Evaluator Survey:
Summary of Survey Questions and Answers

Marna Geyer Miller, Ph.D.

February 2004

Washington State
Institute for
Public Policy

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CONTENTS

I. Introduction 1

II. Responses From the Evaluator Survey 3

III. Additional Comments 9

Appendix 15

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 dependency[1] 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 providers of facilities that provide psychological evaluations of parents in child abuse and neglect cases. 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.

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[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>, Accessed February 26, 2003.
[2] ESSB 6153, Section 114(d)

Who Was Surveyed?

Surveys were mailed to 281 agencies and individuals that provided psychological evaluations in fiscal year 2002 and were reimbursed by DSHS.[3] (A more complete description of this population may be found in the Appendix.) Fourteen surveys were returned as undeliverable. A total of 128 evaluators responded, giving a response rate of 48 percent.

A preliminary version of this survey was sent to 30 evaluators on August 29, 2002. A revised version was mailed to the remaining 251 evaluators on September 11, 2002. This report includes the 128 completed surveys returned from both groups by October 14, 2002.

Highlights

- Over half (51 percent) the respondents have an M.D. or Ph.D.
- All have at least one year of experience in their areas of evaluation. Nearly 80 percent have more than 10 years of experience.
- Only a quarter provide evaluations for clients who do not speak English.
- Evaluators are paid an average of $706 by DSHS for a typical evaluation. Most (72 percent) report this was less than their customary hourly rate.
- When evaluating parents in child abuse and neglect (CAN) cases, most evaluators receive information from DSHS and the parent. One-third of respondents report they generally receive background information from the parent's attorney.
- After the initial appointment, the median time to complete a report is 18 days.
- According to DSHS records, all respondents were paid to perform evaluations between July 1, 2001, and May 2002. By the time of the survey, 17 percent of respondents reported no longer evaluating DSHS clients. The most common reason given is that DSHS no longer refers clients to them.
- Thirty percent of evaluators limit the number of DSHS-funded clients they will serve.

A summary of responses to each of the survey questions follows.

[3] The author is grateful to staff at the Children's Administration at the Department of Social and Health Services for supplying lists of providers and for helpful discussions in understanding the nature of the various services. Particular thanks to Jann Hoppler and Cindy Ellingson.

II. Response From the Evaluator Survey

Q1. What type of evaluations do you or your agency perform?

Psychological	49%
Parenting	60%
Sex Abuse	29%
Anger Management	25%
Domestic Violence	21%
Alcohol/Drug	5%
Other	
Mental health	4%
Psychiatric	3%
Psychosocial	5%
Neuropsychological	2%
Sex offender	2%
Psychosexual	2%
Sexually aggressive youth	2%
Forensic	1%
Educational	1%
Developmental Disability	1%

Q2. How many evaluators does your agency employ?

Median[4]	1
Average	1.5
Range	1 – 9

Q3. What credentials do you or your evaluators hold in your area(s) of evaluation? (Please circle all that apply.)

M.D. or Ph.D.	51%
MA/MS	46%
BA/BS	2%
Certificate	1%
Specialized training	

Q4. What is your experience level in your main area of evaluation?

Less than one year	0%
1 – 5 years	8%
5 – 10 years	15%
Over 10 years	77%

[4] The median is the mid-point in the range of responses. That is, half the social work units gave a lower value, and half the units gave a higher value.

Q5. Does your office perform evaluations of non-English speaking clients?

Yes	24%
No	76%

Who provides bilingual service?

Professional (e.g., Romanian, Russian, Spanish, Tagalog)	45%
Other staff (e.g., Polish, Russian, Spanish, Ukraine)	21%
Interpreters (e.g., Deaf, Asian, French, Russian, Spanish, Vietnamese)	62%

Q6. What percentage of your practice consists of DSHS-funded clients?

Median	15%
Average	27%
Range	0% – 100%

Q7. How much are you usually paid by DSHS for a typical evaluation?

Per Evaluation:		Hourly Rate:	
Median	$690	Median	$70
Average	$706	Average	$73
Range	$130 – $2,500	Range	$55 – $100

How does this payment compare to usual and customary hourly rate?

Somewhat less	72%
About the same	27%
Somewhat more	1%

Q8. How are you advised when DSHS has referred a new client to you? (Please circle all that apply.)

