

Service Description

Children’s Administration provides direct services to children and families statewide through services provided by state employees and by contracted service providers.

Out-of-Home Care Services

Adoption Program

Children’s Administration’s adoption program focuses exclusively on providing adoption services to children placed in state foster care and to families interested in adopting a child from foster care. Children’s Administration focuses on placing children from foster care with approved adoptive families. These children are considered special needs and are often harder to place as a result of physical, emotional and sexual abuse and/or neglect or are part of a sibling group. Adoption Services include, adoptive family recruitment, completion of adoptive home studies to determine the fitness and suitability of a family for adoption by providing training and pre-placement and post-placement services to the child and family. Children’s Administration works to match children with approved adoptive families that are best able to meet the needs of the child. Children’s Administration implements the adoption policy of the Indian Child Welfare Act (ICWA) of 1978.

Adoption Support Program

Funding resources are available through the Adoption Support Program to assist families adopting children with special needs. Adoption Support is designed to help families offset the additional expenses involved in caring for a child with special needs. Pre-authorized counseling, medical and dental services, non-recurring adoption costs, and a negotiated monthly cash payment are some of the services that may be subsidized through Adoption Support.

Adoption Medical

Adoption Medical provides medical services to eligible adopted children through the state Medicaid program.

Behavior Rehabilitation Services (BRS)

CA contracts with community agencies to provide a temporary intensive wraparound support and treatment program for youth with extreme, high level service needs used to safely stabilize youth and assist in achieving a permanent plan or a less intensive service. These services can be provided in an array of settings and are intended to:

- Safely keep youth in their own homes with wraparound supports to the family
- Safely reunify or achieve alternative permanency more quickly
- Safely increase family based care by using a wraparound approach
- Safely reduce length of service by transitioning to a permanent resource or less intensive service

Crisis Residential Centers (CRC)

Crisis Residential Centers provide temporary shelter for youth ages 12 through 17 who run away from home, are in severe conflict with their parents, or foster youth in need of a crisis placement. CRCs are available twenty-four hours a day, seven days a week. Placement is limited to a maximum of five days, and services are focused on assessment of needs and family reunification.

Secure Crisis Residential Centers (S-CRC)

Secure crisis residential centers provide twenty-four hour availability for short-term placements of up to five-days for runaways placed by law enforcement. These facilities were mandated by the "Becca Bill" legislation passed in 1995. The S-CRCs are either facility secure or staff secure, but otherwise operate as other CRCs, with an emphasis on assessment of needs and family reunification.

Children's Hospital Alternative Program (CHAP)

CHAP is a collaborative effort between Children's Administration, County Mental Health/Regional Support Networks (RSN) and private local providers. Children's Administration and the RSN blend funding to provide intensive supports to youth with severe mental health disorders and their families in an attempt to prevent inpatient hospitalization, stabilize the youth, build family skills so they can become more independent, self-reliant and gradually move from formal to informal supports within their own community. These intensive services are provided by a private agency either within the youth's home or in a treatment foster home.

Child Placing Agency (CPA)

Private Agency Services provide licensed foster homes and other contracted services such as; Parent/Child/Sibling Visitation Services, Follow-up Care Services, Borrowed Home Services, Respite Care Services, Case Aide Services, and can help manage some case responsibilities.

Education and Training Voucher Program

The federal CHAFEE Independence Act was amended in 2001 and authorizes funding to the states to provide financial assistance to youth who have aged out of foster care and are attending post secondary institutions. Youth who are eligible for this program may receive assistance with their cost of attendance up to \$3,000 per year. Youth who are enrolled in this program before age 21 years may continue to receive this service until age 23 provided they are making satisfactory progress towards the completion of their program.

Extended Foster Care Program

In 2011 Washington State legislature passed a law allowing Washington to extend foster care services to youth between the ages of 18 and 21. This legislation takes advantage of the Federal Fostering Connections for Success and Increasing Adoptions Act of 2008. Youth participating in this program remain dependents of the State of Washington while they complete secondary or post secondary education programs, including vocational or technical training.

Family Foster Home Care Services

Foster homes provide twenty-four hour care for children of all ages who need temporary or extended out-of-home placement due to child abuse, neglect or family conflict. Foster care is provided by licensed foster parents, unlicensed relative caretakers or other approved suitable persons and is viewed as a short-term solution to an emergent situation. The goal of foster care services is to return each child home safely or to find another appropriate permanent home as quickly as possible.

HOPE Centers

The Washington State Homeless, Youth Prevention/Protection and Engagement Act (HOPE) passed by the legislature in 1999 created HOPE Centers and Responsible Skills Living Programs. HOPE Centers are temporary residential placements for street youth. Youth can remain in a HOPE Center for up to 30 days while they receive assessment services and a permanent placement is identified. HOPE Centers are intended to stabilize an adolescent, perform comprehensive assessments of the youth's physical and mental health, identify substance abuse problems and educational status, and develop a long-term permanent plan.

Responsible Living Skills Program (RLSP)

The Washington State Homeless, Youth Prevention/Protection and Engagement Act (HOPE) passed by the legislature in 1999 created HOPE Centers and Responsible Skills Living Programs. RLSP offers permanent placement settings and independent living skills to youth who are considered “street youth” and who agree to participate fully in the program. Eligible youth are between ages 14 and 18; however priority is given to youth between the ages of 16 and 18. The RLSP may serve as a permanent placement for dependent youth who will exit from foster care into independent living at age 18. Youth must not have a permanency plan of return home and they must have lived in a HOPE Center or Secure Crisis Residential Center prior to entering RLSP. This requirement may be waived by the social worker if they view RLSP as the best placement for their youth.

