

EXHIBIT 51

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SPOKANE

3 In re:)
4 CHRISTOPHER SIMON,)
5 Child,)
6 WAYNE JANKE and DORIS STRAND,)
7 Petitioners,)
8 and) Cause No. 15-3-02130-1
9 RONALD SIMON and TERESA SIMON,)
10 Respondents.) VERBATIM REPORT
) OF PROCEEDINGS

MOTION HEARING

August 25, 2017

Spokane County Courthouse
Spokane, Washington
Before the
HONORABLE MARYANN C. MORENO

Terri A. Cochran, CSR No. 3062
Official Court Reporter
1116 W. Broadway, Department No. 7
Spokane, Washington 99260
(509) 477-4418

36e

1 A P P E A R A N C E S
23 For Petitioner DORIS STRAND, DORIS C. STRAND
4 appearing pro se: 11311 E. 24th Avenue
Spokane Valley, Washington 992065 For the Respondent RONALD DENNIS C. CRONIN
6 SIMON: The Law Office of D.C. Cronin
7 724 N. Monroe Street
Spokane, Washington 992018 For the Respondent TERESA TAMARA C. MURRAY
9 SIMON: Attorney at Law
724 N. Monroe Street
10 Spokane, Washington 9920111 The Guardian ad Litem: KIMBERLY A. KAMEL
12 Witherspoon Kelley
13 422 W. Riverside Avenue
Suite 1100
14 Spokane, Washington 99201

25

MOTION HEARING

IN RE CHRISTOPHER SIMON / 15-3-02130-1 / AUGUST 25, 2017

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1 everybody's understanding, and so I think that's maybe part of
2 the problem with Ms. Cathcart.

3 But my motion today focuses on basically three things.
4 One is I made an objection to the appointment of Ms. Cathcart
5 as the reunification counselor because she was not a
6 Ph.D.-level counselor. The parties argued for approximately
7 three weeks in February to find a Ph.D.-level counselor. I had
8 contacted like six different Ph.D.-level counselors. We
9 finally got Dr. Dietzen on board. So I was sort of shocked
10 when I came back from vacation that Ms. Cathcart was not a
11 Ph.D.-level counselor. As a result, I sent a letter to the
12 parties August 3rd and said that I thought that we should have
13 a Ph.D.-level counselor for reunification. My letter included
14 six potential reunification counselors, one of which I have
15 spoken with and is available. I've spoken with all of the
16 counselors in my letter. No one is available except Dr. Lontz,
17 and he is willing to meet with Christopher and perform an
18 evaluation and begin reunification counseling in the next few
19 weeks after he returns from vacation. So that's -- that what
20 was my first concern.

21 Then I received letters from counsel back stating --
22 respondent's counsel stating no, they wanted to use
23 Ms. Cathcart, they didn't need a Ph.D.-level counselor,
24 Dr. Dietzen didn't say that a Ph.D.-level counselor was needed.
25 They put forth some pretty good arguments, so I reconsidered my

1 decision. And then I performed a conflicts check; and it turns
2 out Witherspoon Kelley, my law firm, has two cases directly
3 adverse to Ms. Cathcart and her company, Empowering, Inc. One
4 is for STCU for closing some property of Ms. Cathcart's; and
5 the other is Ms. Cathcart sued a former employee on breach of
6 contract and various other issues, and we represent that
7 employee. And it's my understanding from one of the attorneys
8 in the STCU matter that Ms. Cathcart has actually made a
9 complaint against that lawyer and my firm, Ms. Ripley.

10 So as a result, I believe that it's a conflict of
11 interest to try to communicate with Ms. Cathcart because of
12 that. And I'm concerned that because my firm has two other
13 matters with her that, you know, my communication with her
14 would be difficult because she's adverse to Witherspoon Kelley
15 and she may not be able to be neutral.

16 Finally, I think what's most telling is Ms. Cathcart's
17 letter to the court. She filed two letters to the court. One
18 was August 21st, and I think the other one -- I'd have to look
19 at the date.

20 THE COURT: There's two, August 4th -- well, there's --
21 I don't -- there's an August 4th letter, but that's to
22 Ms. Strand.

23 MS. KAMEL: Right. And so in that letter, on the
24 August 4th letter she specifically states -- she sets up a time
25 frame for when the counseling would occur, which I think the

EXHIBIT 52

Summary of the Title IV-E Child Welfare Waiver Demonstrations

Prepared For:

Children's Bureau
Administration on Children, Youth, and Families
Administration for Children and Families
U.S. Department of Health and Human Services

Prepared By:

James Bell Associates
Arlington, VA

JULY 2018

The first rounds of demonstrations implemented in the 1990s and 2000s documented several successes in improving safety, permanency, and some well-being outcomes for children and families in the child welfare system. Highlights from three major categories of these original demonstrations—subsidized guardianship, flexible funding, and services for caregivers with substance use disorders—include the following:

- Eleven states completed subsidized guardianship waiver demonstrations. Under the terms of their waivers, these states could use title IV-E dollars to subsidize placements with relative and/or nonrelative caregivers who served as the legal guardians of children previously placed in foster care. The promising results of these demonstrations contributed, in part, to the enactment of a legislative change to the SSA through the Fostering Connections to Success and Increasing Adoptions Act of 2008, which allows title IV-E agencies to operate Guardianship Assistance Programs to support legal guardianships by kin caregivers for eligible children.
- Six states received title IV-E waivers to implement what were referred to broadly as “flexible funding” waiver demonstrations. While varying widely in terms of scope, service array, organizational structure, and payment mechanisms, these demonstrations shared the core concept of allocating fixed amounts of title IV-E dollars to public and private child welfare agencies to provide new or expanded services that prevent out-of-home placement and/or facilitate permanency. Evidence from several states suggests that the availability of flexible IV-E funds increased access to a wider array of child welfare programs and services for children and families.
- Four states implemented waiver demonstrations focused on providing services to families in which parental substance abuse places children at risk of maltreatment or out-of-home placement. Although findings from most states were mixed or inconclusive, Illinois documented statistically significant findings from both its original Alcohol and Other Drug Abuse (AODA) demonstration and its current extension, including higher reunification rates and reduced time in foster care.

Overview of Current Waiver Demonstrations

Results from the original waiver demonstrations implemented in previous decades helped shape HHS priorities for demonstrations implemented under the 2011 waiver authority. For example, as highlighted in the HHS Information Memorandum from May 2012 to state and tribal title IV-E agencies ([ACYF-CB-IM-12-05](#)), many past demonstrations emphasized the role of waivers as a fiscal mechanism that gives greater flexibility to child welfare agencies in providing resources and services that prevent foster care and improve other outcomes for children. However, the memorandum notes that providing greater funding flexibility alone may not be sufficient to improve outcomes for children and families. This recognition has contributed to the greater emphasis placed under the new waiver authority on the implementation of established or emerging evidence-based programs and practices (EBPs).

Both new and ongoing demonstrations address a wide range of programmatic goals, depending on their primary target populations (see table 1). Of the 27 active waiver demonstrations,¹ 20 have identified

¹ For the purposes of this document, the Illinois waiver demonstration is counted as one demonstration in all counts of demonstrations or jurisdictions. The tables include specific information regarding each of the three Illinois demonstration components—Illinois Birth to Three (IB3), AODA, and Immersion Site.

increased permanency for children in out-of-home placement as a primary goal, while 14 are placing special emphasis on foster care prevention. Preventing foster care reentry and reducing maltreatment recurrence is a key goal for 19 jurisdictions. Several jurisdictions have also identified more specialized goals for specific target populations. For example, Arkansas, Colorado, and Hawaii are seeking to reduce entry of children into foster care for short periods ("short stayers") by providing intensive, up-front services and supports to mitigate safety issues that may necessitate these placements. Arizona, Colorado, Illinois (Immersion Site demonstration component), Massachusetts, and West Virginia are focused on the prevention of or step-down from congregate care placement settings, while Illinois (AODA), Kentucky, Maine, and Oklahoma are targeting caregivers with substance use disorders as a means for improving children's permanency and safety outcomes. Arkansas and the Port Gamble S'Klallam Tribe are implementing services to increase placement stability and improve foster and kinship care recruitment and support systems. Addressing the behavioral health needs of children is a focus of demonstrations implemented by California, Colorado, Illinois Birth to Three (IB3), Maryland, Massachusetts, Michigan, Pennsylvania, and West Virginia.

TABLE 1. PROGRAMMATIC GOALS OF WAIVER DEMONSTRATIONS²

Goal	Jurisdictions
Prevent Foster Care Entry	Arkansas, Colorado, District of Columbia, Florida, Hawaii, Indiana, Maryland, Maine, Nebraska, Nevada, Oklahoma, Pennsylvania, Tennessee, Utah
Increase Permanency	Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Hawaii, Illinois AODA, Illinois IB3, Illinois Immersion Site, Indiana, Maine, Maryland, Massachusetts, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, West Virginia
Prevent Short Stays in Placement ("Short Stayers")	Arkansas, Colorado, Hawaii
Reduce/Prevent Placement Reentry	Arizona, California, Colorado, District of Columbia, Hawaii, Illinois IB3, Maine, Maryland, Massachusetts, Nebraska, New York, Ohio, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, Tennessee, West Virginia, Wisconsin
Prevent Maltreatment or Maltreatment Recurrence	Arizona, California, Colorado, District of Columbia, Florida, Hawaii, Illinois IB3, Maine, Massachusetts, Michigan, Nebraska, Nevada, New York, Pennsylvania, Tennessee, Utah, Washington, West Virginia, Wisconsin
Address Behavioral Health Needs of Children	California, Colorado, Illinois IB3, Maryland, Massachusetts, Michigan, Oregon, Pennsylvania, West Virginia
Improve Placement Stability	Arkansas, Illinois IB3, Illinois Immersion Site, Port Gamble S'Klallam Tribe, Tennessee
Prevent/Reduce Congregate Care Placements	Arizona, Colorado, Illinois Immersion Site, Massachusetts, West Virginia
Address Needs of Caregivers with Substance Use Disorders	Illinois AODA, Kentucky, Maine, Oklahoma

²This summary of primary programmatic goals is based on a review of the jurisdictions' Terms and Conditions and Initial Design and Implementation Reports (where available), supplemented by additional information (e.g., conference calls, site visit notes, progress reports), where appropriate.

Programmatic Elements of Current Waiver Demonstrations

The diversity of waiver goals is reflected in the wide variety of services, programs, and organizational initiatives being implemented using title IV-E funds. As table 2 shows, the most common programmatic initiative is the establishment or expansion of clinical or functional assessment protocols for children and/or caregivers in the child welfare system. One widely used or adapted example is the Child and Adolescent Needs and Strengths (CANS) assessment instrument originally developed by John Lyons (1999). Accompanying this increase in the use of standardized assessment processes, 11 jurisdictions are introducing new or expanding existing trauma-informed and therapeutic services. Other common interventions include parent education or mentoring programs; family-centered case management models (such as Wraparound and Family Team Meetings); intensive family preservation and stabilization programs (such as Hawaii's Intensive Home-Based Services model using Homebuilders®); enhanced or intensive case management services; and initiatives to find, recruit, and support foster and relative/kin caregivers (e.g., Family Finding and Kinship Navigator). Less common but notable programmatic initiatives include Permanency Roundtables, Alternative/Differential Response (expanded or introduced in three states), and other intensive case management approaches (e.g., the Recovery Coach Model of the Illinois AODA demonstration).