Written notice	43%
Caseworker calls	91%
Parent brings notice	9%

Other methods of notification. (Respondents volunteered additional methods of notification)

Attorney calls	4%
Client calls	8%
Parent class	1%
Court order	2%
Evaluator gets list from DSHS	1%
Guardian ad litem, CASA	1%

Q9. Do you or your agency evaluate parents in child abuse and neglect cases?

Yes	76%
No	24%

The following questions pertain ONLY to evaluators who evaluate parents in CAN cases.

Q10. How long have you or your agency been performing evaluations of parents in child abuse and neglect cases?

Under 1 year	1%
1 – 3 years	6%
3 – 5 years	12%
Over 5 years	81%

Q11. When parents in child abuse and neglect cases are referred to you for evaluation, what information do you generally receive? (Please circle all that apply.)

Purpose of evaluation	91%
Description of facts from social worker	92%
Documents from DSHS case file	81%
Background information from parent attorney	35%

Q12. How often do you request additional information for an evaluation in child abuse and neglect cases?

	Seldom	Sometimes	Often
From parents	10%	24%	66%
From DSHS	12%	22%	66%
From parent's attorney	51%	34%	15%
From social service providers	10%	47%	43%
From foster parents	30%	42%	28%

How often is the additional information RECEIVED?

	Seldom	Sometimes	Often
From parents	4%	47%	49%
From DSHS	1%	26%	72%
From parent's attorney	17%	37%	46%
From social service providers	5%	49%	46%
From foster parents	17%	38%	45%

Q13. In general, how often is the following information helpful to you in your evaluation?

	Never	Seldom	Sometimes	Often	Always	N/A
From DSHS	1%	0%	5%	22%	71%	0%
From service providers	2%	1%	10%	24%	63%	0%
From parents' attorneys	4%	12%	26%	24%	26%	7%
Info you specifically request	1%	0%	8%	32%	58%	2%

Q14. Once a parent has contacted your office, what is the average waiting period for an evaluation appointment?

	Weeks
Median	2
Average	2.2
Range	0 – 7

Q15. Once the initial appointment has taken place, what is the average amount of time it takes to complete an evaluation?

Less than 7 days	15%
1 week to 1 month	39%
1 to 2 months	32%
2 to 3 months	8%
Over 3 months	6%

Translate to days, choosing the mid-point of the range:

	Days
Median	18
Average	34
Range	1 – 100

Q16. When you evaluate parents in cases of child abuse or neglect, who receives a copy of the completed abuse and neglect evaluation? (Please circle all that apply.)

DSHS	97%
Parents	20%
Parents' attorneys	41%
Other	23%
Attorney General	1%
Court	3%
GAL/CASA	8%
Other treatment agencies	4%

Q17. Do you perform parenting evaluations?

Yes	67%
No	33%

The following questions pertain only to parenting evaluations

Q18. During parenting evaluations, which of the following techniques do you use routinely?

	Never	Seldom	Sometimes	Often	Always	N/A
Tell Parents about disclosure and limits of confidentiality	0%	1%	0%	3%	93%	3%
Perform clinical interviews with parents	1%	1%	3%	3%	88%	3%
Interview the children	6%	10%	21%	21%	37%	4%
Observe parents interacting with children*	4%	7%	13%	28%	43%	3%
Interview extended family members/other third parties	6%	15%	39%	22%	16%	1%
Administer psychological tests to parents	16%	4%	6%	9%	57%	7%

	Median	Average	Range
*Percentage of evaluations where observation is unavailable due to court prohibition of parental contact	10%	22%	0 – 90%

Q19. Indicate specialized training you have received in any of the following areas. (Please circle all that apply.)

	Percent of Parenting Evaluators (n=61)	Percent of All Respondents (n=118)
Parenting skills	89%	67%
Impact of poverty	56%	42%
Cross-cultural issues	81%	62%
Developmental needs of children	94%	71%
Impacts of growing up in abusive environments	94%	71%
Impacts of parent/child separation	82%	62%

Q20. Are you currently evaluating DSHS clients?

Yes	83%
No	17%

If you answered no, when did you last evaluate DSHS clients?

September 2001	9%
October 2001	5%
May 2002	5%
June 2002	9%
July 2002	5%
September 2002	9%

Why do you no longer evaluate DSHS clients? (Please circle all that apply.)

