term foster care;
 - Half as likely to re-enter foster care; and
 - More likely to have a plan for permanency, especially children of color.

- A child with a CASA/GAL volunteer gets more help while in the system and is more likely to have a consistent, responsible adult presence.
 - More services are ordered for the children.
 - Volunteers spend significantly more time with the child than a paid GAL.
- A child with a CASA/GAL volunteer spends less time in foster care and is less likely to be bounced from home to home.
 - Volunteers improve advocacy for children and representation of the child's best interests.



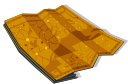
HOW TO TRACK SUCCESS

Success is measured by tracking CASA activities and measuring the results of those activities against statewide immediate and long term goals for case outcomes. Key measurements of CASA activities such as the number of hours spent with the child and collateral contacts, number and types of recommendations to the court, and number of children served and number of CASAs trained in various topics provide quality assurance measurements and benchmarks to track the effectiveness of CASA activities in dependency proceedings.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

CASA/GAL programs operate in 33 programs statewide and are administered by county, tribal, and nonprofit agencies.



ROAD MAP FOR GETTING IT DONE

1. Recruit volunteers that reflect the diversity and cultural make-up of children in the dependency system.
2. Train volunteers (30 hours initially and 12 hours annually thereafter) on core CASA curriculum and provide additional trainings on cultural sensitivity and awareness.
3. Assign volunteers to cases that are appointed CASA/GAL representation by the local Superior Court Judge.

Resources

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References

COURT APPOINTED SPECIAL ADVOCATES FOR CHILDREN, EVIDENCE OF EFFECTIVENESS,
http://www.casaforchildren.org/site/c.mtJSJ7MPIsE/b.5332511/k.7D2A/Evidence_of_Effectiveness.htm
 (last visited Oct. 3, 2012).

Solution Based Casework and Case Conferences

Following shelter care, RCW 13.34.067 requires that the Department of Social and Health Services (DSHS) hold a case conference with the parties in order to develop and specify the expectations of both DSHS and the parent regarding voluntary services for the parent. Solution Based Casework (SBC) is being utilized at court-ordered case conferences in some counties.

Cost: \$

Evidence Base:



SBC is a family-centered practice model of child welfare assessment, case planning, and ongoing casework that combines problem-focused relapse prevention approaches that evolved from work with addiction, violence, and helplessness, with solution-focused models that evolved from family systems casework and therapy. Partnerships between the family, caseworker, and service providers can be developed that account for basic needs and restore the family's pride in their own competence.



KEY PRINCIPLES

SBC is a child welfare practice model based on three theoretical foundations: family life cycle theory, relapse prevention/CBT theory, and solution-focused family therapy. These theoretical foundations translate to the following assumptions about casework:

1. Full partnership with the family is a critical and vital goal for each and every family case.
2. The partnership for protection should focus on the patterns of the everyday life of the family.
3. Solutions should target the prevention skills needed to reduce the risk in those everyday life situations.

An SBC assessment uses the family life cycle to frame and locate the “problem” in the developmental challenges that create safety threats to the family in their everyday life (*e.g.*, supervising young children, teaching children right from wrong).

SBC case planning organizes those challenges into efforts (*i.e.*, specific plans of action) that the whole family can work on, and those efforts that certain individuals in the family need to work on so that family challenges improve. These specific plans of action are not the typical service delivery plans that measure service compliance. Instead, they are behaviorally specific plans of action that are co-developed by the family, provider, and caseworker.

These plans target needed skills in critical risk areas that can then be demonstrated, documented, and celebrated. Throughout assessment, case planning, and casework management, SBC builds on solution-focused tenets. Specifically, child welfare clients (i) need significant encouragement to combat discouragement, and (ii) possess unnoticed and unrecognized skills that can be used in the anticipation and prevention of child maltreatment.

Clients are assisted within a forward-looking partnership that searches for exceptions to problems in everyday life and recreates or builds upon their social network with supportive others.



EXPECTED RESULTS

Evaluations of SBC have shown

- families achieved significantly more case goals and objectives when SBC was used;
- social workers who used SBC were more likely to meet face to face with families and service providers as a team;
- social workers identified a significantly greater number of family strengths;
- building on those strengths more frequently kept families intact with no increased risk to children; and
- foster parents felt more recognized for their contribution and they felt DSHS was more responsive to their needs.

The goals of using SBC at case conferences are as follows:

- engage the parents early in the process;
- begin to build working relationships between the parties; and
- create case plans that are individualized for each family and target specific and measurable objectives that parents can work toward.



HOW TO TRACK SUCCESS

Success can be measured by a review of voluntary case plans coming out of case conferences. If SBC is working, the case plan should not be a cookie cutter plan, but it should be instead a roadmap for what the parent(s) needs to do and change to have their children return home and what DSHS's responsibilities are in working with the family.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

SBC is currently being used across Washington State. Thurston County Juvenile Court is ordering at all shelter care hearings that SBC be scheduled.

Resources

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References

Becky F. Antle, et al., *The Impact of the Solution Based Casework (SBC) Practice Model on Federal Outcomes in Public Child Welfare*, 36 CHILD ABUSE & NEGLECT 342 (2012).

Family Treatment Court

A family treatment court is a juvenile or family court docket for which selected abuse, neglect, and dependency cases are identified as having parental substance abuse as a primary factor in the dependency. Judges, attorneys, child protective services, court-appointed special advocates, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents with the necessary support and services to become drug and alcohol abstinent. Family treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes. Counties with Family Treatment Courts include Clallam, Clark, Cowlitz, Island, Jefferson, King, Kitsap, Okanogan, Pierce, Skagit, Snohomish, Thurston, Whatcom, and Yakima.

Cost: \$\$\$

Evidence Base:



KEY PRINCIPLES

1. Family treatment court cases are heard by one assigned judicial officer.
2. During initial phases of treatment, court hearings are held more often than typical dependency review hearings, typically every week for the first several months of a case.
3. Parents with a history of drug abuse are selected to be in a specialized therapeutic court setting.
4. Stakeholders involved in family treatment court are trained in this specialized area.
5. Committed, professional staff members are engaged. This includes case managers who are licensed mental health counselors and social workers, therapeutic child care teachers, home visitors, and pediatric nurses. The courts also partner with community resources to ensure that children's developmental needs are met.

Why create a Family Treatment Court?

- *Parents are more likely to start treatment sooner and successfully complete treatment.*
- *Children are more likely to reach permanency sooner and successfully reunify.*



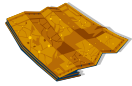
EXPECTED RESULTS

Studies have shown that parents involved in family treatment courts are more likely to (1) be enrolled in treatment sooner, (2) receive treatment for a longer duration, and (3) successfully complete treatment as compared to parents in a regular dependency court. Studies have also found that children of parents involved in family treatment court were more likely to reach permanency sooner and more likely to reunify with their parents. One study has also shown no difference between subsequent maltreatment reports when comparing family treatment court parents who were reunified with their children to traditional dependency court parents who were reunified. A study of King County's family treatment court found some of these outcomes in a nonrandomized study.



HOW TO TRACK SUCCESS

Track the success of parents who are accepted to family treatment court and compare their reunification outcomes against the reunification outcomes of regular dependency-court-involved parents. Include data regarding the dependency petition filing date, the date of admission to drug treatment, and child welfare outcomes.



ROAD MAP FOR GETTING IT DONE

Identify a stakeholder group made of participants in the dependency court process. Identify available grants for creation of a family treatment court program.

A second model is at work in Thurston County:

In December, 2008, the Thurston County Board of Commissioners, voted, as allowed by state statute RCW 82.14.460, to impose a 1/10 of 1 percent sales tax to provide funding for enhanced and expanded chemical dependency and mental health treatment services and for therapeutic courts.... The Treatment Sales Tax currently realizes \$4,000,000 in sales tax revenues annually.³

Resources

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References

ERIC BRUNS, ET AL., KING COUNTY FAMILY TREATMENT COURT OUTCOME EVALUATION: FINAL REPORT (2011), *available at*

http://depts.washington.edu/pbhjp/downloads/projectsD/eval_king_countyD/Outcome_evaluation_final_report_2-22-2011.pdf.

WASH. STATE ADMIN. OFFICE OF THE COURTS, DIRECTORY OF DRUG COURTS AND OTHER PROBLEM SOLVING COURTS IN WASHINGTON STATE, http://www.courts.wa.gov/court_dir/?fa=court_dir.psc&tab=4 (last visited Oct. 3, 2012).

³ TREATMENT SALES TAX, YOUR DOLLARS AT WORK, <http://www.co.thurston.wa.us/treatment-tax/index.htm>.

Dependency Case Mediation

Prior to adjudication, mediation is offered to families coming in to the dependency court system to help resolve issues related to child abuse and neglect. The goal is to allow parties to reach an agreement regarding allegations, recommended services, placement, visitation, and general case planning in a non-confrontational and supportive environment. The use of mediation has been encouraged by the Department of Health and Human Services as an accepted alternative to adversarial court hearings.

Cost: \$\$

Evidence Base:



KEY PRINCIPLES

Mediation is

1. Based on the concept that meaningful resolutions are more likely when all parties understand each other's perspective and work together to forge an agreement;
2. An opportunity for shared decision-making between the Department of Social and Health Services (DSHS), families, and the court;
3. An effort to involve parents and families *directly* in the decisions that affect them, while keeping the safety of the children as the central focus;
4. Consistent with the court's and agency's family-strengths perspective; and
5. Designed to be a respectful, confidential process where everyone's interests and concerns can be heard.

Dependency Mediation

- *is a confidential process conducted by specially trained, neutral third-party mediators who have no decision-making power; and*
- *provides a non-adversarial setting to help the parties reach a fully informed, mutually acceptable resolution focusing on child safety.*



EXPECTED RESULTS

Mediation

- improves timeliness of adjudication,
- reduces judicial workload because mediated cases tend to have fewer hearings,
- increases timeliness of early case processing, and
- reduces workload early in the case.

Based on the Thoennes study below,

- Sixty to eighty percent of mediated dependency cases and 50–60 percent of termination cases result in agreements.
- Visitation plans developed in mediation tend to be more specific and more generous.

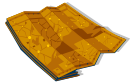
- Evidence is conflicting as to whether mediation impacts type of placement.
- Mediated cases seem to resolve faster, but it is difficult to ascertain how much faster. Similarly, the cost savings associated with such resolution is difficult to ascertain.
- Mediated cases result in low re-referral rates.
- Mediated cases are more likely to reach agreement.
- Children in mediated cases are more likely to be placed with a relative rather than in foster care at the review and permanency hearings.



HOW TO TRACK SUCCESS

Success can be determined by using several measures tied to key principles:

- Does mediation positively influence timeliness?
- Does mediation positively influence workload?
- Does mediation result in better engagement of parties?
- Does mediation result in better outcomes for children?
- Are there any race differences in the effectiveness of mediation?



ROAD MAP FOR GETTING IT DONE

1. Establish a program design.
2. Select program administration structure.
3. Establish guidelines for cases and timing of referrals to mediation.
4. Establish protocols for removal of cases to juvenile court.

Resources

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References

M. BICKETT, ET AL., NAT'L COUNCIL OF JUVENILE & FAMILY COURT JUDGES, KING COUNTY MEDIATION PROGRAM ASSESSMENT, PHASE II (2011), *available at* <http://www.ncjfcj.org/sites/default/files/King%20County%20Mediation%20Phase%20II%20Final.pdf>.

Nancy Thoennes, *What We Know Now: Findings from Dependency Mediation Research*, 47 FAM. CT. REV. 21 (2009).

Supporting Early Connections (SEC)

Infants and toddlers are the largest group of children to enter, remain in, and re-enter foster care and the least likely to reunify with their biological families. In Washington State, 36 percent of children entering foster care are under the age of three. Young children experiencing abuse or neglect during the most rapid period of brain development in their lives are at significant risk for developing long term and costly physical, educational, and mental health challenges.

Cost: \$\$

Evidence Base:



Over a decade of research definitively shows that early relationships play a central role in a child's brain development and future academic and social success and therefore must be addressed.

Judicial leadership and the courts can play an essential role in securing a more positive future for these children and their families. Through strong collaborations, cross-system training for professionals, and access to evidence-based relationship-focused treatment for babies and their families, Supporting Early Connections (SEC) provides a successful local model for achieving better outcomes for young children involved in the dependency court system.



KEY PRINCIPLES

Supporting Early Connections

1. Develops an effective, multi-system collaboration that includes court, child welfare, mental health, and other community partners.
2. Improves the system's knowledge of how to meet the needs of young children and their families through training in early brain science and the importance of relationships for healthy development.
3. Provides early intervention relationship-based mental health services (e.g. Child Parent Psychotherapy) for infants, toddlers, and their biological parents.
4. Supports family/parent engagement.

Why bring SEC to your county:

- *Increase reunifications and long-term placements with relatives*
- *Increase placement stability*
- *Decrease time to permanency*
- *Reduce re-referral rates*
- *Improve parent engagement*
- *Improve young children's mental health and relationship functioning*



EXPECTED RESULTS

Outcomes from SEC's first three years in King County:

- Fifty-five percent of children reunified with one or both of their biological parents and almost three-quarters (71 percent) of children living long-term with a family member (either their biological parent(s)

or a relative caregiver). Typical reunification rates for this age group range from 26 percent (King County) to 30 percent (Washington State) or 45 percent (United States).

- No children were re-referred to the child welfare system.
- Children achieved permanency faster than typical when compared to both state and regional numbers (approximately 18 months versus 24–28 months).
- Sixty-nine percent of children maintained placement stability after enrollment.
- SEC retained over 80 percent of parents for the full ten months of treatment by focusing on family engagement, meeting with families in their homes and communities, and providing transportation.



HOW TO TRACK SUCCESS

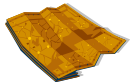
Success can be measured by tracking the following for infants and toddlers:

1. Percent of children successfully reunited with a parent
2. Time to permanency
3. Rate of re-referrals or CPS contacts on the same children and families
4. Number and nature of placement changes
5. Relationship functioning before and after intervention
6. Referral rates to early childhood serving programs
7. Enrollment and retention of families in services



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

SEC currently exists in King County (www.kingcounty.gov/courts/JuvenileCourt/dependency/SEC.aspx).



ROAD MAP FOR GETTING IT DONE

- Assess the number of infants (0–12 months) and toddlers (1–3 years) in dependency cases
- Identify court and child welfare collaborators and judicial leadership to convene an initial workgroup being sure to include parents’ attorneys, Court-Appointed Special Advocates/Guardians ad Litem, and caregivers.
- Assess early childhood training previously provided and identify supports for initial collaboration building and community trainings. Cross-training is an essential early activity for these efforts. SEC partnered with the Court Improvement Training Academy to provide “Through the Eyes of the Infant” training to engage community leadership and develop shared understanding across systems.
- Identify community partners and currently available services and relationship-based treatments (*e.g.*, early childhood mental health providers, Early Intervention/Part C Services for infants and toddlers with delays or disabilities, Early Head Start, child care providers.)
- Convene your collaboration with a focus on sharing current data on infants and toddlers in your locale and identifying when and how you will be able to offer intervention.

Resources

Supporting Early Connections Project
Center for Children & Youth Justice
206-696-7503

SEC@ccyj.org

<http://www.ccyj.org/initiatives/supporting-early-connections/>

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Century Graduate Fellow

206-940-0892

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www.earlychildhoodpolicy.com/courttrain.html

References

LYNNE F. KATZ, CHILD-CENTERED PRACTICES FOR THE COURTROOM & COMMUNITY: A GUIDE TO WORKING EFFECTIVELY WITH YOUNG CHILDREN & THEIR FAMILIES IN THE CHILD WELFARE SYSTEM (2011).

AM. HUMANE ASSOC., A CALL TO ACTION ON BEHALF OF MALTREATED INFANTS AND TODDLERS (2011), *available at*

www.zerotothree.org/public-policy/federal-policy/childwelfareweb.pdf.

AM. BAR ASSOC., HEALTHY BEGINNINGS, HEALTHY FUTURES: A JUDGE'S GUIDE (2009), *available at*

www.americanbar.org/content/dam/aba/administrative/child_law/healthy_beginnings.authcheckdam.pdf.

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www.americanbar.org/content/dam/aba/administrative/child_law/healing_young_children.authcheckdam.pdf.

NEBRASKA SUPREME COURT, THROUGH THE EYES OF THE CHILD INITIATIVE, www.throughtheeyes.org (last visited Oct. 3, 2012).

ZERO TO THREE, MALTREATMENT, www.zerotothree.org/maltreatment/ (last visited Oct. 3, 2012).

