

**Court Survey:
Summary of Survey Questions and Answers**

Marna Geyer Miller, Ph.D.

February 2004



*Washington State
Institute for
Public Policy*

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WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

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I. INTRODUCTION

In 1997, influenced by statistics showing that many children remain in foster care for prolonged periods of time, Congress passed the Adoption and Safe Families Act (ASFA). ASFA shortened the allowed time to permanent placements for children in out-of-home care. Acceleration of the dependency¹ process has placed greater demands on the courts handling such cases, on the attorneys general prosecuting the cases, on defense attorneys representing parents, and on the Department of Social and Health Services (DSHS), which has responsibility for protecting the children and providing services to the families.

In 2001, the Washington State Legislature directed the Office of Public Defense (OPD) to establish a committee to address the following issues:

- Develop criteria for a statewide program to improve dependency and termination defense;
- Examine caseload impacts to the courts resulting from improved court practices; and
- Identify methods for the efficient use of expert services and means by which parents may effectively access services.²

In response, the Dependency and Termination Equal Justice Committee (DTEJC) was created. To inform itself about service providers and practices of the courts and of DSHS, the DTEJC elected to survey five populations:

- The juvenile courts of Washington;
- Social work supervisors in the Division of Children and Family Services at DSHS;
- Chemical dependency treatment providers;
- Other providers of services to families; and
- Evaluators (providers of many sorts of psychological evaluations).

This report focuses on the survey of the juvenile courts. The DTEJC outlined questions of interest, and the OPD and the Washington State Institute for Public Policy (Institute) then designed questionnaires, implemented the surveys, and compiled the data.

¹ “A dependency is a process, involving the Department of Social and Health Services (DSHS), Superior Court, families, and children alleged to be abandoned, abused or neglected, or a without a parent capable of adequately caring for him or her. The process concerns a determination of the child’s status as either, abandoned, abused or neglected, or a without a parent capable of adequately caring for him or her (a dependency finding) and then what steps must be taken to protect the child. The court may reunite the family, order services, or require placement of the child out-of-home. The process may also result in the filing of a petition to terminate parental rights.” *A Legislator’s Guide to the Child Dependency Statutes*, Senate Human Services and Corrections Committee Staff, Washington State Senate, 1999, <<http://www.leg.wa.gov/senate/scs/hsc/briefs/dependency.pdf>>.

² ESSB 6153, Section 114(d)

Who Was Surveyed?

In May 2002, a questionnaire was sent to each juvenile court in Washington State requesting information on the following:

- The types of services offered to, or ordered for, parents at various stages in a dependency case. If a service was offered, then the court was asked how long, on average, parents had to wait for the service.
- Services for children.
- Transportation to services when parents lack reliable transportation.
- Visits between parents and children.
- Sources of continuances.
- The frequency of continuances and the duration of continuances when they occur for shelter care, fact-finding and review hearings, and for termination trials.
- Other sources of court delays.
- The frequency of continuances in specific types of hearings or termination trials and the average length of continuances when they occur.
- The methods courts use to enforce timeliness requirements.
- Alternative proceedings offered by the courts.

The questionnaire also asked open-ended questions about the local availability of services.

There are 33 juvenile courts in Washington (some courts hear cases from more than one county). Each juvenile court was sent a survey, and 26 courts responded, a response rate of 79 percent.

The courts vary widely in terms caseloads. The number of dependency cases filed in 2001 ranged from one case in San Juan County to 747 cases in King County. For that reason, and because it seemed likely that some services might be more available in urban areas, courts were grouped by the number of new dependency cases filed in 2001.

- **Large courts** (those with over 350 cases filed in 2001) included King, Pierce, Snohomish, and Spokane Counties.
- **Mid-size courts** (those with 75 to 350 cases filed in 2001) included Benton/Franklin, Clark, Cowlitz, Kitsap, Skagit, Thurston, Whatcom, and Yakima Counties.
- **Small courts** included the remaining 14 courts, each with fewer than 75 cases filed in 2001: Douglas, Jefferson, Whitman, Klickitat, Asotin/Columbia/Garfield, Kittitas, Okanogan, Grant, Pacific/Wahkiakum, Chelan, Island, Walla Walla, Lewis, and Grays Harbor Counties.

Exhibit 1
Grouping of Courts by Number of Dependency Cases Filed in 2001

Court Size	New Dependencies Filed in 2001	Number of Courts	Number of Courts Responding to Survey
Large Court, >350	399 to 747	4	4
Mid-Size Court, 75 to 350	95 to 238	8	8
Small Court, <75	1 to 68	21	14

Findings

Services to Parents. The services asked about in the survey are listed in Exhibit 2. With the exception of Dependency 101, a formal explanation of the dependency process, virtually all courts reported ordering the services for some of their cases. Dependency 101 is not available in the majority of the courts.

Exhibit 2
Services for Parents Mentioned in the Survey

Service	Percent of Courts Where Services ...		
	Available and Ordered	Not Ordered	Unavailable
Parenting Classes	96%	0%	4%
Psychological Evaluation*	100%	0%	0%
Mental Health Treatment*	100%	0%	0%
Anger Management or Domestic Violence Treatment	100%	0%	0%
Dependency 101	33%	12%	55%
Family Preservation Services	100%	0%	0%
Home-Based Support Services	100%	0%	0%
Subsidized Housing or Housing Referral Services	76%	12%	12%
Inpatient Chemical Dependency Treatment	100%	0%	0%
Inpatient Chemical Dependency Treatment With Children in Residence	92%	4%	4%
Outpatient Chemical Dependency Treatment	100%	0%	0%
Developmental Disabilities Services	84%	12%	4%
Psychological Evaluation or Mental Health Treatment**	100%	0%	0%

*The four courts responding to the pilot version of the survey are not included. **The pilot survey combined the questions about psychological evaluation and mental health treatment. To see all responses, results from the final survey were combined with the responses from the pilot.

Methodology

For each of the services listed, the courts were asked how often the services were offered or ordered as part of each of the following efforts or events:

- Reasonable efforts to preserve the family before the child was placed;
- Shelter care order;
- Extended shelter care order;
- Disposition order;
- Permanency planning order; and
- Review hearing order.

The courts could respond on a five-point scale ranging from “Never” to “Always.” Numeric values were assigned to the responses, with “Never” being equal to 1 and “Always” equal to 5. This allowed us to derive an average response to those questions.

Findings

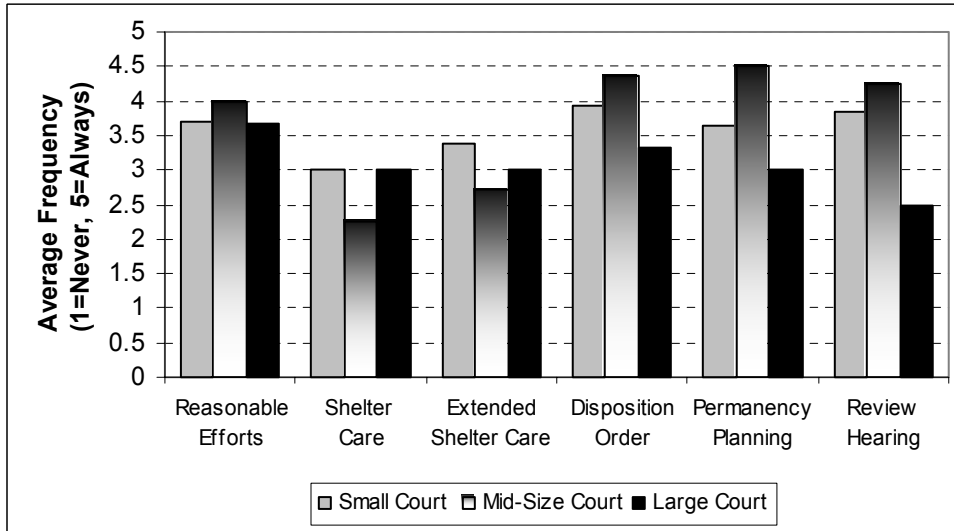
- Courts reported, on average, that Family Preservation Services and Home-Based Support Services were offered as frequently before children were removed from the home as they were as part of the court proceedings.
- All other services were most frequently ordered at the disposition hearing or later.
- Except for services related to chemical dependency treatment, roughly half the courts did not know how long the wait for services might be.
- Services were least likely to be ordered at shelter care.

A graphical summary of the responses follows.

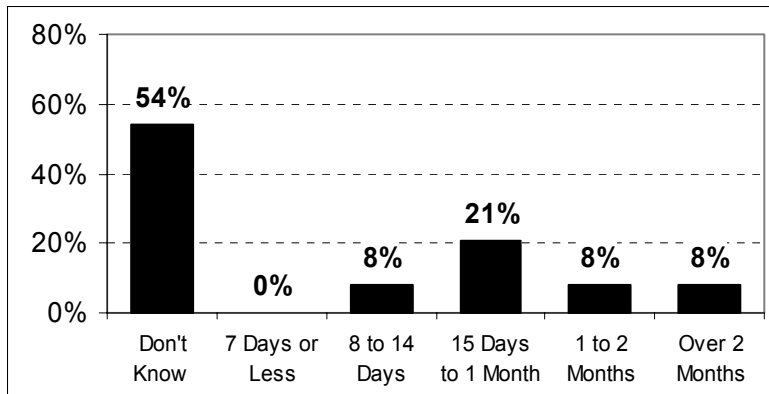
II. SERVICES TO PARENTS

Parenting Classes

When Are Parenting Classes Offered or Ordered for Parents?

