



How does the state of **Washington** provide voluntary services?

Overview

In the state of Washington, Family Voluntary Services (FVS) are meant to span a relatively short period of time. FVS seek to engage the family in a meaningful way, with the goal of supporting stronger, safer families that are receptive to services. Washington's Department of Children, Youth, and Families (DCYF) has found that the agency is more successful in addressing safety concerns when staff spend time and work closely with a family earlier, ideally before ever having to open a dependency case. Key to this success is collaborating with the family to determine its needs and then linking the family to the appropriate resources, helping to create lasting supports.¹

Initiation of voluntary services

In Washington, FVS can be initiated in two ways: through an investigation or a non-CPS intake. An investigation, which is the more common path, involves families that have been referred to the agency through the child abuse and neglect intake line. A non-CPS intake is when the family requests services. If the investigation uncovers insufficient facts for a dependency filing but reveals risk or a safety threat that can be managed in the home through a safety plan, the family may be offered voluntary services. Usually, these types of cases have a [moderately high or high-risk score](#) on the Structured Decision-Making Risk Assessment (SDMRA) tool, or the safety assessment indicates a threat that can be managed with a



How does the state of Washington provide voluntary services?

safety plan. Occasionally, DCYF presents the case to the court, seeking dependency, but instead of granting dependency, the judge may ask that the family participate in voluntary services. Sometimes the initial oversight of the court is sufficient to keep the family engaged. However, families may cease participating in FVS when they realize there is no court requirement.

The decision to offer FVS is not an individual caseworker decision. It is a shared process, as DCYF discourages caseworkers from making the decision on their own. Caseworkers, supervisors, families, and attorneys collaborate about possible directions of the case and team together to make decisions and develop the least restrictive — but safe — plan for the child and family, often through FVS.

Ongoing provision of voluntary services

When a DCYF case is transferred from investigation to FVS, FVS caseworkers are responsible for reviewing the case file and participating in a case transfer staffing prior to contact with the family. Caseworkers must make contact with the family within seven days and conduct a face-to-face health and safety visit with the child(ren) within 10 days. Caseworkers are responsible for completing all required assessments (safety assessment, comprehensive family evaluation, domestic violence screening, etc.) and a safety plan, if applicable. The FVS caseworker is also responsible for [developing a case plan](#) based on family needs and referring the family to relevant service providers or community resources.

When a family comes to the attention of DCYF as a result of a non-CPS intake request for services, the caseworker must review all case information and make contact with the family within 72 hours. Similar to cases that begin with an investigation, caseworkers are responsible for completing all required assessments (safety assessment, comprehensive family evaluation, domestic violence screening, etc.) and referring the family to any applicable service providers or community resources. If a [case is open longer than 45 days](#), the caseworker must create a case plan, conduct monthly

MATCHING FAMILIES WITH SERVICES

Caseworkers in the state of Washington have an online tool that helps match families with evidence-based interventions (EBIs). In response to feedback by caseworkers expressing concern that there was a mismatch between the needs of the family and the EBI received, DCYF built a simple tool to help caseworkers better understand the available EBI service array so they could refer families to the most appropriate intervention. The tool helps caseworkers think through the issues the family needs to work on and provides the caseworker with an in-depth description of the services. A list of service providers is generated based on both family location and service availability. There is also a handout for caseworkers to share with families that explains the selected intervention in an easy-to-understand way so families know the goals and expectations. DCYF offers regular trainings in each region to familiarize caseworkers with using the tool.

Source: Interview with staff, Washington State Department of Children, Youth, and Families, February 7, 2019.

health and safety visits, and complete routine domestic violence screening.

Depending on location, FVS cases are either assigned to dedicated FVS caseworkers or caseworkers with a mixed caseload. Typically, the smaller the office, the more likely it is that a caseworker will handle multiple types of cases rather than specializing in just one type of case. All caseworkers with FVS cases must conduct monthly health and safety visits, conduct safety assessments, assess for risk, and regularly review the case with their supervisors to determine whether out-of-home placement is necessary to ensure child safety. Each supervisor is responsible for reviewing all of their caseworkers' cases every month. In addition, an area administrator completes a monthly review of 10% of all open FVS cases in that office.

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One of the goals of FVS is for the family to be able to access any needed services outside of its involvement with DCYF. As a result, families often are connected to community resources where they can access an array of services such as clothing, food, school resources, early learning resources, parent education, and community-based support groups. When needed, families are referred to contracted service providers that offer evidence-based interventions, such as SafeCare®, HOMEBUILDERS®, and Functional Family Therapy. DCYF has an online tool that helps match families to evidence-based interventions (see text box above). Staff may input the age of the child, the concerns regarding the family, and the county where the family lives, and in turn the tool provides a matrix of the most helpful interventions and how they align with service needs. When a family is referred to an outside service provider, the caseworker relies on the provider as a key informant, periodically inquiring about the child and family's participation and progress.

Regardless of the family's involvement with an outside service provider, the caseworker is required to conduct monthly health and safety visits, and make contact with one or both parents at least once a month. The goal of these encounters is to discuss the case plan, progress, the barriers to progress, and how to move toward case closure in a way that satisfies both the agency and the family that the identified issues of concern have been resolved.

Closing voluntary services

FVS cases usually last between three to six months, with some cases closing sooner or staying open longer. The length of the case depends on the progress of the family and its ability to keep the children safe within the home. Since FVS cases are voluntary, if a family chooses to stop participating, DCYF closes the case or, if the child is unsafe, DCYF files a dependency, asking for court intervention.



How does the state of Washington provide voluntary services?

An FVS caseworker, in conjunction with the supervisor, is responsible for closing the case when the family has completed services or is no longer in need of services, as long as there is no present danger or safety threat. FVS cases will also be [considered for closure](#) if the family is unable to be located and the caseworker has followed all outlined guidelines for attempting to locate the family.

Prior to closing a case, the caseworker, in collaboration with the supervisor and family, begins to phase out of the case by decreasing the level of engagement and the number of interactions with the family. As the capacity of the family to parent and manage challenges independently increases, the caseworker starts to step back but continues visiting monthly to monitor

safety and provide any additional support that the family might need. In general, caseworkers look toward case closure at six months but will keep cases open longer if needed. There is no review process for closed cases.

Relevant case data

The state of Washington monitors cases that have been closed following participation in FVS. Statewide in 2016-17, 31.2% of families that had their FVS case closed experienced a subsequent screened-in CPS intake or placement of one or more children. The rate varied among the state's six regions, from a low of 26.4% to a high of 40.9%, with the remaining four regions below 32%.

1 Unless otherwise noted, all information in this summary is from an interview with staff from the Washington State Department of Children, Youth, and Families, on January 22, 2019.

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