

**State of Washington
Joint Legislative Audit and Review Committee (JLARC)**



**Services for Parents
to Reunify Families**

Preliminary Report

November 28, 2007

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**SERVICES FOR PARENTS
TO REUNIFY FAMILIES
PRELIMINARY REPORT**

NOVEMBER 28, 2007



STATE OF WASHINGTON

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Report Summary

Background: Why Do Parents Need to Participate in Services to Reunify Their Families?

Families can be split up when children are removed from their parents' custody by the state. Under Washington State law, children may be placed in the state's care if they have been: abandoned, abused or neglected, or have no one who can care for them.

In legal terms, this means that the child has been declared a "dependent" of the state. These children may be placed in a variety of settings, including, but not limited to, a foster family home, a relative's home, or in a group care facility.

A child may leave state care by one of the following paths:

- Reunification: the parent corrects his or her deficiencies, retains parental rights, and the child returns home;
- Adoption: the parent loses parental rights to the child and those rights are then granted to a third-party adoptive parent;
- Permanent legal custody: legal custody of the child is awarded to a third party without the parent having to lose parental rights; or
- Aging out: child reaches legal adulthood at age 18.

In order to be reunified with their children, parents may be required by the courts to complete services to correct their deficiencies. Examples of such services include substance abuse treatment, mental health services, and domestic violence services.

Federal law requires the state to take action to terminate a parent's parental rights once the parent's child has been in the state's care for 15 months. During that period of time, parents must be working to correct their deficiencies if they would like to be reunified with their children.

Both federal and state law requires the state to make "reasonable efforts" to reunify families. The meaning of "reasonable efforts" is unclear since it is not defined. However, federal law require states to develop case plans for each child that assure services are provided to the parents, child, and foster parents in order to: improve conditions in the parents' home; facilitate the return of the child to his or her home or another permanent placement; and address the needs of the child while in foster care.

Study Mandate and Approach

Substitute House Bill 1333 (2007) requires the Joint Legislative Audit and Review Committee (JLARC) to analyze gaps throughout the state in the availability and accessibility of services identified in the federal Adoption and Safe Families Act. In conducting this study, JLARC focused on the availability and accessibility of services to parents that the parents must complete in order to retain their parental rights and enable the state to return their children to their care.

There is no centrally accessible source of standardized data to identify: 1) the specific services that individual parents are required to complete; 2) whether those parents are able to participate in, and ultimately complete, those services; and 3) any reasons why parents are not able to participate in and complete those services.

In search of alternative sources of information, we conducted three surveys focusing on the availability and accessibility of services to parents:

- Survey of parents with children in dependency cases;
- Survey of service providers who may provide services to these parents; and
- Survey of Department of Social and Health Services' Children's Administration's Child Welfare Services social workers.

Due to the number and diversity of respondents to the surveys, we were able to reliably separate out the results by major geographical divisions. However, we were not able to separate the results out by individual communities without losing the integrity of the results.

What We Learned About the Availability of Services

By service *availability* we mean whether needed service providers physically exist, accept parents in dependency cases as clients, and have the capacity to serve the parents needing their services.

Statewide, the percent of service provider respondents who reported usually having a waiting list ranges from a low of 11 percent for domestic violence victim services to 54 percent for intensive inpatient chemical dependency treatment. The most commonly reported waiting period for each service ranges from one day to over two weeks.

Less than one-third of service provider respondents reported prioritizing parents in dependency cases over other individuals. The rates at which providers of chemical dependency assessments and treatment reported prioritizing parents was higher than the rates for providers of other services.

The largest groups of service provider respondents reported that the payments they receive for parents in dependency cases are about the same as their agencies' usual and customary rates.

Social worker respondents to our survey reported variations between the rates of referrals for parents to specific services and the availability of those same services.

What We Learned About the Accessibility of Services

By service *accessibility* we mean whether parents are actually able to get to, participate in, and complete the services required of them.

Statewide, over 80 percent of parent respondents to our survey reported being able to participate in 17 of 19 specific services.

Some of the parent respondents who reported receiving cash assistance, medical assistance, food assistance, or housing assistance before their dependency cases reported losing those supports as a result of the cases.

Thirty-five percent of parent respondents reported losing their home or living arrangements as a result of the dependency cases.

Parents' Use of Services through DSHS Comparable to Survey Results

We saw that the rates at which parents actually received substance abuse and mental health treatment services through the Department of Social and Health Services (DSHS) are comparable to the rates at which parent respondents to our survey reported that the court required them to complete those services.

Federal and Independent Reviews of State's Services for Parents

The federal government has found the state in compliance with requirements relating to services for children and families. The independent review by the nonprofit Council on Accreditation is not yet complete, but has preliminarily raised concerns about compliance with some of the standards relating to services for parents in certain areas of the state.

Statutory Compliance Issues

In the course of conducting this study, we discovered two related statutory compliance issues:

New DSHS Statutory Requirement to Notify Court of Parent's Inability to Access Services

As of July 2007, DSHS must promptly notify the court that a parent is unable to engage in treatment due to inability to access services if court-ordered remedial services are unavailable to the parent for any reason, including lack of funding, lack of services, or language barriers. DSHS currently does not centrally track information on individual parents' ability to access services.

Recommendation #1:

DSHS should develop a plan for how it will report on its performance in meeting the new statutory requirement to promptly notify the court that a parent is unable to engage in treatment due to the inability to access services if court-ordered remedial services are unavailable for any reason. The plan should include not only reporting on the number of instances when parents are not able to access services, but also the reasons why the parents are not able to access services.

Parent-Child Visits May Be Limited in Conflict with State Law

State law prohibits limiting visitation as a sanction for a parent’s failure to comply with court orders or services where the health, safety, or welfare of the child is not at risk as a result of the visitation. However, statewide, 33 percent of social worker respondents to JLARC’s survey reported that visits are always, often, or sometimes restricted or canceled *because* the parent is out of compliance with the service plan. We could not determine from these responses who (e.g., judicial officer, social worker) was actually restricting or canceling the visits for this reason.

Recommendation #2:

DSHS and the Administrative Office of the Courts must ensure that agency and court staff are adequately informed of the statutory restriction on limiting visitation as a sanction for a parent’s failure to comply with court orders or services.

CHAPTER ONE – BACKGROUND ON SERVICES FOR PARENTS TO REUNIFY THEIR FAMILIES

Both federal and state law requires the state to make “reasonable efforts” to reunify families. The meaning of “reasonable efforts” is unclear since it is not defined. However, federal law require states to develop case plans for each child that assure services are provided to the parents, child, and foster parents in order to: improve conditions in the parents’ home; facilitate the return of the child to his or her home or another permanent placement; and address the needs of the child while in foster care.

