

**Social Work Supervisor Survey:
Summary of Survey Questions and Answers**

Marna Geyer Miller, Ph.D.

February 2004



*Washington State
Institute for
Public Policy*

**Social Work Supervisor Survey:
Summary of Survey Questions and Answers**

Marna Geyer Miller, Ph.D.

February 2004

Washington State Institute for Public Policy

110 Fifth Avenue SE, Suite 214

Post Office Box 40999

Olympia, Washington 98504-0999

Telephone: (360) 586-2677

FAX: (360) 586-2793

URL: <http://www.wsipp.wa.gov>

Document No. 04-02-3905

WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

Mission

The Washington Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs the Institute, hires the director, and guides the development of all activities.

The Institute's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State. The Institute conducts research activities using its own policy analysts, academic specialists from universities, and consultants. New activities grow out of requests from the Washington legislature and executive branch agencies, often directed through legislation. Institute staff work closely with legislators, as well as legislative, executive, and state agency staff to define and conduct research on appropriate state public policy topics.

Current assignments include projects in welfare reform, criminal justice, education, youth violence, and social services.

Board of Directors

Senator Don Carlson
Senator Karen Fraser
Senator Linda Evans Parlette
Senator Betti Sheldon
Representative Don Cox
Representative Phyllis Kenney
Representative Cathy McMorris
Representative Helen Sommers

Dennis Braddock, Department of Social and Health Services
Marty Brown, Office of Financial Management
Douglas Baker, Washington State University
Stephen Jordan, Eastern Washington University
Thomas L. "Les" Purce, The Evergreen State College
Ken Conte, House Office of Program Research
Stan Pynch, Senate Committee Services

Staff

Roxanne Lieb, Director
Steve Aos, Associate Director

CONTENTS

I.	Introduction	1
II.	Characteristics of Social Work Units	3
III.	Services for Children	5
IV.	Parent Referrals	7
V.	Transportation for Parents.....	9
VI.	Services for Parents With Limited English Proficiency	11
VII.	Office Policies and Practices.....	13
VIII.	Parent/Child Visits.....	15
IX.	Services to Parents	19
X.	Comments: Surveys of Social Work Supervisors	33

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 the survey of DSHS Children's Administration social work supervisors. 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>>, Accessed February 26, 2003.

² ESSB 6153, Section 114(d)

This report describes the responses from the survey of social work supervisors.

Who Was Surveyed?

The supervisor of each of the 139 social work units in DCFS was invited to participate in an internet survey. Responses were obtained from 97 units (70 percent response rate).

Responses are summarized on the following pages.

Highlights

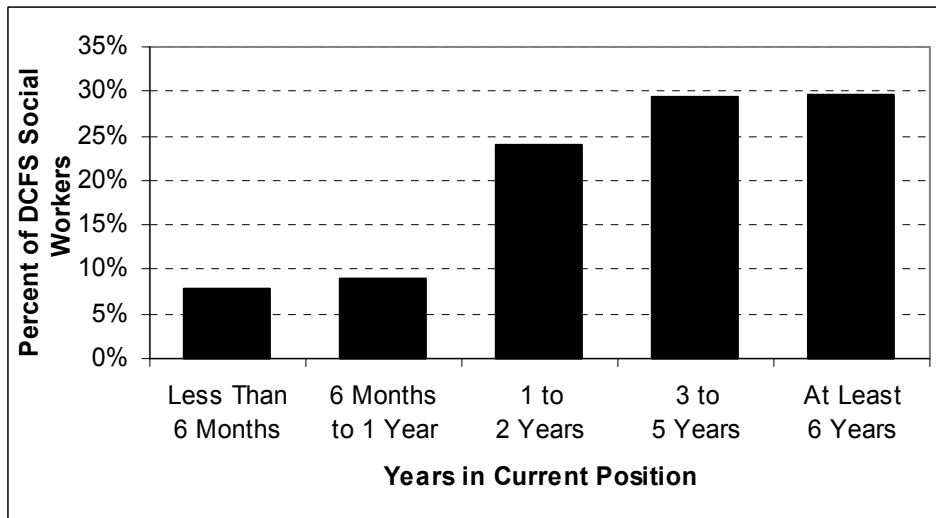
- 80 percent of social workers have been in their current positions for more than one year.
- Most social workers employ multiple methods to inform parents of referrals.
- Almost all units (83 percent) serve some families with limited English proficiency.
- In a month, social workers spend an average of 12 hours in court waiting for cases.
- Some services are not available everywhere, particularly in offices associated with small courts. Among those most frequently cited as unavailable were Dependency 101 (a formal explanation of the dependency process), psychological evaluation, anger management or domestic violence treatment, home-based support services, and intensive family preservation services.
- Social work supervisors report that, where services are available, there is often a waiting list.

II. CHARACTERISTICS OF SOCIAL WORK UNITS

How Many Social Workers Are Employed in Your Unit?

- The average number of social workers in each unit is seven.

How Long Have Social Workers Been in Their Current Position?



Types of Units Responding to Survey

Type of Unit	Percent of Units
Child Protective Services	37%
Child Protective Services/ Child Welfare Services	22%
Child Welfare Services	34%
Family Reconciliation Services or Adoption	5%
Specialty	2%

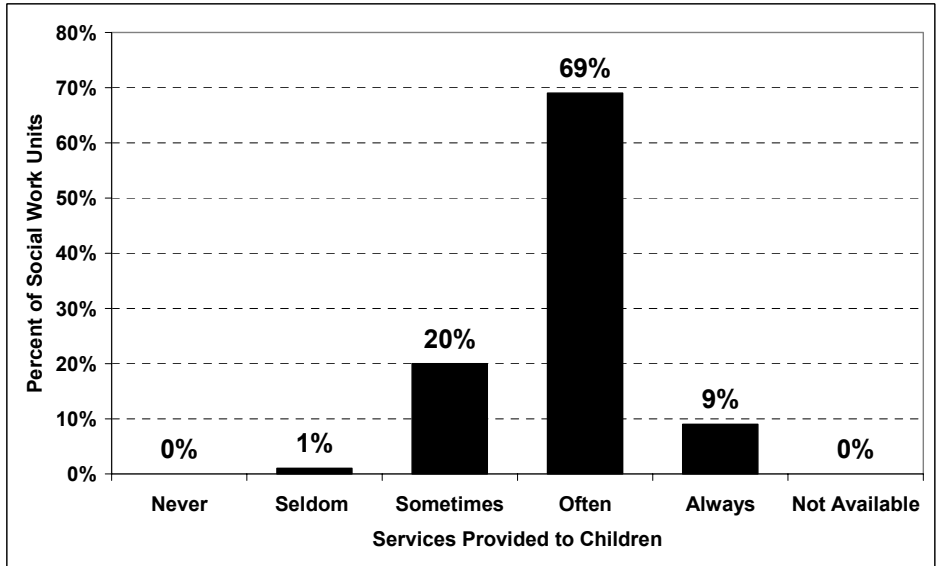
Locations of Social Work Units

DSHS Region	Total Units	Units Responding	Percent Responding
1	23	14	61%
2	15	11	73%
3	18	13	72%
4	32	23	72%
5	22	14	64%
6	29	21	72%
Unknown	0	1	0%
Overall	139	97	70%

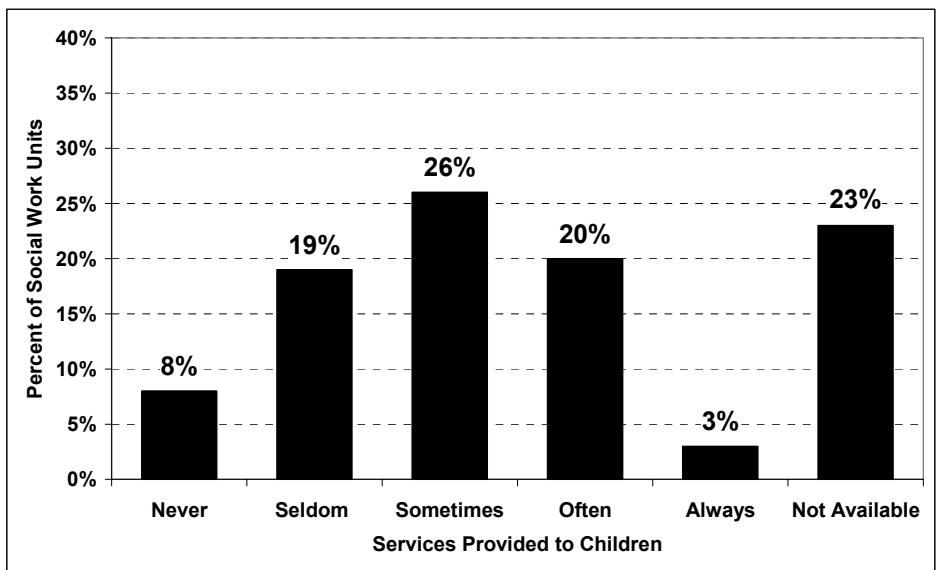
III. SERVICES FOR CHILDREN

How Often Do You Refer CHILDREN to the Following Services?

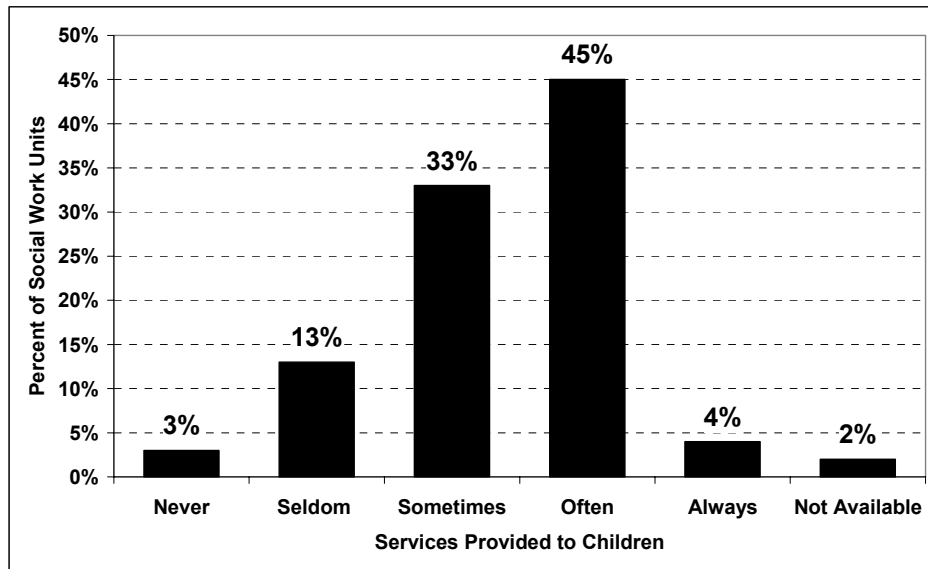
Individual Counseling



Medicaid Treatment Child Care



CPS or CWS Subsidized Child Care



IV. PARENT REFERRALS

How Are Referrals to Services Communicated to the Parent?

	Percent Answering Yes
DSHS personnel assist parents in making first appointment	72%
DSHS personnel supply parents with contact information for specific service providers	88%
DSHS personnel give parents general information about the sorts of services parents should get	35%
Other methods of referral (volunteered responses)	# Units
Accompany parent to first appointment	4
Through contracted service provider (e.g. FRS)	9
Written notification	25
Through relatives or friends (when hard to reach)	2
Telephone	9
Face to face (planning meetings, court, visits)	6

When Parents Are Referred to Services, Do You Send a Copy of the Referral to the Parent's Attorney?

	Percent of Respondents
Never	6%
Seldom	22%
Sometimes	38%
Often	28%
Always	7%

V. TRANSPORTATION FOR PARENTS

For Parents Who Have Been Referred to Services But Lack Reliable Transportation, What Assistance Is Provided to Ensure Parents Can Get to the Services?

	Percent
None	3%
Social worker transports parent	65%
Contracted transportation service	34%
Bus Pass	90%
Other	54%

What Other Transportation Assistance?

	Percent
Volunteers/friends or relatives	18%
Money for auto repair	3%
Gas vouchers/reimbursement	20%
Taxi/Paratransit	11%
Home Support Specialist or FPS	10%
Plane	1%
Greyhound bus	2%

VI. SERVICES FOR PARENTS WITH LIMITED ENGLISH PROFICIENCY

Approximately What Percent of Parents on Your Caseload Do Not Speak English?

None	17%
1 to 10%	64%
11 to 25%	16%
26 to 50%	2%
Over 50%	1%

How Often Do You Refer Non-English Speaking Parents to EVALUATORS Who Speak the Parents' Primary Language?

