



Position Paper:

Improving Outcomes for Children and Families served by DSHS Children's Administration through Savings and Reinvestment of Services

January 27, 2010

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Overview: Current Washington State Department of Social and Health Services Children's Administration

Social workers in the DSHS Children's Administration have been calling for workload relief and agency reform for a number of years. The call has been made through multiple presentations at labor/management meetings with DSHS management, contract proposals in the last three negotiation sessions since collective bargaining became law and to the Legislature as recently as the 2008 session. The call for relief has been validated in an independent workload study released in the Fall of 2007. The exploration of possible solutions and efficiency improvement began in June 2008 with a budget proviso compelling the agency to collaborate with the WFSE to find solutions. That committee submitted its findings to the legislature in December 2008.

Heavy workload compounded with high turnover isn't just a Washington state problem. It is a national concern as noted in numerous national studies by independent organizations such as:

- Center for Public Policy Priorities
- US Department of Health and Human Services
- Florida Office of Inspector General's internal audit
- Texas Center for Public Policy

The underlying theme is that both the public and private sectors are experiencing caseworker burnout, turnover and insufficient recruiting of experienced social workers.

The resulting workload impact to child welfare outcomes is delay or change in permanency decisions and decreasing emotional well-being by perpetuating feelings of abandonment, reducing ability to attach or bond, and feeling disempowered and helpless. Increases in the number of new social workers assigned to a case also correlates to a reduction in the chances of achieving permanency at all.

Children entering care who had only one caseworker typically achieve permanency in 74.5% of cases. As the number of case managers assigned to a case increases, the percentage of children achieving permanency substantially drops, ranging from 17.5% when a child has two case managers to a low of 0.1% when a child has six or seven case managers.

One of the fundamental factors contributing to high workload is the lack of consistent resources from the private sector. It is widely acknowledged that the services available in King County are not the services available in Walla Walla and what is available in Vancouver isn't available in Bellingham.

Further, with the current economic crisis, early intervention and prevention services are being severely reduced or eliminated completely. The result is increased out-of-home placements, movement between placements and additional court activities. These add to workloads and increase the number of ways families and children are becoming more and more vulnerable.

Today, the private agencies provide a wide range of services that include in-home and out of home family preservation services, parenting skills training, Foster care, post-adoption support, child and family counseling. The services provided by the private partners are highly valued; many are proven to improve outcomes and reduce the more costly back-end services. Some even have their own needs assessment tools and in-house social workers. However, no private agency in this state has the infrastructure in place to take on the work of the state agency. To set up such an infrastructure in not just one private agency but several requires significant initial investment on the part of the private agency, the state or both.

Before we have our private partners take on work they've not done before, requiring significant initial investment, training and transition costs, it makes better sense to develop the services they do so well so they are more consistently available to children and families across the state. The disruption to the workforce causes unnecessary displacement and transfer of jobs, which results in unnecessary risk to children and families.

Compounding the high workload and social worker turnover are the multiple requirements being regularly added regionally and statewide. We see disturbing consequences from lawsuits, increasing state and federal requirements and continuous agency rollouts of new policies and processes. These result in often conflicting directives, inconsistent interpretation or prioritization by local management that turns the work into a checklist of tasks. When considered with the substantial amount of time the new Famlink system requires, even more social worker attention is taken from providing quality services to children and families.

The result of the combination of all of these factors is an increasingly ineffective child welfare system in both the public and private sector that leaves children and families more vulnerable while placing the greatest burden for their care and safety on the dedicated employees who are trying to improve their lives.

WFSE agrees that systemic change is necessary and overdue however, it must be brought about with a full understanding of the current system, the resources available and a comprehensive strategy based on methods that are proven to deliver results.

In an effort to identify areas of concern and to offer constructive solutions, WFSE has convened a steering committee. It includes social workers from all six regions of the Department of Social and Health Services Children's Administration (DSHS/CA). They have a wide range of experience, education and expertise.

WFSE has conducted many forums for social workers statewide to better understand what the various regional issues are. Also, WFSE has reviewed substantial amounts of national research on child welfare reform.