	Percent No Longer Serving
DSHS no longer refers	64%
Compensation too low	41%
Agency funding reduced	23%
Dealing with DSHS/courts too complicated	18%
Other	64%

Q21. Do you limit the number of DSHS clients you will serve?

Yes	30%
No	70%

III. ADDITIONAL COMMENTS

This section contains comments offered by evaluators responding to the survey.

I limit the number of DCFS/child protection/dependency cases I accept per week/month.

Question 12: All information needs to be accumulated and sent prior to exam.

Region IV (Grays Harbor) has not increased their fees for a long time (1996?). To perform evaluations they either approve an extra fee or I limit the number of evaluations I do for them. Question 11D: When released by attorney. Question 21: I am limited by time. I can only evaluate and then write a report on 1–3 people a week.

I've enjoyed the working relationship I have with DSHS. I'm provided ample background information about the clients to assist in my evaluations. Helps prevent unnecessary backtracking to get records.

Question 21: Limit the number of DSHS cases to five or six.

Question 11: Asks if background info is sent from the parent's attorney—seldom, but would invite as long as not more to read than time or money allows.

Question 6: The percentage of DSHS funded clients is less than 5%. Question 7A compares DSHS payment to customary hourly rate. Instead of somewhat less, it should read A LOT less. Question 14 asks about the average waiting period for evaluation appointment. Less than two weeks.

So far I have only done individual psychological evaluations for DSHS ($800.00). The parenting evaluations I do are in my private practice. I am not sure what DSHS pays for a full parenting evaluation, but I normally charge $5,000.00 for the full evaluation.

I am frequently called as an expert witness in dependency and termination cases. I insist on doing a combined psychological and parenting evaluation in order to adequately fulfill this role and meet current forensic psych practice standards. I have "worked both sides," for example, doing evaluations for both the public defender as well as caseworkers at DSHS. I have also retained X-PD's to provide rebuttal testimony regarding other psychologist reports for DSHS. I have done over 1,000 of these cases and testified over 150 times in 30 years, having focused on DCFS cases during the past 10 years.

I enjoy working with DSHS clients. Often times these clients are economically disadvantaged or disadvantaged in other ways. Most of the time these clients are appreciative of my services and it is generally a rewarding experience. I have had the pleasure and opportunity of working with DSHS staff that are caring professionals and truly care about doing a good job for their clients. Sometimes there has been lack of communication because of whatever reasons, and this has impacted our work with our clients. So, more work in this area would be nice. It usually occurs during periods of

transitions, such as when there's transferring of cases from unit to another or abruptly terminating services with one provider and going to the next. This needs more work.

It was difficult to answer some of the questions because I have done more than one kind of parenting evaluation. One involves the clinical setting where I meet one on one with the parent and I do a questionnaire with them. The other is an evaluation of parents based on their participation and answers in a parenting class that I teach for ten weeks at a time. I have taught this parenting class and done parenting evaluations for over six years, but I will no longer be doing either one by the end of September. The state lags behind in what it pays its practitioners even though it is very important and demanding work. I have had to lose many many hours of my practice due to court appearances to testify, only to be reimbursed for a fraction of the hours lost at a fee that is lower than my usual and customary fee. I can no longer afford to do so.

We perform primarily neuropsychological evaluations on high risk children and adults with brain related problems. These are very time intensive evaluations for which DSHS has no appropriate referral or reimbursement system. Therefore, we generally see only a small number of special cases, referred on an individual contract basis. This population is very poorly served.

I evaluate alleged or admitted sex offenders when CPS/CWS worker requests. I find DSHS workers that I deal with to be helpful and easy to work with.

These are among the most complex and demanding evaluations that I conduct, but also the most stimulating and rewarding. Unfortunately, DSHS pays a little over half my hourly rate and does not cover all of the hours put into each evaluation. This is an area requiring a lot of research and information sharing, that could enrich, improve and standardize the procedures and outcomes. Also, I believe that it would be best to devise a system that would reduce the time and effort required by the upper-level professionals (Ph.D., M.D.) without diminishing their independence or insights, and increase the useful data for the caseworkers, service providers and families. This should ultimately also be less expensive.

Depending on the number of people on the waiting list, I do limit the number of DSHS clients I serve.

DSHS appears unstable and inconsistent. Question 20 asks if I am currently evaluating DSHS clients. Yes, I do, but might be stopping as of October.