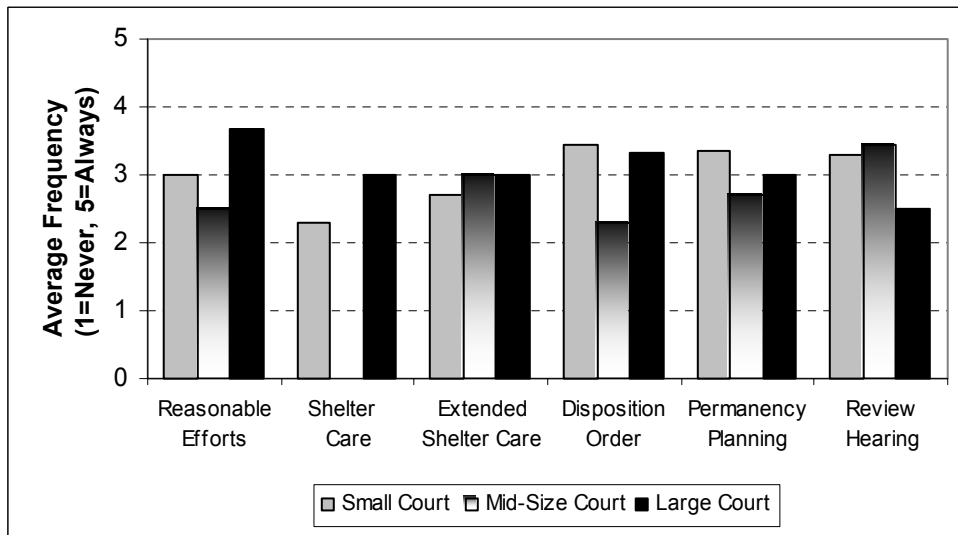


What Is the Average Waiting Period for Parenting Classes?

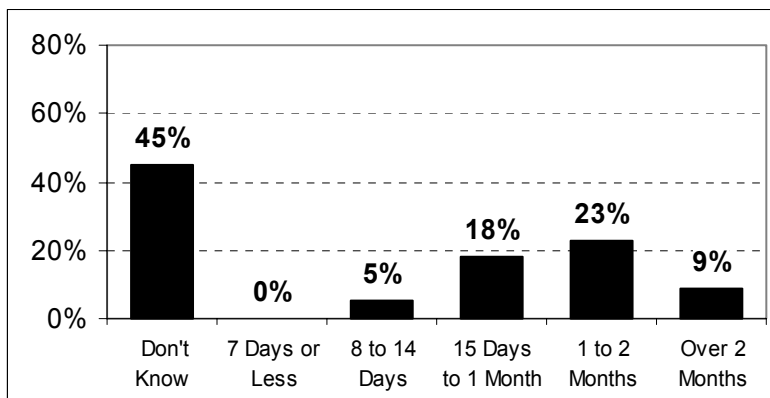


Psychological Evaluations

When Are Psychological Evaluations Offered or Ordered for Parents?

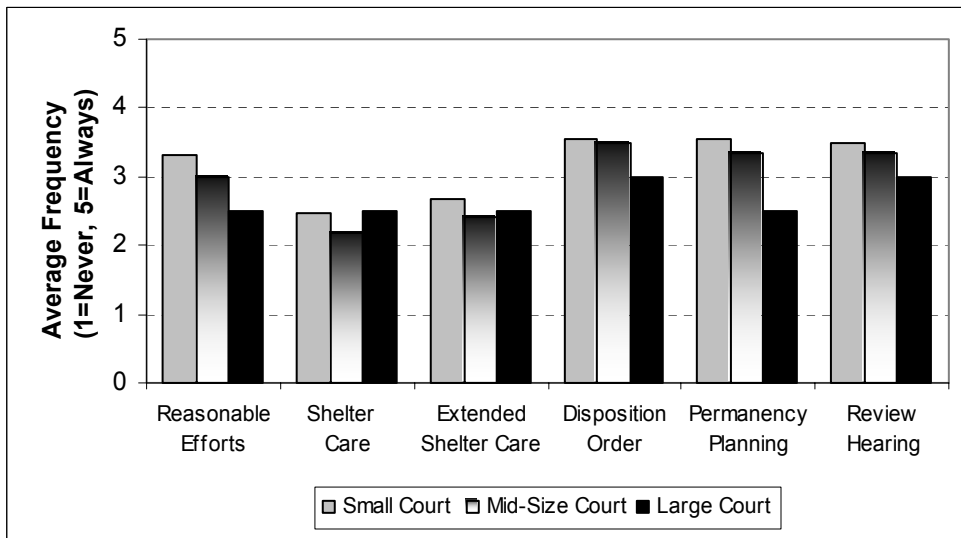


What Is the Average Waiting Period for Psychological Evaluations?

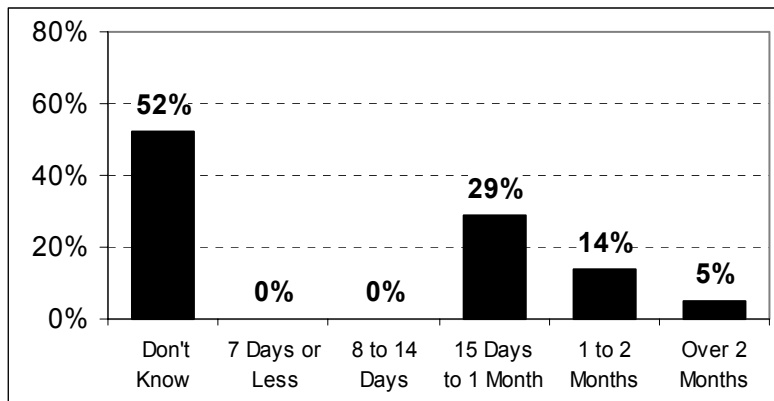


Mental Health Treatment

When Is Mental Health Treatment Offered or Ordered for Parents?

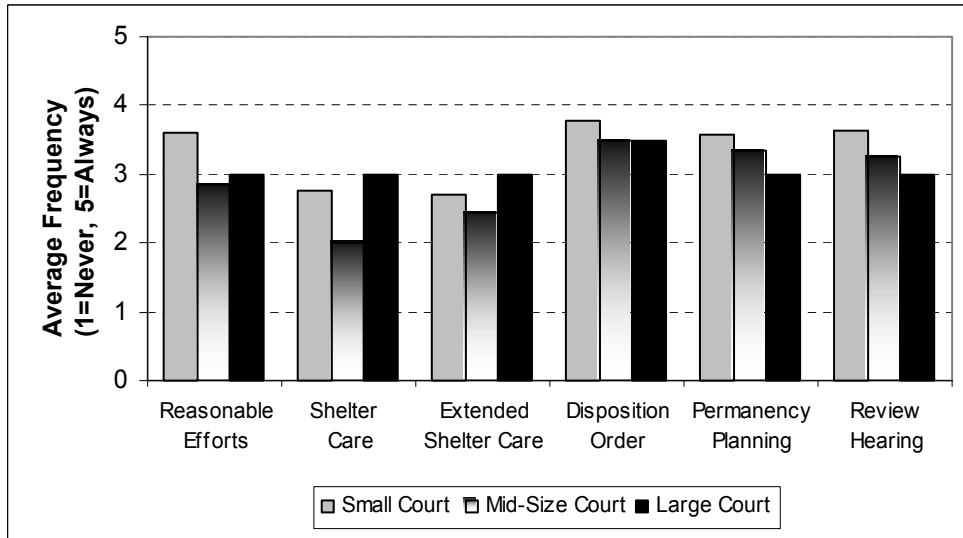


What Is the Average Waiting Period for Mental Health Treatment?

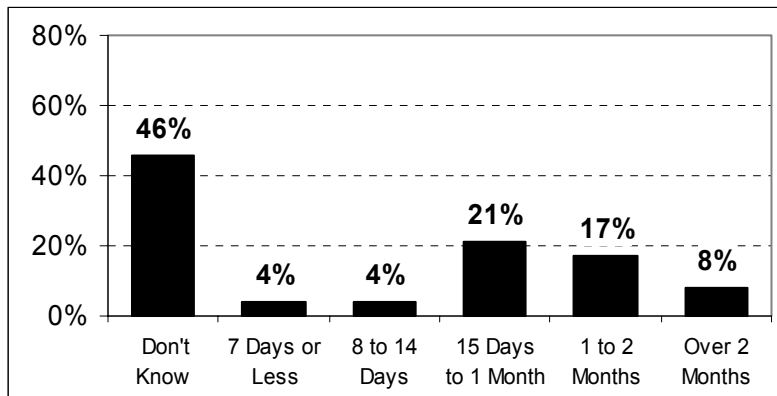


Anger Management or Domestic Violence Treatment

When Is Anger Management or Domestic Violence Treatment Offered or Ordered for Parents?