WFSE has developed recommendations and suggestions that would result in meaningful reform of both public and private sectors to create a whole system that is integrated in a way that makes the best use of resources to provide services and support to the children and families of Washington state.

Review of National Child Welfare Privatization: Still Struggling to Find Success

In 1996 the federal government began granting waivers under Title IV-E of the Social Security Act. This gave jurisdictions greater ability to try new theories in Child Welfare, without jeopardizing federal funding, to establish “best practices.”

Since then, several jurisdictions have tried, in various forms, privatization models. Unfortunately each of these jurisdictions has struggled to find success. All are still adjusting their models after numerous failures at the expense of children and families.

Some improvements in the outcomes for children and families have been claimed, but very little objective analysis has been done to identify what the contributing factors were in the achieved improvements. Every one of these efforts included a great number of other simultaneous reform efforts and a significant increase in the funding of the system overall.

A nationwide problem of heavy caseloads, social worker burnout, recruitment and retention, and insufficient number of foster homes is a barrier to achieving better outcomes.

Without accurate data on the other contributing factors, no objective analysis can be done. Nor can we identify to what extent improvements in outcomes were simply a result of investing more resources into the system. Nationwide, heavy caseloads, social worker burnout, recruitment and retention or the inadequate amount of foster homes create barriers to better outcomes in the jurisdictions where privatization has occurred.

The most recent objective study of privatization models was done in 2003 by Madelyn Freundlich and Evelyn Gerstenzang. Their study, Assessment of the Privatization of Child Welfare Services: Challenges and Successes, was conducted only six years after the Title IV-E waiver program was authorized. This 7-year old study is still cited by the US Department of Health and Human Services as the only objective comprehensive study done to date.

In all cases where publicly run systems were privatized, the existing system was performing at substandard levels and substantial resources were invested. The substantial investment alone should have yielded improvements and yet this factor has not been included in any of the analyses. Other reforms implemented in conjunction with the privatization models have not been identified, isolated or accounted for in order to gain a meaningful understanding of what changes were effective.

Washington State’s outcomes fall within the national averages or better. That is not to say that when it comes to vulnerable children and families that average is acceptable. There is certainly room for improvement but no analysis has determined if the changes being considered in the privatization model could yield any improvements at all.

The Administration for Children and Families (AFCARS) collects case level information on all children in foster care for whom state child welfare agencies have responsibility for placement, care or supervision and on children who are adopted under the auspices of the state’s public child welfare agency. AFCARS also includes information on foster and adoptive parents. The following is a summary comparison of Washington state’s outcomes with a few of the other states that have adopted privatization models.

This chart utilizes information from 2006 and serves as a comparison between Washington state and states who have had privatized child welfare systems for at least seven years:

2006*	IL	KY	FL	WI	KS	WA
CPS referred ¹	27,756	48,649	151,822	29,029	15,164	35,698
Kids overall ¹	3,199,159	1,003,973	4,043,560	1,321,279	696,082	1,536,368
Child Fatalities ¹	58 or .018%	36 or .0036%	140 or .0035%	13 or .001%	5 or .00075%	21 or .0014%
Kids in Foster Care (FC) ²	19,999 or 6/1000	12,564 or 12.5/1000	48,730 or 12/1000	12,025 or 9/1000	8336 or 12/1000	15,982 or 10/1000
Kids in Relative Care ¹	34.8%	8.6%	45.7%	27.9%	20%	36%
Kids Reunified ¹	40%	47%	51%	64%	53%	62%
Kids Adopted ¹	1740	759	3046	885	525	1196
% of average Kids in FC ¹	9.5%	10%	10.3%	7%	8.1%	11.1%
Kids Aged-Out without Permanent ²	783 or 3.9%	591 or 4.9%	1488 or 2.7%	513 or 4.5%	421 or 5%	382 or 2.5%
Kids in FC: Ethnic% (E%) compared to State% (S%) ^{1,2}	<u>E% / S%</u> W 29.7 / 56 B 62 / 17 H 5.8 / 21 NA .2 / 0	<u>E% / S%</u> W 70.2 / 85.7 B 19.3 / 10 H 3.5 / 3 NA .1 / 0	<u>E% / S%</u> W 47.9 / 51 B 38.6 / 20 H 10.6 / 25 NA .1 / 0	<u>E% / S%</u> W 44.3 / 78.8 B 37.5 / 9.5 H 7.8 / 7.4 NA 3.6 / 1.2	<u>E% / S%</u> W 68.1 / 74.2 B 19.6 / 6.8 H 7.1 / 12.6 NA 1.3 / .95	<u>E% / S%</u> W 54.5 / 67 B 10.4 / 4 H 14.8 / 15 NA 8 / 2

