

ATTACHMENTS

Welfare on WorkFirst: Serving Domestic Violence Victims on Public Assistance in Washington State

Washington State Coalition Against Domestic Violence
8645 Martin Way NE Suite 103
Lacey, WA 98516
Fax 360-407-0761

Note: The electronic version of the attachments for this report includes:

Attachment	Title	Number of pages
Attachment A	Domestic Violence and Public Benefits in Washington State	90
Attachment B	Synopsis of interviews with six other state domestic violence coalitions about their family violence implementation projects	9
Attachment C	Memo seeking applicants for pilot projects	1
Attachment D	Map of 19 pilot sites in Washington	1
Attachment E	Pilot site visits – assessment summary reports	38
Attachment F	Family Violence Screening Tool – first (paper) version	1
Attachment G	Family Violence Screening Tool – automated version – copies of what the computer screens look like	3
Attachment H	Assessment Tool - for social workers and others doing more intensive screening and assessment for a variety of issues including domestic violence	29
Attachment I	Agenda for domestic violence training for case managers	2
Attachment J	Immigrant Eligibility for Public Benefits	1 – this 84 page manual is available in hard copy only
Attachment K	Draft outcome measures chart for domestic violence services in CSOs	1

Attachment A

DOMESTIC VIOLENCE AND PUBLIC BENEFITS IN WASHINGTON STATE

Key Legislative and Administrative Provisions

February 2001

Compiled by:

**Tyra Lindquist, Program Coordinator
Economic Justice Project
Washington State Coalition Against Domestic Violence
8645 Martin Way NE
Lacey, WA 98516
360-407-0756 ext. 105**

Reviewed by:

**Todd Carlisle, Staff Attorney
Columbia Legal Services
625 Commerce St. Suite 430
Tacoma, WA 98402
253-572-4343 ext. 237**

DOMESTIC VIOLENCE AND WELFARE IN WASHINGTON STATE

Introduction

The following is a compilation of domestic violence provisions in federal and state law, administrative code, and state agency policy/procedure. The information is divided into two sections: the **SUMMARY** of the provisions; and the **APPENDICES** - the source documents – the laws, rules, procedures, publications and memos.

Welfare and public benefits play a defined, and, in some cases, life-saving role in helping battered women and their children escape domestic violence. Economic abuse comes in many forms and is among one of the most controlling of domestic violence behaviors. When women do not have access to money, even the money they earn themselves, escaping violence becomes very difficult.

Because of the volatile and dangerous nature of domestic violence, special provisions within federal and state welfare law are established, maintained and refined to assist victims. If these special provisions are applied universally and expeditiously, battered women and their children have a safety net and can count on at least a basic level of support as they sort out their unique situation.

When all recipients and workers in the advocacy and public benefits systems have a common understanding of the domestic violence provisions within welfare, this universal and expeditious application will become a reality and more women and children will have access to the special safeguards envisioned in welfare reform.

DISCLAIMER: ALTHOUGH THE INFORMATION CONTAINED HERE IS CURRENT AS OF MARCH 2001, BENEFIT PROGRAMS AND ELIGIBILITY REQUIREMENTS CHANGE OFTEN. THIS INFORMATION IS NOT INTENDED AS A SUBSTITUTE FOR SPECIFIC LEGAL ADVICE.

IF YOU OR A CLIENT HAS A LEGAL QUESTION OR CASE INVOLVING GAU, SSI AND/OR SSDI ELIGIBILITY, PLEASE CALL LEGAL AID THROUGH THEIR C.L.E.A.R. HOTLINE AT 1(888) 201-1014.

Table of contents

Introduction	2
SUMMARY of domestic violence provisions in welfare law	
Federal welfare reform	5
State plan	6
State law (RCW)	7
State rules (WAC)	8
State implementation	12
APPENDICES	
Appendix A1 – Federal Law – Wellstone/Murray Family Violence provisions	15
Appendix A2 – Federal Law – provisions for battered immigrants	16
Appendix B – State Plan	17
Appendix C – State Law	19
Appendix D – State Rules – WAC 388-61-001	
What does the Family Violence Amendment mean for TANF recipients?	21
Appendix E1 – State Rules – WAC 388-452-0010	
What does the family violence amendment mean for TANF/SFA recipients	22
Appendix E2 – State Rules – WAC 388-452-0005	
Do I have to be interviewed in order to get benefits?	23
Appendix F – State Rules – WAC 388-424-0005	
The effect of citizenship and alien status on eligibility for benefits	24
Appendix G – State Rules – WAC 388-310-0400	
WorkFirst—Entering the WorkFirst program as a mandatory participant	26
Appendix H1 – State Rules – WAC 388-310-1400	
WorkFirst—Community service	28
Appendix H2 – State Rules – WAC 388-310-1600	
WorkFirst—Sanctions	29
Appendix H3 – State Rules - WAC 388-422-0010 and 388-422-0020	
Cooperation with division of child support and Good cause for not cooperating with the division of child support	31

Appendix H4 – State Rules WAC 388-436-0002 If my family has an emergency, can I get help from DSHS to get or keep our housing or utilities?	33
Appendix I – DSHS Eligibility A-Z (EAZ) Manual	37
Appendix J – WorkFirst Handbook	43
Appendix K – WorkFirst Tips	69
Appendix L – Memo - SCREENING AND REFERRAL FOR FAST TRACK JOB SEARCH	77
Appendix M1 – Memo- EMERGENCY HOUSING FUNDS FOR DOMESTIC VIOLENCE (DV) VICTIMS	78
Appendix M2 – Memo- MAINTAINING CONFIDENTIALITY OF WORKPLACE ADDRESS FOR VICTIMS OF DOMESTIC VIOLENCE	80
Appendix N – DSHS Brochure – “Open the Door”	81
Appendix O - Assessments – “WorkFirst and TANF Domestic Violence Provisions”	83

SUMMARY

SUMMARY OF DOMESTIC VIOLENCE PROVISIONS IN THE WASHINGTON STATE WELFARE SYSTEM

FEDERAL WELFARE REFORM

In 1996, the United States congress passed sweeping changes to welfare in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). The AFDC entitlement (Aid to Families with Dependent Children Program) was replaced by TANF (Temporary Assistance to Needy Families). Key safeguards for battered women and their children within TANF were provided in the Wellstone/Murray Family Violence provisions (commonly called the “family violence option”). Senator Paul Wellstone and our very own Senator Patty Murray were the key sponsors of this amendment.

See Appendix A1 for the actual language of the family violence amendment.

In essence, the family violence option provides each state with the option to implement special rules for battered women. If states choose to implement the family violence option, they need to agree to:

- screen and identify victims,
- refer victims to services, and
- waive various program requirements (like time limits and cooperation with child support) for as long as necessary ‘in cases where compliance with such requirements would make it more difficult for individuals receiving assistance to escape domestic violence or unfairly penalize such individuals, or individuals who are at risk of further domestic violence.’

* * * * *

Through special provisions in the Violence Against Women Act, the federal government has provided safeguards for battered immigrants. The Federal Act specifically mentions “VAWA self-petitioners” as a (relatively) new category of immigrants who are eligible for federally funded public benefits.

See Appendix A2 for the actual language of the federal law defining provisions for battered immigrants.

THE STATE PLAN

Washington State decided to adopt the family violence amendment and include special provisions for battered women in its state plan. The federal government required each state to submit, for approval, its state plan for carrying out programs funded with federal TANF dollars. The family violence option was just one of the specialized provisions that Washington State wrote about in its state plan.

The state plan for serving domestic violence victims is contained in Appendix B.

In summary the state plan:

- Formally adopts the family violence option;
- Certifies that it has a procedure to screen and refer victims;
- Verifies that if good cause is established, child support enforcement and welfare-to-work activities are waived if participating will be a barrier to escaping violence, or unfairly penalize victims or persons who are at risk of family violence;
- Defines family violence;
- Establishes that time limits (after 52 months) can be extended if family violence is identified;
- Establishes that immigrant sponsor deeming can be exempted if family violence is identified;
- Identifies the referrals that will be made when specialized assistance is needed;
- References the pilot projects where domestic violence counselors are co-located in CSOs;
- Defines good cause;
- Establishes who screens for family violence, and who serves victims once identified.

STATE LAW

The state law that references family violence (RCW 74.08A.010) defines the exemption to the federal five-year time limit in cases of domestic violence.

See Appendix C for the full text of this RCW.

Basically, the Washington state law allows an extension of the five-year welfare time limit for battered women, but only after a woman has been on assistance for 52 months. In other words, this state law does not “stop the clock” but rather allows for an extension once the time limit is approached.

STATE RULES

There are several WACs - Washington Administrative Codes - that regulate public benefits for domestic violence victims.

WAC 388-61-001 answers the question “What does the Family Violence Amendment mean for TANF recipients?”

Appendix D is the full text of 388-61-001.

This WAC defines domestic violence, and requires DSHS to:

- Screen for a history of family violence;
- Notify TANF recipients of the family violence amendment both verbally and in writing;
- Maintain confidentiality;
- Refer victims to counseling and supportive services;
- Waive WorkFirst requirements in cases where those requirements would make it more difficult to escape family violence, unfairly penalize victims or place victims at further risk;
- Waive requirements like time limits (after 52 months of receiving TANF);
- Waive cooperation with child support enforcement;
- Develop specialized work activities for battered women in cases where participating in the normal course of WorkFirst activities would put the woman in danger.

* * * * *

WAC 388-452-0010 answers the question “What does the Family Violence Amendment mean for TANF/SFA recipients?”

Appendix E1 is the full text of 388-452-0010.

SFA stands for State Family Assistance. SFA is a specific state funded program that provides cash assistance to a few families with children who cannot get federally funded TANF assistance, typically due to some unusual immigration situation (like, for example, Canadian born Native Americans who live in Washington State and are associated with one of the Washington based tribes). For clients, SFA and TANF are the same thing, with the same rules and eligibility, just different funding sources.

* * * * *

WAC 388-452-0005 answers the question “Do I have to be interviewed in order to get benefits?”

Appendix E2 is the full text of 388-452-0005.

This rule states that the DSHS in-office interview requirements can be waived if it's a hardship for the person to come in. Domestic violence is specifically mentioned as a hardship.

* * * * *

WAC 388-424-0005 outlines “The effect of citizenship and alien status on eligibility for benefits.”

Appendix F is the full text of 388-424-0005.

This WAC outlines when an immigrant who is a victim of domestic violence can qualify for TANF, Medicaid, children’s health insurance program (CHIP) or federal food stamps. The domestic violence has to have occurred in the U. S., the victim can no longer be residing with the perpetrator, and the victim has to have applied to the Immigration and Naturalization Service for legal immigration status (her application can be pending).

See also the earlier section in this document on federal law related to battered immigrants.

There are many more provisions for immigrants that are beyond the scope of this summary.

The two best referrals if you or an immigrant battered woman you are working with have questions are:

The Northwest Immigrant Rights Project – P O Box 270, 121 Sunnyside Ave. Granger, WA 98932 toll free number 888-756-3641 or 509-854-2100. Check out their web page at <http://greyhound.bentonrea.com/~proyecto/index.htm>

Northwest Justice Project CLEAR (Coordinated Legal Education Advice and Referral Service). Call them if you are working with immigrant battered women who are having problems accessing public benefits. Call 888-201-1014. Their TDD number is 888-201-9737. Check out their web page at <http://www.nwjustice.org>

* * * * *

WAC 388-310-0400 outlines key provisions under WorkFirst, specifically “Entering the WorkFirst program as a mandatory participant.”

Appendix G is the full text of 388-310-0400.

This WAC basically says that when you enter WorkFirst (Washington’s welfare program), the first thing you are required to do is look for a job – that is, unless your situation prevents you from looking for a job. If you are homeless, and/or dealing with family violence you can be temporarily deferred from looking for a job. Those who are deferred may have to take part in an “employability evaluation” the outcome of which will describe specifically what steps need to occur before work search becomes once again mandatory. All the specific steps are described in a recipient’s IRP (Individual Responsibility Plan). If a recipient doesn’t follow the steps outlined in the IRP, she can receive a financial penalty (sanction).

* * * * *

WAC 388-310-1400 outlines more provisions in WorkFirst for “Community Service.”

Appendix H1 is the full text of 388-310-1400.

This is the section that covers, albeit briefly, what activities are approved when a battered woman is temporarily deferred from work search. The catchall phrase in this WAC for the activities that are allowed is “An activity approved by your case manager which benefits you, your family, your community or your tribe.” The only specific activity listed in this WAC is “participating in family violence counseling that will help you become employable or keep your job.” No further clarification of or detail about other activities can be found in WAC.

* * * * *

WAC 388-310-1600 WorkFirst--Sanctions

Appendix H2 is the full text of 388-310-1600.

This rule lists family violence as a “good reason” for failing to follow through with WorkFirst participation. Clients cannot be sanctioned for “refusal” to participate in WorkFirst if they have a good reason for their failure to participate. There is also a requirement that the DSHS WorkFirst case manager allow a person the opportunity to explain her reasons for failing to participate *before* a WorkFirst sanction is imposed.

* * * * *

WAC 388-422-0010 Cooperation with division of child support

WAC 388-422-0020 Good cause for not cooperating with the division of child support.

Appendix H3 is the full text of 388-422-0010 and 388-422-0020

These rules describe the requirement that TANF applicants cooperate with DCS (“Division of Child Support” or “Support Enforcement”). They also describe the sanction for failure to cooperate with DCS without good cause, and they describe what constitutes good cause for refusal to cooperate with DCS. Applicants/recipients have good cause for refusing to cooperate with DCS if their cooperation (e.g., identifying the father, etc.) could “reasonably be anticipated to result in serious physical or emotional harm.” This provision is specifically intended to protect domestic violence victims.

* * * * *

WAC 388-436-0002 If my family has an emergency, can I get help from DSHS to get or keep our housing or utilities?

Appendix H4 is the full text of 388-436-0002

This rule specifically states that a person is eligible to receive AREN (Additional Requirements for Emergent Needs) to “get housing if you are homeless or need to leave your home because of domestic violence.” Victim advocates should be aware that *funds are available from two*

sources to get TANF eligible domestic violence victims into safe permanent housing - WorkFirst Support Services *and* the AREN program.

STATE IMPLEMENTATION

DSHS Eligibility A-Z (EA-Z) Manual

For complete and up-to-date information about how DSHS is running *all* of their economic programs, go to the DSHS website at <http://www.wa.gov/dshs/EAZManual/Default.htm> The Eligibility A-Z (EA-Z) Manual is designed for and used by DSHS staff. The manual provides administrative rules and procedures for staff to determine eligibility for people applying for and receiving cash, food and medical assistance in Washington State. If you access this manual on line, you can use the index to find what you are looking for. (Domestic violence is indexed under “family violence” on this site.)

Go to Appendix I for the specific text referencing domestic violence.
--

The A-Z Manual is written in language that is very easy to read and understand. Your best bet for fully comprehending the domestic violence provisions within TANF is to go to Appendix I and read the domestic violence section there.

There are three items in the text that warrant special note. The first is the list of the barriers to work for battered women. It’s a good summary. The list includes:

- a. “The physical and emotional effects of past or present abuse may hinder job performance or work search.
- b. The abuser may try to sabotage the victims' education, training and employment to keep them dependent upon the abuser.
- c. The abuser may threaten the safety of the client's children or family members.
- d. The demands of court intervention, criminal prosecution, safety planning, physical and mental recovery, or counseling may interfere with work, education or training.
- e. The individual may need to move or disrupt work to escape a violent living arrangement.”

The second item of note is the instruction that TANF workers ***accept the victim’s word*** as evidence enough of domestic violence. No other “proof” is necessary in order for a case manager to proceed with serving the victim. The actual wording is as follows (and can be found as item #7 under “worker responsibilities”). “Accept allegations of family violence by a victim as enough evidence to substantiate the claim of violence.”

The third item of note is the instructions regarding the use of the **ACP (Address Confidentiality Program)** for home, work and school addresses. The safeguarding of addresses is of critical importance to those women participating in the ACP program.

* * * * *

WorkFirst Handbook

The WorkFirst Handbook, the manual used by DSHS case managers and social workers to implement the WorkFirst program, will soon be on line. A hard copy of the manual is available from DSHS or the Coalition staff.

Key provisions for domestic violence victims in the Handbook are included in Appendix J.

Again, the WorkFirst Handbook is written in language that is readable and fairly easy to understand. Any attempt to summarize the instructions contained in the WorkFirst handbook here would be a disservice. Your best bet for understanding the domestic violence guidelines is to study them.

Appendix J contains several chapters of the handbook that apply to serving domestic violence victims:

Chapter 3.2 What is the VIEW? – This chapter describes how workers use the VIEW computerized system to screen, refer and document information about family violence.

Chapter 3.3 What is an IRP? – This chapter defines and details the Individual Responsibility Plan including a step-by-step guide to writing an IRP, and how to approach “sensitive topics” like domestic violence.

Chapter 3.4 – What are intensive services? – This chapter describes how workers are supposed to provide the extra support necessary to help, among others, family violence victims.

Chapter 6.1 – What is resolving issues? – This chapter outlines the DSHS philosophy on working with recipients with multiple barriers to employment where these barriers have to be dealt with prior to or during work search. It describes the role of the case manager and the role of the social worker.

Chapter 6.3 – What is unstructured community service? – This chapter summarizes how “unstructured community service” is used to document the activities that a family violence victim is engaged in to resolve her issues.

Chapter 6.5 – What is family violence? – And last but not least, this chapter details information about screening, referrals, and coding.

* * * * *

Miscellaneous publications, memos and brochures

WorkFirst Tips

Periodically, the WorkFirst Division publishes a newsletter/bulletin called “WorkFirst Tips” which contains practical information about some aspect of the implementation of the WorkFirst program. In August 2000, the Tips focused on family violence.

For the complete text of the WorkFirst Tips focusing on family violence, see Appendix K.

* * * * *

Memos

On October 5, 2000, DSHS issued a memo clarifying their screening and referral procedures. This memo was prompted by confusion about if and when screening for domestic violence was in fact taking place given new initiatives to get all TANF applicants immediately into jobs or job search.

Please see Appendix L for the complete text of this important memo on screening.

On September 26, 2000, DSHS issued a memo clarifying that women fleeing domestic violence are eligible for emergency housing money (“support services”) without using their spouse’s (abuser’s) income to establish eligibility. In many cases, using the spouse’s income makes women ineligible for benefits. This memo clarifies the increased resources being made available to women who are leaving their abusive partner.

Please see Appendix M for the complete text of this important memo on emergency shelter.

* * * * *

Brochure – “Open the Door”

“Open the Door” is the DSHS WorkFirst brochure that describes options available to battered women within the WorkFirst program. The publication number is DSHS 22-265(X)(Rev.5/00). You can order copies of this publication from the DSHS warehouse by logging onto their website (www.dshs.wa.gov), going to the “across DSHS” search, and pressing “publications.”

DSHS is required to notify *all* TANF recipients of this provision in the law, at application and at each review. All DSHS workers could accomplish this requirement by handing the “Open the Door” brochure to all clients at application and at reviews.

See Appendix N for a sample copy of this brochure.

* * * * *

Assessments – “WorkFirst and TANF Domestic Violence Provisions”

In March of 2000, DSHS Economic Services Administration, Office of Planning and Research, published a paper that, among other things, assesses current WorkFirst practices. This paper is an excellent background from which to view efforts undertaken *since* March 2000 to address concerns identified in the original assessment.

See Appendix O for the complete text of this report.

APPENDICES

Appendix A1

FEDERAL LAW

In 1996, the federal government passed sweeping changes to welfare. Senators Paul Wellstone and Patty Murray co-sponsored, and worked to pass, special provisions for battered women. Below is the text of the “family violence option.” The excerpted language below can be viewed within the text of the entire act by going to the following web address:

<http://thomas.loc.gov/cgi-bin/query/D?c104:1:./temp/~c1047Mklo9:e30294:>

The Wellstone/Murray Family Violence provisions of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996

(Public Law 104-193, section 402(a)(7))

(7) OPTIONAL CERTIFICATION OF STANDARDS AND PROCEDURES TO ENSURE THAT THE STATE WILL SCREEN FOR AND IDENTIFY DOMESTIC VIOLENCE-

`(A) IN GENERAL- At the option of the State, a certification by the chief executive officer of the State that the State has established and is enforcing standards and procedures to--

`(i) screen and identify individuals receiving assistance under this part with a history of domestic violence while maintaining the confidentiality of such individuals;

`(ii) refer such individuals to counseling and supportive services; and

`(iii) waive, pursuant to a determination of good cause, other program requirements such as time limits (for so long as necessary) for individuals receiving assistance, residency requirements, child support cooperation requirements, and family cap provisions, in cases where compliance with such requirements would make it more difficult for individuals receiving assistance under this part to escape domestic violence or unfairly penalize such individuals who are or have been victimized by such violence, or individuals who are at risk of further domestic violence.

`(B) DOMESTIC VIOLENCE DEFINED- For purposes of this paragraph, the term `domestic violence' has the same meaning as the term `battered or subjected to extreme cruelty', as defined in section 408(a)(7)(C)(iii).

Appendix A2

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 expanded section 431 of the Personal Responsibility and Work Opportunity Act of 1996 (8 U.S.C. 1641) (which defines the meaning of "qualified alien") to include certain categories of battered aliens.

The new subsection, which is to be added at the end of 8 U.S.C. 1641, follows:

"(c) Treatment of Certain Battered Aliens As Qualified Aliens - For purposes of this title, the term 'qualified alien' includes -

"(1) an alien who -

"(A) has been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a member of the spouse or parent's family residing in the same household as the alien and the spouse or parent consented to, or acquiesced in, such battery or cruelty, but only if (in the opinion of the Attorney General, which opinion is not subject to review by any court) there is a substantial connection between such battery or cruelty and the need for the benefits to be provided; and

"(B) has been approved or has a petition pending which sets forth a prima facie case for -

"(i) status as a spouse or child of a United States citizen pursuant to clause (ii), (iii), or (iv) of section 204(a)(1)(A) of the Immigration and Nationality Act,

"(ii) classification pursuant to clause (ii) or (iii) of section 204(a)(1)(B) of the Act,

"(iii) suspension of deportation and adjustment of status pursuant to section 244(a)(3) of such Act, or

"(iv) status as a spouse or child of a United States citizen pursuant to clause (i) of section 204(a)(1)(A) of such Act, or classification pursuant to clause (i) of section 204(a)(1)(B) of such Act; or

"(2) an alien -

"(A) whose child has been battered or subjected to extreme cruelty in the United States by a spouse or a parent of the alien (without the active participation of the alien in the battery or cruelty), or by a member of the spouse or parent's family residing in the same household as the alien and the spouse or parent consented or acquiesced to such battery or cruelty, and the alien did not actively participate in such battery or cruelty, but only if (in the opinion of the Attorney General, which opinion is not subject to review by any court) there is a substantial connection between such battery or cruelty and the need for the benefits to be provided; and

"(B) who meets the requirement of clause (ii) of subparagraph (A).

The subsection shall not apply to an alien during any period in which the individual responsible for such battery or cruelty resides in the same household or family eligibility unit as the individual subjected to such battery or cruelty."

Appendix B

STATE PLAN

For the complete text of the state plan, go to the following web site:

<http://www.wa.gov/WORKFIRST/about/TANFplanindex.htm>

The following is actual language from the state plan regarding family violence:

A. FAMILY VIOLENCE

1. How will the State screen and identify individuals with a history of family violence, and refer them to counseling and supportive services?

The State elects to adopt the Family Violence option established in 42 U.S.C. 608(a)(7). (See also Attachment A.) The state established standards and a screen tool for screening and identifying individuals with a history of family violence and for referring such individuals for counseling and supportive services. If good cause is determined, cooperation with child support and participation in welfare-to-work activities are waived if cooperation or participation would make it more difficult for individuals receiving assistance to escape family violence or unfairly penalize victims or persons at risk of becoming victims of family violence.

For the purposes of Washington State's WorkFirst program, an individual with a history of family violence shall be defined as an individual who has been battered or subjected to extreme cruelty or an individual who has been subjected to:

- a. Physical acts that resulted in, or threatened to result in, physical injury to the individual;
- b. Sexual abuse;
- c. Sexual activity involving a dependent child;
- d. Being forced as a caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities;
- e. Threats of, or attempts at, physical or sexual abuse;
- f. Mental abuse; or
- g. Neglect or deprivation of medical care.

State Plan – continued

2. Which TANF program requirements will be waived pursuant to a good cause determination?

Consistent with the goals of state and federal welfare reform legislation, the State will screen and identify clients for the purposes of establishing time limit (after 52 months on WorkFirst) or legal immigrant sponsor deeming exemptions or to establish good cause for client non-cooperation with the Division of Child Support and good cause for non-participation in work activities (that is, excused from activities which may result in harm to the participant, as determined on a case-by-case basis).

In addition, the Department of Social and Health Services refers WorkFirst recipients who require specialized assistance due to family violence to appropriate department and community based programs, Crime Victims' Programs through the Department of Community, Trade and Economic Development, the Secretary of State's Address Confidentiality Program, or through the Crime Victims' Compensation Program of the Department of Labor and Industries.

Pilot sites with domestic violence counselors on-site have been established within selected Community Service Offices.

3. What constitutes good cause?

Consistent with the goals of state and federal welfare reform legislation, the State will apply criteria (as defined under the WorkFirst and child support enforcement programs) to establish good cause due to family violence. The State will waive, pursuant to a determination of good cause, program requirements including child support cooperation, sponsor deeming, time limit (after 52 months on WorkFirst), and welfare-to-work requirements that would make it more difficult for individuals receiving assistance to escape family violence or which would unfairly penalize individuals who have been victims or who are at risk of becoming victims of family violence.

4. Who completes assessments and Individual Responsibility Plans for individuals identified as victims?

DSHS staff initially screen for family violence. If a person reveals they have family violence issues they are referred to a department social worker or a community-based domestic violence agency. The social worker or domestic violence agency further assesses the situation. Department of Social and Health Services Social Workers or community-based domestic violence advocates complete Individual Responsibility Plans (IRPs) for individuals identified as victims of family violence. These workers are trained in family violence. These IRPs are reviewed on a regular basis.

Appendix C

STATE LAW

The state law that references family violence defines the exemption to the federal five-year time limit in cases of domestic violence.

RCW (REVISED CODE OF WASHINGTON) 74.08A.010 - TIME LIMITS

RCW 74.08A.010

Time limits.

(1) A family that includes an adult who has received temporary assistance for needy families for sixty months after July 27, 1997, shall be ineligible for further temporary assistance for needy families assistance.

(2) For the purposes of applying the rules of this section, the department shall count any month in which an adult family member received a temporary assistance for needy families cash assistance grant unless the assistance was provided when the family member was a minor child and not the head of the household or married to the head of the household.

(3) The department shall refer recipients who require specialized assistance to appropriate department programs, crime victims' programs through the department of community, trade, and economic development, or the crime victims' compensation program of the department of labor and industries.

(4) The department may exempt a recipient and the recipient's family from the application of subsection (1) of this section by reason of hardship or if the recipient meets the family violence options of section 402(A)(7) of Title IVA of the federal social security act as amended by P.L. 104-193. The number of recipients and their families exempted from subsection (1) of this section for a fiscal year shall not exceed twenty percent of the average monthly number of recipients and their families to which assistance is provided under the temporary assistance for needy families program.

(5) The department shall not exempt a recipient and his or her family from the application of subsection (1) of this section until after the recipient has received fifty-two months of assistance under this chapter.

[1997 c 58 § 103.]

STATE RULES

The Washington Administrative Code (WAC) that regulates TANF in our state, contains several key provisions for victims of domestic violence. The following WACs detail key provisions.

WAC 388-61-001 What does the **Family Violence** Amendment mean for TANF recipients? ¹

WAC 388-452-0010 What does the **family violence** amendment mean for TANF/SFA recipients?

Appendix E2

WAC 388-452-0005 Do I have to be interviewed in order to get benefits?

WAC 388-424-0005 The effect of citizenship and alien status on eligibility for benefits.

WAC 388-310-0400 WorkFirst--Entering the WorkFirst program as a mandatory participant.

WAC 388-310-1400 WorkFirst--Community service.

WAC 388-310-1600 WorkFirst--Sanctions.

WAC 388-452-0005 Do I have to be interviewed in order to get benefits?

WAC 388-422-0010 Cooperation with division of child support

WAC 388-422-0020 Good cause to not cooperating with the division of child support.

WAC 388-436-0002 If my family has an emergency, can I get help from DSHS to get or keep our housing or utilities?

¹ WAC 388-61-001 and 388-452-0010 contain almost identical language.

Appendix D

WAC 388-61-001 What does the Family Violence Amendment mean for TANF recipients?

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), also known as the Welfare Reform Act, gave every state the option to have a program to address issues of **family violence** for temporary assistance for needy families (TANF) recipients.

(1) For TANF, it is **family violence** when a recipient, or **family** member or household member has been subjected by another **family** member or household member as defined in [RCW 26.50.010](#) (2) to one of the following:

(a) Physical acts that resulted in, or threatened to result in, physical injury;

(b) Sexual abuse;

(c) Sexual activity involving a dependent child;

(d) Being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities;

(e) Threats of or attempts at, physical sexual abuse;

(f) Mental abuse;

(g) Neglect or deprivation of medical care; or

(h) Stalking.

(2) DSHS shall:

(a) Screen and identify TANF recipients for a history of **family** violence;

(b) Notify TANF recipients about the **Family Violence** Amendment both verbally and in writing;

(c) Maintain confidentiality as stated in [RCW 74.04.060](#);

(d) Refer individuals needing counseling to supportive services;

(e) Waive WorkFirst requirements in cases where the requirements would make it more difficult to escape **family violence**, unfairly penalize victims of **family violence** or place victims at further risk of **family violence**. Requirements to be waived may include:

(i) Time limits for TANF recipients, for as long as necessary

(after fifty-two months of receiving TANF);

(ii) Cooperation with the division of child support.

(f) Develop specialized work activities for clients meeting the definition of **family violence** in instances where participation in work activities would place the recipients at further risk of **family violence**.

[Statutory Authority: Public Law 104-193, Section 103, Subsection 408 (a)(7)(c)(iii), HB 3901, section 103(4), [RCW 74.08A.010](#), [74.04.050](#) and [74.08.090](#). [98-07-040](#), § 388-61-001, filed 3/12/98, effective 4/12/98. Statutory Authority: [RCW 74.04.050](#), [74.08.090](#) and [74.04.057](#). 97-20-124, § 388-61-001, filed 10/1/97, effective 11/1/97.]

Appendix E1

WAC 388-452-0010

What does the **family violence** amendment mean for TANF/SFA recipients?

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), also known as the Welfare Reform Act, gave every state the option to have a program to address issues of **family violence** for temporary assistance for needy families (TANF) and state **family** assistance (SFA) recipients.

(1) For TANF/SFA, it is **family violence** when a recipient, or **family** member or household member has been subjected by another **family** member or household member as defined in [RCW 26.50.010](#)(2) to one of the following:

- (a) Physical acts that resulted in, or threatened to result in, physical injury;
- (b) Sexual abuse;
- (c) Sexual activity involving a dependent child;
- (d) Being forced as the caretaker relative or a dependent child to engage in nonconsensual sexual acts or activities;
- (e) Threats of or attempts at, physical sexual abuse;
- (f) Mental abuse;
- (g) Neglect or deprivation of medical care; or
- (h) Stalking.

(2) DSHS shall:

- (a) Screen and identify TANF/SFA recipients for a history of **family violence**;
- (b) Notify TANF/SFA recipients about the **family violence** amendment both verbally and in writing;
- (c) Maintain confidentiality as stated in [RCW 74.04.060](#);
- (d) Offer referral to social services or other resources for clients who meet the criteria in subsection (1) of this section;
- (e) Waive WorkFirst requirements that unfairly penalize victims of **family violence**, would make it more difficult to escape **family violence** or place victims at further risk. Requirements to be waived may include:
 - (i) Time limits for TANF/SFA recipients, for as long as necessary (after fifty-two months of receiving TANF/SFA);
 - (ii) Cooperation with the division of child support.
- (f) Develop specialized work activities for instances where participation in regular work activities would place the recipient at further risk of **family violence**.

[Statutory Authority: [RCW 74.04.050](#), [74.04.055](#), [74.04.057](#) and [74.08.090](#). [98-16-044](#), § 388-452-0010, filed 7/31/98, effective 9/1/98.]

Appendix E2

WAC 388-452-0005 Do I have to be interviewed in order to get benefits? (1) You will have only one interview when you apply for or have a review for cash or food assistance or both.

(2) You are not required to attend an interview when your application or review is just for medical benefits. If we deny your application for cash or food assistance because you did not appear for an interview, we will continue to process your request for medical benefits:

- (a) For a pregnant woman;
- (b) For a child under the age of nineteen;
- (c) For a family with children under the age of nineteen;

or

(d) When we have enough information to determine if you are eligible or can get the information by mail.

(3) You or another person who can give information about your assistance unit must attend the interview. You may bring another person to the interview. You may choose another person to go to the interview for you when:

(a) You cannot come to the local office for us to decide if you are eligible for cash assistance; or

(b) You have an authorized representative as described in [WAC 388-460-0005](#) for food assistance.

(4) We usually have interviews at the local office. You can have a scheduled telephone interview or an interview in your home if attending an interview at the local office causes a hardship for you or your representative. Examples of hardships include:

(a) If your entire assistance unit is elderly or mentally or physically disabled;

(b) If you live in a remote area or have transportation problems;

(c) Severe weather;

(d) If someone in your assistance unit (AU) is ill, or you have to stay home to care for an AU member;

(e) Your work or training hours make it difficult to come into the office during regular business hours;

(f) Someone in your AU is affected by family violence such as physical or mental abuse, harassment, or stalking by the abuser; or

(g) Any other problem which would make it difficult for you to come into the office for an interview.

[Statutory Authority: [RCW 74.04.050](#), [74.04.057](#), [74.08.090](#), and [74.09.530](#). 00-22-087, § 388-452-0005, filed 10/31/00, effective 12/1/00. Statutory Authority: [RCW 74.04.050](#), [74.04.057](#), [74.08.090](#), [74.09.530](#) and 42 C.F.R. [435.907](#). [99-11-075](#), § 388-452-0005, filed 5/18/99, effective 6/18/99. Statutory Authority: [RCW 74.04.050](#), [74.04.055](#), [74.04.057](#) and [74.08.090](#). [98-16-044](#), § 388-452-0005, filed 7/31/98, effective 9/1/98. Formerly [WAC 388-504-0420](#).]