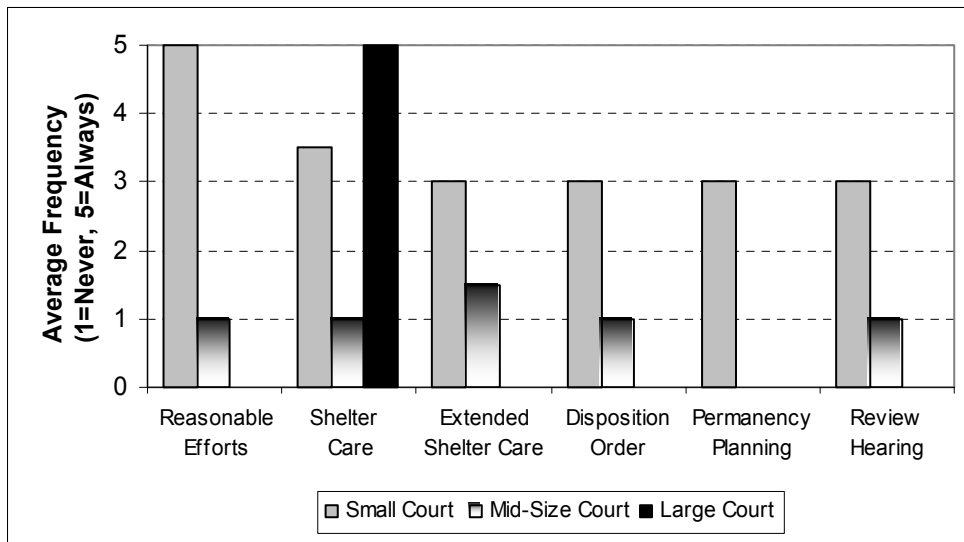


What Is the Average Waiting Period for Anger Management or Domestic Violence Treatment?

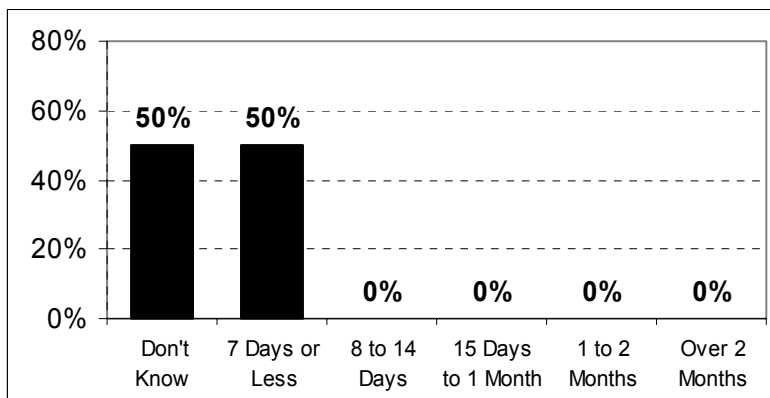


Dependency 101

When Is Dependency 101 Offered or Ordered for Parents?

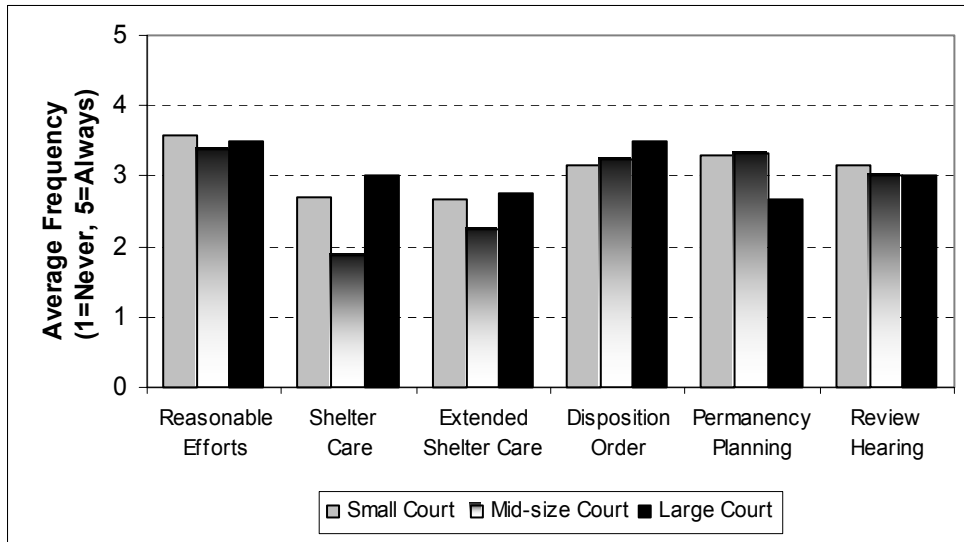


What Is the Average Waiting Period for Dependency 101?

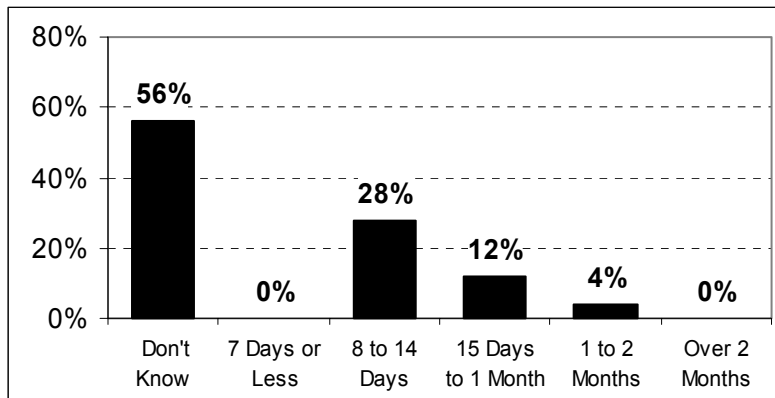


Family Preservation Services

When Are Family Preservation Services Offered or Ordered for Parents?

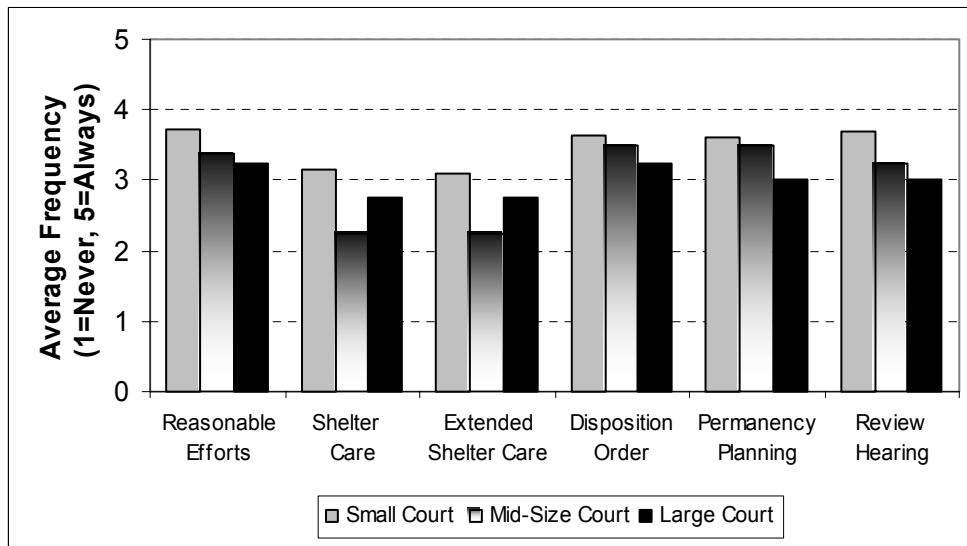


What Is the Average Waiting Period for Family Preservation Services?

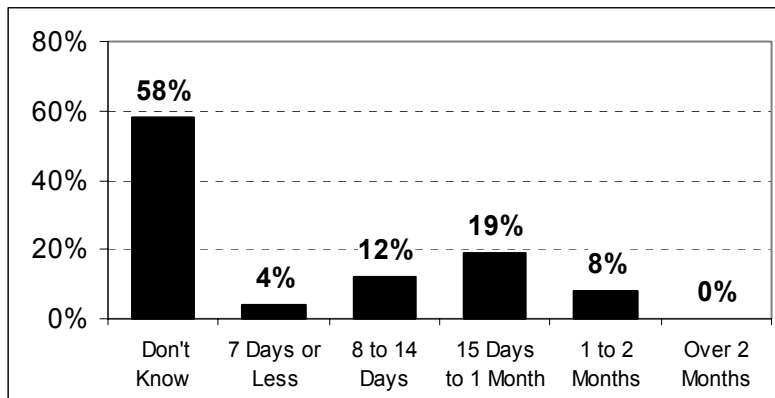


Home-Based Support Services

When Are Home-Based Support Services Offered or Ordered for Parents?

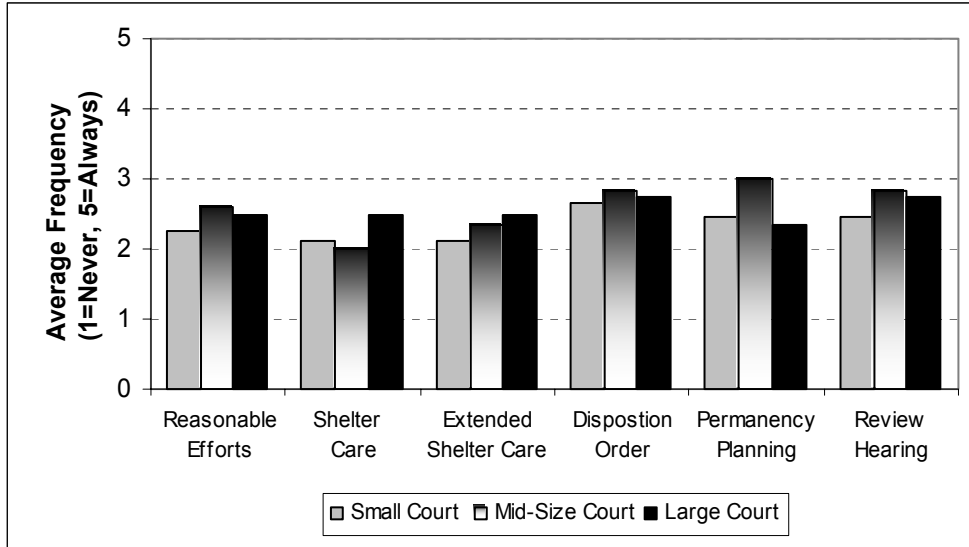


What Is the Average Waiting Period for Home-Based Support Services?