* ¹Child Welfare League of America, 2009; ²Annie E Casey Foundation 2009

KEY:

CPS ref., Kids Overall: refers to the approximate number of accepted child protection referrals in each state and the approximate number of children in that state in that year.

Child Fatalities: approximate number of child fatalities associated with each state child abuse system followed by the percentage of how many children died connected to the number of children accepted as referrals.

Kids in FC: refers to the approximate number of children in foster care during the year of 2006, followed by how many children per each thousand of the children overall in that state.

Kids in Relative Care: percentage of children in placement who were in relative care.

Kids Reunified: percentage of children who were reunited with a birth parent in 2006.

Kids Adopted: number of children adopted in 2006 followed by what this percent was of children in foster care in 2006.

Kids Aged out in 2006 wout perm. : number of children who aged out of foster care without a permanent home followed by what that percent was of children in foster care in 2006.

Kids in FC: Ethnic % Compared to State %: percentage of children in foster care in that state who were W, (white); B, (Black); H, (Hispanic); NA, (Native American) compared to the percentage of children of these ethnicities overall who reside in that state.

Additional Facts:

- Worker Turnover adversely affects children in child welfare systems.
- The General Accounting Office found that worker turnover in child welfare affects children and families: high turnover results in poorer quality services and poorer outcomes. (General Accounting Office, 2003) The U.S. Department of Labor estimates that the cost of worker turnover can cost as much as 10,000-20,000\$ each time a worker leaves. (Children's Defense Fund; Children's Rights, 2006)
- In Florida, after privatization occurred, caseloads rose from 20 per worker in 2004 to 35 in 2007. (Riggs, 2007) In 2006, the level of experience of a child welfare worker in Florida ranged from 2.2 months to 25.25 months. (Perry & Murphy, 2007)
- In Milwaukee County, Wisconsin, turnover in child welfare workers has been reported as being between 30 and 67 percent. Worker turnover significantly affects the children in this system: 17.5 percent of children with two workers found permanence; 5.2 percent with three; .1 percent with six or seven. (Riggs, 2007)

References:

Annie E. Casey Foundation. (2009). *Kids Count Data Center by State*. Retrieved November 14th, 2009, from Kids Count Data Center: datacenter.kidscount.org/databook/2009

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General Accounting Office. (2003). *Child Welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff.* Washington, D.C. : General Accounting Office.

Perry, R. P., & Murphy, S. J. (2007). A Critical Appraisal of What Child Welfare Workers Do: Findings from a Task Analysis Study in Florida. *American Humane Association*, 44-73.

Riggs, D. (2007, Summer). *Workforce Issues Continue to Plague Child Welfare*. Retrieved October 18, 2009, from North American Council on Adoptable Children: <http://www.nacac.org/adoptalk/WorkforceIssues.html>

The comparison of these jurisdictions illustrates that Washington exceeds or is within close range to the outcome ratios of the other privatized states in the comparison.

One of the primary business models the jurisdictions that have moved to privatization have adopted is the “lead agency” model. There is substantial information about the lead agency model, or more appropriately referred to as a brokerage model, currently under consideration in Washington state and included in recent legislation. However, in all of the information available describing the model and claims of success, there is little, if any, objective analysis of this model’s successes or shortcomings.

