



# INTAKE STATEWIDE CASE REVIEW

CPS AND RISK ONLY INTAKES – DECEMBER 2020



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Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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## Intake Review: CPS and CPS Risk Only Intakes

### Summary

The Washington State Department of Children, Youth, and Families (DCYF) conducted a statewide Child Protective Services (CPS) intake review in December 2020 as part of Continuous Quality Improvement. DCYF conducts statewide intake reviews every two years to evaluate intake decision-making and the use of the Intake Structured Decision Making (SDM<sup>®</sup>) tool. The last valid statewide intake review occurred in June 2016. Although DCYF completed a review in 2018, the agency could not validate the results due to reviewer concerns about the clarity of the questions that surfaced after completing the review. To ensure that this did not occur with the 2020 review, DCYF completed additional preparation with the reviewers.

Questions from the 2016 review that DCYF asked during the 2020 review are as follows:

- Are intake workers gathering sufficient information to make accurate screening decisions?
- Are intake supervisors making accurate final screening decisions?
- Are intake workers screening for Domestic Violence (DV)?
- Are intakes being screened to the appropriate pathway?
  - CPS Family Assessment Response (FAR)
  - CPS Investigation
- Are intakes with concerns of imminent risk of serious harm (Risk Only) being screened appropriately?
- Are intake workers accurately documenting the child's or child's relatives' Native American status known at the time of intake?
- Are intake workers contacting the Washington State Tribe when identified?

### The Review Process

The review team met for three days in December 2020 to review a random sample of intakes. The review was led by DCYF Headquarters (HQ) Statewide Intake Program Manager and consisted of 14 additional reviewers from across the state. Regions and Central Intake (CI) identified intake staff, area administrators, supervisors, program managers, and safety administrators to participate in the review. HQ Assurance/Quality Improvement Administrator Doug Savelesky provided ongoing consultation throughout the review. The criteria for qualification were experience in applying the Intake SDM<sup>®</sup> screening tool and intake policy related to intake screening decisions. Reviewers were provided the Screening and Response Assessment, the current [Policy and Procedures Manual](#), and [Intake Training Guide](#). In preparation for the Intake Review, the review team and Doug Savelesky went over the review questions for a consistent understanding of what was being asked and the criteria that should be applied.

Due to COVID-19, the review was conducted virtually, and the reviewers used SharePoint for the review. Feedback from the reviewers indicates that it was a very effective way to do the review. Reviewers were instructed not to review intakes from their regions to avoid potential bias. They worked individually and met via Zoom. The Zoom meeting was kept open for the reviewers to join as they had questions or experienced difficulty with rating. A group discussion was initiated to arrive at a rating or address any navigational concerns in the SharePoint system. A check-in was done at the end of each day to review and identify themes or trends.

The review team used an inter-rater reliability model to create consistency across the state. Out of the 502 intakes reviewed, 250 had second reviewers. Due to the extensive time needed to engage in this kind of model, both reviewers completed the reviews independently. Then they met to discuss their discrepancies to come to a rating consensus. The process of secondary reviews was effective, but it was difficult for the team

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members to work on staffing discrepancies via phone and Zoom conferences while managing their daily demands.

### Intake Sample

A random sample of 502 CPS and CPS Risk Only intakes received between Jan. 1, 2020, and Oct. 31, 2020, were reviewed. The sample size meets the statewide 95% confidence level with a confidence interval of +/- 5%. The sample was stratified to reflect accurate proportions of intakes received by each region and Central Intake.

In July 2018, the former Children's Administration was integrated into DCYF. As part of this transition, child welfare was reorganized from three regions to six regions. The reorganization was fully implemented for the period under review. Intake staff are located at CI and in the regional offices located in Seattle, Spokane, Richland, Everett, Tacoma, and Tumwater.

In Region 4, CI operates on a 24/7 basis, taking intakes statewide. During daytime workweek hours, CI takes all Region 4 intakes. CI assumes intake responsibility for the entire state between 4:30 p.m. and 8 a.m., Monday through Friday, and all weekends and holidays. CI provides backup statewide when necessary. During CI's after-hours shifts, staff operate with fewer online resources, have limited access to collateral contacts, and have little ability to consult with field offices. Worker-to-intake ratio impacts the amount of time workers spend on each intake they process.