TABLE 2. PROGRAM/SERVICE INTERVENTION CATEGORIES OF WAIVER DEMONSTRATIONS

Intervention	Jurisdictions
Clinical/Functional Assessments ³	Arkansas, California, Colorado, District of Columbia, Hawaii, Illinois AODA, Illinois IB3, Indiana, Maryland, Michigan, New York, Pennsylvania, Tennessee, Utah, Washington, West Virginia
Trauma-Informed/ Therapeutic Services	California, Colorado, Florida, Illinois IB3, Illinois Immersion Site, Indiana, Maryland, Michigan, New York, Pennsylvania, Wisconsin
Family-Centered Case Management Models	Arizona, Arkansas, California, Colorado, Hawaii, Illinois Immersion Site, Ohio, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, West Virginia
Permanency Roundtables	Colorado, Hawaii
Resource/Kinship Family Recruitment and Support	Arkansas, Arizona, California, Colorado, Ohio, Oregon, Pennsylvania
Parent Education/Mentoring	Arkansas, California, District of Columbia, Illinois IB3, Kentucky, Maine, Nevada, New York, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, Tennessee, Utah, Washington
Substance Abuse Treatment	Illinois AODA, Indiana, Kentucky, Maine
Enhanced/Intensive Case Management	Illinois AODA, Kentucky, Michigan, Oklahoma, Tennessee, West Virginia, Wisconsin
Independent Living/ Transition Services	California, Massachusetts
Concrete Services/Supports	Florida, Indiana, Michigan, Nebraska, Nevada, Washington, Wisconsin
Family Preservation/ Stabilization	Arizona, California, District of Columbia, Hawaii, Illinois AODA, Kentucky, Massachusetts, Oklahoma, Washington, Wisconsin
Differential/Alt. Response	Arkansas, Nebraska, Washington

³ In addition to the CANS, other examples of assessment tools include the Ages and Stages Questionnaire and the Child Behavior Checklist.

In some cases, the statewide or systemic nature of a demonstration makes random assignment designs methodologically or practically infeasible; however, several jurisdictions are implementing rigorous design alternatives such as matched case comparison designs that involve propensity score matching and other statistical methods. Other evaluations, such as that implemented by the Port Gamble S'Klallam Tribe, include significant qualitative components that collect rich, in-depth information using interviews, focus groups, and document reviews.

TABLE 4. PRIMARY RESEARCH DESIGNS OF WAIVER DEMONSTRATION EVALUATIONS⁵

Research Design	Jurisdictions
Random Assignment	Illinois AODA, Illinois IB3, Kentucky, Michigan, Nebraska, Oklahoma
Matched Case (Including PSM)	Arizona, Arkansas, Colorado, District of Columbia, Florida, Hawaii, Kentucky, Maine, Maryland, Massachusetts, Ohio, Oregon, Tennessee, Washington, West Virginia, Wisconsin
Comparison Group/Site	Arizona, Arkansas, District of Columbia, Illinois Immersion Site, Indiana, Nevada, New York, Ohio, Utah
Longitudinal/Time Series	California, Colorado, District of Columbia, Florida, Hawaii, Illinois Immersion Site, Indiana, Maryland, Nebraska, New York, Oklahoma, Pennsylvania, Port Gamble S'Klallam Tribe, Utah

As with earlier rounds of waiver demonstrations, the evaluations of current demonstrations examine changes in various aspects of child safety, permanency, and well-being. For example, as tables 5 and 6 show, most jurisdictions are assessing whether their waiver demonstrations contribute to decreased first-time entries into foster care; increased permanency (defined as exits to reunification, adoption, and legal guardianship); decreased time in foster care; reduced maltreatment recurrence; and decreased reentries into foster care. Several jurisdictions are also examining whether their demonstrations contribute to improved placement stability, usually defined as the number of changes in placement settings while in out-of-home care.

TABLE 5. SAFETY OUTCOMES OF WAIVER DEMONSTRATIONS

Outcome	Jurisdictions
Maltreatment Recurrence	Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Illinois AODA, Illinois IB3, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Nebraska, Nevada, New York, Ohio, Oklahoma, Pennsylvania, Tennessee, Utah, Washington, West Virginia, Wisconsin
Initial Foster Care Entry	Arkansas, Colorado, District of Columbia, Hawaii, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Nebraska, Nevada, Ohio, Oklahoma, Pennsylvania, Tennessee, Utah, Washington, West Virginia

⁵Jurisdictions may be included in more than one category if their evaluations involve more than one research design. More than one design may be appropriate for a variety of reasons—e.g., implementation of multiple interventions or implementation in different geographic regions with disparate target populations.

TABLE 6. PERMANENCY OUTCOMES OF WAIVER DEMONSTRATIONS

Outcome	Jurisdictions
Exits to Permanency	Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Illinois AODA, Illinois IB3, Illinois Immersion Site, Indiana, Kentucky, Maine, Maryland, Nebraska, Nevada, New York, Ohio, Oregon, Pennsylvania, Tennessee
Placement Duration/Time to Permanency	Arizona, Arkansas, Colorado, District of Columbia, Florida, Hawaii, Illinois AODA, Illinois IB3, Illinois Immersion Site, Indiana, Kentucky, Maine, Maryland, Massachusetts, Nebraska, Nevada, New York, Ohio, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, Tennessee, West Virginia
Placement Stability	Arkansas, Colorado, Hawaii, Illinois AODA, Illinois IB3, Illinois Immersion Site, Indiana, Maryland, Massachusetts, Nebraska, New York, Ohio, Oregon, Port Gamble S'Klallam Tribe, Tennessee
Foster Care Reentry	Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Hawaii, Illinois AODA, Illinois IB3, Indiana, Kentucky, Maine, Maryland, Massachusetts, Nebraska, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, Tennessee, West Virginia, Wisconsin

The more explicit focus of demonstrations on improving child and family well-being is also reflected in the evaluations, with 22 demonstrations examining their impact on various aspects of child development and behavioral or social functioning (see table 7). Smaller numbers are evaluating other aspects of well-being, such as changes in caregiver capacity and functioning, the use of residential treatment and other congregate care placement settings, placement with siblings, and successful transitions to adulthood after leaving the foster care system.

TABLE 7. WELL-BEING OUTCOMES OF WAIVER DEMONSTRATIONS

Outcome	Jurisdictions
Transitions to Adulthood	Arkansas, California, Port Gamble S'Klallam Tribe
Child Development, Behavioral Functioning	Arizona, Colorado, District of Columbia, Florida, Hawaii, Illinois AODA, Illinois IB3, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Nebraska, New York, Oklahoma, Oregon, Pennsylvania, Tennessee, Utah, Washington, West Virginia, Wisconsin
Use of Congregate Care	Arizona, California, Colorado, Illinois Immersion Site, Indiana, Maryland, Massachusetts, Pennsylvania, West Virginia
Caregiver Capacity/Functioning	Colorado, District of Columbia, Florida, Illinois IB3, Kentucky, Maine, Maryland, Michigan, Nevada, Oklahoma, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, Tennessee, West Virginia

children whose families did not participate (55.61 percent compared with 39.04 percent), a statistically significant difference at $p < .001$.

Michigan: Children in families that participated fully in the state's Protect MiFamily intervention (i.e., completed all three phases of the program) were less likely to experience a removal from the home; as of December 31, 2017, only 8.9 percent of children assigned to the intervention whose families received the full course of Protect MiFamily services were removed from the home, compared with 16.3 percent of children assigned to the control group (statistically significant at $p < .05$).

Nevada: More children in families receiving contracted in-home safety services through Clark County's Safety Intervention and Permanency System program experienced a removal from the home within 12 months of implementation of the family's in-home safety plan than did comparison group families at 90, 180, and 360 days following the implementation of in-home safety services. This preliminary finding is trending in the opposite direction than originally hypothesized.

Oklahoma: Among families that were assigned to receive Intensive Safety Services (ISS) through the state's demonstration, 21 percent experienced an immediate removal of a child from the home compared with 65 percent of families assigned to a control group. When examining just families that received ISS, 52 percent of ISS families experienced an immediate removal of a child compared with 62 percent of control group families. Both differences were statistically significant at $p < .0001$.

Utah: The pilot site for the state's HomeWorks demonstration (child welfare offices in Ogden and Logan) experienced a statistically significant decrease in the likelihood of foster care entry among children receiving demonstration services during the initial implementation period compared with children who had an open Child Protective Services (CPS) case prior to the start of the demonstration. During the full implementation or "saturation period,"⁶ there was also a statistically significant decrease in the likelihood of referral to foster care compared with the baseline pre-implementation period.

Washington: Families assigned to receive Family Assessment Response services have experienced lower removal rates than have matched comparison group families at 3, 6, and 12 months following an initial intake ($p < .05$).

Family Reunification: Children/Youth/Families With a Case Plan of Family Reunification or Ordered by a Court to Be Reunified

Arkansas: Cohorts of families receiving intervention services between August 1, 2015, and January 31, 2017, had significantly higher rates of reunification within 3 months of enrollment than did families in the comparison group (significance level not indicated). In addition, children older than 5 years whose initial CANS assessment occurred between August 2016 and January 2017 were also significantly more likely to be reunified within 12 months of this initial assessment than were children in the comparison group (significance level not indicated).

Colorado: An analysis of findings from the state's Permanency Roundtable (PRT) intervention suggests that higher levels of PRT implementation fidelity are associated with improved permanency outcomes.

⁶ Saturation is defined as occurring when at least 75 percent of observed workers are delivering demonstration services with basic fidelity.

EXHIBIT 53

Braam v. Washington – History of the Case

by cooper | Jun 14, 2018 | Uncategorized

<https://columbialegal.org/braam-v-washington-history-of-the-case/>

The start of the case: In 1998, 13 children initiated a lawsuit seeking damages and injunctive relief against the State of Washington, claiming the State was harming children in foster care through inadequate care. The named plaintiffs settled their individual claims for \$1.3 million and the claims for an injunction proceeded to trial in 2001 with the Plaintiffs Class as all children who are now placed or in the future will be placed by DSHS in three or more placements or at risk of three or more placements. On December 4, 2001, after a seven-week trial, a jury returned a verdict finding that the State of Washington: (1) was violating the class of children's constitutional rights; and (2) that the violation had harmed the class. The trial court issued a 31-page injunction ordering changes in the foster care system to protect children from harm. The State appealed to the Washington Supreme Court.

A substantive due process right to adequate care: In 2003, the Supreme Court reversed the trial court in part and affirmed in part, vacated the injunction, and sent the case back for a retrial on certain legal and evidentiary issues. In a strong affirmation of foster children's rights, the Supreme Court held that children in foster care "have a substantive due process right to be free from unreasonable risk of harm, including a risk flowing from the lack of basic services, and a right to reasonable safety." *Braam v. State of Washington*, 150 Wn. 2d 689, 699-700, 81 P.3d 851 (2003). The Court also stated that "[l]ack of funds does not excuse a violation of the constitution and this court can order expenditures, if necessary, to enforce constitutional mandates." Id. at 710 (citing *Hillis v. Dep't of Ecology*, 131 Wn. 2d 373, 389, 932 P.2d 139 (1997)).

The 2004 Settlement Agreement: In 2004, the parties entered a settlement agreement, which established an oversight panel of child welfare experts. The Panel's five members were mutually agreed upon and included a public child welfare administrator, a child welfare researcher, a children's mental health expert and two other members. The Panel was charged with monitoring the State's compliance with the 2004 Agreement and making findings with regard to specific outcomes, benchmarks, and related action steps, developing professional standards, and providing advice and technical assistance to the State. The Panel was to issue a public monitoring report every six months.

The Panel's Professional Standards and 2006 and 2008

Implementation Plans: In 2006, after getting substantial input from the parties and stakeholders, the Panel issued an Implementation Plan, setting out outcomes, annual benchmarks, and action steps. In 2007, after getting substantial input from the parties and stakeholders, the Panel issued a set of professional standards, and in July 2008, after receiving more baseline data and more input from the parties and stakeholders, the Panel issued the 2008 Revised Implementation Plan.

The 2008 Enforcement Action: In 2008, the lawyers for the children filed a motion to enforce the 2004 Agreement because of the State's failure to comply with four specific areas of the Panel's Implementation Plan, including failure to (1) provide monthly health and safety visits to each and every child in foster care; (2) develop a plan to reduce caseworker caseloads to a level commensurate with professional standards; (3) ensure siblings receive necessary visits and contacts in order to maintain sibling relationships; and (4) provide timely Child Health and Education Tracking (CHET) screens for foster children. In September 2008, the Whatcom County Superior Court found the State was out of compliance with the terms of the 2004 Agreement and/or the Panel's Implementation Plan in those four areas, and ordered the State to demonstrate substantial improvement toward compliance within 90 days from the date the Panel accepted a compliance plan for each area of the four areas of non-compliance. The court also ordered the State to meet

the benchmark measurements in each area within nine months of the Panel's acceptance of a compliance plan. The State failed to come into compliance for several years after the 2008 order on any of the four areas.