For the past 23 years that I have been a mental health therapist, I have seen DSHS clients, and have made recommendations based on therapy. I have distinguished between providing therapy and doing formal evaluations. I have written letters/reports to DSHS many times regarding a client's needs. Due to drastic funding cuts, I only have two DSHS clients at this time. THERAPY FOR DSHS CLIENTS IS A MAJOR NEED AREA IN OUR COMMUNITY! Question 6 regarding percentage of DSHS clients: DSHS clients were 30% – 50% in past years until recent state budget cuts, now only 6.9%.

DSHS workers are often not clear or well-informed about how to use a psych evaluation. In parenting situations or dependency process it [psych evaluation] may be used as a barrier or obstacle. Telling parents an evaluation is needed, but not providing the funds or

assistance to obtain such. Recommendation from evaluations are often not understood or not followed up on. In Skagit County we've been studying this issue.

Some cases that are referred I do not take—for example where sex offender and or DC issues are part of the parenting evaluation the reimbursement is too low for the level of work and responsibility involved. Most social workers are very helpful in the clarity of the questions they present and information they provide to complete an evaluation. Occasionally I receive more information than is possible to review given the low reimbursement rate.

I apologize for how confusing this may look. I do not ever recall doing evaluations for DSHS, although I may have done so—i.e. sent reports or various paperwork when I was employed by Compass Health. Now, as a private practitioner, I have provided, on occasion psychotherapy for DSHS referred clients by special contract. Hope this helps!

I have an excellent relationship with case workers in Spokane. They are very professional and responsive to my requests.

In the past year the number of evaluation referrals has slowed from 3–4 per week to 1–2 per month. I am told this is for budgetary reason, even "court ordered" referrals are not being permitted.

It is generally helpful if parent's attorney contacts me if they have information or concerns they want me to be aware of. Generally, I believe my evaluations are more objective if I do not have a lot of collateral information that might bias my thinking or observations when I see the family. The information I find most helpful is what the parents tell me and what happens during observations.

Question 11: When parents in child abuse and neglect cases are referred to you for evaluation, what information do you generally receive? Varies greatly—sometimes the purpose of the evaluation, background description by social worker, documents regarding parents from DSHS file, and background from parent's attorney; sometimes none of the above. It appears each social worker has their own policy.

Referrals from DCFS have been limited to one social worker. It has been difficult to enlist other social workers to make referrals. I would like to do more work and follow up with more specific training in our region.

I find the Colfax office of DCFS to be staffed with extremely professional, helpful and friendly individuals. It is a pleasure to work with them on an on-going basis.

DSHS has not referred any patients to me in some time—third-hand information provided to me that DSHS decided not to refer further to me when I testified in case that went against DSHS. I do not know the truth of this, but it is true that referrals for further evaluations have not occurred since that time.

Most of my work is with children, adolescents and their families. It is general psychiatric approach, in which I provide evaluations, see patients and families for medication when I

am providing on going therapy. I do not focus on abuse and neglect—there are professionals who make that their business.

Please know that collateral contracts are with release of information. DSHS pays $55 per hour, but going rate in my area is $90 per hour. They also do not cover any travel time, so this creates hardship, i.e. sometimes doing this was as if it is a ministry or because the child needs this. Examples: Drive from Lakewood to Puyallup weekly to do parenting assessment—no reimbursement for the one hour ten minutes it took to travel. Court appointed attorneys have often been unresponsive to their client's phone calls, up until just before court—then they are interested. However, the client's best interests are not served by that, are harmed at times. Likewise example—not returning my calls. Some attorneys have been involved, but they are the minority on the cases I've been involved in.

Question 21 asks if I limit the number of DSHS clients I will serve? Yes, funding and available time.

[This agency] offers parenting classes, anger management, relapse prevention, and other services. We use moral reconation therapy based programs. The client must pass 12 chapters in order to complete the course. This is not an evaluation, but assist therapist in the evaluation process. We are a component of the evaluation and work very closely with case managers.

For the most part my experience with DCFS social workers is great. My biggest concern is what I call the "eleventh hour" evaluation—court hearing and they need a recommendation/evaluation regarding re-unification etc. In addition, access to services is limited. I do home-based evaluations for reasons related to poverty, no child-care, transportation problems etc. When a child is removed from care, ideally re-unification counseling should begin, that's what I would love to see. Issues take so long to resolve and children often languish with no counseling and little parent contact—it's quite devastating to nuclear families. With multi-need families, close monitoring and family-inclusive service from the beginning would relieve the pressure. Problems associated with making potential family-ending decisions in a process which does not consider enough long-term information.