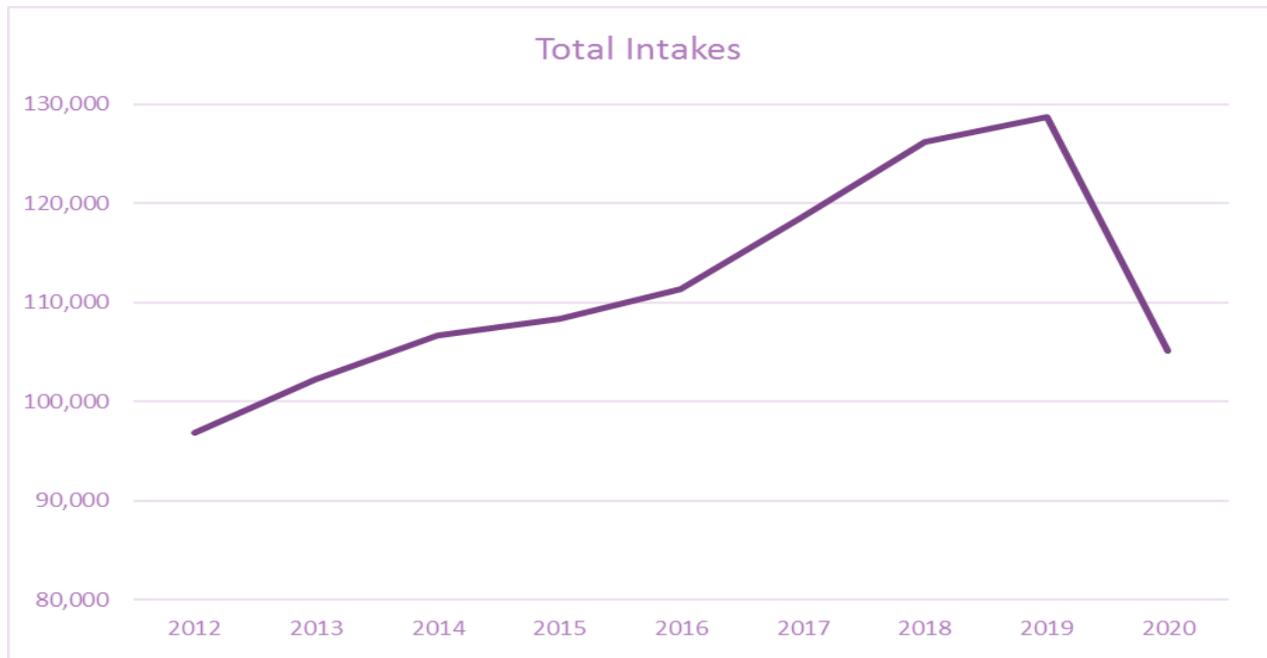
### Sample Count by Region

Year	Central Intake*	Region 1	Region 2	Region 3	Region 5	Region 6	Statewide Total
2020	216	62	40	59	56	69	502

\*includes Region 4

In 2014, the sample size was 391 intakes, and in 2016, the sample size was 500 intakes.

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The data below reflects the number of intakes by region from 2012-2020. The three-region structure from 2012-2018 aligns with the current structure as follows:

2012-2018	2019 forward divided into
Central Intake/Sky Valley (Region 2)	Central Intake/Region 4 and Region 3
Region 1	Region 1 and Region 2
Region 3	Region 5 and Region 6

Total Number of Intakes				
Year	Central Intake* (Includes Region 2)	Region 1	Region 3	Statewide
2012	51,216	19,523	26,197	96,936
2013	54,329	19,745	29,318	103,392
2014	56,734	20,600	29,318	106,652
2015	57,637	21,316	29,375	108,328
2016	59,360	22,288	29,674	111,322
2017	67,337	22,308	28,969	118,614
2018	70,118	25,357	30,719	126,194

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**Total Number of Intakes**

Year	Central Intake*	Region 1	Region 2	Region 3	Region 5	Region 6	Statewide
2019	54,814	17,241	10,268	13,230	15,868	17,274	128,695
2020	46,257	12,873	8,126	12,110	11,359	14,355	105,080