Dependency Team Model

Effective dependency case management requires reliable professionals who care about kids and who consistently work well with the same judicial officer and each other over time. The dependency team must hold frequent administrative meetings to discuss a variety of issues including timelines, caseloads, and system-wide issues affecting outcomes. Periodic reports obtained from accurate data should be utilized to assist with this process. Additionally, the judicial officer should hold frequent individual case review hearings in court with the parents, emphasizing their early “buy in” to the system.

Cost: \$

Evidence Base:



KEY PRINCIPLES

1. **Team Approach:** A single team working together on a regular basis should promote unity among all the players and engender responsibility for the children whose lives we are impacting. Meetings should be held monthly, or, ideally, weekly, chaired by the judicial officer and attended by parents’ attorneys, Assistant Attorneys General (AAG), social workers and their supervisors, and any guardians ad litem. These meetings should focus primarily on the system as a whole and serve to identify systemic positives—*i.e.*, things that are working well—and negatives—*i.e.*, things that need some work impacting each child’s case. No attorneys should be able to get coverage for a hearing except in extreme cases.
2. **Good People:** Effective case management requires the best team of people possible, who believe in their work and that they are improving children’s lives. They must be able to work together to achieve common goals even if their individual goals differ. Team members must necessarily be largely self-motivated and conscientious.
3. **Frequent Review Hearings:** Frequent review hearings are essential to complete cases at or near statutory timelines of 12–15 months. Judicial officers must regularly remind the parties of these timelines. The statutory minimum for in-court reviews is once every six months, but that is not adequate. Most studies done on this aspect of dependency cases indicate that the more frequent the judicial involvement, the better and quicker the outcomes.
4. **Collaborative Hearings:** The judicial officer and all parties should work in a non-adversarial manner to identify the family’s issues and needs and to develop a case plan in which the family is willing to participate.
 - a. Hearings should be run more like Family Treatment Court (*i.e.*, everyone working collaboratively toward the same goal). Effective advocacy need not be adversarial.
 - b. The team should involve the family (including extended family) in determining what is best for the children with respect to placement, services, and other aspects of the dependency.
 - c. Services, including visitation, should be offered early.
5. **Good Data:** Good data and meaningful reports generated from the data are also critical to managing these cases. At a minimum, county courts must produce periodic lists of all the children in each judicial officer’s caseload along with dates to establish how long the case has been in the system plus target dates

and timelines for completing the cases. The team should be able to readily identify slow or problem cases and apply extra attention to keep them moving properly. “Emphasis assignments” should occur at team meetings, focusing the team on any cases warranting particular attention. For example, the team may focus on kids who have been in the system for more than 12 months, are not in an “in-home” dependency, and are not awaiting a termination trial; or those children who do not have an identified father.

6. Elimination of Racial Disproportionality: Goals should be clearly stated to ensure that families of color have outcomes from dependency cases similar to families not of color.



EXPECTED RESULTS

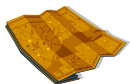
Results should indicate a substantially reduced time to adoption following termination of parental rights when the judicial officer who completed termination retained the case throughout the adoption proceeding.



HOW TO TRACK SUCCESS

The judicial officer must know baseline data points (*e.g.*, the number of reunifications in his or her county, the average length of continuances, and the level of racial disproportionality) from which to evaluate progress.

Monthly, quarterly, and yearly, the judicial officer or court’s case manager should carefully track new petitions filed for that judicial officer and compare those numbers to the number of cases resolved, completed, or dismissed during those same time frames. Over time these two numbers should be roughly the same. If the number of new petitions significantly outgrows the number of resolved cases, this should raise a red flag for any case manager, and immediate corrective steps should be taken.



ROAD MAP FOR GETTING IT DONE

An effective judicial case manager should motivate people, and meaningful reports can help with this task. Reports should be used to provide positive feedback and show the team that their hard work pays off. For example, share and discuss with the team a resolution report illustrating that they resolved a target number of cases in a particular month, emphasizing the number of children who were successfully reunified with their parents.

Resources

Commissioner Royce Moe
Spokane County Superior Court
1116 W. Broadway Avenue
Spokane, WA 99260
509-477-5702
rmoe@spokanecounty.org
www.spokanecounty.org/superiorcourt

Judge James Triplet
Spokane County Superior Court
1116 W. Broadway Avenue
Spokane, WA 99260
509-477-5713
jtriplet@spokanecounty.org
www.spokanecounty.org/superiorcourt

Craig Smith
Smith & Hemingway Inc.
1519 W Broadway Avenue
Spokane, Washington 99201
509-328-5550
craig@smithhemingway.com

References

Trudy Festinger & Rachel Pratt, *Speeding Adoptions: An Evaluation of the Effects of Judicial Continuity*, 26 SOC. WORK RES. 217 (2002).

Mark E. Courtney & Joan Blakey, *Examination of the Impact of Increased Court Review on Permanency Outcomes for Abused and Neglected Children*, 41 FAM. CT. REV. 471 (2003).

SHIRLEY DOBBIN, ET AL., NAT'L COUNCIL OF JUVENILE & FAMILY COURT JUDGES, JUDICIAL WORKLOAD IN WASHINGTON STATE DEPENDENCY CASES (2010), available at <http://www.ncjfcj.org/sites/default/files/Judicial%20Workload%20WA%20State%20Report%202010.pdf>.

Meekyung Han, et al., *The Challenges to Promoting Collaboration Between Child Protection Services Workers and Court Professionals: An Exploratory Study of Case Records*, 1 J. PUB. CHILD WELFARE 115 (2007).

Frank E. Vandervort, et al., *Legal Ethics and High Child Welfare Worker Turnover: An Unexplored Connection*, 30 Child. & Youth Services Rev. 845 (2008).

Establishing Paternity Early

Establishing paternity early has been shown to have a very positive impact on dependency case outcomes and on outcomes for children. There are many innovative ways to establish paternity early.

Additionally, nonresident fathers who are engaged early in the dependency process are more likely to become involved fathers. Children with involved, nonresident fathers are reunified more quickly and at a higher rate than children with an uninvolved nonresident father. This is true even when the child is reunified with the mother. These children are also less likely to re-enter the system.

A father's involvement is also associated with improving the child's well-being and with lower levels of behavior problems.

Cost: \$

Evidence Base:



KEY PRINCIPLES

There are a number of issues related to establishing paternity faced by courts in dependency cases, including:

- Fathers who are incarcerated;
- Mothers who may be reluctant to start paternity actions;
- Fathers who may be reluctant or unable to pay support;
- Delays associated with scheduling paternity testing;
- Difficulty getting the child to the support enforcement office or testing facility;
- Reconciling the dependency statute's definition of parent (limiting the definition of "parent" to biological or adoptive parents) with the Uniform Parentage Act which may not always require a genetic test to prove that the father is the biological father; and
- Delays in receiving effective referrals for paternity testing or failure to follow through by the parties when the referral is made.

There are costs associated with delayed testing. For example:

- Costs for court-appointed attorneys for alleged fathers;
- In cases where there are multiple alleged-fathers, the expense (*e.g.*, services, court time, and visitation costs) associated with representation of alleged fathers who are later determined to not be the father;
- In counties where alleged fathers are not appointed attorneys, there are costs associated with extra court time, hearings, and potential appeals;
- Foster care costs associated with delayed relative placements; and
- Extra costs associated with delayed reunification and permanency planning.

The Uniform Parentage Act (UPA) is the sole means of establishing paternity under Washington law and is the preferred way to resolve paternity issues in dependency cases. However, there are occasions, where evidence regarding paternity outside of a UPA action may be of assistance to establishing who the parties are in a dependency case. Some alternatives used by courts have included:

- A court can order DSHS or the Attorney General's Office to pay for testing through separate contracts with labs;
- The court or county can pay for testing through a private contract; or
- The court could utilize paternity affidavits.

It is important to remember to give attention to both the dependency court's need to establish who the biological father of the child is, and the legal rights and obligations under the UPA which may not be resolved by a finding of a paternity in the dependency case. It is best to resolve both actions contemporaneously when possible and to give careful consideration to the long term impact of testing outside the UPA when such consideration is necessary.



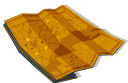
EXPECTED RESULTS

1. Nonresident fathers who are engaged early in the dependency process are more likely to become involved fathers.
2. Children with involved nonresident fathers will be reunified more quickly and at a higher rate than children with an uninvolved nonresident father (even in cases in which the child is reunified with the mother).
3. The same children are less likely to re-enter the system.
4. A father's involvement is also associated with children's well-being and with lower levels of behavior problems.



HOW TO TRACK SUCCESS

Success can be measured by a reduction in the time to establish paternity when paternity is a question.



ROAD MAP FOR GETTING IT DONE

There are a variety of approaches to securing paternity results early:

1. Whatcom County. Testing can be done through two pathways: (1) via the prosecutor's office or (2) through a parent's attorney's office that has a contract with an area lab. When testing is done through the parent's attorney's office, results are back within 10 days.
2. Spokane County. In cases where the prosecutor's office declines to test an alleged father, DSHS may provide the testing through a separate contract with a lab. These test results return in one to two weeks.
3. Snohomish, King, and Thurston Counties. Through collaborative efforts with the Child Support Enforcement Division of the Attorney General's Office, these counties have established shorter test times (two to three weeks).
4. San Diego, California. Responsibility for testing is taken on by the juvenile court. The court contracts with a DNA lab and schedules testing with parties in court at the shelter care hearing. Depending on the emergent nature of the case, the swabbing can be performed by the trained clerks at the courthouse. Test results are consistently available in one to two weeks.

Resources

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kokemaui@yahoo.com

References

Leonard P. Edwards, *Engaging Fathers in the Child Protection Process: The Judicial Role*, in *ADVOCATING FOR NONRESIDENT FATHERS IN CHILD WELFARE CASES* (Claire S. Chiamulera ed., 2009), *available at* http://www.americanbar.org/content/dam/aba/migrated/child/PublicDocuments/advocating_for_non_resident_fathers_book.authcheckdam.pdf.

KARIN MALM, JULIE MURRAY, & ROB GREEN, WHAT ABOUT THE DADS? CHILD WELFARE AGENCIES' EFFORTS TO IDENTIFY, LOCATE AND INVOLVE NONRESIDENT FATHERS (2006), *available at* <http://www.urban.org/url.cfm?ID=411316>.

Jennifer L. Bellamy, *A National Study of Male Involvement Among Families in Contact with the Child Welfare System*, 14 *CHILD MALTREATMENT* 255 (2009).

HENRY CHEN, KARIN MALM, & ERICA ZIELEWSKI, MORE ABOUT THE DADS: EXPLORING ASSOCIATIONS BETWEEN NONRESIDENT FATHER INVOLVEMENT AND CHILD WELFARE CASE OUTCOMES (2008), *available at* <http://aspe.hhs.gov/hsp/08/moreaboutdads/report.pdf>.

NAT'L QUALITY IMPROVEMENT CTR. ON NON-RESIDENT FATHERS & THE CHILD WELFARE SYS., IDENTIFYING AND LOCATING NONCUSTODIAL FATHERS IN CHILD PROTECTION CASES: JUDICIAL BENCH CARD (2011), *available at* http://site.americanhumane.org/fatherhooddocs/engaging_fathers_judge_card3.pdf.

Family and Sibling Visits

The primary goals of family visits are to meet the developmental needs of the child, mitigate the trauma of placement, and support and maintain the parent/child and family relationship. Additionally, family visits offer opportunities for parents to practice and demonstrate parenting skills, which helps case workers assess parents' progress toward correcting deficiencies.

Cost: \$

Evidence Base:



Visitation should be part of a larger case plan and strategy for working with a family. It should be coordinated with the other services that are part of the case plan, such as counseling for the child and/or parents, services to address parenting deficiencies, and substance abuse treatment.

Service providers should supply specific information or treatment approaches to be taught to the parent, and parents should be coached on these approaches during visits. Visits are a time for practice with feedback and should eventually be used to assess the parent's ability to safely care for their children. In order to make the most of visits, families need to be prepared for the purpose of visits, know what is expected during visits, and understand how visits may change over time in length and frequency.



KEY PRINCIPLES

Guiding principles judicial officers should keep in mind when developing child visitation plans include the following:

- Visits should always be safe and non-traumatizing and encourage healthy attachment.
- First visits should be timely, ideally within 48 hours of the initial removal of the child.
- Child development and parenting skill acquisition should be kept in mind and supported.
- The child's needs take precedence, although with good planning the needs of all involved parties can usually be met.
- Family culture should be respected and encouraged.
- The type of alleged abuse will dictate level of supervision needed and the location of the visit.
- Siblings who are not placed together must be provided visits with each other. These visits may also include the parents.
- The level of supervision, frequency and length of visits, location, and level of parental responsibilities should change as the family makes progress over the course of the dependency.
- Frequency of visits should be determined by the child's developmental and attachment needs: the younger the child, the more frequent contact is needed (*e.g.*, infants should receive three to five visits with a parent per week). (Wentz, 2010)

Why use family visit plans:

- *Greater likelihood of regular, frequent, successful visits*
- *Greater likelihood of reunification*
- *Shorter stays in out-of-home care*
- *Overall improved well-being and positive adjustment to placement*

Issues to be monitored for a sibling visitation plan include:

- Visit plans that do not meet the child's needs: The child, through words or behaviors, may indicate whom he or she would like to visit. If those requests are not addressed, the child has long commutes to the visit location, the child misses school, or visits are always in agency location that is not home-like, the visit plan may not produce positive results.
- Visit plans used as incentives for parents or children: If the parent cannot visit his or her child until treatment begins, visits are cancelled because the parent is late by a few minutes, the foster parent denies a child a visit due to undesirable behaviors, or parents cannot have visits until a specific number of clean drug tests, the goals of the visit plan may be undermined.
- Extreme physical or emotional reactions to visits: It is normal for children and adults to have strong reactions to visits. However, when the reactions are extreme or continuously strong such that they interfere with either party's daily life, the visit plan should be changed. Keep in mind there are many options available in altering a visit plan other than discontinuing all contact.



EXPECTED RESULTS

A well-developed visit plan that is appropriate for the needs of the family and the child will

- prepare the parent and child for successful visits;
- meet the child's developmental and attachment needs;
- allow the social worker to assess, observe, and teach safe parenting skills;
- allow the parent to demonstrate improved parenting; and
- allow for developmentally-appropriate responses to special issues, such as temper tantrums during or around the time of the visit.

Children who have regular, frequent contact with their family while in foster care experience

- a greater likelihood of reunification;
- shorter stays in out-of-home care;
- increased chances that the reunification will be lasting; and
- overall improved emotional well-being and positive adjustment to placement.



HOW TO TRACK SUCCESS

Visit plans are successful if they achieve the results identified above. To determine whether the results above are as anticipated, review the data (*e.g.*, reunification results, duration of stays in out-of-home care) for cases in which there is a fully developed visit plan in place for a certain period of time (*e.g.*, the first three months of a given year). Then, track the data for cases in which there is no visit plan in that same time period and compare it against the data points for the cases that do have visit plans in place.

Successful implementation of visit plans can also be determined if the visit plan and service plan are coordinated and the professionals involved inform each other of progress made by the families or make appropriate changes if progress is not occurring.

Resources

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<http://www.wentztraining.com/>

References

PARTNERS FOR OUR CHILDREN, FAMILY VISITATION IN CHILD WELFARE: HELPING CHILDREN COPE WITH SEPARATION WHILE IN FOSTER CARE (2011), *available at*
[http://www.partnersforourchildren.org/pocweb/userfiles/Best%20Practice%20Brief%20visitation%20final.pdf](http://www.partnersforourchildren.org/pocweb/userfiles/Best%20Practice%20Brief%20Brief%20visitation%20final.pdf).

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David E. Arredondo & Leonard P. Edwards, *Attachment, Bonding, and Reciprocal Connectedness: Limitations of Attachment Theory in the Juvenile and Family Court*, 2 J. CTR. FAMILIES, CHILD., & COURTS 109 (2000), *available at*
<http://www.chhs.ca.gov/initiatives/CAChildWelfareCouncil/Documents/109arredondo.pdf>.

Early Identification of Relative-Placement Options

The Fostering Connections to Success and Increasing Adoptions Act is federal legislation which requires the states to notify all relatives when children are removed. Under RCW 13.34.060(2) relatives are the preferred placement option for children when they cannot be placed at home. Relatives are defined by RCW 74.15.020(2)(a), but also can include other suitable persons as defined in RCW 13.34.130(1)(b).

Cost: \$

Evidence Base:



KEY PRINCIPLES

1. Relatives should be identified as early as possible to facilitate placements and support for the family.
2. Early on in a case, it is not uncommon for parents to be reluctant to identify family members. The inquiry by social workers should extend beyond only asking the parents to identify relatives. A thorough review of the file, use of the Internet, and asking other known relatives and family supporters should also be done. Formal family-finding techniques may also be used.