Never	6%
Seldom	20%
Sometimes	24%
Often	20%
Always	30%

How Often Do You Refer Non-English Speaking Parents to SERVICE PROVIDERS Who Speak the Parents' Primary Language?

Never	1%
Seldom	19%
Sometimes	29%
Often	32%
Always	19%

Which Language Presents the Greatest Obstacle to Securing Evaluations and Services for Parents?

Cambodian	6%
Chinese	3%
Laotian	6%
Spanish	31%
Vietnamese	6%
Korean	2%
Russian	22%
Other	23%

What Other Language Presents an Obstacle?

African dialects	3%
Bosnian	1%
Farsi	1%
Hebrew	1%
Mixteco/Mexican native	3%
Nigerian	1%
Samoan	1%
Somali	3%

VII. OFFICE POLICIES AND PRACTICES

Are Service Referrals Delayed When Cases Are Transferred From CPS to CWS?

Never	5%
Seldom	35%
Sometimes	50%
Often	9%
Always	0%

Do You Inform Parents of the Transfer From CPS to CWS?

Never	3%
Seldom	3%
Sometimes	2%
Often	23%
Always	69%

How Do You Usually Notify Parents About the Transfer From CPS to CWS?

Written	15%
Telephone	47%
Other	38%

How Else Are Parents Notified?

In person	42%
-----------	-----

When Do You Usually Notify Parents of the Transfer From CPS to CWS?

Before transfer	66%
Within 1 week after	27%
1 week to 1 month after	7%
Over a month after	0%

Are Service Referrals Delayed if Cases Are Transferred, For Any Reason, From One Social Worker to Another (Within CPS or CWS)?

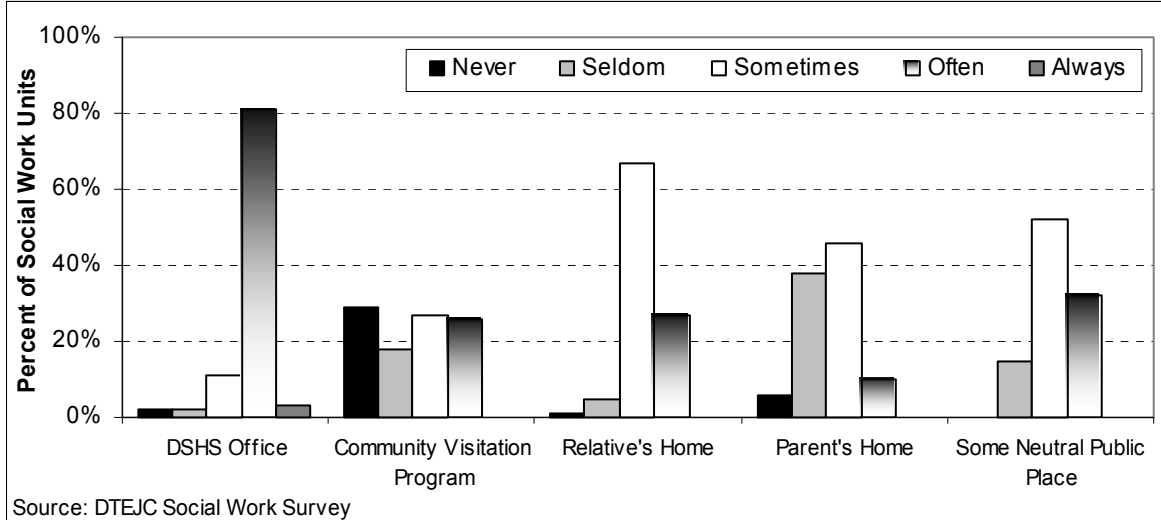
Never	6%
Seldom	41%
Sometimes	39%
Often	12%
Always	2%

Do You Inform Parents of the Transfer From One Social Worker to Another (Within CPS or CWS)?

Never	0%
Seldom	4%
Sometimes	4%
Often	18%
Always	74%

VIII. PARENT/CHILD VISITS

How Often Does Visitation Take Place in Each of These Locations?



Other Locations for Visits

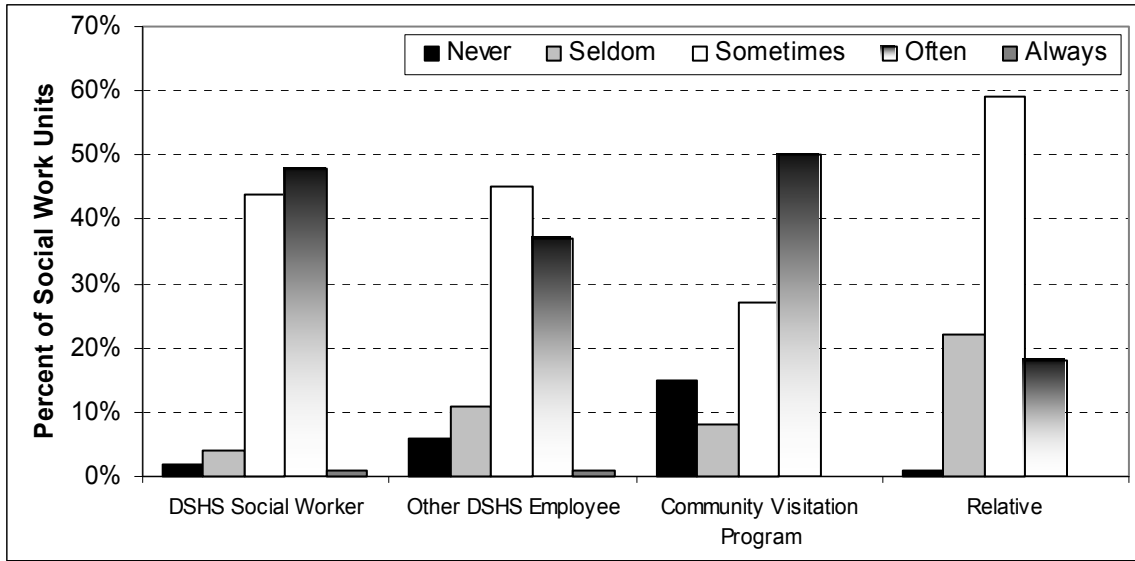
Treatment or service facilities	9%
Foster home	4%

Among the Cases in Your Unit, What Percent of Parent-Child Visits Are Supervised?

Median ³	80%
Average	68%

³ 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.

When Visitation Is Supervised, Who Supervises the Visitation?



Does Anyone Else Supervise Visitation?

Yes	36%
No	64%

Who Else Supervises Visitation?

Case aides/student intern	37%
Treatment or service facilities	54%
Foster parents	40%
Guardian ad litem	17%
Friends of family	6%
Volunteers	6%
Attorney	3%

In Instances Where Visits Have to Be Cancelled, How Often Are Visits Rescheduled (Rather Than Skipped)?

Never	0%
Seldom	3%
Sometimes	25%
Often	62%
Always	10%

Do You Ever Restrict or Cancel Visitation When Parents Are Out of Compliance With Court-Ordered Services?

Yes, to encourage parent compliance	14%
Yes, when parent noncompliance may endanger the child	68%
Yes, other	24%
No	14%

For What Other Reasons Are Visits Restricted?

When court sanctioned	39%
When parent is intoxicated/inappropriate	22%
If visit is cancelled, go to court immediately	13%
If parent has history of no-show	13%
Negative impact on child	13%

On Average, in a MONTH, How Many Hours Does an Individual Social Worker Sit Waiting for Cases as Part of the Court Process?

Median	10 hours
Average	12 hours
Range	1 to 60 hours

IX. SERVICES TO PARENTS

The social work survey inquired about services offered to parents. The survey of the courts asked about many of the same services. Because the court responses varied depending on the size of the court (number of new dependency cases in a year), data from the social work survey were grouped in the same way, based on the size of the local court. This similar grouping enables comparison with the analysis of court responses about parent services.

Grouping of Courts by Number of Dependency Cases Filed in 2001

Court Size	New Dependencies Filed in 2001	Number of Courts
Large Court*	399 to 747	4
Mid-Size Court**	95 to 238	8
Small Court	1 to 68	21

*Large courts are King, Pierce, Snohomish, and Spokane. **Mid-sized courts are Benton-Franklin, Clark, Cowlitz, Kitsap, Skagit, Thurston, Whatcom, and Yakima.

This section provides graphical representations of survey responses. For each of the services, availability was noted. If the service was available, respondents were then asked how frequently parents were referred to the service at various stages of a dependency case.

How to Read These Charts

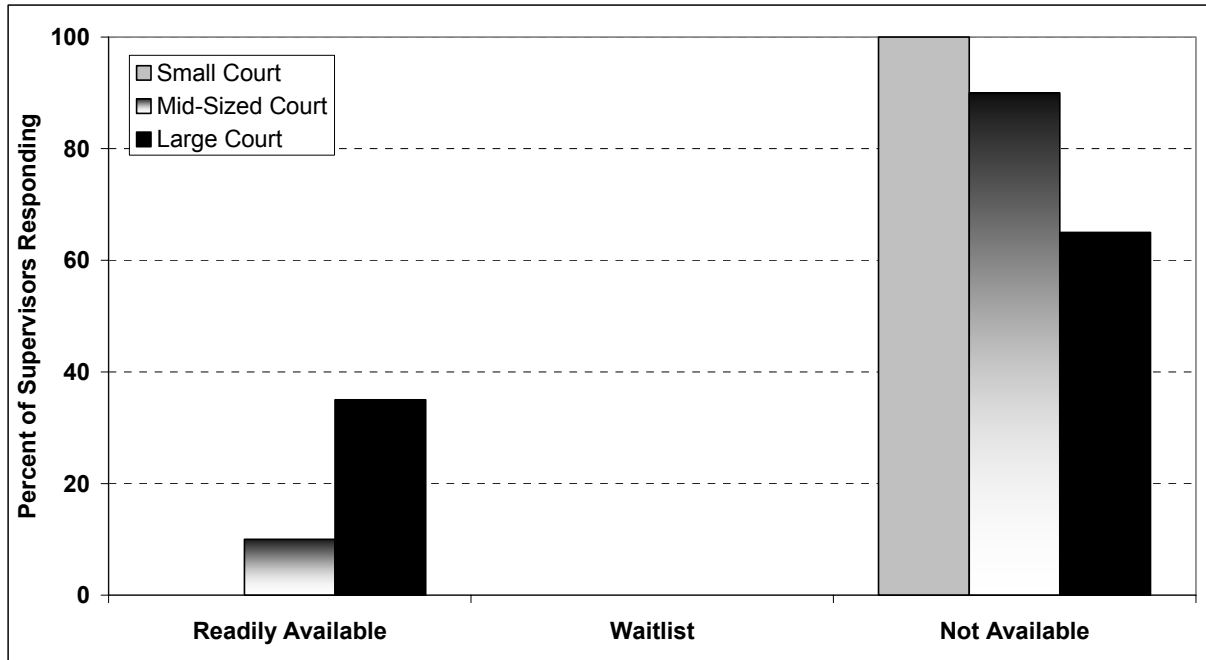
Social work units were grouped according to the size of their local court. For example, units in King County were placed in the “Large court” category, while units in Thurston County were placed in the “Mid-sized court” category.

Responses to questions were tallied over all units within a court-size category. Using Dependency 101 (on the next page) as an example, you can see that 100 percent of social work units associated with small courts reported that Dependency 101 was “Not Available.” Because the service was not available, none of those units answered the question about how often they refer parents to Dependency 101.