The importance of standardizing data collection and report writing in DSHS cases is extremely important. The department does not have a rational and consistent manner of dealing with parenting and psych evaluations. If there are several local psychologists doing these, there will be a great deal of variation in how they are done and how they are reported. In my experience very few of the psychologists who regularly do these in Snohomish and King County collect and read and analyze the complete DSHS records. Very few have an integrated approach to reconciling data and generally tend to trust test reports over known life history. I have read reports in which the psychologist acknowledged that they did not have enough time to read or analyze history. The politics and control issues with DSHS are overwhelming issues. These people view anything that is not what they want as wrong and seek to undermine anyone who disagrees. The whole means of payment for these evaluations and the referral system needs to be changed to an independent organization that has only the agenda of getting accurate and reliable reports, not something that serves DSHS agendas or personalities or politics.

Parenting classes are difficult and far between to locate for out clients. There needs to be a greater approach than Band-Aid on a broken arm. Relationship information, anger management, parenting needs to be provided in the schools.

I will selectively on a case by case basis, evaluate DSHS clients, usually where psychiatric factors are central in achieving progress—usually involving use of medications. Sometimes I am employed to evaluate where excessive use of medication is suspected, sometimes I evaluate where diagnostic are important such as "reactive attachment disorder" or "bi-polar disorder of childhood." Since these evaluations are complex and take place over extended time periods (weeks/months) and sometimes (often) involve medication, I charge a "package fee" rather than by time. This policy may present a problem for funds.

We are a private for profit counseling agency. I have answered these questions for the portion of our clients who are seen through DCFS only. We have a sizable population of DDD clients as well. The DCFS clients we see are usually SAY (Sexually Aggressive Youth), sexually reactive and/or too low functioning to be adjudicated for their behavior. The parents we see have past acting out behavior, mostly sexual, have been accused of current sexual misbehavior and/or are failing to keep their children away from suspected or known perpetrators. Through our years of education and seminars, conferences, etc., we have received training in all the areas listed on question 19. All of the therapists in the practice are Affiliate or Certified Sex Offender Treatment Providers and have additional advanced degrees in Social Work or Psychology.

I limit the number of new court cases I will start in any month to two or three. Public or private makes no difference. A difficulty seems to be when making recommendations not having a very wide knowledge of actual services available. Recently refused an evaluation court order—client had no money.

I limit the number of evaluations overall that I do (by quota, including DSHS/CPS clients, without segregating by agency). I'd love for parent's attorney to send me more information. Parents often don't know attorney's name, change attorneys, dislike or reject their attorney and have never met attorney. My rate of no-shows on CPS referred parents is 2 out of 3. Some parents no show multiple times before actually coming in. Many don't complete the entire evaluation at all. Parents who have frequently no-showed for the evaluation often call the week before a court date, ask to be seen immediately and behave inappropriately when told the date of the next open appointment. CPS pays mucho tax dollars for professional appointments not kept!

I limit the number of DSHS clients I will serve, only because of caseload limitations.

It has been a continual source of disappointment to me that I have not received more referrals from DSHS. I feel exceptionally qualified to provide these services, but referrals in this community appear to be restricted to one or two providers. Efforts to change this pattern have not been effective to date and I have been in practice here for over fifteen years. This suggests that the prospects of change are poor.

Parents are always informed of limits of confidentiality. I always gathered as many collateral sources of information as possible, including other family members, medical and treatment records, CD assessment and treatment records, previous psych evaluations,

interviews of all treatment providers, case workers and anyone the parent felt I should talk to.

DSHS has significantly decreased requests for attachment evaluations from this office and other offices around the state that specialize in this area. We have been told that services must be purchased with med coupons—only useful for community mental health agencies who usually don't specialize in attachment. This then does not allow access to specialist for those individuals on medic aid which seems to be a civil rights violation. It also does not provide access to specialists for children in foster care in violation of the result of the class action lawsuit brought on behalf of foster children. The state of Washington is providing less then adequate resources to this population when compared to other states.