EXPECTED RESULTS

Increased resources for visitation, increased numbers of children placed with relatives, and decreased numbers of children aging out of care are likely benefits to finding relatives early. Additionally, according to the California Evidence Based Clearinghouse, “[c]hild outcomes may include increased reunification rates, improved well-being, greater placement stability, transition out of the child welfare system, decreased re-entry rates, and stronger sense of belonging for children.”

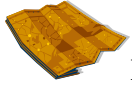
“[D]uring focus groups, some birth parents expressed an understanding of the need to have “a back-up plan” should reunification efforts fail, and their role in the identification of relatives and other supports empowered them in making plans for their child.”

Karin Malm & Tiffany Allen



HOW TO TRACK SUCCESS

The most basic measure of success is an increase in the number of children placed with relatives. Other possible outcomes to measure include an increase in the average number of visits the court is able to order as a result of increased visitation, and a decrease in the number of children aging out of care.



ROAD MAP FOR GETTING IT DONE

Identify stakeholders who can impact early identification of relatives



Consider enlisting family-finding organizations for training and technical assistance



Use shelter care and other court hearings to confirm that relatives are being identified in a timely fashion

Resources

National Institute for Permanent Family Connectedness
6925 Chabot Road
Oakland, CA 94618
510-654-4004
<http://www.senecacenter.org/familyconnectedness>

References

Karin Malm & Tiffany Allen, *Family Finding: Does Implementation Differ When Serving Different Child Welfare Populations?*, CHILD TRENDS (2011), http://www.childtrends.org/Files//Child_Trends-2011_10_17_RB_FamilyFinding.pdf.

CAL. EVIDENCE BASED CLEARING HOUSE FOR CHILD WELFARE, FAMILY FINDING, <http://www.cebc4cw.org/program/family-finding/> (last visited Nov. 10, 2012).

Tables of Ten

A Table of Ten is an intervention designed by the University of Washington School of Law's Court Improvement Training Academy (CITA) to promote the growth of learning communities in child welfare legal systems at the county level.

Although a Table of Ten addresses concrete issues in its respective systems, the intervention itself is predominantly intended to develop a learning community that can address a variety of issues facing the system rather than to provide a solution to a single problem.

Cost: \$\$

Evidence Base: 



KEY PRINCIPLES

1. Tables of Ten are comprised of ten self-selected individuals from a given county interested in improving the local child welfare legal system.
2. The group is multidisciplinary in nature and typically consists of a judicial officer, an assistant attorney general, a parent's attorney, a guardian ad litem or CASA manager, a Children's Administration representative, and others invested in child welfare in the community.
3. Tables of Ten create solutions designed to address system needs as perceived by those within the system rather than attempting to resolve issues through a pre-formed set of universal norms imposed by those outside the local community.
4. Tables of Ten are encouraged to view issues through a systems-thinking lens. No one part of the system is either the sole source of the problem, nor is it the only entity with the solution.

Why have a Table of Ten in your county:

- *To provide a structure to address your county's child welfare system needs in an ongoing manner.*
- *To increase collaboration and communication between the multidisciplinary players in the system.*



EXPECTED RESULTS

A Table of Ten is a results-oriented intervention. The learning community (*i.e.*, the Table of Ten in a particular county) defines the result it seeks, and it is encouraged to monitor both objective and subjective change in the system. The combination of clear, systemic values and an eye toward measurable change allows for sustained efforts across multiple disciplines and through a variety of interconnected systems.



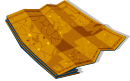
HOW TO TRACK SUCCESS

Each Table of Ten defines the result it seeks and monitors both objective and subjective change in the system. If the actions taken by the community are not producing the desired results, the Table of Ten is encouraged to adapt the actions based on the new information and to continue to monitor the results.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

Tables of Ten have been conducted in Stevens/Ferry Counties, Skagit County, Whatcom County, Thurston County, Lewis County, Kitsap County, Snohomish County, Grant County, Yakima County, and Grays Harbor County, and the Quinault Tribal Court.



ROAD MAP FOR GETTING IT DONE

1. Gather ten to twelve members of the child welfare community in the county who are interested and willing to be on the Table of Ten.
2. Invite CITA to your county to train and support your Table of Ten.
3. The group is initially invited to a highly interactive two-day workshop focused on developing a clear picture of how the county's dependency system is functioning and ways in which it might be improved. Tools from process management, systems thinking, complexity science, and implementation science are all part of the experience that results in a plan for moving forward. Generally, improvements are attained within existing resources and structures.
4. Tables of Ten are encouraged to meet on a regular basis to continue to develop and monitor their plans.
5. CITA will continue to provide technical and training support on an as-needed basis.

Resources

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www.uwcita.org

References

TIM JAASKO-FISHER, COURT IMPROVEMENT TRAINING ACAD., TABLES OF TEN (2009)
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Local Parent Advocacy Committees

Many Washington counties (including Clark, Yakima, Snohomish, King, and Spokane) have developed Local Parent Advocacy Committees (Local PACs). In addition to the involvement of veteran parents (*i.e.*, parents who have successfully navigated the child welfare system and reunified with their children), membership often includes judicial officers, child welfare agency personnel, parents' attorneys, assistant attorneys general, Court-Appointed Special Advocates (CASA)/guardians ad litem, community service providers, or foster parents.

Cost: \$\$

Evidence Base:



Local PACS provide a forum for encouraging best practices in local child welfare policy by including parents' voices in the process. Such inclusion can allow new insight for local child welfare communities, strengthen parents and families currently involved in the child welfare system, and promote improved outcomes for children and families.



KEY PRINCIPLES

1. Parents are key parties in these cases, and the system must be inclusive.
2. Regular meetings with parents will allow stakeholders to learn from parents' experiences.
3. Veteran parents are a necessary component to making the child welfare system function more successfully.
4. Encouragement of multi-discipline collaboration through a Local PAC can lead to a better functioning county dependency system.



EXPECTED RESULTS

Local PACS bring the parent voice into the development of local child welfare practice. Local PACS promote improved outcomes for children and parents involved in the dependency system by encouraging veteran parent involvement in Parent Mentoring Programs, multi-disciplinary trainings, and public awareness activities that strengthen and support children and families.

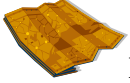
Why create a Local PAC:

- *Multi-disciplinary collaboration between stakeholders leads to a better functioning county system*
- *Utilizing the knowledge of parents who have been successful promotes improved outcomes for children and families*



HOW TO TRACK SUCCESS

Courts can receive reports anecdotally from stakeholders as to whether they better understand the barriers faced by children and parents involved in the child welfare system. Courts can also survey successful parents as to the level of support they found while participating in the dependency court system and whether specific barriers to success remained at the same levels as prior to the implementation of the Local PAC. Stakeholders can also track whether there are improved child welfare case outcomes.



ROAD MAP FOR GETTING IT DONE

Identify stakeholders consisting of key constituent groups from the dependency court system to participate in a Local PAC, including recruiting successful veteran parents.

Resources

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References

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Youth Engagement

Effective dependency case management requires reliable professionals who care about kids. Most youth want to be heard and have a part in decision-making, especially when life-altering decisions are being made. They have opinions and ideas which need to be taken into consideration by judicial officers and case workers. Many feel like failures or invisible rather than in control of their future. Courts can help improve this situation for youth by giving them the feeling they are being listened to. Engaging youth at each stage in the dependency process can improve outcomes for youth and reduce issues such as running from placement and failure of the youth to comply with court orders.

Cost: \$

Evidence Base:



Moreover, comments to Washington State Rule of Professional Conduct 1.14, *Client with Diminished Capacity*, provide insights into the role of youth in dependency matters: “[A] client with diminished capacity often has the ability to understand, deliberate upon, and reach conclusions about matters affecting the client’s own well-being. For example, children as young as five or six years of age, and certainly those of ten or twelve, are regarded as having opinions that are entitled to weight in legal proceedings concerning their custody.”



KEY PRINCIPLES

1. Youth should be at the center of hearings and offered opportunities to directly share their knowledge and input.
2. Youth should understand the legal language being used (*e.g.*, permanency, termination of parental rights, emancipation, and transitional plan). Using plain language can help the court achieve this goal.
3. Youth should be taken seriously, and their perspectives and wishes should be recognized even when the judicial officer does not agree or cannot meet their personal goals.
4. Youth should receive information about hearings, and if it is not possible for them to attend, they should be offered alternative methods for engagement such as video conferencing, calling in, writing a letter of explanation (accompanied by notification that the letter may be shared with those present in the courtroom), or a chance to talk with the judicial officer in chambers.
5. Youth achievements should be recognized along with areas of work needed—if a judicial officer sets the bar high, the youth will reach for it (*e.g.*, graduation from high school, then plans for college or career planning).

By including the youth in decision-making, judicial officers are empowering youth to have sense of control over their lives.



EXPECTED RESULTS

Having a youth at his or her hearing(s) allows him or her to share in decision-making and hear about the decisions being made for his or her life. It also gives the judicial officer an opportunity to view the youth as a person rather than a case number. The youth can share where the youth wants to live (possibly reducing the chance he or she will run away from placement), and the youth can engage in discussions about his or

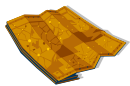
her placement options and why the youth is being placed where he or she is being placed (*e.g.*, a group home versus a foster home).

The youth can also share where he or she wants to go to school; concerns about medications, visitations, and opportunities for normalcy; and much more. By including the youth in decision-making, judicial officers are enabling youth to have sense of control over their lives—which is very important to many foster youth who may feel they have no control over their lives. Along the way, not only will they gain empowering skills, they will also learn about the court process. Social workers, lawyers, judicial officers, and advocates should prepare youth for the potentially emotionally intense experience at their hearing(s), which may result in healing and empowerment through having their voices heard in the courtroom.



HOW TO TRACK SUCCESS

Youth will feel included in decision-making in their cases, and judicial officers will feel they have taken time to personally get to know youth on their caseloads.



ROAD MAP FOR GETTING IT DONE

If a youth lacks interest in participation, time should be taken to fully discuss the ramifications and importance of speaking up. If a youth cannot attend, the judicial officer should make inquiries to determine the barriers to the youth's attendance (*e.g.*, hearings scheduled during the school day).

Ensure that

- youth understand their rights;
- youth understand legal terminology, terms of art, and court process;
- attorneys stress importance of attending hearings;
- barriers to youth attending hearings are remedied; and
- you as a judicial officer get to personally know youth on your caseload.

Additionally, incorporate the following key practices in dependency actions:

- *Change in Placement/Change in School*: Explore options that would allow foster care children to avoid changing placements and schools. If change is inevitable, make sure children and youth are informed there will be a change and the reasons for the change.
- *Educational Expectations*: Regularly inquire of children and youth whether their educational needs are being met and whether they are meeting progress goals set for them. Confirm with the child or youth whether they are meeting attendance expectations, but also engage them in dialogue with respect to their hopes concerning higher education. Take advantage of opportunities to praise youth and children for progress they have made and goals they have met.
- *Healthcare*: Physical, mental, and emotional issues can impair a young person's ability to learn and engage in court processes, so ensure the healthcare needs of children and youth are being met. Also consider ordering evaluations for special education services and eligibility for various services. Ask the parties whether an Individualized Education Plan (IEP) is in place.

- *Normalcy*: Ensuring a young person has an opportunity to pursue typical life experiences while in foster care or during dependency actions can foster youth engagement. Ask the parties whether the young person has access to age-appropriate extracurricular enrichment and social activities.
- *Transitioning Out of the Court System*: If a young person will transition out of the court system, the dependency must continue until the judicial officer has reviewed the transitional plan with the young person. Explicitly ask the young person whether the transitional plan has been explained and whether he or she has any questions. Also confirm whether the young person has all pertinent documents in order or can access them quickly. These documents include but are not limited to a social security card, a birth certificate, and cards for extended Medicaid services.

Resources

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References

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<http://www.casey.org/Resources/Publications/pdf/AskingQuestions.pdf>.

Parent Peer Mentoring

Parent peer mentoring programs, such as the program in Pierce County, provide emotional support and education to parents currently involved in the child welfare system. Veteran parents are parents who have successfully navigated the child welfare system and reunified with their children. They mentor parents currently involved in the system. Programs vary greatly between counties. As one example, in Pierce County, trained veteran parents typically meet parents at initial shelter care hearings and encourage them to attend a Dependency 101 class, which teaches them about the child welfare system (discussed in further detail in the section *Dependency 101*).

Cost: \$

Evidence Base: 

Veteran parent peer mentoring programs can instill hope for parents currently navigating the child welfare system by demonstrating that they can be successful and can help parents engage in the case plan. When parents are mentored by veteran parents who have “been in their shoes,” parents may be less defensive, more knowledgeable about the dependency system, and better able to focus on addressing problems. Counties with parent mentoring and support groups include Clallam, Clark, King, Kitsap, Pacific, Pierce, Snohomish, Spokane, Thurston, and Yakima.



KEY PRINCIPLES

1. Veteran parents may encourage attendance at a Dependency 101 class and help assure an understanding of the court process.
2. Veteran parents help currently court-involved parents connect with resources and engage in the case plan.
3. Parents are instilled with hope and may be able to better engage in their case plan when they are mentored by someone who has walked the same path they are walking.

Why create a veteran parent group:

When mentored by a veteran parent, parents navigating the child welfare system can be instilled with hope and may be better equipped to focus on addressing problems.



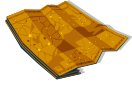
EXPECTED RESULTS

A study of King County’s program found that in some cases parents supported by other veteran parents impacted parents’ attendance at court hearings, compliance with court order visitation, and compliance with the case plan. Additionally, some research indicates that increasing parental engagement helps to increase the rates and timeliness of reunification.



HOW TO TRACK SUCCESS

Court orders from prior to and following the implementation of a Veteran Parent Program can compare identified outcomes such as compliance with visitation and case plan and attendance at court hearings. Parents may also be surveyed to determine whether there is a change in their knowledge and perception of the dependency court system.



ROAD MAP FOR GETTING IT DONE

Counties can identify a stakeholder group interested in supporting this work. Individuals can reach out to successfully reunified parents to find those interested in mentoring. Counties can apply for grant funding to help support training, data gathering, stipends for volunteer veteran parents, and other costs associated with the program.

Resources

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References

STEVE WOOD, ET AL., NAT'L COUNCIL OF JUVENILE & FAMILY COURT JUDGES, PPCD RESEARCH REPORT: EVALUATION OF THE PARENT TO PARENT PROGRAM, KING COUNTY, WASHINGTON (2011), *available at* <http://www.ncjfcj.org/sites/default/files/Parent%20to%20Parent%20Process%20Evaluation.pdf>.

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Dependency 101

The initial stages of dependency can often be confusing for parents. For example, parents may be confused by the court process, unclear of who other participants are in court hearings, or unclear on what is expected of them. To resolve this issue, Dependency 101 programs provide parents with an orientation to the dependency system.

Cost: \$

Evidence Base:



Dependency 101 programs provide parents with necessary information so they can better understand the child welfare system. King County's Dependency 101 program is a two-hour, informational session that is taught by veteran parents (parents who have successfully navigated the child welfare system and reunified with their children) and stakeholders. Kitsap County Dependency 101 offers a two-hour class for parents recently involved with child welfare proceedings. The first hour consists of professionals such as a Department of Social and Health Services (DSHS) social worker, assistant attorney general, CASA/GAL, and parent's attorney explaining their roles, the basic court process, and how parents can work to move their case forward. Counties with a Family Treatment Court often have a representative explain this program during the class. The second half of the class involves veteran parents meeting parents recently involved with child welfare proceedings to share stories of success, answer questions, and provide support. Counties currently offering Dependency 101 include Grays Harbor, Island, King, Kitsap, Pacific, Pierce, Skagit, Snohomish, Spokane, and Yakima.



KEY PRINCIPLES

Dependency 101 programs

1. educate parents about the dependency system;
2. help facilitate collaboration between parents and Child Protective Services;
3. provide parents with necessary tools and resources; and
4. empower parents so that they can more quickly engage in the case plan and court process.

Why create a Dependency 101 program:

- *Parents better understand the court process and the roles of participants.*
- *Motivated parents can more successfully engage in the case plan and court process when they understand it better.*



EXPECTED RESULTS

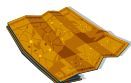
A 2011 study of King County's Parent to Parent Program found that attendance at Dependency 101 significantly changed parent perceptions of the child welfare process. Surveyed parents indicated that as a result of attending a Dependency 101 program, they were more likely to trust Child Protective Services (CPS), be aware of the issues they needed to address to reunify with their children, and better understood the roles of professionals in the dependency system. A follow-up study found that mothers and fathers who attended Dependency 101 were more likely to be in compliance at the first review and permanency planning hearing. (Note, however, that the difference for fathers, but not mothers, was statistically significant.) Parents who participated in Dependency 101 programs were also more likely to be in compliance with

court-ordered visitation at the first review hearing, and mothers who attended Dependency 101 programs were more likely to attend court hearings generally.