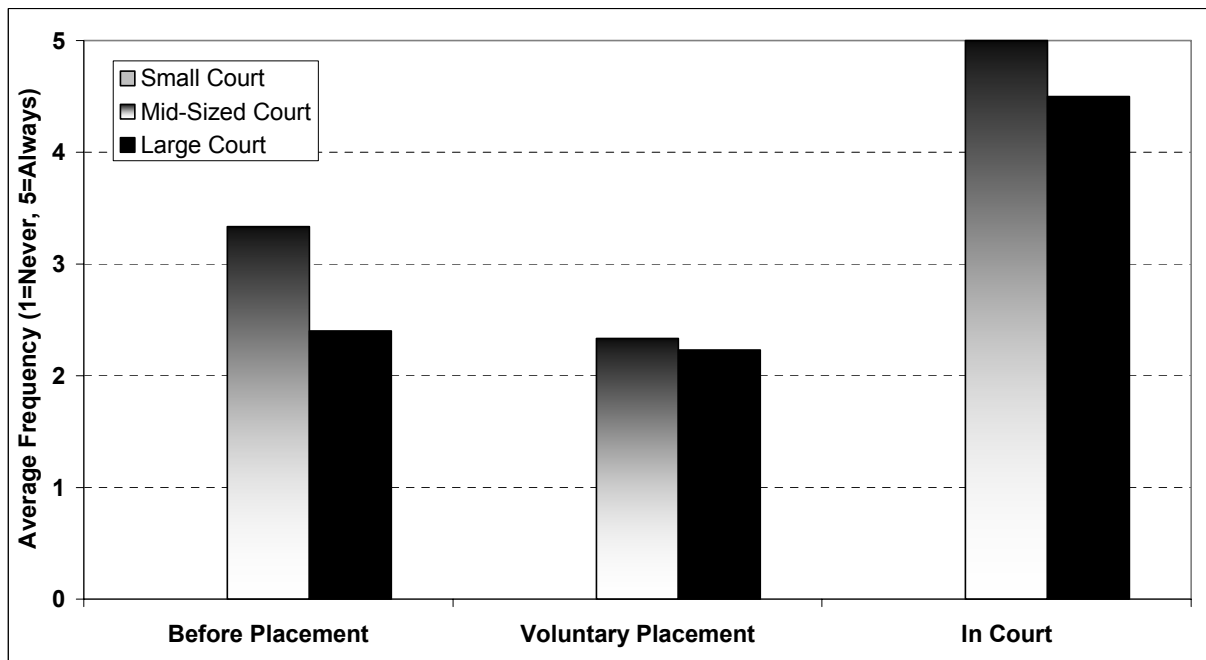
Where Dependency 101 WAS available, social workers in units associated with mid-sized courts always referred parents when the case was in court. Units associated with large courts, on average, referred parents slightly less often when the case was in court. Social workers were least likely to refer parents when there was a voluntary placement. Before placement, parents are more likely to be referred to Dependency 101 in counties with mid-sized courts.

Dependency 101

Is Dependency 101 (or Any Formal Explanation of the Dependency Process) Available in Your County, or Within a Reasonable Distance?

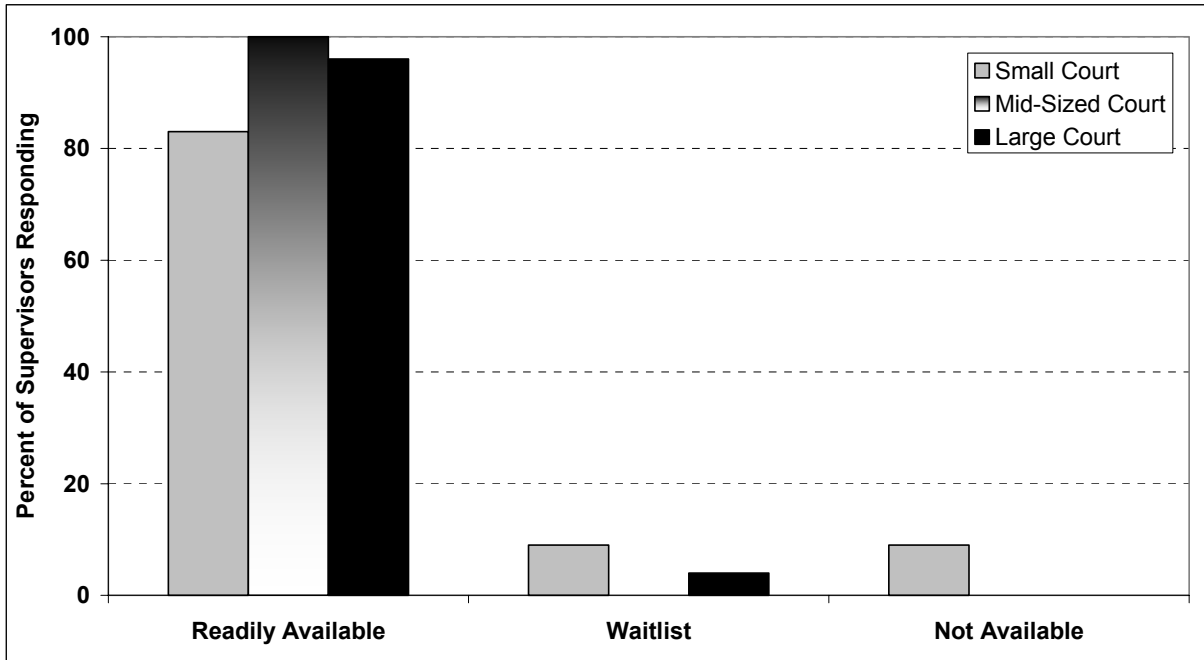


How Often Do You Refer Parents to Dependency 101 (or Any Formal Explanation of the Dependency Process) at the Following Stages of a Case?

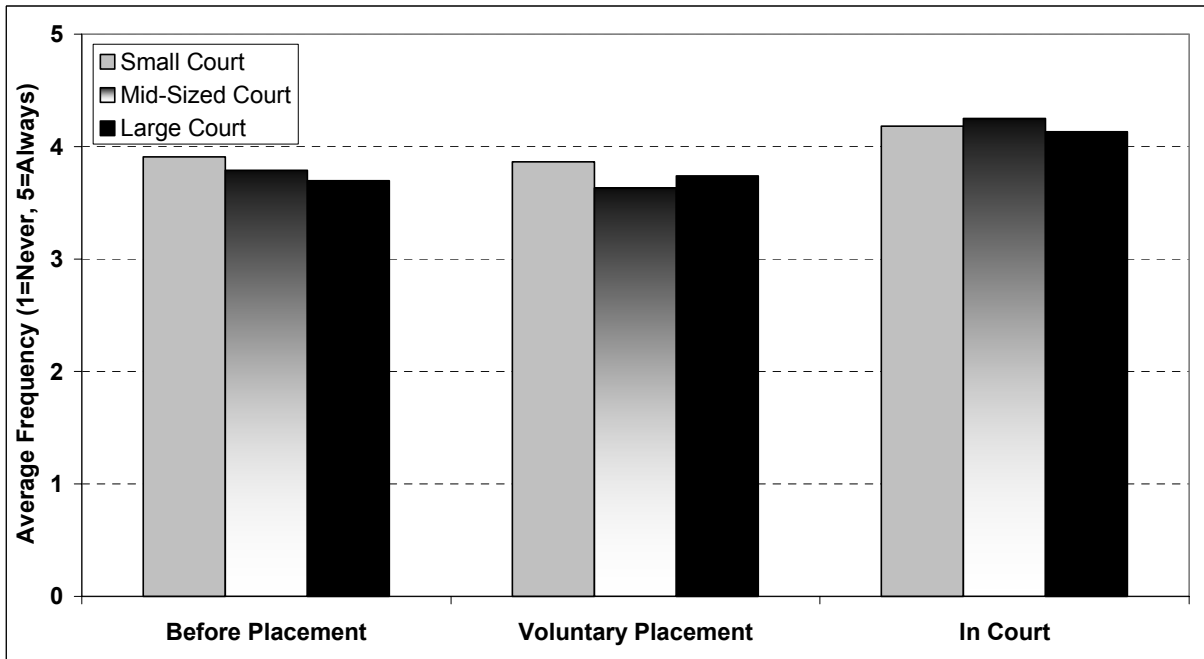


Urinalysis Testing

Is Urinalysis (UA) Testing Available in Your County or Within a Reasonable Distance?

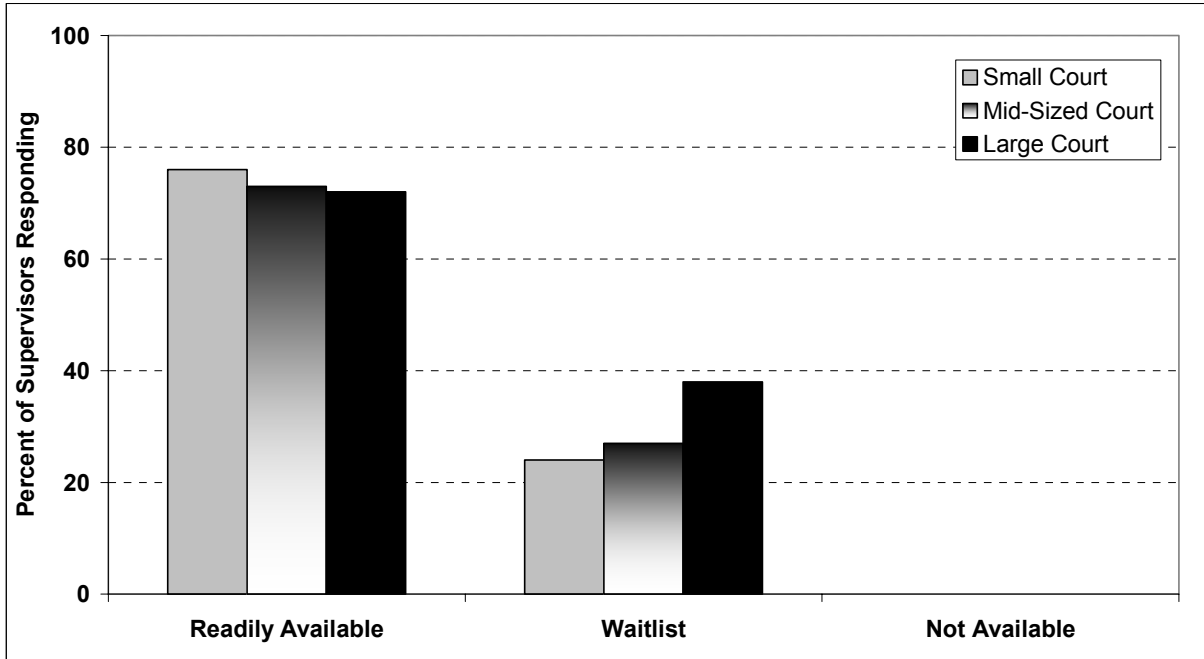


How Often Do You Refer Parents to Urinalysis (UA) Testing at the Following Stages of a Case?

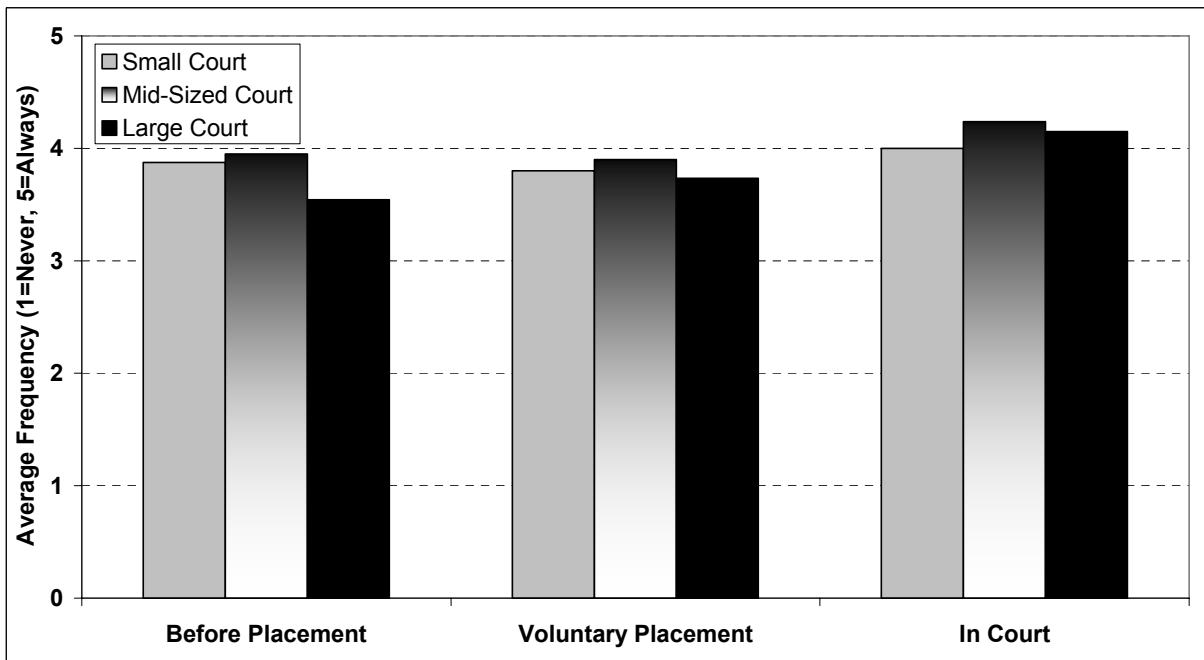


Chemical Dependency Evaluation and Treatment

Is Chemical Dependency Evaluation and Treatment Available in Your County or Within a Reasonable Distance?