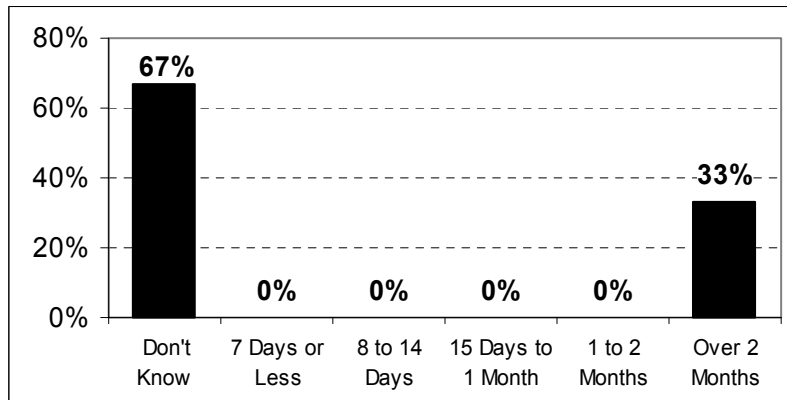


Housing

When Is Subsidized Housing or Housing Referral Offered or Ordered for Parents?

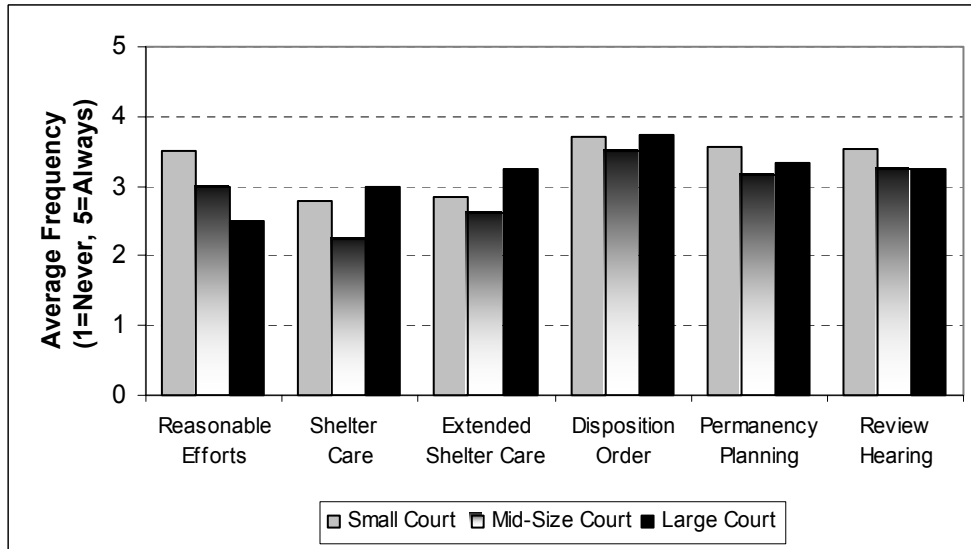


What Is the Average Waiting Period for Housing Assistance?

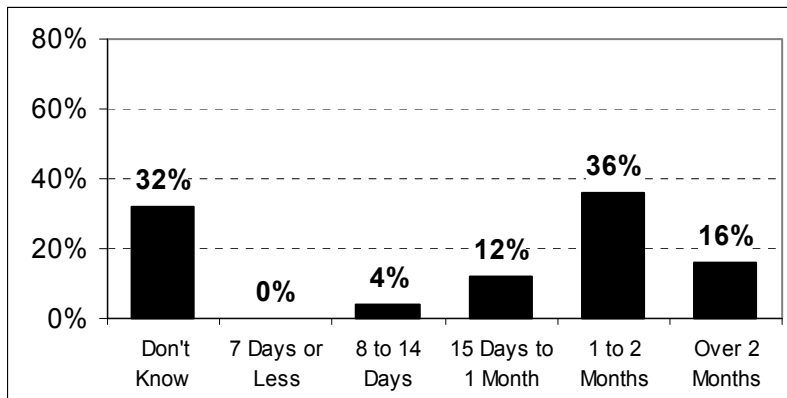


Inpatient Chemical Dependency Treatment

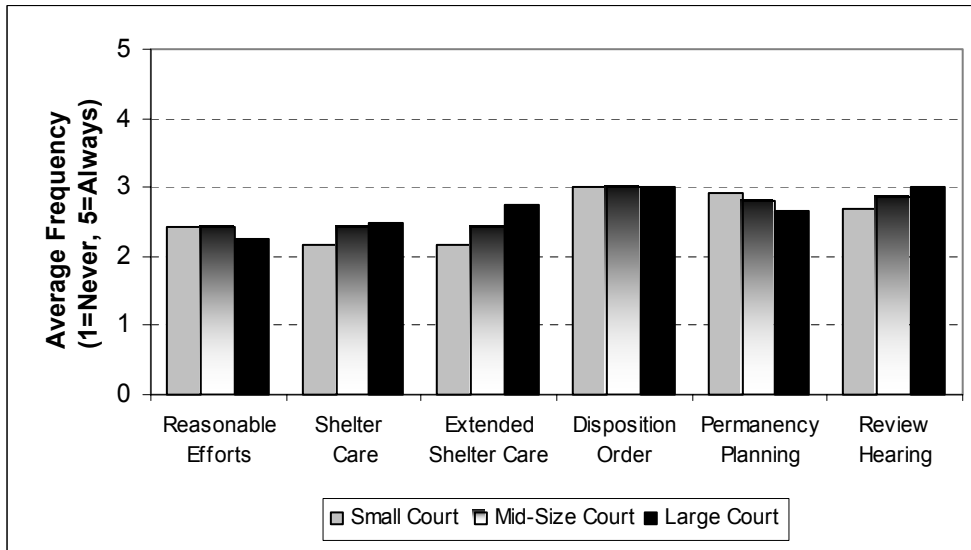
When Is Inpatient Chemical Dependency Treatment Offered or Ordered for Parents?



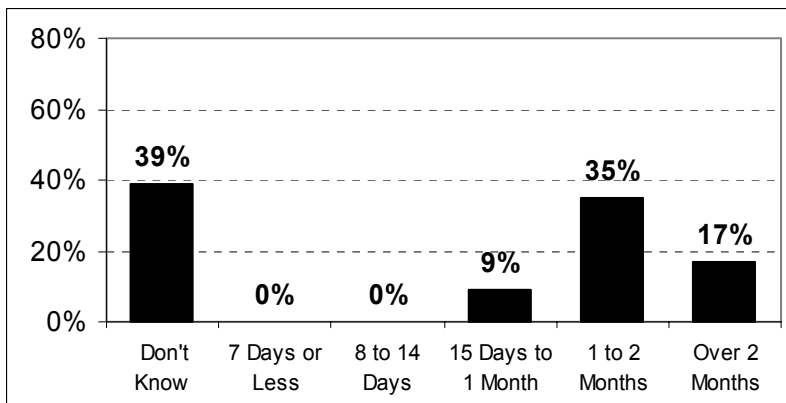
What Is the Average Waiting Period for Inpatient Chemical Dependency Treatment?



When Is Inpatient Chemical Dependency Treatment With Children in Residence Offered or Ordered for Parents?

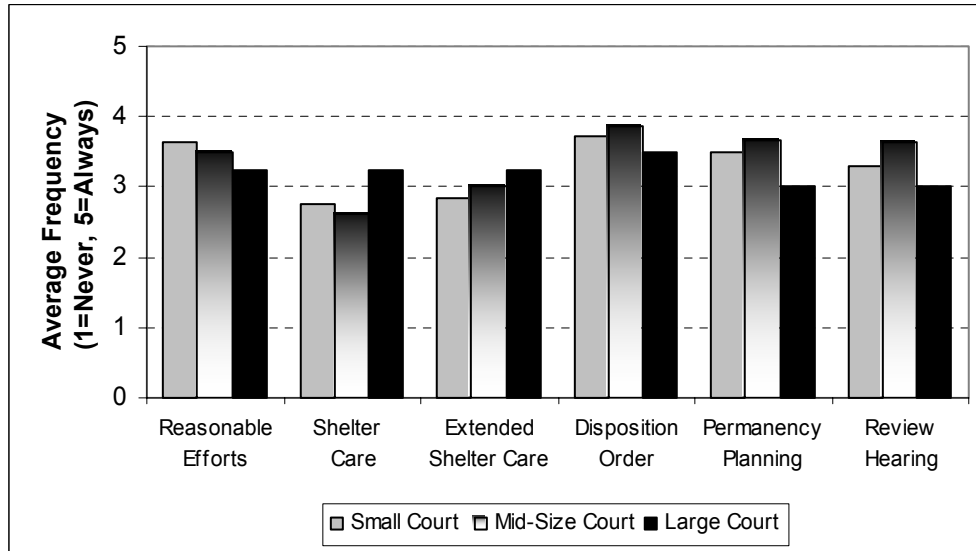


What Is the Average Waiting Period for Inpatient Chemical Dependency Treatment With Children in Residence?