HOW TO TRACK SUCCESS

Courts can receive feedback anecdotally or in survey form as to whether parents have a better understanding of the court process and stakeholders' roles and responsibilities, modeling questions referenced in the King County July 2011 Evaluation. Courts can also track attendance and outcomes comparing individuals who did or did not attend Dependency 101 programs, such as those referenced in the King County Outcomes Evaluation.



ROAD MAP FOR GETTING IT DONE

Identify a stakeholder group comprised of participants in the court process. Collect and distribute handouts describing the court process, including a typical dependency timeline, definitions of court hearings, and typical acronyms used by child welfare personnel. Invite veteran parents to either lead or be a key component in Dependency 101 programs. Veteran parents and court participants can then invite parents at shelter care hearings to attend a Dependency 101 program.

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Early Identification of Cases Involving Native American Families

Identifying whether a child is an Indian child is essential to ensure a judicial officer is able to meet the requirements of the Indian Child Welfare Act (ICWA). Additionally, early identification ensures that the Indian child will not be harmed by culturally inappropriate or illegal placements that must be interrupted at a later date to comply with ICWA or the Washington State Indian Child Welfare Act (WSICWA). “Historically, state courts and child welfare agencies have made a disproportionate number of removals of Indian children from their families and tribes, with placement of those children outside of their families, tribes, and Indian culture. Significant social problems developed from these violations of laws and rights and the cultural disorientation associated with the unwarranted relocation of Indian children.”⁴

Cost: \$

Evidence Base:



KEY PRINCIPLES

1. Judicial officers must provide clear expectations to counsel and social workers concerning their obligations to quickly determine whether the child is an Indian child or the parents have tribal affiliation.
2. Judicial officers must also provide leadership through dialogue from the bench about determining Native American ancestry, if any, for every child in a dependency action.
3. Judicial officers must ensure there is enough time during hearings for this inquiry and be prepared to set additional hearings for further discussion if unsatisfied with the answers provided.
4. Relationships between states and tribes deteriorate when a state forgets to provide or delays providing notice to tribes regarding dependency cases in involving Native American families.
5. Judicial officers should be sensitive to any concerns from parents about any belief of discrimination or bias against either parent. Some Native parents do not want their tribe involved. Some non-Native parents do not want a Tribe involved because of perceived bias against them. Judicial officers need to have this discussion so that any concerns can be addressed.



EXPECTED RESULTS

The Department of Social and Health Services (DSHS) will make a more concerted effort to investigate Native American status of children and both parents prior to court intervention. This is also true in the case of voluntary service agreements. Early and accurate determination of (1) Native American ancestry of children and parents, and (2) whether ICWA or WSICWA applies will prevent delayed permanency. Tribes will more often engage in the court process. Consequently, they may be better able to provide resources to the child or family.

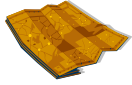


HOW TO TRACK SUCCESS

Indicators of success include the following:

⁴ CHILD. ADMIN., INDIAN CHILD WELFARE MANUAL (2012), http://www.dshs.wa.gov/ca/pubs/mnl_icw/chapter1.asp.

- Few cases stalled or delayed to determine Native American status;
- More tribal involvement, participation, and provision of culturally-appropriate services to families; and
- More active and cooperative relationships between tribes and state courts.



ROAD MAP FOR GETTING IT DONE

1. Identification must start in the Child Protective Services (CPS) process even before court involvement occurs. Verify at either the first hearing or the shelter care hearing that the social worker(s) involved have begun appropriate inquiries.
2. The judicial officer should set expectations with the local Department of Children and Family Service office that during voluntary service plans or non-emergent CPS investigations, both parents of every child must be interviewed about their Native American ancestry.
3. Every shelter care hearing should include questions from the bench of both parents about any possible Native American ancestry. DSHS has a form it asks parents to fill out, and judicial officers can require that this form be filled out in court. Judicial officers should explain why the information is necessary (*i.e.*, the law requires it, the child deserves to be connected to their tribe, and the tribe may have resources that could help the child and/or family). It is helpful to explain that special procedural rules apply because of the sovereign status of the tribe rather than the race of the child, and the child and family will not be treated differently because of their race. (If your court does not require shelter care hearings (agreed or not) to be on the record, it is a good idea to have these hearings on the record nonetheless to evidence compliance with ICWA and related laws.)
4. Inquiry concerning the family's ancestry must include the paternal side of the family. If the father is unknown, there cannot be an adequate finding about whether ICWA/WSICWA applies. Judicial officers can set show cause hearings, if necessary, if Native American heritage is not determined early on.
5. At every state of a dependency, the dialogue must continue because findings must be made under the ICWA/WSICWA when signing shelter care, fact-finding, and review/permanency planning review orders. Consequently, the judicial officer should continue to inquire at every hearing whether (1) efforts have been made to determine whether ICWA or WSICWA apply and (2) what efforts have been made to resolve any uncertainties.

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Engaging the Native American Community in the Court Process

Judicial officers are accustomed to being leaders in their courtrooms. That hierarchical structure may offend some tribes or Native American communities. It is important to have an understanding of basic tribal structures and customs so that the tribe and Native American communities involved with the child and family in a state court will be willing to fully participate in the process. These structures and customs are not uniform among various tribes and Native American communities.

Cost: \$

Evidence Base: 



KEY PRINCIPLES

- Effective communication
- Productive and timely information sharing with tribes and Native American communities
- Designated “expert” judicial officer



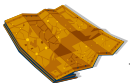
EXPECTED RESULTS

- Tribes will participate in court hearings at unprecedented levels.
- Tribes will participate in case planning at unprecedented levels.
- Trust and relationships will improve among state and tribal courts.



HOW TO TRACK SUCCESS

- Tribes participate at every stage in the proceeding so there are no surprises at permanency planning or later stages of the case for either the state court or the tribe.
- More tribal involvement, participation, and provision of culturally-appropriate services to families.
- More active and cooperative relationships between tribal and state courts.



ROAD MAP FOR GETTING IT DONE

Most of the communication and collaboration about case planning should be directed to the social service agency. Consistent and shared practices between the local social service agency and tribal social services strengthens relationships, increases local social worker knowledge of tribal child welfare services and resources, and provides greater familiarity with active effort requirements. This recommended best practice, however, speaks to the role of the court in engaging tribes or Native American community members in the court process.

The best practice is for each superior court to have a designated judicial officer to handle all Indian Child Welfare Act cases. The level of consistency and expertise created by a designated judicial officer will

establish a clear point of communication for any tribe or Native American community that wishes to participate in a state case.

Each time a tribe legally intervenes in a state court case, that tribe should receive a letter from the court explaining the process for participating in the State case (with copies sent to all other parties). A sample letter for this purpose is included in the Appendix to this report. Since many tribes are hundreds of miles away and in different time zones, the process by which the tribe may participate by phone should be clearly defined in a letter from the court to the tribe. This direct communication shows a level of respect to the sovereign nature of the intervening tribe rather than the court simply communicating through the local social service agency. Intervening tribes are much more likely to participate in each review and motion hearing if it is clear how that participation will occur.

At each court hearing, the judicial officer should inquire of the participating tribe if they have been involved in the case planning. The court should ask the participating tribe if there are

- any social or cultural considerations to be aware of in approving a case plan and court order;
- any tribal resources, including elders within the community, that may be helpful to a child and the family; and
- any barriers to permanency that the tribe knows about.

It is important to have direct communication about the tribe's position on adoption (if appropriate for the case) and not avoid that topic until a late stage of the case. The judicial officer can respectfully inform the tribe that state law requires the state court to consider all available permanency planning options under RCW 13.34 and make a determination about the Indian child's best interests. The state court cannot ignore one of the legislature's listed permanent plans for dependent children.

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References


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Pauline Turner Strong, *What is an Indian Family? The Indian Child Welfare Act and the Renascence of Tribal Sovereignty*, 46 AM. STUD. 205 (2005).

Youth Representation

Washington State has no statutory authority that guarantees children and youth a right to counsel in child welfare cases (*i.e.*, dependency and termination of parental rights proceedings). However, three recent developments have bearing on judicial officers' decisions to assign counsel to children in dependencies: (1) the Washington Supreme Court decision *In re Dependency of M.S.R.*, 174 Wn.2d 1, 271 P.3d 234 (2012); (2) the ongoing Best Practice Model of Representation study by the National Quality Improvement Center for the Representation of Children in the Child Welfare System (QIC-ChildRep);⁵ and (3) the development of proposed recommendations regarding practice standards for attorneys representing youth in proceedings under RCW 13.34.

Cost: \$\$\$

Evidence Base: 

(1) *In re Dependency of M.S.R.*, 174 Wn.2d 1, 271 P.3d 234 (2012).

While this case may have raised more questions than it answered, two clear rulings emerged:⁶ (1) Under a federal constitutional analysis, children have at least as strong a right to counsel as parents in termination of parental rights cases; however, (2) the right to counsel is not universal and can be decided on a case-by-case basis using the long-standing *Mathews v. Eldridge* test.⁷

(2) The National Quality Improvement Center for the Representation of Children in the Child Welfare System (QIC-ChildRep) at the University of Michigan Law School

QIC-ChildRep received a grant to improve representation for children and youth in child welfare cases. Over one hundred attorneys in Washington who represent children in child welfare cases are participating in a groundbreaking research study through 2015 utilizing the QIC-ChildRep Best Practice Model of Representation. A team from Chapin Hall at the University of Chicago will evaluate how the representation model affects outcomes for youth involved in the child welfare system.

(3) The Children's Representation Workgroup's proposed recommendations regarding practice standards for attorneys representing youth in proceedings under RCW 13.34



KEY PRINCIPLES.

(1) The *M.S.R.* analysis strongly articulates children's interest in the appointment of counsel and distinguishes sharply between the roles of GALs and stated interest lawyers. The strong language in the

⁵ The Center for Children & Youth Justice coordinates the study, on behalf of the Washington State Supreme Court Commission on Children in Foster Care. Project partners include the Washington State Office of Civil Legal Aid, the University of Washington School of Law's Court Improvement Training Academy, and the Washington State Center for Court Research.

⁶ The *M.S.R.* facts may muddy the holding: The mother of twin, eight-year-old boys moved that her children be permitted to testify. (She did not move for appointment of counsel for them.) The assistant attorney general (AAG) and the boys' guardian ad litem (GAL) opposed having the children testify, and the GAL offered that the children would say that "they did not want to lose their mother." The court granted the AAG's *motion in limine*, and the children did not testify. The mother lost at trial, and she appealed, contesting not only the substantive termination decision on the merits but also raising the issue of the children's right to counsel for the first time on appeal.

⁷ *Mathews v. Eldridge*, 424 U.S. 319 (1976).

analysis precipitated the court's holding that children have procedural due process rights when their parents' rights may be terminated.⁸

The court's reasoning does not seem to rest upon, nor in fact even much acknowledge, the importance of whether the child is over or under the age of 12, even as it references and upholds the statute which embraces the distinction between those under and over 12 years of age.⁹ That said, the court did uphold the state statute and now requires lower courts to make the appointment-of-counsel decisions on a case-by-case basis using the *Mathews* factors. While not explicit, the ruling appears to read RCW 13.34.100(6)(f) and Juvenile Court Rule 9.2(c) together to mean that any party may move for appointment of counsel of any child of whatever age and that the court on its own may decide whether to appoint.

It is important to note that the court refrained from ruling on whether the failure to appoint counsel for children violates the Washington Constitution. The court also limited its holding to termination of parental rights cases.

- (2) The QIC-ChildRep model outlines the key duties and activities of the child's attorney and the organizational and administrative supports that should be provided to the representative.

The QIC-ChildRep Project trains attorneys on a representation model that results in high-quality, effective representation to children involved in dependency and termination of parental rights proceedings. As a child's representative, the attorney strives to advocate, and listen to and counsel the child. Key elements of the QIC-ChildRep training include how to advocate effectively, develop case theory, enter the child's world, assess safety, advance case planning, and actively evaluate needs.

- (3) Similarly, the Children's Representation Workgroup developed practice standards that articulate the following: attorneys should (1) gain their clients' trust through age-appropriate communication; (2) communicate with their clients often and in person; (3) communicate regularly with other professionals involved in the case; (4) prepare their clients for court; (5) respect their clients' decision whether or not the client will attend; (6) advocate for appropriate and desired services; (7) explain any orders and their consequences after hearings; and (8) withdraw from representation upon final resolution of the case.

⁸ *M.S.R.* did not determine whether the current statutory scheme is constitutional in the dependency as opposed to the termination of parental rights context, *In re M.S.R.*, 174 Wn.2d at n.13; or whether the statute meets Washington State Constitutional standards, *id.* at n. 11.

⁹ Indeed, each child's circumstances will be different. An infant who cannot yet form, articulate, or otherwise express a position on any relevant issue will not benefit as much from the attorney/client privilege or from counsel's advocacy for the right to be heard at hearing as would a 10, 12, or 14 year old; there are, of course, many circumstances in between. Surely, under appropriate circumstances, an infant would be entitled to counsel, but we use the infant as an example to illustrate that the *Mathews* factors may weigh differently when applied to different children. Under RCW 13.34.100(6), the trial judge is permitted but not required to consider the issue of appointment of counsel. When the issue is properly raised under the statute, the trial judge, subject to review, should apply the *Mathews* factors to each child's individual and likely unique circumstances to determine if the statute and due process requires the appointment of counsel.

Id. at 21–22.



EXPECTED RESULTS

With regard to the QIC-ChildRep model, it is expected that attorneys who receive training and ongoing coaching provide representation that results in better outcomes for children. The study hopes to answer the following research questions:

1. Do attorneys credentialed (through training and coaching) in the QIC Best Practice Model of Child Representation provide better child representation than attorneys who are not credentialed?
2. Does the credentialed child representation improve safety, permanency, and the aspects of well-being most directly influenced by the child welfare system, or otherwise change the outcome or experience of children in the child welfare system?
3. What is it about the child's interaction with the child's legal representative that allows the child representation to be more effective in handling the case?
4. Do the answers to these questions vary by the age of the child? Race of the child? Abuse/neglect type? Permanency type?

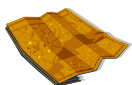
Why Consider Counsel for Children:

- *Explore the effectiveness of a model of children's representation which could inform standards of practice in Washington;*
- *Raise the standard of training and expectations of quality practice for children's attorneys across the State;*
- *Increase attention to the field of children's representation in child welfare cases; and*
- *Build an informed legal community to further the goal of improving outcomes for children and youth in the child welfare and dependency system.*



HOW TO TRACK SUCCESS

Chapin Hall is tracking success of the QIC-ChildRep model through multiple data sources which include administrative court data (SCOMIS), child welfare data (Fam-Link) and surveys that participating attorneys complete.



ROAD MAP FOR GETTING IT DONE

In re M.S.R.:

- Although the court seems to exempt dependencies from its holding (despite the fact that "dependency" is mentioned throughout the opinion), the prudent judicial officer should likely apply the *Mathews* analysis to any request for counsel for children and youth, without regard to the child's age and without regard to whether a parent, GAL, AAG or the child him/herself argues for counsel;
- Orders on such motions should specifically and fully address each of the three *Mathews* factors in the context of each individual child's case: (i) private interests at stake; (ii) the state's interests; and (iii) the risk that procedures used would lead to an erroneous decision.
- Courts should consider whether a child's due process rights might be infringed if a termination or any dependency proceeding were to go forward without the benefit of counsel, even if no party has moved for appointment of counsel. While it may be possible for a party to raise the issue for the first time on appeal, *M.S.R.* and subsequent unpublished cases attest that moving for appointment in a timely manner

at trial is the best approach, particularly to avoid any issues that might otherwise surface on appeal and ultimately lead to instability and uncertainty for the child.

If you are interested in learning more about the QIC-ChildRep Project, please contact Hathaway Burden at the Center for Children & Youth Justice.

With regard to the Children's Representation Workgroup report, judicial officers are encouraged to obtain a copy and review it to make sure that best practices are being followed.

Resources

Hathaway Burden
Center for Children & Youth Justice
615 2nd Avenue, Suite 275
Seattle, WA 98104
206-696-7503 Ext. 21
HCBurden@ccyj.org
www.ccyj.org

Lisa Kelly
Children and Youth Advocacy Clinic
University of Washington
William H. Gates Hall
Box 353020
Seattle, WA 98195-3020
206-685-1826
lisak2@uw.edu

Quality Improvement Center – Child Representation
www.improvechildrep.org

References

STATEWIDE CHILDREN'S REPRESENTATION WORKGROUP, MEANINGFUL LEGAL REPRESENTATION FOR CHILDREN AND YOUTH IN WASHINGTON'S CHILD WELFARE SYSTEM: STANDARDS OF PRACTICE, VOLUNTARY TRAINING, AND CASELOAD LIMITS IN RESPONSE TO H.B. 2735 (2010), *available at* http://www.naccchildlaw.org/resource/resmgr/news_items/meaningful_legal_representat.pdf.