\*includes Region 4

**Screening Decision by Intake Region**

**All Intakes**

Month/Region	Screen In	Screen Out
<b>January 2020</b>		
Central Intake	48.0%	52.0%
Region 1	47.7%	52.3%
Region 2	44.9%	55.1%
Region 3	42.9%	57.1%
Region 5	43.7%	56.3%
Region 6	41.9%	58.1%
<b>February 2020</b>		
Central Intake	47.7%	52.3%
Region 1	43.0%	57.0%
Region 2	46.1%	53.9%
Region 3	47.8%	52.2%
Region 5	40.0%	60.0%
Region 6	40.2%	59.8%
<b>March 2020</b>		
Central Intake	48.1%	51.9%
Region 1	41.9%	58.1%
Region 2	47.5%	52.5%
Region 3	45.2%	54.8%
Region 5	39.6%	60.4%
Region 6	39.3%	60.7%
<b>April 2020</b>		
Central Intake	46.6%	53.4%
Region 1	41.9%	58.1%
Region 2	49.2%	50.8%
Region 3	46.4%	53.6%
Region 5	37.7%	62.3%
Region 6	36.5%	63.5%
<b>May 2020</b>		
Central Intake	47.5%	52.5%
Region 1	42.2%	57.8%
Region 2	48.8%	51.2%

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Region 3	48.1%	51.9%
Region 5	42.3%	57.7%
Region 6	38.7%	61.3%
<b>June 2020</b>		
Central Intake	47.1%	52.9%
Region 1	45.7%	54.3%
Region 2	49.9%	50.1%
Region 3	51.0%	49.0%
Region 5	39.4%	60.6%
Region 6	40.2%	59.8%
<b>July 2020</b>		
Central Intake	49.7%	50.3%
Region 1	42.4%	57.6%
Region 2	52.9%	47.1%
Region 3	48.3%	51.7%
Region 5	41.5%	58.5%
Region 6	36.6%	63.4%
<b>August 2020</b>		
Central Intake	48.3%	51.7%
Region 1	47.3%	52.7%
Region 2	48.0%	52.0%
Region 3	49.6%	50.4%
Region 5	41.0%	59.0%
Region 6	40.5%	59.5%
<b>September 2020</b>		
Central Intake	46.8%	53.2%
Region 1	43.2%	56.8%
Region 2	47.7%	52.3%
Region 3	48.7%	51.3%
Region 5	41.5%	58.5%
Region 6	37.9%	62.1%
<b>October 2020</b>		
Central Intake	46.2%	53.8%
Region 1	44.2%	55.8%
Region 2	44.9%	55.1%
Region 3	44.7%	55.3%
Region 5	38.1%	61.9%
Region 6	36.4%	63.6%

## Results<sup>1</sup>

### Areas of Strength and Improved Practice

1. **Gathering information about the alleged incident of CA/N or situation placing the child(ren) at imminent risk of serious harm.** In 96% of the intakes, sufficient information was collected about the immediate concern for the child by obtaining information from the referrer by asking who, what, when, and where questions. This is 1% higher than the performance from the 2016 review results. Reviewer comments included:
  - “Detailed information gathered.”
  - “Good job gathering information and documentation was clear.”
  - “Sufficient information about situation placing child at imminent risk of serious harm.”
  - “Well done – the narrative is thorough and easy to read.”
  - “Intake is clear and well written.”
  - “Concise well written”
2. **Gathering information related to the child’s vulnerability and how the concern is impacting the child.** In 98% of the intakes, sufficient information was gathered about the child’s functioning and vulnerability relevant to making a screening decision. This is 11% higher than in the 2016 review. Reviewer comments included:
  - It is clearly written in the report that both children are at the age of not being able to protect self.”
  - Sufficient information gathered related to a child and included information regarding the child’s mental health and IEP.”
  - “There was sufficient information collected.”
  - “Sufficient information gathered to related child’s vulnerability and how the concern impacts child.”
3. **Gathering information about caregivers (Caregiver 1) relevant to determining safety threats or protective factors.** In 98% of the intakes, sufficient information was gathered about the caregiver’s functioning relevant to determining if the caregiver posed safety threats or was protective of the child. This is 10% higher than in the 2016 review. The same question was asked for caregiver #2. In 95% of the intakes, sufficient information was gathered about caregiver #2. This is 10% higher than the 2016 review.
4. **Summarizing the family history of Child Abuse/Neglect or agency involvement.** In 92% of the intakes, there was an adequate summary of the family history of CA/N and/or agency involvement with the family. This is 8% higher than in the 2016 review.
5. **Accuracy of final intake screening decision.** In 92% of the intakes, the final screening decision by the intake supervisor was accurate based on the information contained in the intake and review of the family history in FamLink. This is an improvement of 7% from the 2016 review.
6. **Accuracy of response pathway determination by intake workers.** In 100% of the intakes that “screened in” to CPS investigation, the response was accurate. This is 14% higher than in the 2016 review. In 88% of the intakes that “screened in” to CPS FAR, the response was accurate. The score increased by 4% from the 2016 review.
7. **Making efforts to determine if a child is affiliated with a federally recognized tribe.** In 95% of the intakes, there was information indicating that the intake worker inquired about whether or not the