The 2011 Revised Settlement and Exit Agreement: The 2004 Agreement was scheduled to expire on July 31, 2011. For almost a year, between November 2010 and October 31, 2011 (with a three-month extension of the settlement), the parties met regularly to negotiate an agreed extension and/or revision of the 2004 Agreement. On October 31, 2011, the parties agreed to the [Revised Settlement and Exit Agreement](#), which acknowledged that, although the State had made significant progress and improvements to Washington's child welfare system since 2004, it had not yet met a number of "key" outcomes. The State agreed to "achieve full compliance" with 21 outcomes for 18 consecutive months. In the Revised Agreement, the number of outcomes was reduced from 33 to 21. The Revised Agreement was designed to be in effect until December 2013, unless certain conditions occurred, one of which included judicial enforcement proceedings initiated by the plaintiffs.

The Disbanding the Panel: The Revised Agreement provided that from November 1, 2011 to June 30, 2013, the Panel would remain in operation to monitor the State's compliance with the specified outcomes. After June 30, 2013, the Defendants were to report outcomes directly to Plaintiffs' counsel. In accordance with the Revised Agreement, the Panel disbanded on June 30, 2013.

The 2014 Enforcement Action: On September 30, 2013, the State provided outcome data to Plaintiffs' counsel for January to June, 2013. As for eight outcomes, the State had zero months of compliance and on an additional one, there had only been six months of compliance. Because full compliance (19 months) by December 31, 2013 was impossible for these nine outcomes, in December 2013, the plaintiffs filed a Notice of Intent to Enforce Settlement Agreement. On March 31,

2014, the State provided a second monitoring report to plaintiffs' counsel for July-December 2013, which confirmed noncompliance on the same nine outcomes, which were the subject of the plaintiffs' Motion to Enforce the Revised Settlement Agreement, filed on May 2, 2013.

The State is ordered to Comply with the Revised Settlement Agreement Outcomes: In July, 2014, Judge Charles Snyder of the Whatcom County Superior Court ruled that the State must finish the job of reforming the foster care system as it promised to do in the 2011 revised Settlement and Exit Agreement. The court issued its written order on November 7, 2014. The State was required to submit a compliance plan to the court. The State was also ordered to continue to provide monitoring data to the children's counsel every six months...

Compliance Monitoring: The court also ordered the State to submit a compliance plan, which it did on November 14, 2014. Plaintiffs filed on the plan on December 12, 2014. On March 31, 2015, the State provided a six-month monitoring report for the last six months of 2014. These data showed the State continues to have zero months of compliance with Outcomes 1, 2, 9, 10, 11, 20 and 21. The State had achieved 12 months of compliance with outcome 8 (twice monthly sibling visits).

EXHIBIT 54

Fwd: General questions

[REDACTED]

[REDACTED]

[REDACTED]

Subject: Re: General questions
To: Taunnia Bockmier <taunniabockmier@gmail.com>

Thank you

[REDACTED] Taunnia Bockmier <taunniabockmier@gmail.com> wrote:
That would be the same individual. I am a private contractor through her agency, Dazell & Associates. Her name is Heather Dazell MSW, LICSW. She provides the majority of family assessments through this office.

[REDACTED]
The one's that you mentioned in this email chain. You stated there were several individuals you spoke to in a staff meeting regarding my situation. In a previous email, you informed me that one individual told you we needed to do family assessments which you couldn't provide to us due circumstances and cost. Also, there was another individual that told you to inform me that we needed a specific type of counseling called reunification counseling.
Thank you.

[REDACTED] Taunnia Bockmier <taunniabockmier@gmail.com> wrote:
Good morning!

What information/situation/individuals are you referring to?

Taunnia Bockmier, MSW, LICSWA, MHP, CMHS, CDP
New Connections Counseling Services
316 W Boone Ste 577
Spokane, Washington 99201
PH: 208-718-1144
Fax: 509-279-2506

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[REDACTED]
For court purposes, please provide with specificity the name(s), credentials, job title, corporation/agency affiliation and a brief description of the information provided to you by these individuals regarding my situations.
Please feel free to respond with any questions.

[REDACTED] Taunnia Bockmier <taunniabockmier@gmail.com> wrote:
I consulted with the lead therapist in charge of performing the majority of the family assessments that come through these offices. She clarified the differences between a regular family assessment and reunification assessment, and the requirements for each
I'm sorry to hear you will be moving on, but completely understand and support your need to do so.
I wish you the best.

Professional staffing meeting? Of new connection? Could you elaborate? At this time I'll be discontinuing my counseling services with you. When I initially contacted [REDACTED] which is who you received my information from, I was seeking a specific type of counseling which you said you could provide me with. I was under the impression after our initial sessions that this was something you could do and now it sounds as though you aren't able to do so. Therefore, I will be having to seek another form of counseling. Thank you

[REDACTED] Taunnia Bockmier <taunniabockmier@gmail.com> wrote:
Happy Saturday!

I brought your situation to our professional staffing meeting to verify I have provided you with as accurate of information as I can. It was brought to my attention that because [REDACTED] has not been in [REDACTED] dad's custody and that he has not seen her in a considerable amount of time, you would be needing what is called, "Reunification Family Counseling." This is a very specific type of family counseling, with legal responsibilities and duties, outside of what we provide here. Long story short, I would not be able to provide you with the family counseling you and [REDACTED] need. As far as individual counseling, I can still provide that. I was just under the impression that is not what you're needing or interested in at this time. Please advise how you would like to proceed.

Taunnia Bockmier, MSW, LICSWA, MHP, CMHS, CDP
New Connections Counseling Services
316 W Boone Ste 577
Spokane, Washington 99201
PH: 208-718-1144
Fax: 509-279-2506

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[REDACTED]
Oh no, this still works for me! I just wanted to make sure that we were still scheduled. As far as the assessment goes, yes that does answer all of my questions. Are you still able to do the family counseling part? So that we can work on co-parenting, effective communication and the relationship between [REDACTED]. I guess I'm asking if I should be seeking a different type of counseling to achieve the main goal. The main goal is to eventually have [REDACTED] go with her dad, but he is wanting it to happen right this second and I'm saying that it needs to be done in a healthy way and can't just be done immediately due to concerns for [REDACTED] well being. Thank you for your help,

[REDACTED]
[REDACTED] Taunnia Bockmier <taunniabockmier@gmail.com> wrote:
Good morning!

I have you with a standing weekly appointment of Wednesday at 11:00 am, unless that no longer works? Sorry for any confusion!

The assessment is called a family assessment. I clarified with the agency affiliates I work with regarding availability to complete one here. At this time, we are only working with CPS in doing those, due to the expense (generally runs about \$1500) and the limitations we would have in doing proper investigative work. It is extremely time-intensive to gather the collateral information needed to provide that professional recommendation your attorney is looking for. With our contract with the Department, they provide the investigative collateral.

With that being said, short answers: We would not be able to do the family assessment and ethically, I would not be able to provide the recommendation your attorney is looking for without one.

I hope that answers those questions?

Taunnia Bockmier, MSW, LICSWA, MHP, CMHS, CDP
New Connections Counseling Services
316 W Boone Ste 577
Spokane, Washington 99201
PH: 208-718-1144
Fax: 509-279-2506

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[REDACTED]
Hi Taunnia,

[REDACTED] It's [REDACTED] I just realized that we didn't reschedule today after we were done with our session. Also, could you tell me the name of the assessment that we were talking about today.

[REDACTED]
Thank you,

Taunnia Bockmier, MSW, LICSWA, MHP, CMHS, CDP
New Connections Counseling Services
316 W Boone Ste 577
Spokane, Washington 99201
PH: 208-718-1144
Fax: 509-279-2506

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--
Taunnia Bockmier, MSW, LICSWA

EXHIBIT 55

HOUSE BILL 1774**State of Washington****63rd Legislature****2013 Regular Session**

By Representatives Freeman, Goodman, Haler, Roberts, Farrell, Kagi, Stanford, Stonier, Bergquist, Ryu, O'Ban, Morrell, Fey, Pollet, and Santos

Read first time 02/08/13. Referred to Committee on Early Learning & Human Services.

1 AN ACT Relating to measuring performance of the child welfare
2 system; adding new sections to chapter 74.13 RCW; and creating a new
3 section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** (1) The legislature recognizes that the
6 goals of the child welfare system are to protect the safety,
7 permanence, and well-being of the children it serves. The legislature
8 further recognizes the importance of maintaining publicly accessible
9 data that tracks the performance of the child welfare system, leading
10 to transparency and accountability of and public confidence in the
11 system. The legislature acknowledges that, although there have been
12 many efforts to improve the child welfare system, including
13 legislation, policy making, and litigation, and while all of these
14 efforts have led to improvements to the system, there has not been a
15 comprehensive legislative mandate regarding the comprehensive
16 functionality of the child welfare system.

17 (2) The legislature believes it is important to codify key
18 indicators of safety, permanence, and well-being such that the public
1 and the legislature may understand how the child welfare system is

1 performing at any given time and may evaluate the success of the
2 practices of the department of social and health services in achieving
3 its objectives. The development of a methodology to measure these
4 indicators is an essential tool to assist the legislature in
5 determining priorities for the investment of public dollars as well as
6 identifying any need for policy changes to facilitate improvement.

7 (3) The reports to the legislature will be used to provide feedback
8 to the department. The agencies referenced in section 3 of this act
9 will not disclose individually identifiable private information except
10 as allowable under federal and state law.

11 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.13 RCW
12 to read as follows:

13 The indicators of safety, permanency, and well-being described in
14 this section must be used to measure the delivery of appropriate
15 services for the children and families served by the child welfare
16 system, to identify areas for future improvements to the child welfare
17 system, and to maintain public accountability.

18 (1) The following are the safety indicators that must be used:

19 (a) Prevention of placement in out-of-home care;

20 (b) Recurrence of contact with the child welfare system for
21 children in home care; and

22 (c) Recurrence of nonroutine child welfare interventions regarding
23 children in out-of-home care.

24 (2) The following are the permanency indicators that must be used:

25 (a) Safe reunification of children placed in out-of-home care;

26 (b) Length of time to permanence for children placed in out-of-home
27 care; and

28 (c) Placement stability for children placed in out-of-home care.

29 (3) The following are the well-being indicators that must be used:

30 (a) Maintenance of family relationships for children placed in out-
31 of-home care;

32 (b) Levels of educational readiness and attainment for children
33 served by the child welfare system;

34 (c) Behavioral and physical health of children served by the child
35 welfare system; and

36 (d) Adult functioning of youth who have aged out of the child
37 welfare system, including social integration and independence.

1 NEW SECTION. Sec. 3. A new section is added to chapter 74.13 RCW
2 to read as follows:

3 (1) Within existing resources, the University of Washington,
4 through partners for our children, within the school of social work,
5 and in cooperation with the department, including the research and data
6 analysis division, and other stakeholders, shall develop measurements
7 for each of the indicators identified in section 2 of this act. Such
8 measurements must be developed using existing and available data.
9 Measurements must be calculated from data used in the routine work of
10 the state agencies' data and information technology departments. Any
11 new record linkage or data-matching activities required in fulfillment
12 of this section and section 2 of this act must be performed by partners
13 for our children pursuant to agreements developed under subsection (6)
14 of this section.

15 (2) For the purposes of this section, "state agencies" mean any
16 agency or subagency providing data used in the integrated client
17 database maintained by the research and data analysis division of the
18 department. Any exchange of data must be in accordance with applicable
19 federal and state law.

20 (3) All indicator measurements must use a methodology accepted by
21 the scientific community. Wherever possible, all measurements must
22 address any disproportionate racial and ethnic inequality. The
23 University of Washington, through partners for our children, shall
24 develop the measurements by December 31, 2013.