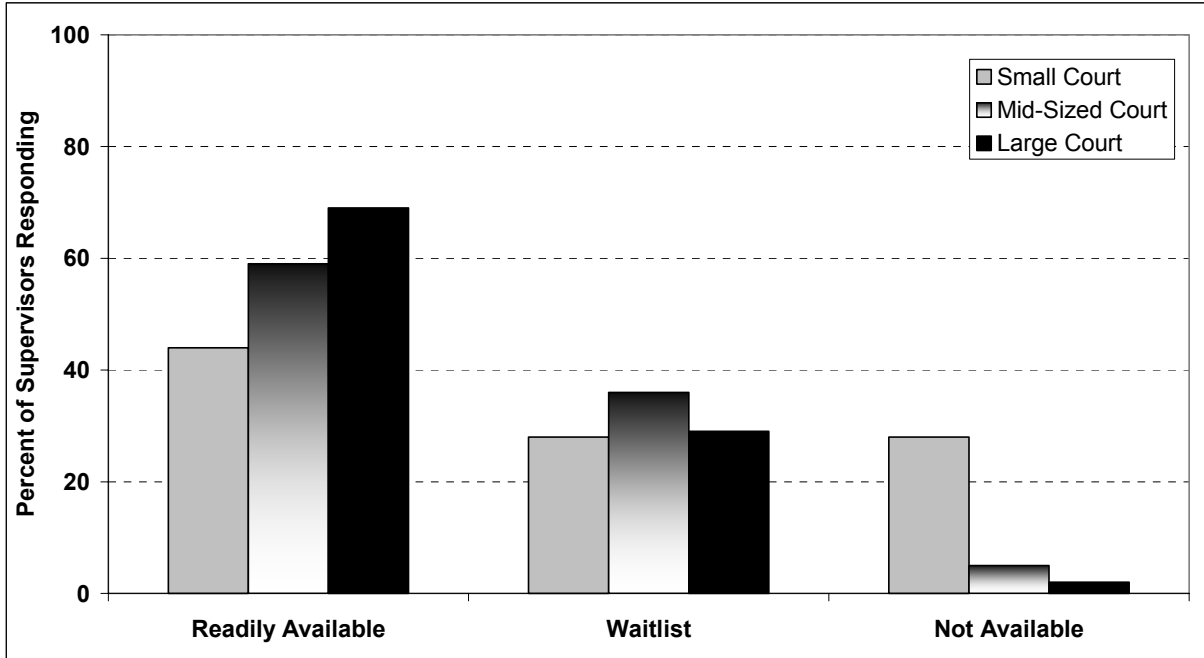


How Often Are Parents Referred to Chemical Dependency Evaluation and Treatment at the Following Stages of a Case?

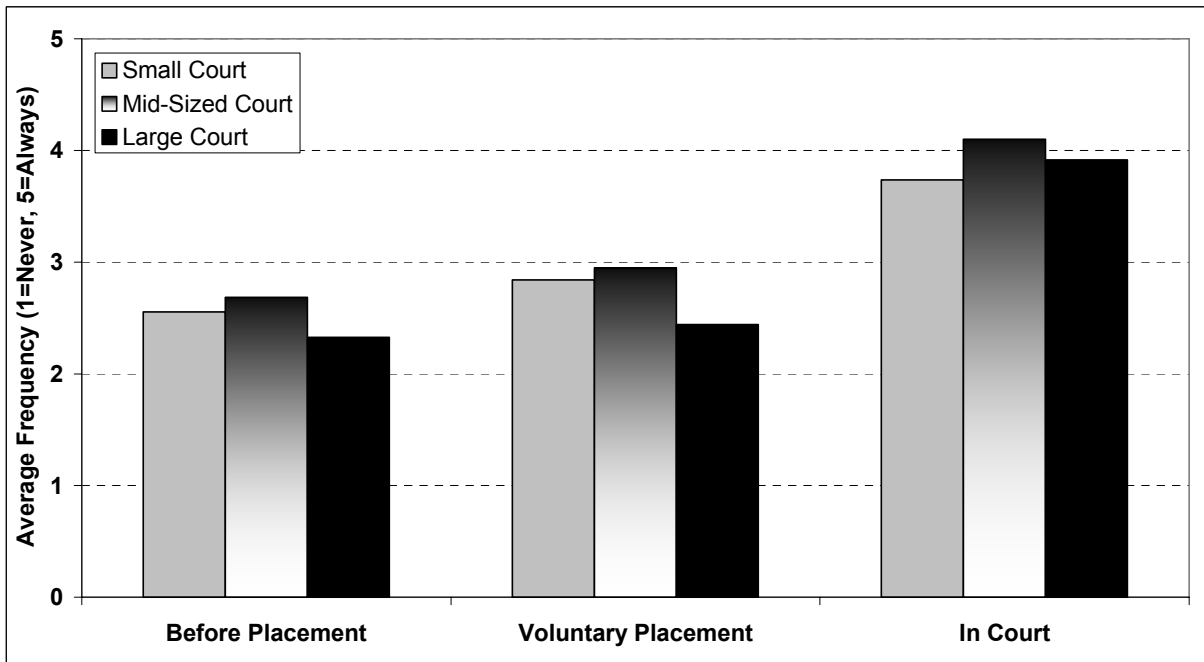


Psychological Evaluations

Are Psychological Evaluations Available in Your County or Within a Reasonable Distance?

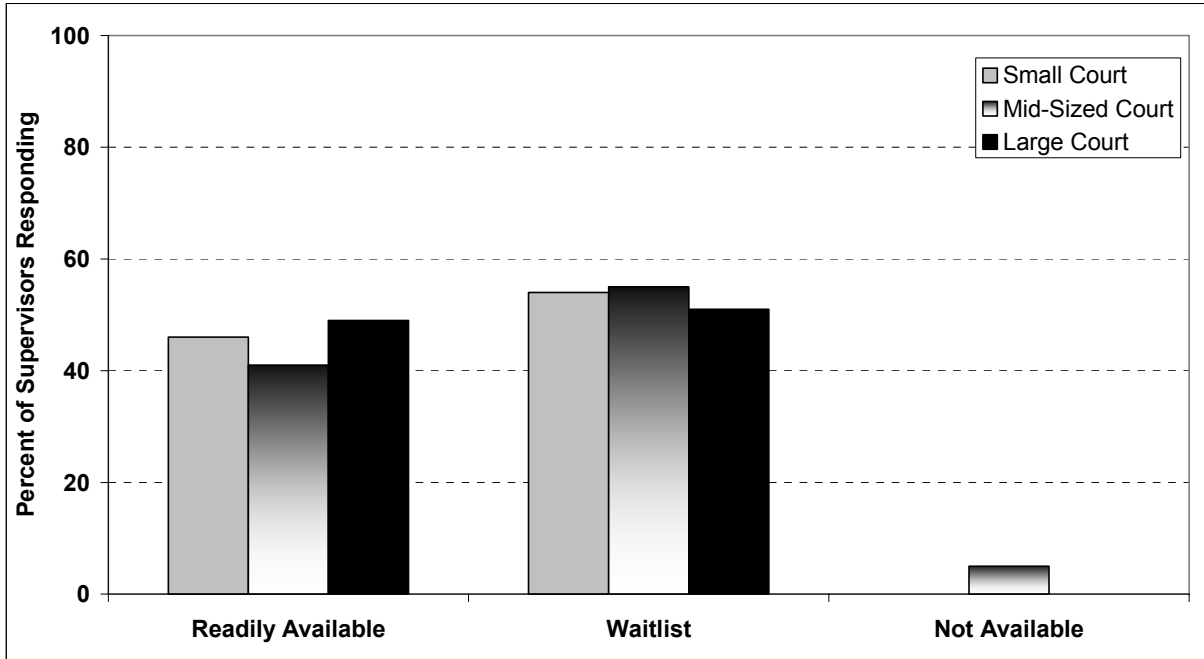


How Often Do You Refer Parents for a Psychological Evaluation at the Following Stages of a Case?