Substitute House Bill 1333 (2007), which provided the mandate for this study, also amended state law to include the following new requirements relating to services for parents:

- The Department of Social and Health Services (DSHS) must coordinate within its administrations and with contracted service providers to ensure that parents in dependency proceedings receive priority access to remedial services recommended by DSHS or ordered by the court.
- DSHS must pay for services if the parent is unable to pay and to the extent funding is appropriated in the operating budget or otherwise available to DSHS for such specific services.
- DSHS must promptly notify the court that a parent is unable to engage in treatment due to inability to access services if court-ordered remedial services are unavailable to the parent for any reason, including lack of funding, lack of services, or language barriers.
- DSHS must assure that any regional or county community mental health program provides access to treatment for the region’s residents, including parents who are defendants in dependency cases, according to the order of priority provided in current law. DSHS must also assure the special needs of parents who are defendants in dependency cases are met within the priorities in current law.
- The Administrative Office of the Courts (AOC) must compile an annual report to the Legislature providing information about cases that fail to meet statutory guidelines to achieve permanency for dependent children.

This 2007 law specifically provides that it does not create an entitlement to services and does not create judicial authority to order the provision of services except for the specific purpose of making reasonable efforts to remedy parental deficiencies identified in a dependency proceeding.

What Services Do Parents Need To Participate In?

Unless the process to terminate a parent’s rights is underway, state law requires DSHS to develop a plan specifying: 1) services to be offered to the parents; 2) requirements parents must meet to resume custody of their child; and 3) time limits for each service plan and parental requirement. The issue of time limits is particularly important since federal law requires the state to take action to terminate parental rights once a child has been in the state’s care for 15 months. During that period of time, parents must be working to correct their deficiencies if they would like to be reunified with their children.

The 2007 legislation refers to “remedial services” for parents as those defined in the federal Adoption and Safe Families Act to include:

- Individual, group, and family counseling;
- Substance abuse treatment services;
- Mental health services;
- Assistance to address domestic violence;
- Services designed to provide temporary child care and therapeutic services for families; and
- Transportation to or from any of the above services and activities.

DSHS’ plan may include additional services, such as developmental disabilities services, anger management services, or housing services.

In advance of participating in any specific services, parents may be required to complete evaluations to determine which services would be most appropriate for the parent. Examples of evaluations include psychological evaluations, parenting evaluations, and chemical dependency assessments. Unless otherwise specified, throughout the study the terms “services” and “service providers” will be used generically to include such evaluations and the evaluators who perform them.

Who Provides These Services to Parents?

Once DSHS or the court has identified specific services for a parent to complete, the parent is then referred to service providers where the parent may be able to access those services. The service providers may be contracted with DSHS’ Children’s Administration, but not all are. The service providers may be regulated by the Children’s Administration, regulated by another section of DSHS, or entirely independent of DSHS. Examples include the following: Family Preservation Services providers, which are contracted with the Children’s Administration; domestic violence perpetrator services providers, which are certified by the Children’s Administration; chemical dependency treatment providers, which are certified by DSHS’ Division of Alcohol and Substance Abuse; and nonprofit housing assistance agencies, which are independent of DSHS.

How Do We Know Whether Parents Are Able to Participate in Needed Services?

New DSHS Statutory Requirement to Notify Court of Parent’s Inability to Access Services

As of July 2007, DSHS must promptly notify the court that a parent is unable to engage in treatment due to inability to access services if court-ordered remedial services are unavailable to the parent for any reason, including lack of funding, lack of services, or language barriers.

No Centrally Accessible Source of Standardized Data Documenting Services for Parents

We learned early in the study that there is no centrally accessible source of standardized data to identify: 1) the specific services that individual parents are required to complete; 2) whether those parents are able to participate in, and ultimately complete, those services; and 3) any reasons why parents are not able to participate in and complete those services.

Recommendation #1:

DSHS should develop a plan for how it will report on its performance in meeting the new statutory requirement to promptly notify the court that a parent is unable to engage in treatment due to the inability to access services if court-ordered remedial services are unavailable for any reason. The plan should include not only reporting on the number of instances when parents are not able to access services, but also the reasons why the parents are not able to access services.

Legislation Required:	None
Fiscal Impact:	JLARC assumes that the plan can be completed within existing resources, but implementing the plan may involve new costs.
Reporting Date:	May 2008

Other Sources of Information

In the absence of an existing data source, JLARC pursued the following approaches to assemble information for this study: 1) a series of surveys; 2) analysis of existing DSHS administrative data; and 3) review of external assessments of DSHS' Children's Administration.

Surveys

To address the question of service *availability*, we surveyed individuals and agencies that may provide services to parents in dependency cases, as well as DSHS social workers who manage these families' cases. In our questions, we focused on whether needed service providers physically exist, accept parents in dependency cases as clients, and have the capacity to serve the parents needing their services. *Chapter 2 provides more detailed results from these two surveys to supplement the information provided in the Report Summary.*

To address the question of service *accessibility*, we surveyed parents in dependency cases. In our questions, we focused on whether parents are actually able to get to, participate in, and complete the services required of them. *Chapter 3 provides more detailed results from this survey to supplement the information provided in the Report Summary.*

For all three surveys, JLARC included not only those services identified in the federal Adoption and Safe Families Act, as directed by the study mandate, but also additional services that DSHS might recommend or the court might require parents to complete. We also asked about other

related services and conditions, such as visits between parents and their children, housing, cash assistance, food assistance, medical care, and employment assistance.

In order to focus the survey questions and limit the length of the surveys, we did not ask each question about each specific service. In some cases we grouped services or limited the answer options to the specific services most relevant to a specific question.

DSHS Administrative Data and External Assessments

We compared available DSHS administrative data on parents' use of services through DSHS to the results of our survey of parents, and reviewed federal and independent reviews of DSHS' Children's Administration. *Chapter 4 provides more detailed results of those analyses to supplement the information provided in the Report Summary.*

CHAPTER TWO – WHAT DO WE KNOW ABOUT THE AVAILABILITY OF SERVICES FOR PARENTS?

Service Provider Survey

JLARC contracted with Washington State University’s Social and Economic Sciences Research Center (SESRC) for a web-based survey of service providers.¹ A total of 347 respondents completed the service provider survey, which makes up a response rate of 20 percent of the total sample of 1,720 services providers. However, the number of respondents is not the same for every question. The survey was designed to skip over questions for individual respondents that were not relevant to the services that they provided. Additionally, respondents could choose to skip over specific questions.

The responses provide a statistically valid representation of this group of service providers on a statewide basis. In addition, due to the number and diversity of respondents to the service provider survey, we were able to reliably separate out responses into the following pairs: Eastern-Western Washington; and rural-urban counties. However, we were not able to separate any smaller units than those without losing the integrity of the results.

Child Welfare Services Social Worker Survey

JLARC also conducted a web-based survey of DSHS’ Children’s Administration’s Child Welfare Services social workers.² We surveyed this group of social workers since they are most likely to be working with parents in dependencies. A total of 278 respondents completed the social worker survey, which makes up a response rate of 38 percent of the total sample of 736 social workers. However, the number of respondents is not the same for every question since respondents could choose to skip over specific questions.

The responses provide a statistically valid representation of this group of social workers on a statewide basis. In addition, we were able to reliably separate out responses into the following pair: Eastern-Western Washington.

Service Providers’ Views on the Availability of Services for Parents

In surveying service providers, we wanted to know how many service providers usually have a waiting list for serving parents in dependency cases, and how long parents are on a waiting list.