<sup>1</sup> For comparison detail, see Appendix 1

child was affiliated with a federally recognized tribe and, if so, information in the ICW tab describing which tribe and the nature of the affiliation. This score is 6% increase than the 2016 review results.

### Areas Needing Improvement

1. **Accuracy of screening decision for CPS Risk Only.** In 84% of the intakes that “screened in” for CPS Risk Only, there was imminent risk of serious harm documented and no allegation that minimally met the WAC definition of CA/N. This is 16% higher than in the 2016 review.
2. **Accuracy and completeness of universal DV screening.** In 82% of the intakes, the universal DV screening question was supported by the information in the intake. This score decreased by 7% from the 2016 review. For the intakes “not achieved” for this measure, it appeared that when the universal DV screening question was answered “yes,” there was no supporting documentation. Likewise, in intakes when the universal DV screening question answered “no,” there was documentation of violence in the home.

### Additional Areas of Improvement/Themes Noted in Review

1. **Limited information in child(ren) functioning and caregiver characteristics narrative boxes:**
  - Reviewers noted that throughout some intakes, the information documented was minimal information that was duplicate of information already indicated in demographics of caregivers.
2. **Historical information in summarizing family history:**
  - Reviewers noted little analysis of information relevant to current concerns.

### Summary

DCYF has made improvements since the 2016 intake review. Overall, the reviewers saw an improvement in the quality of documentation accurately representing the details supporting the screening decision.

Primary areas needing improvement based on current performance include documentation of the DV inquiry and supporting information in the narrative as well as assuring the intake workers are offering DV resources to the referent, and accurate screening of Risk Only intakes.

In the 2014 and 2016 case reviews, the area summarizing the family history of CA/N or agency involvement was identified as an area needing improvement. Even though performance has improved and was over 92% for the most current review, there is still a need to improve the documentation of the information analysis.

### Recommendations

#### Intake Review Process

- The 2020 review was completed in December. Prior reviews occurred in the summer. It is recommended that future reviews occur in the summer when there tend to be fewer intakes.
- The virtual review provided flexibility and reduced costs. Based on reviewer feedback, it is recommended the virtual format be used in the future. It will be essential to establish and maintain clear timeframes for the review process to complete the review in a timely way.
- In order to maintain the secondary review process, it is recommended that the length of time for the review be extended to allow for the additional time needed to follow up and come to a consensus on any rating discrepancies.

## Training

Training and practice resources will be developed and provided to intake staff, supervisors, and AAs focusing on:

- Completing a summary of agency involvement relevant to child safety, including a focus on prior dependency actions, placement, and results of agency intervention.
- Making screening decisions on CPS Risk Only intakes and what constitutes imminent risk of serious harm.
- Improved documentation related to the Domestic Violence Inquiry, including relevant documentation in narrative boxes and offering resources to the referent.

## Establish a CQI process

The HQ intake program manager will partner with the regional intake AAs to establish and implement a practice review and Continue Quality Improvement (CQI) process. Suggestions for consideration include:

- **Intake conference calls for consensus building.** Participation in the current monthly conference calls is optional. It is recommended that participation in these consensus-building calls be required for AAs and supervisors. To ensure supervisory coverage, multiple sessions would be scheduled each month with supervisors and administrators from each region being divided into cohorts with statewide representation to ensure that all supervisors can participate and still provided needed intake coverage.
- **Ongoing periodic review of a sample of intakes.** It is recommended that the HQ intake program manager and AAs would review a sample of intakes monthly. The program manager would pull a sample of intakes and send it out to the AAs for review in advance of the Intake Collaborative. The program managers and AAs will discuss their findings once a month at the Intake Collaborative meeting to determine if documentation related to the areas identified for improvement is meeting practice expectations.
- **Feedback loop.** The HQ intake program manager will capture the results of the consensus-building calls and sample reviews and provide a quarterly summary of results to the AAs and supervisors for use during staff meetings and monthly conferences.