Independent audits and reviews show the achievement of improved outcomes is still somewhat mixed; universally, workloads don’t decrease but increase and caseworker turnover is still high (Florida Inspector General Audit, 2008; Center for Public Policy, Texas 2006).

In general practice, implementing a brokerage model increases the number of administrative layers and requires substantial initial investment. This is particularly true in the case where there isn’t an existing infrastructure for procurement and service development functions, which is the case in Washington State. Currently the existing private agencies do not have the technology systems, staffing or training to transition to a “lead agency.” Therefore, it would be necessary for the state to provide funding to develop these functions. The “lead agency” infrastructure doesn’t exist in either the public or private sector. It makes no sense to expend valuable resources to create a new layer of administration and bureaucracy to develop the private sector.

Using a brokerage model in the context of child welfare services means one of two things to the service provider and caseworker; 1) The purchaser pays the broker more than what is currently paid for services in order to cover the broker’s

administrative and overhead costs keeping payments to service providers the same Or 2) The purchaser pays the same as is currently paid; the broker covers its administrative and overhead costs from that and reduces the amounts paid to service providers.

If providers become subcontractors, or even employees of the lead agency, for less than what they were being paid when they dealt directly with the public agency, many will choose to find alternative fields to pursue. This is not an outcome we want, especially when services to children and families in Washington have been cut.

Adding to the administrative burden of this business model is the need (and costs) for the public agency to hire and train staff for contract administration and contractor monitoring. While it may be true that managing only a few contracts with lead agencies would be a reduction from the current practice, the number of providers isn’t reduced so managing multiple providers is simply transferred to the lead agency – for a fee.

Consequently, ensuring that an adequate service provider network is available is no longer within the control of the public agency. The private agency maintains staff to administer the existing provider network within the area they are contracted for. How this translates when children or families move from one region to another where a different lead agency is subcontracting with service providers becomes a new area of concern. Particularly if there is a competitive relationship between lead agencies potentially vying for contracts in other regions. It is imperative that the service provider network, statewide, be accessible and stable to the greatest extent possible to ensure child safety isn’t jeopardized by external, and often political, factors between private agencies

Notwithstanding the disruption of the service provider market, the public agency has the additional burden of administering the

contracts with the lead agencies in each of its regions. It would only monitor that the outcomes specified in the contracts are being achieved and identify that the needed service network is sufficient for that contract only. If not properly integrated statewide, it will be difficult, if not impossible, to know from one region to the next where gaps in services exist. The public agency retains liability for the care and safety of children and cannot simply trust that the lead agency has developed an adequate network.

To better ensure needed services are available, the public agency must craft the Request for Proposal (RFP), or other solicitation documents, for the lead agency contracts to include a requirement for a service network development plan that includes a cross-regional system or plan. Unfortunately, adding this element increases costs to the monitoring function and often creates difficulty in evaluating the effectiveness of the resulting network. (Influences on Networks for Delivery of Social Services, Grady & Chen, University of Southern California 2006 Published by Oxford University Press)

Finally, we have been unable to identify objective research or analysis that supports any satisfaction in this model by the children and families served by it. In 2006 the Quality Improvement Center on the Privatization of Child Welfare Services reported results from focus groups of birth parents, Foster parents and children from jurisdictions that had converted from public run systems to privatized systems. In the focus groups, participants were asked questions about how they liked the new system. In short, all noted less satisfaction with the privatized models than they had experienced with the public-run model that was replaced.

Summary

We find a lack of objective analysis on the effectiveness of this relatively new business model in the field of child welfare.

It requires investment and causes market disruption. So any thought of adopting this “lead agency” business model should be evaluated with great caution.

Analysis of Business Models:

Successful Business Models in the Private and Public Sectors

By looking outside of the child welfare environment to other crisis service-oriented business models we can find successful business models that have been proven over time.