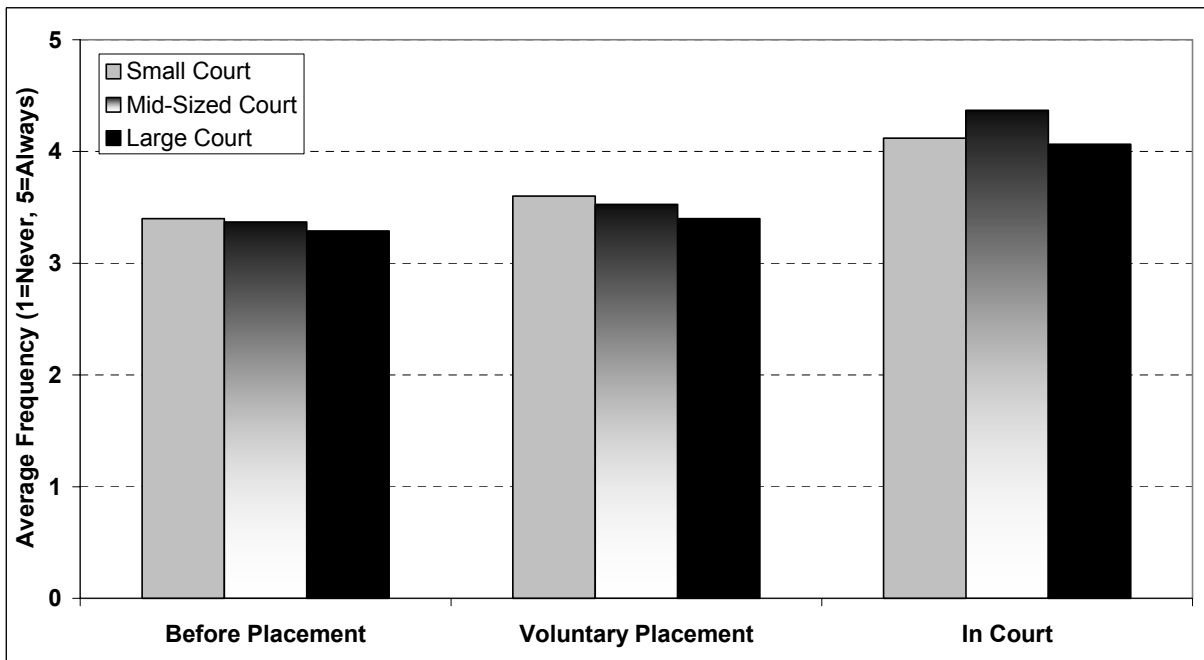


Mental Health Treatment

**Is Mental Health Treatment Available
in Your County or Within a Reasonable Distance?**

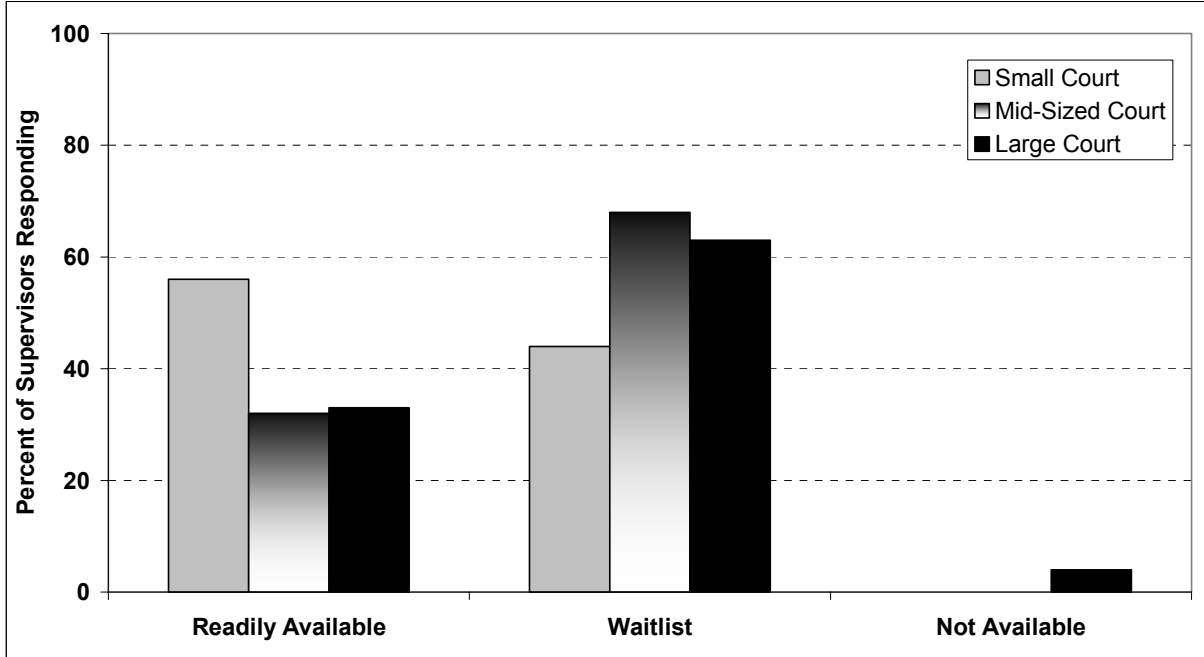


**How Often Do You Refer Parents for Mental Health
Treatment at the Following Stages of a Case?**

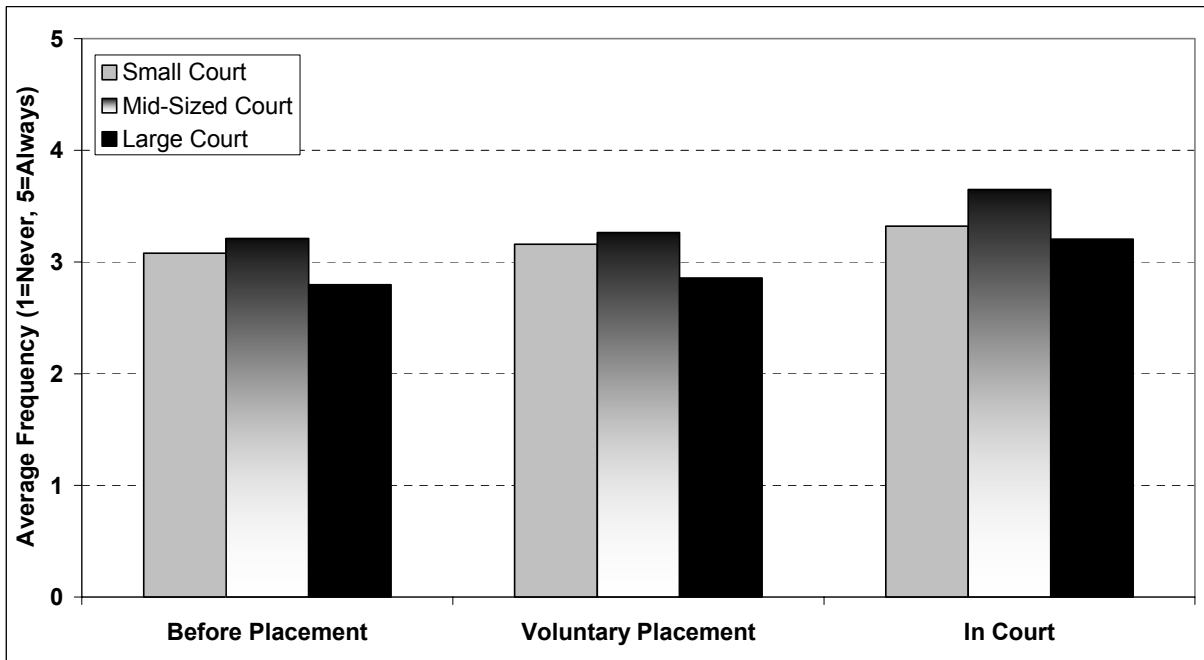


Developmental Disabilities Services

Are Developmental Disabilities Services Available in Your County or Within a Reasonable Distance?

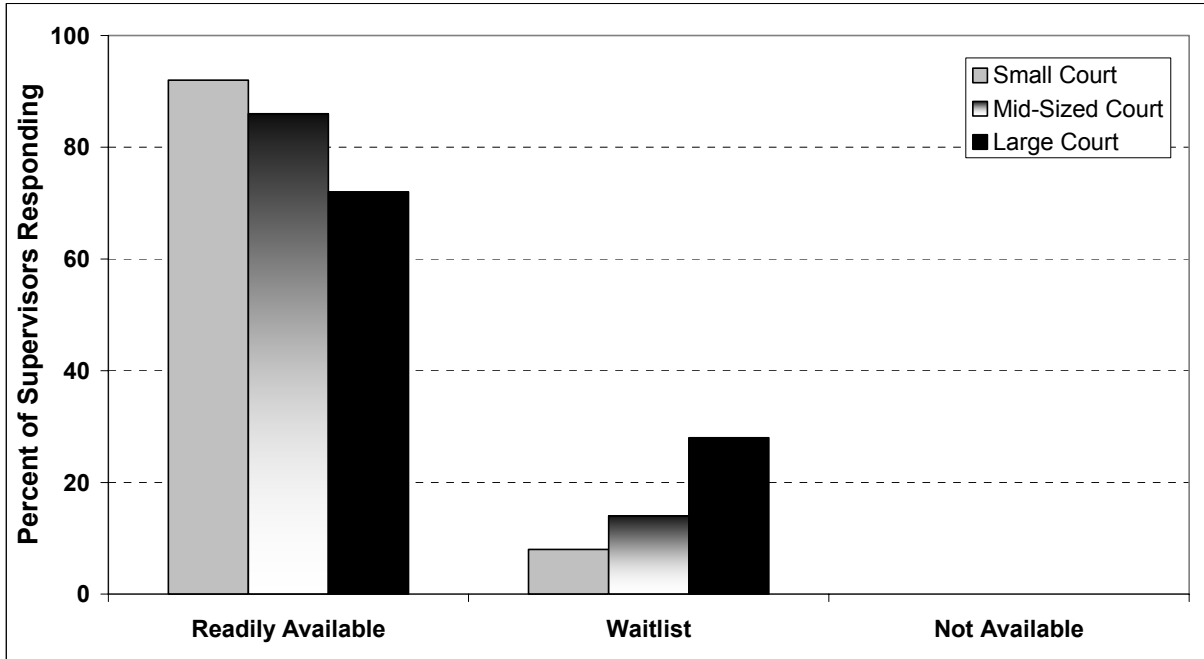


How Often Do You Refer Parents to Developmental Disabilities Services at the Following Stages of a Case?

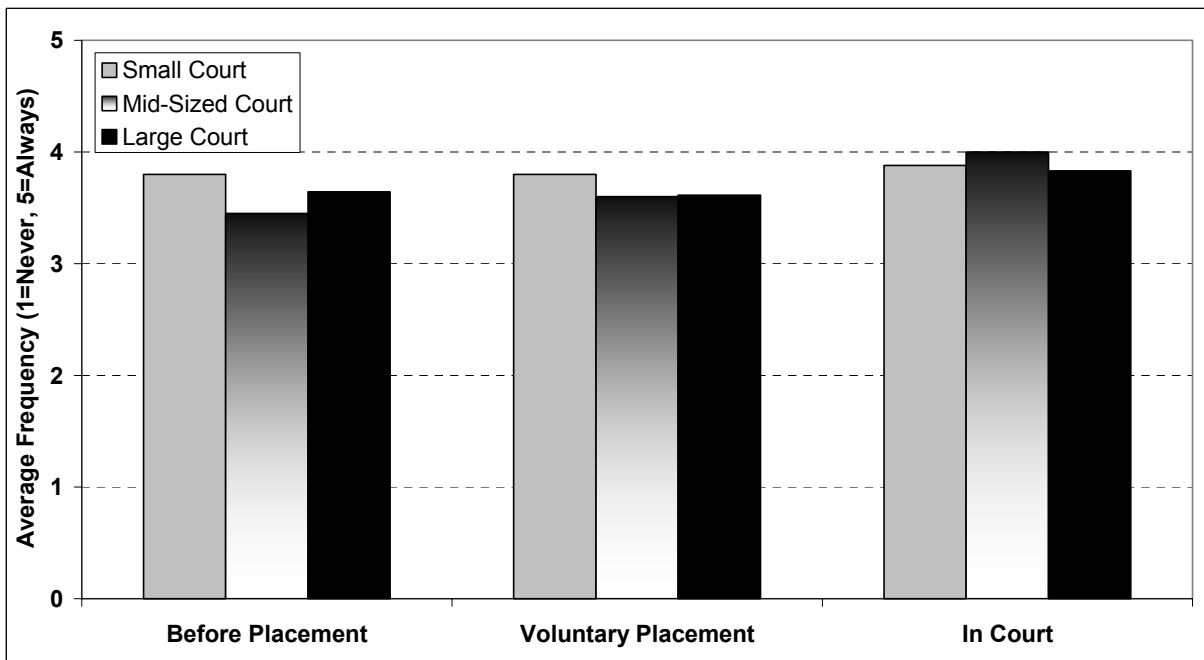


Domestic Violence

Are There Any Programs to Help Victims of Domestic Violence Available in Your County or Within a Reasonable Distance?

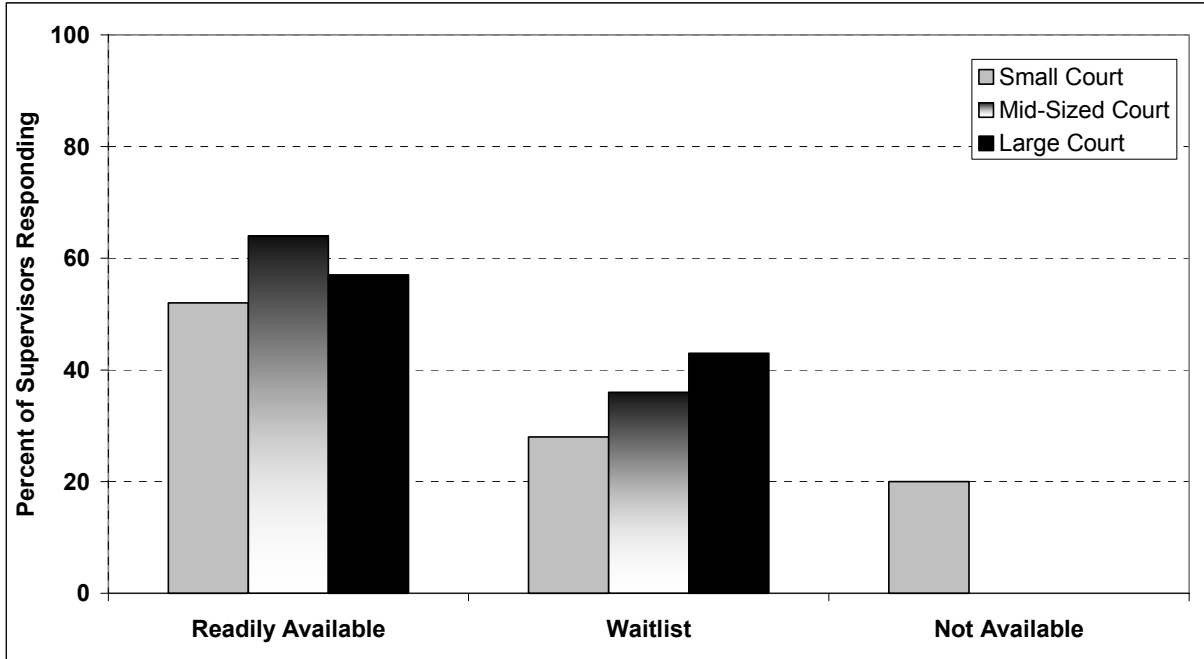


How Often Do You Refer Parents to Programs for Victims of Domestic Violence at the Following Stages of a Case?