¹ See Appendix 3 for more detail on each of the three surveys conducted for this study.

² See Appendix 3 for more detail on each of the three surveys conducted for this study.

Statewide, the percent of respondents who reported usually having a waiting list ranges from a low of 11 percent for domestic violence victim services to 54 percent for intensive inpatient chemical dependency treatment. The most commonly reported waiting period for each service ranges from one day to over two weeks. In the case of developmental disabilities services and mental health treatment, there was a tie between the percent of providers reporting two different average waiting periods. These responses are illustrated in Figure 1 below.

Figure 1 –Service Providers Commonly Report Waiting Lists for Parents

Service	Percent usually having a waiting list for parents	Most common average waiting period (days)
Intensive inpatient chemical dependency treatment	54%	14 +
Subsidized housing or housing referral services	53%	14 +
Intensive outpatient chemical dependency treatment	37%	14
Regular outpatient chemical dependency treatment	29%	2-6
Developmental disabilities services	26%	{ 2-6 14
Chemical dependency assessments	22%	14
Evaluations (excluding chemical dependency)	21%	14 +
Domestic violence perpetrator treatment	19%	2-6
Anger management services	17%	2-6
Mental health treatment	14%	{ 2-6 7
Domestic violence victim services	11%	1

Source: SESRC survey of service providers.

In surveying service providers, we also wanted to know whether service providers prioritize parents in dependency cases over other individuals seeking services from their agencies.

Statewide, less than one-third of service provider respondents reported prioritizing parents in dependency cases over other individuals. As illustrated in Figure 2 below, the rates at which providers of chemical dependency assessments and treatment reported prioritizing parents was higher than the rates for providers of other services.

Figure 2 – Some Service Providers Report Prioritizing Parents in Dependency Cases for Services

Service	Percent prioritizing parents over other individuals
Chemical dependency assessments	31%
Chemical dependency treatment	27%
Other evaluations (excluding chemical dependency assessments)	20%
Other treatments or services (excluding chemical dependency)	18%

Source: SESRC survey of service providers.

We also wanted to know how the payments that service providers receive for parents in dependency cases compares to their agencies’ usual and customary rates, in case those payment rates could be a deterrent to serving those parents.

Statewide, the largest groups of service provider respondents reported that the payments they receive for parents in dependency cases are about the same as their agencies’ usual and customary rates. In breaking out the responses, however, we saw a few variations in those results. As illustrated in Figure 3 on the following page, providers of non-chemical dependency evaluations and mental health treatment in urban counties and in Western Washington, respectively, reported that their agencies’ usual and customary rates are *lower* than the rates they are paid for serving parents. There was a tie in the rates of domestic violence victim services providers in urban counties who reported that their agencies’ rates are about the same and who reported that their agencies’ rates are lower.

Figure 3 – Most Service Providers Report Payment for Parents About Same as Usual Rate

	Rural	Urban	East	West	Statewide
Other evaluations (excluding chemical dependency assessments)	●	●	●	●	●
Mental health treatment	●	●	●	●	●
Domestic violence victim services	●	●	●	●	●
Anger management services	●	●	●	●	●
Domestic violence perpetrator treatment	●	●	●	●	●
Developmental disabilities services	●	●	●	●	●
Subsidized housing or housing referral services	●	●	●	●	●
Chemical dependency assessments	●	●	●	●	●
Chemical dependency treatment	●	●	●	●	●

Source: SESRC survey of service providers.

Social Workers’ Views on the Availability of Services for Parents

In surveying social workers, we wanted to know how many parents are referred for specific services, as well as how available those services are to parents.

We asked social workers how many parents on their caseload are referred for each of 19 services since not all parents would be expected to need each service to correct their deficiencies. Column 2 of Figure 4, on the following page, illustrates the percent of respondents who reported that at least half of the parents on their caseload are referred for each service. There is a wide range in responses, from a low of 7 percent for developmental disabilities services to a high of 89 percent for both urinalysis testing and chemical dependency assessments.

We also asked social workers whether each of the 19 services is readily available, not available, or has a waiting list. Column 3 of Figure 4 illustrates the percent of respondents who reported that each service is readily available. There is once again a wide range in responses, from a low of 10 percent for subsidized housing or housing referral services to a high of 100 percent for urinalysis testing. These lower availability rates are more significant for the services to which more parents are referred.

Figure 4 –Social Workers Report Variations between Rates of Referrals and Service Availability

Service	Percent reporting over half of parents on caseload referred for service	Percent reporting service readily available
Urinalysis testing	89%	100%
Chemical dependency assessment	89%	76%
Parenting classes	80%	65%
Outpatient chemical dependency treatment	79%	74%
Parenting evaluation	76%	48%
Mental health treatment	70%	51%
GAIN-SS screen for co-occurring disorders	69%	84%
Psychological evaluation	61%	49%
Domestic violence evaluations	50%	58%
Dependency 101	48%	47%
Family Preservation Services	47%	82%
Subsidized housing or housing referral services	45%	10%
Anger management evaluations	45%	59%
Inpatient chemical dependency treatment	43%	25%
Anger management or domestic violence perpetrator programs	39%	64%
Any programs to help victims of domestic violence	35%	80%
Intensive Family Preservation Services	29%	73%
Learning or developmental disabilities evaluations	14%	36%
Developmental disabilities services	7%	47%

Source: JLARC survey of social workers.

As illustrated on the following page in Figure 5, on these same questions we saw variations in the responses when breaking them out between social workers in *Western Washington* and social workers in *Eastern Washington*. Availability is a greater problem according to Eastern Washington respondents than Western Washington respondents.

Figure 5 – Eastern Washington Social Workers Report Greater Variations than Western Washington Social Workers

Service	Eastern Washington		Western Washington	
	Percent reporting over half of parents on caseload referred for service	Percent reporting service readily available	Percent reporting over half of parents on caseload referred for service	Percent reporting service readily available
Chemical dependency assessment	93%	70%	86%	80%
Urinalysis testing	93%	99%	86%	100%
Parenting classes	79%	53%	80%	72%
Outpatient chemical dependency treatment	81%	64%	79%	79%
Parenting evaluation	84%	46%	71%	49%
Mental health treatment	79%	45%	66%	54%
GAIN-SS screen for co-occurring disorders	72%	79%	67%	87%
Psychological evaluation	66%	48%	59%	50%
Domestic violence evaluation	50%	37%	49%	70%
Dependency 101	32%	26%	56%	58%
Family Preservation Services	56%	84%	42%	81%
Subsidized housing or housing referral services	51%	15%	43%	8%
Anger management evaluation	49%	38%	42%	72%
Inpatient chemical dependency treatment	58%	29%	34%	22%
Anger management or domestic violence perpetrator programs	46%	47%	36%	74%
Any programs to help victims of domestic violence	42%	78%	31%	82%
Intensive Family Preservation Services	33%	72%	25%	74%
Learning or developmental disabilities evaluations	19%	33%	11%	39%
Developmental disabilities services	13%	45%	4%	47%

Source: JLARC survey of social workers.