ANDREW ZINN & JACK SLOWRIVER, EXPEDITING PERMANENCY: LEGAL REPRESENTATION FOR FOSTER CHILDREN IN PALM BEACH COUNTY (2008), *available at* http://www.chapinhall.org/sites/default/files/old_reports/428.pdf.

Appendix A: Sample Letter to Intervening Tribes

Date

Tribe
Address

RE: Children's Names
Spokane County Cause No.

Dear

The court signed an Order on Intervention in this case on _____. As an intervening party, this court wants to ensure that your Tribe can effectively and fully participate in the court process. Spokane County has one judicial officer assigned to all children who meet the definition of Indian Child under our State and Federal ICWAs.

Court hearings are on Tuesdays and begin at 9 a.m. Pacific Time. The court is equipped with speaker phones for your Tribe to call in when the hearing begins. If possible, your personal appearance is always welcome. As hearings are schedule in 15-30 minute intervals, it is important to call as close to the designated time as possible. If you receive a busy signal, please call back. The courtroom number is (509) 325-0477. After each hearing, it is the court's expectation that the Washington State Office of the Attorney General will send you a copy of the court's order which will include the next hearing date. You will receive an email (if available) from the court within two weeks of the next hearing with the actual time of the hearing.

The court hopes that your Tribe will participate in every hearing and send any written reports directly to the parties and the court. The court prefers to understand the Tribe's position directly from the Tribe.

To send information to the court – as long as it is sent to all the other parties as well – please contact Janell Grubb at (509) 477-3878 or jgrubb@spokanecounty.org. The court address is 1208 W. Mallon, Spokane, WA 99260. Upon receipt of this letter, please send Ms. Grubb an email address if you would like to get updates on the time of hearings from the court.

Sincerely,

Michelle Ressa
Spokane County Superior Court Commissioner

Part II

Excel Parent Mentoring and Support Group

The Excel Parent Mentoring and Support Group (EPM) is an opportunity for parents involved in dependency actions to come together to gain education, hope, and motivation. EPM was developed by a Parents Representation Program (PRP) contracted social worker with support from the Washington State Office of Public Defense (OPD). EPM provides a safe environment which provides support information to parents so that they become active participants in their dependency process.

EPM

- Is often co-facilitated by a PRP-contracted social worker and a parent who has been or is currently involved in the child welfare system;
- Is held on a weekly, bi-monthly, or monthly basis depending on the number of parents needing the service;
- Is currently active and has demonstrated successful attendance in Grays Harbor and Thurston Counties; and
- Has been recently implemented in Grant and Pierce Counties. Other PRP counties are expected to follow within the next year.

EPM is typically made available through the PRP-contracted social worker for families early in the dependency process. PRP attorneys, Children's Administration social workers, OPD attorneys, and service providers can refer parents to the service. Parents can self-refer and, in some instances, judicial officers have also encouraged parents to participate in EPM.

EPM provides tools for parents to successfully navigate the child welfare system and dependency process. A curriculum covers 20 topics focusing on engagement in the dependency system through skill-building to address disagreements or barriers in a solution-focused manner while advocating for their needs. Parents gain a better understanding of the dependency process and the importance of positively and effectively addressing their parenting deficiencies.



KEY PRINCIPLES

1. Parents who have a clear understanding of the dependency system will make better choices about active and full participation in their case plan.
2. Parents who are active participants will have successful and timely resolution of dependency cases.
3. PRP-contracted attorneys and social workers have unique leverage to develop relationships and motivate parents to become active participants in their dependency cases.
4. Parents in the dependency system are often overwhelmed and confused about what is expected of them. EPM provides parents a safe environment to discuss their confusion, fears, and lack of understanding about the dependency process.
5. Parents feel supported and encouraged by other parents who are going through or have gone through the dependency process.

Why start an EPM group in your county?

- *EPM educates parents about the dependency system;*
- *EPM leads to parental engagement with the case plan; and*
- *Early parent participation leads to successful and timely resolution of dependency cases.*



EXPECTED RESULTS

Parents who have participated in EPM report great benefits from the support and education they have received. They become active participants in case plans demonstrating improved engagement in services and visitation, as well as communication with their attorneys, Children's Administration social workers, and other professionals. Parents learn necessary skills in order to successfully advocate for themselves while resolving disagreements in a solution-focused approach.



HOW TO TRACK SUCCESS

Success can be measured both qualitatively and quantitatively. Parents in EPM are surveyed about their experiences in the group. Research, using control groups, is expected to be implemented when the program becomes active and fully implemented in three or more counties.

Resources

Michael Heard
Washington State Office of Public Defense
Parent Representation Program
Evergreen Plaza Building
711 Capitol Way S., Suite 106
PO Box 40957
Olympia, WA 98504-0957
360-586-3164 Ext. 111
Michael.heard@opd.wa.gov

Justin Washington
PRP Contracted Social Worker
206-500-7266
JustinLWashington@hotmail.com

Parent Mentoring Program

Parent Mentoring Programs are sponsored by the Department of Children and Family Services utilizing specifically selected and trained foster parents to assist parents involved in child welfare toward reunification with their children.



KEY PRINCIPLES

1. Trained foster parent mentors work one on one with families to help parents build skills and facilitate engagement in court ordered services. Mentors help parents establish healthy forms of social support and assist them in repairing fractured family relationships.
2. The program is a skill-based service for families driven by an action plan that (i) is created by the family and the social worker, and (ii) addresses the barriers that prevent safe and sustained reunification with their children.

Why have a Parent Mentor Program?

- *Enhance child safety;*
- *Increase rate of reunification;*
- *Shorten a child's length of stay in foster care; and*
- *Reduce rates of re-entry into care.*



EXPECTED RESULTS

The Parent Mentor Program is a promising child welfare program, according to a study conducted by the University of Washington School of Social Work. In this study, families that participated in the Parent Mentor Program had an 85 percent rate of reunification compared to 44 percent of the comparison families. Children in the mentoring group stayed in foster care 224 fewer days than comparison group children. Qualitative analysis indicates a high degree of satisfaction with the program on the part both of mentors and parents.



HOW TO TRACK SUCCESS

Ultimately success will be measured by whether the rates of reunification increase and the time to reunification decreases with families who are working with a foster parent mentor.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

The Parent Mentor Program was created in Clark County and currently exists in Cowlitz, Thurston, Skamania, and Clallam Counties.

Resources

Ross Brown
Children's Administration
Division of Children and Family Services
907 Harney Street, MS: S6-7
PO Box 9809
Vancouver, WA 98666-8809
360-993-7956
rosb300@dshs.wa.gov

Peggy DeVoy
Children's Administration
Division of Children and Family Services
360-993-7819
depe300@dshs.wa.gov

References

Maureen Marcenko, et al., *Engaging Parents: Innovative Approaches in Child Welfare*. 25 AM. HUMANE ASSOC. 23 (2010), available at <http://centerforchildwelfare2.fmhi.usf.edu/kb/bppub/engaging-parents-innovative.pdf>.

Triple P – Positive Parenting Program

The Triple P - Positive Parenting Program is a multi-level system of parenting and family support. It aims to prevent severe behavioral, emotional, and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or in a self-directed format. It incorporates five levels of intervention on a continuum of increasing intensity for parents of children and adolescents from birth to age 16. The nature of the program allows utilization of the existing professional workforce in the task of promoting competent parenting. The program targets five developmental periods from infancy to adolescence. Triple P-Positive Parenting Program enables child welfare professionals to determine the scope of the intervention given their own service priorities and funding.



KEY PRINCIPLES

Uses developmentally appropriate interventions

- Provides a program designed for preschoolers and primary school children as well as a distinct program for early teens.
- Provides tip sheets for each distinct age group (infants, toddlers, preschoolers, primary school children, early teens, and teens).

Uses an explicit self-regulatory framework

- Includes principles of self-sufficiency, self-efficacy, self-management, and problem-solving.
- Teaches parents how to monitor behavior and asks them to set specific and observable goals.
- Enhances self-management and self-sufficiency by having the practitioner prompt the parent to review his or her implementation of parenting strategies.
- Asks parents to reflect on what they did well in the process (*i.e.*, their strengths) and to set specific goals for any weaknesses they observed.
- Assists parents in applying the principles they have learned to solve problems in a self-sufficient manner by using multiple examples and a flexible teaching environment.

Uses the principles of sufficiency to ensure cost effectiveness

- Allows tailoring of intervention intensity to meet individual family needs creating cost efficiencies.
- Assesses the level of risk the family faces via intake interviews, questionnaires, monitoring, and observation by the practitioner.
- Tailors the level of intensity based on the family risk (*i.e.*, the higher the risk, the higher the intensity).
- Administers assessments after completion of an intervention level to determine if a family needs additional levels of intervention.

Incorporates identifiable program elements to promote generalization or transfer of learning

- Uses multiple examples as part of a flexible training philosophy.
- Teaches generalization and maintenance across time, situations, and children.
- Teaches parents strategies for managing high-risk situations (*e.g.*, going shopping) to ensure generalization across contexts.

Offers and evaluates flexible delivery modalities such as

- Individual delivery;
- Group delivery; and
- Media-based delivery (*e.g.*, public service announcements, internet forums, television series).

Why use Triple P?

- *Fewer placements in out of home care*
- *Decrease in rates of child maltreatment*



EXPECTED RESULTS

Population level outcomes: Decreases in rates of out-of-home placement and in rates of hospitalization and emergency room visits resulting from child maltreatment.

Individual family-level outcomes: Lower levels of disruptive child behavior and dysfunctional parenting; greater parental sense of competence; higher levels of self-efficacy in managing home and work responsibilities; and positive effects on parent mental health, marital adjustment, and levels of child-rearing conflict.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

Triple P is currently available in King, Snohomish, Pierce, Thurston, Whatcom/Skagit, Mason, Grays Harbor, Yakima, Clark, and Okanogan Counties.

Local Resources

Suzanne Kerns, Ph.D
Department of Psychiatry and Behavioral Sciences
Division of Public Behavioral Health and Justice Policy
University of Washington
2815 Eastlake Avenue E., Suite 200
Seattle, Washington 98102
206-685-2766
sekerns@u.washington.edu

References

CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, TRIPLE P - POSITIVE PARENTING PROGRAM, <http://www.cebc4cw.org/program/triple-p-positive-parenting-program/>

William Bor, et al., *The Effects of the Triple P-Positive Parenting Program on Preschool Children With Co-Occurring Disruptive Behavior and Attentional/Hyperactive Difficulties*, 30 J. ABNORMAL CHILD PSY. 571 (2002), http://teach.newport.ac.uk/sen/SEN_0506/BD_common/POsitive_Parenting.pdf.

Fiona E. Hoath, *A Feasibility Study of Enhanced Group Triple P - Positive Parenting Program for Parents of Children with Attention-Deficit/Hyperactivity*, 19 BEHAV. CHANGE 191 (2002).

First Steps

First Steps is a program that helps low-income pregnant women get the health and social services they need. Maternity support services are preventive health and education services to help the mother have a healthy pregnancy and a healthy baby. A team of community health specialists provides the services. The team includes nurses, nutritionists, and behavioral health specialists and, in some agencies, community health workers. Families in situations that place infants at higher risk of having problems can access Infant Case Management. Infant Case Management starts after Maternity Support Services ends (when the baby is about three months old). Infant Case Management can help parents learn about and how to use needed medical, social, educational, and other resources in the community so that the baby and family can thrive.



KEY PRINCIPLES

First Steps services include

1. Medical services (such as prenatal care, delivery, post pregnancy follow-up, and dental care). Newborns receive one year of full medical attention;
2. Enhanced Services (such as maternity support services, infant case management, and childbirth education);
3. Expedited alcohol and drug assessment and treatment services; and
4. Other services (such as expedited eligibility determination, transportation, and interpreter services).



EXPECTED RESULTS

The First Steps program is designed to promote healthy birth outcomes, increase access to early prenatal care, and reduce infant morbidity and mortality.

Goals include the following:

- Increase early access and on-going use of prenatal and newborn care;
- Decrease maternal morbidity and mortality;
- Decrease low birth-weight babies;
- Decrease premature births;
- Decrease infant morbidity and mortality rates;
- Decrease health disparities;
- Reduce the number of unintended pregnancies;
- Reduce the number of repeat pregnancies within two years of delivery;
- Increase initiation and duration of breastfeeding; and
- Reduce tobacco use during pregnancy and pediatric exposure to second-hand smoke.

Resources

Laurie Cawthon, M.D., M.P.H.

360-902-0712

cawthml@dshs.wa.gov

References

DEP'T. OF SOC. & HEALTH SERVS., FIRST STEPS PROGRAM,
http://www.dshs.wa.gov/onlinecco/first_steps.shtml (last visited Nov. 12, 2012).

DEP'T. OF SOC. & HEALTH SERVS., FIRST STEPS DATABASE,
<http://www.dshs.wa.gov/rda/projects/firststepsdatab.shtm> (last visited Nov. 12, 2012).

The Nurse-Family Partnership (NFP)

The Nurse-Family Partnership (NFP), an evidenced-based voluntary prevention program, provides nurse home visitation services to low-income, first-time mothers early in pregnancy, and continuing through the child's second year. NFP mothers and their children fare significantly better than control groups. Findings include a 48 percent reduction in child abuse and neglect.



KEY PRINCIPLES

1. Clients are first-time mothers with low income who voluntarily enrolled early in pregnancy. They are visited one-on-one in their home, and they continue to receive visits until the child is two years old.
2. Nurses complete all NFP core education and carry manageable caseloads of no more than 25 families.
3. Nurses apply the NFP visit guidelines in the following areas:
 - Personal Health
 - Environmental Health
 - Life Course Development
 - Maternal Role
 - Family and Friends
 - Health and Human Services
4. They also focus on three strategies: self-efficacy, human ecology, and attachment.
5. Nurses are supervised, and supervisors conduct joint home visits three times per year. Case conferences are structured and are held at least two times a month.
6. Nurses collect data, which is sent to a national database so that agencies using NFP can monitor, identify, and improve variances, and assure fidelity to the NFP model

Why provide NFP?

- *Improves child health, development, and safety*
- *Promotes competent care-giving*



EXPECTED RESULTS

- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment
- Improved school readiness



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

NFP agencies exist in Clark, Klickitat, Jefferson, Mason, King, Kitsap, Pierce, Skagit, Snohomish, Spokane, Thurston, Whatcom, and Yakima Counties.¹⁰

Resources

Lauren Platt

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lauren.platt@nursefamilypartnership.org

References

NURSE-FAMILY P'SHIP, www.nursefamilypartnership.org (last visited Nov. 12, 2012).

CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, NURSE-FAMILY PARTNERSHIP, <http://www.cebc4cw.org/program/nurse-family-partnership/detailed>.

Katy Dawley, et al., *The Nurse-Family Partnership*, 107 AM. J. NURSING 60 (2007).

Peggy Hill, et al., *The Nurse-Family Partnership: A Policy Priority*, 107 AM. J. NURSING 73 (2007).

JULIA B. ISAACS, BROOKINGS INST., COST-EFFECTIVE INVESTMENTS IN CHILDREN (2007), www.brookings.edu/views/papers/200701isaacs.pdf.

¹⁰ NURSE-FAMILY P'SHIP, NFP AGENCIES IN WASHINGTON, <http://www.nursefamilypartnership.org/locations/Washington/find-a-local-agency> (last visited Nov. 12, 2012).

The Parent-Child Assistance Program (PCAP)

The Parent-Child Assistance Program (PCAP) is an evidence-based, long-term, home visitation and advocacy program for high-risk mothers who heavily abuse alcohol or drugs during pregnancy. PCAP paraprofessionals or PCAP “advocates” (PCAPA) provide case management and in-home visitation to mothers and their children with the goals of building trusting, helping relationships with their clients. PCAPAs are referred to clients during pregnancy or up to six months postpartum.

Infants do not have to be living with their mothers in order to be referred for PCAP. PCAPAs carry a caseload of 12–15 families and meet with a mother until her baby is three years old. PCAPAs visit regularly with their clients providing support, information, education, and increased access to community resources. PCAPAs do not provide treatment but their supportive and advocacy role helps clients build confidence, identify personal goals, and follow up on treatment, services, and other appointments. The PCPA paraprofessional also serves as an advocate for children.