**Appendix 1**

<b>Comparison of Ratings for 2016 and 2020 Intake Case Reviews</b>		
<b>Question</b>	<b>2016 Case Review-Achieved</b>	<b>2020 Case Review-Achieved</b>
Was sufficient information collected about an alleged incident of CA/N or the situation placing the child(ren) at imminent risk of serious harm?	95%	96%
Was sufficient information gathered related to a child’s vulnerability and how the concern is impacting the child?	87%	98%
Was sufficient information gathered regarding caregiver 1 relevant to determining if there were allegations of CA/N and/or a situation placing the child(ren) at imminent risk of harm?	88%	98%
Was sufficient information gathered regarding caregiver 2 relevant to determining if there were allegations of CA/N and/or a situation placing the child(ren) at imminent risk of harm?	85%	95%
Was history of CA/N and/or agency involvement for the family adequately summarized?	84%	92%
Was the answer to the universal DV screening question “Has an adult used or threatened to use physical force against an adult in the home?” supported by the information in the intake?	89%	82%
For all CPS intakes, including intakes with CA/N allegations or Risk Only, was the final screening decision by the intake supervisor accurate?	85%	92%
If the intake screened in for CPS investigation, was this the appropriate pathway response?	86%	100%
If the intake screened in for CPS investigation on the sufficiency response tab, was the response time supported by the documentation in the intake and case history? (By intake worker)	84%	91%
If the intake “Screened In” for a CPS Family Assessment Response, was this the appropriate response? (By intake worker)	84%	88%
For screened in “CPS Risk Only” intakes, was there imminent risk of serious harm that did not include a CA/N allegation? (By intake worker)	68%	84%
Is there information indicating a tribe, band or Native American organization considers the child(ren) to be a member?	89%	95%

**Appendix 2**

Question	Central Intake	Region 1	Region 2	Region 3	Region 5	Region 6
Was sufficient information collected about an alleged incident of CA/N or the situation placing the child(ren) at imminent risk of serious harm?	95%	98%	95%	95%	98%	94%
Was sufficient information gathered related to a child’s vulnerability and how the concern is impacting the child?	97%	100%	100%	97%	96%	97%
Was sufficient information gathered regarding caregiver 1 relevant to determining if there were allegations of CA/N and/or a situation placing the child(ren) at imminent risk of harm?	97%	100%	98%	98%	100%	97%
Was sufficient information gathered regarding caregiver 2 relevant to determining if there were allegations of CA/N and/or a situation placing the child(ren) at imminent risk of harm?	94%	100%	97%	90%	98%	97%
Was history of CA/N and/or agency involvement for the family adequately summarized?	91%	94%	100%	92%	100%	82%
Was the answer to the universal DV screening question “Has an adult used or threatened to use physical force against an adult in the home?” supported by the information in the intake?	85%	73%	68%	92%	86%	82%
When the answer to the universal DV screening question was “Yes,” the following three questions were answered accurately according to information contained in the intake to determine whether the DV caused harm or created a risk of imminent harm to the child.	82%	91%	83%	75%	100%	92%
For all CPS intakes, including intakes with CA/N allegations or Risk Only, was the final screening decision by the intake supervisor accurate?	90%	95%	91%	93%	98%	91%
If the intake “Screened In” for a CPS investigation, was this the appropriate pathway?	100%	100%	100%	100%	100%	100%
If the intake screened in for CPS investigation on the sufficiency response tab, was the response time supported by the documentation in the intake and case history?	94%	75%	100%	80%	100%	100%
If the intake “Screened In” for a CPS Family Assessment Response, was this the appropriate response?	85%	92%	83%	80%	100%	91%
For screened in “CPS Risk Only” intakes, was there imminent risk of serious harm that did not include a CA/N allegation?	88%	100%	100%	50%	100%	75%

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Is there information indicating the child or any relative of the child may be Native American, Alaska Native, or Canadian First Nations Ancestry?	98%	98%	95%	97%	100%	99%
Is there information indicating a tribe, band, or Native American organization considers the child(ren) to be a member?	86%	100%	100%	100%	100%	100%
Is there information indicating the child(ren) is/are currently or in the past a ward or wards of any tribal court?	89%	100%	100%	100%	100%	100%
Is there information indicating the residence or domicile of the child(ren) or parent/custodian is known to be a predominantly American Indian community or within the bounds of a reservation?	86%	100%	100%	100%	100%	100%