25 (4) The measurements developed pursuant to subsection (3) of this
26 section may not require the state agencies to revise their data
27 collection systems, and may not require the state agencies to provide
28 individually identifiable information, as described in RCW 42.56.230.

29 (5) The state agencies shall provide the University of Washington
30 with all measurement data at least quarterly, consistent with
31 subsection (3) of this section, beginning March 1, 2014. Partners for
32 our children shall make the data publicly available and shall issue a
33 public report at least twice a year, beginning on September 1, 2014.
34 Partners for our children shall report on the data to the legislature
35 and the governor annually starting December 31, 2014.

36 (6) By December 31, 2013, the state agencies shall execute

EXHIBIT 56

1 IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

2 IN AND FOR THE COUNTY OF SPOKANE

3 In re:)

4 CHRISTOPHER SIMON,)

5 Child,)

6 WAYNE JANKE and DORIS STRAND,)

7 Petitioners,)

8 and)

9 RONALD SIMON and TERESA SIMON,)

10 Respondents.)

11 MOTION HEARING

12

13 August 25, 2017

14

15 Spokane County Courthouse

16 Spokane, Washington

17 Before the

18 HONORABLE MARYANN C. MORENO

19

20

21

22

23 Terri A. Cochran, CSR No. 3062

24 Official Court Reporter

25 1116 W. Broadway, Department No. 7

 Spokane, Washington 99260

 (509) 477-4418

1 A P P E A R A N C E S
2

3 For Petitioner DORIS STRAND, DORIS C. STRAND
4 appearing pro se: 11311 E. 24th Avenue
Spokane Valley, Washington 99206

5 For the Respondent RONALD DENNIS C. CRONIN
6 SIMON: The Law Office of D.C. Cronin
7 724 N. Monroe Street
Spokane, Washington 99201

8 For the Respondent TERESA TAMARA C. MURRAY
9 SIMON: Attorney at Law
724 N. Monroe Street
10 Spokane, Washington 99201

11 The Guardian ad Litem: KIMBERLY A. KAMEL
12 Witherspoon Kelley
13 422 W. Riverside Avenue
Suite 1100
14 Spokane, Washington 99201

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1 Now, what's also stunningly missing from the complaint
2 of the guardian ad litem is the failure to provide the Court
3 with the risk benefit analysis of if the Court was to remove
4 this person. There's no basis to do that, but if the Court was
5 to do that, what's the risk? what's the benefit? What about
6 the trauma that would happen to this child and the people
7 involved in the process of appointing yet a fourth counselor,
8 who apparently now the only one available is a couple weeks
9 out? And we're getting into the holidays of Christmas and
10 Thanksgiving.

11 As Ms. Cathcart pointed out quite appropriately, it's
12 concerning the process seems to be seemingly endless with..
13 naturally resulting in growing trauma and anxiety for all
14 parties, besides the burden on the court. So I suppose it is
15 in the best interests of the child for the guardian ad litem to
16 say that this won't go forward and fail to tell the court what
17 the risks are and what trauma, further trauma to the child
18 would be expected. But it's totally silent here and should
19 fail for that reason alone.

20 Now, when Ronald Simon stated in his response none of
21 the persons listed in the guardian ad litem letter of
22 August 3rd appear to have the expertise or training and
23 appeared they were simply picked without inquiry as to
24 training, experience, cost, and availability, she -- we then
25 get in a reply that she's contacted these folks. Ms. Murray

1 MS. KAMEL: Thank you.

2 THE COURT: Ms. Murray? Mr. Cronin?

3 MR. CRONIN: I didn't know that the guardian ad litem
4 was a therapist and had training to dictate the process the
5 therapist would pursue. But what we have here is an amazing
6 evolution from false allegations in the beginning to where we
7 are in this tragedy today with some rather stunning and
8 disingenuous claims now to remove Ms. Cathcart. As I count the
9 claims that continually evolved, and I'd like to go through
10 them, there are nine, nine manufactured claims, I believe.

11 THE COURT: I don't really need you to go back --

12 MR. CRONIN: Okay.

13 THE COURT: -- and go through the claims. And I know
14 that you and Ms. Murray and Ms. Kittleson spent an inordinate
15 amount of time rehashing both of the -- the testimony from the
16 trials. And believe you me, I've got all of that in my brain,
17 and I'm not real sure exactly -- I think that there are issues
18 you could easily speak to without having to go into reminding
19 me of exactly where we've been.

20 MR. CRONIN: I was going to deal with the nine issues
21 in the guardian's reply and in her declaration, but if you
22 don't want me to, that's fine.

23 THE COURT: Go ahead.

24 MR. CRONIN: So first we have the -- the claim that we
25 need a Ph.D. counselor; yet that was never ordered, that wasn't

1 what the guardian told Ms. Kittleson, that's not Randy Garrett,
2 all of the reasons pointed out in the declaration. I won't
3 continue to belabor that. That evolves into the reply where we
4 now say, "Well, no, although you persuaded me we didn't need a
5 Ph.D. counselor," now suddenly in reply she says her concern
6 was that she wanted somebody with advanced qualifications
7 and -- to be utilized. And yet we see that, as Ms. Kittleson
8 points out, as that the resume' points out, Ms. Cathcart has
9 enhanced license qualifications from the State of Washington.
10 So that evolution just goes circular as a basis to remove
11 Ms. Cathcart, and it just pales in light of everything that's
12 in the file.

13 This conflict issue is fascinating to me, because now
14 it's been evolved into being -- asking two questions
15 essentially. And those questions are in the reply. And the
16 questions are, "I am concerned that Ms. Cathcart may not be
17 neutral towards my recommendation regarding the best interests
18 of the minor child." In other words, to reframe that, "I'm
19 concerned Ms. Cathcart won't agree with me." Well, first off,
20 why would we want an agreement or a nonagreement between the
21 guardian and the therapist? Why would the guardian ad litem
22 even be making recommendations to a therapist, particularly
23 when the guardian has no training in therapy? And why, when
24 the court order says the therapist reports to the court
25 bimonthly and then the parties can put in their response to

1 that, if any, in writing the court then would make a decision
2 without oral argument? Truly, there is really no need for the
3 therapist to be talking with the guardian ad litem about the
4 guardian ad litem's recommendations. And that's at 2.6 and 2.7
5 of the order. And frankly, it's nonsensical that the guardian
6 ad litem would be dictating the therapy to the therapist,
7 whoever the therapist may be.

8 Going on with this conflict, it evolves into then in
9 the reply, "It is important during this process that a
10 reunification counselor be chosen that the GAL can communicate
11 with." There's absolutely no need for the GAL to be
12 communicating with whoever the therapist may be. The therapist
13 is going to talk to the child, the parents, and the counselors
14 that have already been involved, such as Dr. Dietzen, who the
15 therapist has reached out to, Dr. Kolbe, who the therapist has
16 reached out to, Dr. Ral -- MSW Raleigh, who the therapist has
17 asked for input from. There's no need for communication
18 between the two, because the guardian ad litem is not
19 contributing to the process as a therapist.

20 Then we get the six people. And if you look at the
21 timeline, that alone is just fascinating about how that
22 developed. But conflict of interest? Not a client, never been
23 a client. One of the cases the firm was substituted out of,
24 the lien case. It isn't even involved anymore. The other
25 firm -- the other case involving a prior client, there's no

1 need for communication, there's no need to dictate to the
2 therapist what she needs to do. There's no need at all. The
3 court's the one in charge of this according to the court's
4 order. I mean, it's rather ironic that when Dr. Dietzen was
5 appointed the court issued an order saying the lawyers will not
6 contact Dr. Dietzen without court permission directly. And we
7 had to come in and amend that so that we could talk to
8 Dr. Dietzen, because the Court wanted to preserve that
9 relationship and knew that we, as lawyers, had really no input
10 that we could offer a therapist when the therapist was doing
11 their job.

12 So there's no conflict here, and if there is a
13 conflict, the rules, the GALR Rule 2 as well as the ethical
14 rules say the guardian ad litem steps out, not the therapist
15 stepping out.

16 She goes on and says that she's upset because
17 Ms. Cathcart is biased because she proposed a schedule of
18 reunification. That's what the Court authorized her to do.
19 And frankly, she can have her opinions about the reunification
20 process schedule that the therapist has promoted, but she
21 really has no training to be talking about the schedule or the
22 appropriateness or inappropriateness of it and the therapeutic
23 manner.

24 She says that she's upset because the therapist might
25 be biased because she represented to Ms. Strand that the

EXHIBIT 57

Superior Court Guardian ad Litem Rules

Rules for Superior Court

Guardian ad Litem Rules (GALR)

Table of Rules

Rule

- | | |
|--------|---|
| GALR 1 | Scope and Definitions |
| GALR 2 | General Responsibilities of Guardian ad Litem |
| GALR 3 | Roles and Responsibilities of Guardian ad Litem
in Title 13 RCW Juvenile Court Proceedings |
| GALR 4 | Authority of Guardian ad Litem |
| GALR 5 | Appointments of Guardian ad Litem |
| GALR 6 | Limited Appointments |
| GALR 7 | Grievance Procedures |

GUARDIAN AD LITEM RULE 1: SCOPE AND DEFINITIONS

(a) Statement of Purpose and Scope of Rule. The purpose of these rules is to establish a minimum set of standards applicable to all superior court cases where the court appoints a guardian ad litem or any person to represent the best interest of a child, an alleged incapacitated person, or an adjudicated incapacitated person pursuant to Title 11, 13 or 26 RCW.

These rules shall also apply to guardians ad litem appointed pursuant to RCW 4.08.050 and RCW 4.08.060, if the appointment is under the procedures of Titles 11, 13 or 26 RCW.

These rules shall not be applicable to guardians ad litem appointed pursuant to Special Proceedings Rule (SPR) 98.16W and chapter 11.96A RCW.

(b) Definitions. As used in this rule, the following terms have these meanings:

(1) Court. Court shall mean any superior court in the state of Washington and all divisions thereof.

(2) Guardian ad Litem. Guardian ad litem shall mean any person or program appointed in a Title 11, 13, or 26 RCW action under the Revised Code of Washington to represent the best interest of a child, an alleged incapacitated person, or an adjudicated incapacitated person. The term guardian ad litem shall not include an attorney appointed to represent a party.

(3) Judge. Judge shall mean a judicial officer of the superior court, including commissioners and judges pro tempore.

(4) Registry. Registry shall mean the list of people authorized by the court to serve as guardians ad litem or CASA programs authorized by RCW 26.12.175.

[Adopted effective November 27, 2001.]

GUARDIAN AD LITEM RULE 2: GENERAL RESPONSIBILITIES OF GUARDIAN AD LITEM

Consistent with the responsibilities set forth in Titles 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26 of the Revised Code of Washington and other applicable state and rules of court, in every case in which a guardian ad litem is appointed, the guardian ad litem shall perform the responsibilities set forth below. For purposes of these rules, a guardian ad litem is any person who is appointed by the court to represent the best interest of the child(ren), an adjudicated

incapacitated person, or an alleged incapacitated person or to assist the court in determining the best interest of the child(ren), an adjudicated incapacitated person, or an alleged incapacitated person, regardless of that person's title, except a person appointed pursuant to rule 6.

(a) Represent best interests. A guardian ad litem shall represent the best interests of the person for whom he or she is appointed. Representation of best interests may be inconsistent with the wishes of the person whose interest the guardian ad litem represents. The guardian ad litem shall not advocate on behalf of or advise any party so as to create in the mind of a reasonable person the appearance of representing that party as an attorney.

(b) Maintain independence. A guardian ad litem shall maintain independence, objectivity and the appearance of fairness in dealings with parties and professionals, both in and out of the courtroom.

(c) Professional conduct. A guardian ad litem shall maintain the ethical principles of the rules of conduct set forth in these rules and is subject to discipline under local rules established pursuant to rule 7 for violation.