KEY PRINCIPLES

1. Trained and supervised paraprofessionals, PCAPAs, build trusting and supportive relationships with mothers through regular in-home visits from the time the child is born until they are three years old.
2. PCAPAs assist mothers to identify and achieve personal goals and goals for their family.
3. PCAPAs assist mothers with successful service plan compliance by providing transportation, monitoring progress, facilitating communication, and working with mothers to engage extended family and other supports.

Why have the PCAP Program?

- *Increase in rates of reunification.*
- *Increase in the rate of mothers participating in chemical dependency treatment.*
- *Decrease and abstinence in substance use by participating mothers.*
- *Increase in the use of birth control.*
- *Prevent the future births of alcohol- and drug-affected children.*



EXPECTED RESULTS

- Mothers decrease use of substances and participate and complete chemical dependency treatment.
- Service participation increases.
- Social isolation decreases as connections to community resources, extended family, kin, and natural supports increase.
- Reunifications increase and subsequent births of alcohol- or drug-impacted children decrease.



HOW TO TRACK SUCCESS

Examination of

- Reunification rates;
- Service completion; and
- Rates of completion of chemical dependency treatment.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

The PCAP Program is currently available in King, Pierce, Yakima, Grant, Spokane, Cowlitz, Skagit, Clallam, and Kitsap Counties.

Resources

Therese Grant, Ph.D
Parent-Child Assistance Program
University of Washington School of Medicine
Fetal Alcohol and Drug Unit
180 Nickerson Street, Suite 309
Seattle, WA 98109-1631
206-543-7155
granttm@u.washington.edu
www.depts.washington.edu/fadu/

References

CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, PARENT-CHILD ASSISTANCE PROGRAM, <http://www.cebc4cw.org/program/parent-child-assistance-program/>.

Therese M. Grant, *Preventing Alcohol and Drug Exposed Births in Washington State: Intervention Findings from Three Parent-Child Assistance Program Sites*, 31 AM. J. DRUG & ALCOHOL ABUSE 471 (2005).

PARENT-CHILD ASSISTANCE PROGRAM, UNIV. OF WASH., A MODEL OF EFFECTIVE COMMUNITY INTERVENTION WITH HIGH-RISK FAMILIES (2010), http://depts.washington.edu/pcapuw/PCAP_E-Manual_10_1_10.pdf.

Childhaven

Childhaven provides therapeutic child care and other specialized treatment services to abused, neglected, at-risk, and/or drug-affected children (one month through five years of age) and their families. Children are referred by Child Protective Services, Child Welfare Services, the Department of Health, or the Temporary Assistance to Needy Families Program. Early intervention and treatment services are provided five-and-a-half hours per day, five days a week in a licensed child-care (therapeutic/treatment milieu) setting. The services are designed to meet the unique needs of each child and family. Therapeutic child care is based on medical necessity. It requires diagnosis and addresses the individual psychosocial, emotional, behavioral, developmental, and health problems presented by each child. Treatment services are provided by an interdisciplinary team including, but not limited to, the Treatment Planner and Monitor (Case Manager), Registered Nurse (Health Care Coordinator), Lead and Line staff (Therapeutic Childcare Workers) and Parent Educator. Treatment is provided in an inclusive, natural, safe, and monitored environment.



KEY PRINCIPLES

1. Therapeutic Child Care: Children referred by child welfare authorities receive developmentally-focused care and treatment in an enriched learning environment with very low child-to-staff ratios.
2. Drug-Affected Infant Program: Children affected by their parents' substance abuse (including in utero) receive care and treatment while their parents are enrolled in an outpatient chemical dependency treatment program.
3. Wrap-around services: Health screenings, two balanced meals a day, door-to-door transportation to and from our branches, monthly home visits and daily home monitoring.
4. Parent education: Through individual and group support and a new program that uses videotaping and feedback, parents gain skills and confidence to better care for and nurture their children.
5. Committed, professional staff: Childhaven staff includes case managers who are licensed mental health counselors and social workers, therapeutic child care teachers, home visitors and pediatric nurses. We also partner with community resources to ensure that all our children's developmental needs are met.

Why send abused or neglected children and their families to Childhaven?

- *Decreased juvenile violence*
- *Decreased drug use*
- *Better educational outcomes*



EXPECTED RESULTS

A longitudinal study to examine the effectiveness of Childhaven's therapeutic child care revealed dramatic differences between those who participated in the program and a control group. The children were studied during their therapy and 12 years later as teenagers. The results show that the Childhaven children were

- Six times less likely to have committed a violent juvenile crime;
- Better adjusted in school and less of a disruption for teachers; and
- Two and half times less likely to abuse drugs.

Resources

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316 Broadway
Seattle, WA 98122-5325
206-624-6477
vickio@childhaven.org
www.childhaven.org

References

Elizabeth Moore, et al., *A Twelve-Year Follow-Up Study of Maltreated and At-Risk Children who Received Early Therapeutic Child Care*, 3 CHILD MALTREATMENT 3 (1998).

CHILD PHYSICAL AND SEXUAL ABUSE: GUIDELINES FOR TREATMENT (Benjamin E. Saunders et al. eds., 2003), available at <http://www.musc.edu/vawprevention/general/saunders.pdf>.

CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, CHILDHAVEN THERAPEUTIC CHILD CARE, <http://www.cebc4cw.org/program/childhaven-therapeutic-child-care/detailed>.

Incredible Years

The Incredible Years is a series of programs aimed at reducing aggression and behavioral problems in children, aged three to eight years old. The Incredible Years programs are designed for three separate groups: children, parents, and teachers. The programs focus on skills training and development of positive interactions and interventions with children in peer group settings. Children build and strengthen social skills and competence, which allows them to see improved relationships with peers and family members as inherently rewarding and motivating. Parents learn discipline techniques that remove physical punishment and criticism and, instead, promote nurturing and positive interaction. Teachers learn classroom management techniques and effective discipline strategies, with an emphasis on parent involvement and collaboration. Research on the Incredible Years shows that, with fidelity to the model (includes training and certification for parents and teachers) the programs are culturally-sensitive and have significant success.



KEY PRINCIPLES

1. Skill-building and training for teachers and parents replaces punitive, negative interactions with positive, motivating, and effective behavior management approaches.
2. Building and strengthening social skills and competence in children enables them to develop positive social relationships and rewards.
3. Building partnerships between parents, teachers, and other significant adults in a child's life ensures that the child receives positive attention, supervision, care, and consequences in order to promote behavioral change and stability.

The Incredible Years promotes emotional and social competence and prevents, reduces, and treats behavior and emotional problems in young children.



EXPECTED RESULTS

Teachers and parents who are trained in the Incredible Years will see significant behavioral changes in classroom and home environments. Problem behaviors with children will decrease as children learn to relate positively to others and exert self-control. Collaborative relationships between parents and teachers are strengthened as they work consistently with the child in the classroom and at home. Academic performance will improve and behaviors will stabilize. Parent and child relationships improve.

Resources

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References

M. Jamila Reid & Carolyn Webster-Stratton, *The Incredible Years Parent, Teacher, and Child Intervention: Targeting Multiple Areas of Risk for a Young Child With Pervasive Conduct Problems Using a Flexible, Manualized Treatment Program*, 8 COGNITIVE & BEHAV. PRAC. 377 (2001), available at http://www.incredibleyears.com/library/items/parent-teacher-child-intervention_01.pdf.

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Trauma-Focused Cognitive-Behavioral Therapy

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)—both the brand-name therapy and similar theories—is the only evidence-based therapy for children, four to 18 years old, who have been exposed to traumatic events (*e.g.*, child abuse, violence, crime, sudden or violent death of a loved one) and have posttraumatic stress disorder and depression.¹¹ TF-CBT lasts eight to twelve sessions for most children. TF-CBT has been used effectively with boys and girls from all socioeconomic, racial, and ethnic backgrounds who have lived in a variety of settings (*i.e.*, with parents/relatives, foster placements, or in group homes).¹²



KEY PRINCIPLES

1. Children and caregivers both receive active therapy individually and in joint sessions as treatment progresses.
2. Facing trauma and developing a helpful narrative for what happened is the central active ingredient. It is called the Trauma Narrative.
3. Education about trauma helps children and parents normalize their reactions and become hopeful about their futures.
4. Learning skills to manage feelings and changing unhelpful or untrue beliefs about the abuse allows children to gain control over their own reactions and behaviors in daily living situations.

TF-CBT improves

- *post-traumatic stress, depression, and anxiety symptoms in children;*
- *trauma-related behaviors (including sexualized behaviors) in children;*
- *parenting skills and parental support of the child, effectively reducing parental distress;*
- *parent-child communication, attachment, and ability to maintain safety; and*
- *child's adaptive functioning.*



EXPECTED RESULTS

TF-CBT therapy reduces post-traumatic stress symptoms, anxiety, and depression. TF-CBT stabilizes and improves the child's adaptive functioning and trauma-related behaviors, including sexualized behaviors. Non-offending caregivers are supported through treatment, and parent-child communication about the trauma is improved. Children learn to recognize and regulate emotions with relaxation and stress management techniques.

¹¹ CHADWICK CTR. FOR CHILD. & FAMILIES, CLOSING THE QUALITY CHASM IN CHILD ABUSE TREATMENT: IDENTIFYING AND DISSEMINATING BEST PRACTICES (2004), <http://www.chadwickcenter.org/Documents/Kaufman%20Report/ChildHosp-NCTAbrochure.pdf>.

¹² UNIV. CAL. DAVIS CHILDREN'S HOSP., CAARE DIAGNOSTIC AND TREATMENT CENTER, http://www.ucdmc.ucdavis.edu/caare/training/training_tfcbt.html (last visited Nov. 12, 2012).

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References

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NAT'L ASSOC. OF COGNITIVE-BEHAVIORAL THERAPISTS, <http://www.nacbt.org/> (last visited Nov. 12, 2012).

CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY (TF-CBT), <http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/detailed> (last visited Nov. 12, 2012).

UNIV. CAL. DAVIS CHILDREN'S HOSP., TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY, http://www.ucdmc.ucdavis.edu/caare/training/training_tfcbt.html (last visited Nov. 12, 2012).

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CHADWICK CT. FOR CHILDREN AND FAMILIES, CLOSING THE QUALITY CHASM IN CHILD ABUSE TREATMENT: IDENTIFYING AND DISSEMINATING BEST PRACTICES (2004), <http://www.chadwickcenter.org/Documents/Kaufman%20Report/ChildHosp-NCTAbrochure.pdf>.

Alternatives for Families-Cognitive Behavioral Therapy

Alternatives for Families-Cognitive Behavioral Therapy (AF-CBT) is an evidence-based treatment designed for children who have been physically abused or exposed to domestic violence in the home.¹³ The effectiveness of AF-CBT is supported by outcome studies and recognized by experts as an effective treatment program for physically abused children and their parents. AF-CBT improves child, parent, and/or family functioning while reducing risk of physical abuse or re-abuse among parents, children, and families. The three treatment phases include Phase I – Engagement and Psychoeducation, Phase II – Individual Skill-Building, and Phase III – Family Applications and Routines.

AF-CBT includes parents and children, five years old and up, who work individually and together with the clinician. Parents who participate in AF-CBT are usually identified as the abuser because of pending criminal cases or charges associated with assaulting their child. Parents are also referred by Children’s Administration (CA) through a dependency order or as a voluntary service. Parents and children do not initially need to live together in order to begin AF-CBT but they do need to have regular contact in order to complete the homework assignments and practice the skills being taught. In order to successfully complete the treatment and obtain the best possible outcome, reunification is the expected goal prior to the end of Phase III. Sessions last up to one-and-a-half hours or more depending on family size.

AF-CBT begins with a multisource assessment to identify the impacts of physical abuse on the child, specific parental and family difficulties that may be contributing to the risk of abuse, and the child’s and family’s strengths that may help influence change. Treatment is successful when the family completes all three phases of therapy, usually in three months.



KEY PRINCIPLES

Treatment focuses on safety, engagement, skill building, and practice and includes the following activities:

- Parents create a safety plan.
- Parents and children develop an understanding of the abuse.
- Parents and children learn and practice new skills, and complete weekly homework assignments.
- Parents are expected to be accountable and accept responsibility for the abuse and harm it has caused to the family prior to treatment completion.



EXPECTED RESULTS

The AF-CBT approach is designed to promote appropriate and pro-social behavior, while discouraging coercive, aggressive, or violent behavior. The treatment provides parents and children with new skills that,

AF-CBT helps to

- *Reduce conflict and increase cohesion in family;*
- *Reduce use of coercion (hostility, anger, verbal aggression, threats) by caregiver and other family members;*
- *Reduce use of physical force;*
- *Reduce child physical abuse risk or recidivism; and*
- *Improve level of child’s safety, welfare and family functioning.*

¹³ CHILD WELFARE INFO. GATEWAY, ABUSE-FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILD PHYSICAL ABUSE (2007), <http://www.childwelfare.gov/pubs/cognitive/cognitive.pdf>.

when practiced, affirm the values of improved communication, problem-solving skills, and appropriate and positive discipline. Parents develop insight into their views on discipline, ability to control their anxiety and anger. Children learn about positive and appropriate discipline, and getting along with family and friends. Children also learn how to control their anxiety and anger. A final “clarification” letter is read to the child by the parent who takes full responsibility for the abuse and harm to the family, apologizing to the family and making sure the child knows he or she is not to blame. The parent expresses an understanding of how the child has been impacted by the violence, what they have learned, and how they will parent in the future. Therapy ends with the family able to work through conflicts in a positive and respectful way.



HOW TO TRACK SUCCESS

The family treatment is successful when all three phases of therapy have been implemented with a positive outcome and the application of standardized measures show a remarkable decrease in symptoms from the beginning phase of treatment to the end of treatment by all family members.

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David J. Kolko, *Child Physical Abuse*, in APSAC HANDBOOK OF CHILD MALTREATMENT 21 (John E.B. Myers et al. eds., 2d ed. 2002).

DAVID J. KOLKO & CYNTHIA CUPIT SWENSON, ASSESSING AND TREATING PHYSICALLY ABUSED CHILDREN AND THEIR FAMILIES: A COGNITIVE-BEHAVIORAL APPROACH (2002).

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CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, ALTERNATIVES FOR FAMILIES: A COGNITIVE-BEHAVIORAL THERAPY (AF-CBT), <http://www.cebc4cw.org/program/alternatives-for-families-a-cognitive-behavioral-therapy/>.

Family Preservation Services (FPS)

Family Preservation Services (FPS) is available to families whose children face a substantial likelihood of placement outside of the home. It may also allow earlier return of children with their family from out-of-home care. FPS is available to families within 48 hours of referral and is offered for a maximum of six months by a contracted service provider. FPS is designed to support families by strengthening their relationships with a variety of community resources.



KEY PRINCIPLES

1. **Intervention at the key points:** Service providers reach families when families face a substantial likelihood of placement outside of the home or allow children to be returned home within 14 days of the start of the FPS intervention. Services are available to the family within 48 hours of the initial referral unless an exception is noted in the case file.
2. **Treatment in the natural setting:** Almost all services take place in the client's home or the community where the problems are occurring, which are, ultimately, where they need to be resolved.
3. **Accessibility and responsiveness:** Once a family engages with the FPS service provider, services are available to the family 24 hours a day and seven days a week. Services are scheduled at the family's convenience, including weekends and holidays. Service providers offer a wide range of services, from helping clients meet the basic needs of food, clothing, and shelter. The duration of service is limited to a maximum of six months, unless Children's Administration requires additional follow-up on an individual case basis.
4. **Low caseloads:** Caseload size of no more than ten families per services provider, which can be adjusted when paraprofessional workers are used.
5. **Concrete funds:** Service providers have the authority and discretion to spend up to a maximum of \$500 to help families obtain necessary food, shelter, or clothing, or to purchases other goods or services that enhance the effectiveness of intervention.

Why utilize FPS?

To reinforce the strengths of the family by empowering the family to solve problems, become self-sufficient and strengthen their relationships with a variety of community resources.



EXPECTED RESULTS

Family Preservation Services are expected to appropriately connect families to community resources, avoid new referrals accepted by Children's Administration within one year of FPS services, show consumer satisfaction, reduce the level of risk factors specified by Children's Administration and, for reunification cases, reduce the length in stay for children in our-of-home placements.



HOW TO TRACK SUCCESS

In individual cases, the FPS therapists monitor a family's progress toward their designated goals in the family's service plan and keep the Children's Administration social worker informed of the family's progress. The FPS therapist submits a monthly service status report, as well as a FPS termination summary report.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

Subject to the availability of funds, Family Preservation Services are available to eligible families on a statewide basis.

Resources

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References

STEVE AOS, ET AL., WASH. STATE INST. FOR PUB. POLICY, BENEFITS AND COSTS OF PREVENTION AND EARLY INTERVENTION PROGRAMS FOR YOUTH (2004),
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RCW 74.14C, <http://apps.leg.wa.gov/rcw/default.aspx?cite=74.14C&full=true#74.14C.005>.