In the private sector we can look to the insurance industry. While not dealing with the same level of vulnerability with its client base, we can draw a fair comparison with individuals or families in immediate need and the reliance on other private partnerships for the business model's success. In this context the clear industry standard is for the company to retain its own case management functions while building significant community relationships and resources for the services it requires to serve their clients' wide range of needs. Market development is done directly with the service provider community. They use business incentives, pricing negotiations and standardization. They have close contractor monitoring to reduce cases of fraud. Multiple providers in a particular market are developed. All of this fosters a competitive environment that reduces the risk of not being able to provide services if one of the providers leave the market.

Access to these resources is maintained on a centralized database that can be accessed by all functions of the company. Contract monitoring functions, price and service negotiation and acquisition functions, as well as case management can work through the system from a variety of locations to better serve clients where they have the need for services. In many cases, most frequently used service providers are co-located with the case management functions for better service to the client.

It is true that some companies contract out their case management functions; but this is primarily found in the less preferred or high risk markets. That also generally costs the company more, which is then passed on to the client. In the companies where contracting for case management is done, higher numbers of complaints from clients regarding service and from providers regarding payment practices are often reported. Paying a middleman to secure services that can be purchased directly from the provider community does not result in efficiency, improved service delivery or cost effectiveness in any business environment.

Looking to other government functions, we turned to the Employment Security Department's (ESD) WorkSource program. WorkSource connects employers looking to fill positions with individuals seeking employment across all of Washington State. Housed in the WorkSource offices are ESD employees who do Unemployment Insurance eligibility determinations and case management along with private partners who deliver services.

Through resource sharing agreements, these partners sub-lease space in the WorkSource offices to offset cost and the savings are reinvested to provide more services or to improve existing services. The resource sharing agreements also benefit the private agencies by saving them the expense of maintaining separate locations. It makes their services more readily available.

One of the barriers to a successful employment connection is getting the client to the services needed to improve their ability to secure and retain employment. Having services co-located has benefited clients by reducing the need to seek out and travel to services. This “one-stop” concept has resulted in a more seamless delivery of services. That has improved outcomes while significantly reducing confusion and frustration. This has brought much improved relations between the agency, the provider community and the public it serves.

Finally we look to another department within our own Department of Social and Health Services (DSHS) to the Department of Vocational Rehabilitation (DVR). DVR has struggled with reputation in the disabled community as a last resort resource.

Among other efforts to improve and expand the quality of services DVR provides to its target client base, the agency applied for and received American Recovery and Reinvestment Act (ARRA) funds through a grant process to develop better private sector, community based partnerships to recruit for mid-to high-salary range jobs in high demand fields. The program has been titled “Project Hire,” which stands for Hiring Individuals with Disabilities Ready for Employment. The key goals of the project are:

- to expand services to un-served or under-served groups;
- to improve services to youth with disabilities transitioning from high school; and
- to provide services that assist individuals to achieve their employment and economic goals.

In implementing this innovation, the agency, in collaboration with its staff, their labor representatives and the community, has developed a comprehensive, multi-phase procurement process starting with only a few contracts in a few selected sites for a short duration. The process includes frequent checkpoints with the service providers as well as with staff and their labor representatives. The first phase is at its mid-point and the agency has already conducted group meetings with all of the contractors to get feedback, exchange information, unify best practices and identify the best strategies for expansion and potential contractors for continuation or expansion. Regular labor/management meetings have already occurred where both positive feedback and identification of potential concerns could be addressed.

Outcomes from each of the contractors are gathered regularly and reviewed by the management team for Project Hire in order to determine if outcomes achieved were the outcomes contemplated. The evaluation at this level is deemed necessary to develop the contract/contractor monitoring process and to identify areas where contractor corrections are likely to be needed.

Already the agency has identified areas where contractors are making similar placements to those currently performed by the agency and re-direction is made. In this way the private agencies are kept apprised of the agency’s need to continue development and expansion of quality services. The program has generated excitement with both the private community and the public employees and is already yielding positive results. But because it’s temporary, there is concern about how to not only maintain but also continue to develop the program. However the agency is simultaneously developing a transition strategy.

Summary

WFSE has analyzed a potential business model for child welfare services through a broader lens of successes in other fields.