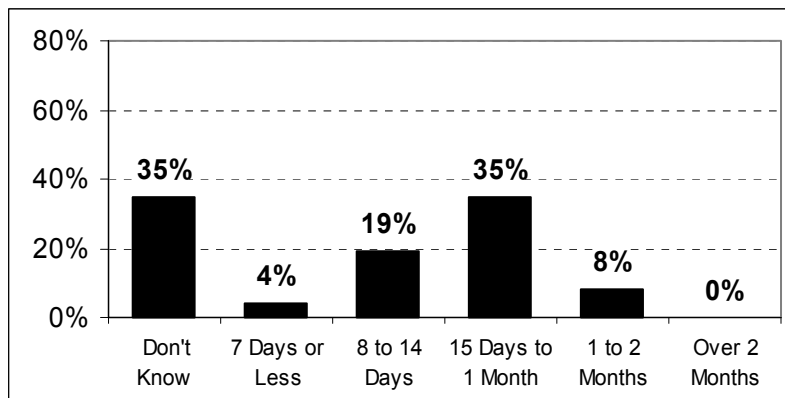


Outpatient Chemical Dependency Treatment

When Is Outpatient Chemical Dependency Treatment Offered or Ordered for Parents?

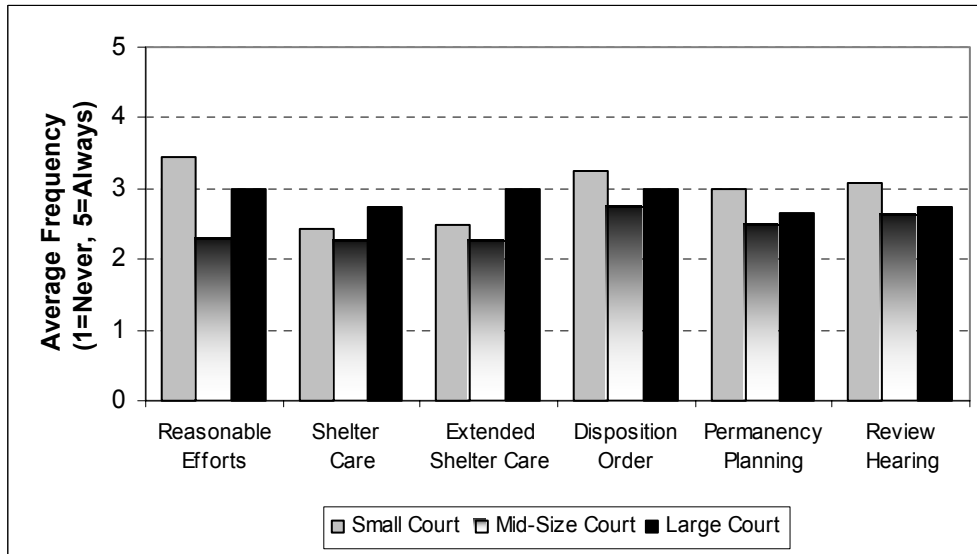


What Is the Average Waiting Period for Outpatient Chemical Dependency Treatment?

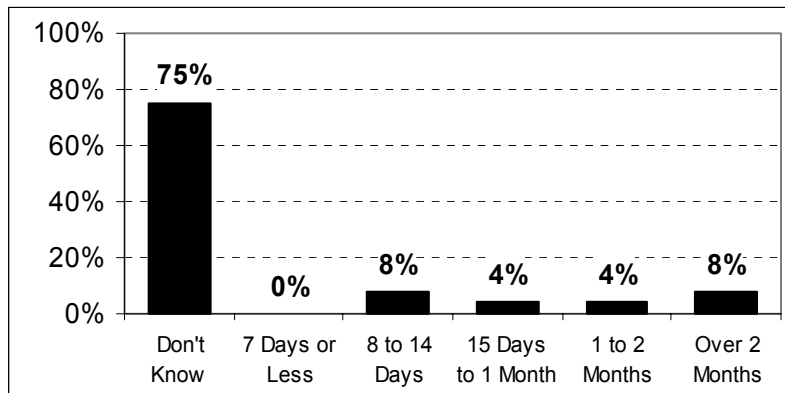


Developmental Disability

When Are Developmental Disability Services Offered or Ordered for Parents?

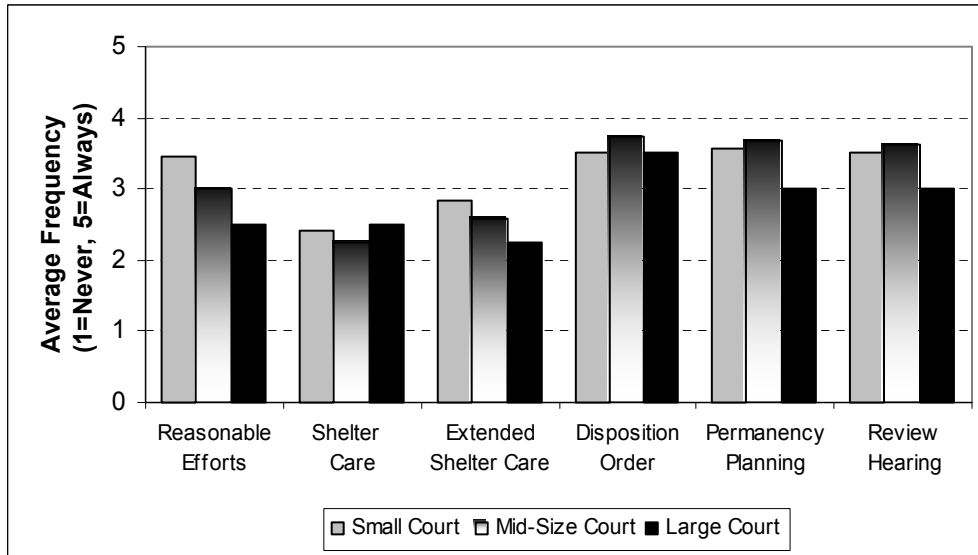


What Is the Average Waiting Period for Developmental Disability Services?

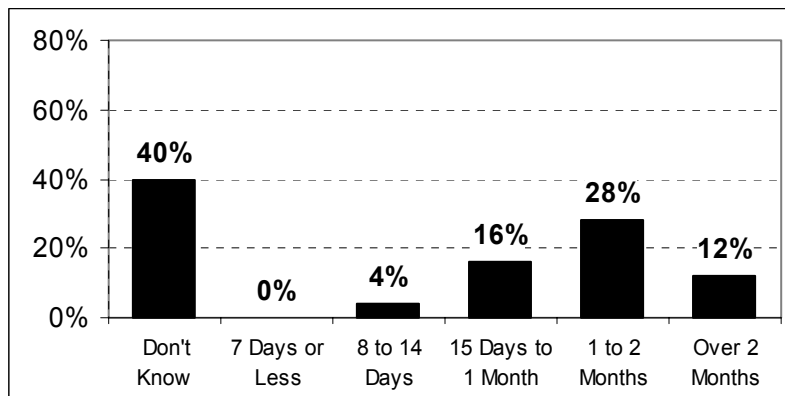


Psychological Evaluation or Mental Health Treatment

When Are Psychological Evaluations or Mental Health Treatments Offered or Ordered for Parents?



What Are the Average Waiting Periods for Psychological Evaluations or Mental Health Treatments?



Note: In the pretest of this survey, Psychological Evaluation and Mental Health Treatment were combined in one question. To see all responses, the results from the final version of the survey were combined with the responses from the pilot.

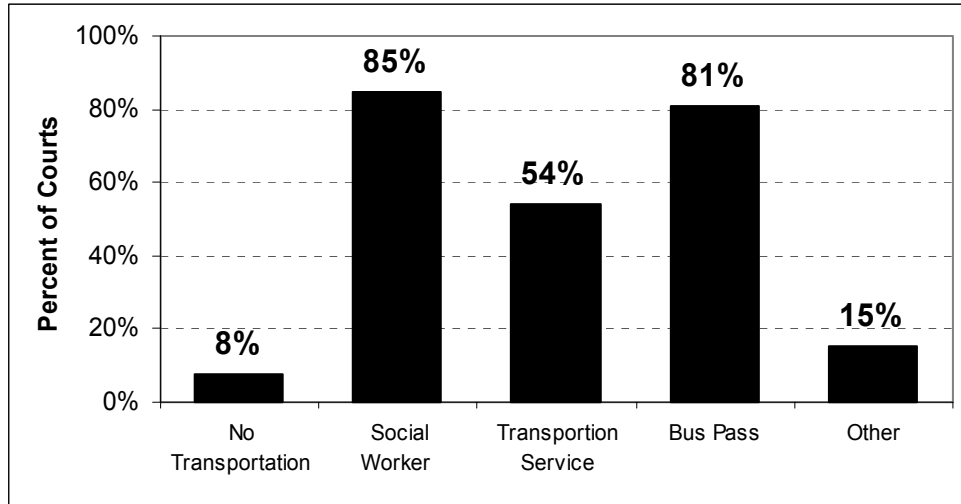
III. SERVICES FOR CHILDREN

How Often Do You Refer Children to the Following Services?