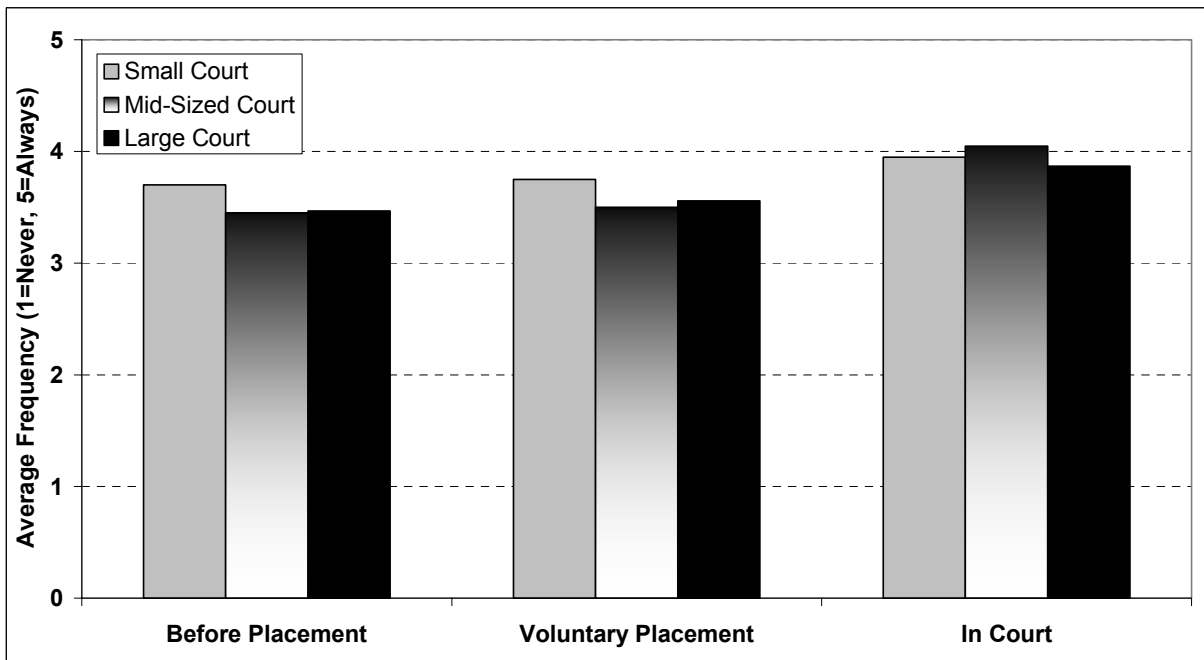


Anger Management or Domestic Violence Programs

Are Anger Management or Domestic Violence Programs Available in Your County or Within a Reasonable Distance?

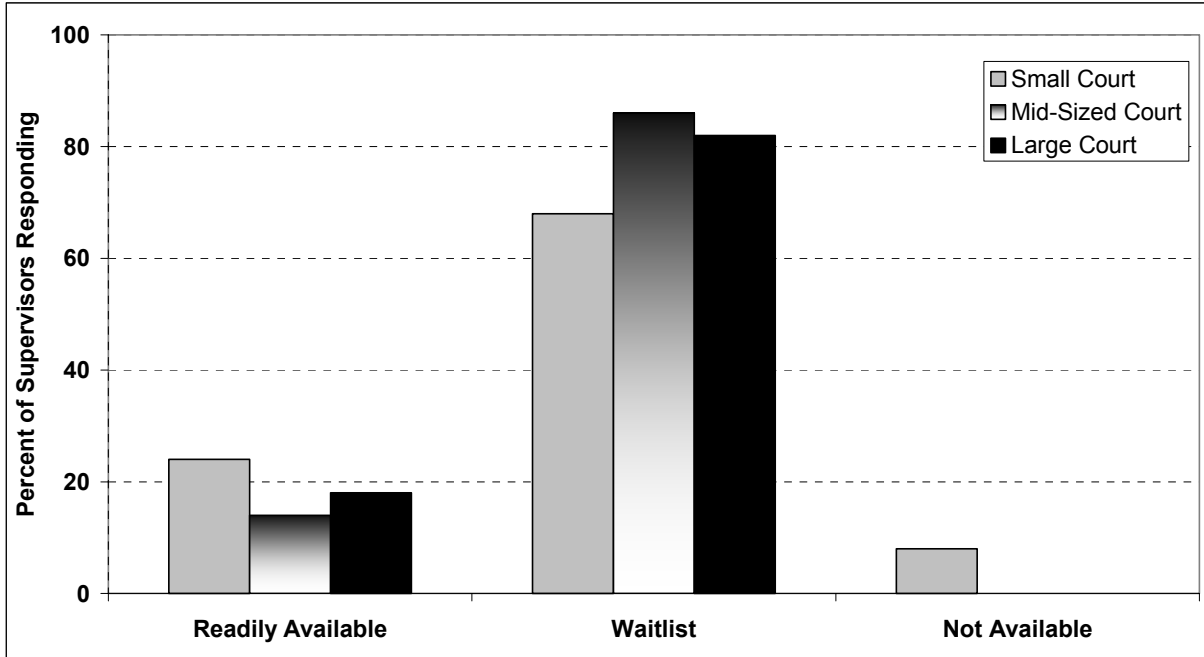


How Often Do You Refer Parents to Anger Management or Domestic Violence Programs at the Following Stages of a Case?

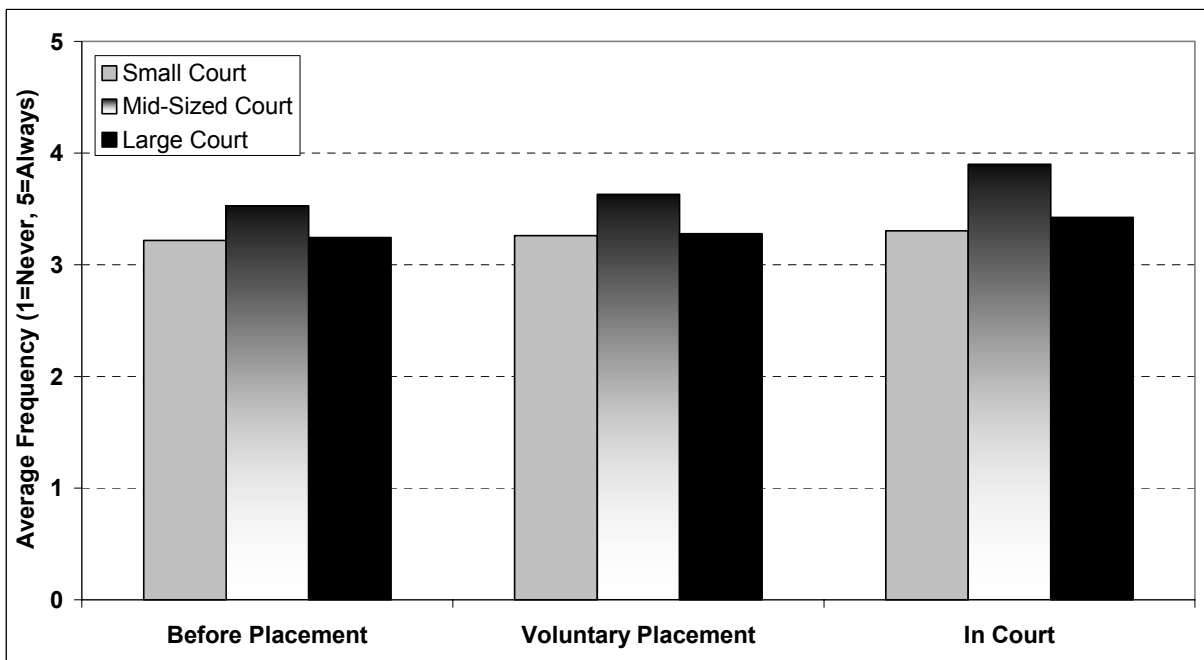


Housing

Are Subsidized Housing or Housing Referral Services Available in Your County or Within a Reasonable Distance?

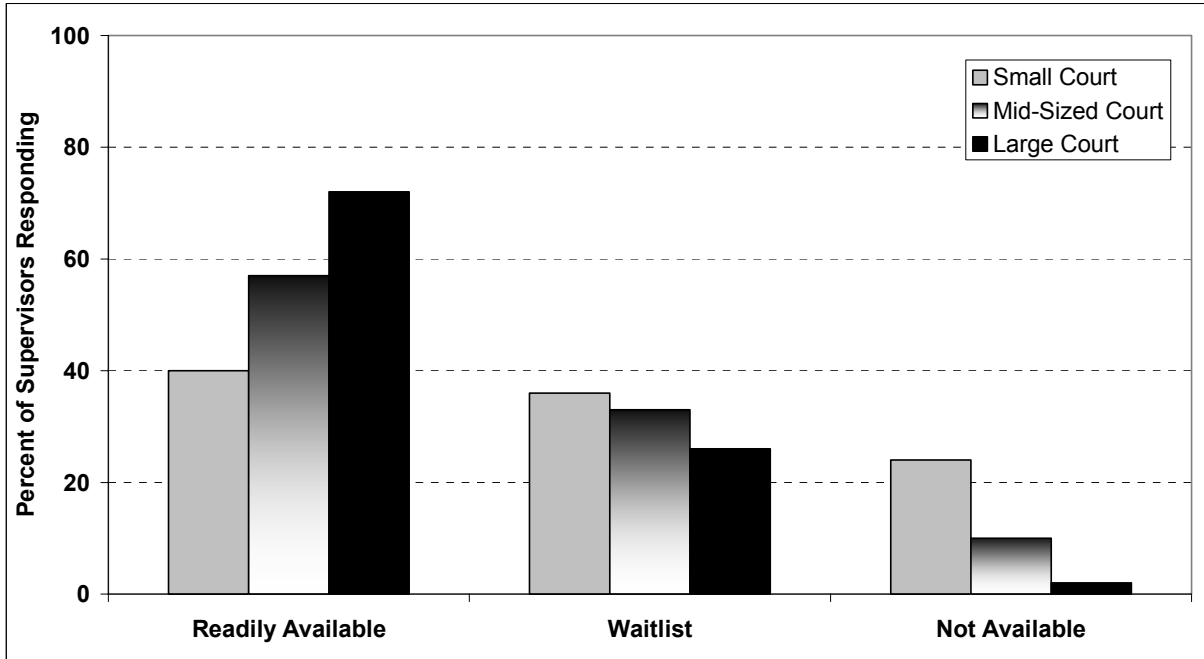


How Often Do You Refer Parents to Subsidized Housing or Housing Referral Services at the Following Stages of a Case?

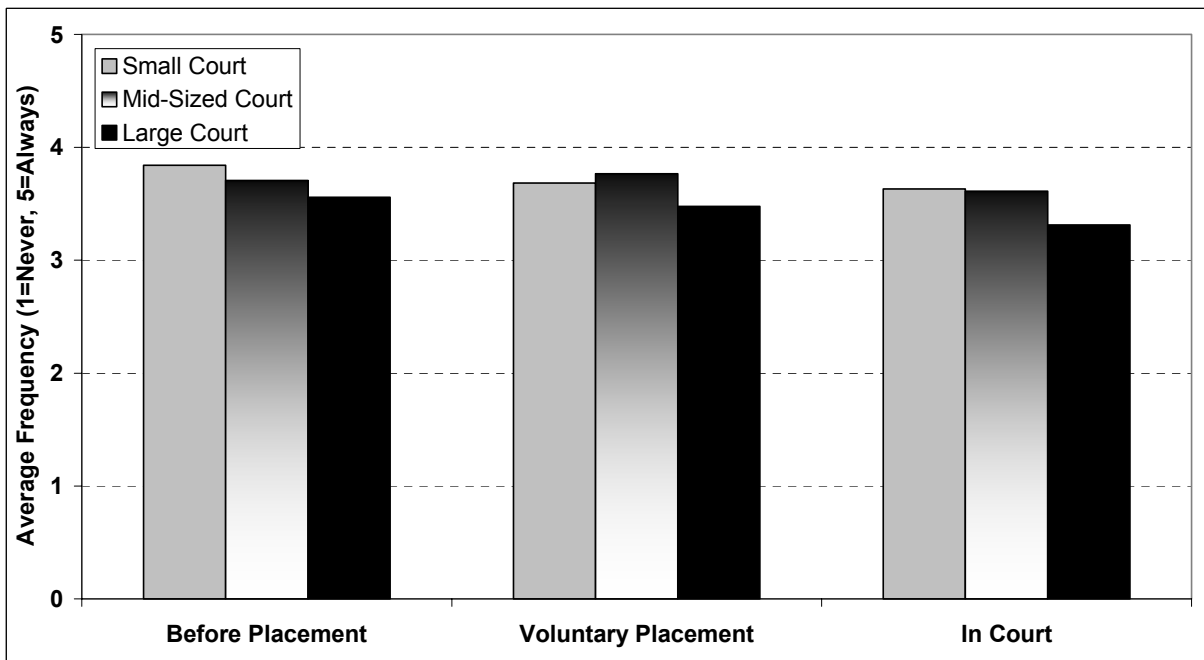


Home-Based Support Services

Are Home-Based Support Services Available in Your County or Within a Reasonable Distance?