Appendix F

WAC 388-424-0005

The effect of citizenship and alien status on eligibility for benefits.

(1) To receive benefits under the temporary assistance for needy families (TANF), Medicaid, children's health insurance program (CHIP) or federal food stamp program, a person must be a:

- (a) U.S. citizen;
- (b) U.S. national; or
- (c) Qualified alien who meets the eligibility requirements described in:

(i) [WAC 388-424-0010](#) for TANF, Medicaid, and CHIP; or

(ii) [WAC 388-424-0020](#) for federal food stamps.

(2) To receive benefits under the general assistance and ADATSA programs, a person must be a:

- (a) U.S. citizen;
- (b) U.S. national;
- (c) Qualified alien; or
- (d) A PRUCOL alien as defined in subsection (4) of this section.

(3) Qualified aliens are any of the following:

- (a) Lawful permanent residents under the Immigration and Nationality Act (INA);
- (b) Those granted asylum under section 208 of the INA;
- (c) Those paroled under section 212 (d)(5) of the INA for at least one year;
- (d) Those admitted as refugees under section 207 of the INA;
- (e) Aliens whose deportation (removal) is being withheld under section 241 (b)(3) or 243(h) of the INA;
- (f) Those granted conditional entry under section 203 (a)(7) of the INA as in effect prior to April 1, 1980;
- (g) Cuban and Haitian entrants as defined in section (501)(e) of the Refugee Education Assistance Act of 1980; or
- (h) Amerasians admitted under section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as amended); or
- (i) Aliens who are victims of domestic **violence**, or whose children are victims of domestic **violence**, when:
 - (i) The domestic **violence** was committed in the U.S. by the alien's spouse, parent, or a member of the spouse or parent's **family** residing in the same household as the alien;
 - (ii) The alien did not actively participate in the **violence** against his or her own children when the children are the victims of domestic violence;
 - (iii) The alien no longer resides with the person who committed the domestic violence;
 - (iv) There is a substantial connection between the domestic **violence** and the need for public assistance benefits; and

- (v) The alien has an application with the Immigration and Naturalization Service (INS) either approved or pending for:
 - (A) Legal immigration status under section 204 (a)(1)(A) or section 204 (a)(1)(B) of the INA; or
 - (B) Cancellation of removal under section 244 (a)(3) of the INA as in effect prior to April 1, 1997 or section 240A (b)(2) of the INA.
- (4) A PRUCOL alien must meet all of the following conditions:
 - (a) They are permanently residing in the U.S.;
 - (b) They do not meet a definition of a qualified alien as defined in subsection (3) of this section;
 - (c) The INS knows they are residing in the U.S.; and
 - (d) The INS is not likely to enforce their departure.
- (5) During the application process, one of the following persons must indicate on the application for benefits whether each household member is a U.S. citizen or qualified alien:
 - (a) An adult applicant in the household; or
 - (b) The person applying for benefits when there are no adults in the household.

[Statutory Authority: [RCW 74.08.090](#) and [74.08A.100. 99-17-023](#), § 388-424-0005, filed 8/10/99, effective 9/10/99. Statutory Authority: [RCW 74.04.050](#), [74.04.055](#), [74.04.057](#) and [74.08.090. 98-16-044](#), § 388-424-0005, filed 7/31/98, effective 9/1/98. Formerly [WAC 388-505-0520](#), 388-518-1805 and 388-510-1020.]

Appendix G

WAC 388-310-0400

WorkFirst--Entering the WorkFirst program as a mandatory participant.

(1) What happens when I enter the WorkFirst program as a mandatory participant?

If you are a mandatory participant, WorkFirst requires you to look for a job as your first activity unless you are temporarily deferred from job search. You must follow instructions as written in your individual responsibility plan (see [WAC 388-310-0500](#)) while you are in job search.

(2) Are there any reasons why I might be temporarily deferred from looking for a job?

If you are a mandatory participant, your case manager will ask if you have any reasons why you cannot go to job search. You may be temporarily deferred from looking for a job for any of the following reasons:

(a) You work twenty or more hours a week. **"Work"** means to engage in any legal, income generating activity which is taxable under the United States Tax Code or which would be taxable with or without a treaty between an Indian Nation and the United States; or

(b) You work sixteen or more hours a week in the federal or state work study program and you attend a Washington state community or technical college at least half-time; or

(c) You are under the age of eighteen, have not completed high school, GED or its equivalent and are in school full-time; or

(d) You are eighteen or nineteen years of age and are attending high school or an equivalent full-time; or

(e) You are pregnant or have a child under the age of twelve months, and are participating in other pregnancy to employment activities. See [WAC 388-310-1450](#); or

(f) You are fifty-five years old or older and caring for a child you are related to (and you are not the child's parent), you may go into community service (described in [WAC 388-310-1400](#)

(2)(b)); or

(g) Your situation prevents you from looking for a job. (For example, you may be unable to look for a job while you have health problems, are homeless and/or dealing with **family violence**.)

(3) What are my requirements if I am temporarily deferred from job search?

(a) If and when your job search is temporarily deferred, you may be required to take part in an employability evaluation as part of your individual responsibility plan. Your individual responsibility plan will describe what you need to do to be able to enter job search and then find a job (see [WAC 388-310-0500](#)

and 0700).

(b) If you enter the pregnancy to employment pathway (described in [WAC 388-310-1450](#)(2)), you must take part in an assessment.

(4) **What happens if I do not follow my WorkFirst requirements?**

If you do not participate in job search, or in the activities listed in your individual responsibility plan, and you do not have a good reason, the department will impose a financial penalty (sanction, see [WAC 388-310-1600](#)).

[Statutory Authority: [RCW 74.08.090](#), [74.04.050](#). 00-06-062, § 388-310-0400, filed 3/1/00, effective 3/1/00; [99-10-027](#), § 388-310-0400, filed 4/28/99, effective 5/29/99; [98-23-037](#), § 388-310-0400, filed 11/10/98, effective 12/11/98; 97-20-129, § 388-310-0400, filed 10/1/97, effective 11/1/97.]

Appendix H1

WAC 388-310-1400

WorkFirst--Community service.

(1) What is community service?

Community service includes two types of activities for mandatory participants:

- (a) Unpaid work (such as the work performed by volunteer workers) that you perform for a charitable nonprofit organization, federal, state, local or tribal government or district; or
- (b) An activity approved by your case manager which benefits you, your family, your community or your tribe. These activities may include traditional activities that perpetuate tribal culture and customs.

(2) What type of community service[s] activities benefit me, my family, my community or my tribe and might be included in my individual responsibility plan?

The following types of community service activities benefit you, your family, your community or your tribe and might be included in your individual responsibility plan:

- (a) Caring for a disabled family member;
- (b) Caring for a child, if you are fifty-five years old or older and receiving TANF or SFA assistance for the child as a relative (instead of as the child's parent);
- (c) Providing childcare for another WorkFirst participant who is doing community service;
- (d) Actively participating in a drug or alcohol assessment or treatment program which is certified or contracted by the state under [chapter 70.96A RCW](#);
- (e) Participating in **family violence** counseling or drug or alcohol treatment that will help you become employable or keep your job (this is called "specialized services" in state law); and/or
- (f) Participating in the pregnancy to employment pathway.

[Statutory Authority: [RCW 74.08.090](#), [74.04.050](#). 00-06-062, § 388-310-1400, filed 3/1/00, effective 3/1/00; [99-10-027](#), § 388-310-1400, filed 4/28/99, effective 5/29/99; 97-20-129, § 388-310-1400, filed 10/1/97, effective 11/1/97.]

Appendix H2

WAC 388-310-1600 WorkFirst--Sanctions.

(1) What is a sanction and when is it used?

A sanction is a penalty that alters your grant when you refuse to:

(a) Give the department the information we need to develop your individual responsibility plan;

(b) Come to scheduled appointments with people who provide WorkFirst services or activities;

(c) Do all of the activities listed on your individual responsibility plan; or

(d) Accept paid employment that meets the criteria in [WAC 388-310-1500](#).

(2) What happens once I do not provide information, go to an appointment, follow my individual responsibility plan or accept a job?

If you do not provide information, go to an appointment, follow up on your individual responsibility plan or accept a job, your case manager or social worker will send you a notice to set up an appointment so they can talk to you about the situation. If they are unable to contact you, they will use the information already on hand to find out why you did not follow through with the required activity. Then, your case manager will decide whether:

(a) You were unable to do what was required; or

(b) You were able, but refused, to do what was required.

(3) What is considered a good reason for not being able to do what WorkFirst requires?

You have a good reason if it was not possible to follow through on a required activity due to an event outside of your control. Some examples of good reasons may include:

(a) You, your children or other family members were ill;

(b) Your transportation or child care arrangements broke down and you could not make new arrangements in time to comply;

(c) You could not locate child care, for your children under thirteen years, that was:

(i) Affordable (did not cost you more than your co-payment would under the working connections child care program in [WAC 388-290](#));

(ii) Appropriate (licensed, certified or approved under federal, state or tribal law and regulations for the type of care you use and you were able to choose, within locally available options, who would provide it); and

(iii) Within a reasonable distance (within reach without traveling farther than is normally expected in your community).

(d) You could not locate other care services for an incapacitated person who lives with you and your children;

(e) You had a physical, mental or emotional condition,

confirmed by a licensed health care professional, that interfered with your ability to participate;

(f) A significant person in your life died;

(g) You were threatened with or subjected to family violence;

(h) You had an immediate legal problem, such as an eviction notice; or

(i) You did not get notice telling you about our information request, an appointment or a requirement on your individual responsibility plan.

Appendix H3

WAC 388-422-0010 Cooperation with division of child support.

(1) When applying for or receiving TANF, SFA, GA-H, or Medicaid, the following individuals must cooperate with the DCS in establishing paternity and collecting support as specified in [WAC 388-14-201](#):

(a) All persons for whom benefits are applied for or received; and

(b) The caretaker relative or court-appointed guardian of a child for whom benefits are applied for or received.

(2) For TANF and SFA, if a caretaker relative fails to cooperate with DCS without good cause according to [WAC 388-422-0020](#), the cash grant paid to the assistance unit will be reduced by twenty-five percent of what they would otherwise have received.

(3) For Medicaid, if a caretaker relative fails to cooperate with DCS without good cause according to [WAC 388-422-0020](#), that individual will be denied medical assistance unless they are pregnant.

(4) Cooperation is determined by DCS.

[Statutory Authority: [RCW 74.04.050](#), [74.04.055](#), [74.04.057](#) and [74.08.090](#). [98-16-044](#), § 388-422-0010, filed 7/31/98, effective 9/1/98. Formerly [WAC 388-505-0560](#).]

WAC 388-422-0020 Good cause for not cooperating with the division of child support.

(1) An individual described under [WAC 388-422-0010](#) is not required to cooperate with DCS if the department finds that cooperation is against the best interest of the child for whom child support is sought. A client has the right to claim good cause for refusing to cooperate and the department must determine if the claim is valid.

(2) Cooperation is against the best interest of the child and cash assistance can be continued when:

(a) The individual's cooperation can reasonably be anticipated to result in serious physical or emotional harm to:

(i) The child; or

(ii) The caretaker relative, if it reduces the caretaker relative's capacity to adequately care for the child; or

(b) Establishing paternity or securing support would be harmful to the child who:

(i) Was conceived as a result of incest or forcible rape; or

(ii) Is the subject of legal adoption proceedings pending before a superior court; or

(iii) Is the subject of ongoing discussions between the parent and a public or licensed child placement agency to decide whether the parent will keep the child or put the child up for adoption. The discussions cannot have gone on for more than

three months.

(3) When cash assistance cannot be continued because a client's claim of good cause does not meet the standard in subsection (2) of this section, medical assistance may be able to be continued. The standard for good cause for medical assistance is broader in that good cause can be based solely on the best interests of the:

(a) Child as in subsection (2) of this section; or

(b) Person who is being asked to cooperate.

(4) A client has twenty days from the date good cause is claimed to provide information and evidence to support the claim, unless it cannot be obtained within such time.

(5) A client has the right to:

(a) Be informed of their right to claim good cause for refusing to cooperate;

(b) Receive a determination of their good cause claim within thirty days of the date the claim is made, as long as the necessary information and evidence was provided to the department within twenty days;

(c) Receive assistance without delay while their good cause claim is pending a determination, if they have provided supportive evidence and information;

(d) Receive information on their right to ask for a fair hearing if the department denies the claim of good cause; and

(6) Approved good cause claims will be reviewed at least every six months to determine if good cause continues to exist.

[Statutory Authority: [RCW 74.04.050](#), [74.04.055](#), [74.04.057](#) and [74.08.090](#). [98-16-044](#), § 388-422-0020, filed 7/31/98, effective 9/1/98. Formerly [WAC 388-505-0570](#) and 388-505-0560.]

Appendix H4

WAC 388-436-0002 If my family has an emergency, can I get help from DSHS to get or keep our housing or utilities?

DSHS has a program called additional requirements for emergent needs (AREN). If your family has an emergency and you need a one-time cash payment to get or keep safe housing or utilities, you may be eligible. The special AREN payment is in addition to the regular monthly cash grant your family may already get.

(1) To get AREN, you must:

(a) Be eligible for temporary assistance for needy families (TANF), state family assistance (SFA), or refugee cash assistance (RCA);

(b) Have an emergency housing or utility need; and

(c) Have a good reason that you do not have enough money to pay your housing or utility costs.

(2) To get AREN, you must be eligible for TANF, SFA, or RCA. This means you must:

(a) Get benefits through TANF, SFA, or RCA. For RCA you must also be pregnant or have an eligible child; or

(b) Apply for TANF, SFA, and RCA, and meet all eligibility criteria including:

(i) The maximum earned income limit under [WAC 388-478-0035](#);

(ii) The requirement that your unearned income not exceed the grant payment standard;

(iii) The requirement that your countable income as defined under [WAC 388-450-0162](#) must be below the payment standard in [WAC 388-478-0020](#) when you have both earned income and unearned income;

(iv) The resource limits under [chapter 388-470 WAC](#);

(v) The program summary rules for either TANF ([WAC 388-400-0005](#)); SFA ([WAC 388-400-0010](#)); or RCA ([WAC 388-400-0030](#)); and

(vi) The requirement that you must be pregnant or have an eligible child.

(3) If you do not get or do not want to get TANF, SFA or RCA, you cannot get AREN to help with one-time housing or utility costs. We will look to see if you are eligible for diversion cash assistance (DCA) under [WAC 388-432-0005](#).

(4) To get AREN, you must have an emergency housing or utility need. You may get AREN to help pay to:

(a) Prevent eviction or foreclosure;

(b) Get housing if you are homeless or need to leave your home because of domestic violence;

(c) Hook up or prevent a shut off of utilities related to your health and safety. We consider the following utilities to be needed for health and safety:

(i) Electricity or fuel for heating, lighting, or cooking;

(ii) Water;

(iii) Sewer; and

(iv) Basic local telephone service if it is necessary for your basic health and safety.

(d) Repair damage or defect to your home when it causes a risk to your health or safety:

(i) If you own the home, we may approve AREN for the least expensive method of ending the risk to your health or safety;

(ii) If you do not own the home, you must ask the landlord in writing to fix the damage according to the Residential Landlord-Tenant Act at [chapter 59.18 RCW](#). If the landlord refuses to fix the damage or defect, we may pay for the repair or pay to move you to a different place whichever cost is lower.

(e) If you receive TANF or SFA, WorkFirst support services under [WAC 388-310-0800](#) may be used to help you relocate to new housing to get a job, keep a job, or participate in WorkFirst activities. Nonhousing expenses, that are not covered under AREN, may be paid under WorkFirst support services. This includes expenses such as car repair, diapers, or clothing.

(5) To get AREN, you must have a good reason for not having enough money to pay for your housing or utility costs. You must prove that you:

(a) Did not have money available that you normally use to pay your rent and utilities due to an emergency situation that reduced your income (such as a long-term illness or injury);

(b) Had to use your money to pay for necessary or emergency expenses. Examples of necessary or emergency expenses include:

(i) Basic health and safety needs for shelter, food and clothing;

(ii) Medical care;

(iii) Dental care needed to get a job or because of pain;

(iv) Emergency child care;

(v) Emergency expenses due to a natural disaster, accident, or injury; and

(vi) Other reasonable and necessary expenses.

(c) Are currently homeless; or

(d) Had your family's cash grant reduced or suspended when we budgeted your expected income for the month, but the income will not be available to pay for the need when the payment is due. You must make attempts to negotiate later payments with your landlord or utility company before you can get AREN.

(6) In addition to having a good reason for not having enough money to pay for your costs, you must also explain how you will afford to pay for the on-going need in the future. We may deny AREN if your expenses exceed your income (if you are living beyond your means). We may approve AREN to help you get into housing you can afford.

(7) If you meet the above requirements, we decide the amount we will pay based on the following criteria.

(a) AREN payments may be made up to a maximum of fifteen hundred dollars.

(b) We can make the payment all at once or as separate payments over a thirty-day period. The thirty-day period starts with the date of the first payment.

(c) The amount of AREN is in addition to the amount of your monthly TANF, SFA, or RCA cash grant.

(d) We will decide the lowest amount we must pay to end your housing or utility emergency. We will contact your landlord, utility company, or other vendor for information to make this decision. We may take any of the following steps when deciding the lowest amount to pay:

(i) We may ask you to arrange a payment plan with your landlord or utility company. This could include us making a partial payment, and you setting up a plan for you to repay the remaining amount you owe over a period of time.

(ii) We may have you use some of the money you have available in cash, checking, or savings to help pay for the expense. We will look at the money you have available as well as your bills when we decide how much we will pay.

(iii) We may consider income that is excluded or disregarded for cash assistance benefit calculations, such as SSI, as available to meet your emergency housing need.

(iv) We may consider money other individuals such as family or friends voluntarily give you. We will not count loans of money that you must repay to friends or family members.

(v) We may consider money from a nonneedy caretaker relative that lives in the home.

(vi) We may look at what other community resources you currently have to help you with your need.

(8) Starting August 1, 2000, your family can get AREN for your emergency housing or utility needs for one thirty-day period every twelve months:

(a) The thirty-day period starts on the date we issue your first AREN payment and lasts thirty consecutive days.

(b) The twelve-month period starts the month we issued your first AREN payment. The next time you could be eligible for AREN is the first day of the twelfth month after we issued the first AREN payment. For example, if we issued you AREN on January 15th, you could be eligible again on the first of January the next year.

(c) The limit of one thirty-day period every twelve months applies to the following people even if they leave the assistance unit:

(i) Adults; and

(ii) Minor parents that get AREN when no adults are in the assistance unit.

(d) We do not look at AREN benefits you received before August 1, 2000 when we look to see if you received AREN in the last twelve months.

(9) We pay AREN:

(a) Directly to the landlord, mortgage company, utility, or other vendor whenever we can.

(b) If we cannot pay AREN directly to the landlord or other vendor, we will issue the AREN as a part of your TANF, SFA, or RCA cash grant. If we issue the AREN as a part of your grant, you must use it for your emergency need.

(10) We may assign you a protective payee for your monthly grant under [WAC 388-265-1250](#).

[Statutory Authority: [RCW 74.08.090](#), [74.04.050](#). 00-22-064, § 388-436-0002, filed 10/27/00, effective 12/1/00. Statutory Authority: [RCW 74.04.050](#), [74.04.055](#), and [74.08.090](#). [99-14-046](#), § 388-436-0002, filed 6/30/99, effective 8/1/99.]

Appendix I

DSHS Eligibility A-Z (EA-Z) Manual

For complete and up-to-date information about how DSHS is running all of their economic programs, go to <http://www.wa.gov/dshs/EAZManual/Default.htm>. The Eligibility A-Z (EA-Z) Manual is designed for and used by DSHS staff. The manual provides administrative rules and procedures for staff to determine eligibility for people applying for and receiving cash, food and medical assistance in Washington State. If you access this manual on line, you can use the index to find what you are looking for. (Domestic violence is indexed under “family violence” on this site.) Here are some of the key sections that reference family violence excerpted from the Eligibility A-Z Manual.

Interpreter Services

Use certified interpreters when the client's requested language requested is Spanish, Vietnamese, Laotian, Chinese, Cambodian, Russian, or Korean.

1. Provide an interpreter for interviews and telephone services without a significant delay in services. If a client speaks or communicates in a language not listed above, arrange with your LEP coordinator an interpreter for the client's language before the scheduled interview.
2. Friends and family members may not be appropriate interpreters because they could have an interest in the outcome of the interview. The interview could also involve sensitive issues such as family violence.

TANF Family Violence Screening

NOTE:	WAC and additional information about Family Violence screening is found at the end of this section.
--------------	---

1. Review the application or eligibility review form to determine if the client claims "good cause" for not helping the Division of Child Support (DCS) establish paternity and collect child support. This may be the first sign that family violence is an issue.
2. Review with the client the family violence amendment, call the **Client Notice**.
3. Explain WorkFirst work activities and eligibility requirements.
4. Tell the client about cooperation and referrals, including the right to apply for referrals at any time they fear abuse will occur.
5. After the client receives and understands the notice, screen the client for family violence using the DSHS Family Violence Screening Tool.

DSHS - Eligibility A-Z (EA-Z) Manual (continued)

6. Tell the client that they only need to answer "yes", "no" or "no comment" to each question. The client does not have to explain their answers.

7. If the client answers "no" to all five questions determine appropriate work activity.
8. If the client answers "yes" to any of the questions, provide them with referral information to local resources and determine an appropriate work activity. Referrals may include one or more of the following:
 - a. Shelters for battered individuals;
 - b. Medical services;
 - c. Family and domestic violence hot lines;
 - d. Emergency help for individuals fleeing family violence;
 - e. Legal counseling and advocacy, including initiation of legal proceedings;
 - f. Mental health care, counseling and support groups;
 - g. Other available services.

CLARIFYING INFORMATION

The above rules apply **only** to TANF clients.

1. **Additional requirements for persons fleeing domestic abuse:**

Additional requirements may be available for persons currently receiving TANF or Refugee Cash Assistance fleeing domestic abuse. See [EMERGENCY ASSISTANCE](#) for rules and procedures.

2. **Family violence may be a barrier for work:**

Family violence victims face several hurdles in successfully moving from welfare to work because:

- f. The physical and emotional effects of past or present abuse may hinder job performance or work search.
- g. The abuser may try to sabotage the victims' education, training and employment to keep them dependent upon the abuser.
- h. The abuser may threaten the safety of the client's children or family members.
- i. The demands of court intervention, criminal prosecution, safety planning, physical and mental recovery, or counseling may interfere with work, education or training.
- j. The individual may need to move or disrupt work to escape a violent living arrangement.

4. **Individual Responsibility Plan (IRP):**

Since the degree of family violence varies greatly, the intent of this section is to help the worker determine an IRP. The following levels may help to determine whether or not a deferral and/or waiver is necessary:

- a. *Level 1* - This group identifies victims of family violence who do not want or need any special program waivers or referrals.
- b. *Level 2* - This group identifies victims of family violence who want supportive services, but do not need deferrals and/or waivers from work requirements.
- c. *Level 3* - This group identifies victims of family violence who need referrals to local resources and deferrals and/or waivers to gain stability before actively seeking employment.

See the **WorkFirst Implementation Handbook** for a list of countable work activities.

WORKER RESPONSIBILITIES

1. Screen all TANF clients at the initial application interview and each eligibility review for circumstances of family violence.
2. Provide referral information to participants in need of counseling and support services.
3. Delay work search activities when participation would:
 - a. Make it more difficult for the participant to escape family violence.
 - b. Penalize participants who have been or are at risk of becoming victims of family violence, or who are at further risk of abuse.
4. You may waive the following:
 - a. Time limits on receipt of TANF, after the client has received TANF for 52 months.
 - b. Paternity and child support cooperation requirements.
 - c. Other WorkFirst requirements that unfairly penalize victims or make it more difficult to escape family violence.
5. Keep information about victims of family violence confidential as required by RCW 74.04.060 and chapter 388-320 WAC.

Exception: You must report incidents of child abuse or neglect to the proper law enforcement agency. This includes child rape, child molestation and sexual misconduct with a minor. RCW 26.44.030(4) provides these guidelines.

6. Provide notification of the family violence amendment, called the **Client Notice**, both orally and in writing to all TANF clients. Case Managers will provide the client with a copy of the **Client Notice** at the initial application interview and at each eligibility review. The notice tells the client that they must participate in the WorkFirst program. It also tells them that they may tell the department about problems with family violence at any time.
 7. Accept allegations of family violence by a victim as enough evidence to substantiate the claim of violence. This applies as long as the department has no independent basis to find the client not credible. Evidence of family violence may also include any of the following sources:
 - a. Police, government agency, or court records.
 - b. Documentation from a source from whom the applicant or recipient has sought aid in dealing with family violence.
 - c. Statement from any other individual with knowledge of the circumstances which provide the basis for the claim.
 - d. Physical evidence of family violence.
 - e. Other evidence which may help identify a victim of family violence.
 8. Show sensitivity in handling situations involving a victim or potential victim of family violence.
 9. Provide an environment in which the family can disclose family violence. This includes interviewing the client alone whenever possible.
-

CONFIDENTIALITY

ADDRESS CONFIDENTIALITY PROGRAM (ACP) FOR DOMESTIC VIOLENCE VICTIMS

CLARIFYING INFORMATION

Purpose: The ACP protects the address of persons attempting to escape from domestic violence or sexual assault situations. Participants use a substitute address in place of their actual physical or mailing address.

Rules for the Address Confidentiality program are found in [WAC 434-840-001](#) through WAC 434-840-370 and are governed by the Office of the Secretary of State.

The ACP provides the following services to victims of domestic violence or sexual assault:

1. Helps the participant maintain the secrecy of home, work, or school address.
2. Gives the participant a substitute mailing address.
3. Forwards first class mail from the substitute address.
4. Helps the participant obtain many state and local agency services without revealing the physical or mailing address.

5. Helps the participant to register to vote or obtain a marriage license without having those records available to the public.

Participants are given a laminated authorization card the size of a driver's license. The card has the client's signature, substitute address, expiration date, and a toll-free number to the ACP office for information. The toll-free number is 1-800-822-1065. The TTY number is 1-800-664-9677.

When a public assistance client uses the substitute address, the ACP authorization card must be presented to the worker. The worker may make a copy of the ACP authorization card.

CLARIFYING INFORMATION

The ACP provides the following services to victims of domestic violence or sexual assault:

6. Helps the participant maintain the secrecy of home, work, or school address.
7. Gives the participant a substitute mailing address.
8. Forwards first class mail from the substitute address.
9. Helps the participant obtain many state and local agency services without revealing the physical or mailing address.
10. Helps the participant to register to vote or obtain a marriage license without having those records available to the public.

Participants are given a laminated authorization card the size of a driver's license. The card has the client's signature, substitute address, expiration date, and a toll-free number to the ACP office for information. The toll-free number is 1-800-822-1065. The TTY number is 1-800-664-9677.

When a public assistance client uses the substitute address, the ACP authorization card must be presented to the worker. The worker may make a copy of the ACP authorization card.

WORKER RESPONSIBILITIES

When a client presents an ACP authorization card:

1. Call the ACP at 360-753-2972 to verify that the client is currently certified in the program.
2. If the client is currently certified in the ACP:
 - a. Use the ACP mailing address and participant code number as shown on the card in place of the client's physical address on the ACES ADDR

screen.
Example:

Jane Doe
1453
PO Box 257
Olympia, WA 98507-0257

- b. Mail all benefits and information for the client to the substitute address:
 - c. Do not ask the client to provide their actual address. Do not record the client's physical address in ACES or retain copies of any documents that list the client's physical address.
 - d. When verifying residency, household composition, or shelter costs, do not ask the client to provide documents that state their physical address. Accept any document that lists the ACP address and reasonably verifies the eligibility factor. See VERIFICATION for instructions on determining reasonableness.
 - e. If the client provides a document that lists the physical address:
 - i. Do not keep the document.
 - ii. Explain to the client that if we have anything in the case record that lists their physical address, we may have to reveal that information if we are issued a subpoena.
 - iii. Document in the narrative:
 - A. What documents were used as verification;
 - B. What eligibility factor the documents verify; and
 - C. Why copies of the document are not in the record.
 - f. Allow the client to provide any document that has the physical address concealed.
 - g. Re-verify the client's participation in the ACP at eligibility review / recertification, if questionable.
3. If the client is not currently certified in the ACP:
- b. Do not enter the ACP mailing address and participant code into ACES;
 - c. Require the client to provide their actual address;
 - d. Record the address in ACES; and

Follow the normal verification procedures as described in VERIFICATION.

Appendix J

WorkFirst Handbook

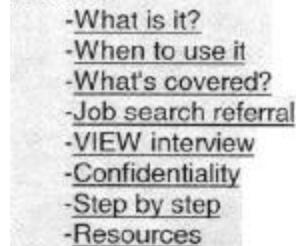
The manual used by DSHS case managers and social workers to implement the WorkFirst program will soon be on line. A hard copy of the manual is available from DSHS or the Coalition staff. Key provisions for domestic violence victims from the Handbook are included on the following pages.

Table of Contents

Chapter 3 - Tools

3.1 Overview

3.2 VIEW



3.3 IRP

3.4 Intensive Services 3.5

Case staffing

3.6 Sanctions &
Protective Payees

Index

Legal References:

*RCW 74.08.090 &
74.04.050*

*WAC 388-310-
0800*

*Public Law 104-
193 Sec. 407*

*Document issues, strengths
and participant plans on a
consistent basis. As we get
to know the participant
better, we can use new
insights to create ever more
effective IRPS.*

What is the VIEW?

The Virtual Integrated Employability Worksheet, or VIEW, is a JAS automation tool for case managers, social workers, and job service specialists to screen for issues that can interfere with employment and retention.

A primary purpose of VIEW is to screen and evaluate participants for referral to (not deferral from) job search. In WorkFirst, all roads lead to employment and participants can have issues and still be referred to job search.

VIEW is where workers document:

- a Job search referrals and supports provided (as information to the JSS),
- 0 Job search and other required screening (like domestic/family violence),
- a Evaluation,
- a Ongoing/general observations, and
- 0 Results of social worker assessments.

VIEW uses a progressive series of questions to learn more about a participant's readiness for job search, ability to succeed in the work place, and help us develop appropriate IRP activities that will move the participant into employment. VIEW will also indicate when a social worker assessment (a more comprehensive, in-depth, and issue-specific appraisal of employability) should be done. .

The VIEW also integrates the screening, evaluation, and assessment for an easier workflow. As we learn more about our participants and document that knowledge in VIEW, we can help them make informed choices about their participation and achieve the goal of self-sufficiency.

When do we use VIEW?

We use VIEW throughout a person's stay on assistance to assure we screen for important issues and move into an evaluation mode when appropriate. There are also some specific times when the case manager should be using VIEW:

- At application or reapplication;
- After four weeks of job search (by JSS);
- After job search or any other work activity ends (including when referred back early);
- Before temporarily deferring from job search;
- When sanctioning, and
- Whenever the participant is not progressing.

What issues does VIEW cover?

As shown in the chart below, VIEW covers all the topics needed to screen for job search, evaluate employability if deferred or unsuccessful in job search, and the results of the social worker assessment. It also includes job search results and all the topics in a social worker assessment, legally

required screening for specific issues. Also, ESD staff does not have access to some of the information in VIEW, to protect participant confidentiality.

Issues covered by VIEW	
Required screening	<ul style="list-style-type: none">▪ NSA status▪ Family violence▪ Limited English proficiency▪ Family planning*▪ Learning disabilities▪ Substance abuse*▪ Pregnancy to employment
Other issues	<ul style="list-style-type: none">▪ Current employment, literacy & learning▪ Housing**, child care & transportation▪ Legal issues**; link w/other agencies & tribes▪ Health**▪ Clothing & hygiene▪ Family support**
Job search results	<ul style="list-style-type: none">▪ Participation (attendance, completion, resume, applications, interviews & follow-up)▪ Why referred back & recommended next steps▪ Provided or needed retention & wage and skill progression services
*Only DSHS staff know if this screen has been filled out	
** ESD know if screen is completed, but cannot see contents.	

Job search referrals

There are a few issues that will defer job search, but most will be addressed while a participant is in job search or working. For example, a social worker might recommend job search deferral for things like chronic or immediate medical issues that are severe enough that the participant will not be able to work for issues like or current family violence, substance abuse or homelessness.

VIEW screening/evaluation may lead to one of four results: a No issues identified - refer to job search

Example:

Sandy is a 35-year-old single parent with 14 years of education and a spotty work history. When asked the VIEW substance abuse screening question, "Does alcohol or drug use by you or other family member make it hard for you to find or keep a job?" Sandy hesitated, and then answered, "Yes."

The case manager marked an "X" in the screening category and went on to the evaluation questions (by pressing PF5). Sandy acknowledged, in response to the more in-depth questions, that she lost her last job due to absenteeism related to alcohol and might have a problem with alcohol

Once this information is entered into VIEW, the case manager is prompted to refer Sandy for a substance abuse assessment. The case manager then sets up the referral (documented in VIEW) and developed an IRP.

- Needs supports - provide supports (like transportation and child care) and refer to job search
- Some issues - bundle services (like treatment or counseling) with job search
- Major issue(s) - refer to social worker for assessment and services (like pregnancy to employment). The job search referral can be made once the participant's situation has stabilized.

How to do the VIEW interview

First, set a positive tone about getting to job search and work. We view participants as unemployed or underemployed, and ask: "How can I help you get to work?" Explain to the participant why we ask screening questions:

- To help them succeed in the workplace;
- To provide necessary support services;
- To resolve issues without delay;
- To bundle services, so they can make faster progress and not waste any of their time on TANF, and
- To ensure they not only find, but also can keep, a job.

Second, start acquainting the participant with workplace expectations, like the need to show up on time, every day, and how this will take reliable back up plans for child care and transportation.

Last, some of the questions in VIEW touch on sensitive topics (like family planning). You can set some expectations with the participant to make the conversation go easier. Tell the participant that your interview:

- Will be confidential,
- Will identify issues that could hamper job success,
- Won't require a lot of details, and
- Will result in a referral to experts if there is an issue.