Parents’ Visits with Their Children

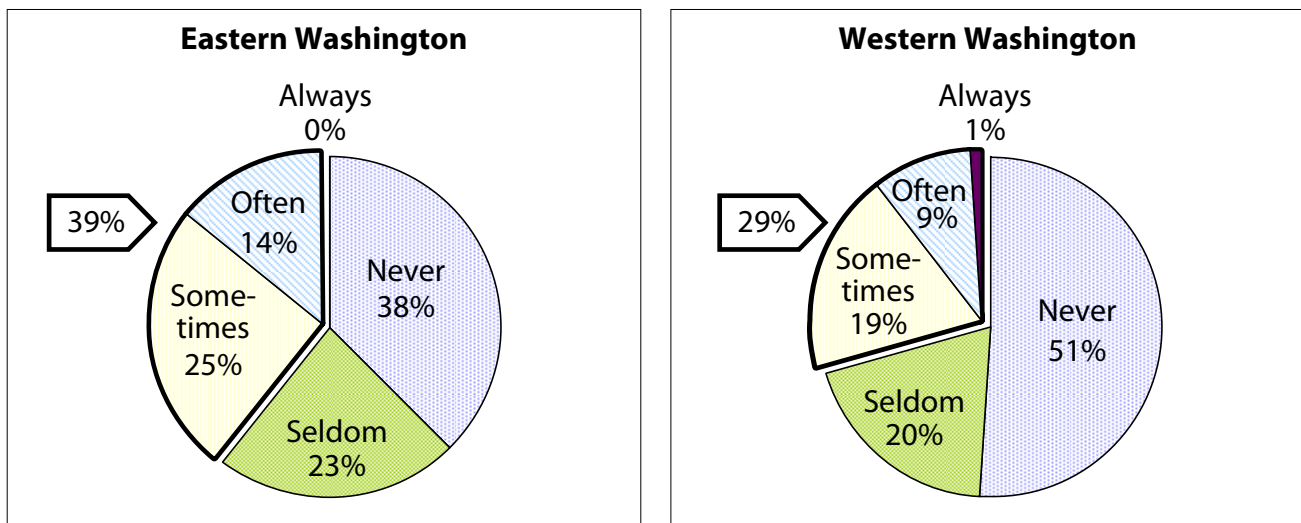
In surveying social workers, we wanted to know about parents’ visits with their children. Although neither state nor federal law includes parents’ visits with their children as “services” provided to those parents to correct their deficiencies, which is the focus of this study, state law has established the importance of parent-child visitation to families.

Legislation enacted in 2004 specifically prohibits limiting visitation “as a sanction for a parent’s failure to comply with court orders or services where the health, safety, or welfare of the child is not at risk as a result of the visitation.” In addition, legislation enacted in 2000 provides: “Visitation may be limited or denied only if the court determines that such limitation or denial is necessary to protect the child’s health, safety, or welfare” (RCW 13.34.136).

We asked social workers how often visits for parents are restricted or canceled for each of the following reasons: court order; parent out of compliance with service plan; health, safety, or welfare of child is at risk; child could not attend; parent could not attend; and other. *Statewide*, 33 percent of social worker respondents reported that visits are always, often, or sometimes restricted or canceled *because the parent is out of compliance with the service plan*. Given the wording of the question, we could not determine from these responses who (e.g., judicial officer, social worker) was actually restricting or canceling the visits for this reason.

We saw that these responses varied when split out between social workers in *Eastern* and *Western Washington*. A greater percentage of Eastern Washington respondents (39 percent) reported that visits are often or sometimes restricted or canceled because the parent is out of compliance with the service plan than the percentage of Western Washington respondents (29 percent) who reported that visits are always, often, or sometimes limited for that reason. These results are illustrated in Figure 6 below.

Figure 6 – More Eastern Washington than Western Washington Social Workers Report Parent-Child Visits Are Restricted or Canceled Because Parent Out of Compliance with Service Plan



Source: JLARC survey of social workers.

Parent-Child Visits May Be Limited in Conflict with State Law

Since state law restricts the reasons why parents' visits with their children may be limited, these survey responses from social workers imply that some parents' visitation may be inappropriately limited.

Recommendation #2:

DSHS and the Administrative Office of the Courts must ensure that agency and court staff are adequately informed of the statutory restriction on limiting visitation as a sanction for a parent's failure to comply with court orders or services where the health, safety, or welfare of the child is not at risk as a result of the visitation.

Legislation Required:	None
Fiscal Impact:	JLARC assumes that this can be completed within existing resources.
Reporting Date:	May 2008 (Report on how DSHS and AOC will implement this recommendation)

CHAPTER THREE – WHAT DO WE KNOW ABOUT THE ACCESSIBILITY OF SERVICES FOR PARENTS?

Parent Survey

JLARC contracted with Washington State University's Social & Economic Science Research Center (SESRC) for a telephone survey of parents.³ We limited our sample to parents with a child in a dependency case that was completed (that is, closed out) in calendar year 2006, as identified in the Administrative Office of the Court's administrative data.

A total of 206 parents completed the survey, which makes up a response rate of 11 percent of the 1,852 parents who were eligible and for whom a working telephone number was available. That was out of a total sample of 5,781 parents. The survey was designed to skip over questions for individual respondents that were not relevant to their situation. Additionally, respondents could choose to skip over specific questions.

The responses provide a statistically valid representation of this group of parents on a statewide basis. In addition, due to the number and diversity of respondents to the parent survey, we were able to reliably separate out responses into the following pairs: Eastern-Western Washington; rural-urban counties; and reunified-not reunified with children. However, we were not able to separate any smaller units than those without losing the integrity of the results.

Parents' Views on Their Ability to Access Services Ordered by the Court

In surveying parents, we wanted to know whether they were able to participate in the services ordered by the court. If so, we then wanted to know whether they were able to complete those services.

Statewide, over 80 percent of parent respondents reported being able to participate in 17 of 19 specific services, as illustrated in Figure 7 on the following page. In breaking out the responses, we saw some variations in those results:

- In *rural counties*, over 80 percent of parent respondents reported being able to participate in **13 of 18** services. (No parents reported being required to complete the GAIN-SS screen for co-occurring disorders.)
- In *urban counties* and in *Western Washington*, 80 percent or more of parent respondents reported being able to participate in **16 of 19** services.
- In *Eastern Washington*, more than 80 percent of parent respondents reported being able to participate in **17 of 18** services. (No parents reported being required to complete developmental disabilities services.)

³ See Appendix 3 for more detail on each of the three surveys conducted for this study.