We have compared those successes to the lack of objective data and mixed results experienced with the business model contemplated in 2SHB 2106.

WFSE concludes that any effort to implement the model described in 2SHB 2106 will be costly and very difficult to develop, much less to implement and to manage. The current progress of the Transformation Design Committee is evidence of the difficulty in developing this model.

There is no assurance of improved outcomes for children and families.

We believe Washington State can do better and the children and families we serve deserve better.

WFSE Recommendations:

Methods of Savings, Reinvestment and Improvement

Considering the current economic climate, we must be creative and resourceful in finding solutions to improve Washington's child welfare system. Changes must be thoughtful, meaningful and effective.

With these principles in mind, the WFSE has developed recommendations to create or expand evidence-based services to be widely and consistently available to children and families.

These are services that have traditionally been provided by the private sector that have been reduced, eliminated, or never existed. They can be developed or expanded through a savings and reinvestment strategy to achieve a truly effective division of labor between the public and private sectors. In developing these recommendations, it was also imperative that the recommended changes address the high workload concerns and resulting turnover of well-qualified, effective staff to further improve outcomes for children and families. The end result should not only improve outcomes but also the accountability of the system as a whole.

In 2008, approximately 23 percent of all child abuse or neglect referrals made to CA were subsequently referred to an Early Family Response System (EFRS) (previously Alternative Response System (ARS)). The State of Washington specifically defines EFRS as "...a contracted provider in a local community that responds to accepted Child Protective Services (CPS) referrals that are rated low or moderately low risk at the time of intake."

Washington ranks among the lowest in the country for our referral rate with some states referring as many as 71 percent of referrals to a non-investigative track. Throughout 2009, the number of referrals to EFRS has continued to drop and the expectation is that the funding for and referrals to EFRS will continue to decline over the next several years.

Current practices refer low-risk cases for investigation where there are questionable allegations or no allegations at all (i.e. "risk only" referrals). These often result in situations where family needs are identified but, as a result of the purely investigative nature of CPS, the case must be closed if the charges can't be proven or the case is relatively low-risk.

Consequently, the family is provided little or no assistance in addressing identified needs. When these families return to the attention of CA, the needs have often grown to constitute a clear and present danger to the safety of the children that results in the removal of the children from the home; a removal that could have been prevented with the use of preventative services.

Increasing the use of EFRS services reduces CPS referrals to Child Welfare Services (CWS) and reduces court costs. There'd be less need for social workers to handle these cases through the more complex legal system. That would ease the current heavy workload and increase their ability to do more assessments or work with the Family Voluntary Unit.

It is difficult to locate definitive data on the cost of a child in care in Washington State. But commonly quoted figures are \$1,500 to \$1,600 per month per child. If, through increased use of the EFRS services, the number of children in care are reduced from 10,000 per year to 9,000 the resulting savings are around \$18 million to \$20 million per year. The savings from the reduced court costs and out-of-home placements should be reinvested into front-end early intervention and prevention services to perpetuate the cycle of improved outcomes and resulting savings.

In 2008 the Washington State Institute for Public Policy (WSIPP) published their findings on the benefits and costs of evidence based programs that prevent children from entering and remaining in the child welfare system. That study indicated a significant potential for Washington to achieve both improved outcomes and cost savings. The study revealed that after five years of expanding evidence-based programs, Washington would receive long-term net benefits between \$317 million and \$493 million, of which \$6 million to \$62 million would be net taxpayer benefits.

TYPE OF SERVICE	TOTAL BENEFIT (in '000's)	PROGRAM COSTS (in '000's)	NET BENEFIT (in '000's)
Nurse Family Partnership	\$26,986	-\$ 8,931	\$ 1,8054
Intensive Family Preservation Services	\$ 7,875	-\$ 3,099	\$ 4,775
Family Assessment Response	\$ 1,425	\$ 1,326	\$ 2,751
Parent Child Centers	\$39,160	-\$ 8,124	\$31,036
Parent-Child Interaction Therapy	\$ 5,968	-\$ 1,006	\$ 4,962
Parents as Teachers	\$ 5,350	-\$ 3,841	\$ 1,509

*Source: WSIPP report #08-07-3901 published July 2008.