(d) Remain qualified for the registry. Unless excepted by statute or court rule, a guardian ad litem shall satisfy all training requirements and continuing education requirements developed for Titles 13 and 26 RCW guardians ad litem by the administrator of the courts and for Title 11 RCW guardians ad litem as required by statute and maintain qualifications to serve as guardian ad litem in every county where the guardian ad litem is listed on the registry for that county and in which the guardian ad litem serves and shall promptly advise each such court of any grounds for disqualification or unavailability to serve.

(e) Avoid conflicts of interests. A guardian ad litem shall avoid any actual or apparent conflict of interest or impropriety in the performance of guardian ad litem responsibilities. A guardian ad litem shall avoid self-dealing or association from which a guardian ad litem might directly or indirectly benefit, other than for compensation as guardian ad litem. A guardian ad litem shall take action immediately to resolve any potential conflict or impropriety. A guardian ad litem shall advise the court and the parties of action taken, resign from the matter, or seek court direction as may be necessary to resolve the conflict or impropriety. A guardian ad litem shall not accept or maintain appointment if the performance of the duties of guardian ad litem may be materially limited by the guardian ad litem's responsibilities to another client or a third person, or by the guardian ad litem's own interests.

(f) Treat parties with respect. A guardian ad litem is an officer of the court and as such shall at all times treat the parties with respect, courtesy, fairness and good faith.

(g) Become informed about case. A guardian ad litem shall make reasonable efforts to become informed about the facts of the case and to contact all parties. A guardian ad litem shall examine material information and sources of information, taking into account the positions of the parties.

(h) Make requests for evaluations to court. A guardian ad litem shall not require any evaluations or tests of the parties except as authorized by statute or court order issued following notice and opportunity to be heard.

(i) Timely inform the court of relevant information. A guardian ad litem shall file a written report with the court and the parties as required by law or court order or in any event not later than 10 days prior to a hearing for which a report is required. The report shall be accompanied by a written list of documents considered or called to the attention of the guardian ad litem and persons interviewed during the course of the investigation.

(j) Limit duties to those ordered by court. A guardian ad litem shall comply with the court's instructions as set out in the order appointing a guardian ad litem, and shall not provide or require services beyond the scope of the court's instruction unless by motion and on adequate notice to the parties, a guardian ad litem obtains additional instruction, clarification or expansion of the scope of such appointment.

(k) Inform individuals about role in case. A guardian ad litem shall identify himself or herself as a guardian ad litem when contacting individuals in the course of a particular case and inform individuals contacted in a particular case about the role of a guardian ad litem in the case at the earliest

EXHIBIT 58

1 him spend a lot of time with the Janke-Strands. And I have not
2 gotten to the bottom of that, and I've said it before. So I
3 don't know. I don't know what goes on in the Simons' mind.

4 I've got some choices here. I've got to hear from
5 Ms. Raleigh on this, and I've got to know what is going on with
6 Christopher. Other than that, I'm at a loss as to where we go
7 from here. Realistically speaking, the only thing that I can
8 do is to order that visits start again. And I'm happy to do
9 that with the goal that not only Mr. Simon would start visits
10 but that Mrs. Simon would start visits and have them go
11 consistently and have them go well and then see where we're at.
12 Unless you've got -- unless counsel has some other ideas here?

13 MR. CRONIN: We need a reunification counselor, as
14 we've requested numerous times.

15 THE COURT: I don't have a problem with a reunification
16 counselor. I think a Ph.D.-level counselor is the best way to
17 go on this. I have no problem with that whatsoever. The issue
18 last time in my mind -- and I'll say this for the third time,
19 and I'm sorry if I'm repeating myself, was conflict, and the
20 Court of Appeals agreed with me. So let's not revisit that
21 issue. If we want to move forward, it would be a lot more
22 beneficial if an expert was in place.

23 So I don't have a problem with a Ph.D.-level counselor.
24 And I think that the recommendation from the GAL early on was
25 to have Dr. Wert make a recommendation as who that might be.

EXHIBIT 59

C&E
921

EXTENDED TO NOVEMBER 15, 2018

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

- Do not enter social security numbers on this form as it may be made public.
 ► Go to www.irs.gov/Form990PF for instructions and the latest information.

2017

For calendar year 2017 or tax year beginning

, and ending

Name of foundation

EMPIRE HEALTH FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

P.O. BOX 244

A Employer identification number

26-3375286

B Telephone number

509-315-1260

C If exemption application is pending, check here ►

6

D 1 Foreign organizations, check here ►

2 Foreign organizations meeting the 85% test,
check here and attach computation ►E If private foundation status was terminated
under section 507(b)(1)(A), check here ►F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ►

- G Check all that apply:
- | | |
|---|--|
| <input type="checkbox"/> Initial return | <input type="checkbox"/> Initial return of a former public charity |
| <input type="checkbox"/> Final return | <input type="checkbox"/> Amended return |
| <input type="checkbox"/> Address change | <input type="checkbox"/> Name change |

- H Check type of organization:
- | | |
|---|----|
| <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation | 04 |
| <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust | |
| <input type="checkbox"/> Other taxable private foundation | |

I Fair market value of all assets at end of year J Accounting method: Cash Accrual

(from Part II, col. (c), line 16)

 Other (specify) _____

► \$ 87,516,418. (Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		3,971,928.			
2 Check ► if the foundation is not required to attach Sch B Interest on savings and temporary cash investments					
4 Dividends and interest from securities		1,142,200.	1,067,337.		
5a Gross rents		199,157.	199,157.		STATEMENT 1
b Net rental income or (loss)	-127,452.				STATEMENT 2
6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a	30,990,739.	3,371,046.			RECEIVED 0
7 Capital gain net income (from Part IV, line 2)			3,371,046.	32	
8 Net short-term capital gain				33	NOV 08 2018 OS
9 Income modifications Gross sales less returns and allowances				14	
b Less Cost of goods sold				15	
c Gross profit or (loss)				16	OCRD 14,447
11 Other income		1,845,640.	16,291.	955,213.	STATEMENT 3
12 Total Add lines 1 through 11		10,529,971.	4,653,831.	955,213.	
13 Compensation of officers, directors, trustees, etc		266,995.	12,776.	0.	251,151.
14 Other employee salaries and wages		2,022,853.	19,931.	692,437.	1,229,472.
15 Pension plans, employee benefits		610,813.	8,009.	191,235.	411,517.
16a Legal fees	STMT 4	645,675.	95.	0.	601,637.
b Accounting fees	STMT 5	77,038.	0.	0.	70,897.
c Other professional fees	STMT 6	933,805.	168,646.	0.	794,266.
17 Interest					
18 Taxes	STMT 7	117,904.	7.	13,112.	20,827.
19 Depreciation and depletion		330,520.	164,532.	164,532.	
20 Occupancy		283,056.	56,765.	0.	178,692.
21 Travel, conferences, and meetings		309,715.	0.	0.	318,480.
22 Printing and publications					
23 Other expenses	STMT 8	-455,949.	105,210.	10,000.	220,321.
24 Total operating and administrative expenses Add lines 13 through 23		5,142,425.	535,971.	1,071,316.	4,097,260.
25 Contributions, gifts, grants paid		2,107,657.			2,107,657.
26 Total expenses and disbursements Add lines 24 and 25		7,250,082.	535,971.	1,071,316.	6,204,917.
27 Subtract line 26 from line 12:		3,279,889.			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			4,117,860.		
c Adjusted net income (if negative, enter -0-)				0.	

401

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	5b	X	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	6b	X	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 21		362,354.	89,542.	20,236.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ALISON WHITE - 12515 S HANGMAN VALLEY ROAD, VALLEYFORD, WA 99036	VICE PRESIDENT 40.00	129,986.	33,684.	2,449.
BRIAN MYERS 4209 S HATCH, SPOKANE, WA 99203	VICE PRESIDENT 40.00	118,000.	36,253.	3,093.
TERI KOOK - 1221 W RAILROAD AVE APT 1, SPOKANE, WA 99201	VICE PRESIDENT 40.00	127,500.	24,562.	2,406.
NANCY VORHEES 4322 S CHERRY LANE, SPOKANE, WA 99223	LEASED EXEC DIRECTOR 22.00	125,000.	24,006.	1,053.
SARAH LYMAN 3914 S LAMONTE, SPOKANE, WA 99203	VICE PRESIDENT 36.00	108,333.	37,810.	2,746.

Total number of other employees paid over \$50,000

► 13

Form 990-PF (2017)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
JITHERSPOON KELLEY ATTORNEYS & COUNSELORS - 422 W RIVERSIDE AVE, SUITE 1100, SPOKANE, WA	LEGAL	675,898.
SIRIANNI YOUTZ SPOONEMORE & HAMBURGER 701 5TH AVE, SUITE 2, SEATTLE, WA 98104	LEGAL	317,581.
PERKINS COLE LLP PO BOX 24643, SEATTLE, WA 98104	LEGAL	263,179.
QUALITY REIMBURSEMENT SERVICES INC. - 150 N SANTA ANITA AVE, SUITE 570A, ARCADIA, CA	MEDICARE COST REPORT RECOVERY	179,517.
MICHAEL YEATON 3516 - 21ST STREET, SAN FRANCISCO, CA 94114	CONSULTING	109,410.
Total number of others receiving over \$50,000 for professional services		► 3

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
SEE STATEMENT 22	896,788.
2	
SEE STATEMENT 23	807,251.
3	
SEE STATEMENT 24	513,643.
4	
SEE STATEMENT 25	345,229.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A	
2	
3	
All other program-related investments See instructions.	
Total. Add lines 1 through 3	► 0.

EXHIBIT 60

On June 1, 2019, CPS received an intake from Law Enforcement. The intake indicated that on the evening of June 1, law enforcement was called to the residence of [REDACTED] by neighbors who overheard loud arguing. When [REDACTED] finally came to the door, officers observed that [REDACTED] had a swollen black eye, multiple bruises across her face and an active wound on her bottom lip. [REDACTED] was also slurring her words and appeared to be heavily under the influence. [REDACTED] explain that she and her live-in boyfriend/alleged father, [REDACTED], had been involved in a dispute about living arrangements after the two had been "partying" and that he had "pushed her around a bit." When officers asked where her boyfriend was, [REDACTED] responded that he took off when he saw the lights coming down the road." Given the condition of Ms. [REDACTED], Law Enforcement placed the children in protective custody and subsequently CPS placed the children in foster care.

An Emergency FTDM was held on June 3rd. Ms. [REDACTED] appeared at the FTDM with [REDACTED], the sister, of [REDACTED]. [REDACTED] reports that she is currently residing with the sister [REDACTED] of her former boyfriend and father of [REDACTED]. [REDACTED] signed a voluntary placement agreement and agreed to a safety plan agreement that allows for both children to reside in the home of [REDACTED]. [REDACTED] agrees to random UAs and to seek and participate in a drug and alcohol assessment and follow any recommendations. During the FTDM [REDACTED] acknowledged she had been using heroin and methamphetamines with [REDACTED]. The Department agreed that [REDACTED] could remain in the home.

On June 20th, [REDACTED] calls the social worker [REDACTED] and reports that [REDACTED] has been gone for three days and wants [REDACTED] placed into foster care because "he's been acting out of control and punching holes in the wall."

On June 21, another emergency FTDM is held. [REDACTED] fails to appear. Neither father appeared either. [REDACTED] is willing to be a placement for [REDACTED] but unwilling to do so for [REDACTED]. [REDACTED] is currently in licensed foster care with [REDACTED]. [REDACTED] believes she knows how to locate her brother who is in the area.

The children are at significant risk of abuse/neglect in their parents' care due to the substantial emotional abuse to the children, drug/alcohol use/abuse, unaddressed mental health and domestic violence issues, failing to protect the children and the parents' inability to meet the children's educational, developmental, and medical needs.

1.7 Educational Liaison

The child meets the criteria for appointment of an educational liaison. DSHS/Supervising Agency recommends that the court appoint an educational liaison.

II. Relief Requested

The petitioner requests that the court find the child dependent, enter an order of dependency, and grant the relief below:

- enter a disposition order that includes placement, parent-child and sibling visitation, and services.
- appoint an educational liaison.
- order a parent to cooperate with the establishment of paternity.