Figure 7 – For Most Services, 80 Percent or More of Parents Report Being Able to Participate

Percent able to participate
 Of those able to participate, percent completing service
 Less than 80% able to participate

	Statewide	Rural	Urban	West	East
GAIN-SS screen for co-occurring disorders	100%	NA	100%	100%	100%
	100%	NA	100%	100%	100%
Intensive Family Preservation Services	100%	100%	100%	100%	100%
	88%	100%	86%	100%	0%
Domestic violence perpetrator treatment	100%	100%	100%	100%	100%
	67%	50%	75%	75%	50%
Outpatient substance abuse treatment	97%	100%	95%	95%	100%
	78%	73%	80%	83%	68%
Urinalysis testing	96%	94%	96%	96%	94%
	95%	97%	93%	96%	91%
Dependency 101	96%	100%	94%	95%	100%
	95%	100%	94%	94%	100%
Mental health treatment	96%	100%	95%	94%	100%
	67%	50%	74%	69%	63%
Family Preservation Services	96%	100%	95%	94%	100%
	83%	82%	83%	91%	67%
Alcohol or drug evaluation	92%	83%	96%	91%	93%
	96%	97%	96%	97%	95%
Learning or developmental disabilities evaluation	91%	75%	100%	86%	100%
	100%	100%	100%	100%	100%
Parenting classes	91%	87%	93%	89%	94%
	87%	78%	91%	92%	74%
Domestic violence victim services	91%	89%	92%	89%	100%
	80%	75%	82%	74%	100%
Anger management evaluation	90%	100%	83%	82%	100%
	97%	100%	95%	94%	100%
Psychological evaluation	86%	93%	83%	86%	87%
	100%	100%	100%	100%	100%
Parenting evaluation	86%	71%	92%	87%	84%
	93%	85%	95%	91%	96%
Domestic violence evaluation	83%	79%	85%	80%	88%
	93%	87%	96%	89%	100%
Inpatient substance abuse treatment	82%	90%	77%	71%	92%
	87%	80%	92%	82%	92%
Anger management services	70%	57%	75%	77%	60%
	79%	75%	80%	69%	100%
Developmental disability services	50%	0%	67%	50%	NA
	100%	NA	100%	100%	NA

Source: SESRC survey of parents.

As illustrated on the following page in Figure 8, we were able to break out the responses to these questions into two groups: parents who reported that they were reunified with their children; and parents who reported that they were not. We saw that *statewide*, for most services, more parent respondents who reported *not* being reunified with their children also reported being *unable* to participate in or complete specific services.

Figure 8– Responses from Parents Not Reunified with Their Children Versus Parents Reunified on Participation in and Completion of Services

Service	Parents not Reunified		Parents Reunified	
	Percent able to participate	Of those able to participate, percent completing service	Percent able to participate	Of those able to participate, percent completing service
GAIN-SS screen for co-occurring disorders	100%	100%	100%	100%
Intensive Family Preservation Services	100%	100%	100%	86%
Domestic violence perpetrator treatment	100%	33%	100%	100%
Mental health treatment	96%	57%	97%	74%
Urinalysis testing	93%	90%	97%	97%
Alcohol or drug evaluation	90%	94%	94%	97%
Outpatient substance abuse treatment	90%	53%	100%	92%
Dependency 101	86%	100%	100%	93%
Learning or developmental disabilities evaluation	86%	100%	100%	100%
Parenting classes	83%	76%	96%	94%
Anger management evaluation	78%	93%	100%	100%
Parenting evaluation	78%	86%	93%	98%
Domestic violence victim services	77%	70%	100%	85%
Psychological evaluation	76%	100%	93%	100%
Family Preservation Services	75%	67%	100%	85%
Domestic violence evaluation	74%	86%	88%	100%
Developmental disability services	67%	100%	0%	NA
Inpatient substance abuse treatment	63%	83%	94%	88%
Anger management services	50%	50%	87%	92%



Source: SESRC survey of parents.

Service Providers’ Views on Parents’ Ability to Complete Services

In surveying service providers, we wanted to know how many parents actually complete services with their agencies since this might give us a clearer picture, beyond initial contact, about parents’ ability to access those services consistently over the course of treatment.

Statewide, the majority of service provider respondents reported that over half of parents in dependency cases usually complete services through their agencies. The rate was lower for chemical dependency treatment services than for the other services for parents. These results are illustrated in Figure 9 below.

Figure 9 – Fewer Chemical Dependency Treatment Service Providers Report Parents Completing Services than Other Service Providers

Services	Percent reporting over half of parents completing services with agency
Services (excluding chemical dependency)	 77%
Chemical dependency treatment services	 57%

Source: SESRC survey of service providers.

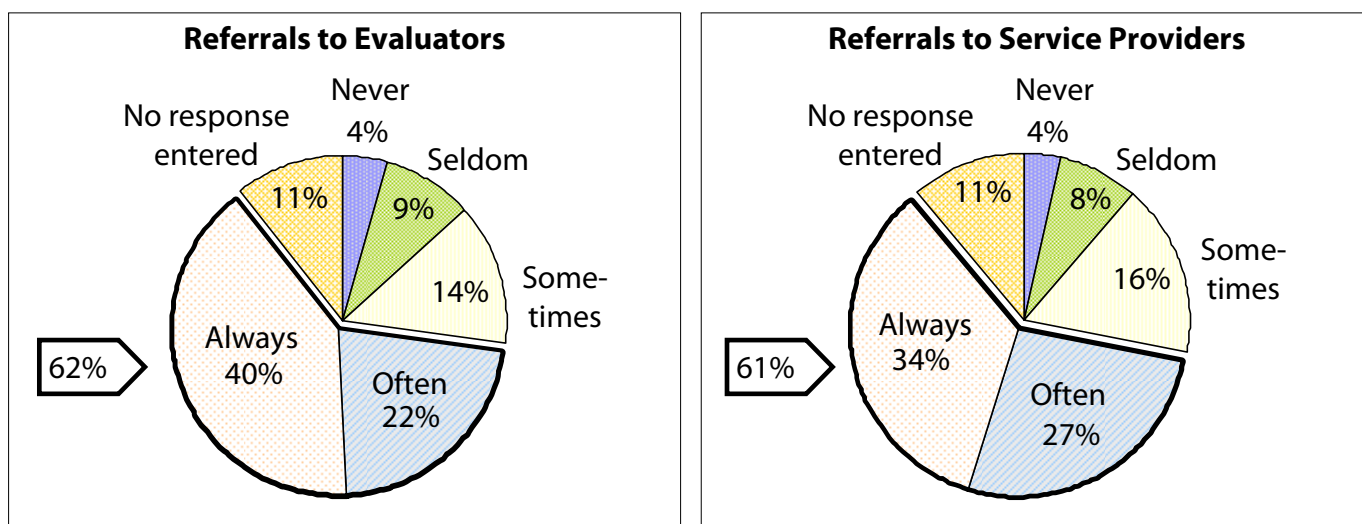
Access for Parents Who Do Not Speak English

In surveying both social workers and service providers, we wanted to know how service providers serve the parents in dependency cases who do not speak English.

Statewide, over 60 percent of *social worker* respondents reported always or often referring non-English speaking parents in dependency cases to evaluators and service providers, respectively, who speak the parent’s primary language. In this case, we were asking separately about referrals to: 1) evaluators who perform evaluations of parents such as psychological evaluations, parenting evaluations, and chemical dependency assessments, and 2) service providers who provide other services to parents such as mental health treatment and chemical dependency treatment. These results are illustrated in Figure 10 on the following page.