As the investment in the early intervention and prevention services increases, fewer children go into out-of-home care and the resulting savings from both the reduced out-of-home service needs and court related expenses (i.e. adoption, TPR and AAG expenses) can again be reinvested. This also relaxes the pressure on the foster care system. It improves the quality of service, expands support to the foster care community and expands mentoring services to the child's family.

Currently, there are limitations on the amount of time a family can participate in early intervention and prevention services. There are "once in a life of a family" limitations. For example, if a family is referred to Home Builders, they are permitted not more than 30 days in the program. These intensive family preservation services are proven to improve outcomes for keeping the family intact. They result in savings to the state. However, less than 30 days is not adequate.

While it's not clear why that limitation was created, WFSE recommends expansion to at least 90 days to give the social worker the ability to prescribe services based on the unique family needs. Take the case of a family with a small child who enters the system and is identified as low- to moderately low-risk, the family receives prevention services and remains intact. Now, a few years later the mother has another child with a different father and a new situation comes to the attention of CPS. This time the child is in the care of the father. Because the mother has already received services for one of the siblings, the father is now not eligible to receive the prevention services identified and recommended by the social worker in the present situation. This once in a lifetime limitation must be lifted.

Another way to more immediately bring funding for reinvestment into the system would be to adopt the co-location concept applied to the WorkSource program. For child welfare,

WFSE envisions a “Family Care Center” where caseworkers, other public agencies and private partners are co-located.

The Family Care Center would use the existing DSHS/CA offices with the agency re-evaluating the other entities co-located in the building. Instead of unrelated agencies sharing the space, Department of Alcohol and Substance Abuse, Department of Vocational Rehabilitation and private partners would be more appropriate. This reduces the need to provide transportation to services identified in the permanency plan. And it creates an environment where families know they are not just going to be penalized, but that there is a sincere commitment to providing real and meaningful assistance.

Through resource sharing agreements with the other agencies and private partners, revenue is generated to offset DSHS/CA’s operating expenses. This also benefits the other partners by making their services more readily available and by achieving savings in their operating expenses as well. As more savings are achieved and services expanded, the agency should review the changing needs of the locations as leases come up for renewal.

Increasing connectivity to other state agencies is another effective way to improve services and outcomes. For example, Department of Vocational Rehabilitation (DVR) has a program for youth in transition to assist with career planning and life skills and identifying possible resources for cash assistance, medical benefits, housing and food benefits through federal and local funding mechanisms. There are criteria to qualify for these programs but a large majority of youth aging out of the child welfare system have at least one of the qualifiers.

One of the most common services families that come to the attention of CA need are substance and alcohol treatment. It would be a logical partnering to have The Department of Alcohol and Substance Abuse (DASA) co-located with CWS. Other valuable services such as family planning programs

through Department of Health would be logical resources to co-locate with DSHS/CA. Maximizing the use of services provided by other state agencies, particularly those with access to federal and local funding mechanisms would result in improved service, a reduction in duplicative services between agencies and departments, and overall savings by not having to purchase similar services from the private sector.

Another way to bring funding to the agency for reinvestment is through the charging of fees for home adoption studies. Currently, the service is free from DSHS/CA. However there are a number of other states that charge a fee, typically \$500 - \$3,000, that adopting families can be reimbursed for as a non-recurring expense from the Federal Government. This should be explored.

Other federal dollars currently not accessed must be explored and maximized. In 2002, Congress extended the “Promoting Safe and Stable Families” program and increased the budgetary allotment for the program. The intent of the program is to invest in post-adoption support services that promote the lifelong commitment to the children. Currently, Washington is not taking advantage of this resource.

In conjunction with these other efforts, it is imperative that an objective analysis of the agency’s structure and policies is conducted for potential consolidation. There are over 90 performance measures the agency must meet for Braam, state and federal reporting. While well intentioned, they require staff to spend more time working off a checklist and inputting data into Famlink. That takes them away from the children and families.