EXHIBIT 61

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SPOKANE

3 In re:)
4 CHRISTOPHER SIMON,)
5 Child,)
6 WAYNE JANKE and DORIS STRAND,)
7 Petitioners,)
8 and) Cause No. 15-3-02130-1
9 RONALD SIMON and TERESA SIMON,)
10 Respondents.) VERBATIM REPORT
) OF PROCEEDINGS

MOTION HEARING

August 25, 2017

Spokane County Courthouse
Spokane, Washington
Before the
HONORABLE MARYANN C. MORENO

Terri A. Cochran, CSR No. 3062
Official Court Reporter
1116 W. Broadway, Department No. 7
Spokane, Washington 99260
(509) 477-4418

405

1 A P P E A R A N C E S
23 For Petitioner DORIS STRAND, DORIS C. STRAND
4 appearing pro se: 11311 E. 24th Avenue
Spokane Valley, Washington 992065 For the Respondent RONALD DENNIS C. CRONIN
6 SIMON: The Law Office of D.C. Cronin
7 724 N. Monroe Street
Spokane, Washington 992018 For the Respondent TERESA TAMARA C. MURRAY
9 SIMON: Attorney at Law
724 N. Monroe Street
Spokane, Washington 9920110 The Guardian ad Litem: KIMBERLY A. KAMEL
11 Witherspoon Kelley
12 422 W. Riverside Avenue
13 Suite 1100
14 Spokane, Washington 9920115
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1 them, that would be about the best that I think that I could do
2 in my limited time to deal with this case.

3 I received that first letter from Empowering on August
4 10th, and I eventually read it. When I got to the second page
5 and I read the tone of the letter, "You must cooperate, you
6 must not disparage, and I can't represent you, Mr. and
7 Mrs. Simon are my clients," I knew this was going to hell in a
8 handbag immediately.

9 When I got the August 21st report, it became extremely
10 clear in my mind that, A, Ms. Cathcart does not have the full
11 picture and understanding of what this case was about; B, that
12 she had clearly formed alliances with the Simons that are
13 inappropriate. I have never -- and I've been on the bench for
14 about 14 or 13 years; before that I practiced family law for
15 about 12 years. I've been doing this a long time. I've never
16 seen a counselor go over to a parent's house and have
17 breakfast. I get that she needed to do a home visit, but she
18 sat down and broke bread. She explains, "They wanted to show
19 off the -- the fact that they ate good foods and that sort of
20 thing." But the appearance of bias is so significant here that
21 I felt myself personally offended by it. I'd never seen that
22 before.

23 I understand that Empowering used to hold a contract
24 with the state and that most of their work was dealing with
25 individuals going through dependency-type proceedings. I

1 actually had Ms. Cathcart testify in a trial recently about
2 that. And I don't know if -- I don't see this kind of behavior
3 by a professional in the family law arena. Maybe I see it when
4 the state is overseeing things, but I don't see it in a family
5 law-type arena. If I look at her report, she says, "Reasons

EXHIBIT 62

Permanency From Day One Grant Update

February 25, 2020

<https://www.dcyf.wa.gov/news/permanency-day-one-grant-update>

Last year, Washington was one of five states to receive a \$7.7 million permanency grant, known as Permanency From Day One (PFD1). The data collected throughout the PFD1 grant process should help align and support the work of the Practice Improvement Plan (PIP), Court Improvement Plan (CIP) and address systemic barriers to timely permanency. Ultimately, the goal is to increase early engagement between workers and parents, youth, relatives, caregivers and other key case participants. At this time, DCYF is waiting for approval on the Washington State Implementation Plan, which was submitted to the Children's Bureau on Dec. 11, 2019. Federal partners are also reviewing our recently-submitted Practice Improvement Plan (PIP) draft to see if we aligned our efforts.

"The strategies outlined in the Permanency From Day One grant have great potential for improving permanency outcomes for children and youth in Washington," said Steven Grilli, Director of Child Welfare Programs. "Brandy Otto [DCYF Office Chief] and Debbie Marker [Permanency Grant Administrator] have provided thoughtful and energetic leadership in collaborating with partners and stakeholders and aligning grant strategies with those of other major efforts within DCYF to maximize impact."

The PFD1 grant is facilitated by the grant implementation team which consists of regional staff, HQ staff, tribal representatives and court staff. The PFD1 Project Steering Workgroup finalizes decisions for the grant and also reports directly to DCYF Executive Leadership.

The grant focuses specifically on CFSR Permanency Measure 1, Well-Being Measure 1 and the Case Review Systemic Factor. Fifteen intervention offices were identified across Washington State based on data and PIP interventions.

"We're excited to move the grant ahead to the next stage and look forward to approval of the implementation plan very soon," added Grilli.

EXHIBIT 63



Counselor License and Certification in Washington State

Consumer's Guide to Counselor Credentials Washington State

On this page you will find a complete consumer's guide to Washington State Counselor and Therapist credentials and licensure. It is important to note that you will **NOT** find all credential categories within the counselor profiles presented on the Counseling Washington web site. Counseling Washington only accepts counselor profiles that meet all Washington State credential requirements allowing them to privately practice within the state. We have indicated below, in green, those licenses represented on the Counseling Washington Therapist Directory.

In the mental health professional world there is "certification" and there is "licensure". To explain further, as this can be somewhat confusing, certification and licensure do not mean the same thing. Private practice counselors must have a minimum of a Master's Degree to practice in Washington State. They are granted a license by the State of Washington to privately practice their profession. On the other side, certifications may not require any degree. Generally those who only hold certifications would not be authorized to provide private practice counseling services. These counselors are generally found in Agency environments where additional supervision is provided.

Once a person has met all requirements to be in private practice counseling, they are free to add additional certifications to their expertise. Many private practice counselors have more than one designation so you will see credential combinations such as LMFT, CDP however a person holding only a CDP credential would not be listed on this site.

Washington State Counselor Credentials

Reference: [Mental Health Licensing and Credentials](#)

A new state law created eight counseling credentials beginning July 1, 2009. It abolished the registered counselor credential on July 1, 2010. Counseling applicants must apply in one of the following professions:

Licensed Mental Health Counselor (LMHC)

Masters level clinical mental health counselors with advanced experience who have met state requirements for licensure.

Licensed Mental Health Counselor - Associate (LMHCA)

Designates a Counselor who has completed the Masters Degree program and is working under approved supervision toward a mental health counselor license.

Licensed Marriage and Family Therapist (LMFT)

Masters level marriage and family therapists with advanced experience who have met state requirements for licensure.

Licensed Marriage and Family Therapist - Associate (LMFTA)

Designates a Counselor who has completed the Masters Degree program and is working under approved supervision toward a marriage and family therapist license.

Licensed Independent Clinical Social Worker (LICSW)

Masters level clinical social workers with advanced experience who have met all state requirements for full licensure.

Licensed Social Worker Associate Independent Clinical (LSWA-IC)

Designates a Social Worker who has completed the Masters Degree program and is working under approved supervision toward a social work independent clinical license.

Licensed Social Worker Advanced (LSWA)

Must have a master's or doctorate social work degree from an educational program accredited by the Council on Social Work Education, and have completed a minimum of 3,200 hours of postgraduate, supervised experience.

Licensed Social Worker Associate Advanced (SWAA)

Minimum requirements to practice as a Social Worker Associate Advanced requires a master's or doctorate in social work educational program accredited by the council on social work education. It also requires state licensure verification from the state of Washington, requires 4 hours of HIV/AIDS training, and associates must work under the supervision of an approved supervisor.

Changes to Counselor confidentiality in law, RCW 5.60.060 (9), became effective on July 26, 2009. It applies to only licensed mental health counselors, licensed marriage and family therapists and licensed independent clinical social workers. It doesn't apply to licensed advanced social workers. "Providers may not disclose, or testify about, any information they learned about their client regardless of how they got the information. All information needed to provide the counseling service is considered privileged."

[Click here to find Licensed mental health counselors, independent clinical social workers, and marriage and family therapists near you.](#)

Licensed Psychologist

To practice as a psychologist, a counselor must have completed of a doctoral degree; must have a total of 3300 hours of supervision; must complete an internship as part of the doctoral degree program including at least 1500 hours of supervised experience within 24 months. They are also required to have 7 hours of HIV/AIDS training; successfully passed national written examination

(EPPP); and have successfully passed the Washington State jurisprudence examination. Psychologists must renew their license every year on or before their birthday. Psychologists are required to complete 60 hours of continuing education every three years, four hours must be in ethics.

[Find a Counselor by Washington State License Type here.](#)

What is an Agency Affiliated Counselor (AAC)*?

(*No minimum education or experience requirements).

An Agency Affiliated Counselor is a person who is employed (in a counseling role) by, or has an offer of employment from, an agency or facility that is licensed, operated, certified by Washington state, or a federally recognized Indian tribe located within the state or a county. They must have their employer complete and sign the [employment verification form \(PDF\)](#) provided by the Department of Health.

[Chapter 18.19 RCW]

The agency or facility sets the degree and experience requirements for employment, if any. No degree, experience, or scope of practice standards are established or required by the State of Washington. None-the-less, Many Licensed Agencies employ highly qualified and Washington State Licensed Counselors and Licensed Associate Counselors on their staffs, but all (or almost all) of the Agencies require all new employees (*without regard to their other counseling licenses,*) to apply to the state to become Agency Affiliated Counselors.

As of Dec.20th 2019, there were 8,940 active agency affiliated counselors in Washington State. Of those, 529 also held a Chemical Dependency Professional or Chemical Dependency Professional Trainee Certification and and 297 also held a Mental Health Associate License. (The DOH WA. does not track employment by federally recognized Indian tribes located within the state.) Source: DOH WA.

Attention: The disclosure statement that all other categories of counselors are required to provide to new clients in private practice is NOT required in treatment facilities. Instead, (because of the number of employees involved) you will be given a general disclosure statement that covers the facility as a whole, but does NOT disclose the qualifications of the individual counselor to whom you may be assigned. As a client of such a facility, you may inquire about the qualifications of each of the counselors who is assigned to your case and decide whether it is someone you wish as a counselor. You can check, [using the Department of Health Provider Credentials Look-up System](#) to look up any health care provider licensed or registered with Washington State Health Department. Verify providers by credential number or by credential type and name. Licensed counselors are not listed under "L" I under "C"--credential type "counselor" then by sub-type [Licensed Marriage/Family Therapist, Licensed Mental Health Counselor etc.]

Certified Adviser (CA)

New applicants are required to have a (two year) associate of arts degree, including a supervised internship, in a counseling related field. [Washington State] Certified Advisors are authorized to do private practice counseling, but only within the limitations, restrictions and guidelines of RCW 18.19.200 [The scope of practice of certified counselors and certified advisers consists exclusively of the following:

(1) Appropriate screening of the client's level of functional impairment using the global assessment of functioning as described in the fourth edition of the diagnostic and statistical manual of mental disorders, published in 1994. Recognition of a mental or physical disorder or a global assessment of functioning score of sixty or less requires that the certified counselor or certified adviser refer the client to a physician, osteopathic physician, psychiatric registered nurse practitioner, or licensed mental health practitioner, as defined by the secretary, for diagnosis and treatment.]

Certified Counselor (CC)

Persons "grandfathered in" to this category may have no degree. New applicants for certified counselor category must have a (four year) bachelor's degree in a counseling related field. Certified Counselors are authorized to do private practice counseling, but again, only within the limitations, restrictions and guidelines of RCW 18.19.200. All counselors are required to give a disclosure statement to new clients. This enables consumers to check individual credentials and experience.

Note: a number of highly qualified counselors, even some with doctorate degrees and years of experience, were unable to meet some of the new licensing requirements and could only qualify for this category.

Chemical Dependency Professional (CDP)

Chemical Dependency Professionals often are recovering alcoholics or addicts and, historically, there were little academic requirements. New CDPs are required to have at least an (2 year) associate of arts degree and to have completed all the supervised counseling experience requirements. As of March 2017 the State of Washington allows a private practice counselor to use the designation of CDP provided they are licensed as an ARNP, LMHC, LMFT, ASW, ICSW, Psychologist, Physician, or Physician's Assistant.