Confidentiality

Information concerning alcohol/substance abuse, HIV/AIDS, mental health issues and domestic/family violence is strictly confidential and may not be shared with anyone without a current release of information form, signed by the participant. Only use the following VIEW screens for documentation of these topics:


- Substance Abuse
- Family Planning
- Health
- Family Violence

Although these topics are confidential, you will want to find out if the participant wishes for ESD staff to know more about these hidden issues. If so, either get a signed release or invite the participant to discuss the matter(s) directly with her or his job service specialist.

VIEW - Step-by-step guide

(References found in the resource section)

- 1) At application the case manager documents whether the participant will need supplemental accommodation (NSA) to complete the application process and actively participate. (See Up-front referrals.)
- 2) Upon application approval, or prior to a same day job search referral, the case manager completes the VIEW interview to:
 - a) Screen for domestic/family violence emergencies and make a family planning referral. (See Up-front referrals.)
 - b) Determine age of household members to find participation exemptions/exceptions (infants, older relatives, dependent teen or minor parent) and refers appropriately. (See Required participation.)
 - c) Determine what the participant needs to go to job search:
 - i) Child care, transportation or other support service
 - ii) A referral to a specialized pathway to access job search services (LEP, tribal, pregnancy to employment, or, if not going to job search, WtW). (See Pathways in the resource section below.)
 - iii) Coordination of job search with other pre-existing activities (DVR/substance abuse treatment plan or self-employment). (See Resolving issues or Self-employment.)
 - iv) Additional activities bundled with job search, such as medical treatment. (See Resolving issues.)
 - v) A referral to a social worker for assessment and services, to stabilize the participant's situation before job search can begin (like domestic violence or substance abuse issues). (See Resolving issues.)
- 3) The case manager refers the participant to job search, a pathway, or to an alternative/extra activity based on the VIEW interview, and:

- 
- a) Authorizes necessary child care and support services, and
 - b) Enters appropriate referral and activity codes in JAS, documenting requirements on the JAS (08) screen.
- 4) The job service specialist records participation information in VIEW after four weeks of job search and when job search ends.
- 5) The case manager does additional VIEW interviews/ observations with the participant:
- a) When job search or any other work activity ends (including when referred back early),
 - b) When sanctioning,
 - c) At reapplication,
 - d) Whenever the participant is not able to hold onto a job or is not progressing, and
 - e) At any other appropriate time.

Resources

Related WorkFirst Handbook Chapters/Attachments

- Tools - [Overview](#)
- [Up-front Referrals](#)
- [Required Participation](#)
- Pathways
- [Resolving Issues](#)
- [Self-employment](#)
- Job [Search Referrals](#)

Other Resources

- VIEW [Step-by-Step Reference Tool](#)

Table of Contents

Chapter 3 – Tools

3.1 Overview

3.2 VIEW

3.3 IRP

-What is it?

-When is it done?

-How to build it

-Coordination

-Bundled services

-Sensitive topics

-JAS coding

-Step by step

-Resources

3.4 Intensive Services

3.5 Case staffing

3.6 Sanctions &
Protective Payees

Index

Legal References:

- RCW 74.08A.260
- WAC 388-310-700
- Public Law 104-193 Sec. 408(b)

Spell out, in writing, specific actions steps each participant can take to become independent from TANF. Even better, we can make joint plans with the participant and community partners so everyone is working towards a common goal.

What is an IRP?

An Individual Responsibility Plan (IRP) outlines a participant's action steps towards self-sufficiency and indicates what support services the department will provide to enable the person to participate. The IRP is developed by the participant with her or his case manager to:

- Describe the participant's responsibilities, activity requirements and authorized support services.
- Keep the participant moving toward independence.
- Document the action steps the participant has agreed to do.
This is essential to holding the participant responsible for her or his participation.
- Describe DSHS responsibilities (like to provide needed support services).

When is an IRP done?

Every WorkFirst participant needs an IRP as her or his own personal road map to meeting her or his occupational goals.

An IRP is done at certain set times and also whenever circumstances call for a new action plan for self-sufficiency. Plan to create or update a participant's IRP when the participant:

- Applies for TANF, listing the activity(ies) the participant will do when the application is approved
- Has an eligibility evaluation, if there are any changes.
- Has a change that affects her or his existing IRP (like homelessness).
- Has a provider who suggests new activities, training or services to add to an existing IRP
- Gets a job, including other services (like as retention services) or needed support services.
- Is within two weeks of completing a component, to keep her or him continually participating.

In two parent families, each parent should have an IRP (unless one qualifies for, and chooses, an exemption). Once a participant goes off TANF, an IRP is no longer required to access services or support services.

How to write an IRP

We find the information we need to build an IRP by talking to the participant about her or his plans and goals. This is a very important conversation, as it will help us build an IRP that is relevant to the participant's situation, spell out what needs to be done to achieve the participant's goals, and then break those tasks into action steps. The VIEW also helps to indicate participant strengths and issues that may need assessment, referrals and resolution.

As shown in the chart below, there are key techniques that should be used to create an effective IRP.

Example IRFI

I, Ramona Smith, must do the following:

I will start work on 6/7 and continue to work 20 hrs/week at the XYZ Company. I will also:
--Complete my W-5 and turn it in to my employer to get EITC added to my paycheck.
--Try to increase the number of hours a week / can work at XYZ.
--Check their job listing weekly for promotions/ additional hours / may qualify for.

I will start GED completion on 6/23 with ABC community college. I will also:
--Work 15 hrs/wk on my GED.
--Attend all classes --
Complete my assignments and turn them in on time.

I have arranged WCCO child care to start on 6/7
--My mother will be backup when other child care is unavailable
--I will keep my WCCC worker informed of any changes with my child care needs.

How to Build an IRP	
Involve the participant	See what the participant to do after employment. Are their plans achievable? If so, how?
Focus on the goal	<p>The goal, for most, is independence from TANF. Getting a job or increasing employment or wages is the path. When setting the participant's goal, also take into consideration:</p> <ul style="list-style-type: none"> • The participant's personal goals and interests • Whether there are short-term issues to be resolved for faster progress (like homelessness) • What supports or other income will be available while seeking work or once working
Discuss the options	<p>Use all the available information to develop the IRP and create a step-by-step plan. Choose the best option, and then map out each step to achieve the participant's goal. As you do this:</p> <ul style="list-style-type: none"> • Be flexible – plans are not written in stone and can be modified as circumstances dictate, • Deliver a strong message of work as a goal of participation, • Use the IRP to document support services, and • Set hours of participation that take the participant's circumstances into consideration.
Write the IRP	<p>Write the IRP in the first person (like "I will report to my WEX assignment.")</p> <p>Use simple language, avoiding department jargon, and using short words.</p>
Use action steps	<p>Use the IRP to give the participant a step-by-step explanation of what she or he is supposed to do and what supports are available. Include:</p> <ul style="list-style-type: none"> • Who to contact, • When to report to an activity, and • What her or his responsibilities are.

Coordination

The IRP is a valuable tool for the participant, the case manager and others working with the participant. It ensures that everyone is clear about the participant's responsibilities, requirements and supports.

- The IRP is available in JAS and can be read and reviewed by Employment Security Department staff and others who work with the participant and have JAS access.
- Both the case manager and the participant sign the IRP and a copy is given to the participant. (it is important to ensure the participant gets a copy.)
- Each provider working with the participant should also receive a copy of the IRP so they will understand what is required and have a tool to hold the participant accountable.

Bundled services

Bundling services is requiring the participant to engage in more than one activity at a time - perhaps working with different providers to access services. We "bundle" (or combine) activities to make sure the participant moves from welfare to self-sustaining work as soon as possible. It also helps a participant to build new strengths while eliminating negatives in her or his life.

Sensitive topics

To be effective, the participant's IRP has to spell out, in detail, what the participant will do to become self-sufficient. These action steps may include dealing with some very sensitive topics, like family violence and substance abuse treatment.

Since the IRP is available in JAS, other people with JAS access will be able to read its contents. This means that it will sometimes be necessary to write the action steps, print a copy, acquire signatures, then make a copy for the participant, placing the original in the case record. Delete the confidential portions from the electronic version of the IRP in JAS. This is a critical step when creating an IRP that deals with substance abuse or family violence. However, this is applicable to any confidential topic in a participant's IRP.

JAS coding

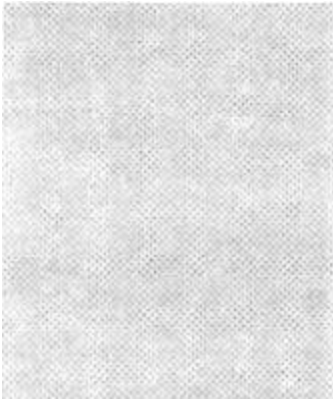
When creating an IRP, do the following in JAS:

- Enter activity and/or referral component code on the JAS (03) screen. These will autofill to the JAS (10) screen.
- Enter the participation requirements (freeform) on the JAS (10) screen by using the PF6 key.

IRP - Step-by-step guide

To develop and IRP, the case manager will:

- 1) Set an appointment two weeks before the IRP is due to created/updated.
- 2) Work with the participant, using open-ended questions to start them thinking about their long-term goals, the kind of work they want to do, and what steps to take to reach their goals.
- 3) Develop the IRP based on the conversation with the participant, the information in VIEW, and your observations. Consult with the social worker or other WorkFirst partners, as appropriate, to determine the best plan for the participant.
- 4) Start drafting the IRP ensuring the actions steps make sense to the participant and are manageable.
 - a) Include employment, other income, and issue resolution goals.
 - b) Discuss options with the participant.
 - c) Write a sequential, step-by-step plan for achieving the participant's goals, including:
 - i) Where to go, when, and who to see,
 - ii) Start and end date for each activity and a description of what the participant will be doing, and
 - iii) Any actions needed to prepare for the activity (like making child care or transportation arrangements).
- 5) Document the services made available to the participant by DSHS (like child care, or transportation).
- 6) Have the participant sign the IRP, and make a copy for the participant. Place the original in the case file.
- 7) For confidential information (like substance abuse or family violence) delete the confidential portions from the electronic (JAS) version of the IRP.
- 8) Document IRP referrals and activities on the JAS (08) Screen (excluding any confidential items).



Resources

Related WorkFirst Handbook Chapters

- [Resolving Issues - Overview](#)
- [VIEW](#)
- [Intensive services](#)

Forms & Other Resources

- [DSHS 14-355\(X\), Determination of Non Participation](#)
- [DSHS 14-381, WorkFirst Individual Responsibility Plan \(IRP\)](#)

Table of Contents

Chapter 3 – Tools

3.1 Overview

3.2 VIEW

3.3 IRP

3.4 Intensive services

-What is it?

-Who needs it?

-Assessment

-Bundled services

-Step by step

-Resources

3.5 Case staffing

3.6 Sanctions & protective payees

Index

Legal References:

- *RCW 74.08A*

Identify and resolve issues that interfere with employment as soon as possible without impeding the participant's progress towards self-sufficiency.

What are intensive services?

Intensive services are extra or exceptional support to help those having the greatest difficulty finding and keeping jobs achieve success. There are four key elements in the intensive services model:

- **VIEW:** Uses a series of broad questions used to determine if there are any issues getting in the way of a participant's ability to find and keep a job. VIEW will help the case manager find issues to explore further and determine whether the participant might benefit from intensive services.
- **Assessment:** A series of in-depth questions to find out more about the participant's circumstances and how this might impact her or his ability to work. Assessments are conducted by DSHS social workers.
- **Collaborative IRP:** An IRP developed through case staffing to create a unified approach for dealing with issues and to set clear, obtainable expectations for the participant.
- **Bundled services:** A changing mixture of services and activities to help the participant become and, remain employable, often by working with more than one service provider at a time.

• **Who needs intensive services?**

The DSHS case manager should conduct a VIEW evaluation and consider whether intensive services would be beneficial for the following participants:

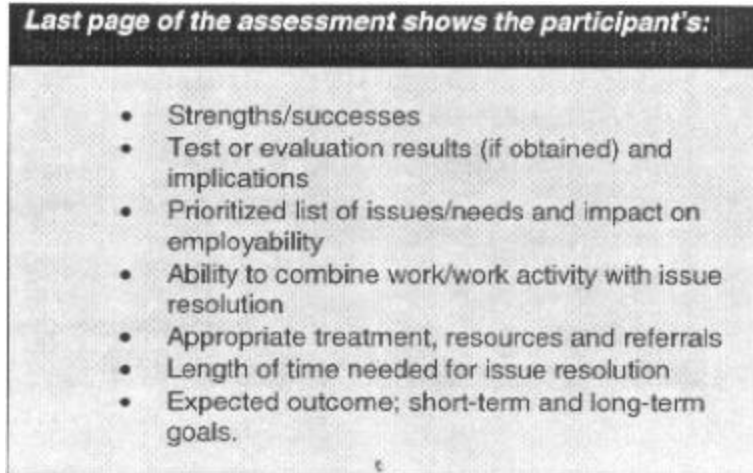
- Pregnant women and parents with infants (always, and always followed by a DSHS social worker assessment);
- Those in long-term sanction;
- Those deferred from job search or school because of issues like homelessness, family violence or substance abuse;
- Those referred back early from job search;
- Those who complete job search without finding a job;
- Those who complete other work activities without progressing towards steady employment;
- Those who are able to find work, but repeatedly lose their jobs; and
- Anyone who does not progress.

The role of assessment

If the VIEW evaluation does not show what a participant needs to progress, she or he should have access to intensive services (an assessment, collaborative IRP and bundled services within 30 days). The next section in this chapter, on case staffing, will give the basics for developing a joint I R P.

Here we discuss vital information provided by the DSHS social worker assessment (followed with information on bundled services).

As shown in the chart below, the last page of the social worker assessment compiles participant information to discuss at the case staffing and help develop a joint IRP with bundled services. This analysis will give the "case staffers" the information they need to determine next steps for the participant.



Bundled Services

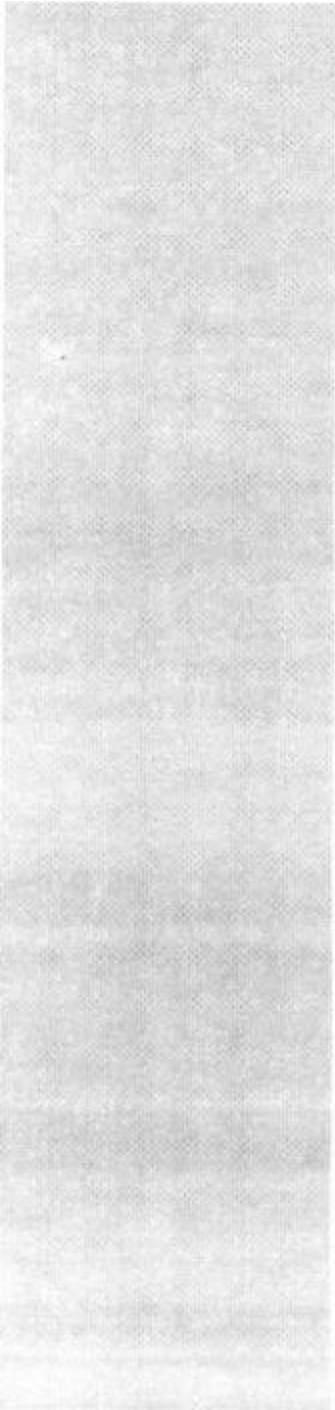
Bundled services will include some combination of WorkFirst activities, enriched job search services, treatment, and other needed services (parenting, mental health, domestic violence, substance abuse treatment, time and money management, housing, etc.). Continued communication and monitoring between the case manager and these other providers is of primary importance to ensure:

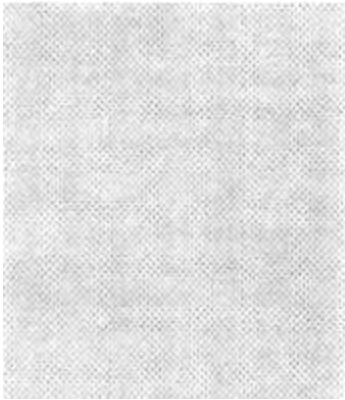
- Multiple services/referrals are kept reasonable for the participant;
- We share appropriate information;
- We know when to change the IRP;
- Participation requirements are enforced; and
- The participant receives appropriate support services and child care.

Intensive services - Step-by-step guide

1) The case manager:

- a) Completes an evaluation in VIEW for potential intensive services participants.

- 
- b) Considers referring a participant for intensive services when it is unclear from VIEW what the participant needs to progress towards self-sufficiency.
 - 2) The case manager ensures, within 30 days of the VIEW evaluation, that participants who might benefit from intensive services have access to:
 - a) An assessment from the DSHS social worker (including any necessary testing)
 - b) A collaboratively developed IRP (via case staffing)
 - c) Bundled services, as appropriate.
 - 3) The collaboratively developed IRP will meet WorkFirst requirements. The DSHS case manager or social worker will have the final responsibility to develop and document this plan, as follows:
 - a) Identifies, prioritizes then determines who will meet each participant need
 - b) Increases emphasis on work/work activities as other issues are resolved
 - c) Sets short-term and long-term goals, with plans to meet each
 - d) Sets time frames for results or review of the IRP
 - 4) Once the collaborative IRP is developed, the DSHS case manager or social worker acts as the central point of contact, but all WorkFirst partners are responsible to create dependable communication. As part of this:
 - a) One person should be designated to coordinate bundled services for each participant (such as the case manager or one of the providers)
 - b) All partners ensure continuous, dependable communication to make sure the plan is working, so we can make any necessary adjustments.



Resources

Related WorkFirst Handbook Chapters a Resolving Issues - Overview

- [VIEW](#)
- [IRP](#)
- [Case staffing](#)

Forms & Other Resources

- [Intensive Services Overview](#)
- [Intensive Services - WorkFirst Partnerships](#)

Table of Contents

Chapter 6 – Resolving Issues

6.1 Overview

- What is it?
- Who needs it?
- When to do it
- Principles
- Case manager's role
- Social worker's role
- Resources

6.2 Assessment

6.3 Unstructured Community Service

6.4 Child: Special Needs

6.5 Family Violence

6.6 Disabilities

6.7 Substance Abuse

Index

Identify and begin to resolve issues as soon as possible to give people any additional supports they need to succeed. Resolving issues, while encouraging employment, can help us increase TANF exits, reduce TANF returns, and keep caseloads down.

What is resolving issues?

Resolving issues means taking a close look at matters that can interfere with a participant's ability to look for work or work and finding ways to deal with them.

Resolving issues is not:

- Limited to deferring a person from job search.
- Limited to dealing with one problem (people often have many, related concerns).

Resolving issues is acknowledging areas where a participant may need additional help - adding work and work activities as soon as the participant is able.

Who needs it?

Most WorkFirst participants will need to resolve some issues to succeed. People come to us without basic supports or perhaps, much experience in being a working parent. And, although we may not even think of authorizing child care or making a family planning referral as 'resolving issues' -- it is.

Many participants come to us with more serious concerns that will take longer to resolve, like disabilities or family violence. Under TANF's 60-month time limit, however, it is important to start working through these problems as quickly as possible - and add other activities as soon as participants are able - so they can start building on their strengths while eliminating some negatives.

Last, some participants face issues so severe, that it is unlikely they will be able to enter the job market. Social workers may need to work intensively with these participants, perhaps helping them apply for SSI.

When do we resolve issues?

We look for issues that may need to be resolved at application, job search screening, evaluation, and at eligibility reviews. We will not always find out about issues at these "duly-appointed" times however.

Just as likely, we will find out about issues that need to be resolved when a participant starts working or participating in WorkFirst activities. We should always be ready to recognize and work with participant issues and can expect new concerns to emerge as a person transitions from welfare to work.

As shown in the chart below, the level of intervention required to work with issues varies, depending on the type of problem the participant faces.

Issue	Likely intervention
Lacks basic supports	<p>Likely a shorter-term intervention by the case manager or social worker to:</p> <ul style="list-style-type: none"> ▪ Refer for medical/dental care ▪ Provide child care (social worker may help find suitable child care) ▪ Provide AR-EN to find or keep housing or refer for emergency housing ▪ Explore transportation options and provide support services to pay for it
Lacks expert advice	<p>Likely a shorter-term intervention by the social worker (that can be combined with looking for work or work) to provide:</p> <ul style="list-style-type: none"> ▪ Prenatal care ▪ Family planning ▪ Parenting classes ▪ Child health/nutrition advice ▪ Legal advice
Family & health concerns	<p>Likely requires a longer-term social worker intervention. These situations may need to be stabilized before adding other activities.</p> <ul style="list-style-type: none"> ▪ Caring for a child (or adult) with special needs ▪ Family violence ▪ Substantial physical/mental/learning disabilities ▪ Substance abuse

Principles

There are some common themes you will see whenever we talk about resolving issues.

Overall principles for resolving issues

Identify and begin to resolve issues as soon as possible to give people any additional supports they need to succeed.

The purpose of issue resolution is to help the parent find ways to participate in WorkFirst activities while also assuring the family's medical and other needs are addressed. Employment remains a major focus and self-sufficiency the ultimate goal.

Temporary deferments may be necessary and appropriate in some situations. Most parents, however, want to work and may see work as very therapeutic in helping them cope with other concerns.

Finding creative ways for the parent to participate without a temporary deferment is usually the best option. It is often possible to accommodate a family's special needs while at the same time supporting the parent's employment efforts.

Resolving issues, while encouraging employment, can help us increase TANF exits, reduce TANF returns, and keep caseloads down.

Role of the DSHS case manager

The DSHS case manager is a central player in resolving issues. He or she collaborates with the social worker and other service providers to determine needs, establish resources, develop the IRP, arbitrate and coordinate services and monitor participant progress. The case manager also ensures the participant has adequate child care and support services.

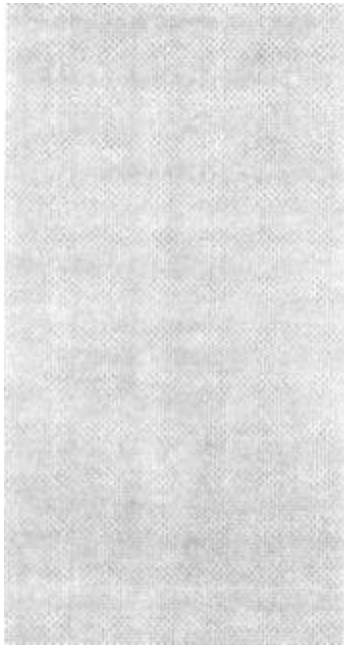
Role of the OSHS Social Worker

DSHS social workers play a key role in providing screening, assessment, referral services, and valuable expertise in intensive case management for participants. They work closely with other WorkFirst partners, who are often co-located or located near the CSO. DSHS social workers have specialized training to assist them in dealing with many client issues including:

- Hard to engage or sanctioned participants,
- Mental, physical, and learning disabilities,
- Alcohol or substance abuse,
- Family violence,
- Homelessness,
- Family planning,
- Children with special needs,
- Teen parenting,
- Early childhood development (First Steps), and
- Pregnancy to Employment.

When you refer a participant to the social worker, she or he:

- Interviews the participant to find out if specialized services or referrals are needed to address issues;
- Consults with the case manager and other service providers to ensure the participant is actively engaged in approved WorkFirst activities;
- Provides intervention and support to help the participant address issues that impede movement toward economic self-sufficiency;



Makes referrals to additional supports available in the community;
Attends case staffings;
Provides specific, intensive, and time-limited services to participants at risk of losing benefits or services; Provides follow-up services, as needed, to keep the participant engaged.

Resources

Related WorkFirst Handbook Sections

- [VIEW - \(Screening & Evaluation\)](#)
- [IRP](#)
- [Intensive Services](#)
- [SUPPOQS for WorkFirst Participants](#)

Other Resources

- [Preventing Homelessness](#)

Table of Contents

Chapter 6 - Resolving Issues

6.1 Overview

6.2 Assessment

6.3 Unstructured Community Service

-What is it?

-Coding hours

-Building the IRP

-Types (& JAS

codes)

-Step by step

-Resources

6.4 Child: Special Needs

6.5 Family Violence

6.6 Disabilities

6.7 Substance Abuse

Index

Legal References:

RCW 74.08A

WAC 388-310-1400

Public Law 104-193 Sec. 407

The purpose of issue resolution is to help the parent find ways to participate in WorkFirst activities while also assuring the family's medical and other needs are addressed.

What is unstructured community service?

Unstructured community service is any activity designed to help the participant or the participant's family enter traditional work or work activities (or, for teens, school). Unlike its name, unstructured community service is purposeful and directed. It is most often used to record the actions a participant takes to resolve issues that interfere with employment. It can also, however, reflect other types of activities, like an older, needy caretaker relative staying home full-time to care for the children in the assistance unit.

Coding hours of participation

We use the "X" codes in JAS for two reasons. First and foremost, to show which issues participants face, so we can allocate resources accordingly. We also use these codes, however, to show how much time each participant spends resolving various types of issues.

Sometimes we know exactly how much time a participant spends in an unstructured community service activity. (For example, a daily two-hour Alcoholic Anonymous meeting works out to 14 hours per week of alcohol treatment, or XM.) Other times it is less clear how many hours to attach to the community services, such as a disabled person whose only activity is to pursue SSI.

Here are the rules of thumb for assigning hours to unstructured community service:

- Always add the appropriate "X" code in JAS, so we have a record of the issue being resolved.
- Use actual hours spent in issue resolution, when known.
- When unstructured community service is a participant's only activity (like pursuing SSI or an older caretaker relative), it is appropriate to code the activity as full-time (that is, 40 hours).
- If the person is bundling issue resolution with other activities, split the hours among the activities, using actual hours for each activity, when possible. You may round up the combined total to 40 hours, as appropriate.

Building the IRP

Although we may estimate participation for an unstructured community service activity in JAS, we cannot be that vague in the participant's IRP. For most participants, there will be some very specific steps they can take to resolve issues - and these steps need to be spelled out, in detail, in her or his IRP. Time frames should also be attached to each of the participant's IRP requirements, to ensure we keep the participant moving forward towards issue resolution and self-sufficiency.

If the participant is also in job search, working or involved in other types of work activities, stress the importance of coordinating issue resolution activities with looking for or accepting work and letting the case manager know of scheduling conflicts. In fact, a job may help her or him resolve the issues and have a better chance a permanent resolution.

Types of unstructured community service

As shown in the chart below, there are various types of unstructured community service, and specific JAS codes to use with each. More information can be found on each type in other sections of the WorkFirst Handbook.

Types of unstructured community service	
XB	Pursuing SSI/L&I/VA or other benefits
XD	In a DVR plan
XM	Counseling/anger management; drug, alcohol, or mental health treatment; and temporary incapacity/medical treatment
	See Disabilities or Substance Abuse
XC	No child care available or no available care for an incapacitated adult
	See Disabilities or WCCC
XN	Caring for a child with special needs
	See Child: Special Needs
XR	Needy caretaker relative, age 55 and older
	See Required Participation
XP	Parenting skills, nutrition classes, choosing child care and family planning (normally used if pregnant or have child under 12 months of age, but also used for other participants who need these services)
	See Pregnancy to Employment Pathway
XF	Family/domestic violence intervention
XH	Resolution of homelessness
	See Support Services or Family Violence

Unstructured community service - Step-by-step guide

- 1) The case manager consults with the participant and the following persons, as appropriate, to determine how long the participant should be assigned to unstructured community service:
 - a) The DSHS social worker;
 - b) SSI facilitator;
 - c) Treatment provider; and/or
 - d) Community service provider
- 2) The case manager then:
 - a) Places unstructured community service on the participant's IRP, describing in detail the activities and/or treatment the participant is required to complete.
 - b) Sets a reasonable timeframe for IRP review, and monitors the participant's compliance with the IRP
 - c) Enters the appropriate unstructured community service code in **JAS**
 - d) Authorizes support services and child care needed to complete her or his IRP requirements; and,
 - e) Documents the actions on the JAS (08) screen.
 - f) Monitors participation.

Resources

Related WorkFirst Handbook Chapters

- Resolving Issues - Overview
- VIEW (Screening & Evaluation)
- IRP
- Intensive Services
- WCCC
- Pregnancy to Employment Pathway
- Support Services
- Required Participation
- Child: Special Needs
- Family Violence
- Disabilities
- Substance Abuse

Table of Contents

Chapter 6 - Resolving
Issues

6.1 Overview

6.2 Assessment

6.3 Unstructured
Community Service

6.4 Child: Special Needs

6.5 Family Violence

-What is it?

-Who needs help?

-Screening

-VIEW screening

-Address program

-JAS codes

-Step by step

-Resources

6.6 Disabilities

6.7 Substance Abuse

Index

Legal References:

ROW 74.08A.250

WAC 388-310-
0900

*Public Law 104-
193 Sec. 407*

*Failure to address issues like
family violence, substance
abuse or disability can make
it very difficult for TANF
participants (most of which
are single females') to
succeed.*

What is family violence?

Family violence encompasses domestic violence, sexual assault, and child abuse. All participants need to have an ongoing opportunity to disclose circumstances of family violence and to engage in activities that will alleviate their situation. Once we learn of the issue, we must actively take steps to help the participant resolve the issue and create a safe environment for the participant and her or his children.

Referrals for activities to alleviate family violence may include: •

Family social worker

- Local domestic violence agency (for resources and to discuss safety issues)
- Shelters for battered individuals
- Medical services
- Sexual assault and domestic violence hot lines
- Legal counseling and advocacy
- Mental health care, counseling, and support groups
- Other available services

Who needs help with this issue?

Family violence affects a number of participants. In order for participants to achieve self-sufficiency, it is essential for them to have a safe environment for themselves and their children, and to be free from physical harm or stalking.

Every participant should be given general information about family violence and have an opportunity to disclose issues at any time, particularly during their initial interview and at eligibility reviews.

Screening for family violence

The first thing to remember is that safety for clients and staff must be considered the most important factor when screening. When screening couples, there is no single recommended approach. Approaches that are working, however, include completing the IRPs separately, or scheduling an appointment with a family planning worker for one of the couple in order to create an opportunity for screening.

This is also a good opportunity to work with local resources to discuss safety issues. Because the issue of family violence is so complex, local resources may be able to offer additional training or guidance. They may also be able to help your CSO develop protocol for screening couples.

If other workers, like the JSS or CJ worker, get information from the participant that indicates family violence may be an issue that worker must immediately:

- Offer to share the information with person's case manager or social worker (with a signed release of information), or

Encourage the person to contact the social worker, case manager, or family violence worker directly, and Explain that job search or other deferrals due to family violence require approval by the case manager.

As shown in the chart below, there are some general techniques that every CSO should follow to make sure participants have every opportunity to disclose family violence issues.

Example:

Two weeks after Mary starts a WEX, you get a call from her site supervisor. You learn they are very satisfied with Mary's performance but her attendance has been unreliable.

You call Mary to ask about her attendance problems. Mary tells you her boyfriend will not give her a ride. When you remind her that she has a bus pass, and that transportation should not be an issue, she whispers, "My boyfriend will not let me travel alone".

Since controlling behavior can be an indicator of family violence you schedule an appointment with Mary to further assess family violence issues, suggesting that the information needs to be shared in a private setting, one-on-one.

Distributing information about family violence	
Posters (DSHS 22-276)	Posters are available to display.
Safety Plan Pocket Guide (DSHS 22-276)	Place these guides in areas where participants can help themselves to the information (like restrooms, front counters or on your desk)
TANF Family Violence Information Flyer (DSHS 22-265(X))	Ask each participant to read this flyer at the initial eligibility interview and each eligibility review. Then, provide a verbal summary of the information in the flyer
VIEW Screening (formerly the DSHS 15-251)	The VIEW system will guide you through a series of questions that may help the participant disclose family violence and accept help.

VIEW screening

The following is the opening statement and screening questions in VIEW for family violence:

"This is a series of questions we ask everyone about family violence. We know that violence in the home can be difficult to talk about. If this is an issue, we want you to be safe and to know there are services available to you. You can answer these questions or not: if not today, at any time in the future when you are ready. You do not need to give any details. Any information you give me about family violence will be kept confidential.

- 1) Do you need immediate help to escape from someone who is hurting you or your children or from someone who is stalking you? (if yes, this is an emergency case. Contact

your supervisor and a social worker to assure that this person is seen immediately and action taken to attain her safety.)

- 2) Do you need to keep your address secret? (if yes, refer the participant to a social worker or domestic violence counselor to enroll the person in the Address Confidentiality Program described below.
- 3) Are you being mentally, physically, or emotionally hurt or has a family or partner mentally, physically, or emotionally hurt you?
- 4) Is a family member or partner controlling you?
- 5) Are you staying or have you recently stayed in a domestic violence shelter?
- 6) Are you afraid to leave your children at school or in child care because of your partner or the other parent?
- 7) Have you ever gotten a protection order?

If yes to any of the other questions (3. to 7.) refer the participant to a social worker or a family violence counselor to provide more information or services. If no to all questions,

t

document that the participant reports no issues at this time.

Address Confidentiality Program (ACP)

This program provides assistance to victims fleeing abusing situations. ACP participants are granted the use of substitute mailing addresses, maintained by the Office of the Secretary of State. This address is used as an actual mailing address. Mail is then forwarded to participants by ACP staff. In this way, ACP participants are at a reduced risk of being tracked by perpetrators.

Participants must be screened by a trained advocate (usually working at one of the local shelters) before they can be accepted into the ACP. The advocate will determine if the ACP is right for the participant's circumstances.

JAS codes

When a participant is experiencing family violence, you may be using the JAS codes:

- RO (referral to a social worker or the Public Health Department), or
- XF (family/domestic violence intervention)
- XH (resolution of homelessness)

Family violence- Step-by-step guide

When a participant answers, "yes" to any of the family violence questions in VIEW:

1) The case manager or social worker:

- a) Refers the participant to appropriate services, following CSO guidelines.
- b) Deters job search or other work activities when participation would:
 - i) Make it more difficult for the participant to escape family violence; or,
 - ii) Penalize a person who has been or is at risk **of** becoming a victim of family violence, or who is at further risk of abuse.
- c) Develop an IRP to meet the participant's employment needs and family violence issues. Only the participant knows what is safe for them, so let the participant guide whether:
 - i) They do not want or need any special program waivers or deferrals,
 - ii) They want supportive services, but no deferrals and/or waivers from work requirements; or,
 - iii) They need referrals to local resources and deferrals or waivers to gain stability before actively seeking employment.
- d) Provide support services, as necessary.