Further, out of the roughly 2,800 employees within DSHS/CA, only 1,200 to 1,400 of them are front-line staff. Clearly administrative personnel are needed but in any struggling business environment, priority is given to the core mission of the

business while administrative and building infrastructure is placed behind that. A comprehensive analysis needs to include recommendations for legislative change where redundancies or outdated requirements are identified.

Managing risk

Risk management must also be incorporated into these recommendations. Under federal law liability must remain with the state for the children and families who enter the system; and it is a core agency function. Transferring case management functions outside of the agency's direct control increases substantially the liability exposure and should not be done. Doing so jeopardizes Title IV-E funding and requires the addition of contractor monitors. With the elimination of Title IV-E waivers, the public agency is still responsible for placement and movement decisions resulting in very close monitoring requirements.

Court involvement

Increasing the courts' participation in the agency's partnerships is essential to improving outcomes for children and families and finding efficiencies and savings. Through the workload study process it was identified that significant amounts of time are

spent waiting in court. Since then, several regions have made progress in negotiating with the courts to provide work space, grouping cases together and assigning specified days for specified CA offices so workers can plan around those days.

In Spokane a "Court Teaming" concept has been in place since 2006 that has resulted in increased reunification, kinship placement and adoption. In this concept, the commissioner assigned to a case follows the case through the legal processes creating familiarity with the family and reducing the need to reacquaint with the case. The benefit of this concept is to reduce the varying practice preferences of the different commissioners so the family can rely on the consistency of the plan they start with.

The model also has a mediation element where all of the parties meet in a mediation type of environment, rather than the more adversarial court positioning, to try to work through the case and find solutions. This has been a productive way to work with families and has resulted in better reunification and kinship outcomes. The efficiencies from these efforts reduce workload and improve outcomes. The savings should be reinvested into services, programs and practices that are proven to be efficient and effective.

Summary

In summary, the business model the WFSE recommends is to create a single procurement template to ensure that contracts with providers are tracked within technology that can report on costs, usage and availability of services when and where needed. The template must include contract language with providers that is used statewide, not regionally developed, that clearly spells out performance standards, incentives and penalties. The Family Care Center model is flexible enough to allow for service development, procurement, and contract monitoring functions at the region level or in the communities where the services are provided, rather than at Headquarters, for improved community and staff collaboration. It is flexible enough to be immediately implemented in communities that already have community centers designed to deliver services to families and children including tribes and other communities that are identified as racially disproportionate in the delivery of child welfare services.

These functions should remain within the public agency to not incur additional administrative costs.

Local offices become Family Service Centers where visitation, case management and needed services are more readily available to children and families.

The courts and their partners (ie. Office of Public Defense, CASA, GAL, etc) are included in the collaboration with the family to identify the best plan for the child.

The private sector is developed to maximize the services they provide best to be more consistently and widely available and the public agency retains case management functions to better control the liability it is required to hold.

As revenue-generating methods are implemented, the income is invested in the service community to expand and improve the services available to children and families.

Workload for caseworkers is reduced allowing them to focus on the social work they were hired to do, creating greater job satisfaction, decreasing turnover and attracting qualified applicants to fill vacancies.

With an objective evaluation of the agencies' policies and current infrastructure, we can identify efficiencies and streamline the bureaucracy.

Accountability of the agency increases. Trust with the Legislature and the public improves.

We acknowledge that the success of these recommendations depends on the ability of the agency to reinvest any savings achieved.

It will take time to develop consistent services statewide. But we expect increased services, increased payments to private providers and front-line agency staff, and opportunities for advancing education. This will significantly contribute to the improved quality of services and outcomes for children and families.

We recognize implementing this kind of change doesn't happen overnight. There will be hurdles. But the concepts presented in this recommendation minimize risk to children and families. They don't require substantial initial investment and major market upheaval. There are based on time-tested, proven business practices. Your consideration is most appreciated.

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