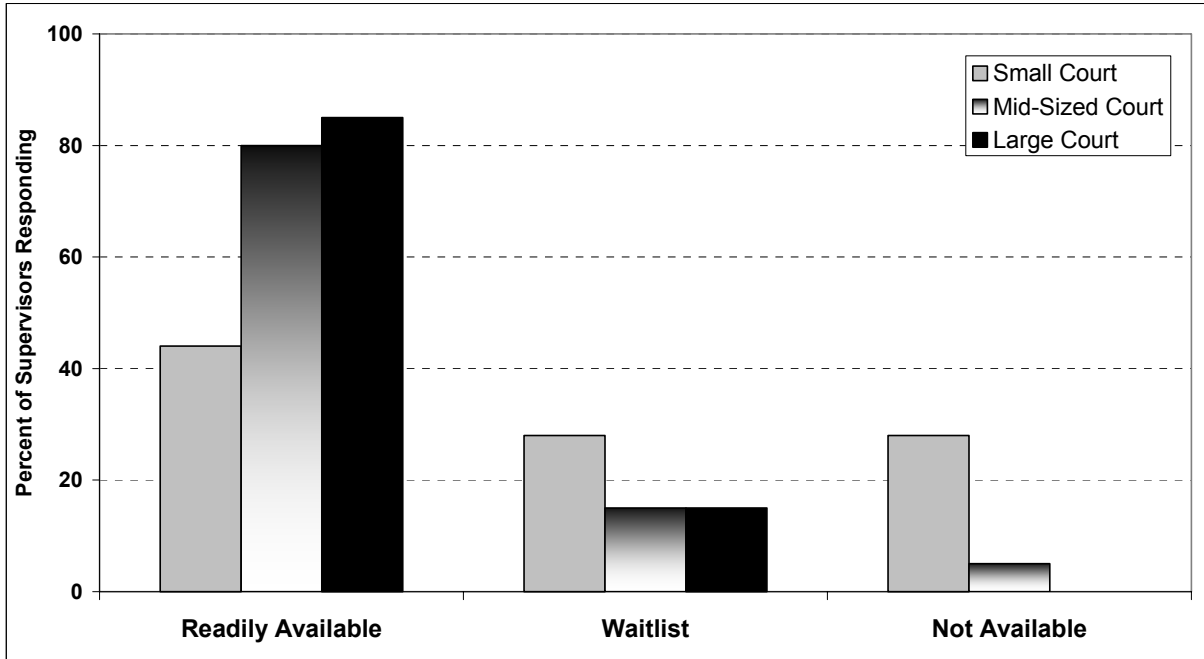


How Often Do You Refer Parents to Home-Based Support Services at the Following Stages of a Case?

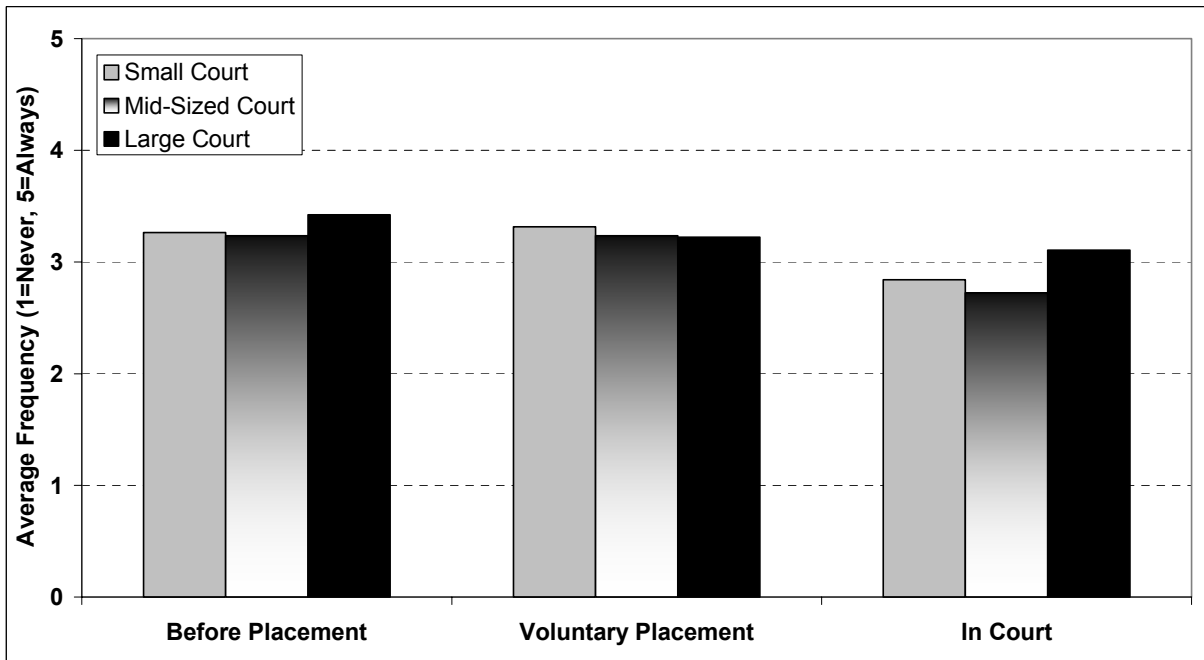


Family Preservation Services

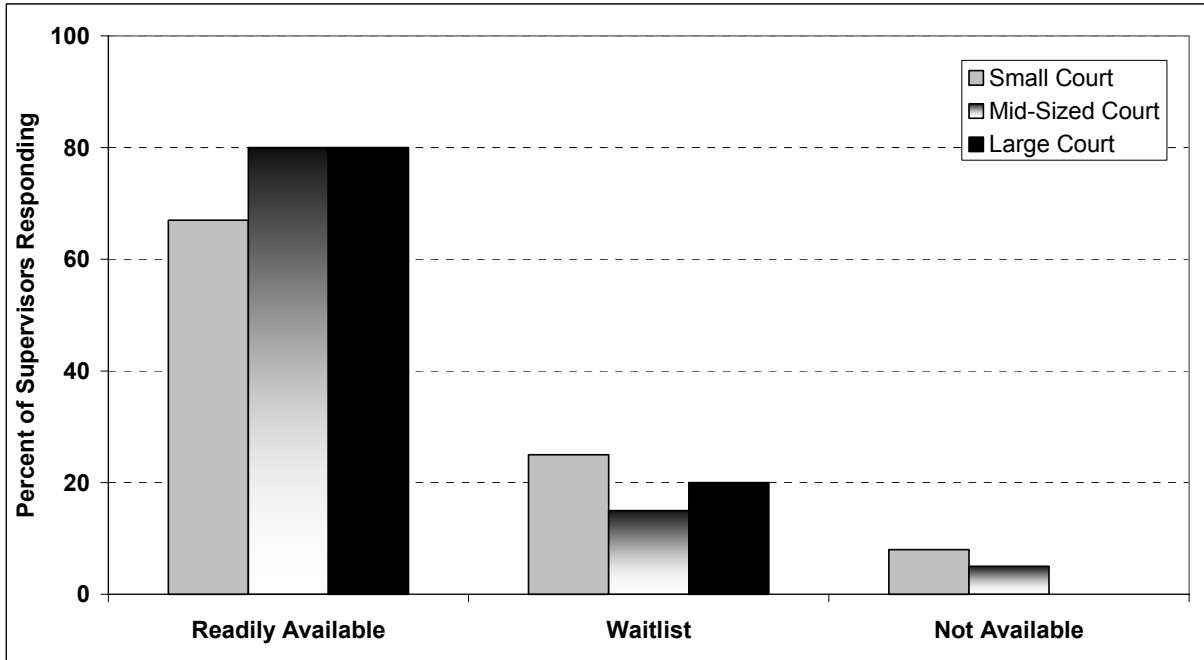
Are Intensive Family Preservation Services Available in Your County or Within a Reasonable Distance?



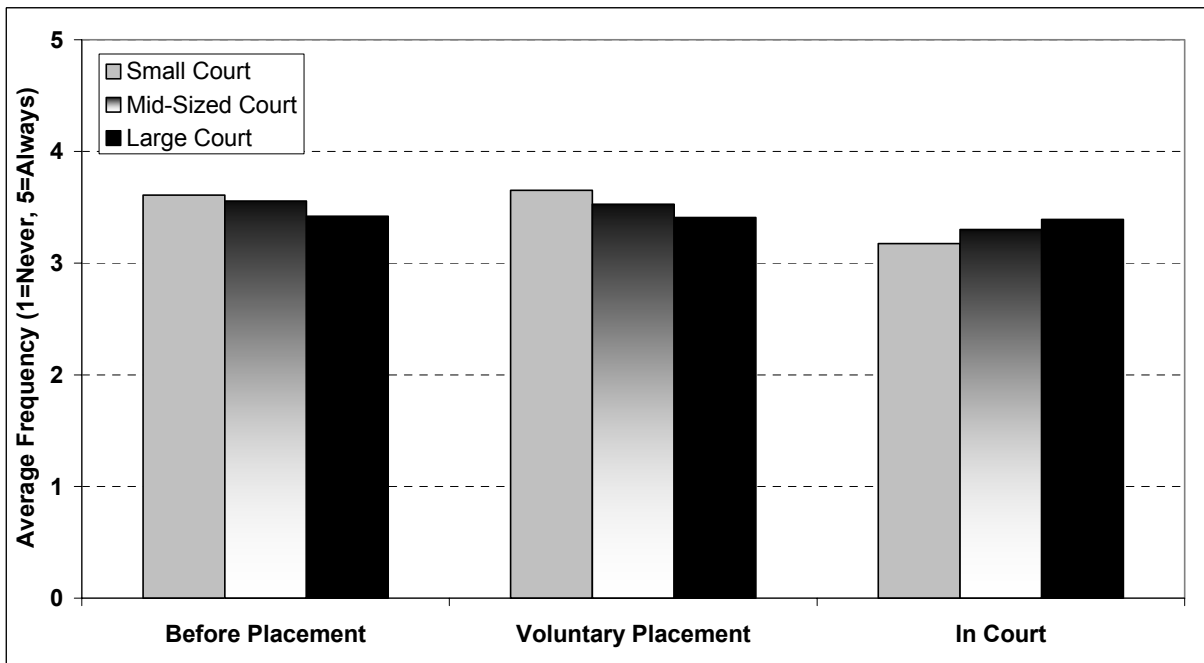
How Often Do You Refer Parents to Intensive Family Preservation Services at the Following Stages of a Case?



Are Family Preservation Services Available in Your County or Within a Reasonable Distance?

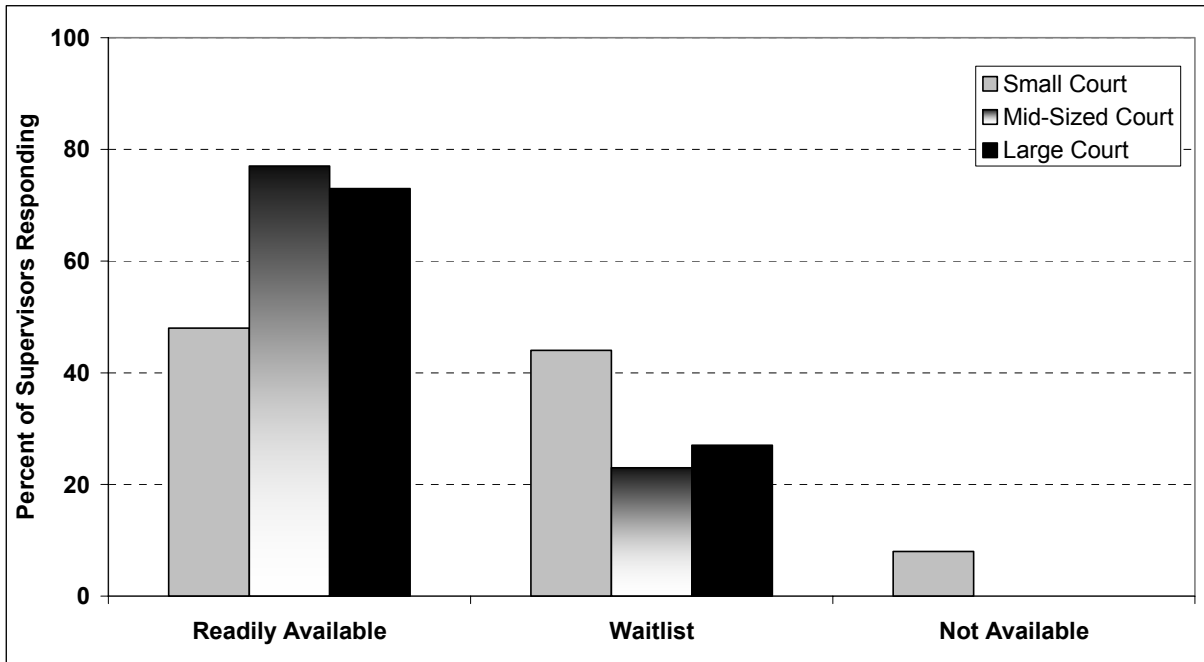


How Often Do You Refer Parents to Family Preservation Services at the Following Stages of a Case?