Resources

Related WorkFirst Handbook Chapters

- Resolving Issues - Overview
- VIEW (Screening & Evaluation)
- IRP
- Intensive Services

Forms

- DSHS 22-265(X), TANF Family Violence Information Flyer

Appendix K

WorkFirst Tips

This edition of the newsletter from the WorkFirst Division was published in August of 2000 and was devoted entirely to getting the word out about implementing the family violence provisions in WorkFirst.

WorkFirst Tips

Volume 3, Issue 2

August 2000

WorkFirst Division, DSHS, MS: 45480, PO Box 45480, Olympia, WA 98504-4580

A "VIEW" to Confidential and Sensitive Topics

By Robert K. St.John
Director, WorkFirst Division

In this issue of the WorkFirst Tips, you will read about *family violence changes in VIEW and safeguarding confidential information.*

Family Violence is a debilitating and long-lasting issue for many WorkFirst Families. **WorkFirst is committed to working with clients to address issues, such as family violence, to allow families to take the next step towards independence from TANF.**

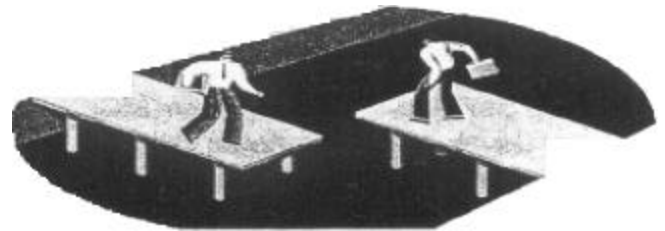
WorkFirst policy requires screening for Family Violence at application, recertification and whenever the need is identified. As you read more about Family Violence enhancements to VIEW in this issue, think about how key this is to ensuring our client's success in job search and going to work.

We also must ensure WorkFirst clients who are impacted by family violence are safe, know what services are available, and that counseling and recovery can be a part of their WorkFirst participation.

Some will choose to work or look for work while addressing family violence issues. Others will need to initially work fulltime at stabilizing their family with the help of Family Violence Counselors before they go to job search. On page four of this issue you can read more about projects being implemented to improve Family Violence services at the CSO.

Safeguarding confidential information, including Family Violence is a critical part of what you do as case managers, lead workers, social workers and supervisors. **We do this because we are legally required to AND because it is the right thing to do.** Please read carefully about how enhancements are being made in JAS to assist you in keeping documentation on these issues confidential. Contact the WorkFirst Division if you have questions.

Note: The terms Domestic Violence or Family Violence are used interchangeably. WorkFirst uses the term "Family Violence" in VIEW (PF7) and in policy statements.



Connecting with your client

The dilemma of Sue Ann

Sue Ann is a new applicant to TANF. During the Family Violence screen/evaluation and explanation about referral to Job Search, she tells Chuck, the WF case manager, that her live-in boyfriend is very upset about her leaving the home. She is afraid of his temper when he gets upset.

What should you do?

Do you record this information?

In the ACES record?

In the 3AS record?

How would you handle this situation?

Who can you share this confidential information with?

What is the best way to document this issue? The

answers to these and many more questions are inside this issue

INSIDE THIS ISSUE	Page
? Message from the Director	1
? Dilemma of Sue Ann	I
? What information is Confidential, Why is Confidentiality important, and Maintaining Confidentiality	2
? Confidentiality in VIEW	3
? Domestic Violence Pilot Project	4
? Address Confidentiality Program	4
? Family Violence in VIEW	Insert
? What is JAS e-Message	Insert

What Information needs to be kept confidential?

All information provided by an applicant or recipient of public assistance is to be treated confidentially (See Tip page 3). However, some information is so sensitive that accessibility to other agencies is restricted in VIEW:

- Alcohol and substance abuse
- HIV and AIDs
- Mental or physical health, and
- Family violence
- Family Planning

HOW can you best deal with the sensitive nature of issues, such as domestic violence, when screening and evaluating?

- **Acknowledge**- the topics may be difficult to talk about. Let the client know you do not need the details; you are asking to be sure they get the services they need for success.

-**Ask yourself** - Is this what I need to know to move the person to the next step of referral to domestic violence counselor, social worker, or other specialists (Family planning, Public Health Nurse, Drug and Alcohol counselor, etc)?

How do you maintain Confidentiality when using VIEW?

DOCUMENTATION:

- ✓ Use only the secure VIEW screens marked "This is a confidential screen" to document confidential information.
Note: the (c) on the worksheet identifies confidential screens in VIEW.
- ✓ Do not include confidential information on the IRP unless the computer copy is deleted.
- ✓ Do not put confidential information on the JAS 08 notepad.

Confidential information is not to be released to anyone without a signed release form from the client.

RELEASE OF INFORMATION

- ✓ If it is beneficial to the client to share confidential information with others such as a contractor (for bundled services), get a signed Release stating:
 1. Who you are sharing it with
 2. What you are sharing
 3. Why you are sharing the information
 4. The date the release expires

Coming Soon

Watch for a revised Release of Information Form

Why is Confidentiality important?

Why should I have to get a signed release of information?

In the rush to provide and coordinate services for our clients, it may be easy to overlook the need to preserve the client's right to privacy. After all, we are providing these services in the client's best interest, so why the focus on confidentiality?

There are several reasons, including:

- ? A person's right to privacy,
- ? Professional and ethical standards,
- ? To obtain information that is necessary in order to authorize services,
- ? To gain trust,
- ? To protect the client, and,
- ? It is the law in most cases.

Standards of confidentiality are more stringent when it involves issues such as alcohol/substance abuse and treatment, HIV/AIDs, Family Violence, and mental/physical health.

First: "Check the law that protects confidentiality" (e.g., RCW 74.04.060)

Then Ask: Do they **need to know** this information? If yes, get 6 signed release.

When we are asked to give information such as our age, weight, marital status, health status, social security number, and home address or telephone number we may feel our personal right to privacy is violated. We owe it to each other in the workplace, as well as those we serve, to be "trusted public servants".

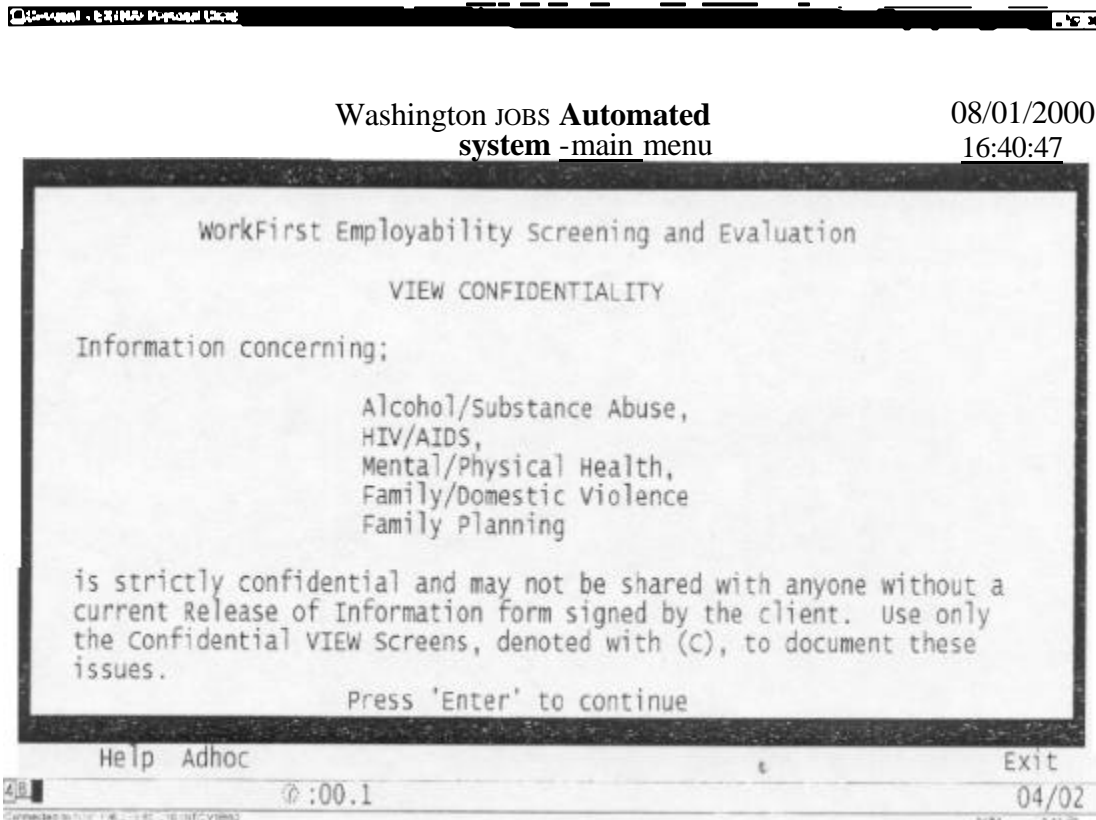
If it is
confidential,

Keep it
confidential!

Not everyone
needs to know.



Confidentiality VIEW



Tip:

The Rule: information may be disclosed to outside agencies only for purposes directly connected with the administration of department programs.

Contracted service providers, Tribes, and partner agencies who receive confidential information are bound by the same confidentiality rules as DSHS.

Documentation

Document in the appropriate place.
Confidential information should only be in the confidential screens in VIEW-JAS.
It is fine to document observations, but it is not appropriate to draw conclusions about what That observation means. For example, you can document a client came to the interview smelling of alcohol, but you cannot document the conclusion that the client was drunk.

For hints on documentation, check out the DocCity page at <http://intra.dshs.wa.gov/esa/doccity>

Assessment through VIEW in JAS

The assessment will be available in VIEW by late fall 2000,

The VIEW assessment will include the same topics as the current VIEW screening and evaluation. It will work in a similar manner with **keys** to view the assessment questions within a particular topic. Social Workers will be able to conduct an entire comprehensive assessment, or assess only certain areas, (i.e. child health).

You will be surprised what VIEW can do for you!

Coming Soon - In August

Hard edits for referral and alternate services codes.



Domestic Violence Pilot Project

Counselors available in the CSOs

A pilot project has started to co-locate, Domestic Violence (DV) counselors from community domestic violence agencies in the CSO. Twenty CSOs from all six regions were chosen to participate in the project, which provides intensive services and professional support to WorkFirst clients who are victims of domestic violence.

WorkFirst Case Managers and CSO staff will refer clients to the DV counselors when screening indicates possible domestic violence issues. The counselors will assess the client for the extent of their issues, any limitations they have toward participating in the programs, and any needs they have for services. The DV counselors will contribute their expertise to help the case managers and the clients develop Individual Responsibility Plans (IRP) that keep the client safe, allow them to work toward full participation, and resolve their DV issues.

In addition to their WorkFirst roles, the counselors will provide or coordinate a broad range of services to individuals such as legal aid, safe housing, medical services, and counseling. The counselors will also help increase staff awareness of the entire area of domestic violence and provide in-house training.

They may also "assist case managers and/or social workers who are working with DV victims to establish good cause for child support enforcement and attend case staffing".

The Washington State Coalition against Domestic Violence has been contracted to provide technical assistance and training to the DV providers at the pilot offices. The pilot is planned for one year.

Note: Did you know?

A WorkFirst study of 3000 families found that nearly 40% of respondents reported childhood experiences with physical or sexual abuse and half reported adult experiences with physical or sexual abuse.

46% reported adult physical abuse by a spouse or partner.

Tip:

Family Violence screening must be done. You can pick the time and place to do the FV screening. It can be done when the partner is not present by arranging different activities for the partners.

Address Confidentiality Program

TOP SECRET

(ACP) For Domestic Violence Victims

What is it

A program to protect the address (physical and mailing) of persons who are at risk of domestic violence or sexual assault from an abuser.

How does it work

1. Maintains the secrecy of home, work, or school addresses by giving the client a substitute mailing address.
2. First class mail is forwarded to the substituted address.
3. Clients receive a laminated authorization card, the size of a driver's license (includes the client's signature, substitute address, expiration date, and a toll free number to the ACP office for information).

What should the case manager do?

Use the ACP mailing address and client code number as shown on the card in place of the client's actual address on the ACES ADDR screen and in JAS. Do not ask the client to provide their actual address.

By itself, the Address Confidentiality Program cannot keep clients safe. Use it along with other safety strategies. If the client DOES give her actual address - DO NOT record it ANYWHERE.

Coordinate with domestic violence trained counselors to help clients start a new life.

For more information:

<http://www/->

[wa/gov/dshs/caznianuaVsections/confidentialitybac2.htm](http://www/-wa/gov/dshs/caznianuaVsections/confidentialitybac2.htm)

Or 1-800-822-1065 toll free

Coming Soon

Watch for a new Family Violence brochure entitled 'Open the Door.' The brochure serves as the new domestic violence notice.

"Family Violence" screening and evaluation in VIEW.

Here is the opening statement and screening questions

This is a series of questions we ask everyone about family violence. We know that violence in the home can be difficult to talk about. If this is an issue, we want you to be safe and to know there are services available to help you. You can answer these questions or not: if not today, at any time in the future when you are ready. You do not need to give any details. Any information you give me about family violence will be kept confidential.'

1. Do you need immediate help to escape from someone who is hurting you or your children or from someone who is stalking you?

If yes, this is an emergency case. Contact unit supervisor and Social Workers to assure that this client is seen immediately and action is taken to attain her safety.

2. Do you need to keep your address secret?

If yes, refer the client to a social worker or domestic violence counselor to enroll the person in the Address Confidentiality Program (ACP)

3. Are you being mentally, physically or emotionally hurt or has a family member or partner mentally, physically or emotionally hurt you?

4. Is a family member or partner controlling you?

5. Are you staying or have you recently stayed in a domestic violence shelter?

6. Are you afraid to leave your children at school or in childcare because of your partner or the other parent?

7. Have you ever gotten a protection order?

If “yes” to any other question, Refer the client to a social worker or family violence counselor to provide more information and services.

Note, If "no" to all questions, document that participant reports no issues at this time. (This will report. that a screening for domestic violence has been conducted).

- **Family Violence** is a new VIEW event/ note type with a new **"hot button" PF7 key (FVIOL)**.
- The new event incorporates the former family support questions, adds two FV questions and moves two family violence-related questions from the Legal and Housing categories.'
- The Legal and Housing categories are now open (not confidential) screens accessible to ESD and other JAS



Tm_2270 - EXTRA Personal Clou

87/26/2000

12.52.02

Dipi4ime

Washington JOBS Automated System

JORSDEUI

UIEW Worksheet

Name: CORY MO

JAS ID: 19179

Client ID: Education Grade: 11

Native American

Literacy Level:

NSA Indicator: Primary Language:

The following Issues may affect your client's ability to get or keep a job. Mark all issues with an 'X' that apply and document the information gathered.

(C)-Confidential

----- SCREENING AND EUALURTION CATEGORIES ----- - family UIolence (C) PF7

- Employment - Child/Dependent Care - Transportation

----- OTHER ISSUES -----

- Housing Legal - Health (C) Pregnancy/Parenting - Clothing/Hygiene Family

- Literacy/Learning Planning (c) - Other Agency/Tribal

- Substance Abuse (C)

----- ADDITIONAL CATEGORIES -----

Job Search Results - Post Job Search Review - No Issues

Enter-PF1 --- PF2 --- PF3 --- PF4 --- PF5 --- PF6---PF7-- Help Mist Retrn Scrn? Eual Obser FUIol

F I I

P F 1 2

Main

What is JAS e-Message?

JAS e-Message (e-MSG) is the latest two-way communication tool within **JAS** between **JAS** users. Through e-Message in **JAS**, you can:

- v Send messages to **JAS** users
- v Receive from other **JAS** users
- v Relay information or reminders to your self and others.

This new feature is currently available for both **JAS** and E-JAS users.

Confidentiality of information is ensured as the communication exchange occurs within **JAS** between the sender and receiver only. The receiver of information may copy and paste the information/message from the e-Message screen to the confidential screens in **VIEW** (Substance Abuse, Health, Family Violence, Family Planning) as appropriate.

How do I access e-Message (e-MSG) in JAS?

Type "emsg" on the "Next Screen" field of the **JAS** Main Menu to access the Message Center (Maintain **JAS** Messages Screen). t

How do I create and send an e-Message?

1. Type "emsg" on the Next Screen field of the **JAS** Main Menu.
2. Press "F10" (Create) to create a new message.
3. On the "To" field, type the **JAS** User ID (e.g. DSHS300 or KMJM540) of the receiving **JAS** worker.
4. Complete the subject line and type the message.
5. Press "enter".
6. Your message will be sent.(Message Created)

How do r read my e-Message incoming mail?

1. Type "emsg" on the "Next Screen" field of the **JAS** Main Menu and press "enter."
2. On the "Maintain **JAS** Messages" Screen, tab to the desired message row and press "enter". 3. Your desired message will be displayed for review.

How do I view my e-Message outgoing mail?

1. Type "emsg" on the "Next Screen" field of the **JAS** Main Menu and press "enter." 2. On the "Maintain **JAS** Messages" screen, press "F5" (Sent).
3. Position your cursor on a desired message row and press "enter."
4. Your desired "sent" message will be displayed.

Have you checked your e-Messages lately?

Instructions

- 1) **Component Duration** column: open component start and end dates for noted periods.
- 2) **Documentation Category** column: Document in one of the VIEW categories at least 7 days before opening component. (Example: Screening/Evaluation may have been done a month ago and CM was awaiting verification. A VIEW update/observation will still need to be entered before opening.)

CODE	COMPONENT TITLE	COMPONENT DURATION	DOCUMENTATION-CATEGORY
XB	Pursuing SSI/L&I/VA or other benefits	Six Months	Health or Substance Abuse
XC	Caring for incapacitated adult, no care available. Caring for child, not child care available (children with special needs: use XN)	90 days	Health or Child Care
XD	Active DVR plan	Six Months	Health, Substance Abuse, or Literacy/Learning Or Other Agency
XF	Resolution of Family/Domestic Violence through intervention or counseling	90 days	Family Violence
XH	Resolution of Homelessness or temporary living arrangement	60 days	Housing
XM	Temporary incapacity; Counseling/anger management; Drug/alcohol, mental health or medical treatment.	90 days	Health or Substance Abuse
XN	Caring for a child with Special needs, no child care is available or appropriate.	Six Months	Health or Child Care
XP	Parenting skills or nutrition classes, or other parenting education such as "choosing child care or balancing work and home.	90 days	Pregnant/Parenting
XR	Needy caretaker relative, 55 and older, caring for relative child at home.	Six Months	Child Care
XS	Structured Community Service such as unpaid volunteer work or traditional tribal activities	90 days	Any Event
RB	Referral Back Early to case manager		Job Search Results
RI	Referral to ESD		Screening/Eval (Event)
RC	Refer back-JW JS Completed – No Job		Job Search Results
RL	Refer back- Lost Contact		Job Search Results
RE	Refer Back- Obtained Employment		Job Search Results
SA	Sanction	90 days	Any Event



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

October 5, 2000

TO: DSHS Region Administrators -
ESD Region Directors
Community Service Office Administrators - Job Service
Center Administrators AAO

FROM: MICHAEL W. MASTEN, Director Community Services
Division
JAMES R. SHOBER, Deputy
WorkFirst Program, I

ROBERT K. ST. JOHN, Director V,
WorkFirst Division
NELSON MEYERS, Assistant Commissioner f I
Worksource Operations Division, Employment Security Department

SUBJECT: SCREENING AND REFERRAL FOR FAST TRACK JOB SEARCH

All local offices are putting an increased emphasis on fast track job search as an important strategy to reduce TANF returns, meet TANF caseload reduction goals, and help customers bank months of TANF. While doing this, however, it is critical to ensure that the process:

- Does not delay the timely processing of the application-
- Includes a VIEW screening prior to fast track referrals to help ensure a successful job search experience; and
- Expedites job search for appropriate customers

Instructions in the new, online WorkFirst Handbook state that all applicants must be screened in VIEW before making a fast track referral. This ensures a quick and appropriate move into job search while increasing the chance of positive outcomes for the customer. In the case of a re-entering customer, the VIEW screening may identify issues that need to be addressed in order for you to build a better structure for job search resulting in better, more permanent employment. In some cases, the VIEW screen may bring about disclosure of issues requiring you to take action to resolve them before or during a customer's job search.

Fast track is a service for our customers to help them stay off TANF by quickly reconnecting with the workforce through job search. However, determining eligibility for TANF must not be delayed or prevented by fast track. Employment Security staff will immediately engage fast-tracked clients in job search activities, including giving them job leads and access to the resources available.

We recognize the fast track processes you already have in place may need to be slightly modified to meet these requirements. We appreciate your doing so while ensuring all customers that can work are quickly referred to, and participate in, job search.

If you have any questions about this fast track clarification, please contact Luisa McEachern at 360-413-3358 or Bonnie Ross at 360-438-4083.

cc:	John Atherton	Luisa McEachern	Cindy Mund
	Tom Hilyard	Bonnie Ross	Glynnis Ashley



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

September 26, 2000

TO: REGIONAL ADMINISTRATORS
COMMUNITY SERVICES ADMINISTRATORS

FROM:

ROBERT K. ST. JOHN,
WorkFirst Division, @'

SUBJECT: EMERGENCY HOUSING FUNDS FOR DOMESTIC VIOLENCE (DV) VICTIMS

This memo clarifies the use of WorkFirst support services to provide safe emergency housing for DV victims fleeing from their abuser. Support service vouchers may be used for short-term hotel/motel stays when there is a lack of space at domestic violence shelters, safe houses or temporary shelters.

Currently, TANF/SFA income and resource eligibility rules require spouse's or other parent's income and resources to be considered available when living together. (*WAC 388-450-0005 Resource Eligibility Limits, WAC 388-470-0019 How to determine who owns resource and 488-470-0015 Availability of Resources.*) Because technically the person is ineligible for TANF, the victim stays in the abusive situation. Using WorkFirst support services for emergency housing, gives the victim the opportunity to leave the abusive situation. Only the fleeing victim's income will be considered for TANF eligibility.

In order to use WorkFirst Support Service money for emergency housing, use the following procedures:

1. Accept the client's statement of intent to leave the situation. She must agree to work on resolution of her DV issues, consider the Address Confidentiality Program (ACP) and seek transitional or permanent housing as soon as possible.
2. Refer the person to a domestic violence counselor, or a trained social worker for an assessment.
3. Check if free, safe, emergency housing or a domestic violence shelter is available. **If** available, refer. **If** not, authorize WorkFirst support services.

4. To authorize a voucher, document information in VIEW (Family Violence - FV) and open XF or RF component code, as appropriate. Authorizing this voucher is on an exception as s an requires approval following local procedures.
5. Once a person is found eligible for assistance, a grant will be provided. If the grant is not sufficient to obtain stable housing, additional requirements (AREN) funds can be used. They are limited to once in a 12-month period.

If you have any questions, please call Rachael Langen at (360) 413-3209.

cc: John Atherton Tom Medina
 Phyllis Lowe Rachael Langen
 Nick Federicci Sandra Clark



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES.

January 18, 2001

TO: All DSHS and ESD WorkFirst Field Staff

FROM: ROBERT K. ST. JOHN, I Director
WorkFirst Division, 45480

JAMES R. SHOBER, I . WorkFirst
Division, ESD 46000 Deputy Assistant Commissioner

NELSON MEYERS, Assistant I'
WorkSource Operations Division, ESD, 46000@) 11 @' Commissioner

MICHAEL W. MASTEN, Director'
Community Services Division, 454

SUBJECT: MAINTAINING CONFIDENTIALITY OF WORKPLACE ADDRESS FOR
VICTIMS OF DOMESTIC VIOLENCE

The Address Confidentiality Program (ACP) is a state program that maintains the secrecy of **home, work, or school** addresses of domestic violence victims by giving the customer a substitute mailing address. Customers receive a laminated authorization card and WorkFirst staff have been instructed to use the ACP mailing address and customer code number as shown on the card in place of the customer's actual address or place of employment. Staff are also instructed that if the customer does give an actual address - they are not to record it **anywhere**.

This memo is to remind you to use 'ACP' in lieu of an employer name and contact person and the ACP P. O. Box number and Zip Code (P.O. Box 257, Olympia, WA 998507-0257) in lieu of the employer address on the JAS 05 employment screen, or E-jas Client Detail Screen. wage and offer non-disclosing information can be entered@ and updated.

Refer- to the **JAS** 01/Client Detail Screen to. see if a customer is **in** the ACP, as #mw address **will** reflect their enrollment in the **program**. Staff and customers may@ contact ACP at 1-800-822- 1065 or (360) 753-2972 for more information about the program.

Please share this information with all your staff.

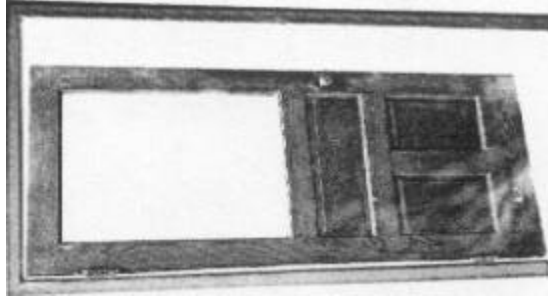
For questions or concerns, please contact Debbie Miller at (360) 413-3101 or Sue Kay at (360) 41,'@- 3246.

cc: John Atherton
Phyllis Lowe
Holly Watson

Glynnis Ashley
Sandy Miller
Tyra Lindquist

Carmen Gutierrez
-Regional Administrators
:Community Service Office Administrators

Appendix N



Is someone hurting you or have you been hurt?

Are you afraid of your partner, ex-partner or family member?

We can refer you to people who can help you find safety, develop a safety plan, get counseling, achieve independence, help you succeed and open the door to a positive new start.

it's voluntary

It is up to you to tell us about problems with family violence. You do not have to tell us. You should only tell us as much as you want, whenever you are ready.

it's confidential

We keep the information you give us confidential. We will only use it to provide services to get you the help you need. We will only share the information outside DSHS when you tell us it is okay.

we can help

If you choose to tell us about your

problems with family violence, we can include activities in your Individual Responsibility Plan that give you services to resolve abuse issues.

The services you are given can help you get a job that allows you to support your family without public aid.

If participating in WorkFirst requirements puts you or your family in danger of physical, emotional or sexual abuse, DSHS may be able to excuse you from WorkFirst job search, employment requirements and pursuit of child support while you take steps to deal with the situation.

If your child was conceived because

of rape or incest we may be able to excuse you from giving us information about the child's absent parent. We also may be able to excuse you from helping us get child support for this child.

we must protect children

If you tell us that any children are being abused, we are required to report the information to Division of Children and Family Services (CPS) or a law enforcement agency. (RCW 26.44.030(4))

Contact your Case Manager or Social Worker for more information.



WorkFirst and TANF Domestic Violence Provisions

Background

Domestic violence is a policy issue in the WorkFirst program. Washington State has elected the Family Violence Option under the federal PRWORA, and is required to screen and identify TANF clients for a history of domestic violence and refer them to counseling and services. Also, domestic violence is one of the categories that Washington may include in its time limit extensions.

This paper discusses the range of domestic violence rates in general populations and welfare populations, reviews federal and state law regarding Temporary Assistance for Needy Families (TANF) and domestic violence, and assesses current WorkFirst practices. The paper concludes with recommendations for improving domestic violence policies, assessments and services within WorkFirst.

Studies Show a Range of Domestic Violence Rates

Studies of different populations (welfare families, all families, teenage parents), using different definitions of abuse and different time frames, have resulted in a range of prevalence rates:

Gilmore Research, in a recent survey of the general population in Snohomish County, found that nearly **17%** of respondents said they had been the victim of domestic violence by a partner *at some time in their life.*¹

The Taylor Institute's review of major research studies found that between **20% - 30% of welfare recipients** were *current victims* of domestic violence. Their review of different states' research found estimates of domestic violence as low as 5% in Maryland and Kansas and as high as 30% in Kentucky.

DeParle, in the New York Times, cited studies that showed a high percentage of sexual abuse among welfare women, both *when they were children and as adults*. The median figure *in welfare studies* was **33%**. Reviews of the *general population* show median estimates of **20% - 25%**.²

The 3d TANF Exit Survey, conducted April - June 1999, found that 8% of TANF exiters, and **10% of current TANF recipients**, self-reported they had experienced family violence *in the last six months*.³

The Family Income Study, conducted by the Washington State Institute for Public Policy, 1988-1992, found that **60% of women in the welfare sample** reported being physically and/or sexually abused *as adults* (although not necessarily while on welfare), compared to **35%** in the comparison low-income population.

JAS administrative data for December 1999 showed that **.5% of TANF adults** are coded as *currently receiving family violence intervention services*.⁴

These studies show that the incidence of domestic violence is more prevalent among the welfare population than the general population. The incidence of domestic violence among Washington WorkFirst clients is probably much higher than the .5% currently identified by administrative data as receiving services for family violence. Of all clients experiencing domestic violence, those documented in JAS (the "XF" component) appear to be on the more severe end of the spectrum. A recent examination of long-term cases and experiencing domestic violence (on TANF for 29 months and coded 'XF') showed frequent involvement by child protective services or the police. Clients with less severe domestic violence issues may be participating in other WorkFirst activities rather than relying on XF as the exclusive participation component. Examination of JAS notes and employability plans may reveal other documentation of domestic violence.

Federal Law and Regulations :

PRWORA authorized procedures for a Family Violence Option (FVO)⁵, and adopted an expansive definition of domestic violence.⁶ The provision requires states to screen and identify TANF clients for a history of domestic violence, refer them to counseling and services, and waive TANF requirements for "good cause." Washington State has elected the FVO in its State TANF Plan.

Recent TANF regulations have clarified the scope of the FVO waivers and set forth HHS expectations for state services to domestic violence victims under TANF. Domestic violence victims remain within the statutory 20% hardship cap⁷, but HHS has created a scheme of regulatory forgiveness if states exceed the 20% cap because of domestic violence. The regulations establish "Reasonable cause" provisions for states failing the TANF work participation rates, time limit cut-offs, and exceeding the 20% cap on hardship extensions to the extent that the failure results from domestic violence victims in the caseload.⁸

In summary, the new regulations provide the following scheme for states' treatment of domestic violence victims. ⁹ Under the FVO, states must:

- ? Screen and identify **TANF** client for **a** history **of** domestic violence and maintain confidentiality;
- ? Refer those individuals to counseling and support services;
- ? Provide domestic violence good cause waivers for 'so long as necessary' when participation makes it difficult for clients to escape the violence;
- ? Reassess good cause waivers every six months;
- ? Not issue waivers as blanket exceptions to the TANF program requirements (work requirements, time limits, etc ...), but tailor the waiver to the individualized assessments;

Ensure that assessments are conducted **by** a person trained in domestic violence; and

Require the development, by a trained person, of a service plan that is "designed to lead to work." However, such a plan may postpone work to allow the person to recover, secure housing, receive counseling, etc ...

If a state follows the procedures outlined above, the state is eligible for 'reasonable cause' upon failing certain TANF requirements.

If a state fails the work participation rates, the state is eligible for penalty relief based on the degree of non-compliance to the extent that the non-compliance is attributable to non-participating domestic violence victims with recognized domestic violence good cause waivers.

If a state fails to comply with the five-year time limit on assistance, and it can show that it has exceeded the 20% hardship cap due to domestic violence victims granted good cause waivers, it is also eligible for reasonable cause or penalty relief following submission of a corrective compliance plan." Under the regulatory scheme, the federal five-year clock does not stop short of 60 months for a client experiencing domestic violence. Rather, that client is eligible for an extension after 60 months under the hardship provision.²

To be eligible for penalty relief for failing work participation rates and time limits due to domestic violence good cause waivers, a state must submit in its annual report 'a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and aggregate figure for the total number of good cause domestic violence waivers granted.'"

In sum, the preamble notes, "it is important that State understand that, to us, compliance means more than adoption of the Family Violence Option. In deciding whether a corrective compliance plan is acceptable, we will consider the strides that State has already taken towards developing and implementing a broad strategy to serve victims of domestic violence and ensure their safety.'"

Coordination Between Title IV-A and Child Support in Title IV-D

The TANF domestic violence provisions do not exist in a programmatic vacuum. The child support program has its own requirements for waiving enforcement of collections due to domestic violence.¹⁵ States have strong incentives to coordinate both IV-A and IV-D domestic violence exceptions. The connections between TANF and child support are particularly important in light of TANF requirements that families cooperate in establishing paternity and the enforcement of a support order, or face a 25% TANF grant reductions. Further, states face a graduated series of penalties, culminating in a 5% penalty against the TANF block grant, for failure to comply with the Title IV-D state plan requirements. We encourage states to establish an administratively efficient process to coordinate these two determinations. Coordinating them should help States minimize duplication of effort, avoid confusion and jurisdictional problems, and treat families in similar circumstances consistently.

One national policy analyst and an HHS official have developed a detailed proposal for integrating TANF and child support domestic violence provisions, and ensuring that enforcement of child support does not exacerbate family violence's. In Washington State, information appears to flow effectively because Division of Child Support (DCS) policy requires that a copy of child support good cause form be sent to the CSO.²⁰ Child Support and CSO staff have consistently worked to exchange data on good cause and family violence issues. A process of exchanging data is still under examination. The outcome of this examination should help mitigate any deficiencies that exist in the current process.

State Law, Regulations, Policy, and Practice

State Law and Regulations

State law and policy for the handling of domestic violence victims in WorkFirst are generally sound. However, actual practice may fall short of both the federal and state requirements.

State law authorizes the department to 'exempt' a recipient's family from the 60-month time limit. The statute, however, provides that if it meets the requirements of the FVO under federal law, the department shall not 'exempt' a recipient (presumably by reason of hardship or domestic violence) until the recipient has used 52 months of assistance. *If federal funds are used for the exemption*, the 52-month provision is in conflict with the federal TANF regulations, which provide that the federal clock may not be stopped short, or exemptions granted, until the hardship client has used 60 cumulative months of assistance. Thus, under federal preemption principles, the state law provision for 52 months is void. Similarly, the Washington Administrative Code (WAC) relating to the FVO is also void in so far as it permits federal time limits to be waived after 52 months. It is important to note, however, that state policy makers still have the ability to use segregated or separate state maintenance-of-effort (MOE) funds to carry out the 52-month provision.

The state law definitions of family violence are expansive and appear to comport with the federal definition. State law contains provisions for physical acts resulting in injury, sexual abuse, and threats of physical harm, stalking, mental abuse and deprivation of medical care. Importantly, both statute and WAC contain provisions for the common law crime of "assault," usually defined as a threat to another to commit imminent physical harm and the apparent present ability to do so.