	Individual Counseling	Therapeutic Child Care	CPS/CWS Child Care
Never	0%	4%	0%
Seldom	0%	4%	12%
Sometimes	40%	52%	60%
Often	52%	32%	20%
Always	8%	4%	8%
Not Available	0%	4%	0%

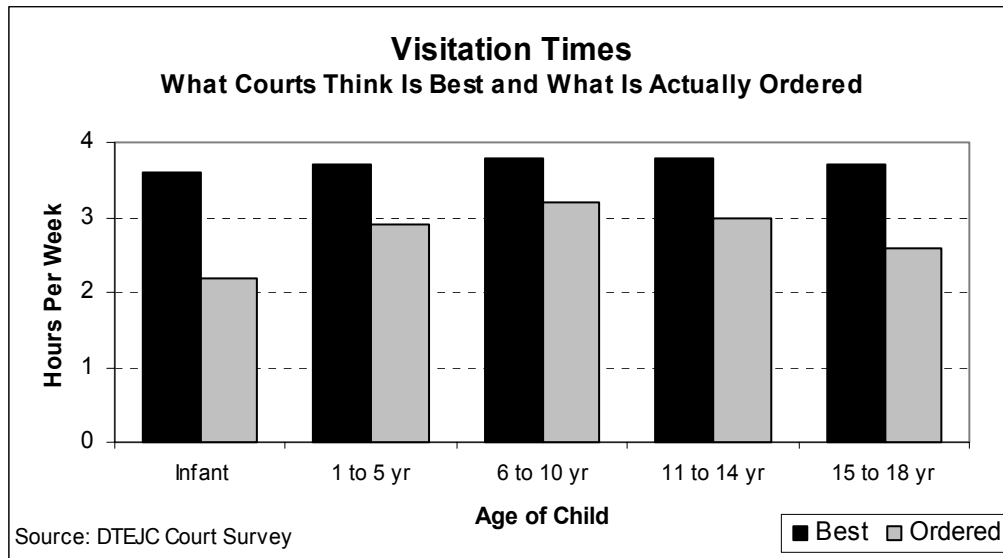
IV. TRANSPORTATION TO SERVICES

What Transportation Does DSHS Provide for Parents Who Have Been Ordered Services But Lack Reliable Transportation Resources?

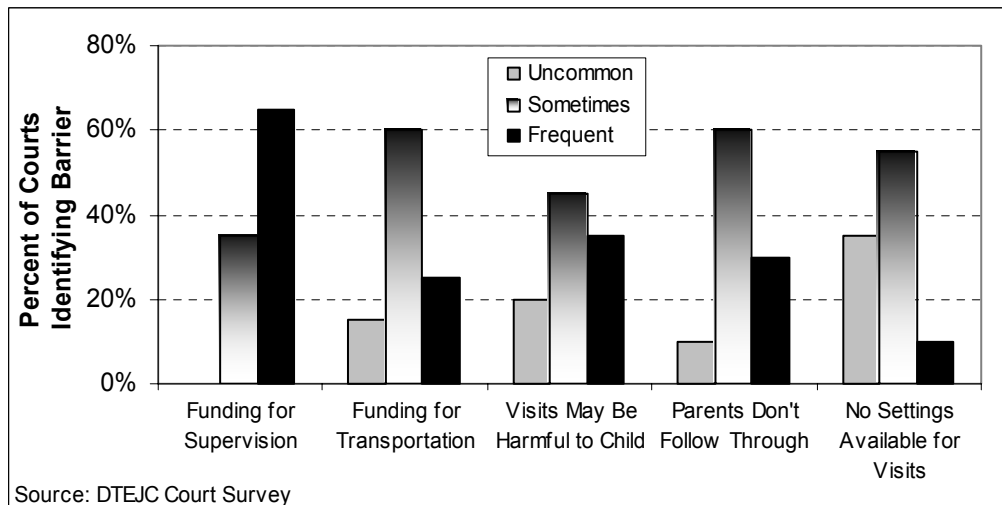


V. PARENT/CHILD VISITATION

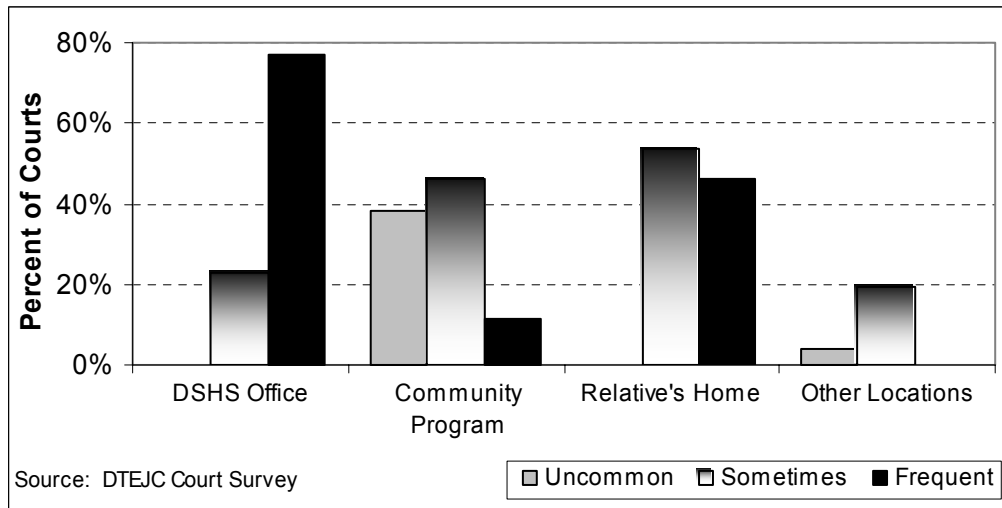
Courts were asked to indicate the amount of visitation that is best for children of various ages. They were also asked about the visitation time most often ordered for children of the same ages. The following chart compares the average “best” times to the amount of time ordered.



What Are the Barriers Involved to Ordering the “Best” Visitation Time?



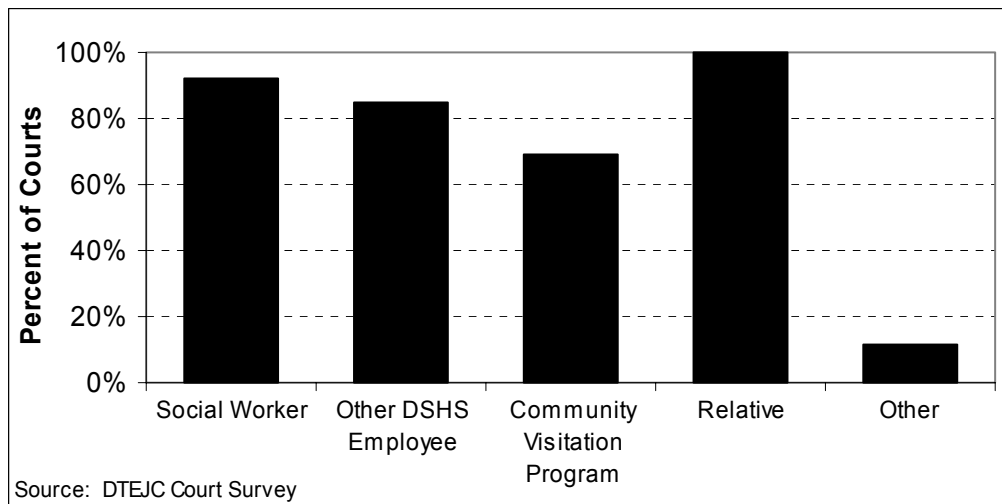
Where Does Visitation Take Place?



What Percentage of Parent/Child Visits Are Supervised?

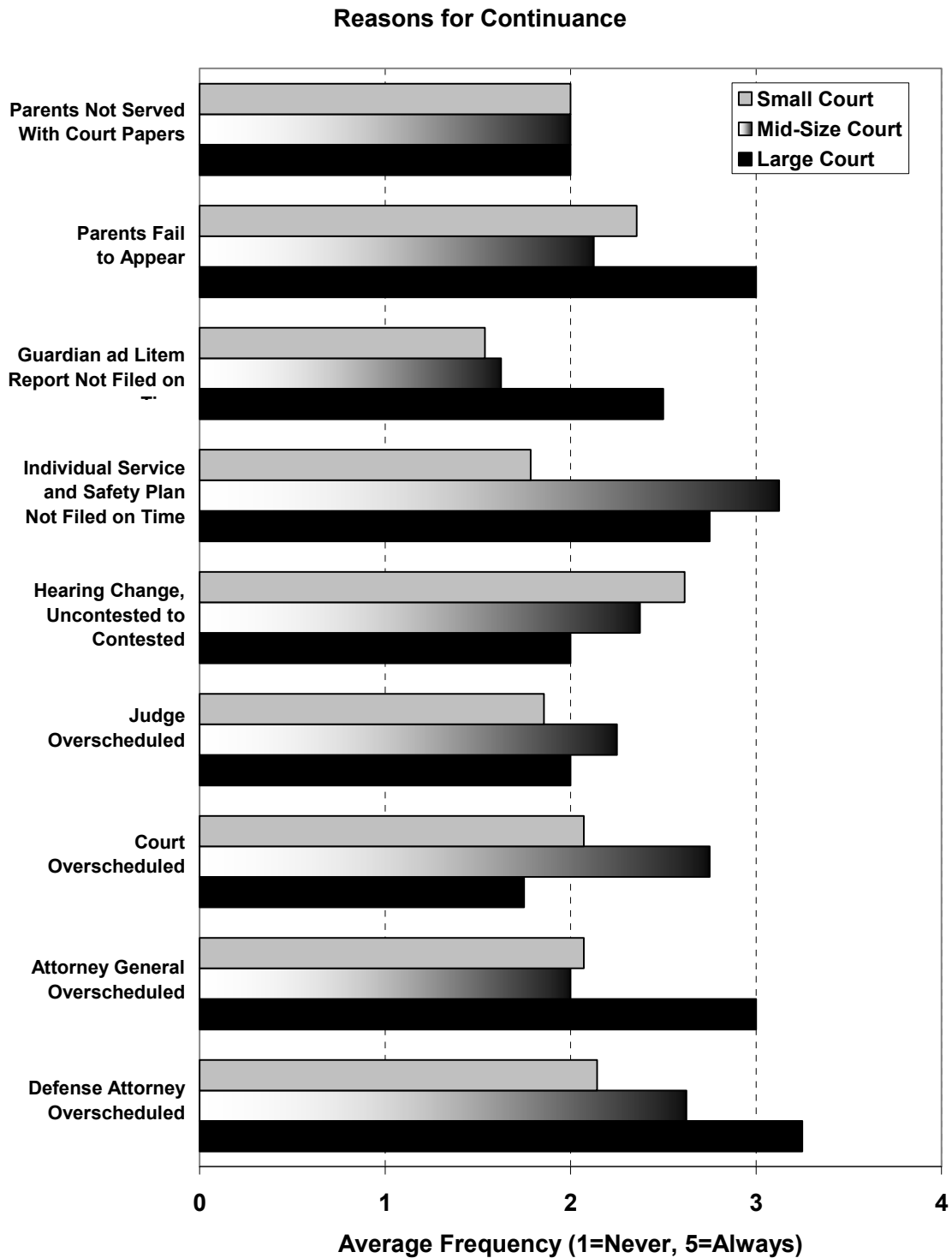
The average response was 73% with a range from 50% to 90%.