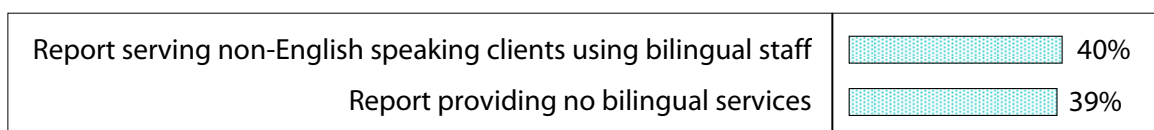
Statewide, nearly equal rates of *service provider* respondents reported serving non-English speaking clients using bilingual staff as providing no non-English speaking services. These results are illustrated in Figure 11 on the following page.

Figure 10 – Social Workers Report Referring Non-English Speaking Parents to Evaluators and Service Providers Who Speak Primary Language with Similar Frequencies



Source: JLARC survey of social workers.

Figure 11 – Service Providers Report Variations in Providing Services for Non-English Speaking Parents



Source: SESRC survey of service providers.

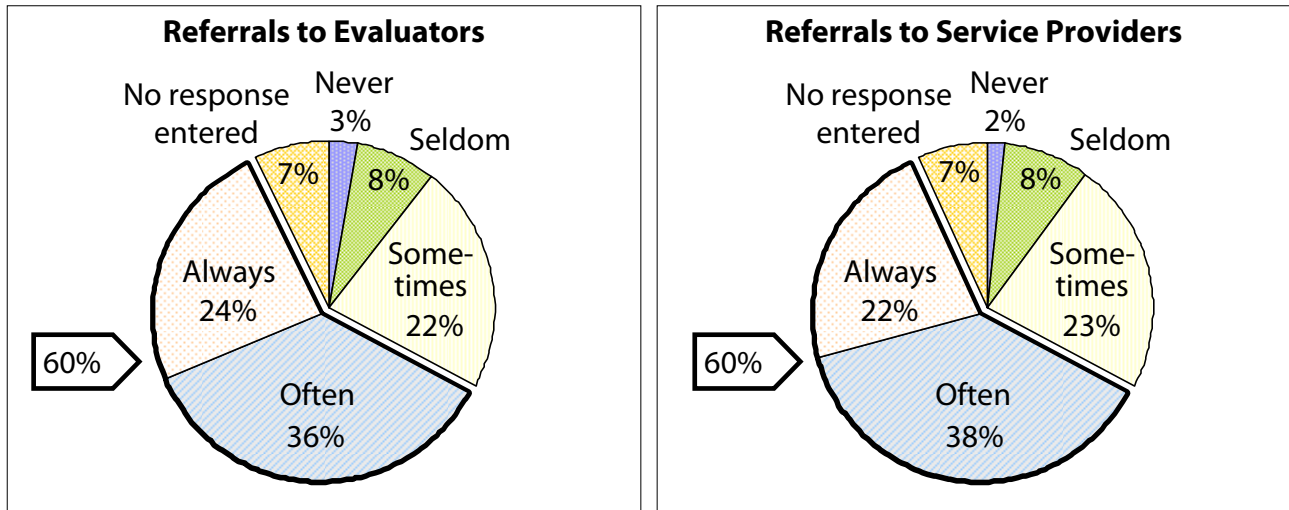
Access for Parents Who Are Members of an Ethnic or Racial Minority Group

In surveying both social workers and service providers, we wanted to know how service providers serve parents in dependency cases who are members of an ethnic or racial minority group.

Statewide, 60 percent of *social worker* respondents reported always or often referring parents in dependency cases, who are members of an ethnic or racial minority group, to evaluators and service providers, respectively, who have cultural competence with the parent’s ethnic or racial minority group. In this case, we were asking separately about referrals to: 1) evaluators who perform evaluations of parents such as psychological evaluations, parenting evaluations, and chemical dependency assessments, and 2) service providers who provide other services to parents such as mental health treatment and chemical dependency treatment. These results are illustrated in Figure 12 on the following page.

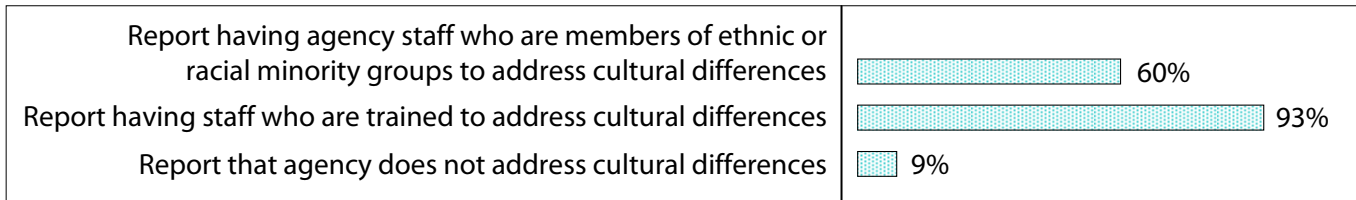
Statewide, 60 percent of *service provider* respondents reported having agency staff who are members of ethnic or racial minority groups to address cultural differences, and 93 percent reported having staff who are trained in cultural differences. Only 9 percent reported that their agencies do not address cultural differences. These results are illustrated in Figure 13 on the following page.

Figure 12 – Social Workers Report Referring Parents Who Are Members of Ethnic or Racial Minority Groups to Evaluators and Service Providers with Cultural Competence with Similar Frequencies



Source: JLARC survey of social workers.

Figure 13 – Service Providers Report Variations in Providing Culturally Competent Services



Source: SESRC survey of service providers.

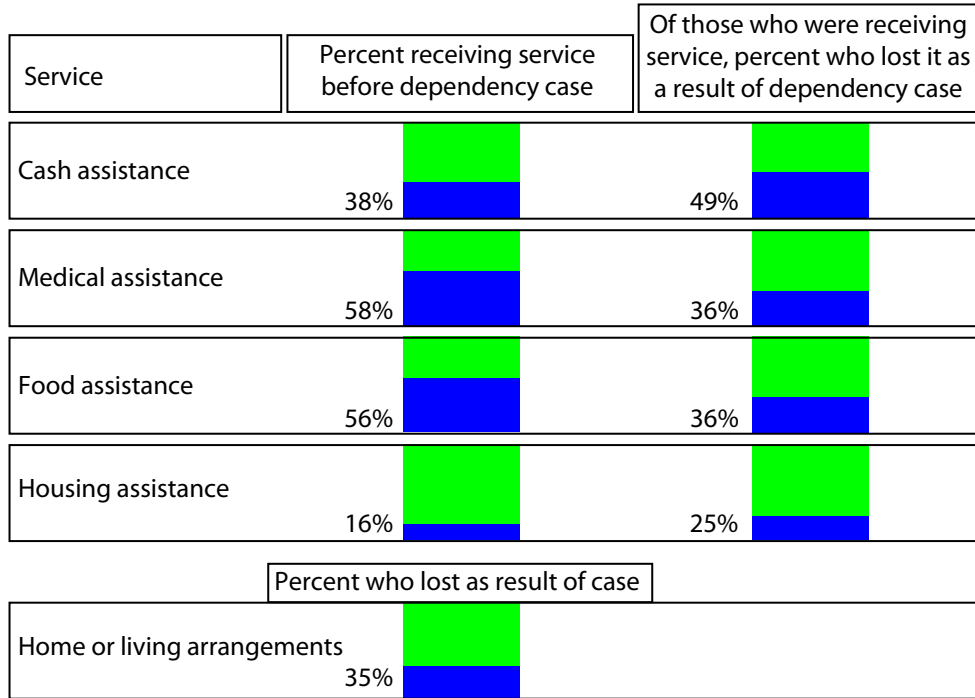
Parents’ Views on Their Access to Other Supports

In surveying parents, we wanted to know about their access to additional support services.