Chemical Dependency Professional Trainee (CDPT)

(No minimum education or experience requirements).

CDPT designates a counselor who is working under supervision in a state licensed chemical dependency treatment facility toward a chemical dependency professional certification. To become a CDPT the applicant must only agree to this statement: "I declare I am obtaining the education and experience required to receive a chemical dependency professional credential." Unlike applicants for other types of credentials (above) who are working on their supervised internship, the app does not need to have the degree first. The trainee certification can be renewed four times. T means that the CDPT may work as a chemical dependency counselor for a total of five years

without completing his/her associate of arts degree. This is a policy permits chemical dependency treatment facilities to lay off seasoned Chemical Dependency Professionals and stock the facility with trainees--insuring profits while depriving facility clients of the services of experienced chemical dependency counselors. WARNING: The disclosure statement that all other categories of counselors are required to provide to new clients is NOT required in treatment facilities. Instead, you will be given a general disclosure statement that covers the facility as a whole, but does NOT disclose the qualifications of the individual counselor to whom you may be assigned.

Hypnotherapist

(No minimum education requirements.)

To practice in the state of Washington, a Hypnotherapist must have a valid verified Washington State license. Also, four hours of additional HIV/AIDS training is required. Hypnotherapists must renew their registration every year on or before their birthday. Continuing education is not required. For more information please go to DOH web site.

Sex Offender Treatment Provider

Sex Offender Treatment Providers must have a minimum of a Master's degree and a Washington state verified license, a minimum of 2,000 hours professional experience including at least 250 hour of evaluation experience and at least 250 hours of treatment experience. All providers are required to hold a current credential in another health profession in Washington or a state or jurisdiction other than Washington. They also need an additional 4hours of HIV/AIDS training, scored 90% or higher on their exam, provide signed statement stating the applicant does not intend to practice the profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington, obtained professional training within the last three years and attend 50 hours of courses, seminars or formal conferences directly relating to the evaluation and treatment of sex offenders or victims of abuse. Providers must renew their certification every year on or before their birthday. Forty hours of continuing education is required every two years. For more information, please go to www.doh.wa.gov.

How helpful is this web page to you?

not helpful      very helpful

Social Networks:



EXHIBIT 64

WAC 246-810-015 Agency affiliated counselor: Scope of practice and credentialing requirements. (1) An agency affiliated counselor may only provide counseling services as part of his or her employment as an agency affiliated counselor for a recognized agency.

(2) An applicant for an agency affiliated counselor must be employed by, or have an offer of employment from, an agency or facility identified in WAC 246-810-016.

(3)(a) Applicants must submit an application to the department within the first thirty days of employment at an agency in order to continue working while the application is processed.

(b) Applicants must complete any outstanding deficiencies within ninety days of the date the department issues a deficiency letter. If the applicant does not satisfy the outstanding licensure requirements within ninety days, the applicant must stop working.

[Statutory Authority: 2019 c 444, 2019 c 446, 2019 c 351, and RCW 18.19.050, 18.205.060, 18.225.040, 43.70.110, and 43.70.250. WSR 20-12-074, § 246-810-015, filed 6/1/20, effective 7/2/20. Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. WSR 09-15-041, § 246-810-015, filed 7/8/09, effective 7/8/09.]

Contract Number	Search Name	Contract Address City	Contract Address Zip	Start Date	End Date	Service Description
1971-38163	Chapin Hall Center for Children	Chicago	60637-	1/1/2019	12/31/2019	Access to Chapin Hall Database
1912-44954	Fostering Solutions LLC	Yakima	98902-	1/1/2019	9/30/2019	Behavior Rehabilitation Services
1712-13002	Sunrise Outreach Center of Yakima	Yakima	98901-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13003	Apple Brooke, LLC	Spokane Valley	99216-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13004	Yakima Valley Farm Workers Clinic	Yakima	98903	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13005	Service Alternatives Inc.	Burlington	98233-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13006	Northwest Childrens Home, Inc	Lewiston	83501-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13007	Community Resource Group	Yakima	98901-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13016	The Source	Spokane	99207-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13017	Cedar Creek Home, LLC	Elk	99009-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13018	BreakThrough Inc.	Mead	99021-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13019	Morning Star Boys' Ranch	Spokane	99223-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13020	PNW Helping Hands, Inc.	Spokane Valley	99206-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13021	Lutheran Community Services Northwest	Spokane	99201-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13022	Lighthouse Inc.	Spokane Valley	99214-1812	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13023	Jones, Donald E.	Cheney	99004-9205	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-13024	Excelsior Youth Center	Spokane	99208-4736	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-14360	Community & Family Services Foundation	Port Orchard	98366-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-14361	Deer Lake Girls Home, Inc.	Clayton	99110-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-14820	Olive Crest	Bellevue	98004-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-14994	BriTon House, Inc.	College Place	99324-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15038	EmberHope, Inc.	Marysville	98271-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15048	Secret Harbor	Burlington	98233-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15058	Pioneer Human Services	Everett	98204-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15084	Service Alternatives Inc.	Everett	98201-1724	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15088	YMCA of Greater Seattle	Seattle	98144-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15107	Compass Health	Everett	98203	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15135	Olive Crest	Tacoma	98409-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15136	A Place Called Hope	Tacoma	98446-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15137	Kitsap Mental Health Services	Bremerton	98311-8330	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15138	Community & Family Services Foundation	Port Orchard	98366-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15147	Community & Family Services Foundation	Port Orchard	98366-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15163	Friends of Youth	Kirkland	98034-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15166	Ryther	Seattle	98115-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15887	Mullen-Polk Foundation	Vancouver	98685-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15888	Catholic Community Services of Western Washington	Tacoma	98401-1235	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15889	Community Youth Services	Olympia	98506	10/1/2017	9/30/2019	Behavioral Rehabilitation Services
1712-15890	HomeLife	Tacoma	98419-	10/1/2017	9/30/2019	Behavioral Rehabilitation Services

1812-374	Renee E. Brecht INC	Spokane	99202-1329	10/1/2018	9/30/2019 Professional Services
1812-37426	Jodie Field and Associates, LLC	Omak	98841-9543	10/1/2018	9/30/2019 Professional Services
1812-37427	ADEPT ASSESSMENT CENTER INC	Spokane	99201-	10/1/2018	9/30/2019 Professional Services
1812-37428	Dazell, Heather	Spokane	99201-	10/1/2018	9/30/2019 Professional Services
1812-37429	American Indian Community Center	Spokane	99207-	10/1/2018	9/30/2019 Professional Services
1812-37430	Remy, Ladonna Darlene	Liberty Lake	99019-____	10/1/2018	9/30/2019 Professional Services
1812-37431	Bryan Stanfill LMHC LLC	Spokane	99201-____	10/1/2018	9/30/2019 Professional Services
1812-37432	Patricia Mullen, Inc. Certified Counselor	Spokane	99216-	10/1/2018	9/30/2019 Professional Services
1812-37433	Terry Peterson, MSW, P.S.	Spokane	99202-	10/1/2018	9/30/2019 Professional Services
1812-37434	Jessop, Katie M	Spokane	99202-	10/1/2018	9/30/2019 Professional Services
1812-37435	O'Neill-Pritchard, Patricia C	Spokane	99204-	10/1/2018	9/30/2019 Professional Services
1812-37436	Christian, Lisa Bess Reiquam	Spokane	99207-	10/1/2018	9/30/2019 Professional Services
1812-37437	Holmes Counseling Services, LLC	Spokane	99201-	10/1/2018	9/30/2019 Professional Services
1812-37438	Ciallella, Catherine L.	Danville	99121-	10/1/2018	9/30/2019 Professional Services
1812-37439	Okanogan County Community Coalition	Omak	98841-1688	10/1/2018	9/30/2019 Professional Services
1812-37440	JESSICA KALUZA, LLC	Spokane	99201-	10/1/2018	9/30/2019 Professional Services
1812-37441	Wirtz, Linda M.	Spokane	99201-	10/1/2018	9/30/2019 Professional Services
1812-37442	Sacco, Mary Anne	Spokane	99206	10/1/2018	9/30/2019 Professional Services
1812-37443	Abuse Recovery Ministry and Services	Spokane Valley	99213-	10/1/2018	9/30/2019 Professional Services
1812-37444	Herb Robinson Institute	Spokane	99223-	10/1/2018	9/30/2019 Professional Services
1812-37445	Paullin, Carla	Spokane	99202	10/1/2018	9/30/2019 Professional Services
1812-37446	Partners with Families & Children: Spokane	Spokane	99201-2053	10/1/2018	9/30/2019 Professional Services
1812-37447	Adoption Home Studies & Family Counseling - Spokane, LLC	Spokane Valley	99212-	10/1/2018	9/30/2019 Professional Services
1812-37448	Discovery Counseling Group	Spokane	99201-	10/1/2018	9/30/2019 Professional Services
1812-37449	Excelsior Youth Center	Spokane	99208-4736	10/1/2018	9/30/2019 Professional Services
1812-37450	Social Treatment Opportunities Program	Tacoma	98411-	10/1/2018	9/30/2019 Professional Services
1812-37451	Grassroots Therapy Group, LLC	Spokane	99201-____	10/1/2018	9/30/2019 Professional Services
1812-37452	Johnson, Ginger M	Spokane	99223-	10/1/2018	9/30/2019 Professional Services
1812-37453	Neuroeducation, Inc., P.C.	Spokane	99201	10/1/2018	9/30/2019 Professional Services
1812-37504	Espinosa, Katheryne	Moses Lake	98837	10/1/2018	9/30/2019 Professional Services
1812-36669	Miller, Richard Allen	Walla Walla	99362-	10/1/2018	9/30/2019 Professional Services
1812-36670	Crest Counseling Services, P.S.	Yakima	98902-	10/1/2018	9/30/2019 Professional Services
1812-36671	Tanninen, Tamara Kay	West Richland	99353-	10/1/2018	9/30/2019 Professional Services
1812-36672	Catholic Charities - Yakima	Yakima	98908-	10/1/2018	9/30/2019 Professional Services
1812-36674	Arambul, Raul	Grandview	98930-	10/1/2018	9/30/2019 Professional Services
1812-36676	Lack, Robert G.	Kennewick	99336-	10/1/2018	9/30/2019 Professional Services
1812-36742	Wright, Tamara	Deer Park	99006-	10/1/2018	9/30/2019 Professional Services
1812-36744	Family Counseling Northwest, LLC	Newport	99156-9388	10/1/2018	9/30/2019 Professional Services
1812-36746	Dragonfly Wellness and Education Center, LLC	Springdale	99173-	10/1/2018	9/30/2019 Professional Services

Lih

RE: DOH Public Records Center :: S000237-060420

From: Carrick, Julie J (DOH) (julie.carrick@doh.wa.gov)

To: corrieamsden@yahoo.com

Date: Wednesday, June 10, 2020, 04:12 PM PDT

Dear Corrie Amsden:

Relationship Advantage is approved as a Counselor Affiliated Supervising Agency.

Sincerely,

Julie Carrick

Gender Pronouns: She/Her

Supervisor

Health Systems Quality Assurance

Washington State Department of Health

Julie.carrick@doh.wa.gov

360-236-4980 | www.doh.wa.gov

The DOH, Health Systems Quality Assurance response to the novel coronavirus (COVID-19) outbreak may delay our ability to respond to phone calls and voice messages in a timely manner. We are closely monitoring our emails and will respond as soon as possible.

"Please note: beginning April 30, 2020 there will be a more efficient way to place and receive your public records requests. On that day the Department of Health will launch a new public records portal where you will be able to make, track, pay for, and receive your requests." URL:
<https://www.doh.wa.gov/AboutUs/PublicRecords>

We'd appreciate your feedback on this short customer service survey. Please click on the link below.