State Policy

The WorkFirst handbook outlines the procedures that case managers must follow in screening for domestic violence and referring victims to specialized services. In addition the on Eligibility A-Z Manual describes worker responsibilities, the text of the relevant WAC, and clarifying information.

The screening and **referral steps are as follows:**

The "Application for Benefits" form contains a box for "domestic violence victim" on page 2, Item 14. This form is designed for the client to self identify any exigent circumstances. Domestic violence is included as one situation, in addition to no food, medical emergency, no place to live, etc ...

During the client interview, the case manager checks the child support application form for "good cause" in not assisting in paternity establishment and collection.

The case manager reviews the Family Violence client notice with the client. The notice states that a client may be excused from participation requirements and child support requirements based on family violence. The on-line manual advises that the client also be given the notice at each subsequent eligibility review.

Next, the case manager screens the client using the Family Violence screening tool, which contains five questions to which the client may answer "Yes," "No," or "No Comment.,

If the client answers "Yes" to any question on the screening tool, the client is then referred for specialized treatment, including shelters, medical services, legal services, and mental health services.

The on-line manual advises case managers to accept an allegation of family violence at face value and "as long as the department has no independent basis to find the client not credible." Further, the manual counsels case managers to show sensitivity in handling situations involving a victim or potential victim of domestic violence. Case managers are also advised to provide an environment in which the family can disclose family violence.

This includes interviewing the client alone whenever possible.

c

Current State Practice

Despite this set of procedures, anecdotal evidence shows that screening by case managers is sporadic. News reports and the legislature have also focused on the apparent failure to screen. (This may be due to a variety of factors, including the sensitive nature of the issue (which makes both client and case manager uncomfortable), field workload which requires workers to process cases quickly and shortcut those steps which are perceived as ancillary to "pure" eligibility, and a lack of training. Case managers were trained more than two years ago on domestic violence. However, some ESA staff perceived the prior training as cursory and inadequate. Given the field staff turnover rate, it is possible that many case managers have never received any formal domestic violence training.

In actual practice, it appears that if a client either self-identifies family violence, or the issue later becomes apparent as a barrier to participation, case managers refer those clients to CSO social workers, rather than handle the issue by themselves. Some offices also draw on local resources such as public health nurses and psychologists.

Discussion and Recommendations

1. Revise references to "stopping the clock" at 52 months In WAC and manuals, unless segregated or separate state funds are to be used for this purpose

State law provisions for stopping the federal clock on domestic violence victims at 52 months of cumulative assistance are preempted by federal regulations that became effective October 1, 1999. Federal law now provides that states adopting the FVO grant additional time following the use of 60 months of assistance. Segregated or separate MOE funds, however, may still be used to stop the federal clock and carry out the 52-month provision.

2. Provide be after notices and screening tools

The family violence notice and screening tool can be improved, based on the recommendations in the Taylor Institute report. The report makes a series of recommendations regarding clarity, linkage between domestic violence and work activities and child support collection, and using the least intrusive tone when asking questions about sensitive issues. The WorkFirst Family Services Section is currently making revisions based on these recommendations.

The revised screening tool has been integrated into the VIEW computer program (see 4 below).

3. Ensure adequate training for case managers

WorkFirst has contracted with the Washington State Coalition Against Domestic Violence to help develop training for CSO case managers.³² This training should help improve the level of screening and assessment for domestic violence, and further improve compliance with federal regulations, which require that trained professionals prepare individual service plans.³³

4. Assure compliance in practice

To ensure that screening occurs, the Taylor Institute recommends that the client notice be signed by clients, and be retained on file, as proof that screening did occur. (Washington's child support form does require signatures of both the worker and the client.

WorkFirst has developed a new screening tool within the Virtual Integrated Employment Worksheet (VIEW). Case managers will use VIEW to manage client participation. VIEW became operational on April 17, 2000.

End Notes

¹ Mekeisha Madden, 'Domestic Violence detailed in Survey,' Seattle Times, January 24, 2000. The Gilmore Research Group of Seattle conducted the survey of 656 women and 558 men for the Snohomish Health District.

² Jody Raphael and Sheila Haennicke, 'Keeping Battered Women Safe Through the Welfare-to-Work Journey: How are we Doing?' The Taylor Institute, with funding from the federal Department of Health and Human Services pursuant to a subcontract with The Urban Institute. September 1999. Pages 37-38.

³ Jason DeParle, "Early Sex Abuse Common Among Welfare's Women," New York Times, November 28, 1999.

⁴ JAS Statewide summary of 'X codes' for December 1999.

⁵ 42 U.S.C. 602(a)(7) provides:

(A) IN GENERAL.-At the option of the State, a certification by the chief executive officer of the State that the State has established and is enforcing standards and procedures to- (i) screen and identify individuals receiving assistance under this part with a history of domestic violence while maintaining the confidentiality of such individuals; (ii) refer such individuals to counseling and supportive services; and (iii) waive, pursuant to a determination of good cause, other program requirements such as time limits (for so long as necessary) for individuals receiving assistance, residency requirements, child support cooperation requirements, and family cap provisions, in cases where compliance with such requirements would make it more difficult for individuals receiving assistance under this part to escape domestic violence or unfairly penalize such individuals who are or have been victimized by such violence, or individuals who are at risk of further domestic violence.

(b) DOMESTIC VIOLENCE DEFINED.-For purposes of this paragraph, the term 'domestic violence' has the same meaning as the term 'battered or subjected to extreme cruelty, as defined in section 408(a)(7)(C)(iii).

⁶ 42 U.S.C. 608(a)(7)(C)(iii) defines domestic violence as follows: For purposes of clause (i), an individual has been battered or subjected to extreme cruelty if the individual has been subjected to- (1) physical acts that resulted in, or threatened to result in, physical injury to the individual; (11) sexual abuse; (111)sexual activity involving a dependent child; (IV) being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities; (V) threats of, or attempts at, physical or sexual abuse; (VI) mental abuse; or (VII) neglect or deprivation of medical care.

⁷ 42 U.S.C. 608(a)(7)(C).

⁸ See preamble to Final TANF Regulations, 64 F.R. 17741-17746.

⁹ See 45 C.F.R. 260.50-260.59.

¹⁰ 45 C.F.R. 260.58.

¹¹ 45 C.F.R. 260.59 and 264.3.

¹² If a State opts to extend assistance to part of its caseload [due to hardship or domestic violence], it would grant such an extension to a specific family once a head-of-household in the family has received 60 cumulative months of assistance.' 45 C.F.R. 264.1(d). See also, Preamble at 17745-46 ('...we have not adopted the specific suggestion of commenters to recognize waivers that 'stop the clock' and automatically exempt families from the time limit...') This rule has implications for federal preemption of state law, which provides that the department may 'exempt' clients from the time limits once they have used 52 months of assistance. See RCW 74.08A.010(5), and Section III and IV below.

¹³ 45 C.F.R. 265.9(b)(5).

¹⁴ 64 F.R. 17743.

¹⁵ 42 U.S.C. 654(26) requires the Title IV -D plan to contain provisions for domestic violence and confidentiality of such information. See WAC 388-422-0020 and CN- 1 72.

¹⁶ 42 U.S.C. 608(a)(2).

¹⁷ 42 U.S.C. 609(ag8).

¹⁸ Preamble to the TANF regulations, 64 F.R. 17851,

¹⁹ Vickie Turetsky and Susan Notar, "Models for Safe Child Support Enforcement," CLASP, October 1999. (www.clasp.org/pubs/childrenforce/sn415.htm)

²⁰ CN-172.

²¹ RCW 74.08A.010(4).

²² RCW 74.08A.010(5).

²³ Op. cit. at ftn. 12, and 45 C.F.R. 264.1(d).

²⁴ See also, RCW 74.08A.903 (state welfare reform provision for Conflict with federal requirements).

²⁵ WAC 388-61-001(2)(e)(i).

²⁶ WAC 388-61-001 (1). See RCW 26.50.010 for the definition contained in the Parenting Act. The DSHS WAC for family violence also relies on this statute for its expansive definition of 'family member or household member.'

²⁷ WorkFirst handbook, Section 3.10.

²⁸ <http://intra.dshs.wa.gov/esa/eazmanual/Sections/InterviewReq.htm>

²⁹ This is based on discussions with field staff, WorkFirst staff who have conducted informal CSO surveys in the last year, and staff of the WorkFirst Family Support Services Section. In addition, Secretary Quasim recently acknowledged "uneven implementation" of the domestic violence policy. Letter from Lyle Quasim to Sen. Karen Fraser, February 3, 2000.

³⁰ Ruth Teichroeb, "State Often Ignorant of Battered Women Law," Seattle Post-intelligencer, November 11, 1999. The article cites one case where a woman was not identified as experiencing domestic violence, failed to participate, and was subject to sanction. An administrative law judge ordered the Department, in May 1999, to reinstate benefits and waive participation requirements. See also, Teichroeb, 'Screening for Abuse Begins 'At the top,' Seattle P-1, November, 13, 1999.

³¹ Taylor Report, pp. 10-14.

³² Letter from Lyle Quasim to Sen. Karen Fraser regarding implementation of WorkFirst domestic violence provisions. February 3, 2000.

³³ 45 C.F.R. 260.55.

³⁴ DSHS form 18-334 (Rev. 01189) reads "I have given a copy of this form to the client," and requires a worker signature.

Attachment B

Interview with Sara Morrison
Kansas DV Coalition
Tuesday, March 20th, 2001

- Kansas initially had one pilot site. They now have 9 offices with advocates in them, with 2 advocates in Kansas City. They do not cover every county in the state. The advocates are employed by DV/SA programs with TANF money as the funding source. The state contracted with the Coalition and then the Coalition subcontracted with member agencies. The Coalition is also contracted to provide training.
- The agencies are contracted to run the Orientation Assess Referral and Safety (OARS) program. This program was designed to fulfill the work component for battered women. Any Case Manager in the state can refer a client to OARS. If there isn't an advocate in the office to provide this service, they can contract with an agency for the hours of services needed. Offices with an advocate present are called OARS heavy and without an advocate are OARS light.
- To date, the state has always contracted with a victim service agency, but this isn't required by the contract. The Coalition wants to change the language to require the state to contract with only member agencies.
- In the OARS program the client and advocate decide what her participation will mean and develop individual service plans. Then the advocate reports each month whether a client is participating in OARS.
- So far, the CSO staff response to advocates has generally been very supportive. However, there was one office where the advocate didn't receive any referrals for the first 2 months of the program.
- So far, the Coalition hasn't had any conflicts regarding confidentiality with regards to the OARS program.
- The Coalition initially offered 8 hours of training to EES Case Managers on general DV sensitivity issues and information about the OARS program. The sensitivity portion of the training includes In Her Shoes.
- Advocates complete monthly status report forms that they turn into the worker. This states that the client is actively participating in OARS. They also created a release of information form and trained Case Managers on confidentiality and appropriate use of the release of information.
- The Coalition staff created a guide for the welfare system and provided training to the advocates when they all began. (A copy of this guide has been requested.)
- The Coalition has a great ally on the inside of the system, the Policy writer for Social Rehabilitation that has been extremely helpful to them. The Coalition was very clear in the initial contract discussions that the Welfare office only need to know if the client was referred. Then the advocate and client determine what OARS activities mean. After that, it is up to the client to sign a release for the advocate to report that they are actively participating.
- The Coalition was hoping to have advocates with lots of experience in these positions, however, most of the advocates were brand new when hired.
- The state picked the offices that would participate in this program, there was no application process for them.

Phone Interview with Lauri Thompson
Monday, March 19th, 2001 Follow-up interview Friday, March 23rd
West Virginia DV Coalition

- The Coalition has good working relationships with many key players statewide. This has helped to establish the program in this state.
- The Coalition was awarded a TANF grant to hire someone to coordinate on going training on issues regarding DV and to monitor the implementation of the Family Violence Option. The grant includes money to pay for the trainings.
- West Virginia has 13 licensed programs that cover all 55 counties in the state. Each program has a catchment area of 2-8 counties. There are other programs in the state, but not all are licensed. An example of a program that wouldn't be licensed is one that was privately run through some organization, such as a church, that hasn't applied for and been approved as a licensed program. Each of the licensed programs is represented on the WVCADV Board, with all of their executive directors comprising the Board of Directors. Each program received independent TANF grants to implement the FVO. The money was used for each program to hire a full-time FVO advocate, per county, and also for some financial aid to distribute to clients. (The FVO advocate can use this money to help a client move, go to school, etc. The ease with which the money can be received in a timely manner varies from county to county.) This money is a direct grant to programs. The Department of Health and Human Resources (DHHR) has a grant committee that decides on all TANF grants and renews these grants annually. A program can submit a proposal each year. Quarterly and annual reports are submitted, as with most grants, and some site visitations may occur, by DHHR. The FVO advocates work with TANF clients, though there is often overlap with other non-TANF client, as well. This is because some programs have 2 part-time advocates (Making up one full-time position), who also serve as DV advocates during the rest of their day.
- Some offices provide space, a computer and a phone for the advocate to use and be present in the office at all times. In other offices, the advocates are on call and physically located at their DV program or outreach office.
- In order for a client to continue with their FVO waiver, they must be associated with a licensed DV program. If a waiver is granted, the FVO advocate and client must be in contact with each other and the client must be participating in some activities through the DV program. After 6 months, the waiver is re-evaluated and the DHHR caseworker and advocate must talk with the client about continuing services or participating in job search.
- In October 1999 the Coalition organized a state-wide training on the FVO for DHHR (DSHS equivalent). In June, they brought advocates together to train on the FVO and to help them to define their role in working with DHHR. The funding for the program of employing DV advocates through the licensed DV programs began in January 2000. In November 2000 the Coalition organized a statewide Training of Trainers Conference for FVO advocates and each of the local DHHR offices (the Community Service Managers).
- The Coalition developed a video to be used for training purposes in this conference and afterwards. The video shows best practices for the FVO advocates and DHHR. Part 1: a client discloses to their worker. Part 2: the client meets with the FVO advocate. Part 3: the client meets with Child & Family Services. Part 4: the client at home in a better place because of the FVO. (A copy of this video has been requested).
- The goal of the November Training of Trainers Conference was to have someone from each local DHHR office and the FVO advocate assigned to that county to pair up and train people at the local DHHR office on issues about DV and the FVO. This is supposed

to be completed by June 2001. The challenge with this training has been for people to translate the theoretical policy information and basic DV information into their day-to-day work.

- Reactions to these trainings that have already occurred has been mixed. Some are received with lots of support and an increase in referrals. Some pairs have been asked to do more training in the future. In other places, the number of referrals have not increased since the training. Some of the FVO advocates believe that the DHHR people are resentful of the larger role the advocates play in DHHR and this may be one of the reasons that the referrals have not increased at some sites. In other cases, the DHHR staff has been very helpful and has appreciated having some of the burden of dealing with clients being lifted.
- Advocates have been tracking numbers since the beginning of the program. They have recently begun to also keep track of the number of their own clients they have referred to DHHR and how many clients DHHR has referred to the advocates. The contract does not require any tracking of information. The purpose of tracking these numbers is to be able to report to the administrators how many referrals are being made in hopes that in offices where there are very few referrals the administrators won't want to see low numbers or zeros on these forms and encourage workers to make referrals to the advocates. Some advocates report that an entire month will go by with no referrals. Others have reported as many as 20 referrals in a month.
- The Coalition is also organizing a statewide conference for DV advocates from all 13 programs. They have money to spend before June 30th and decided that it would be best used to bring advocates, DHHR and legal services together to further explore issues of DV and systems advocacy. On the agenda for this conference is: looking at systems advocacy, impact of DV on health care, legal issues and DV and alternative programs to enhance TANF services (transportation initiatives, etc.)
- There are no forms used universally in this state.
- The biggest challenge of the program is for the DHHR employees to understand the role of the FVO advocate and to work cooperatively with them. Also, in some areas it was difficult to find appropriate advocates. They wanted to hire only advocates with lots of experience, but the reality is that there are some FVO advocates with lots of experience and others who are brand new to advocacy. Some program were also concerned with a couple of advocates about colluding with DHHR. FVO advocates are encouraged to spend half their time at their agency to help keep them focused on advocacy, and half their time at DHHR, if this is possible. The advocates whose time is split evenly between their agency and the local offices have done the best.
- Historically, West Virginia is a state that is the lowest nationally in education, the second poorest state, isolated due to the mountains. There are lots of people without cars, no access to education or health care. There is a strong old-boy network across the state. WV has the highest % of DV homicides at 44% of all homicides were DV related.
- Supplemental information faxed.

Interview with Caroline Stevens
TANF Project Coordinator
Pennsylvania Coalition Against Domestic Violence
April 27, 2001

- As soon as the FVO was in place in the state, a Task Force was formed. The Task Force included several high-level policy people, DV advocates, agency people, and legal people. (Names and titles of these people will be included in the literature that is mailed.)
- The Coalition received a block of money to use to prepare advocates across the state for the FVO implementation. They asked member agencies to send in proposals for what they would do if they were granted a portion of this money. The Coalition selected 18 programs (of 63 state-wide) who identified welfare specialist advocates within their agencies. Four of these agencies placed an advocate in the welfare office.
- Next, the Task Force decided to train all welfare workers on DV. The Coalition trained the Case Workers about DV, sensitivity, and what DV looks like in the office, and the policies that can help DV victims (i.e. good cause). During this training, there were a number of scenarios that attendees worked on in small groups, facilitated by the DV advocates and welfare people. This cooperative problem solving developed trust between the DV advocates and the welfare people. Since this training, they have seen some of the welfare employees casually picking up the DV liaison role. They haven't been formally identified as this, but certain Case Managers have identified an interest to work more intensely on this issue.
- Once this training was completed they were asked to return and train clerical staff as well. The Coalition is currently working on developing training for the people who manage the child care subsidy program.
- Caroline hopes that the state will adopt a plan similar to the one in New York in the future. In this model, there are county employees who are identified as DV liaisons. The Coalition will conduct a 3-day training for these employees if this program is implemented.
- The advocates who are located in the welfare offices have had to work really hard to be recognized as a resource within the agency. They have also been frustrated with the fact that they have no power within the welfare system. They have found themselves used more as a source for referral information, especially about housing. They have found it frustrating to work with women on assistance, but not be able to enact policies themselves (i.e. grant good cause waivers, emergency grant \$, etc.)
- The funding is all TANF money.
- There are no limits on who the advocates can work with in regards to TANF and non-TANF clients.
- The Coalition originally expected only the 18 pilot site agencies to attend their welfare trainings, but have seen an interest from every DV program across the state. They are also interested and finding they need to learn the information about the welfare system and the FVO affects their clients.
- The State hasn't asked them for any numbers yet. The Coalition has added some numbers to their regular report that is turned in with the contracted budget. They have reported the number of training sessions conducted and attendees, but they have not been requested to keep track of these numbers for contract purposes.
- The Coalition was already managing the local program contracts, so they have also taken on this role with regard to this block on money. The state pays the Coalition and the Coalition pays the local programs for this program.

- The welfare department did an evaluation by going into 7 different sites across the state. They asked about the Case Workers response to the program, the advocates and to DV victims in the area to ask them what they thought of the program. Caroline didn't know the details of all the information they gathered, but she had heard lots of feedback from the advocates. The advocates are generally elated with the program. Before this program the advocates were very frustrated with trying to work with the welfare office employees. They couldn't even get people to talk to them. Now the office employees really look to the advocates as a resource. The advocates present themselves as a new partner in the community and they can work together for the same goal. In one county, they are still struggling with the idea of addressing domestic violence. They feel overwhelmed with this, but this is the exception.
- Before the Coalition trained the Case Managers, they spent 2 months researching what they wanted training on. Then they developed a training curriculum that really focuses on the Case Manager's job, not just DV 101. They have heard that just doing DV 101 didn't fit the needs of the audience. The training program was conducted by an advocate and a welfare office employee to mirror the collaboration they were talking about in the training. They trained all 8,000 staff across the state in 10 months.
- After the Case Manager training, the Coalition trained advocates at all programs across the state as well.
- Early on in the project, Caroline was answering lots of TA calls from advocates needing information about the welfare system. Now she is hardly getting any TA calls. The advocates are really learning about how the system works and also how to pursue problems within the system. The Coalition developed a manual for the advocates to use written by Ann Menard (Nat'l Resource Ctr.).
- After the initial training of welfare people, the Dept. asked the Coalition to return and train clerical staff as well. **Now this training is included in the standard training for all new hires with welfare.**
- The biggest challenges for Caroline were being responsible for the project, but not having any power within the welfare arena. She was only able to keep the program running by collaborating with those in power. This process created allies within the system. It was also frustrating for Caroline to get caught up in the bureaucratic system of welfare. It took 8 months to get posters approved so the advocates could hang them in the offices.
- It really helped to have the Task Force support behind the project. Task Force members included people from employment, bureau of policy, social programs, staff development, employment and training.
- Caroline will send the training curriculum, participant manuals and a video they developed.

Interview with Carol Gunlack
Friday, March 23rd, 2001
Alabama State Coalition

- The Coalition has a contract with DHR (DSHS equivalent). The Coalition then subcontracts with local DV programs. The advocates are physically housed in DHR offices.
- The state implemented routine screening of all TANF clients and recommended that Case Managers screen everyone else. They technically can't demand that Case Managers screen anyone else, but are encouraging it. As a result of this, the advocates are seeing more non-TANF clients. Everyone who screens positively for DV is given the opportunity to meet with the advocate. If a woman doesn't meet with the advocate, she cannot be sanctioned for this reason only.
- This state has a very small TANF caseload and the smallest grants nationally so this program is not limited to TANF clients. The eligibility for the program is: the client must be below 300% of the poverty level. Anyone can walk into the office, whether they already are a client or not and if they are below 300% of the poverty level and have at least 1 child, they can meet with the advocate.
- A DV client can get up to \$1000 in emergency assistance. The advocates recommend to Case Managers that a client receive this money, however the final decision lies with the CM, not the advocate. The availability of this money varies between workers.
- The advocates cannot grant or refuse a deferral for a client, but their recommendations are considered very seriously.
- There is a high sanction rate in the state. In some counties, 80% of the caseload is in sanction.
- Alabama has a pre-application job search requirement. A client must make 3 contacts to potential employers before applying for assistance. Before this program, shelter clients were required to do this as well. After some advocacy on behalf of shelter clients, they are now exempted from this requirement.
- The program has been operating since October. There are about 20 advocates currently in place. They are present in 43 of 57 counties across the state. They are working on phasing advocates into every county.
- The Coalition developed and standardized much of the program for advocates. Advocates use standard data collection and referral forms. The advocates work with the client to develop a safe work plan, like a service plan. There is a standard Work Plan form that includes a summary of safety issues and plans to address the client's needs. Advocates also use shelter intake forms when necessary.
- At the time of the interview, the advocates had received 600 referrals, including 200-250 active clients. Some counties have high referral numbers. In others it is very low and there she encourages the advocates to do outreach to potential clients in the office.
- The program is currently focusing on training. They plan to have a day-long training at the county level to cover: dynamics of DV, about the project, and about DHR policy. Two years ago they did a 3-day training.
- The state developed a family violence screening form with about 20 questions. When it was originally being developed, Carol was asked for some input. At the time, she was unaware of its future importance. The form may have some problems now in that it doesn't screen out enough people.

- The biggest issues in the contract negotiation was regarding confidentiality. Originally DHR wanted to have access to as much information as they do with Case Managers, since they are funding the program. The Coalition found this policy in conflict with the need for confidentiality when working with battered women. Negotiations resulted in the following agreement: if a client told an advocate something that directly affected their TANF eligibility, the client must tell their worker or sign a release for the advocate to tell them, or they would get transferred to being a shelter client and work with an advocate there rather than working with the DHR advocate. So far this scenario hasn't occurred.
- A group of experienced advocates have been hired by the Coalition as consultants to provide support and assistance to the DHR advocates. The Coalition coordinates joint case staffings for the advocates to work with the consultants.
- The advocates report number of clients only, no identifying information. Advocates will be collecting demographic information in the future, but not to date.
- The shelters bill the Coalition and the Coalition bills the state DHR for the advocate's time. There is about a 30-day lag time in payment with this system. The Coalition determined the cap for advocate salaries at \$25,000/year. Each shelter negotiated their own rate of pay for the position and advocate. One shelter wanted to pay the advocate more and so they paid the difference.
- In regard to the post-referral communication, there has been some conflict between what information the state wants to receive from advocates and what advocates are able to disclose. Currently, after a client is referred to an advocate, they are asked to sign a release of information form for the advocate to communicate with the Case Manager about the client's participation in services. If the client signs this form, they advocate then passes a copy of the service plan on to the Case Manager. No communication is necessary after this interaction. However, if an advocate wants to help a client get some emergency assistance or advocate for the client with the Case Manager, they must obtain another release of information to disclose additional information to the Case Manager.
- The Coalition has contracted with a professional evaluator to review the success of the program.
- One of the challenges of the program for the Coalition is working with a large state bureaucracy. The contract specifies that the state must complete a 1-day training for Case Managers about screening clients for family violence. A DV specialist can be placed in an office only after this is completed. In one place, the advocates was hired before this training was completed and she worked in the shelter until they were ready for her at the office.
- In hiring the advocates, they required a BA-level education and 1-2 years of experience in DV, Child Protective Services or Welfare to Work. They made one exception with an applicant that is bi-lingual.
- The offices were picked according to which offices were the most interested in the program. DHR had the final say on who would be part of the program. Another challenge of getting the program running was that the Coalition wasn't able to choose which shelter programs were best set-up to begin this project.

Interview with Laura Berry
Indiana State Coalition
Tuesday, March 20th 2001, follow-up on Friday, March 23rd

- The project began 7-8 months ago, but formally began in January 2001 when the state implemented the FVO. How long the advocates have been in OFC varies; some advocates have only been in the office for 10 days and other have been in the offices for several months.
- The Coalition selected the member DV agencies that would participate in the pilot project. They chose 6 member DV programs that already had existing relationships with two Offices of Family & Children (OFC) (DSHS equivalent), one rurally located and the other urban. The Coalition determined this criteria for the pilot program. These sites represent all 6 regions in the state. In their selection process, the Coalition also considered the program's ability to take on another project. All member programs are required to meet certain minimum requirements and adhere to a peer review standard. The rest of the counties in the state that are so far not included are expected to be part of the pilot project soon.
- The Coalition developed a curriculum to be used to train OFC employees. This curriculum was modified to be relevant for each different community. In addition to this training, the OFC also trained DV advocates about their process and regulations, system, etc.
- Currently, all offices across the state are screening for family violence.
- The Coalition also trained the advocates on using the universal forms that the Coalition developed, the obstacles they expected to see, on assessment and evaluation, FVO, and data collection.
- The process of the forms is as follows: the advocate completes a waiver form (if applicable) and passes this to the Case Manager, the advocate may use the assessment tool when meeting with the client (this form stays with the advocate), the client and advocate complete the confidentiality form (if applicable), the advocate may also complete a non-compliance form, if so, this goes back to the Case Manager.
- The waivers granted are reviewed every 6 months.
- Some advocates are in-house at OFC FT and others are coming in as needed or may have just one regular day a week in the office and on-call the rest of the time. The advocates who are in the OFC full time are meeting with many clients who are non-TANF as well as TANF clients. The pilot is intended to be for TANF client only and the agencies only get reimbursed for meeting with TANF clients. However, advocates are meeting with TANF and non-TANF just because the need exists.
- The initial screening is completed by Case Workers. The Coalition developed the screening form and trained the Case Workers on it. If someone is screened positively, she is referred to the DV Specialists within 2 days. Advocates do an initial assessment and make a recommendation for waiver, no waiver, or service plan. The client also signs a release of information that is valid for 6 months, coinciding with the length of time a waiver is granted.
- For some clients, attending support groups meets their educational requirement for participating.
- The advocates get together every 6 weeks to discuss issues and problems that have come up in offices, training needs, progress etc.
- Advocates report the hours worked to the Coalition and the Coalition then reports these numbers to OFC. They bill at \$30/hour for hours of advocacy service provided.

Interview with Lisa Shaw
Public Policy Director
Rhode Island Coalition Against Domestic Violence
May 4, 2001

- The program began in 1998 and Lisa has been in this position for a couple of months.
- This program began with a collaboration between the Coalition, DHS (DSHS equivalent) and the Women's Center of R.I. There are 2 Family Violence Option Advocates that work out of the Women's Center of R.I. and serve the whole state. So far this has been sufficient coverage. The FVO advocates do not provide on-going advocacy on site at DHS. If clients want on-going advocacy, they are referred to their local member program.
- The advocates do assessments and recommendations, meet with clients and refer them to resources. They can also recommend a waiver for child support or work that is valid for up to 6 months and reassess the client's situation at that time. The Case Managers, so far, have always gone with the advocate's recommendations.
- The advocates divided up the offices between each other and each serve as primary contacts for half of the offices across the state. The DHS offices provided each of them with a space to meet with clients and a phone.
- When a battered woman comes into the office, the Case Managers do the initial screening. If she discloses, the Case Manager calls the advocate to set up an appointment. During this appointment, the advocate does an assessment and tells the client about the FVO and what this could mean for her.
- The advocates also often work with shelter clients who are going to apply for assistance. The advocate may meet with them before they go to apply and do the assessment initially and talk to the client about the FVO. This way the client has all of the information about the program before they even apply for assistance.
- DHS funded the Coalition to provide training for the advocates and DHS staff. DHS funds the advocate positions and also partially funds their agency supervisor's position.
- The original contract with the Coalition included training. The Coalition trained Case Managers, Field Supervisors, eligibility technicians, and other people for whom this training was relevant. The first part of this training was basically DV101 and an overview of the FVO. The Coalition asked for feedback from the trainees for what should be included in part 2. This portion will be tailored to what people asked for. All Coalition member agencies have also received training on the FVO.
- The Coalition created a newsletter for DHS called Connections. This is currently done quarterly. It used to be more frequent, but the need for it has reduced. They surveyed DHS staff to hear what information they wanted included in this newsletter. The current issue covers teen dating violence.

Attachment C



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH
SERVICES

October 22, 1999

TO: REGIONAL ADMINISTRATORS

FROM: MICHAEL W. MASTEN, Director
WorkFirst Division, 45480

mm

SUBJECT: PILOT PROJECT - DOMESTIC VIOLENCE COUNSELORS IN CSOs

The purpose of this memo is to invite interested CSOs to apply to be part of a year. long project to fund Domestic Violence Counselors at CSOS. Interested CSOs will partner with local domestic violence programs to put together a proposal that describes how the Domestic Violence Counselor will fit into the CSO and its delivery of the WorkFirst program. Proposals must include costs to run the project from January 1 to December 31, 2000. The contracts will be paid from your existing WorkFirst allotments. If you don't feel you have sufficient funds in your allotment and are chosen to participate, additional funding will be arranged.

In choosing the sites to be funded, the selection committee will consider

- The number of proposals received;
- The geographic distribution of proposals (regions, urban vs. rural); The cost per site; and
- The quality of the plan and local partnership.

Proposals are due to Rachael Langen, WorkFirst Division, (MS 45480) by November 24, 1999. Site selection will occur by December 1 so that contracts can be in place by January 1, 2000.

If you have questions please contact Rachael at 360-413-3209 or by email at langer@dshe.wa.gov.

Attachment

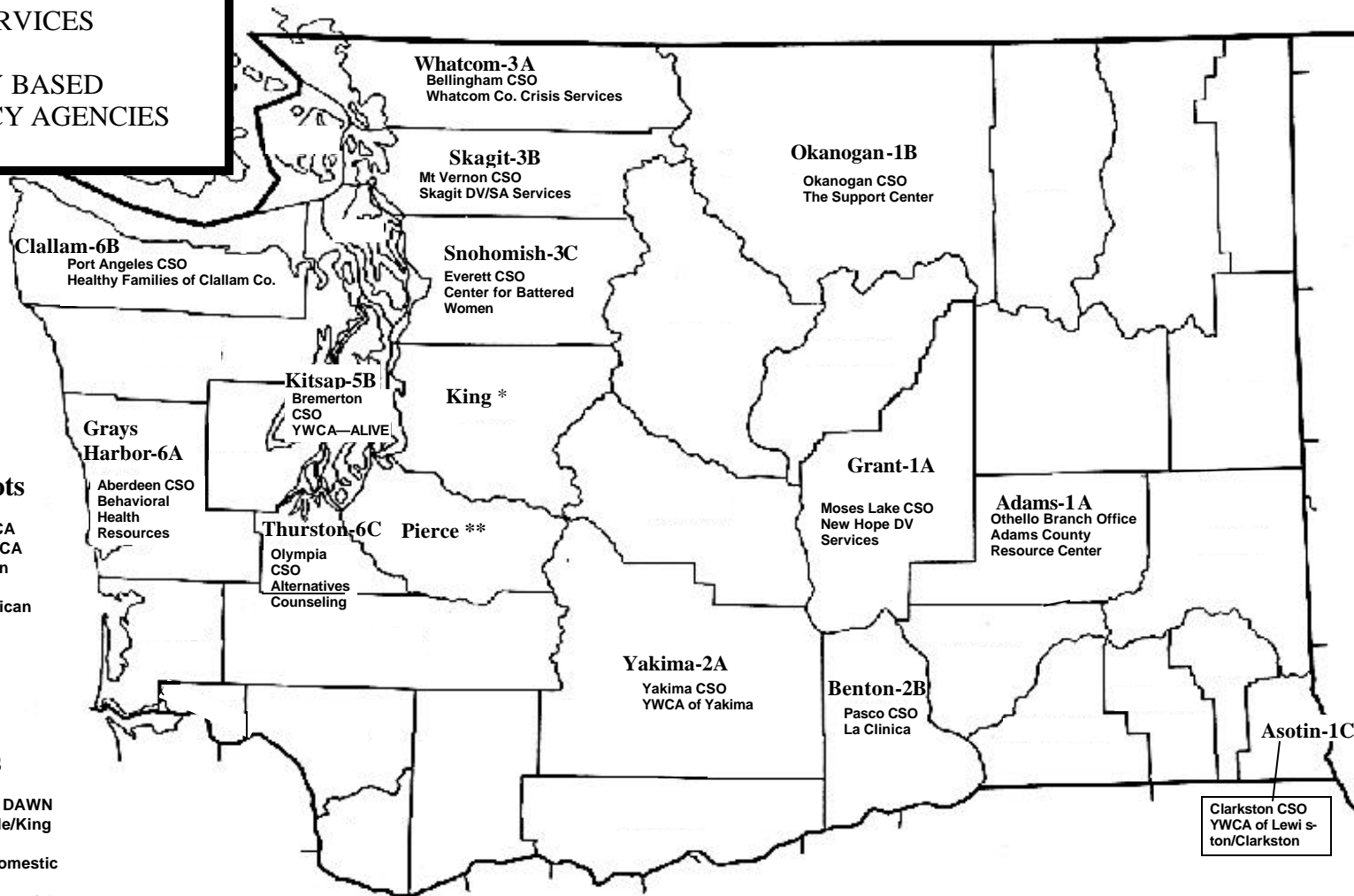
cc James C. Wilson
Rachael Langen
Roxanne Lowe
Keith Phillips



Attachment D

DOMESTIC VIOLENCE PILOTS

DEPARTMENT OF SOCIAL AND
HEALTH SERVICES
AND
COMMUNITY BASED
VICTIM ADVOCACY AGENCIES



** Pierce County Pilots

- 5A - Pierce West - Tacoma YWCA
- 5A - Pierce South - Tacoma YWCA
- 5C - Pierce North - Proud African American Youth
- 5C - Puyallup Valley - Proud African American Youth

* King County Pilots

- 4A - Renton and Burien CSOs + DAWN
- 4B - Kent CSO + YWCA of Seattle/King County
- 4C - Eastside CSO + Eastside Domestic Violence Program
- 4D - Ballard CSO + New Beginnings (pilot never implemented)
- 4E - Federal Way CSO + Federal Way Youth and Family Services
- 4F - Rainier CSO + Refugee Women's Alliance/East Cherry YWCA

PRODUCED BY THE WASHINGTON
STATE COALITION AGAINST
DOMESTIC VIOLENCE - JUNE 2001

Attachment E

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Bellingham CSO and Whatcom Crisis Services

Site visit date(s): August 25, 2000

Names of people interviewed

Kathy Moore – Financial Services Supervisor

Darcy Jo Gedrose – Domestic Violence Victim Advocate

Mary Rebar – Domestic Violence Services Coordinator (Darcy's supervisor) – Whatcom Crisis Services

Greatest needs identified

- 1) Relationship and trust building between CSO case managers and dv advocate and domestic violence victim services providers in the community

Darcy Jo reports that she is not receiving many referrals from CSO staff. It will take time to build up credibility and trust between this particular CSO staff and the advocate from Whatcom Crisis. This appears to be a very tight knit CSO staff who believe they already have the expertise in the office to handle issues related to domestic violence with their clients. It appears that case managers are confused about the role of a victim advocate from the outside working at their office.