Functional Family Therapy

Functional Family Therapy (FFT) is an intervention focusing on high-risk adolescents (11–18 years old) and their families. FFT is short-term, lasting eight to 12 sessions over a three-to-four month period, focusing on behaviors and relationships. Originally developed as an in-home therapy, FFT has been replicated in a variety of environments where high-risk adolescents are served, including juvenile justice, mental health, residential care, and substance abuse treatment programs.

FFT has been shown to result in long-term reductions in criminal and violent behaviors as well as reduced school drop-out rates with improved high school completion rates. FFT improves family relationships, communication, parent competence, and reduces conflicts and problematic youth behavior.



KEY PRINCIPLES

1. Specific and individualized interventions with respect for differences, family form, culture, ethnicity, and family;
2. Family-focused with all family members allied and involved;
3. Non-judgmental, therapists do not align themselves with individual family members; and
4. Strengths-based, focusing on risk and protective factors, and relationships rather than on individual issues.

Why FFT?

Functional Family Therapy has been shown to decrease rates of criminal behavior and recidivism rates, improve attendance and completion in school, decrease placement rates, improve social functioning and family stability.



EXPECTED RESULTS

Because the entire family participates, the communication, relationships, and behaviors of the family improve. The therapist guides the family through phases of engagement by creating a positive motivational context for change, minimizing hopelessness and feelings of powerlessness. Families build skills of perception in order to understand the relationships with each other. Behaviors change as skills build, habits change, and new coping strategies are developed. The final phase of therapy involves extension of the positive family functioning into the community to build connections and relationships needed to help the family plan for relapse prevention and access resources and supports.

Adolescents and their families will have strengthened communication and improvements in the quality of their relationships. Behavior and progress in school will improve for adolescents increasing the likelihood that youth will graduate or complete a GED program. Contact with the juvenile justice system will decrease and anti-social or criminal behaviors will reduce. Adolescents will return to relationships with family members as a source of support and nurturing. Adolescents will also develop and strengthen supportive relationships with others, including teachers, mentors, and community members.

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<http://www.dshs.wa.gov/jra/>

References

FUNCTIONAL FAMILY THERAPY, <http://www.fftinc.com/index.html> (last visited Nov. 12, 2012).

STEVE AOS, ET AL., WASH. STATE INST. FOR PUB. POLICY, RETURN ON INVESTMENT: EVIDENCE-BASED OPTIONS TO IMPROVE STATEWIDE OUTCOMES (2011), <http://www.wsipp.wa.gov/rptfiles/11-07-1201.pdf>.

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Homebuilders-Intensive Family Preservation Services (IFPS)

Homebuilders is an intensive, in-home crisis intervention, counseling, and life-skills education program for families who have children at imminent risk of placement in state-funded care, being returned from out-of-home care, and children in difficult post-adoption situations. It is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. The goal is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.



KEY PRINCIPLES

1. Intervention at the crisis point: Professional therapists reach families when the families are in crisis. Client families are seen within 24 hours of referral.
2. Treatment in the natural setting: Almost all services take place in the client's home or the community where the problems are occurring and, ultimately, where they need to be resolved.
3. Accessibility and responsiveness: Therapists are on call to their clients 24 hours a day, seven days a week. Families are given as much time as they need, when they need it. This accessibility also allows close monitoring of potentially dangerous situations.
4. Intensity: Services are time-limited and concentrated in a period targeted at four weeks. The service is designed to resolve the immediate crisis, and teach the skills necessary for the family to remain together. Each family receives an average of 40 to 50 hours of direct service.
5. Low caseloads: Therapists carry only two to three cases at a time. This enables them to be accessible and provide intensive services. Low caseloads also allow therapists the time to work on specific psycho-educational interventions, as well as the basic hard service needs of the family. While therapists see the same total number of families per year as therapists in many traditional programs, the services are concentrated to take advantage of the time when families are experiencing the most pain, and have the most motivation to change.
6. Research-based interventions: Therapists utilize a range of research-based interventions, including crisis intervention, motivational interviewing, parent education, skill building, and cognitive/behavioral therapy.
7. Flexibility: Services are provided when and where the clients wish. Therapists provide a wide range of services, from helping clients meet the basic needs of food, clothing, and shelter, to the most sophisticated therapeutic techniques. Therapists teach families basic skills such as using public transportation systems, budgeting, and where necessary, dealing with the social services system. They also educate families in areas more commonly associated with counseling, such as child development, parenting skills, anger management, other mood management skills, communications, and assertiveness.

Why use Homebuilders – IFPS?

- *Fewer placements in out of home care*
- *Increased reunification*



EXPECTED RESULTS

The most recent data shows that six months after termination of services, 86 percent of children have avoided placement in state-funded foster care, group care or psychiatric institutions, and remained safely in their homes.

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References

INST. FOR FAMILY DEV., PROGRAM EVALUATION AND RESEARCH,
http://www.institutefamily.org/aboutus_program.asp (last visited Nov. 12, 2012).

CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, HOMEBUILDERS,
<http://www.cebc4cw.org/program/homebuilders/>.

WASH. STATE INST. FOR PUB. POLICY, INTENSIVE FAMILY PRESERVATION PROGRAMS: PROGRAM FIDELITY
INFLUENCES EFFECTIVENESS - REVISED (2006), <http://www.wsipp.wa.gov/rptfiles/06-02-3901.pdf>.

Infant Mental Health – Child Parent Psychotherapy (CPP)

Child Parent Psychotherapy (CPP) is an evidence-based treatment serving children from birth through five years old and their families who have experienced domestic violence, physical abuse and/or neglect, or sexual abuse. CPP is one of the few empirically supported treatments available for children under six years old. CPP has been implemented extensively with ethnic minority populations. The California Evidence-Based Clearinghouse for Child Welfare rated CPP as an intervention well-supported by research and highly relevant to child welfare populations. The National Child Traumatic Stress Network has recognized CPP as an evidence-based, trauma-focused intervention.

CPP integrates attachment, psychoanalytic and trauma theories with treatment strategies based in cognitive-behavior and social-learning approaches. Treatment focuses on enhancing the parent’s awareness of and responsiveness to the child’s needs through role modeling, emotional support, developmental guidance, and case management. Treatment typically lasts one year.



KEY PRINCIPLES

The parent-child relationship is the primary target of intervention, but CPP can be adapted to other caregivers. CPP also focuses on

1. Return of the child to a normal developmental trajectory;
2. Impacts of trauma on the parent-child relationship;
3. Safety by promoting safe behavior, fostering appropriate limit setting, and establishing appropriate parent-child roles;
4. Cultivation of developmentally appropriate parenting skills to help a child manage or regulate emotions and increase pro-social behavior;
5. Improving quality and quantity of positive interactions and exchanges between parent and child;
6. Directly addressing trauma histories in both the parent and the child creating a joint narrative in order to normalize responses to trauma; and
7. Integration of the family’s connection to their culture and beliefs, spirituality, intergenerational transmission of trauma, parenting practices, and traditional cultural values.

Why utilize CPP?

- *Extensively studied and researched*
- *Improvement in relationships, interactions, and security*
- *Improved parenting skills*
- *Decrease in child behavioral problems*
- *Reduce child and adult post-traumatic stress symptoms*
- *Supports normal child development*



EXPECTED RESULTS

Improvements in

1. Parent-child relationships with a focus on the quality of interactions and the development of secure attachment.
2. Child well-being with a reduction in behavior problems, improvements in cognitive functioning, reduction in post-traumatic stress symptoms, improvements in mental health.

3. Parent well-being with a reduction in trauma-related symptoms, (*e.g.*, depression, post-traumatic stress symptoms).

Multiple Randomized Clinical Trials with a diverse set of populations have documented that CPP results in improvements for the children, their parents, and their relationships. The National Child Traumatic Stress Network (NCTSN) is using CPP as the key intervention in their Early Trauma Treatment Network.¹⁴



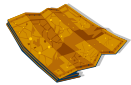
HOW TO TRACK SUCCESS

Child well-being, parent well-being, and improvements in relationships are monitored with clinical tools administered by mental health providers. The NCTSN fact sheet series recommends use of tools for those CPP providers to address trauma, child development, child mental health and well-being, caregiver mental health, and relationship functioning.¹⁵



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

CPP is currently provided in King County by Navos, through a regional support network (RSN) community mental health provider accepting clients using Medicaid. It is also provided by trained individual psychotherapists in various locations around the state. CPP has been used more widely with court-involved children in locations across the country.



ROAD MAP FOR GETTING IT DONE

Working through the RSN, therapists need to be trained and certified to provide CPP.

Resources

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Los Angeles, CA 90064
310-235-2633

www.nctsnet.org/resources/training-and-education/learning-collaboratives-detail

References

ALICIA F. LIEBERMAN & PATRICIA VAN HORN, DON'T HIT MY MOMMY!: A MANUAL FOR CHILD-PARENT PSYCHOTHERAPY WITH YOUNG WITNESSES OF FAMILY VIOLENCE (2005).

ALICIA F. LIEBERMAN & PATRICIA VAN HORN, PSYCHOTHERAPY WITH INFANTS AND YOUNG CHILDREN: REPAIRING THE EFFECTS OF STRESS AND TRAUMA ON EARLY ATTACHMENT (2008).

CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, CHILD-PARENT PSYCHOTHERAPY, <http://www.cebc4cw.org/program/child-parent-psychotherapy/detailed>.

¹⁴ NAT'L CHILD TRAUMATIC STRESS NETWORK, EARLY TRAUMA TREATMENT NETWORK, www.nctsnet.org/about-us/network-members/early-trauma-treatment-network (last visited Nov. 12, 2012).

¹⁵ NAT'L CHILD TRAUMATIC STRESS NETWORK, CHILD-PARENT PSYCHOTHERAPY, http://www.nctsn.org/sites/default/files/assets/pdfs/cpp_general.pdf.

Parent Child Interaction Therapy (PCIT)

Parent Child Interaction Therapy (PCIT) was developed for families with young children experiencing behavioral and emotional problems. It has been tested and found effective with child welfare populations and for child welfare outcomes. PCIT typically lasts 14–20 sessions. Therapists coach parents during interactions with their child to teach new parenting skills. These skills are designed to strengthen the parent-child bond, decrease harsh and ineffective discipline control tactics, improve children’s social skills and cooperation, and reduce children’s negative or maladaptive behaviors. It has been shown to be effective for physically abusive parents.



KEY PRINCIPLES

1. Therapists focus on restructuring parent-child interaction patterns.
2. Parent and child are together; the therapist has no independent relationship with the child.
3. PCIT involves live coaching as the method for teaching skills.
4. Caregivers must practice new skill in between sessions.



EXPECTED RESULTS

- Reduces behavioral problems in young children by improving parent-child interaction.
- Promotes warmth and closeness between children and parents (and other caregivers).
- Decreases the risk for child physical abuse and breaks the coercive cycle.
- Improves parenting skills and attitudes.



HOW TO TRACK SUCCESS

During PCIT, parent-child interactions are coded and standardized assessment measures are delivered to track changes. Ultimately success can be measured by decreased rates of re-referral to Child Protective Services and an increase in avoidance of abuse.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

PCIT is currently available statewide.

Why provide PCIT?

- *Fewer placements in out of home care*
- *Increased reunification*
- *Fewer incidents of child physical abuse*

Resources

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253-874-3630 (Seattle)
253-927-1550 (Tacoma)
info@institutefamily.org

References

Melanie Fernandez, et al., *Treatment Outcome for Low Socioeconomic Status African American Families in Parent-Child Interaction Therapy: A Pilot Study*, 33 CHILD & FAM. BEHAV. THERAPY 32 (2011).

Daniel M. Bagner, *Evidence-Based School Behavior Assessment of Externalizing Behavior in Young Children*, 33 ED. & TREATMENT CHILD. 65 (2010), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3116723/>.

Visit Supervision Class

Visit supervision classes can be provided to relatives and friends of families with children in care to provide them with information and training on how to effectively and safely supervise parent-child visits. This can be a useful alternative in cases in which supervised visitation would otherwise be costly, but supervised visitation nonetheless aids in achieving permanency for the child.



KEY PRINCIPLES

Visit supervision class

1. Provides sufficient visitation to families by utilizing community and family resources to supervise the visits;
2. Provides quality training to relatives and friends willing and available to supervise visits; and
3. Reduces expenditures on supervised visits.



EXPECTED RESULTS

Visit supervision class trains relatives and friends of families with children in care to supervise visits between parents and their children. This training will provide additional supports to the family, allowing courts to order and the Department of Social and Health Services (DSHS) to provide sufficient visits between parents and their children. This additional visitation ensures children have sufficient time with their parents to maintain the bond and attachment, which could result in increased rates of permanency for the child.



HOW TO TRACK SUCCESS

Ultimately success will be measured by tracking the number of visit supervisors approved for each family and whether the increased number of approved supervisors equates to increased visitation. These visits should increase the rate of reunification.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

Snohomish County

Resources

Sandra Kinney
Children's Administration
Division of Children and Family Services
840 N. Broadway, Bldg. A, Suite 340, MS: N31-10
Everett, WA 98201
425-339-4778
sandy.kinney@dshs.wa.gov

Why train relatives and friends to supervise visits?

- *Additional visit supervisors are available;*
- *Increased frequency and duration of parent-child visits;*
- *Reduced cost to the state to provide sufficient visits; and*
- *Added supports to the family.*

References

MARGARET SMARIGA, VISITATION WITH INFANTS AND TODDLERS IN FOSTER CARE: WHAT JUDGES AND ATTORNEYS NEED TO KNOW (2007),

http://www.ct.gov/ccpa/lib/ccpa/birth_to_three_and_visitation_aba_child_law_center_doc.pdf.

Visitation Centers

Visitation centers provide an alternative location and environment to family visits provided at the Department of Social and Health Services (DSHS). Visitation centers can provide a number of services and opportunities for families. For example, centers can provide supervised visitations, parent coaching and feedback during and after visits, and support services such as parenting classes.

Visitation services are based on a court order and provide different levels of care pursuant to the court order. The levels a court can order are regular supervised visitation, therapeutic supervised visitation, and off-site visitation. In some visitation centers, trained staff is present to monitor all interaction between the children and the non-custodial parent(s) to provide feedback to the parents. Supervisors can also record parent-child interactions and report back to the court per court order.

Visitation centers can offer parents more opportunity to parent their child(ren) during the visit by providing more home-like facilities that include kitchens, dining areas, and access to outside play areas.



KEY PRINCIPLES

- Referrals are received from the Department of Children and Family Services.
- A safe and supportive environment is provided to allow non-custodial parents access to their children.
- Children, parents, and custodial caretakers are assessed prior to the start of visitation to ensure all parties are capable of visiting.
- Trained visitation monitors complete training on issues related to child abuse, child development, domestic violence, and other relevant issues.
- Trained therapists (if and when available) provide therapeutic visitation and monitor the visits. Coaching is provided to the parents, and coaches are on hand to address the child's emotional well-being, such as being scared of the visiting party, having questions about past abuse or the parent's history, or having concerns for their safety.

Why use family visitation centers?

- *Provide families with home-like environment for visits;*
- *Provide easily accessible location and supervision for visits;*
- *Provide court and parties with information about how parents are progressing;*
- *Provide parents with coaching; and*
- *Help families reunify.*



EXPECTED RESULTS

- Visitation centers provide parents and children with an increased likelihood of meaningful and productive visits.
- As parents and children have successful visits and parents demonstrate learned parenting skills, visits should progress to lower levels of supervision and increased duration and frequency.
- Lower levels of supervision and an increase in frequency of successful visits should lead to reunification.



HOW TO TRACK SUCCESS

Success can be measured by tracking the cases where parent-child visitation happens at a visitation center and measuring the rate at which visits increase in frequency and duration and decrease in supervision and the rate and timeliness of reunification.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

Visitation centers are located in multiple counties in Washington State including Grays Harbor, King, Thurston, and Spokane.

Resources

Sue Bucy
Children's Advocacy Center of Grays Harbor
514 E. Broadway Avenue
Montesano, WA 98563
360 249-0005
deputydirector@ghcac.org
<http://www.cacgh.org/>

References

CHILD. ADVOCACY CTRS. OF WASH., <http://www.wsacac.org/index.php?s=2532> (last visited Nov. 12, 2012).

CAL. EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE, FAMILY VISITATION CENTER, <http://www.cebc4cw.org/program/family-visitation-center/detailed>.

Medical Examinations for Children

Medical examinations can provide information about physical injuries and other harm from suspected abuse and neglect. Medical exams are also important in assessing a child's developmental and mental health and may provide the child's first general health assessment. Medical examinations provide reassurance to children and their caregivers that a child is physically healthy or, if abuse has occurred, that the child's physical and emotional response are normal and that the child can be successfully treated.