Who Supervises Visitations?

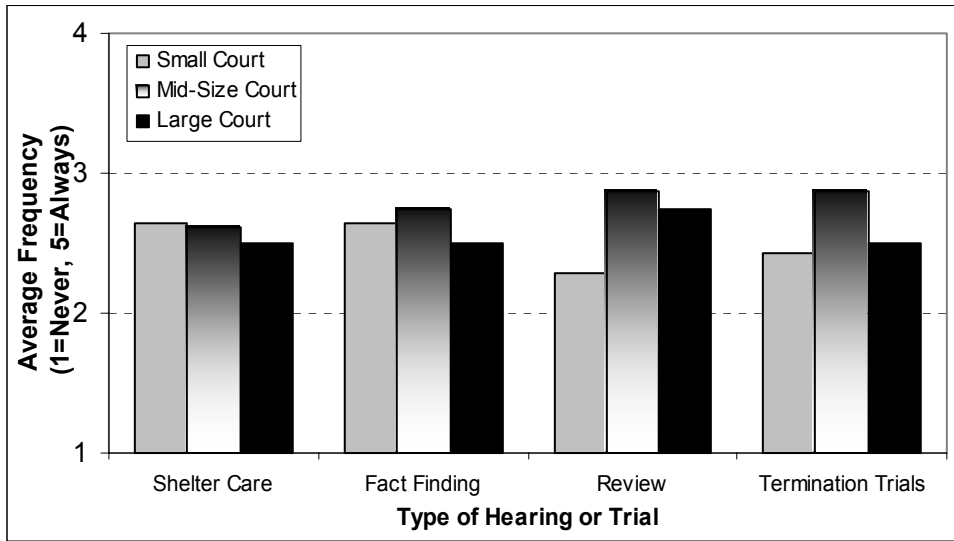


VI. PROCEEDINGS OFFERED BY COURT

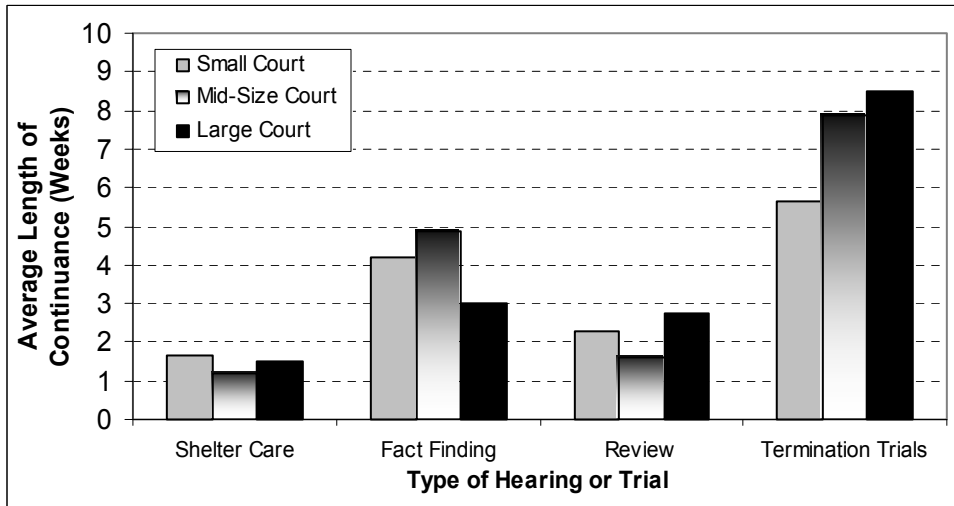
How Often Are Hearings Continued for the Following Reasons?



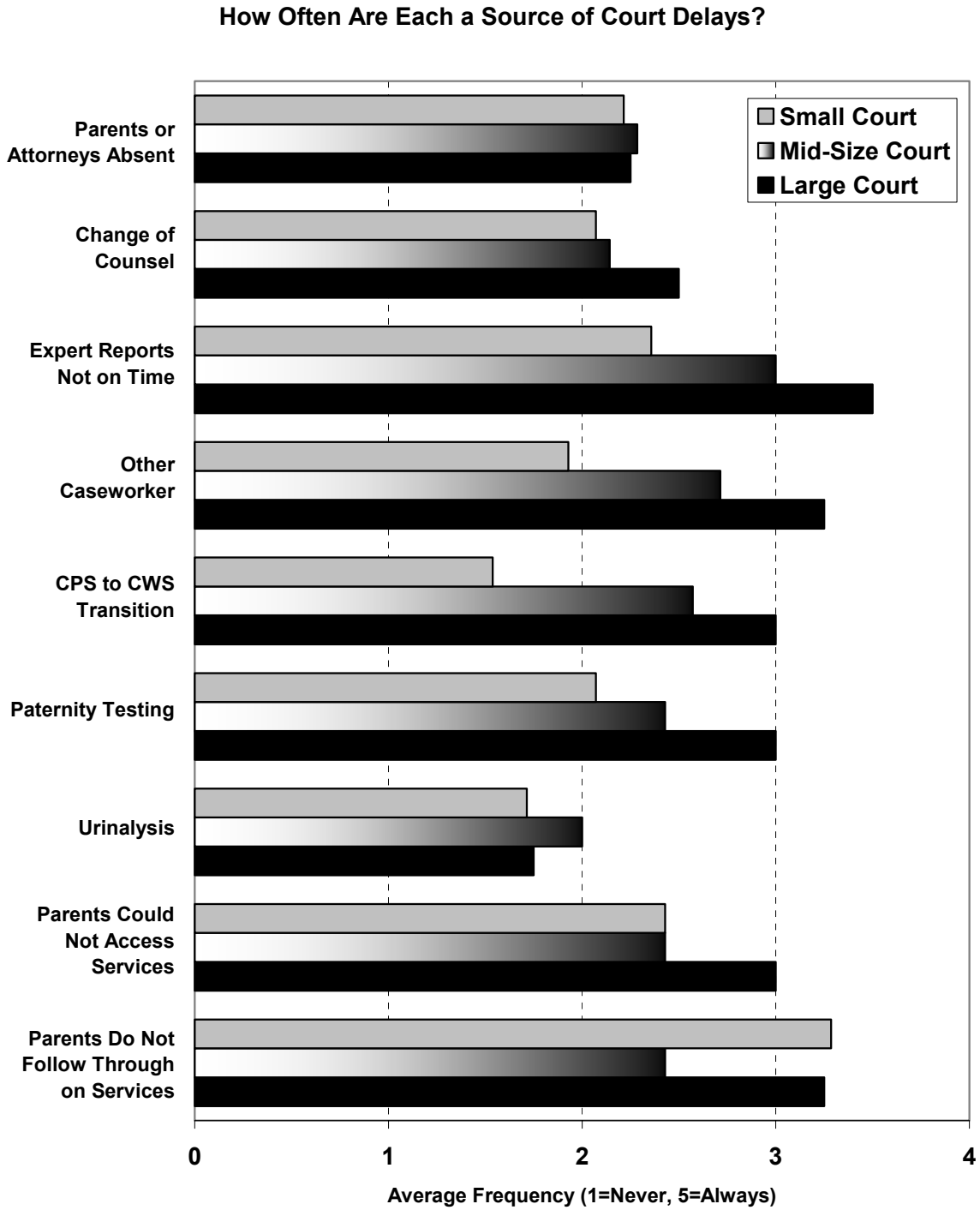
How Often Are Hearings Continued?