- 2) Same day service conflicting with domestic violence referral

The same day procedure that the Bellingham office has set up for new applicants, coupled with the issue summarized above, makes it difficult for a battered woman to talk with the advocate while she's in the office for the first time applying for benefits. This could be a problem for the women who are in the most serious danger.

- 3) Providing more sophisticated training for a staff that has attained a level of expertise on the issue of domestic violence.

Kathy reports that her staff would benefit from more training on domestic violence. Domestic violence expertise has tended to be consolidated among just a few staff members and she would like to see the knowledge more wide spread.

Plan for addressing needs

- 1) NOTE: Darcy Jo Gedrose, domestic violence advocate, resigned her position shortly after our site visit. With the loss of the project advocate, the dv agency and dshs cso are

working together to re-hire for the position. During that process, Whatcom Crisis and Bellingham CSO both report they will be clarifying and trouble-shooting some of the issues that resulted in Darcy's early departure. The Coalition will plan on another site visit after the new advocate is hired and in place.

2) After the new advocate is in place, the Coalition will work with CSO staff to discuss procedures that make it easier for a battered woman to meet with the advocate when the recipient is in the office.

3) Training – developing innovative training techniques and ideas that appeal to a workforce that says simultaneously they need training, and get too much of it. Kathy suggested off-site trainings and tours of local service providers as a way to break the ice between local providers and CSO staff.

Other long term issues

Home visits – Safety is an issue in the field when domestic violence is present and workers visit the home. The safety of DSHS staff as well as victim advocates needs to be taken into consideration, as well as the safety of the victim.

Good cause determinations – A question came up regarding the best way for the domestic violence advocate to assist CSO staff with their questions and concerns about good cause and domestic violence.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Bellingham CSO and Whatcom Crisis Services

Site visit date(s): August 25, 2000

Names of people interviewed

Kathy Moore – Financial Services Supervisor

Darcy Jo Gedrose – Domestic Violence Victim Advocate

Mary Rebar – Domestic Violence Services Coordinator (Darcy's supervisor) – Whatcom Crisis Services

Greatest needs identified

- 1) Relationship and trust building between CSO case managers and dv advocate and domestic violence victim services providers in the community

Darcy Jo reports that she is not receiving many referrals from CSO staff. It will take time to build up credibility and trust between this particular CSO staff and the advocate from Whatcom Crisis. This appears to be a very tight knit CSO staff who believe they already have the expertise in the office to handle issues related to domestic violence with their clients. It appears that case managers are confused about the role of a victim advocate from the outside working at their office.

- 2) Same day service conflicting with domestic violence referral

The same day procedure that the Bellingham office has set up for new applicants, coupled with the issue summarized above, makes it difficult for a battered woman to talk with the advocate while she's in the office for the first time applying for benefits. This could be a problem for the women who are in the most serious danger.

- 3) Providing more sophisticated training for a staff that has attained a level of expertise on the issue of domestic violence.

Kathy reports that her staff would benefit from more training on domestic violence. Domestic violence expertise has tended to be consolidated among just a few staff members and she would like to see the knowledge more wide spread.

Plan for addressing needs

- 1) NOTE: Darcy Jo Gedrose, domestic violence advocate, resigned her position shortly after our site visit. With the loss of the project advocate, the dv agency and dshs cso are

working together to re-hire for the position. During that process, Whatcom Crisis and Bellingham CSO both report they will be clarifying and trouble-shooting some of the issues that resulted in Darcy's early departure. The Coalition will plan on another site visit after the new advocate is hired and in place.

2) After the new advocate is in place, the Coalition will work with CSO staff to discuss procedures that make it easier for a battered woman to meet with the advocate when the recipient is in the office.

3) Training – developing innovative training techniques and ideas that appeal to a workforce that says simultaneously they need training, and get too much of it. Kathy suggested off-site trainings and tours of local service providers as a way to break the ice between local providers and CSO staff.

Other long term issues

Home visits – Safety is an issue in the field when domestic violence is present and workers visit the home. The safety of DSHS staff as well as victim advocates needs to be taken into consideration, as well as the safety of the victim.

Good cause determinations – A question came up regarding the best way for the domestic violence advocate to assist CSO staff with their questions and concerns about good cause and domestic violence.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Yakima/Kittitas CSO and Yakima YWCA

Site visit date: November 14, 2000

Names of people interviewed

Billie Treviño – Work First Site Coordinator

Robert Gutierrez – CSO Administrator

Lori Garcia – Domestic Violence Victim Advocate

Peggy Baken-Weed - Program Director YWCA

Two Domestic Violence Clients

Region 2 overall has been very thorough and effective in their initial strategies for setting up and implementing the pilot projects. There are regular meetings with CSO offices sharing an advocate as well as regional meetings. Administration is thorough in keeping staff informed about changes, and is aware of needs within the offices for both staff and clients. As well, almost everyone seems informed about resources available in the greater community. Yakima/Kittitas has been very aware of the need for privacy and the DV screening is done first in more private areas of the CSO office with the advocate having a private room for meeting with the identified clients. There is ongoing communication between CSO staff and the advocate. Caseworkers feel comfortable going to advocate with questions.

The advocate's work includes helping clients to take steps to get legal services, shelter and basic needs when needed. The CSO pilot site and office in general is very pro-active in working to serve its clients needs and provides assistance to the advocate when needed. One of the goals of the office is to determine the ways that services are provided that yield long term positive impact for clients.

Greatest needs identified

1. Building relationships between the CSO, the DV advocate and the clients. - There have been several different advocates at the CSO site. Lori Garcia has been there six weeks. The clients who are working with her have a high level of trust and prefer going to her with needs over going to their caseworkers. For the clients who were screened prior to Lori's involvement with the project, extra effort will be required to develop client trust. Only then will services be accepted by these clients.
2. Building relationships between CSO staff, administration, advocate and victim services agency. - There are some people involved with the pilot site who are fairly new in their jobs in Region 2. People are working to become familiar with each other and their job roles with the pilots. It was made clear by CSO staff that

they had seen a specific need to have an advocate who was bi-lingual to better meet the needs of the CSO client populations served and that expectation was finally met when the first advocate was replaced by Lori Garcia.

3. Advocacy skills/Referrals - There is awareness of a need to develop a better understanding of the many facets of domestic violence and how it affects clients. DSHS staff would like to have advocacy and awareness training. One CSO office is referring more frequently than the other. There are mixed opinions as to whether enough referrals are being made.

Plan for addressing needs

1. Lori Garcia is very pro-active and is going to start working with caseworkers of identified clients in her outreach process. Over time she expects more referrals to be made.
2. Improved communication is ongoing. Yakima/Kittitas CSOs have scheduled time for Lori to introduce herself and her role.
3. The Coalition is developing a workshop that will give DSHS staff opportunities to get a better understanding of domestic violence and the role they can play in helping their clients. The victim advocate is going to be more visible at the CSO that has been making fewer referrals.
4. Ongoing efforts are being made to find resources in community outside of the CSO. New information is circulated to CSO workers.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Clarkston CSO and YWCA of Lewiston and Clarkston

Site visit date(s): November 15, 2000

Names of people interviewed

Jean Persoon-Long – Domestic Violence Victim Advocate

Karrie Smith – Domestic Violence Victim Advocate

Kathy Tuttle – Shelter Director, YWCA of Lewiston & Clarkston

Sylvia – Executive Director, YWCA of Lewiston & Clarkston

Patty Busse – CSO Administrator

Margaret Berglund – CSO Case Manager

Bob Bruce – CSO Case Manager

Debra Barnes – CSO Case Manager

Patty Fischer – CSO Case Manager Lead Worker

Greatest Needs Identified

1. Effective training for CSO staff on the role of advocacy

- Case Managers plan on doing comprehensive assessments for all long-term TANF clients. Case Managers will assess for drug/alcohol abuse, literacy, learning disability, etc. and advocates will be asked to conduct DV assessments.
- Currently when a client is referred to the advocates, they have been asked to determine what services the client should participate in to meet WorkFirst requirements. The advocates have been working with Case Managers to clarify their role in this situation. They will work with a client and discuss what her options are with her and then make recommendations based on what she wants to do. These recommendations will always be based on what the client has expressed she wants to work on.
- The Case Managers reported they have received comprehensive training on DV, but they could benefit from additional training on the more subtle effects of domestic violence. The advocates have conducted one 45 minute training for CSO staff since the inception of the program.

2. Frustrations with DSHS/HQ overview of this process

- When originally applying to be a pilot site, they understood they were under a great time crunch, but then ended up waiting 6 months to get the program into full swing. They felt this was disrespectful of their time. Then they were left to implement the program entirely on their own.
- The statistics they are asked to collect don't accurately reflect the work they are doing. The program should be recognized for outreach and introduction work rather than the current pay-points.

3. Referrals

- All Case Managers report referring clients and using the VIEW screens. However, both advocates and CSOA report that 1 of 3 Case Managers refers significantly more clients than others. The transition from Financial Worker to Case Manager is still difficult for some.

4. Confidentiality & Communication

- Currently there is no standard system for communicating information between case managers and advocates. Case Managers want more on-going information about client activities and want to know immediately if a client isn't going to continue working with the advocates. Advocates are unclear on exactly what information the Case Managers want from them and how to provide this without breaching confidentiality or risking sanction for non-participation.
- Case Managers would like to see everyone who works with a client to have access to all of the client information available within the computer system. This poses some concern about client's understanding of who they are reporting information to.
- Advocates have clients sign release forms most of the time, but not all. They complete monthly reports with clients' JAS, ACES, and Client numbers and have not had trouble billing.

Plan for addressing needs

1. The Coalition will work with local, regional and statewide trainers to develop innovative training for CSO staff to increase their understanding of how to work with battered women as well as the role of advocacy.
2. The Coalition will organize a conference so that all advocates in this project can share information and problem solve with each other. Especially regarding how to share client information with DSHS employees.
3. The Coalition will provide support and technical assistance for the advocates to conduct their own training of CSO staff regarding domestic violence and advocacy.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Kennewick and Pasco CSO offices and La Clinica Community Health Center
Site visit date(s): November 15, 2000

Names of people interviewed

Billie Treviño – WorkFirst Site Coordinator
John Olivas – CSO Administrator
Dr. Pacheco – Director - La Clinica Community Health Center
Fran Younce – Social Services Supervisor
Betty Pacheco – Domestic Violence Victim Advocate

In Region 2, Kennewick and Pasco have a very successful implementation and development of their pilot project. The advocate has many years of experience and is completely supported by the CSO employees involved with the pilot. Currently the advocate is working with almost 50 of the most difficult DV clients and the social worker is managing another 100 less severe cases. Every person who has been referred has accepted services. This is the result of the high level of trust clients have for the advocate and the process. The IRPs are determined after meeting with the advocate to develop the best strategy in working with the client. Kennewick and Pasco have worked well together and have mirror policies. DV screening is the first screening step and this is done in a very comfortable and private space. Betty Pacheco works with clients to get them transported to the shelter's legal and other services. The advocacy agency sees Betty's role as an advocate at the CSO as positive for the clinic. Intervention is done and help is offered sooner than in the past.

Greatest needs identified

- 1) Another advocate for the site. There is a concern that the quality and success of advocacy support will decrease as the client base increases. There is really a need for a full time staff at each CSO. Betty is at times stretched, traveling between CSOs, when urgent cases need immediate services.
- 2) More affordable shelter for identified clients. There are several clients on waiting lists to move into safe housing instead of shelters.
- 3) Interpreters are frequently needed because of the high refugee populations that are in Kennewick. There is a concern that clients could possibly not be identified because of language and cultural barriers. Also, people are not clear about how confidentiality is secured with interpreters.

Plan for addressing needs

- 1) CSO is looking into grants for particular needs such as parenting classes and family counseling that could help support advocates work. Possibly they could look into grant to get support staff through WorkFirst.
- 2) CSO is looking into other sources such as churches and community organizations.
- 3) The Coalition will develop a workshop on the interpreters role and responsibilities in working with DV clients. We will also assess specific process in how interpreters are introduced to DV client situation.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Pierce West CSO office and YWCA Tacoma and Pierce County

Site Visit Date: December 19, 2000

Names of people interviewed:

Pamela Akins – WorkFirst Case Manager
Christine LeAir – WorkFirst Case Manager
Dot Campbell – CSO Administrator
Richard Holloway – YWCA DV Advocate Manager (Supervisor)
Jennifer Allen – YWCA Director of Community Programs
Jeanette Granstrom – DV Specialist (advocate) YWCA/Pierce West
Audret Wilson – WorkFirst Social Worker
Vicky Nelson – Deputy Administrator
Thea Vestal - Social Service Supervisor
Robert Fox – WorkFirst Social Worker
Joe Anderson – WorkFirst Supervisor

Pierce West Pilot Site is successfully identifying and serving clients as a result of ongoing communications between CSO staff and advocate. Having advocacy services at the CSO is seen as vital to the success of the pilot. Jeanette Granstrom, the victim advocate from the Y, has been given ample opportunities to learn about CSO client procedures and she attends WorkFirst monthly meetings. Jeanette has been providing DV training to CSO staff through unit trainings. These trainings have resulted in more referrals. DV screening is done at various stages in the WorkFirst procedures, which allows more opportunities for DV to be recognized and addressed appropriately. Pierce West receives a large number of mail-in and drop-off applications. The CSO staff and the advocate work as a team and will make home visits if DV is suspected. The YWCA is very involved and supportive in working with their advocate to provide continuing services to clients and is working to develop new ways to meet pilot site needs as they are recognized.

Greatest Needs Identified

Currently, the advocate provides primarily emergency intervention and refers out to the YWCA and other services for continuing help. After initial interview, the advocate provides resources to case managers to follow through. There is no mechanism to track initial intervention efforts and how successful they are in establishing ongoing support for DV clients. There are many single parent households, clients coming from out of state and out of region for services, and clients who are difficult to employ because of multiple barriers. Considering these particular client factors it would be beneficial to have ongoing communication between the advocate and case managers to make sure people are not falling through the cracks.

Housing is a critical need for DV clients, both emergency and long term. Waiting lists are long, and lack of safe housing makes it difficult for DV clients to move forward in working with WorkFirst goals and expectations.

The CSO is projecting a need in the near future for more advocacy time with the growing community awareness of the DV advocate at the CSO. There is a general consensus that it would be beneficial to have more advocacy resources available.

Plans for addressing needs

The YWCA is currently developing a method for tracking clients who have been referred to them through the pilot site. As well, this will include communication back to advocate. Jeanette works well with the drug and alcohol counselor and social workers and sends clients in directions that will help to take care of the most immediate needs.

They would like to see funding budgeted for housing that was specifically for DV clients. The YWCA would like to establish more crisis housing but sees this taking time. The Y feels that *permanent* housing would better serve DV client needs.

There is a suggestion that standardized internal DV training be established for CSOs. Jeanette's unit training of CSO staff is a good model.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Federal Way CSO and Federal Way Youth & Family Services

Site visit date(s): December 22, 2000

People interviewed:

Lisa Wolf	Domestic Violence Advocate
Christie Remington	Child and Family Therapist (Advocate Supervisor)
Debbie Stolberg	Financial Services Supervisor
Shelly Ronnfeldt	Social Services Supervisor
Michelle Nagy	Social Worker
Patricia Prather	Financial Case Manager
Kari Tharred	Financial Case Manager
Dana Christian	Financial Case Manager
Denise Gayden	Social Worker
Shirley White	Financial Case Manager
Thelma Mejia	Financial Services Supervisor

Biggest Needs

- **Confidentiality:** Currently, clients don't sign a release of information form, Lisa verbally tells a clients she will discuss their situation with the CM. Lisa has a form she uses to provide information to the CMs that also keeps track of the number of pay points reached.
- **Training:** Lisa's agency doesn't provide Advocacy Based Counseling and she hasn't been an advocate before this position. This poses some extra difficulties for Lisa to learn this role without other co-workers to model good advocacy. Lisa reported that she isn't very clear on what provisions have been made for battered women on welfare. She thought it would be very helpful to have a better understanding of the parameters of the state and federal law. She is currently learning about the welfare system.
- **Contract negotiations:** The key players at DSHS all reported the original contract negotiations took a very long time. One of the barriers they faced was finding an agency that would work with DSHS on the confidentiality issue. They weren't interested in working with an agency that said they wouldn't give them any more information than just a verification of services.
- **Shortage of Housing Resources:** Case Managers reported being frustrated with the lack of housing available in the area. One of the benefits of having Lisa is the office is that she is able to take more time with some clients to help them to problem solve and discover options for safe housing and to safety plan if no space is available at the shelters.
- **Resource Materials:** Lisa requested more pamphlets and posters to display and make available to client that come into the office and don't necessarily meet with her.
- **Collecting Client Feedback:** We discussed collecting client feedback. No one seemed to have any casual feedback from clients about what they thought of the

program. Lisa suggested developing a client feedback form to gather this information.

- **Referrals & Relationships:** So far, two of the eleven Case Managers at the office have made referrals to Lisa. Several Case Managers attended our meeting and got more information about how the program is running and how Lisa could be a resource for them. She continues to walk around the office and introduce herself and send out email reminders when she has office hours to help Case Managers to become aware of her presence in the office. She expects her referrals to increase in number the longer she is there and as she gets to know the Case Managers.

Plans to address needs

- **Training:** Lisa also plans on attending the quarterly training/networking meetings this year where we will address some of the advocates training needs. The Coalition will offer Lisa's agency a complimentary one-year membership and add her to the mailing list so that she can receive information on upcoming training.
- **Resources:** Send information and materials requested: In Her Shoes, pamphlets, posters. At the site visit, I gave Lisa a stack of Open the Door pamphlets & blue safety cards printed by DSHS as well as the NCADV booklet Hope & Power about financial resources.
- **Client Feedback:** Lisa plans on developing a client feedback form and will send us a copy when she completes it. I will gather a couple of release forms that other programs are using for her to take a look at before developing her own.
- **Relationships:** Lisa will continue to work on developing relationships with Case Managers and Social Workers. She will continue the small group domestic violence training she has begun with some of the CMs.

Long Term Issues

- The Case Managers had lots of questions on perpetrator treatment programs, the curriculum and how effective they are.
- Housing needs are significantly greater than housing resources in this area as well as in many others.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Olympia CSO and Alternatives Professional Counseling

Site visit date: December 29, 2000

Names of people interviewed:

Bill Moore – Deputy Administrator
Dick Theroux- Social Service Supervisor
Steve Brink – CSO Administrator
Susan Hathaway – Advocate
Greg Hammond – Advocate Supervisor
Susan Glines – Social Worker Assistant
Valerie Hughes – Family Planning Social Worker
Matt Mintzer – Financial Leadworker
Muriel Davis - Social Worker - First Steps Program
Karla Heppe – Social Worker
Mary Trotter – WorkFirst Case Manager
Carol Lockhart – Social Worker

The Olympia pilot site has been successful in initiating the DV pilot site project. A solid foundation was developed prior to the advocate coming to the CSO. There was, and continues to be, regular communication between the key people involved with the pilot site project. Susan Hathaway, victim advocate, provides ongoing advocacy support for clients at the CSO and helps them to find other support with matters such as legal steps and group support. Alternatives Counseling provides space one day a week for Susan to conduct support groups. She has very good communication with CSO staff. Having a DV advocate on site is seen as important to the success of the program. She makes extra efforts to educate both clients and staff about DV. Susan is good at developing long and short-term goals with clients and CSO staff recognize and support her efforts. Referrals may happen at different stages in the WorkFirst procedures. If people self-identify they are sent directly to Susan. The Olympia CSO reports that it is successfully reaching and working with 8-10 times the number of DV clients they were prior to having an advocate.

Greatest needs identified

Confidentiality was a concern. There are concerns that client confidentiality is at risk because there is no private space secured that is designated for the advocate and social workers. The cubicles are very public and not conducive to people being able to share sensitive information. There have been concerns that DSHS wants too much information documented about clients, which puts clients safety at risk and does not serve CSO efforts to work with clients. They would like to see standardized rules and forms that would better serve their efforts to support clients.

There were varying opinions and perceptions of laws and policies with regard to DV clients. The Olympia CSO appears to be experiencing a level of conflict with the Federal

and State Laws protecting victims of domestic violence as they try to prioritize the WorkFirst goals of getting people to work. The viability of the option to exempt DV clients from WorkFirst standard procedures was questioned in relationship to how it would help meet the goals of WorkFirst. Those working directly with clients seemed to understand the importance of the required flexibility because of the additional barriers DV clients have. However, they are also accountable to office policies. There are concerns about causing greater problems for clients, particularly those still in DV relationships, when sanctions and short-term exemptions are used in response to clients not working. There are clients who have experienced a lack of sensitivity from caseworkers and the CSO at large. They see some CSO employees as more aware than others about the reality of their circumstances. Although some caseworkers have been slow to refer, this has been changing the longer Susan is at the CSO and people become more informed of the resources she provides.

Also of concern is the CSO being able to adequately meet the needs of different communities it serves. Social workers are particularly concerned about being sensitive to addressing DV issues within the context of language and cultural differences. They also see a need for extra steps in working with their many two adult households. 20-30% of screened DV clients don't follow through with seeking advocacy support. The CSO would like to be able to provide in-house support groups that would be easier for screened DV clients to attend and be able to receive advocacy services that would help them to move forward. Security is seen as an issue. There is limited parking at the CSO and meeting rooms are at ground level with windows facing the parking lot.

Housing is very limited in Thurston County. There have been 135 DV referrals and there are approx. 10 housing units available to families in crisis. Safeplace has limited space and is often full. There are very few other options available. This scarcity is seen as one of the most critical needing to be addressed.

With the increase in the number of clients seeking help comes an increase in the need for advocacy services. Everyone sees a need for another advocate at the CSO. There are clients who are DV victims who are not on TANF and there are concerns that these people are currently not receiving advocacy services.

Plans for addressing needs

Susan maintains confidential files and works to advocate for needed confidentiality within the system. Although she is often able to get private space, she and social workers would like to have space that guarantees privacy in screening and interviews with clients. The cubicles are very public and not conducive to communication about sensitive issues such as DV. The drug and alcohol screening policies have been a model for DV confidentiality policies. The CSO staff interviewed see DV advocacy as integral to their process in working with clients and continue to think of new ways to utilize the resource.

Impact panels were suggested as a way to better educate everyone at the CSO about domestic violence. Having people who work with DV victims in various capacities providing information to staff would be a useful method of teaching about DV.

To address the fact that there is regular staff turnover at the CSO, it was suggested there be standardized training and update workshop. Everyone agrees that DV is a complex topic to work with and that Susan's role is important in affectively working with clients.

Education was cited as a valuable option for clients having work success. With DV clients especially it can help to establish and develop goals that can be reached. For some clients there is a need for longer exemptions.

There is a long-term goal to see different hours available for advocacy resources, including weekends and evenings. Support groups help to break isolation and the ideal would be to have secured space at the CSO where services could be provided. CSO staff would also like to see an expanded definition of who receives DV advocacy support to include those on SSI and those who do not have children.

There is a specific need for affordable housing for clients leaving domestic abuse. Community education about DV was been suggested as one way to increase awareness of what resources are needed in Thurston County.

Susan stated that her most immediate need is help with records and organizing reports. The CSO is considering developing a position for college students who are pursuing a degree, relevant to the work, who could assist Susan as needed.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Eastside CSO & Eastside Domestic Violence Program

Site visit date: January 5, 2001

Names of people interviewed

Debbie Ryan – DV Advocate, EDVP
Eileen Foley – Housing Services Director, EDVP
Jeanni Trana – Social Service Supervisor, Eastside CSO
Steve Thomas – WorkFirst Case Manager, Eastside CSO
Karen McEwen – WorkFirst Supervisor, Eastside CSO
Mai Wong – WorkFirst Case Manager, Eastside CSO
Debbie Franklin – Social Worker, Eastside CSO
Tammie Rico – WorkFirst Case Manager, Eastside CSO
Alan Keist – CSO Administrator
Janice Wright – WorkFirst Case Manager, Eastside CSO
Connie Reynolds – TANF Lead Worker, Eastside CSO
Bobbe Hughes – WorkFirst Case Manager, Eastside CSO
Kay Wickershein – Case Manager, Eastside CSO

Greatest Challenges

Consistent Referrals & Screening

- Debbie reports that the number of referrals she receives varies daily, depending on who is conducting screenings at the front counter. At this office Lead Workers screen clients at the front counter because their funding has been cut for reception. There is one Lead Worker who hasn't referred any clients to Debbie in the four months she has been there and another person whom she can count on for several referrals each day she is at the front counter. Debbie reports that most of her referrals come from 3 people.
- One Lead Worker tells every client about the DV Advocate in case it becomes an issue later on even if the client doesn't report any family violence. Another Case Manager reported having only one client in the last year who's domestic violence history affected her employability.

Contract Negotiations/Billing

- This site had the same complaints/problems with setting up the contract. Everything with EDVP went smoothly, the hold-up was with Olympia signing the contract. The proposal was done in Oct 99, Spring of 2000 it was funded and not signed by HQ until Oct 2000. Debbie was ready to go in July and they expected the program to be starting around then, but it was several more months before they were able to really get things going.
- Eileen reported that she hasn't billed for any of Debbie's time because they are trying to figure out how to bill for Debbie's time and still be responding to conflicting needs of DSHS and advocacy. The concern for client confidentiality is particularly important when working with clients who are also referred to confidential shelter.

Confidentiality & Communication

- Case Managers are all very sensitive to the issue of confidentiality and very conscious of not leaving confidential information on the ACES screens (i.e. IRPs). They also had some questions about why they were given specific instructions about not leaving this information on the screen when they are instructed to mark domestic violence on the 01 & 03 screens. They plan on asking their supervisors this question, but clearly they are thinking about the issue.
- Debbie reported that her biggest challenge was trying to keep her style of advocacy truly victim advocacy and remind herself that she follows a different set of protocols than DSHS employees.

She wants to cooperate with the Case Managers, but remember that she has a very different style of working with clients.

Training

- Debbie hasn't trained any Case Managers yet.
- The Case Managers requested training on: what should and shouldn't be put in JAS & ACES; what information needs to be verified and what doesn't; how to work with clients doing a confidential identity change; and how to work with a battered woman to help them move toward self-sufficiency. Debbie's assessment was that at least half of the Case Managers don't really understand how domestic violence affects someone's employability.
- There has been some confusion about Debbie's title. She refers to herself as a DV Advocate, but most staff call her "the DV person" or DV Counselor and the sign on her door says DV Coordinator. This reflects some of the initial confusion regarding Debbie's role in working with clients.

Communication with DSHS Supervisors

- Debbie and Karen and Jeannie were able to bring up several issues during the site visit that have been stumbling blocks. They were glad to have the opportunity to meet together and address some of these issues during the meeting.

Plans for addressing needs

- **Referrals & Screening:** Alan Kiest has plans to train workers on "solution based interviewing" so that Case Managers can help clients to discover answers for themselves. Debbie continues to introduce herself to people in the office and invite herself to meetings where she can talk about what she does. She continues to try to educate workers on a case-by-case basis about her role as an advocate.
- **Contracts & Billing:** Eileen will try and complete the billing form without putting any identifying numbers on it and will submit it to HQ for payment with an explanation of why she isn't including that. I will also clarify with Tyra Lindquist about what information needs to be submitted to receive the administrative portion of the payment.
- **Confidentiality & Communication:** Client confidentiality is something that Debbie will continue to work on. She said that she has learned a lot from a couple of mistakes that she has made since she has been there and will continue to clarify her parameters on this issue.
- **Training:** Eileen Foley, Jeanni Trana, Debbie Ryan and myself set up a meeting date to discuss training curriculum and scheduling some training for staff. We will take into consideration that several Case Managers requested training on confidentiality issues. Other topics to include are: the role of advocacy, specifics on how domestic violence affects employability and what a battered woman may look like to a Case Manager. Karen McEwen had an issue with some information she received from a client who had heard about a "bad worker" from a shelter advocate. The specifics of this case were discussed and some tentative plans were made for DSHS to train shelter staff on the application process. Some of this has already been happening because as Debbie gets to know the system better she is able to bring this information to advocates at EDVP and clarify what is a normal part of dealing with DSHS and what is unusual and requires advocacy. We spent some time during the meeting clarifying advocacy and Debbie's role. Specifically, if she were to participate in a case staffing it would either be to speak generally about domestic violence from her expertise, or to advocate for what the client wants to do, not to make recommendations for her client that are in conflict with what the clients wants for herself.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Center for Battered Women & Everett CSO

Site visit date: January 18, 2001

People Interviewed:

Myrna Hoyle – Social Services Supervisor, Everett CSO

Lisa Swanson – DV Advocate, CBW

Beruke Giday – Advocate Supervisor, Refugee Women's Alliance

Sofia Lutsky – DV Advocate, Refugee Women's Alliance

Jude Breck – Executive Director, CBW

Marilyn Hunter – WorkFirst Case Manager

Barbara Peebles – LEP Case Manager

Greatest Challenges:

Privacy & Confidentiality

- Case Managers screen and provide on-going services to clients in their cubicles. Lisa and Sofia also have a cubicle where they meet with clients. Occasionally there is an office they can use, but not usually. Lisa reports that clients want to tell her more than they feel comfortable talking about in the cubicle. This is a serious safety concern for the client because other people can overhear their conversation and it also makes it difficult for Lisa to safety plan with a client when she doesn't have all of the information. She has been asking for walls and a door since she started, but there currently aren't any free offices at this CSO.
- It is impossible to do any advocacy with a client when she has her children with her. There are no arrangements at the office for this situation.

Communication

- Only about a third of the Case Managers are referring clients to Lisa and Sofia.
- Lisa and Sofia have asked to be invited to unit meetings, but so far they haven't been invited to any and haven't attended any of these meetings. Many Case Managers still are not familiar with the program or the advocates.
- Some of the receptionists don't know the advocates' names and have tried to turn clients away who ask for them by name. Lisa also has not been receiving the general intra-office email notices.

Training

- Case Manager's understanding of domestic violence varies greatly. Lisa has conducted some Case Manager training sessions herself, but there are still some CSO Staff who need additional training that is specifically geared to their jobs and how domestic violence may affect the clients with whom they are working.

Billing & Statistics

- In the application process, Jude Breck was asked to report her Social Security Number and the Social Security Numbers of the Board Members. She turned in the application without this information.
- Lisa was asked to report the names, addresses and phone numbers of her clients in her monthly statistical report.

Plans to Address Challenges

- **Privacy and Confidentiality:** During our meeting Myrna reported that there may be a chance for Sofia and Lisa to get the Drug & Alcohol Counselor's office since this may be available. However, this is not definite yet.
- **Communication:** This issue came up several times during the course of the visit. Myrna had several ideas for including Lisa and Sofia in several meetings, including the receptionist's unit meeting so that they could get to know more of the CSO staff. Myrna will also make sure that Lisa's email is added to the general list so that she will receive more general office information. This will help her to stay informed of general issues at the CSO.
- **Training:** The Coalition will keep Lisa informed of the pilot training we are conducting in Region 4 for Case Managers to possibly bring this training to Region 3 as well. She and Sofia also receive Coalition mailings and plan on attending the up-coming Quarterly Meeting for Economic Justice Advocates where they will have the opportunity to share information and hear about how other people are addressing the same issues they are facing.
- **Billing & Statistics:** Lisa has successfully clarified for herself what information she can disclose to the CSO. She is not reporting client's names, addresses or phone numbers on reports.