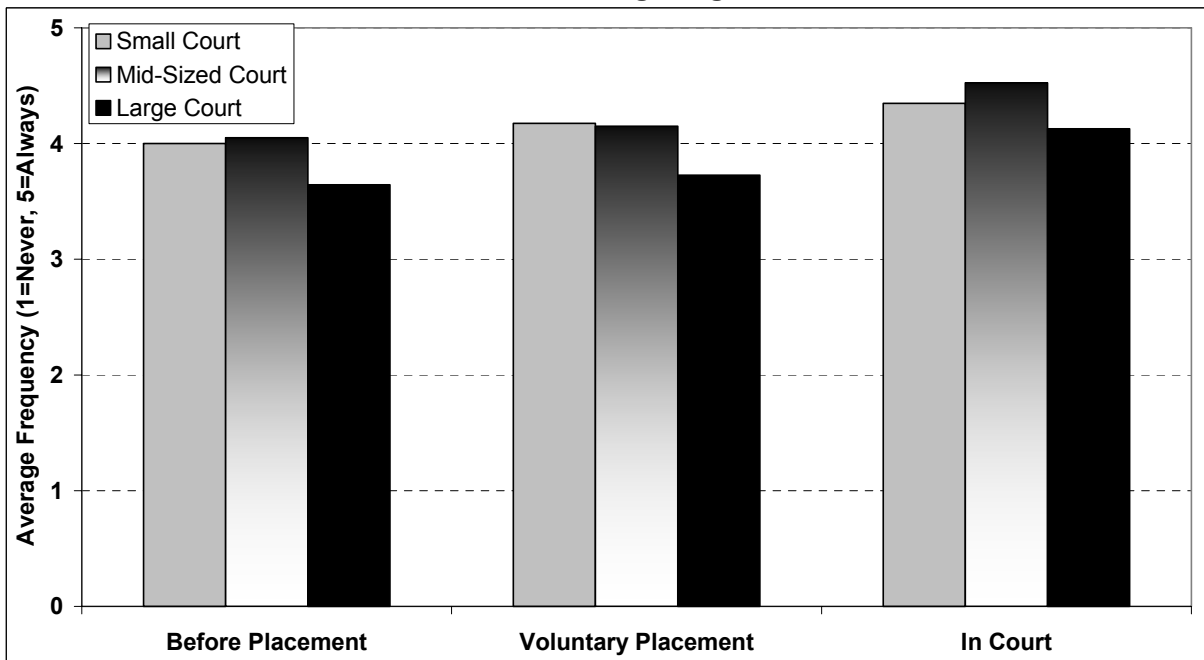


Parenting Classes

Are Parenting Classes Available in Your County or Within a Reasonable Distance?



How Often Do You Refer Parents to Parenting Classes at the Following Stages of a Case?



X. COMMENTS: SURVEY OF SOCIAL WORK SUPERVISORS

This section contains comments offered by social workers responding to the survey.

Question 9 is the most important point raised in the survey. Large offices should have a commissioner assigned to the DCFS office. This would save the state thousands in manhours and travel time. More importantly, this would develop commissioner and judges who have a better understanding of the dependency system and our clients.

In my unit, if we suspect substance abuse, parents are referred to a provider for a substance abuse evaluation. If that evaluation recommends in- or out-patient treatment, then they are sent to ADATSA for funding, approval and placement. I am assuming that you mean "OF the parents who are DD" how often are referrals given for those services. Certainly we do not refer them for that service if not appropriate. This is also true for mental health services. There are services for victims of domestic violence, but they are very expensive and our agency will not pay for those for the client. I listed daycare as a service to the parent because frequently it gives them the freed up time to complete other services while their children are in daycare. The language questions are difficult to address, too. We seem to have fairly good Spanish speaking services, but just about any other is poor to non-existent, i.e., Somalian families, Egyptian and other middle eastern languages, various Chinese dialects, etc. In my unit cases are RARELY transferred between CPS workers. Only if someone becomes ill or is on other extended leave, and the cases need to go to another worker for that reason, there is a change in caseworker. The new caseworker would notify the family verbally in that instance. The court time is hard to judge.

When a worker goes to court, it is total DEAD time that is wasted because they cannot get work done there (i.e. no laptop computers, etc.) and they are imprisoned by the court system that seems to grind very slowly. Some months a worker might put in as much as 16 to 20 hours in a month, and some months they have no court duties.

Many questions did not specifically apply to my unit, since we only have legally free cases. No parents, no attorneys, no visits.

In the Native American units more time is spent helping parents due to ICWA requirements for ACTIVE EFFORTS. This includes helping parents remain involved in services.

Oftentimes in ICW/CWS the worker requests a motions hearing to alter, reduce, or suspend visits due to a parents negative behaviors. Court cases are reviewed between 3 and 6 months. Each SW has 20 to 25 cases. The waiting time at court varies depending on how frequently cases are heard in court. Usually there are many cases docketed for the same time and we sit and wait our turn. During the most recent budget cuts, substance evaluations are hard to come by unless the department pays for the evaluations. I didn't even know Dependency 101 existed. Most generally, when we have parents that are "sort of" participating in the process, the CWS social worker informs them (in person, by phone or in writing) along the way of the dependency process and continually reminds parents not in compliance that termination of parental rights may happen. The social worker also keeps the court informed of compliance as well as GAL, AAG, and other attorneys involved.

Court hearings should have a set schedule that reduces wasted time of social workers waiting for hearings instead of providing services.

In this county we often have difficulty with our AAG representatives not wanting to file on a case that we believe to be appropriate for a dependency action. We also, do not have strong attorney representation so that our social work staff end up being attacked by defense counsel in hearings. We have one ATG in particular who refuses to accept her own "shortcomings" and often places blame on DCFS staff for problems encountered in the juvenile court setting. Our judges refuse to accept the fact that DCFS is having funding problems and continue to order DCFS to pay for client services, which our office budget does not have the financial resources to cover. The ATG does not intervene and stands by while these services are written into the court orders.

Some services may be available but not at the level that would be most helpful. This is often true of mental health services where case management is more available than treatment services. Other services are slot based such as FPS and IFPS and may be available at some times but not others. Another issue not addressed in this survey is parents compliance and attendance at services. The department may be billed for no shows when the parents do not provide adequate notice to the provider. For some other services such as psych evals, the issue is not a waiting list but providers who can do a thorough evaluation and are willing to accept the state contracted rate.

There were a lot of questions that I believe needed explanations. It would have been nice to have an area on each section that I could have elaborated on, as I don't have the time to go back through the questions again and write in what I felt needed explanation.

My workers find their work very satisfying because they are able to work with a culturally diverse population. They have performed well bringing to the children and families their multi-cultural skills. They are discouraged because this opportunity will no longer be available to them.

I have included our two-hour travel time—JUST travel to court. Our actual court process is pretty efficient in getting people in and out in a timely fashion. In many services, I translated "waiting list" to limited money. We often do not refer people because of \$\$\$\$\$. We do a lot of patchwork getting services together—I've taught a parenting class, just to meet parents and keep court-ordered services flowing. We are juggling using services in Astoria but that has it's own problems. We mostly find as many creative ways to make do on limited resources, funds, time as we can.

I do not clearly understand your question about home-based services. Home-Based Services in our area is a funding source, by which we can pay for a number of services, some of them concrete services (beds, etc.) or other counseling-type services. Home Based Services is not a service TYPE in itself.

It seems that some questions should be more specific to be meaningful, i.e., FPSs only used when dependent child going home (25% of cases in my CWS permanent planning unit) but I answered (often), thinking this meant of those appropriate for this service. On visitation

supervision, 90% have some minor level of supervision but only 35% or so have full supervision.

Cases are taking too long to get thru the court process. Mental health services available for parents are pretty dismal. If they have money or insurance, they can get counseling, if not, they usually get med monitoring, case management and brief counseling. Pretty ineffective for what we need. Also, takes way too long to get kids effective mental health services.

We were unclear in answering the questions about services to parents. We didn't know whether we were being asked if we "always" refer after assessment that there is an issue (like domestic violence) or "always" refer no matter whether there is a problem or not. Also the form did not seem to allow for correction. I "x'd" the wrong spot on one question and finally gave up trying to correct the answer.

The answers "Yes, but there is a waiting list" and "yes, readily available" Don't really speak to the correct answer. Some service is often available, but because of budget constraints, it is necessary to refer only the parents that are in most need of the service. This is especially true of things like counseling and psychological evals.

"EPP" means Enhanced Permanency Planning; we take cases with extensive CPS history, prior terminations, or very serious abuse/neglect. These cases are transferred after the initial 72 hour shelter care hearing and are retained until the permanent plan is completed (reunification or termination). If a parent no-shows for parent-child visits, visits are seldom rescheduled, if a parent cancels, visits are sometimes rescheduled, and if DCFS has to cancel for whatever reason, the visits are always rescheduled. Another point of clarification as to anger management/DV programs-while programs are available, medical coupons do not cover treatment and the sliding fee scales may be somewhat prohibitive for clients. DCFS pays for the evaluation for those programs and will intercede to negotiate a manageable sliding fee scale rate.

I am surprised that choices do not include references to IFPS and FPS. They provide support, intervention, and placement prevention and are an integral part of our services to families.

Travel to court is 1.25 hours each way. If a worker goes to court twice per month they spend an additional 5 hours just traveling to court, and then wait about 4 hours on average each month.

Poverty is the most common problem that our clients have that keeps them from being better parents.

Workers indicated that some services might be offered more frequently if the budget were one that the supervisor would approve. Workers indicated that the supervisor holds very "tight purse strings." To balance a budget where many dollars have been cut, services and assessments have to be cut unless absolutely necessary.

My unit is composed of 5 CWS/permanency planning social workers and 5 adoption workers; adoption workers do not work with the parents and public defenders. Dependency 101 was used in Spokane for about a year with referral by the public defenders, but few parents

attended and the program was eliminated. I indicated "never" to all questions "a" and "b" pertaining to services for parents—since we are CWS that is completed by CPS workers. We only refer after we receive the case at Dependency. We are currently working on a mentoring program and/or parents educating parents program including a video; this project came out of our Reasonable Efforts Symposium this past June. Thank you.

My unit investigates CAN only, and so I have left some information blank on this survey.

When speaking of access to chemical dependency services the number of re-referrals is relative. We also have a lack of support for programs that send parents for random UAs. Our social workers do this for every client not in an assessment period. Most of our clients are at least assessed for dependency issues. As to Mental Health services the quality is inconsistent for all clients both children and parents and while available the access standards are restrictive for adults. The hours in court per social worker is directly related to the caseload. The first half of this year CWS averaged 38 cases per social worker. That has come down to about 25-26 and so should the hours waiting in court. Thank you.

I hope smaller offices and services in rural settings will be looked into. Often many providers do not want to come into the Gorge for whatever reasons. There have been a number of efforts to have providers in the Gorge. Often the office must be creative which often costs in order to get court ordered services (basics) here in the Gorge in order to get our children and families served.

Would like to point out that I supervise a CWS unit strictly composed of youth between the ages of 12 and 21, imparting somewhat of a skew on the data.

Court dockets are too full to allow for all the needs of the dependencies to be completed in a timely manner. Often terminations or contested hearings are set for 2nd or 3rd settings, with the loss of the court hearing time often occurring when the 1st setting hearing fails to be resolved prior to the court date. There is also an incredible loss of information and flow when the court switches judges for various reasons. Case in point, a child has been in care for 3 years. At 28 months into the court proceedings the judges switched, with the new judge taking an almost 180 degree change in stance. The division went in on a termination hearing and came out with a court order in opposition to formerly ordered services and expectations. The child has suffered deeply from this process. It has been extremely damaging to the caseworker who has developed their case well and then is defeated by the judges' attitudes being very negative towards the department, but alas the child is the one who is the recipient of loss and grief.

Many of these questions don't apply to a small office. It is nearly impossible to answer blanket statements as they are so case specific.

The questions in this survey in many instances do not readily apply to the type of unit I supervise.

You need more clarification regarding the non-English speaking clients. We have no evaluators who speak other languages, however we have at times been able to provide interpreters. We always MAKE ATTEMPTS to locate a provider who speaks the same language.