A parent’s loss of support services could be a direct result of his or her child’s dependency case. The federal Temporary Assistance for Needy Families (TANF) Program, which operates in this state as the WorkFirst program, provides just such an example. The program provides cash assistance and medical care to eligible *families*. The program’s eligibility requirements include caring for a child or being pregnant, in addition to specific income, resource, and immigration status requirements. A parent whose family had qualified for assistance through the WorkFirst program would no longer meet those requirements if the parent’s children are in the state’s care.

Statewide, some parent respondents identified losses in cash assistance, medical assistance, food assistance, and housing assistance. Thirty-five percent of parent respondents also reported losing their home or living arrangements as a result of the dependency case. These results are illustrated in Figure 14 on the following page.

Figure 14 – Some Parents Report Losing Supports



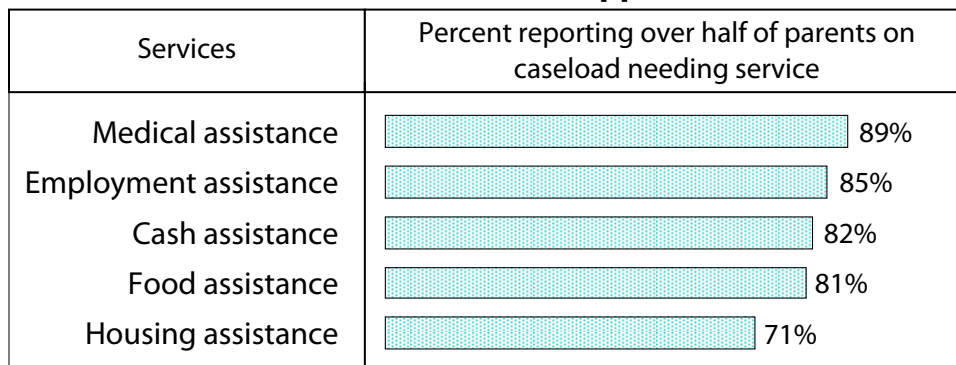
Source: SESRC survey of parents.

Social Workers' Views on Parents' Need for Other Supports

In surveying social workers, we also wanted to know their views about parents' need for additional support services.

Statewide, over 70 percent of social worker respondents reported that over half of parents on their caseloads needed each of five specific support services, as illustrated in Figure 15 below.

Figure 15 – High Rates of Social Workers Report Parents' Need for Supports



Source: JLARC survey of social workers.

CHAPTER FOUR – OTHER INFORMATION ON THE STATE’S SERVICES FOR PARENTS

Parents’ Use of Services through DSHS Comparable to Survey Results

Along with the results of our three surveys, we analyzed available DSHS administrative data on parents’ use of substance abuse and mental health treatment services through the Department.⁴

We saw that the rates at which parents actually received those services through DSHS are comparable to the rates at which parent respondents to our survey reported that the court required them to complete those services.

Statewide, 20 percent of parents in State Fiscal Year 2005 and 23 percent in State Fiscal Year 2006 accessed substance abuse services through DSHS. Comparably, 14 percent of parent respondents to our survey reported that the court required them to obtain inpatient substance abuse treatment, and 28 percent reported that the court required them to obtain outpatient substance abuse treatment.

Statewide, 14 percent of parents in State Fiscal Year 2005 and 14 percent in State Fiscal Year 2006 accessed mental health services through DSHS. Comparably, 25 percent of parent respondents to our survey reported that the court required them to obtain mental health treatment.

Federal Approval of State’s Services for Parents

Both federal and state law requires the state to make “reasonable efforts” to reunify families. The federal government exercises its oversight by conducting Child and Family Services Reviews which are designed to: ensure that state child welfare agency (i.e., DSHS’ Children’s Administration) practice is in conformity with federal requirements; determine what is actually happening to children and families who are receiving state child welfare services; and assist states to enhance their capacity to help children and families achieve positive outcomes. The reviews assess seven outcomes relating to safety, permanency, and child and family well-being, and seven systemic factors that affect outcomes for children and families.

One of the systemic factors assessed in the Child and Family Services Review concerns the array of services in place to address the needs of children and families, whether those services are accessible throughout the state, and whether they can be individualized to meet children’s and families’ unique needs. In the initial review in 2004, the federal government found Washington State out of compliance in this area. However, as of November 2006, the federal government found that DSHS’ improvement plans had successfully addressed this compliance issue.

⁴ DSHS provided this information for the parents from our survey sample who were identifiable in DSHS’ data systems.

Independent Assessment of State’s Services for Parents Still Underway

State law requires DSHS’ Children’s Administration to become accredited by an independent entity. DSHS is pursuing accreditation through the independent, nonprofit Council on Accreditation that accredits child and family service and behavioral healthcare agencies and programs.

As of July 2007, the Council has completed its review of 33 of 45 Children’s Administration offices, and has found all of those to meet the Council’s standards. However, in the initial review, individual offices were found out of compliance with some particular standards, including ones specifically relating to services for parents. To meet with the Council’s approval overall, offices either successfully addressed the problems identified in the initial reviews or performed well enough on other standards. Those details will not be available until the statewide process is complete.

Additional Children’s Administration offices have now been found to meet the Council’s standards, and the statewide process is projected to be completed in early 2008.

APPENDIX 1 – SCOPE AND OBJECTIVES

SERVICES FOR PARENTS TO REUNIFY FAMILIES

SCOPE AND OBJECTIVES

JULY 31, 2007



STATE OF WASHINGTON
JOINT LEGISLATIVE AUDIT AND
REVIEW COMMITTEE

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Why a JLARC Study of Services for Parents to Reunify Families?

Substitute House Bill 1333 (2007) requires the Joint Legislative Audit and Review Committee (JLARC) to analyze gaps throughout the state in the availability and accessibility of services identified in the federal Adoption and Safe Families Act.

Background

Why Do Parents with Children in Foster Care Need Services?

Under Washington State law, children may be removed from home and placed in foster care if they have been abandoned, abused or neglected, or have no one who can care for them. In legal terms, this means that the child has been declared a “dependent” of the state.

In order to be reunified with their children, parents may be required to complete services identified by the Department of Social and Health Services. Examples of such services include counseling, substance abuse treatment, mental health services, and domestic violence services.