Other Issues

- Lisa reported that several battered women she's been working with have been slated for home visits when their case managers ask them about their expenses and income and the two don't add up. Someone goes out to visit the woman to make sure her boyfriend isn't living with her and helping her out with some income.
- Case Managers at this office have sanctioned women because of domestic violence. Lisa has advocated to have their IRPs changed to something they will be able to complete.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Bremerton CSO and the YWCA of Kitsap County

Site visit date: January 20, 2001

People interviewed:

Margaret Swigert – Deputy Administrator Bremerton CSO

Barbara Buran – WorkFirst Supervisor

Lisa Trout – WorkFirst Supervisor

Ruth Roddick – WorkFirst Supervisor

Cec Anderson – Administrator

Linda Joyce – YWCA of Kitsap County Executive Director

Monica Hudgens – DV advocate

Felicia Ellis – Advocate assistant

Bremerton CSO is screening identifying and working with a large and continually growing number of clients who have been screened as DV victims. There is a strong level of commitment to the pilot site. The policies and their implementation are being assessed, modified, and developed on an ongoing basis. Monica has developed a variety of services for clients within the CSO. She works closely with the drug and alcohol rehab counselor and they coordinate appointments with shared clients to make it easier for clients to access services. As well, she provides community outreach and education. The successes at the Bremerton Pilot Site are a result of the CSO's commitment to the project, pro-active support by the YWCA, as well as community awareness and education about DV. Everyone involved feels it would be a step backward if the pilot site was discontinued. There have been many positive steps toward connecting to community education and involvement around DV issues.

Greatest Needs:

More awareness needed by some caseworkers in matters concerning DV. Monica has strong support from the case managers but periodically has to refer specific client/caseworker challenges to the supervisor for resolution.

Confidentiality is an issue with the location of Monica's cubicle and not always having access to private space for more sensitive discussions.

There are a large number of referrals but a smaller percentage of follow through by clients. There are two types of processes - a single information workshop and a longer eight- week process of working through case managers on client IRPs. There may be gaps between meeting Monica and returning to caseworkers or following up with referrals outside of CSO.

Transitional housing is seen as the greatest needs for clients at this time. Although there are more resources for private housing there is a consensus that housing that is run by an agency with housing regulations, provides more support for clients.

Plans for addressing those needs

There is an ongoing assessment process by CSO staff and Monica. They are meeting challenges directly and determining what needs to change in order for improvement. Case managers and the advocate work together as a team for clients, and work to promote awareness in the office. They are interested in bringing awareness training to the office for caseworkers. Monica is monitoring how clients are initially served before being referred to her and service they receive afterward. She is currently looking into how ESL clients are being provided information about her services.

Monica is trying to obtain private cubicle for working with clients.

The YWCA is currently working to create more support groups and continues their community awareness piece to support Monica's work. The one time workshop may be overwhelming for some clients experiencing DV. There is a lot of information provided but it is a long session and may need to be modified, or have it made more clear to clients if they continue to seek support there are different options available. There is also a system being developed to see if some clients are getting information that they need to initiate changes on their own.

They would like to see more community agencies looking into housing as well as having the state budget for more transitional housing specifically for clients contending with DV.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Behavior Health Resources & Aberdeen CSO

Site visit date: January 23, 2001

People Interviewed:

Kelly Barnes – Advocate, Behavior Health Resources
Stacey Sanders – Director, Behavior Health Resources
Liz Dalton – Administrator, Aberdeen CSO
Steve Hall – Social Services Supervisor, Aberdeen CSO
Randi Flanigan – Social Worker, Aberdeen CSO
Sally Potter – Social Worker, Aberdeen CSO
Steve Fogo – Social Worker, Aberdeen CSO
Ellen Beard-Johnson – Social Worker, Aberdeen CSO

Greatest Challenges:

Consistent Screenings & Referral

- Kelly reports that she gets most of her referrals from the Social Workers. They are happy to have someone help them with tough cases. Liz Dalton was wary of having the receptionist refer clients directly to Kelly, but Kelly reported that she hasn't become overwhelmed with clients yet and is happy to accept these referrals. They agreed this may continue to happen unless it begins to infringe on the WorkFirst clients' time. Liz Dalton was very interested in looking at the names of clients who had been referred to Kelly to see which Case Managers were referring and which weren't, according to their last names.
- The Social Workers reported that it was difficult for them to think of Kelly as a resource if she isn't there every day. There aren't necessarily enough referrals currently to keep her busy more of the time, but one social worker thought that Mondays and Fridays were days that they needed Kelly around more than others. Some clients will meet her on the day they are in the office and these clients are much more likely to follow-up with their contact. However, if they are unable to meet her on the day they come into the office, they most likely will not make contact with her.

Training

- Some Social Workers requested training on the "process of intervention," time frame of intervention, and manifestations of domestic violence. This office clearly wants and needs some basic domestic violence training and what it means to be working with a DV Advocate.
- Kelly has been attending unit meetings and will continue to do so to introduce herself and let people know when she is around. She hasn't done any staff training on domestic violence yet.
- Kelly doesn't have a background in battered women's advocacy, so she is learning to do this in her position. This is made especially difficult for her since she is also a part-time counselor at BHR.

Billing

- Stacey Sanders is having some difficulties with billing for the contract. Kelly has been asked to complete weekly reports of the days and times she is in the office as well as the names of clients she has met with and on what day. She was told DSHS needs this information in order to cross-reference the day she met with a client with a day that she was actually in the office. Stacey was uncertain about how much information was needed to receive payment for the basic administrative costs of the program vs. the pay-points.

Plans for Addressing Challenges:

- **Consistent Screening & Referrals:** The office is going to have a VIEW training soon and Liz thought it would be a good idea to address this issue of screening for family violence specifically. She will also look closer into who is referring clients and who isn't and then determine how to address this need.
- **Training:** I was unable to meet with any Case Managers, but I think it is very likely they could use some additional training on domestic violence as it relates to Case Managers. Liz's assessment was that the Case Managers' understanding of domestic violence varied from one extreme to the other. Everyone that I met with was very interested in the training we are working on for Region 4. They asked us to keep them informed as the training develops and possibly conduct the training there in the future. Kelly had not seen In Her Shoes and I sent her a copy to have as a training tool at the CSO. Kelly will keep in touch with Coalition activities. She completed the form to be a member of the Coalition and plans on attending the Quarterly Economic Justice Advocate Meetings as well as the Advocacy Based Counseling Training in April.
- **Billing:** I talked with Stacey about my understanding that no client information needs to be submitted in order to receive payment for the administrative costs of the program. She was interested in hearing that other programs were having similar conflicts with this process. I said I would try and gather more information on this and get back to her.

Other Issues

- The fact that Kelly does provide counseling services in her job at BHR makes it even more difficult to separate counseling and advocacy. She is usually referred to as the DV Counselor by CSO Staff.
- One Social Worker referred a client to Kelly and to counseling at BHR. She found out later that the client was receiving counseling services from Kelly at BHR. Her intention with the referral was for the client to get the benefit of working with more than one person and was frustrated to hear she was working only with Kelly. However, Stacey mentioned that one of the impacts this position has had on their agency is that clients get to know Kelly in a different setting and then it doesn't seem as difficult to call her when seeking counseling services at BHR.
- Social Workers were also concerned with Kelly lacking in credibility because of her age. She has just completed her BA. They speculated that it may be preferable to have someone older who clients could possibly relate to more.
- Case Managers will usually tell a client who Kelly is, although sometimes they have a client who they want to refer to Kelly and tell them she is a counselor, not a DV advocate to see if they will open up to her about their situation.
- Stacey had a specific issue to address about her and Kelly's duty to inform. If BHR is working with an offender and the victim, if one person says something endangering the life of the partner, the agency has a duty to inform the other person about this. However, with Kelly being physically in the DSHS office, it can blur the lines for a client. From now on, Kelly is clearly introducing herself as being from BHR, not a DSHS employee. The client also completes a release form that has BHR on it, so they can see that she is separate from the agency and hopefully address this issue.
- It has been a struggle for Kelly to get a DSHS email address and internet access. She currently has an address, but was told that it may be taken away from her soon. She was glad to hear that other advocates do have DSHS email addresses.

DSHS SITE VISIT SUMMARY
Domestic Violence Pilot Projects

Partners: Port Angeles CSO and Healthy Families of Clallam County

Site visit date(s): January 25, 2000

Names of people interviewed

Bob Zindel – Incapacity Specialist
Ed Opheim – Social Work Supervisor (Temp)
Carla Jacobi – HFCC DV/SA Advocate
Gwendolyn Cole – HFCC DV/SA Program Manager
Debra Hamilton – DSHS Tanf Case Manager
Rosi Francis – SSI Facilitator
Penny Sleptina – Case Manager Supervisor
Diane Engkvist – Social Worker
Mary Lawson – Case Manager DSHS Case Manager
Anna Hammer – HFCC DV/SA advocate

Greatest needs identified:

- 1) Relationship building between CSO caseworkers and dv advocate and agency is the most critical need at present. All parties seem unclear of each other's roles. There are also CSO employees who stated they will not use the advocacy services and are showing resistance to documenting their DV screening results because of concerns around confidentiality. There was some inflexibility on the part of one domestic violence agency staff around trying new methods of outreach.
- 2) The very limited number of hours of advocacy at the CSO limits the effectiveness of the project at this site. The agency has only been contracted for 8 hours a week (by far the smallest pilot statewide). Currently advocates are in the office two days a week for four hours. The CSO does not see clients at all one day a week. They feel these restricted hours could also be affecting the number of referrals.
- 3) Lack of Resources – From housing, to mental health services, shelters, and employment opportunities there is a frustration by CSO as to what they have to offer clients in the way of resources and services in their area.
- 4) There is a critical need for caseworkers to better understand the issues around domestic violence and what their role needs to be in assisting clients that have been identified. Clients are not being referred and advocates, even though present on a limited basis, sit idle. There is a consensus by both CSO and domestic violence agency employees that there are many more clients dealing with domestic violence than are being screened and referred. The issue of confidentiality in a small community was also questioned. Healthy Families is serving a large number of clients who are on TANF or needing to seek assistance.

Receptionists are identifying DV clients and setting appointments, but then the caseworker is not referring so advocate is not seeing client.

Plan for addressing needs

- 1) Gwendolyn has recently taken on her position as Healthy Families Program Manager. She has a strong background in advocacy and has very good ideas for developing awareness and outreach with the CSO and greater Port Angeles community. She is arranging to meet with Diane to strategize and plan new ways of implementing outreach to clients. All CSO staff felt awareness training would be beneficial to their CSO. They would like to see better ways to ensure confidentiality. Agency supervisor sees a need for all staff to have flexibility in their approach to work and tasks needing to be done. There are policies being implemented that should help create a more consistent and ongoing professional communication with the CSO staff.
- 2) They are looking to reschedule the currently contracted hours to be at the CSO two hours each day. This would provide a little broader coverage but is still very limited. They are also looking to the future to meeting the need for outreach hours and interfacing with agency.
- 3) Pilot participants would like to see other options for clients made available through state funding. Also they would like to see time options adjusted for clients due to the lack of resources. Sometimes people are waiting for services that would allow them to pursue the standard WorkFirst goals.
- 4) Gwen is encouraging her staff to more effectively work with CSO staff. She and Diane are working on ways to have advocates more directly involved with initial DV screening process. Port Angeles would welcome any training that might be available for their caseworkers. The CSO is looking to have more regular meetings within the CSO and with the agency to develop policy that would better serve clients.

DSHS SITE VISIT SUMMARY
Domestic Violence Pilot Projects

Partners: Rainier CSO, Refugee Women's Alliance & East Cherry YWCA
Site visit date(s): February 8, 2001

At the date of the site visit, this program had only been in place for two weeks with REWA and the YWCA contract had just been signed and the directors were meeting the following week to discuss the specifics of the partnership.

People interviewed:

Teri Hall, Soc Svs Sup
Helen Campbell, Acting Deputy Administrator
Beruke Giday, REWA

Greatest Needs:

Privacy

- The advocate is currently in a cubicle in a quiet part of the office. They have requested to be in an office, but aren't yet. The advocates have agreed to try this out and see how things work in this location. They plan to look for an available interview room when meeting with clients. They will not meet with a client in the cubicle unless there is absolutely no other option.

Relationships

- The advocates will need to work on developing relationships with the Case Managers. This will be more difficult at this site since there will be several different advocates who will be staffing the position at REWA. Rather than one advocate getting to know Case Managers and vice versa, there will be several and this may make it a little more difficult to build trust and communication. However, this is yet to be seen.
- At the date of the site visit, it wasn't determined yet how the YWCA was going to be staffing the position.

Materials

- The advocates and Teri Hall will be working on developing some materials for the advocate to distribute and use to outreach to clients. None of these have been created to date.

Confidentiality

- Currently clients are interviewed and screened for family violence in the Case Manager's cubicles because they need to have access to their computers during the application process. There are interview rooms available as well to provide some privacy during this process, but it is not standard procedure to use them.
- The advocates deal with a similar situation, they don't have an office and must look for an available interview room.

Contract

- The major difficult with setting up the contract was the fact that it had been signed by Headquarters for 2 months and no one at the CSO was informed. The project

could have been in place 2 months earlier had they know that the contract was already signed and ready to go.

Plans to Address Needs:

- **Privacy:** However, currently the only office space available is on another floor in a distant part of the office. The advocates are able to use interviewing room when available to meet with clients. They have agreed to try the cubicle out for a little while and report back how things are doing. They may be able to move into the office in the future.
- **Relationships:** Teri Hall has sent out emails to the CSO staff informing them of the project and the advocates' presence. She has taken the REWA advocates around the office and introduced them to other staff. There are also plans to have a brown bag lunch in February to create a more casual setting for introductions to happen and questions to be asked. This may turn into a regularly scheduled event. Teri has also offered a reward of home-made cookies of their choice for the first unit to make 5 referrals to the advocates.
- **Materials:** **Several good suggestions were made during the site visit meeting about what materials could be used and what could be created to assist the advocates in reach as many battered women as possible. The CSO is definitely very supportive of the project in general and has lots of plans.**

DSHS SITE VISIT SUMMARY
Domestic Violence Pilot Projects

Partners: Moses Lake CSO and New Hope Domestic Violence Services

Site visit date(s): February 22, 2001

Names of people interviewed

Ann Guerrero – WorkFirst Supervisor
Judy Vallijo – Social Service Supervisor
Louis Bunkelman – CSOA
Bill Sweeney – Social Worker
Josie Quntanell – Case Manager
Lisa Hannon – Case Manager
Irasema Ortiz - Elizalde – Tanf Supervisor
Kathy Bennett – TANF Case Manager
Marge Heacock – New Hope DV/SA Services
Coleen Bernal – New Hope DV/SA SA Services
Angelia Richards – New Hope DV/SA Services
Linda Strunk – New Hope DV/SA/Services

Greatest needs identified:

- 1) More flexibility at CSO. Although administrators have stated they have a policy that clients be referred to advocate at any time in their screening, this is not necessarily what is happening. Clients have been referred to CSO advocate by New Hope and have been denied access to advocate. The reasons given have been that client was not coming into the CSO on the right day for services asked for. Advocate has hesitated to initiate more outreach within CSO.
- 2) Communication and relationship building is needed. There is a breakdown somewhere from administration policies about serving DV clients and CSO caseworkers and receptionists implementation of those policies. There is a focus on financial accountability that may be inhibiting clients receiving all resources available to them i.e. transportation vouchers. There is a community task force involved with the pilot site policy making. However it is not clear how effective communication is among all the players.
- 3) Referral is very low. There is a feeling that outside agencies and community support services need to be better informed about domestic violence. There is an interest in having CSO awareness training but it was made clear that there needed to be cultural awareness for the communities being served. It is felt that with the current advocate resigning her position that the next advocate needs to be bi-lingual. The agency is not sure if that is possible in a short time frame.

- 4) Confidentiality. Some areas are being considered carefully. The CSO staff would prefer to leave details to advocate. However for billing there is a policy that an auditor could look at the files of client to verify they qualified for pay points.

Plan for addressing needs

- 1) The agency intends to follow up on the established policies by communicating with the CSO about following through and making sure employees are informed about procedures. Advocate is going to do more outreach in CSO to create a better climate for next advocate.
- 2) Social workers and case managers are looking at ways to structure IRP's to better serve clients while meeting CSO requirements. Agency and CSO have been encouraged to communicate to make sure their policies are being implemented. CSO has indicated they would like advocates to participate in CSO staff trainings so they better understand how to work with the CSO protocol. The agency is working hard to serve all areas of client needs. There is outreach and home visits and visits in neutral safe places that are implemented by agency and CSO to help clients. The CSO staff at the meeting seem very aware of domestic violence issues and are willing to be flexible in ways of working with clients. They see the advocate as a real asset to the CSO. What is needed is a method of making sure other staff are as well informed about DV as the ones attending the meeting.
- 3) The agency seems very frustrated and feels there are obstacles with CSO that inhibit the best work being done. They are looking to build relationships with CSO staff as they realize that they are concerned about providing the best service to clients as possible. The agency has been encouraged to find a potential advocate to train that is bi-lingual. In the meantime current agency staff will fill in after advocate leaves until person is trained.
- 4) They will re-address the issue around hard copy and who has access to the files. I do not know at this time what may change. I gave them examples of how other agencies are effectively working in this area.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Mt. Vernon and Skagit Domestic Violence and Sexual Assault Services

Site visit date: March 15, 2001

Names of people interviewed

Jenny Brubaker – DV Advocate, Skagit DV&SA Services

Debbie Davis – WorkFirst Supervisor

Charlene Bazzell – Case Manager

Lee Purdue – Case Manager

Trisha Ford – Case Manager

Julie Silva – Case Manager

Marci Douglas-Burngarner – Case Manager

Kathie Miller – Case Manager

Dan Tate – Case Manager

Tammy Riley – Case Manager

Crian Jedlicka – Case Manager

Toby Pacheco – Case Manager

Sharon Nielson – Case Manager

Ron Thomas – Case Manager

Dusty McMillan – Skagit Recovery

Carole Mason – WorkFirst Lead Worker

Karen Andrews

Greatest Challenges

Consistent Referrals & Screening

- The response of the Case Managers regarding consistent referrals varied. Some said they asked everyone, letting the client read the questions off the screen, other reported that they only ask about family violence when the client gave them some indication that that might be the situation (i.e. marking domestic violence on the application form, noticed a dynamic between a couple interviewed together). Most Case Managers reported that they only interview couples separately if they suspect family violence otherwise they are routinely interviewed together.
- There are certain Case Managers who haven't referred any clients to Jenny. One Case Manager stated that the only challenge she has identified with the program is that she hasn't had a single client to refer since it began at the end of December.
- Jenny would like to see the Case Managers ask the screening questions and refer all clients who screen positively, rather than only clients who may need an exemption.
- Jenny has been asked a couple of times to meet with or call clients that don't identify as having family violence issues, but who the Case Manager's suspect have DV issues.
- Jenny worked with a client who was sanctioned for non-participation in WorkFirst. The client was told that her choice was to attend support group or be sanctioned. She was not interested in attending group and was afraid for her safety to try and attend. However, she didn't want to be sanctioned and after some extensive safety planning, attended group. After attending the group for several weeks, she is glad to be there and is benefiting from the support.

Client Coding

- Only one of the Case Managers reported using the XF code when someone had family violence issues. They agreed that putting this information on the 03 screen would violate her confidentiality because other people have access to this screen. They reported that they will code someone as being in another relevant X code, but not XF.

Confidentiality & Communication

- At the time of this site visit, Jenny works in a cubicle. She looks for an available interview room when she needs to meet with a client privately. Since the site visit, she has moved into an office space and is able to close her door and meet with clients there.
- Case Managers have some difficulty getting clients to agree to meet with the DV Advocate. As previously stated, they sometimes feel it is better for the client to meet with Jenny without knowing she is a DV Advocate in hopes that they will disclose their to her. This is conflict with Jenny's style of wanting to make sure that clients know who she is and why they are being referred to her.

Plans for addressing needs

- **Referrals & Screening:** The CSOA, Patti Omdal, stated that she will work with the Supervisors and Case Managers to ensure that they are asking about DV. Jenny hasn't done any formal training for the Case managers yet. She continues to send out emails letting them know she is there and asks them if they have enough referral forms. She also put the Open the Door pamphlet in all the Case Manager's boxes along with a copy of the WAC about mandatory client notification.
- **Training:** All Case Managers have or will attend DV training provided by Region 3 trainers.
- **Confidentiality & Communication:** Supervisors will instruct the workers not to make any referrals without full disclosure of Jenny's position.
- **Other:** Jenny plans on organizing a day-time support group to take place at the CSO. She has found that many of her clients are unable to attend the evening groups offered by Skagit DV&SA and wants to offer an alternative. She is also hopeful that her clients will get some support services for daycare through WorkFirst.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Domestic Abuse Women's Network & Renton CSO

Site visit date: May 8, 2001

People Interviewed:

Rochelle – Advocate, DAWN	Fred Lappert – Social Worker – Family Service
Kathleen Weigel – Client Services Director, DAWN	Audrey Moreland – WorkFirst Supervisor
Jennifer Edwards – WorkFirst Case Manager	Roger Soung – Supervisor ESD
Michelle Mocer – Leadworker	Paige Meier – WorkFirst Supervisor
Lynnette Campbell – WorkFirst Case Manager	Yevgeniya Didyk – Social Worker
Ben Van Patten – WorkFirst Case Manager	Irina Babayan – Social Worker
Sylvia Moreno – Leadworker	LaJoy Alexis – WorkFirst Case Manager
Rhi Huynh – Leadworker	Tanya Smith – WorkFirst Case Manager
Donna McCarthy – Social Service Supervisor	Tarr Kent-Milligan – WorkFirst Case Manager

Greatest Challenges:

Screening & Referral

- All the Case Managers at the meeting reported screening all clients. However, they are having trouble getting clients to answer yes to any of the screening question or to disclose family violence. Rochelle is averaging less than 10 client referrals a month.
- The bulk of Rochelle's referrals come from 1 of 4 Social Workers. These numbers have been the same since the program started at the end of November.
- Part of the problem with low referrals numbers stems from the referral process at this office. A client's Case Manager determines whether to refer to a Social Worker who then may then refer her to the DV Advocate. Sometimes a Case Manager will refer a client to both a Social Worker and DV Advocate at the same time, but the client must always be working with a Social Worker. There is some concern about clients being lost through this process.
- Rochelle doesn't think that clients are told that she is not a CSO employee and that conversations with her are confidential. Several clients she has met with didn't understand her role.
- Staff at this office don't know they are supposed to notify clients about the Family Violence Option either with the *Open the Door* pamphlet or with another means of notification.
- There is currently no routine approach to separating a couple to screen for family violence when they apply together. There have been a few situations where an extra effort was made to screen separately. One example was when a Case Manager witnessed a client being pulled by her hair by her partner in the lobby of the CSO. This couple was interviewed separately. The CSO could use their response to this situation as a model for a standard procedure for screening couples separately in the future.

Training

- Staff need additional training on identifying the subtle indicators of possible family violence.
- Staff also need on-going advice about how to work with clients who do not disclose DV, but the staff member has reason to believe the client is experiencing family violence. One Case Manager at this office saw her client physically abused in the lobby and when she met with her, the client denied there was any problem. Case Managers feel ill-prepared to deal with this situation.

Relationships/Communication

- Building rapport with Case Managers has been difficult, particularly because of Rochelle's location within the building. She has an office that provides her with a space to meet with clients confidentially, however the location is isolated from most CSO staff. The original decision about her location was based on ensuring client confidentiality. However, the location has proved to be a hindrance.
- Case Managers originally understood that Rochelle wasn't able to share any information at all and so they never asked for any information. Rochelle has been working with CSO staff to develop a clear understanding of what information she is and isn't able to share about clients.
- Rochelle was without voicemail and email for the first few months of the program. This made it especially difficult for her to be kept up to date on the general activities at the CSO and for clients to contact her.

Plans for Addressing Challenges:

- **Screening & Referrals:** DAWN facilitated CSO staff in doing *In Her Shoes* several months ago. The response to this was very positive, but due to the continued low number of referrals, staff need additional training on screening, identifying DV and about what services the advocate may provide in order to encourage referrals. It also may help to increase referrals numbers if there is a more direct referral process for clients to meet with the advocate. They plan to order *Open the Door* pamphlets. This tool will give clients more information about why they are being asked about DV and may encourage disclosure. Rochelle has also posted fliers in the bathroom and staffed a monthly outreach booth in the lobby with the CSO Nurse. Donna McCarthy and Paige Meier said they would look closer at a protocol for screening couples separately.
- **Training:** Paige Meier, Financial Supervisor is very supportive of the program. She is open to hearing Rochelle's input about how to train staff and to increase the number of referrals. The Coalition will provide Rochelle and Paige with information about scheduling the Case Manager DV training at this office.
- **Relationships/Communication:** There was some discussion about moving Rochelle's office to be closer to the Case Managers. This would allow her opportunities for informal advice and information sharing with CSO staff. Rochelle has voicemail and email now and has been sending out regular emails to CSO staff to inform them of her schedule and remind them she is available. We also discussed Rochelle attending Case Staffings. This could be an informal training opportunity on identifying DV and serving victims as well as team-building between Rochelle and CSO staff. Rochelle has attended a few unit meetings to discuss her methods of sharing information with Case Managers and Social Workers.
- **Contract:** Currently, the advocate feels she understands her role at the CSO, but there are still some questions about what she can do within the parameters of her position there. The original contract was for 20 hours a week at the CSO and 20 at DAWN to work with these clients. However, for the next contract year, they hope to include more hours at the CSO (30/10) to give Rochelle more of an opportunity to develop relationships with Case Managers and to increase referrals.

Other Issues

- There was some discussion about Rochelle providing training to other community based agencies within Renton as part of her contract with the CSO. The purpose of this would be to let other agencies know about the pilot program and hopefully increase referrals to her through these agencies and from clients' self-referrals.
- Kathleen Weigel also suggested that Rochelle could initiate a women's group at the CSO. However, there was some discussion about whether only CSO clients would be able to attend this group or it would be open to other Renton residents as well.

DSHS SITE VISIT SUMMARY

Domestic Violence Pilot Projects

Partners: Pierce South CSO and Tacoma Pierce YWCA

Names of people interviewed:

Rebecca Coffey-CSO Administrator

Sharon Vinzant-CSO Deputy Administrator

Rufus King-Social Service Supervisor

Linda Yokes-Case Manager Supervisor

Lisa Chappel- Advocate

Richard Holloway- Advocate Supervisor

Jennifer Allen - Agency Administrator

At Pierce South there are good working relationships between the domestic violence advocate, Lisa Chappel, and CSO administrators and staff. They work well together and all of them will extend themselves to help clients to get services most immediately needed, at times working beyond scheduled work hours if someone is in crisis. The CSO personnel are very conscious and aware of issues around domestic violence and have good policies on how to approach cases where they know or suspect domestic violence is involved. They remove IRP's from the computer after making hard copies for files, are careful about what they say in phone conversations to clients and what they mail out to clients. There is a strong sense of comradere that indicates those involved with the pilot site at the CSO are all on the same page.

Greatest needs identified:

1) Relationship building between YWCA and CSO administrators. It was made clear at the meeting that there had been some disagreement as to the dispersement of Lisa's time. The CSO feels the YWCA's staff meetings that Lisa is required to attend are excessive. The meetings have been scheduled one to two times a week. The schedule of the meeting times are a problem as they are in the middle of the day which requires Lisa to travel back and forth to the office two times a day. The CSO sees the agency as being inflexible about the meetings, citing an incident where Lisa was expected to leave a crisis situation at the CSO in order to attend a staff meeting. Lisa has indicated that she absorbs her over-time without pay. The YWCA has experienced extra administrative burdens because of the pay point system.

2) There are large numbers of TANF clients who are served through mail in applications and phone interviews. This situation creates a gap as to how clients are served who are suspected of having domestic violence issues. The CSO currently does not have a standardized procedure for getting clients in to the office for a DV assessment. They are very careful of what they discuss over the phone in case the perpetrator is listening, so the discussion about domestic violence is not easy to have.

3) Currently there is no procedure for keeping track of how many of the referrals being made to the YWCA and other resources are successful. Most of the clients being worked with at this time are ones in crisis situations and may not be heard from again if they do not qualify for TANF. Lisa and the CSO staff would like to see a way to provide some ongoing support services for clients at the CSO.

4) There has been a lack of formal correspondence between the advocate and case managers once a client has been identified. Lisa provides referral services and suggestions for meeting TANF requirements but then everything is turned back to case managers and social workers. However Sharon said that this is an area they have been working on developing and have created a form to correspond with.

Plans for addressing needs:

1) Richard and Jennifer have modified the required staff meeting to bi-monthly, although now there are various training workshops Lisa is being asked to attend. Both agencies are assessing the structure of their partnership as to what will change in the future to better serve all parties. The CSO are very satisfied with Lisa's efforts and would like to keep her services.

2) The CSO staff is going to develop a method for getting clients with possible domestic violence issues into the CSO. They will look at bringing them in for some other reason and then interview the client privately to determine if domestic violence and provide resource information and services if needed.

3) The YWCA was looking into creating a system at the beginning of the pilot site project year. At this time they would like to wait and see if the contract will be renewed before they spend time and energy into developing a system.

4) They have a newly developed correspondence sheet to have follow through communication about clients.

Attachment F

FAMILY VIOLENCE SCREENING TOOL

CLIENT NAME

AU NUMBER

DATE

Use this form as a script to screen clients for a history of family violence. Be sure to tell the client:

- The questions will be kept confidential and may be answered simply with a "yes" or "no" or "I do not wish to answer at this time."
- If they answer "yes" to any question, you will give them a referral to a place that can help.
- If their circumstances change, they can tell you at anytime.
- If they tell us that any children are being abused, we must report that information to the Division of Children and Family Services Child Protection Service (CPS) or a law enforcement agency.

YES	NO	NO COMMENT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Has anyone that you are in a relationship ever physically or sexually hurt you? For example: <ul style="list-style-type: none"> • Pushing, grabbing, shoving, slapping, hitting, choking or holding you down? • Keeping you away from family, friends or work, preventing you from leaving your home or going where you wanted to go? • Constantly putting you down or telling you that you are worthless? • Threatening to hurt you, your children, your pets, or other family or friends?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Has anything like this happened more than once?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are you afraid for your children's or your safety right now?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are you afraid of your partner or ex-partner?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Is the person you are afraid of the birth parent of any of your children?

If the client responds "yes" to any of the questions, follow your local office procedure for referring the client to services in your area and provide the client with written safety information.

NOTICE: Pursuant to WAC 388-61-001, all information provided by a client indicating the incidence or history of family violence shall be kept confidential.

Attachment G

DJP141MO
TRAINING

Washington JOBS Automated System
VIEW Worksheet

DS/23/2001
16 : 08 : 3 7

Name:	NSA Indicator:	Native American:
JAS ID:	Education Grade:	Literacy Level:
Client ID:	Primary Language:	Months On TANF:
	LEP:	Returner:

The following issues may affect your client's ability to get or keep a job. Mark all issues with an 'X' that apply and document the information gathered.

(C) =Conf idential

----- SCREENING AND EVALUATION CATEGORIES -----

<input type="checkbox"/> Family Violence (C) PF7	
<input type="checkbox"/> Employment	<input type="checkbox"/> Child/Dependent Care
	<input type="checkbox"/> Transportation

----- OTHER ISSUES -----

<input type="checkbox"/> Housing	<input type="checkbox"/> Legal	<input type="checkbox"/> Health (C)
<input type="checkbox"/> Literacy/Learning	<input type="checkbox"/> Pregnancy/Parenting(C)	<input type="checkbox"/> Clothing/Hygiene
<input type="checkbox"/> Substance Abuse (C)	<input type="checkbox"/> Family Planning(C) PFI	<input type="checkbox"/> Other Agency/Tribal

----- ADDITIONAL CATEGORIES -----

<input type="checkbox"/> Job Search Results	<input type="checkbox"/> Post Job Search Review	<input type="checkbox"/> No Issues
---	---	------------------------------------

Enter-PFI---PF2 --- PF3 --- PF4 --- PFS --- PF6 --- PF7 --- PF8 --- PF9 --- PFIO--PFII--PF12

Help	Hist	Retrn	Scrn?	Eval	Obser	FViol	Main
------	------	-------	-------	------	-------	-------	------

FAMILY VIOLENCE SCREENING SCRIPT

This is a series of questions we ask everyone about family violence

We know that violence in the home can be difficult to talk about

- * If this is an issue, we want you to be safe and to know that there are services available to help you.
- * You may answer these questions today, or, if not today, at any time in the future when you are ready. You do not need to give any details
- * Any information you give us about family violence will be kept confidential. If you tell us that any children are being hurt, we are required by law to report the information to Children's Protective Services (CPS) or a law enforcement agency. .

<Press 'Enter' to continue; 'PF12' to cancel>

-----ADDITIONAL CATEGORIES -----

___Job Search Results ___Post Job Search Review ___No Issues

Enter-PFI--PF2 --- PF3 --- PF4---PF5 --- PF6 --- PF7 --- PF8 --- PF9 --- PF10--PF11--PF12

Help Hist Retrn Scrn? Eval Obser FViol Main

FAMILY VIOLENCE SCREENING QUESTIONS

Mark Issues that apply with 'X' for a Yes answer; 'N' or blank for No.

- ☐ 1. Do you need immediate help to escape from someone who is hurting you or your children, or from someone who is stalking you?
 - If yes, this is an emergency case. Contact supervisor and Social Worker to assure that this client is seen immediately
- ☐ 2. Do you need to keep your address secret?
 - if yes, this is an emergency case. Refer the client to be enrolled in the Address Confidentiality Program (ACP).
- ☐ 3. Are you, or have you been, mentally, physically or emotionally hurt by a family member, partner or ex-partner?
- ☐ 4. Is a family member or partner controlling you?
- ☐ 5. Are you staying or have you recently stayed in a domestic violence shelter?
- ☐ 6. Are you afraid to leave your children at school or in childcare because of your partner or the other parent?
- ☐ 7. Have you ever obtained a protection order?

- * If Yes to any of the above, refer the client to a Social Worker or family violence counselor to provide more information and services
- * If No to all, press IPF3' to create a screening with No Issues.