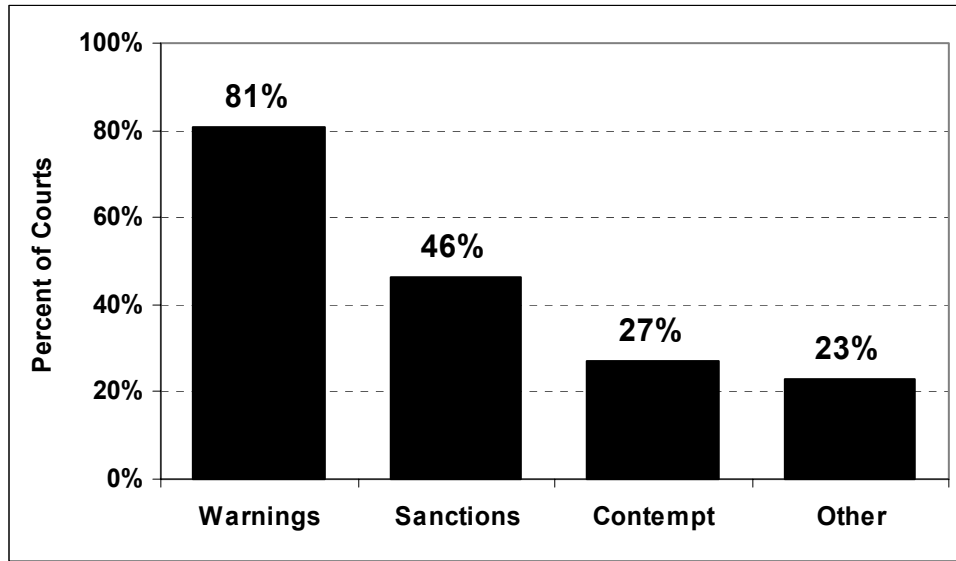
When Hearings Are Continued, For What Length of Time?



How Often Are Each of the Following Items Sources of Court Delays?



What Measures Are Used by the Court to Enforce Timeliness Requirements for Individual Service and Safety Plan (ISSP), Guardian Ad Litem, or Other Reports?



Which of the Following Court Proceedings Does the Court Offer, if Any?

Proceeding	Percent of Courts
Alternate dispute resolution hearings	27%
Mandatory pre-trial conferences	58%
Voluntary pre-trial conferences	35%
Drug Court	19%
Other	0%

VII. SERVICE NEEDS

Best-Fulfilled Service Needs

The following are responses to the question:

In your opinion, what service needs of DSHS-referred parents and children in abuse and neglect cases are best fulfilled in your county, and why?

Parenting classes and drug/alcohol outpatient, DV counseling and parent protection counseling.

Alcohol and drug evaluation and testing because it is readily accessible with results being provided with little delay.

Counseling

In home support specialists and public health nurses are available and effective. Local drug/alcohol evaluations and outpatient treatment is available and adequate.

Family counseling and drug & alcohol counseling. These are the most common problem in neglect and abuse cases.

We can get parents into outpatient drug & alcohol treatment very quickly as we coordinate with providers.

Mental health, substance abuse programs, parenting programs—all of these services provide liaisons or court involvement with DSHS.

Interactive parenting and parenting classes seem to be readily available and helpful.

Alcohol and Drug treatment—Drug Court

Services for parents are very available, except inpatient drug treatment.

At present, home support services, FRS and FPS services. All of these programs are being terminated due to budget cuts. Excellent coordination between providers and DSHS.

Support services, individual case workers.

Dependency 101, alcohol evaluations, and UAs because they're generally available on-time.

Early intervention FPS, random UA, excellent professional evaluations and in-home services.

Communication between all the parties to expedite available services. Good utilization of available limited resources.

Referrals for services such as drug/alcohol evaluations and parenting classes.

Visitation services are excellent.

Missing or Inadequate Service Needs

The following are responses to the question:

In your opinion, what service needs of DSHS-referred parents and children in abuse and neglect cases are missing or not adequately fulfilled in your county, and why?

Lack of supervised settings outside of DCFS offices. Recently, the last availability of a house used for visitation. Allowed a "natural" type setting. Public transportation is almost non-existent for rural clients.

Wrap around services that include mental health and parenting education components. Out local resources are rapidly dwindling.

Mental health and housing (despite Justice guys ruling on housing).

Mental health services are not adequate. The RSN unreasonably withholds funds. The service providers can't hang onto therapists- high turnover. Long waiting time for therapy to begin, in many (not all) cases.

Providing of adequate housing. This is not requested by counsel for parents. DSHS resist local counsel need to be apprised of the possibility.

Timely paternity testing. Timely mental health counseling & evaluations. Resources for meaningful and appropriate supervised visitation.

Foster placements, visitation/supervision, and transportation resources.

Transportation for visitation and kid-friendly places for visitation are lacking. There seem to be problems or barriers to parents complying with random UAs. At times, the hospital is not available. At times, parents are geographically located on the wrong end of the island and can't get to an open facility before closing, once asked to report. Solution: additional funding and resources.

Mental Health Counseling.

Foster-care, better compensation in cases of high needs children.

Defense counsel have too many cases and can't adequately prepare in advance. Lack of DSHS funding to pay for services.

Housing assistance, employment. Need to restore above programs because of budget cuts. Mental Health services need to be improved (quality). Need more good licensed foster care parents. Lack of good coordination with local tribe.

Need mental health counseling, FPST Home Support Services.

Access to inpatient drug treatment, need more foster parents, group homes. All other services cannot be provided on time because of lack of funding or provider delays.

Services for teenage kids, minimal amounts of supervised visitation.

Parents not able to access necessary services in a timely manner. Visitation provider/DSHS unable or unwilling to provide court scheduled visitation. Little or no adequate transportation services.

Insufficient resources for frequent visitation after requiring supervision especially for infants.

Mental health evaluations. Lack of providers or entities willing to provide service. Funding availability would help, but more people capable of providing this service is imperative.

Need more visitation and mental health services. Need many more foster homes. FRS should be expanded in order to prevent dependencies.

VIII. COMMENTS

This section contains comments offered by those responding to the court survey.

Big problem in DCFS informing court there are no funds for certain evaluations, such as psych, or psycho-sexual for non-adj juveniles or parents. I will still order the service and Department usually finds money with the court order. I don't typically order the parents to do any services at shelter care because child hasn't been declared a dependent. I do order parents to be subject to U/A's if drug use may be a factor in interfering with behavior at visitation pending fact-finding. I do order the department to offer services to parents prior to fact-finding. There have been problems with parents accessing some services because DCFS hasn't sent over payment authorization to a regularly contracted service provider (which in reality should not happen because some of these providers are in existence because of DCFS funding!). Visitation question was a little confusing as to what I believe and what is ordered. Visitation can change throughout case depending on parent's compliance and of course child's physical and emotional well-being.

The courts should be mandated to have timeliness for permanency implementation after being equally freed. Delays on adoption support decisions are chronic problems.

Question 5, Dependency Process 101 is not available, except court gives explanation at parent's first court appearance.

We are a slightly populated county. We have one regular dependency day per month that generally takes about 2-3 hours and an alternate day that takes about an hour. Most matters are agreed. Contested hearings are generally set for a certain time. However, there are few of these. Our CPS workers try to provide volunteers for transportation and visitation. In regard to fulfillment of the needs of parents and children, considering the resources in our area. We are generally able to provide services. Parenting classes are not held with any degree of frequency. I believe classes are held every couple of months. Anger and domestic violence counseling is available.

DSHS seems incapable of coordination/cooperating between regions. "Courtesy" supervision by a different region is often problematic. DSHS forgets that all families and kids are citizens of our state, and the availability of basic services should not be a function of region. There remains an inherent conflict in the philosophy of permanency planning as mandated by ASFA, but as effected by the RCW. The culture of DSHS compounds the conflict. Families should be entitled to be assigned a single caseworker to promote consistency, cooperation and confidence. Question 16 [best amount of visitation time]: "BAD Question- I assume question means single visit per week. For infants, prefer short but multiple visits per week."

One additional concern is currently the subject of leaflets in Whatcom County. There are too few foster homes resulting in too many moves as well as the painful separation of sibling groups. Unfortunately, I don't think there is an easy solution to this problem. We can't force citizens to open up their homes to needy, and sometimes difficult children. Also,

the timeline for permanency frequently doesn't match up to availability of services or the needs of other children.

We would like to see a program like CASEY family program. We need more intensive in-home services such as on-site extended parenting instruction in the home. Classes tailored to increase women's self-esteem and independence issues. Legal staff available to help with divorce, separation, custody and guardianship issues and other related issues. Regarding percentage of supervised and unsupervised visitations, this is a moving target depending on stage of proceeding and surrounding issues.

The survey is difficult due to a built-in uncertainty: when you ask "how often?" do you mean in those cases where the service would be appropriate, or in the universe of dependency cases? Anger Management counseling is a good example: in cases where parental anger appears to be a contributing factor, it's "always" ordered. However, such cases may represent one half of all dependency cases, in which view it is "sometimes" ordered.

We have had the same judge doing Dependency, Juvenile and Domestic Violence for approximate ten years. This has resulted in an efficient and knowledgeable system that functions WELL. Basically, a "unified family" court approved! DSHS workers are appreciative of consistency in the same judicial officer which results in better services. The lack of necessary placement options for children is a significant statewide problem. This includes access to more individualized therapy services for significant damaged children and we lack sufficient group home "lock down" services for juveniles with significant social and educational deficiencies as a result of their environment.

AG and defense attorney over scheduling and caseworker turnover are HUGE problems, but reflected in unconscionable delays in filing termination petitions and scheduling for trials rather than delays in hearings once the petition is filed and a trial date set. Lack of funding for supervised visits and transportation results in inability to order adequate visitation in cases requiring supervision.

I don't handle these cases anymore. When I did (last several years) it was only trials on dependencies and terminations. When I answered questions I used the terms in relation to the total number of cases we see. So, if I say seldom refer for developmental disability services it is because we seldom have a developmental disability-qualified case. But, if we have one then the person is referred. I have only a vague notion about delays and continuances of our regular dependency calendar because a commissioner handles them. I hope you sent this survey to our dependency commissioner.

Many services such as parenting classes, anger management, FRS are offered at Shelter Care Hearing, but are not ordered.