<https://fortress.wa.gov/doh/opinios?s=PDRCustSatisfaction>

From: Corrie Amsden [mailto:corrieamsden@yahoo.com]
Sent: Wednesday, June 10, 2020 8:28 AM
To: Carrick, Julie J (DOH) <julie.carrick@doh.wa.gov>
Subject: Re: DOH Public Records Center :: S000237-060420

Ms. Carrick:

Ginger M. Johnson, as listed on the statewide contractors' list, is currently a state contractor providing Domestic Violence Intervention Treatment for the Department of Social and Health Services, through her business, Relationship Advantage. Ms. Johnson is the sole proprietor of Relationship Advantage, employed by the Department of Social and Health Services.

The Department of Social and Health Services is a **recognized agency** as defined by **WAC 246-810-016**. As an agency affiliated counselor, employed by the Department of Social and Health Services, Ms. Johnson may engage in Domestic Violence Intervention Treatment counseling services for the Department of Social and Health Services, through her business, Relationship Advantage.

Please identify if Relationship Advantage, is a **recognized agency** as defined in **WAC 246-810-016**. Please identify if Relationship Advantage has **completed the process to become a recognized agency** as required by **WAC 246-810-017**.

Thank you.

Corrie Amsden

On Wednesday, June 10, 2020, 07:17:26 AM PDT, Carrick, Julie J (DOH) <julie.carrick@doh.wa.gov> wrote:

Dear Corrie Amsden:

Ms. Johnson (CAAR.CG.60329482) has been tied to the following agencies listed below. Please let me know if you have any further questions.

Abuse Recovery Ministry and Services from 02/20/2013-09/20/2018

Relationship Resources from 10/23/2017- 09/20/2018

Relationship Advantage from 09/20/2018- current

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Sincerely,

Julie Carrick

Gender Pronouns: She/Her

Supervisor

Health Systems Quality Assurance

Washington State Department of Health

Julie.carrick@doh.wa.gov

360-236-4980 | www.doh.wa.gov

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<https://www.doh.wa.gov/AboutUs/PublicRecords>

We'd appreciate your feedback on this short customer service survey. Please click on the link below.

<https://fortress.wa.gov/doh/opinio/s?s=PDRCustSatisfaction>

From: WA State DOH Records Center [<mailto:washingondoh@govqa.us>]
Sent: Monday, June 8, 2020 1:16 PM
To: corrieamsden@yahoo.com
Cc: Carrick, Julie J (DOH) <Julie.carrick@doh.wa.gov>
Subject: DOH Public Records Center :: S000237-060420

--- Please respond above this line ---

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[Redacted]

Reference # S000237-060420.

Dear Corrie Amsden,

The Washington State Department of Health received a public information request from you on June 04, 2020. Your request mentioned:

"Please provide all the names of all recognized agencies that Ginger M. Johnson, aka Relationship Advantage is affiliated with. Ms. Johnson's license number is CG60329482."

Nothing would make me happier than to supply you with that information, Ms. Amsden. I simply do not have access nor am I aware of the fact that we track such information. I will forward your request to my manager, copied on this request, in case she knows who might have the information that you are seeking.

If you have any questions or need additional information, please feel free to respond directly to this email.

Sincerely,

Richard Stringfellow

Gender Pronouns: he/him

Forms and Records Analyst 3

Health Systems Quality Assurance

Public Disclosure Unit

Washington State Department of Health

richard.stringfellow@doh.wa.gov

360-236-4832 | www.doh.wa.gov

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Re: DOH Public Records Center :: S000237-060420

From: Corrie Amsden (corrieamsden@yahoo.com)

To: washingtondoh@govqa.us

Date: Monday, June 8, 2020, 11:44 AM PDT

Mr. Stringfellow:

This does not answer my public records request. Please let me clarify.

Here is the original request.

"Please provide all the names of all recognized agencies that Ginger M. Johnson, aka Relationship Advantage is affiliated with. Ms. Johnson's license number is CG60329482."

As you will see in the original request, I already knew that Ms. Ginger Johnson works with Relationship Advantage. In actuality, she is the sole proprietor of Relationship Advantage. That is not the information my request was seeking.

Ms. Johnson is licensed as an agency affiliated counselor with the Department of Health. This means she may engage in counseling service when employed (affiliated) by a recognized agency. A recognized agency is defined in WAC 246-810-016.

An agency affiliated counselor may be simultaneously employed by multiple recognized agencies.

I know Ms. Johnson is employed by the Department of Social and Health Services and that the Department of Social and Health Services is a recognized agency.

My request seeks **all** the names of **all** recognized agencies she is affiliated with. For example, if Ms. Johnson is employed by the Department of Children, Youth, and Family Services, the Department of Children, Youth, and Family Services would be a response to my public records request.

The Department of Health does track this information through the documentation the recognized agency and agency affiliated counselor are required to file with the Department of Health.

Please provide me with **ALL** the names of **ALL** recognized agencies that Ginger M. Johnson, aka Relationship Advantage, is affiliated with. Ms. Johnson's license number is CG60329482. Thank you.

Corrie Amsden

On Monday, June 8, 2020, 11:00:26 AM PDT, WA State DOH Records Center <washingtondoh@govqa.us> wrote:

--- Please respond above this line ---

Dear Corrie Amsden:

The Department of Health does not generally track where our licensees work. However, there are some limited instances when that does happen. In our database we have one listing for Ginger M. Johnson's license:

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Relationship Advantage
3727 E 61st Ave
Spokane, WA 99223-8038

As we have provided you with the available data, this information request is now considered closed. Please let me know if I may be of further assistance.

Sincerely,

Richard Stringfellow

Gender Pronouns: he/him

Forms and Records Analyst 3

Health Systems Quality Assurance

Public Disclosure Unit

Washington State Department of Health

richard.stringfellow@doh.wa.gov

360-236-4832 | www.doh.wa.gov

423

To: kaaryn.swanger@dcyf.wa.gov, jennifer.degon@dcyf.wa.gov
Cc: Ginger Johnson <ginger@relationshipadvantage.org>

Good morning Ms. Swanger and Ms. Degon:

My name is [REDACTED]. Ginger Johnson, one of DCYF's state contractors, was hired to perform a domestic violence-anger management assessment for a [REDACTED]. Upon corresponding with Ms. Johnson, I learned that her client failed to provide the most current parenting plan and court order which documents abandonment, neglect, and abuse. After providing Ms. Johnson with the documents, I asked if she was qualified to satisfy the court requirements which specifically outlines her client is to have a mental health evaluation, with a domestic violence component, performed by a Ph.D level counselor. The mental health evaluation and domestic violence assessment are not outlined in the court documents as separate services for specific reasons. The reasoning is also outlined in the court documents I provided to Ms. Johnson. Ms. Johnson indicated, as referenced below, she had no idea if her assessment satisfied the requirements of the court. The contract Ms. Johnson has with the state should outline Ms. Johnson's qualifications/credentials and defined scope of services Ms. Johnson is authorized to provide. Please provide verification that Ms. Johnson has the credentials and is authorized to perform the mental health evaluation, with a domestic violence component, to satisfy the requirements of the court. Or, in the alternative, please provide the name of the person with such credentials that provides oversight to Ms. Johnson that would allow her to perform the mental health evaluation, with a domestic violence component, to satisfy the requirements of the court. As Ms. Johnson has given me until today to provide collateral information or face her completing the assessment citing my "non-compliance," please provide me with the verified information as soon as possible. Time is of the essence. Thank you.

Swanger, Kaaryn (DCYF) <kaaryn.swanger@dcyf.wa.gov>
"Burnham, Jennifer (DCYF)" <jennifer.burnham@dcyf.wa.gov>
Cc: Ginger Johnson <ginger@relationshipadvantage.org>, "Thompson, April (DCYF)" <april.thompson@dcyf.wa.gov>, "Koutecky, Joshua (DCYF)" <joshua.koutecky@dcyf.wa.gov>

Greetings [REDACTED]

As this is not an active Department of Children, Youth and Families case I will refer you to the Department of Health website; <https://www.doh.wa.gov/> where you will find the information you are seeking. Thank you.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

My name is Amie Roberts, and I am the Domestic Violence Treatment Program Manager for the State of Washington. Thank you for speaking with me earlier today by phone. I received your written complaint, dated June 12, 2020. I received it on June 24, 2020, as I am picking up mail once per week in the office due to COVID-19.

From the complaint, I understand that the Final Parenting Plan, [REDACTED] to complete a mental health evaluation with a PhD in psychology or related field. Per the plan, the evaluation must have a domestic violence-anger management component. You pointed out that Ms. Johnson from Relationship Advantage does not meet the criteria for having a PhD. That is correct. Therefore, it is up to the court to decide if it will accept Ms. Johnson's domestic violence assessment, since she does not meet the education level specified in the parenting plan.

Ms. Johnson is designated as a supervisor in a certified domestic violence intervention treatment program, certified by the Department of Social and Health Services (DSHS). The department does not employ Ms. Johnson and there is no financial contract between Ms. Johnson and DSHS. At this time, I do not find sufficient evidence to conduct an investigation into Relationship Advantage. We discussed this by phone, but in synopsis: Ms. Johnson has not completed the DV assessment, and to the best of my knowledge, based on the information you have sent to me, she has operated within her scope as far as WAC 388-60B standards are concerned.

Please see WAC 388-60B-0510 for more information about complaints and investigations for DV perpetrator treatment programs. Please let me know if you have any questions at all, or if you would like to re-submit a complaint for the department to consider investigating at Relationship Advantage. If you would like to submit a complaint about Ms. Johnson's ethical or professional conduct as an agency affiliated counselor, please contact the Department of Health here: <https://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility>.

My best,

Amie

Amie Roberts, LMHC, CPM

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Domestic Violence Treatment Program Manager | Pronouns: She/Her

Washington State Department of Social and Health Services

Community Services Division

Domestic Violence Unit

Office Cell: 360-790-1483

Fax: 360-725-4904

Email: amie.roberts@dshs.wa.gov

Transforming Lives

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

[REDACTED]
[REDACTED]
[REDACTED]
Corrie Amsden

Spokane, WA 99217-7642

Subject: Report No: 2020-8461 Counselor Agency Affiliated Registration

Dear Corrie Amsden:

The disciplining authority for the credential listed in the subject line carefully reviewed your report about Ginger Johnson in accordance with the disciplinary process under Washington's Uniform Disciplinary Act (chapter 18.130 RCW).

The report was closed without an investigation or disciplinary action, because it did not meet one of the investigation and authorization thresholds, which may include, but are not limited to; the following reasons; billing disputes that are outside our authority, communication or personality conflicts, insufficient information, isolated incidents or mandatory reporting of a resolved issue, no violation of law, the department does not have jurisdiction the matter or persons named in the report, the matter was referred to another agency that has authority over the issues in the report, or the reported concern was resolved by the time the disciplining authority reviewed the report.

You are allowed one opportunity, by law, to request reconsideration of the closure decision. Within 30 days of receiving this letter, you must provide new information not included in the original report and clearly label the new information as a reconsideration request with the case number listed above. Please send any new information to the Department of Health, Office of Investigative and Legal Services, Case Management, P.O. Box 47996, Olympia, WA 98504-7996.

You have the right to request any publicly disclosable information contained in the file. To do so, submit a request through the Department of Health, Health Systems Quality Assurance, Public Disclosure Unit portal at: <https://washingtondoh.govqa.us/WEBAPP/rs/SupportHome.aspx>. If you do not have access to the internet, you may send your written request to P.O. Box 47865, Olympia, WA 98504-7865.

If you have questions, please contact Kitty Slater-Einert at (360) 236-4730 or email kitty.slater@doh.wa.gov.

Sincerely,

Health Systems Quality Assurance
Complaint Intake Unit

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So there was a lot of miscommunication between my attorney and myself. I recollect he was getting someone to serve you. But nobody did. Now his inside lady. Is saying something about ginger. And Dr wert. Saying how I started something she had recommended. But stopped. Which I did. From talking to my attorney. Now he's saying Dr wert said nothing to him about DV. And now I have to re do that

It doesn't make since in a txt