Press IPF5'<Enter Notes>;IPF121.<Cancel>

Attachment H

Assessment

VIEW ASSESSMENT QUESTIONS

LITERACY

1. Do you have your high school diploma or GED certificate? (if no, go to question #3)

☐ Yes ☐ No Comments

2. If Yes, Do you have additional schooling or training (college degree, vocational training)?
(go to question # 5 if appropriate)

3. If NO, what was the last grade you completed in school?

4. What help do you need to obtain your high school diploma or GED?

5. Do you have problems reading or writing?

6. Do you have difficulty speaking, reading and/or writing English? (if yes, refer to LEP pathway)

(check LEP, NSA accommodation plan)

6. Are you currently involved with any Literacy programs?

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
*LITERACY / LEP	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= Has HS diploma or GED, no identified issues 2= No identified issues with literacy, no HS or GED (can participate) 3= Issues with literacy (may interfere with participation) 4= Issues with literacy, (limited participation) 5= Issues with literacy, (unable to participate until resolved)			

LEARNING NEEDS SCREENING

YES

1. ☐ Did you have any problems learning in middle school/junior high?
2. ☐ Do you have difficulty working from a test booklet to an answer sheet?
3. ☐ Do you have difficulty or experience problems working with numbers in a column?
4. ☐ Do you have trouble judging distances?
5. ☐ Do any family members have learning problems?

1X = = Count the number of yes's and multiply by 1.

6. ☐ Did you have any problems learning in elementary school?
 7. ☐ Do you have difficulty or experience problems mixing mathematical signs (+/x)?

2X = = Count the number of yes's and multiply by 2.

8. ☐ Do you have difficulty or experience problems filling out forms?
 9. ☐ Do you experience difficulty memorizing numbers?
 10. ☐ Do you have difficulty remembering how to spell simple words you know?

3X = = Count the number of yes's and multiply by 3.

11. ☐ Do you have difficulty or experience problems taking notes?
 12. ☐ Do you have difficulty or experience problems adding and subtracting small numbers in your head?
 13. ☐ Were you ever in a special program or given extra help in school?

4X = = Count the number of yes's and multiply by 4.

Total: If 12 or more, refer to Learning Disabilities Association or the Community College for further assistance and evaluation.

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
LEARNING NEEDS	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= No identified issues with learning disabilities 2= Minor issues (i.e. marked yes to family member w/LD or trouble judging distance but does not affect participation. 3= Issues with learning disabilities, score was less than 12, (may interfere with participation) 4= Issues with learning disabilities, score of 12 or more (limited participation) 5= Issues with learning disabilities, score of 12 or more (unable to participate)			

EMPLOYMENT

1. Are you currently working? (**If NO**, go to question #3)

 2. *If yes, are you employed 20 hours or more a week?*
**If no, do you need help getting more hours or finding a better job?*
 If yes, referrals made? Then go to question #6

3. Have you ever been employed?

If Yes: When did you last work?
 What type of job was it?

Is that the type of work you normally do?
 How long were you with your last employer?
 What was the reason for leaving?
 What is the longest amount of time have you worked in one job?
 When was it?
 What type of job was it?
 What was your reason for leaving?

4. Is there anything that prevents you from getting or keeping a job now?
5. What do you feel you need to get or keep a job?
 (Prompts: family issues, job readiness skills, e.g., get along with co-workers, Read and follow instructions, basic computer skills, etc).
6. Are there any areas you feel you need extra help with so you can get or keep a job working 20 hours or more a week?
7. What do you feel are your strengths in getting/keeping a job (i.e. always on time, willingness to learn, etc.)
8. What are your career goals or what type of job would you like to be doing in 5 years?
 - (a) What type of training (if any) would you need in order to meet those goals?
 - (b) What is your plan to reach your career goal?
9. Is there any thing else about employment you think is important to talk about?

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
EMPLOYMENT	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= Employed and participating full-time 2= Employed part-time-no issues, can participate full-time 3= Employed part-time- employment related issues may interfere with participation 4= Not employed - some employment related issues limit participation 5= Not employed - client unable to work at this time due to unresolved issues			

TRANSPORTATION

1. What type of transportation do you use?
2. Is this how you normally get around – (child care, doctor appointments, shopping, appointments, interviews)
– If no, how do you normally get around?
3. Is your transportation reliable?

(If no, discuss support services available)

Other optional questions if client uses car:

Do you own the car?

Is it running and reliable? If no, is it fixable?

Do you have a driver's license?

Is your car registered?

Do you have auto insurance?

If there are small children in your care, do you have child car seats?

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
TRANSPORT- ATION	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= Has reliable transportation and back up 2= Has transportation but needs back-up plan 2= Some issues, does not interfere with participation 3= Some issues, may interfere with participation 4= Some issues, limited participation due to lack of transportation 5= Issues, cannot participate until issues are resolved			

HOUSING

1. What is your current housing situation (e.g. stable, facing eviction, renting, homeless, moving from place to place)?

(If housing is an issue discuss support services and community housing resources)

2. Has your housing situation prevented or kept you from finding or keeping a job?
3. Are you currently working with any other agency on a housing issue?

Topic	Baseline Scale	Score	Recommend Resolution	Strengths
HOUSING	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= Has stable housing (can participate) 2= Moderately stable, can participate, (e.g. client is looking for other housing) 3= Some issues, may limit participation, (e.g. rent may become an issue due to income ratio) 4= Unstable. participation is limited until resolution can be found (e.g. living with friends/relatives, or otherwise unstable) 5= Critically unstable, issues must be resolved prior to participation.			

ADULT GENERAL HEALTH

1. In general would you say your health is:
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

 Comments:
2. Have you had injuries or illnesses that caused permanent changes in your life?
3. Do you or your partner have any medical conditions or disabilities that would make it hard for you to get or keep a job? (for child health issues use child health section)
☐ **If no**, go to #8,
☐ **If yes**, Please explain:
4. If yes, are you (or your partner) currently under a doctor's care or receiving treatment for this condition?
5. If yes, do you have documentation from your doctor?
6. If yes to #2-5, Given the health issues you (or your partner) face, what type of work do you feel you can do?
7. Do you use any medication regularly that may prevent you from working or make it hard for you to work (side effects)?
8. Do you feel you have *any* (health related or not) disabilities that makes it hard or impossible for you to work?

If any issues exist, consider what equipment/accommodations might be needed to find or keep a job?

Is child care needed to go to the doctor or receive treatment

9. Is there anything about your medical history that may affect your participation?

Topic	Baseline Scale	Score	Recommend Resolution	Strengths
*ADULT GENERAL HEALTH	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= Physical health appears good 2= Some physical health issues, does not interfere with participation 3= Some issues, may interfere with participation (e.g. chronic bad back, migraines) 4= Some issues, limited participation 5= Significant Issues, cannot participate			

ADULT MENTAL HEALTH

NOTE: Accurate diagnosis of psychological disorders requires a physical examination by a physician who can determine if an evaluation by a mental health professional (certified mental health counselor, psychologist, or psychiatrist) is appropriate and needed.

A score of 6 or more in either of the following two screens may indicated the need for further evaluation by the participant's primary care provider who will make a determination if further mental health evaluations are appropriate.

1. Depression: Never or Hardly Ever = 0 Sometimes = 1 Most of the time = 2

In the past month how often have you felt?

Sad, Blue, "Down in the Dumps?"

Tired, little energy, unable to concentrate?

Sleeping too little/too much?

Eating too little/too much?

Not enjoying activities that you used to enjoy?

Everything you do takes effort?

TOTAL:

2. Has anything happened within in the last few weeks that has made you feel depressed; such as divorce or loss of a loved one?

3. Anxiety Disorders: Never or Hardly Ever = 0 Sometimes = 1 Most of the time = 2

Worry excessively?

Shortness of breath heart palpitations, shaking?

Feel like you are loosing control of yourself?

Avoiding social situations/fear of others?

Anxiety/ Panic attacks?

Isolating yourself/fear of leaving the safety of your home?

TOTAL:

4. Is there anything that you are struggling with now that make it difficult for you to find or keep a job?

☐ Stress/trauma ☐ Physical/Emotional/Sexual Abuse ☐ Anger/Frustration ☐ Suicidal thoughts ☐ Other

5. Have any of the above issues affected your normal day-to-day activities or relationships with others? If so, how?

6. Is there anything else you would like to talk about that affects your ability to find or keep a job?

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
*ADULT MENTAL HEALTH	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= No mental health symptoms identified 2= Some mental health issues, does not interfere with participation 3= Some mental health issues, may interfere with participation 4= Some mental health issues, limited participation 5= Significant mental health Issues, cannot participate			

CHILD GENERAL HEALTH

Child #1 (Name):

Child #2 (Name):

Child #3 (Name):

Child #4 (Name):

1. Overall, how would you say your child(ren)'s health is?
2. Is there one health provider you think of as your child(ren)'s personal doctor or nurse?
3. Has your child(ren) received regular check ups when he/she is not sick?
4. Do you know if your child(ren) up to date with his/her immunizations? (if not sure, refer or assist them in finding out)
5. Do you think your child(ren) gets sick more often than other children do?
If yes, explain:

6. If yes, has this affected your ability to get or keep a job?
7. Has your child(ren) missed a lot of school or daycare due to health problems?
8. If yes, has it caused any problems at school or with the daycare?
9. Do you have any concerns about your child(ren)'s health right now? If yes, explain:
10. Is there anything else you think is important to discuss?
If yes to #5- #9, assist in connecting with Primary health Care provider and refer to public health nurse for evaluation.

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
*GENERAL CHILD HEALTH	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= Child health is good 2= Some child health issues, does not interfere with parent's participation but parent needs some supports in place. 3= Some child health issues, may interfere with parent's participation, supports need to be in place. Refer to primary care provider and PHN 4= Child health issues, supports must be in place, limited participation for parent. Refer to primary care provider and PHN 5= Child health Issues, child's health problems are significant and parent cannot participate. Refer to primary care provider and PHN			

CHILD HEALTH – CHILDREN WITH SPECIAL NEEDS

Child #1 (Name):

Child #2 (Name):

Child #3 (Name):

Child #4 (Name):

Screen for Special Needs:

1. Do you have a child who uses medicine prescribed by a doctor (other than vitamins)? If so, what condition is the medication used for?
2. Do you have a child who is limited in his/her ability to do things most children of the same age do? If yes, please describe:

3. Does your child need or use more medical care, mental health or special educational services than usual for most children of the same age?
4. Does your child have any kind of emotional, developmental or behavioral problems for which he/she gets treatment or counseling? If yes, is there a medical diagnosis or documentation?
If yes, how does it impact ability to participate?
If yes to any —refer to Public Health Nurse (PHN) for special needs evaluation.
5. Have you had difficulty locating child care due to your child's health needs?
If yes, refer for PHN evaluation.

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
*CHILDREN WITH SPECIAL NEEDS <i>(physical, mental, behavioral)</i>	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= Child has no special needs 2= Some issues, child has mild or intermittent issues that will likely not affect the parent's ability to participate 3= Some issues, may interfere with parent's participation, evaluation by PHN needed 4= Some potentially significant issues, limited participation for parent, evaluation by PHN needed. 5= Issues, Child has significant issues and parent cannot participate, evaluation by PHN needed			

CHILD WELFARE

Child #1 (Name):
Child #2 (Name):
Child #3 (Name):
Child #4 (Name):

- How would you describe your relationship with your child (ren) (i.e. do you get along well with your kids, are there issues that make it hard to get along or communicate, do you feel your child responds well to your guidance and parenting style?)
- How would you describe the relationship between the child(ren) and his/her other parent? (same prompts as above)

3. If you have more than one child, how would you describe the relationship between your children? (do they get along, are there issues that you consider out of the ordinary for siblings or that cause problems or upset in your family?).
4. If you have a significant other, other than the other parent of the child(ren), how would you describe that relationship with the child(ren)?
5. How would you describe the relationship between your child(ren) and other relatives in your family? (Do they visit each other often, do they get along with or are they close to other relatives, are there other adult relatives your child trusts and can count on in an emergency?)
6. What does your child(ren) like to do for fun?
7. Do you have any concerns about school attendance with your child(ren)?
8. When your child misses school what is usually the reason (illness, skipping school, suspended, etc.)?
9. How do you feel your child is performing academically in school?
10. How do you feel your child is relating with other children/peers?
11. How do you feel your child is relating to adults and teachers?
13. Do you have any concerns about the type of friends your child chooses? (are they usually the same age? Are they older, younger?)
14. Has your child been involved in any way with the legal system?
15. Are you currently involved with any other agencies regarding child issues?

If any of the above responses indicate a behavioral, mental, or physical health concern consider referral to the public health nurse for evaluation.

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
*CHILD WELFARE (i.e. school performance, trouble in legal system, family interactions, child abuse and neglect issue)	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= No issues 2= Some issues, does not interfere with parent's participation, supports may be needed 3= Some issues, support need to be put in place to support parent's participation 4= Some issues, limited participation for parent, supports need to be put in place 5= Issues, parent cannot participate and significant support and resources are needed			

CHILD CARE QUESTIONS

Child #1 (Name):
 Child #2 (Name):
 Child #3 (Name):
 Child #4 (Name):

1. If you were to get a job today, would you need help finding child care that is safe and dependable?

If no, document current plan and ask if they also have a back up plan. (Discuss and document what the back up plan is). Go to question #7

If yes, what help do you need in obtaining child care(i.e. money, locating a child car provider who can meet you child's needs, etc.). (referral to WCCC)

2. Do you know what types of questions to ask and what to look for when looking for child care? (If no, go over child care brochure (DSHS 14-XXX describing important things to look for)

3. When looking for care for your child, what is most important for you and your child? (i.e. Cultural sensitivity, location, hours of operation, family home vs. child care center, staff that can meet your child's special needs, etc.)

4. Does you child have any special child care needs?

(If yes, contact the Child Care Resource and Referral who can help the parent find child care providers for children with special needs and consider referring to the public health nurse for special needs child care.)

5. Are you aware of the Child Care Resources and Referral Network and how they can help you find child care in your community?

☐ Yes ☐ No (if no, refer to Child Care Resource and Referral)

6. Have child care issues ever kept you from getting or keeping a job?

Topic	Baseline Scale	Score	Recommend Resolution	Strengths
CHILD CARE	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= client has cc provider and backup plan 2= Client has cc, but no back up plan 3= Some issues, may interfere with participation (i.e. child care needs to be located) 4= Some issues, limited participation for parent (i.e. child care is limited in some way) 5= Issues, parent cannot participate (i.e. type of child care needed not available)			

DEPENDENT CARE

1. Do you provide care for another family member who lives in your home? If Yes, please explain.

2. Do you need help finding safe and dependable care so that you can work? If yes please explain.

If yes, refer to available resources in your community

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
*ADULT DEPENDENT CARE	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= No issues 2= Some issues, does not interfere with participation 3= Some issues, may interfere with participation 4= Some issues, limited participation for parent 5= Issues, parent cannot participate			

FAMILY VIOLENCE

1. Do you need immediate help to escape from someone who is hurting you or your children?
2. Do you need to keep your address secret? (refer for address confidentiality program).
3. Are you, or have you been mentally, physically or emotionally hurt by a family member, partner or ex-partner?
4. Is a family member or partner controlling you?
5. Are you staying or have you recently stayed in a domestic violence shelter?
6. Are you afraid to leave your children at school or in daycare because of your partner or other parent?
7. Have you ever obtained a protection order?
8. Are you or anyone else afraid for your child(ren's) and your safety right now?
☐ Yes ☐ No

If yes, explain:

9. Are you or have you been afraid of your current or ex-partner or other household member?
☐ Yes ☐ No

Comments:

10. Have you or has anyone else ever called the police because of a family argument?
☐ Yes ☐ No

If yes, please explain:

11. Who controls the money in your household? Do you have access to money that you earn or receive?

☐ Yes ☐ No

Comments:

12. How would your partner respond if you became more financially and socially independent?

13. Have you ever asked for help from anyone such as relatives, church, or a domestic violence agency for family violence?

☐ Yes ☐ No

If yes:

When:

What was the outcome?

14. If yes to any of the above, what are you doing to keep your children and yourself safe and resolve any past domestic violence issues?

15. The state has an Address Confidentiality Program that may help protect you and your family. Would you like to know more about it?

☐ Yes ☐ No

16. Are we (in WorkFirst) asking you to do something that makes you feel unsafe?

☐ Yes ☐ No

17. If yes to any of the above and you are unable to participate in WF activities because of family Violence issues, are you willing and able to work on resolving your domestic violence issues?

☐ Yes ☐ No

18. Client wants to participate in WF activity/job search

☐ with domestic violence services

☐ without domestic violence service

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
FAMILY VIOLENCE	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= No issues 2= Some or past issues, does not interfere with participation 3= Some issues, may interfere with participation 4= Some issues, limited participation for parent 5= Issues, cannot participate			

ALCOHOL and SUBSTANCE ABUSE

Currently or in the past year:

1. Have you lost a job or failed to complete school or training program due to the use of alcohol or drugs?

2. Do you feel or have you felt you should cut down on your drinking or drug use (if yes, what has been the drug of choice)?
3. Do people or have people annoyed you by criticizing your drinking or drug use?
4. Do you or have you felt bad or guilty about your drinking or drug use?
5. Do your partner or family member have/had any issues with alcohol or substance abuse? If yes, explain:
If no to #1-5, go to question #10.
6. If yes to any of the above, tell me more about how alcohol or drug use does affect or has affected you and your family?
i.e.:
 - difficulty getting a job or looking for a job
 - difficulty at work or school
 - problems you are having at home
 - concerns expressed by others, etc.
 - caused other issues such as:

- ☐ Missed work
- ☐ Late for work
- ☐ Drunk at work
- ☐ Breaking the law
- ☐ Time in jail
- ☐ Traffic fines
- ☐ Loss of driver's license, professional license, insurance, etc.
- ☐ Loss of housing
- ☐ Family rift/violent or irrational behavior

if client indicates an issue, ask: What do you think would make a difference?

7. Have you ever sought help or thought of seeking help for this?
8. Current or previous treatment?
If yes, what was the outcome?
9. How can DSHS help you?

(Review of resources: onsite and offsite resources, what DSHS can and cannot pay for, how treatment fits in with WorkFirst and participation, etc.)

10. If there is anything we haven't discussed about this issue you feel is important?

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
--------------	-----------------------	--------------	-----------------------------	------------------

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
ALCOHOL AND SUBSTANCE ABUSE	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= No issues 2= Some or past issues, does not interfere with participation 3= Some issues, may interfere with participation 4= Some issues, limited participation for parent 5= Issues, cannot participate until addressed or resolved			

FAMILY PLANNING

1. What size of family are you planning to have?
2. How far apart do you plan on spacing you children?
3. Are you currently using birth control?
If yes, what method?
If no: refer to family planning worker or Nurse as appropriate.
4. If yes to #3, are you satisfied with this method? If no, refer to family planning worker or Nurse as appropriate.
5. Are you aware of the different methods of birth control available with your medical coupon?
6. Are you aware that your medical coupon will pay for your annual exam?
7. Would you like information on Emergency Contraception pills or "morning after" treatment that can be taken within 3 days of unprotected sex?
8. Did you know that we have a family planning worker/nurse in our office to privately discuss family planning with you or your teenage child(ren)?
you like to meet with them or have them contact you? Would
9. Anything else you would like to discuss? (Document all referral made)

PREGNANCY

1. Are you currently pregnant? ☐ Yes ☐ No (If no, skip to next section.)
2. If yes, has your pregnancy been confirmed? ☐ Yes ☐ No

If yes, Due date

3. Date of last visit
Date of next visit
Doctor or Health Care Provider
Name of Healthy Options Plan

4. What are your plans for this pregnancy?

☐ Parenting

☐ Adoption

☐ Termination (if yes, ask #4, then skip to #14)

Referrals Made:

5. Are you aware that you will receive family planning services after your pregnancy?

6. How is your pregnancy going?

Referrals Made:

Medical factors and history:

Number of previous pregnancies ; Births ; Still Births ; Miscarriages ;

☐ tobacco

☐ hypertension

☐ prescriptions

☐ HIV/AIDS

☐ Chronic illness

☐ Medications

☐ Premature labor/births

☐ Diabetes

☐ Mental illness

☐ Alcohol/substance abuse

☐ Physical disability

☐ Other

7. Did you plan this pregnancy?

What were your feelings about this pregnancy when you first learned you were pregnant?

8. How do you feel about the pregnancy now?

9. How does the father of the baby feel about this pregnancy? (other possible questions: Who is father of your baby? How old is he? Is he going to be involved and supportive)

10. Are you aware of the services provided by the Division of Child Support? (Paternity Affidavit, Good Cause, Paternity Establishment, Parenting Plan)

11. Were you using birth control at the time of conception?

If yes, what type?

If no, are you aware of the types of birth control available?

12. Have you thought about what forms of birth control you want to use at the end of this pregnancy:

i.e.

☐ birth control pills

☐ Norplant

☐ Vasectomy

- ☐ Depo Shot
- ☐ Diaphragm
- ☐ Abstinence
- ☐ Condoms (male or female)
- ☐ Cervical Cap
- ☐ Rhythm Method
- ☐ IUD
- ☐ Tubal Ligation
- ☐ ECP (Emergency Contraception Pill)
- ☐ Spermicides
- ☐ Foam
- ☐ Film
- ☐ Gel
- ☐ Suppositories
- ☐ Other

13. Do you have any questions, concerns or issues about pregnancy options, family planning, birth control, or childbirth classes?

14. Are you working with any other programs, such as First Steps, W.I.C., parenting classes, C.P.S.?

15. Maternity Case Management Eligibility (Risk factors indicating eligibility for MCM):

- A. Experience at least one of the following:
 - ☐ Age 17 or younger
 - ☐ Alcohol and/or drug use by the individual and/or the presence of alcohol/drugs in the environment OR
- B. Demonstrate an inability to access necessary resources and/or services, and who experience at least three of the following:
 - ☐ Homelessness/Staying with friends/relatives on a short term basis or in a shelter
 - ☐ Current or recent violence (i.e physical or sexual)
 - ☐ Lack of support system, uninvolved partner
 - ☐ Medical factors related to pregnancy outcome (i.e. diabetes, hypertension, chronic illness, etc)
 - ☐ Two or more children age 4 or under in the home
 - ☐ Education at eighth grade level or less
 - ☐ Physical disability
 - ☐ Mental impairment / depression
 - ☐ Refugee status (does not include undocumented aliens)
 - ☐ Ages 18 or 19
 - ☐ Limited English proficiency
 - ☐ Late entry into prenatal care

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>

Topic	Baseline Scale	Score	Recommend Resolution	Strengths
PREGNANCY	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= No issues 2= Some issues, does not interfere with participation 3= Some issues, may interfere with participation 4= Some issues, limited participation for parent 5= Issues, parent cannot participate			

LEGAL ISSUES

1. **Citizenship:** Did you know, if you are not a U.S. Citizen we can provide you with information about how to apply? Are you interested in this information? ☐
Yes ☐ No ☐
(Social Worker can refer to Refugee Worker or the Northwest Justice Website to obtain information and resources)
2. Do you or any family members have any of the following legal issues that may affect your participation? (who, when, what (explanation))
 - ☐ Valid driver's license?
(If suspended, refer for licensing services)
(If DUI, consider substance abuse questions)
 - ☐ Unpaid traffic tickets?
(If yes, when and what for and how it will affect your participation)
(If yes, refer for Advocacy services if appropriate)
 - ☐ Alcohol-related offenses?
(If yes, consider substance abuse screen)
 - ☐ Drug-related offenses? (f yes, consider substance abuse screen)
 - ☐ CPS involvement with your family?
If yes, please explain how it may affect your participation:
 - ☐ Custody issues?
If yes, describe custody situation and how it may affect your participation:
 - ☐ Facing an eviction?
If yes, is it currently impacting your ability to find safe or affordable housing? Is it impacting ability to get or keep a job?
(Refer to housing assessment)
 - ☐ Bankruptcy or poor credit issues?
If yes, is this impacting your ability to find or keep a job?

- ☐ Upcoming court dates?
If yes, how will it affect your participation?
What are the possible outcomes? (i.e. fines, incarceration)
- ☐ Currently on probation or parole?
If yes, name and phone # of Parole Officer – how long? – restrictions?
- ☐ Any convictions that may affect your ability to work?
- ☐ Is there anything else regarding legal issues that you think may affect your ability to participate?

3. Are you currently working with any other agencies regarding one or more of the issues above?

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
LEGAL ISSUES	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= No issues 2= Some or past issues, does not interfere with participation 3= Some issues, may interfere with participation 4= Some issues, limited participation for parent 5= Issues, cannot participate until addressed or resolved			

OTHER AGENCIES

1. *Are there any other agencies you are working with?*
- ☐ Child Protective Services (CPS)
 - ☐ Child Welfare Services (CWS)
 - ☐ Family Reconciliation Services (FRS)
 - ☐ Division of Vocational Rehabilitation (DVR)
 - ☐ Division of Developmental Disabilities (DDD)
 - ☐ Division of Alcohol and Substance Abuse (DASA)
 - ☐ Head Start or Early Head Start
 - ☐ Early Childhood Education and Assistance Program (ECEAP)
 - ☐ Community College
 - ☐ Health Dept.
 - ☐ First Steps
 - ☐ Private Industry Council / Welfare to Work (WTW)
 - ☐ Tribal
 - ☐ Other
2. Are there any required community services you are working with? (Schools, libraries, shelters, food banks, churches)
- Name and phone # of contact – when, where – how many hrs

3. If yes to any of the above, do you have an action plan or an activity with that agency that needs to be considered when building an IRP? If yes, please explain:
4. If yes to any of the above, May I contact your worker to coordinate services?
5. Is there anything else you think is important to talk about?

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
OTHER AGENCY INVOLVEMENT	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= No issues 2= Some or past involvement, does not interfere with participation 3= Some involvement, may interfere with participation 4= heavy involvement, limited participation for parent 5= Issues and heavy involvement, cannot participate until stabilized			

FAMILY SUPPORT

1. How would you describe your relationship and interactions with extended family? (i.e. supportive, close, not in communication, live too far away)
2. What types of things do you like to do in your spare time?
3. What types of social activities are you involved in (i.e. church, boy/girl scouts, volunteer activities, school activities, hobbies, other organizations).
4. If you had a personal crisis, whom would you call or turn to first?
5. Do you feel like you have the support of your family and/or friends if you go to work?

<u>Topic</u>	<u>Baseline Scale</u>	<u>Score</u>	<u>Recommend Resolution</u>	<u>Strengths</u>
*FAMILY SUPPORT SYSTEMS (extended family, church, neighbors, social networks, Isolation issues, other)	N/A 1 2 3 4 5 unknown N/A= Not applicable or not assessed 1= Lots of family and community support 2= Support from either family or community 3= Some support from either family or community 4= No support from either family or community 5= No support at all			

SCORE DEFINITION AND ACTION REQUIRED-

The following demonstrates how the score is interpreted in relation to a client's participation and the action taken by the Social Worker.

SCORE	DEFINITION	ACTION
1	No Issues	No action needed
2	Client has issues, but doesn't interfere with participation.	Address issues (if possible) notify case manager
3	Client has issues, may limit participation	Identify resources to address issue, and coordinate with CM for participation plan

4	Client has issues, participation is limited	Work with client to resolve issues and gain full-time participation
5	Critical issues, must be resolved or addressed prior to participation	Intensive services to address issues immediately

ASSESSMENT BASELINE SCORE AND GOAL REPORT

The assessment scale in the chart below will be at the end of the assessment. This "result sheet" will be auto-filled from the information input in each assessment section.

<u>Topic</u>	<u>Baseline Score</u>	<u>Resolution/ recommendations</u>	<u>Family Strengths</u>	Three Month Goal Score	Three Month Actual Score	Six Month Goal Score	Six Month Actual Score	Nine Month Goal Score	Nine Month Actual Score	Twelve Month Goal Score	Twelve Month Actual Score
*LITERACY / LEP											
LEARNING NEEDS											
EMPLOYMENT											
TRANSPORATION											
HOUSING											
ADULT GENERAL HEALTH											
ADULT MENTAL HEALTH											
CHILDREN GENERAL HEALTH											
CHILDREN W/ SPECIAL NEEDS											

<u>Topic</u>	<u>Baseline Score</u>	<u>Resolution/ recommendations</u>	<u>Family Strengths</u>	Three Month Goal Score	Three Month Actual Score	Six Month Goal Score	Six Month Actual Score	Nine Month Goal Score	Nine Month Actual Score	Twelve Month Goal Score	Twelve Month Actual Score
CHILD WELFARE											
CHILD CARE											
ADULT DEPENDENT CARE											
FAMILY VIOLENCE											
ALCOHOL AND SUBSTANCE ABUSE											
FAMILY PLANNING											
PREGNANCY											
LEGAL ISSUES											
OTHER AGENCY INVOLVEMENT											
FAMILY SUPPORT SYSTEMS											

Signatures: 3 month SW

Contractor

CM

Date:

6 month SW

Contractor

CM

Date:

9 month SW

Contractor

CM

Date:

12 month SW

Contractor

CM

Date:

Summary of Action/Narrative 3 months:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

General Comments:

Signatures: 3 month SW	Contractor	CM	Date
Changes: SW	Contractor	CM	Date

Summary of Action/Narrative 6 months:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

General Comments:

Signatures:	6 month SW	Contractor	CM	Date
Changes	SW	Contractor	CM	Date

Summary of Action/Narrative 9 months:

Topic:

Outcomes/Goals:

Topic:

Outcomes/Goals:

Topic:

Outcomes/Goals:

Topic:

Outcomes/Goals:

Topic:

Outcomes/Goals:

Topic:

Outcomes/Goals:

General Comments:

Signatures: 9 month SW

Contractor

CM

Date

Changes SW

Contractor

CM

Date

Summary of Action/Narrative 12 months:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

Topic:
Outcomes/Goals:

General Comments:

Signatures:	12 month SW	Contractor	CM	Date
Changes	SW	Contractor	CM	Date

Attachment I

Agenda for Part 1

9:00	Welcome, Introductions, and Agenda	15 minutes
9:15	<i>In Her Shoes</i> Give instructions on how the game works and allow participants to run through the game. Awareness raising.	60 minutes
10:15	Break	10 minutes
10:25	Debrief <i>In Her Shoes</i> Facilitated by WSCADV staff or DV Advocate. This is an opportunity for participants to report how they felt about the game and what their responses are to the game.	30 minutes
10:55	Power and Control Wheel Briefly review the standard P&C Wheel.	10 minutes
11:05	WorkFirst Power and Control Wheel Detail behaviors that fit into each category of the P&C Wheel. Keep participants focused on behavior that would present itself in a CSO, not just theoretical DV behaviors.	45 minutes
11:50	Closing and tasks for part 2 Participants must gather information about resources in their area for the next part of the training.	10 minutes

Agenda for Part 2

9:00

1. Welcome, Introductions and Agenda 15 min
2. Review of Case Manager's Power and Control Wheel *handout* 10 min
3. Brief discussion of how to ask the screening questions (OK to ask directly, paraphrasing the questions, not verbatim from the screen) *handout* 10 min
4. Review resources that everyone brought to the training, collect this information
send this compiled list to attendees later 15 min

9:50

5. Scenario 1
 - a. Distribute part 1
 - b. Break into small groups of 5 people
 - c. Tasks for small groups are: develop laundry list of all possible options of activities to be plugged into IRP for this client 15 min
 - d. Share in large group what everyone did 10 min
 - e. Distribute part 2, stay in small groups
 - f. Tasks for small groups are: develop laundry list of all possible options of activities to include in IRP now 15 min
 - g. Share in large group what everyone did 10min

10:40

6. Break 10 min

10:50

7. Scenario 2
 - a. Distribute part 1
 - b. Stay in large group in brainstorm what clues there are to indicate domestic violence 15 min
 - c. Share in large group what everyone did 10 min
 - d. Distribute part 2
 - e. Break into small groups to discuss: 15 min
 - i. What issues you may questions the client about to gather more information
 - ii. What additional clues you heard to indicate domestic violence
 - iii. Laundry list of activities could be included in these client's IRP
 - iv. What things you may keep in mind when working with this couple
 - f. Share in large group what everyone did 10 min

11:40

8. Closing 20 min
 - a. There are lots of possible options
 - b. The process of addressing and questioning issues with the client in Scenario 2 are skills that are used when working with any hard to serve client to try and discover the root issue.
 - c. Know that the danger may increase for a battered woman when she leaves her abusive partner. As Case Managers/Social Workers we need to be concerned with this and cognizant of it's reality.

Attachment J

Attachment J – Immigrant Eligibility for Public Benefits – available in hard copy only

Attachment K

Community Based Domestic Violence Victim Services Provided at DSHS Community Service Offices

Inputs	Activities	Outputs	Short term outcomes	Long term outcomes
<ul style="list-style-type: none"> ◆ Agencies provide on site domestic violence advocates at DSHS CSOs. 	<ul style="list-style-type: none"> ◆ Advocates interview all domestic violence victims who self-refer or are referred by any DSHS personnel within the CSO. ◆ At a minimum, advocates describe the domestic violence services available at the CSO and in the community and give the victim written information to take with her (if safe to do so). ◆ Additionally, advocates are prepared to: <ul style="list-style-type: none"> Educate victims about domestic violence; Provide information about safety planning and help a victim design a short term plan; Provide emergency services such as shelter or legal advocacy; Facilitate longer term direct services such as support group or transitional housing. ◆ Advocates serve as a bridge or liaison between all available community based domestic violence services and the CSO. ◆ Advocates engage in formal and informal education with CSO staff on the issue of domestic violence. 	<ul style="list-style-type: none"> ◆ CSO staff refer domestic violence victims to the advocate. ◆ Advocate makes contact with all victims who are referred. 	<ul style="list-style-type: none"> ◆ Domestic violence victims are more knowledgeable about domestic violence. ◆ Victims demonstrate the ability to do short term safety planning including: <ul style="list-style-type: none"> Victim makes a plan; Plan includes children. ◆ Domestic violence victims are able to identify their barriers to safety. ◆ Domestic violence victims are able to identify the specific problems that the domestic violence <i>they</i> are experiencing pose to their economic well-being and to their success in school or in the work place. ◆ Victims and the family members of victims have accurate information about the services for battered women in the community. ◆ Victims are less socially isolated. ◆ People find and access domestic violence services for themselves and their family members. ◆ Domestic violence victims have reduced generalized feelings of fear, anxiety and hopelessness. 	<ul style="list-style-type: none"> ◆ Domestic violence victims demonstrate the ability to do long term safety planning including: <ul style="list-style-type: none"> Victim has a plan; Plan includes children; Planning has afforded victim and victim's children increased personal safety; Plan is flexible and creative. It changes as perpetrator alters control strategies or if violence escalates. ◆ Victims are self-assured enough to advocate for themselves and their children in all systems and successfully receive the resources and services they need. ◆ Victims have high self-esteem and are autonomous and empowered. ◆ Victims recover from long term physical and psychological disorders caused by the violence. ◆ The generational link of domestic violence is broken.