Because of the clearly documented risk for child abuse when domestic violence exists, it would be a fabulous idea for DSHS to cover DV intervention services. Local support for indigent batterers (city, county) have been cut and many are unable to obtain DV intervention. We know that DV does not "go away" without appropriate intervention, thus more and more children will be at risk. Although DV intervention is labor-intensive and not cheap, it is the only hope we have of preventing further family violence and child abuse.

Sixty percent of our practice consisted of DSHS funded clients, until HBS budget cuts. We are now county-funded for DSHS Medicaid clients.

I am no longer in private practice. I was providing services from 1995–2002. Most of the case workers I worked with were informative and cooperative. A few were not timely in forwarding documentation. Scheduling court appearances at the last minute was a nightmare in maintaining my professional schedule.

In order to answer your questions within my frame of reference—Adoption Support, I have considered my sessions with clients as evaluative as well as therapeutic.

I limit the number of persons or families I serve at the same time, not because of reimbursement, rather because of the time and focus needed to serve a family fully, to actually make a difference. Contextual, "non-medical" variables are multi-layered, time consuming and extremely relevant to stabilize some of the families referred to me.

Regarding evaluations, DCFS currently requires licensed psychologists to perform evaluations. The last evaluations I did were titled Psycho-Social. Very concerned about children and DCFS family members being underserved by clinicians at the doctor level. Clients generally have reported ineffective treatment for children when referred to some agencies, and they have stated that primary therapists change frequently leading to instability in carrying out treatment. It is my opinion that DCFS children and adolescents need long-term, consistent, in-depth therapies to promote the potential for healing, recovery and positive change.

I do not evaluate victims.

Case workers need to clearly understand that there are no absolutes and recommendations are only made from a subjective appraisal of available information and conclusions are not automatically for the Department goals.

APPENDIX

Target Populations for Surveys of Evaluators and Service Providers

Three different surveys were prepared for providers:

- Service Provider Survey
- Evaluator Survey
- Chemical Dependency Treatment Provider Survey

The Institute was supplied several lists of providers by the Department of Social and Health Services (DSHS) and the Office of Public Defense (OPD). The lists are described below.

The Division of Children and Family Services (DCFS) at DSHS supplied three lists:

1. ***CAMIS*** (Case Management and Information System). This list consisted of individuals and agencies contracted in fiscal year 2002 (July 2001 through May 2002) to provide the following services:

    - Family Reconciliation
    - Early Intervention
    - Alternate Response
    - Home-Based Support
    - Intensive Family Preservation
    - Family Preservation
    - Parent/Child Visit

    Providers of the first three services were eliminated, as they were unlikely to be serving families in dependency cases.

2. ***Mental Health Treatment Providers.*** This list consisted of providers paid by Children's Administration in fiscal year 2002 to provide mental health treatment.

3. ***Evaluators.*** This list consisted of providers paid by Children's Administration in fiscal year 2002 to provide psychological evaluations.

The Division of Alcohol and Substance Abuse (DASA) provided two lists:

1. ***Certified Chemical Dependency Treatment Providers.*** DASA certification indicates to clients, insurers, and the state that the facility meets certain criteria for various treatment modalities. While uncertified providers may offer such treatment, the state and insurance companies are unlikely to pay for such treatment. Because many agencies operate multiple facilities with a single administrator, this list was unduplicated so that each administrator appeared only one time.

2. ***ADATSA Assessment Centers.*** Each county has a single ADATSA assessment center which provides assessment of ADATSA-funded clients and determines the appropriate level of treatment for each client. An exception to the one-per-county rule is Snohomish County, where several treatment facilities are authorized to conduct ADATSA assessments. All but two ADATSA assessment centers also appeared on the DASA list of chemical dependency treatment facilities.

The OPD conducted an informal survey of courts, gathering a list of providers of services to families in dependency cases.

Assignment of Providers to the Three Surveys

In an effort to minimize the effort on the part of providers and maximize survey response, an effort was made to send only a single survey to any given provider. However, there was considerable overlap among the lists. The following rules were used in determining which of the three surveys a provider would receive.

The priority was as follows:

- All providers on the CAMIS list received the Service Provider Survey.

- All providers on either DASA list, but not on the CAMIS list, received the survey for Chemical Dependency Treatment Providers.

- All evaluators not on the CAMIS list nor on either DASA list received the Evaluator Survey.

- All remaining providers from the DSHS list of mental health providers and the OPD list received the Service Provider Survey.