More serious injuries resulting from extreme forms of abuse result in immediate medical care and often include recommendations for further treatment. Internal injuries, resulting most often from severe blows, can be life threatening and allegations that a young child has been struck should always be followed by a medical examination. Siblings of children who are seriously hurt should be seen by a medical provider to ensure that they have not been, or are not, injured.

Concerns can be raised that medical exams, particularly those for sexual abuse, can traumatize a child. Trained and knowledgeable medical professionals provide exams that are sensitive to the potential impacts of abuse and neglect on children and their parents. Physicians, nurses, and physician's assistants throughout the state have been trained in abuse and neglect and understand the importance of a careful and considered examination.



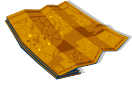
KEY PRINCIPLES

1. Medical examinations are necessary for children to determine the presence of any injuries, to secure evidence of injury, to assess and treat the injury, and to set a baseline for the child's health.
2. Neglecting infants impacts brain and physical development. Infants must receive consistent nurture and care, and well-child check-ups for healthy brain and physical development.
3. Children who have been neglected should have a physical examination in order to assess health and development, and to set a baseline for the child's health.
4. Medical examinations should be conducted by specially trained medical professionals, who are available throughout the state, for every child reported to have been physically injured or sexually abused.



EXPECTED RESULTS

Medical exams can provide information about injuries from suspected abuse and neglect, and other types of harm children may experience as a result of abuse or neglect. It is important to note that medical examinations are not always conclusive. For example, some forms of sexual abuse leave no physical injury or impact. Medical providers use clinical information from the examination, tests, or x-rays, and information from the caregiver about how the child was reportedly injured. Medical professionals also consider the child's medical history, available in records or as provided by the caregiver.



ROAD MAP FOR GETTING IT DONE

A maltreated child who is taken to a medical professional will first have a general physical exam. The medical professional will review the child's medical history and gather additional information from the parents or caregivers. If the child has injuries or if there are concerns about maltreatment, the medical professional will gather information from the parents or caregivers about the condition. The medical professional may also take photographs or make drawings of any injuries. Measurements, such as weight and height of the child, may help establish baselines for assessing the child's development over time. The medical professional may decide to speak to the child and parents separately.

Medical professionals have a professional duty and legal obligation to evaluate the possibility of abuse or neglect.

Examinations that follow suspicion of or reports of sexual assault are conducted by medical providers who are specially trained. Please see the section on "Medical Examinations for Sexual Assault" for more information about these specialized examinations.

Resources

Child Protection Medical Consultants

Physicians around the state are on-call and available for consultation 24 hours a day. They provide consultation, not diagnosis, on injuries or conditions suspected to be a result of abuse or neglect. They are available to all child welfare professionals or those investigating or working on alleged abuse or neglect.

<http://www.dshs.wa.gov/pdf/ca/MedicalConsultationContactSheet.pdf>

Regional Medical Consultants

Children's Administration contracts with physicians around the state who have expertise in injuries related to child abuse or neglect and child development. These consultants also have practices in local communities, working in private practice or affiliated with hospitals or medical centers.

<http://www.dshs.wa.gov/pdf/ca/BraamJun10CAPresentation.pdf> (refer to page 11 of the document).

Seattle Children's Hospital Child Protective Program

4800 Sand Point Way NE

Seattle, WA 98105

206-987-2194

<http://www.seattlechildrens.org/clinics-programs/protection-program/>

Mary Bridge Children's Hospital

Child Intervention Center

311 S. L Street

Tacoma, WA 98405

253-403-1478

<http://www.multicare.org/home/mary-bridge-childrens-2>

Sacred Heart Children's Hospital, Spokane

101 W. 8th Avenue

Spokane, Washington 99204

509-474-4841

<http://www2.providence.org/spokane/facilities/sacred-heart-childrens-hospital/Pages/default.aspx#section=page-1>

Children's Hospital of Everett

900 Pacific Avenue, Suite 100

Everett, WA 98201

425-258-7123

<http://www.seattlechildrens.org/contact/everett/>

Medical Examinations for Sexual Assault

Medical examinations for sexual assault usually occur when children are brought to the attention of Child Protective Services or law enforcement. Parents who suspect that their child has been sexually assaulted may also bring their children to a physician for an examination. Parents may request that their child be examined or they may be uncomfortable with an exam and decline the exam. It is not uncommon for an exam to result in no or non-specific findings.



KEY PRINCIPLES

1. Sexual assault examinations should be conducted only by specially trained medical providers, including physicians, nurses, and physician's assistants.
2. Children can believe that their bodies have been permanently injured, disfigured, or harmed by the assault. An exam conducted by a specially trained medical provider may reassure the child that their bodies are normal and, if there are injuries, they will heal.
3. There are three types (see below) of sexual assault exams conducted in Washington State. The type of exam conducted is determined by the sexual assault reported to the medical professional.



EXPECTED RESULTS

The 2012 Washington State guidelines for sexual assault examinations¹⁶ were developed by a committee that included medical specialists, sexual assault nurse examiners (SANE), attorneys, forensic scientists and law enforcement. The guidelines include three types of sexual assault exams: screening, acute, and comprehensive.

- Screening exams are completed when a parent or caregiver brings a child to an emergency department because of concerns about sexual abuse. These exams include a brief history from the adult and an exam of the child to rule out acute injury. If there is low concern about abuse, the medical provider refers the parent to their primary care provider for follow-up. If there is reasonable cause to support the belief that abuse occurred, the provider will make a mandatory report of child abuse and refer the child for an acute or comprehensive exam, depending on how recent the reported assault occurred.
- Acute exams, also known as “forensic exams,” are completed when a clear report or witnessed event of sexual assault has occurred, generally within the past 72–120 hours. Acute exams are also recommended beyond 120 hours when there is genital injury. The purpose of an acute exam is to collect evidence and to treat any injuries related to the assault. If CPS is not already involved, a mandatory report of child abuse is made to CPS or law enforcement.
- Comprehensive exams may have been preceded by a screening or acute exam. Comprehensive exams are completed when a sexual assault is believed to have occurred and include a review of any prior records, a thorough physical examination, a conversation with the child (when appropriate), and a discussion with the family. The physical examination may include a colposcopy to evaluate acute and healed injuries and an evaluation for sexually transmitted diseases. These exams occur in medical offices

¹⁶ HARBORVIEW CTR. FOR SEXUAL ASSAULT & TRAUMATIC STRESS, RECOMMENDED GUIDELINES WASHINGTON STATE SEXUAL ABUSE MEDICAL EVALUATION CHILD 12 YEARS AND YOUNGER (2012), <http://depts.washington.edu/hcsats/PDF/guidelines/Recommended%20Guidelines%20Sexual%20Abuse%20Medical%20Evaluation%20Child%202012.pdf>.

or at child advocacy centers (CACs) where medical providers, who specialize in injuries related to abuse or neglect, are available. The provider may recommend follow-up care, advocacy, or mental health care.



HOW TO TRACK SUCCESS

Ensure that the medical exam is completed by a specially-trained professional at a facility providing sexual assault exams per the 2012 Washington State recommended guidelines.

Resources

Partners with Families and Children

613 S. Washington
Spokane, WA 99204
509-473-4810

<http://www.partnerswithfamilies.org/>

Central Washington Hospital Family Health Services

526 N. Chelan Avenue, Suite B
Wenatchee, WA 98801
509-667-3350

familyhealthservices@cwhs.com

<http://www.cwhs.com/familyhealth/default.aspx>

Yakima Pediatric Associates

314 11th Avenue, Suite A
Yakima, WA 98902
509-575-0114

<http://commhealthcw.org/pediatrics/>

Wenatchee Valley Medical Center

Moses Lake Clinic
840 E. Hill Avenue
Moses Lake, WA 98837
509-764-6400

<http://www.wvmedical.com/Locations/MosesLakeClinic.ashx>

Whatcom County

Children's Advocacy Center
Brigid Collins Family Support Center
1231 N. Garden, Suite 200
Bellingham, WA 98225
360-734-4616

bmanering@brigidcollins.org

www.brigidcollins.org

Providence Intervention Center for Assault and Abuse

1509 California Street
Everett, WA 98201
425-297-5774

[http://www2.providence.org/northwest-](http://www2.providence.org/northwest-washington/providence-regional-medical-center-everett/assault-abuse-services/Pages/default.aspx)

[washington/providence-regional-medical-center-](http://www2.providence.org/northwest-washington/providence-regional-medical-center-everett/assault-abuse-services/Pages/default.aspx)

[everett/assault-abuse-services/Pages/default.aspx](http://www2.providence.org/northwest-washington/providence-regional-medical-center-everett/assault-abuse-services/Pages/default.aspx)

Seattle Children's Hospital

4800 Sand Point Way NE
Seattle, WA 98105
206-987-2000

www.seattlechildrens.org/

Harborview Center for Sexual Assault and Traumatic Stress

401 Broadway, Suite 2075
325 9th Avenue, MS: 359947
Seattle, WA 98104
206-744-1600

<http://depts.washington.edu/hcsats/>

Harrison Medical Center

2520 Cherry Avenue
Bremerton, WA
360-377-3911

www.harrisonmedical.org

Mary Bridge Children's Hospital

Child Intervention Center
311 South L Street
Tacoma, WA 98405
253-403-1478

<http://www.multicare.org/home/mary-bridge-childrens-2>

Peninsula Children's Clinic
902 E. Caroline Street
Port Angeles, WA 98362
360-457-8578
<http://peninsulachildrensclinic.com/>

Arthur D. Curtis Children's Justice Center
601 W. Evergreen Boulevard, Suite 101
Vancouver, WA 98660
360-397-6002
www.clark.wa.gov/child-abuse-intervention

Children's Health Center
1813 Sumner Avenue
Aberdeen, WA 98520
360-533-4599

Providence St. Peter Hospital
Sexual Assault Clinic & Child Maltreatment Center
420 Golf Club Road
Lacey, WA 98503
360-493-7469
<http://www2.providence.org/southwest-washington/services/Pages/Sexual-Assault-Clinic.aspx>

References

HARBORVIEW CTR. FOR SEXUAL ASSAULT & TRAUMATIC STRESS, RECOMMENDED GUIDELINES
WASHINGTON STATE SEXUAL ABUSE MEDICAL EVALUATION CHILD 12 YEARS AND YOUNGER (2012),
<http://depts.washington.edu/hcsats/PDF/guidelines/Recommended%20Guidelines%20Sexual%20Abuse%20Medical%20Evaluation%20Child%202012.pdf>.

Housing Services

Five-to-ten percent of initial placements into care in Washington State would have been prevented if the family had adequate housing, and reunification would be expedited in 20 percent of cases were adequate housing provided. Parents' and children's attorneys can play a key role in preventing family separation by identifying families who are homeless or experiencing housing problems and working with local housing providers to secure homes for these vulnerable families. Families and youths may use family unification program vouchers to lease decent, safe, and sanitary housing in the private housing market.



KEY PRINCIPLES

The people who may qualify for Family Unification Program (FUP) vouchers include

1. Families for whom the lack of adequate housing is a primary factor in
 - The imminent placement of the family's child or children in out-of-home care; or
 - The delay in the discharge of the child or children to the family from out-of-home care.

There is no time limitation on FUP vouchers.

2. Youth aged 18–21 who left foster care at age 16 or older and who lack adequate housing. FUP vouchers used by youth are limited by statute to 18 months of housing assistance.
 - In addition to rental assistance, supportive services must be provided by the public child welfare agency to youths for the entire 18 months in which the youth participates in the program; examples of the skills targeted by these services include money management skills, job preparation, educational counseling, and proper nutrition and meal preparation.

Why provide FUP vouchers for families and youth?

FUP vouchers provide long-term, safe, and stable homes for families who are being reunified or are in danger of an out-of-home placement, and they provide youth with 18 months of housing assistance.



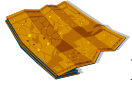
EXPECTED RESULTS

Eighty-eight percent of homeless families who were provided with a FUP voucher retained their housing one year later. Among all families who retained their housing over a 12 month period, 90 percent of the families at risk of having a child placed in an out-of-home placement remained intact, and 94 percent of families with children in foster care were reunited.



HOW TO TRACK SUCCESS

Success can be measured by an increase in the number of reunifications and a decrease in the time to reunification in families where lack of appropriate housing is a barrier.



ROAD MAP FOR GETTING IT DONE

Applications for FUP vouchers require a signed Memorandum of Understanding (MOU) between the local public housing agency (PHA) and the child welfare agency. The PHA administers the vouchers and the child welfare agency provides supportive services to child welfare-involved families and youth.

Local planning can strengthen a community's application for vouchers by crafting a viable partnership and commitment between the local PHA and the child welfare agency. The involvement of those committed to ending homelessness can also help ensure the resources serve those who require it the most.

Funding for FUP is provided by Congress through annual appropriation acts. If funding is appropriated for the program, Housing and Urban Development (HUD) allocates funds through a national competition by way of a Notice of Funding Availability (NOFA). The NOFA announces funding availability and invites PHAs to apply for funding. The NOFA also establishes threshold requirements that all applicants must meet and rating and ranking factors that are used by HUD in the review and selection of applications. The total number of vouchers that a PHA may apply for is based on the size of the PHA and the identified need for this type of voucher.

Only PHAs that currently have an annual contributions contract with HUD for housing choice vouchers (HCVs) may apply for funding. Individuals that are interested in receiving a FUP voucher do not apply through the FUP NOFA; instead, they must contact their local PHA.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

Kennewick, Seattle, King County, Jefferson County, Seattle Housing Authority, Spokane, Vancouver, Clallam County, Snohomish County HA, Tacoma, Thurston County, Pasco, and Franklin Counties.

Resources

National Center for Housing & Child Welfare
6711 Queens Chapel Road
University Park, MD 20782
301-699-0151
866-790-6766
info@nchw.org
<http://www.nchcw.org>

Association of Washington Housing Authorities
c/o Walla Walla Housing Authority
501 Cayuse Street
Walla Walla, WA 99362
509-527-4611
<http://www.awha.org/contact.html>

References

Mark E. Courtney, et al., *Housing Problems Experienced by Recipients of Child Welfare Services*, 83 CHILD WELFARE 393 (2004), available at <https://secureweb.mcgill.ca/crcf/sites/mcgill.ca.crcf/files/Roundtable-HousingProblemsExperiencedbyRecipientsofCWS.pdf>.

Susan Kellam, *When Foster Care and Homelessness Intersect*, 20 ABA CHILD L. PRAC. 50 (2001).

U.S. DEP'T OF HOUS. & URBAN DEV., FAMILY UNIFICATION PROGRAM,
http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/family (last visited Nov. 12, 2012).

NAT'L CTR. ON FAMILY HOMELESSNESS, FAMILY UNIFICATION PROGRAM: SERVING HOMELESS AND AT-RISK HOMELESS FAMILIES AND YOUTH (2009), <http://www.familyhomelessness.org/media/97.pdf>.

NAT'L CTR. FOR HOUS. & CHILD WELFARE, <http://www.nchcw.org/fup/> (last visited Nov. 12, 2012).

ASSOC. OF WASH. HOUS. AUTHS., <http://www.awha.org/contact.html> (last visited Nov. 12, 2012).

Project Reunite: Transitional Housing

One of the barriers to successful reunification that many families face is lack of safe and stable housing. Project Reunite is a transitional housing program for women who have a chemical dependency, are working with Child Protective Services (CPS), and are homeless and low-income. Applicants must be homeless, chemically dependent, and engaged in treatment. They must also have an income below 30 percent of the area median income and have children in a dependency action with DCFS.



KEY PRINCIPLES

- All participants are required to
 - Attend support meetings;
 - Observe and comply with a 9:30 p.m. curfew;
 - Maintain compliance with court orders;
 - Complete parenting or other classes as directed; and
 - Commit to budgeting and goal setting.
- Participants are provided with
 - An apartment;
 - Individual intensive case management;
 - Weekly support group;
 - Domestic violence support/self-sufficiency classes and education groups; and
 - Section-8 vouchers (for clients that graduate).

Why Project Reunite?

- *Provides chemically dependent mothers who are engaged in treatment and their children with safe and stable housing.*
- *Provides long-term housing solutions for those who successfully graduate the program.*



HOW TO TRACK SUCCESS

Success can be measured by tracking the outcomes of cases in which mothers are referred to Project Reunite. The measures can be compared to similarly-situated cases that are not referred to the program.



WHERE DOES THIS PROGRAM CURRENTLY EXIST?

Snohomish County

Resources

Kristina Doherty
Project Reunite
YWCA
3301 Broadway
Everett, WA 98201
425-258-2766 Ext. 120