Parents must complete those services by the time their children have been in foster care for 15 months. If they do not, the state must take action to terminate their parental rights.

Legislature Requests Assessment of Availability and Accessibility of Services

A legislatively-established task force has reviewed and made recommendations on improving the health, safety, and welfare of Washington children who may be victims of abuse or neglect. The final report of that task force issued in January 2007 included the following recommendation:

The state should inventory services parents are required to engage in by the court pursuant to a dependency action and determine what services are currently available in each county, assess the service gaps or unmet needs, and examine alternatives for delivery and payment of services.

In 2007, the Legislature passed legislation (SHB 1333) that included provisions based on the work of that task force. This legislation directed JLARC to conduct a review of services for parents to reunify families.

Study Scope

JLARC will conduct an analysis of the availability and accessibility of services that parents whose children are determined by the court to be “dependent” may be required to complete in order to retain their parental rights.

Study Objectives

In response to the legislative directive, the study will answer the following questions:

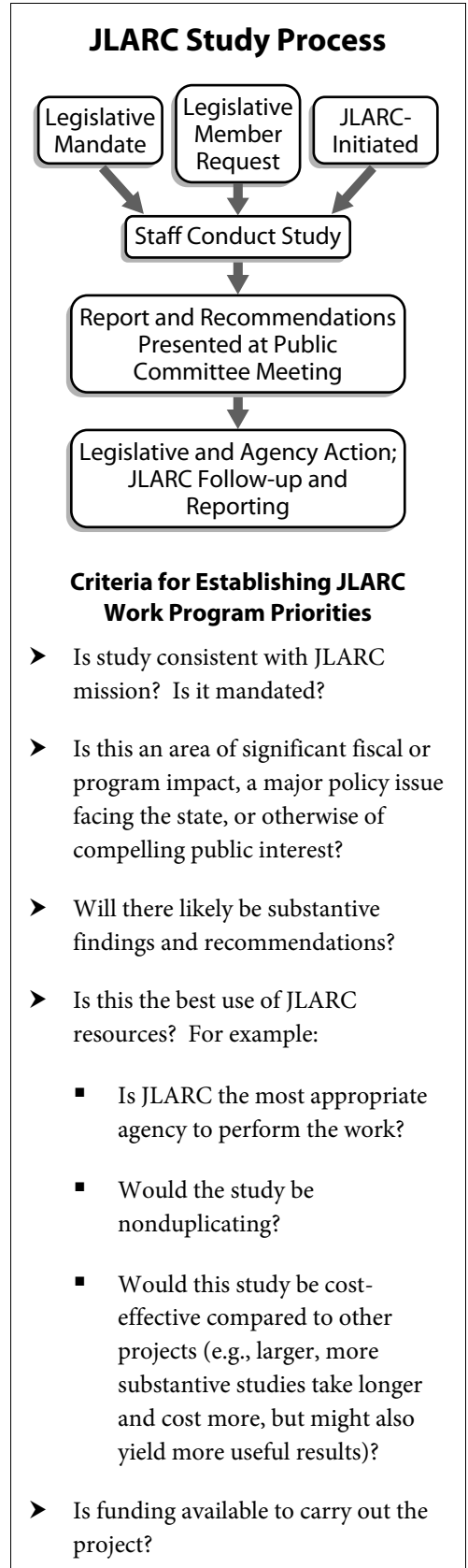
- 1) What are the state and federal statutory requirements relating to services for parents to reunify families?
- 2) To what extent are services for parents to reunify families available in communities throughout the state?
- 3) Where services are available, to what extent are parents able to access them?

Timeframe for the Study

A preliminary report is scheduled for the November 2007 JLARC meeting, with the final report scheduled for the January 2008 JLARC meeting.

JLARC Staff Contact for the Study

Cynthia L. Forland (360) 786-5178 forland.cynthia@leg.wa.gov



APPENDIX 2 – AGENCY RESPONSES

Agency responses will be included in the final report.

APPENDIX 3 – SURVEY DETAIL

Surveys

For all three surveys conducted for this study, JLARC intentionally included not only those services identified in the federal Adoption and Safe Families Act, as directed by the study mandate, but also other services that DSHS might recommend or the court might require parents to complete. We also asked about other related services and conditions, such as visits between parents and their children, housing, cash assistance, food assistance, medical care, and employment assistance.

The three survey tools were developed by JLARC staff with external review.

Full details on each of the surveys are available from JLARC upon request.

Service Provider Survey

JLARC contracted with Washington State University’s Social & Economic Science Research Center (SESRC) for a web-based survey of service providers. We included the following in our survey sample:

- Providers contracted with the Children’s Administration for services that parents may need to participate in;
- Certified chemical dependency providers;
- Licensed community mental health agencies;
- Certified domestic violence perpetrator services providers; and
- Other community providers identified through information and recommendations provided by regional Children’s Administration staff.

Since there is no defined universe of service providers who work with parents with children in dependency cases, we intentionally used a broad approach in identifying service providers to include as many likely individuals and agencies as possible. We recognized that by doing so we could be including some individuals and agencies that may not provide services to parents in dependency cases.

A total of 347 respondents completed the service provider survey, which makes up a response rate of 20 percent of the total sample of 1,720 services providers. The survey respondents consisted of a geographically diverse group, including service providers located in 33 counties and serving 38 counties.

Due to the number and diversity of respondents to the service provider survey, we were able to reliably separate out responses into the following pairs: Eastern-Western Washington; and rural-urban counties. However, we were not able to separate any smaller units than those without losing the integrity of the results.

Child Welfare Services Social Worker Survey

JLARC conducted a web-based survey of DSHS' Children's Administration's Child Welfare Services social workers. We limited our sample to 736 Child Welfare Services social workers to focus on those likely to be working with parents with children in the state's care.

A total of 278 respondents completed the social worker survey, which makes up a response rate of 38 percent of the social workers that we contacted. These respondents consisted of a geographically diverse group. They also included a diversity of years of service in their current positions.

For the social worker survey, we were able to reliably separate out responses into the following pair: Eastern-Western Washington.

Parent Survey

JLARC also contracted with SESRC for a telephone survey of parents. We limited our sample to parents with a child in a dependency case that was completed (that is, closed out) in calendar year 2006, as identified in the Administrative Office of the Court's administrative data.

A total of 206 parents completed the survey, which makes up a response rate of 11 percent of the 1,852 parents who were eligible and for whom a working telephone number was available. Of the total sample of 5,781 parents, 3,929 did not have a valid working telephone number or were ineligible for the survey. From the remaining 1,852 parents, a total of 69 percent could never be reached because they did not answer the telephone or did not return the message left by SESRC on their answering machines. Of the 575 parents who were contacted for an interview during the survey period, 215 participated in the survey with 206 completing it.

The survey respondents consisted of a diverse group, including distribution across geographic regions of the state, levels of education, gender, and whether they were reunified with their children.

Due to the number and diversity of respondents to the parent survey, we were able to reliably separate out responses into the following pairs: Eastern-Western Washington; rural-urban counties; and reunified-not reunified with children. However, we were not able to separate any smaller units than those without losing the integrity of the results.