Independent Living Services (ILS)

The federal CHAFEE Foster Care Independence Act (1999) requires states to identify youth who are likely to remain in foster care until age 18 and to provide those youth with a variety of Independent Living Services. Services include education, training, and support in the areas of educational stability and achievement, vocational training, career exploration, mentoring, employment placement and retention, daily living skills and avoidance of high risk behavior. Washington State administers these services to youth in state care through community-based and Tribal contractors. Independent Living Services are funded primarily through federal grant monies.

Transitional Living Services (TLS)

The federal CHAFEE Independence Act was amended in 2001 and directs states to deliver transitional living services to former foster care recipients between the ages of 18 and 20. Transitional living support services include assistance in accessing safe and stable housing, employment training, placement and retention services, and support toward the attainment of either a high school diploma

or General Education Development (GED) certificate. This service is provided through our Independent Living Program.

Street Youth Services

Street Youth Services consist of community-based outreach and case management targeting youth engaged in life styles characterized as homeless. These youth, referred to as street youth, are living away from their homes and may be chemically dependent, actively involved in prostitution, or delinquent behaviors. Services are aimed at engaging and assisting youth in ending this life style.

Social Security Program for Children in Foster Care

Children’s Administration has a specialized program that identifies children in foster care with disabilities and applies for Supplemental Security Income (SSI) on their behalf. These applications and appeals result in monthly SSI benefits that are placed into accounts for the child’s personal benefit and assistance with reimbursement of the child’s foster and group care expenses. These benefits follow children when they leave care and are frequently part of the reunification plan. At any given time, there are about 1,450 children in foster care who qualify for SSI benefits and over 500 children who qualify for Social Security benefits based on the retirement, death or disability of a parent.

Other Foster Care Services

Interim and Receiving Care Services

Intensive emergency placement resources with contracted agencies are available for children and youth pending family reunification, less restrictive placement, or other long term permanent resource. Family Receiving Homes provide emergency placement services for children and youth removed from their homes because of abuse, neglect or family conflict.

Foster Care Assessment Program (FCAP)

The Foster Care Assessment Program is a statewide contracted program to assess children who have been in out-of-home placement for more than 90 days and are in need of intensive planning to help achieve permanency. The program targets children who have complex health and behavioral problems which may pose barriers to the achievement of stable permanent placements.

Pediatric Interim Care (PIC)

PIC provides support services to the families of drug/alcohol affected children under the age of three years. Support services to the families may include specialized group care, foster care, family support, foster family training and support, aftercare services, wraparound services and/or other services. There are currently three Pediatric Interim Care programs available in Washington State. One is a facility-based program that provides care and medical support to drug-affected infants for up to 45 days. Another provides care and intensive services to drug-affected infants and children age birth to three years through trained foster homes. The third program provides support services, but no placements, for drug affected children ages birth to three directly to the child through the foster

parents, relative caregivers, and/or the birth parents to promote the child's well being and to provide training to the families on the particular needs of drug affected children.

Transportation and Supervised Visitation

Parent/Child/Sibling Visit contracts provide transportation and supervision for visits between children in out-of-home care and their siblings and families, essential services that support family reunification.

In-Home Services

Early Family Support Services (EFSS) – formerly Alternative Response (ARS)

Early Family Support Services are provided statewide through regional contractors to help reduce the risk of child abuse and neglect and re-referrals to CPS. Providers address threats to child safety so children can remain in their own homes. The providers conduct an initial screening with the family to determine the service delivery path:

- Family Engagement and Assessment Services
- Community Resource and Referral (Short Term Interventions)

The family engagement path utilizes the Omaha System a researched-based tool for assessing and documenting family needs and outcomes. Providers use Motivational Interviewing to assist in family engagement. Providers also use a number of other assessment and screening tools as needed. Providers work with the family to develop a behavior-oriented and goal directed service plan.

The program also includes the integration of evidenced based and promising practices: Promoting First Relationships and Triple P – Positive Parenting Program. The goal of integrating evidenced based and promising programs is to allow providers to choose the appropriate service delivery model for the family and to utilize an evidenced based program if appropriate.

Public Health Nurses Early Intervention Program (EIP)

The Early Intervention Program is a home visiting nurse program which addresses health conditions, physical growth, child development, social-emotional health, caretaking/parenting, and home safety issue for children served by Children's Administration.

Trained public health nurses are available to provide voluntary in-home services which can prevent the need for more intrusive interventions for at-risk families with young children.

Comprehensive Assessment Program

Children's Administration contracts with Harborview Center for Sexual Assault and Traumatic Stress to provide the Comprehensive Assessment Program in four regions throughout Washington State. The program offers a comprehensive assessment for higher risk families that will identify the strengths and clinical needs of parents and children. The goal is to help improve the safety of children by guiding decision making and service planning.

Family Support Services

Child Care

Child care programs are available for families and children with an open case, and the case plan includes child care as a service to support the child's individual safety and service plan. Parents, unlicensed relative placements, and licensed foster parents are eligible for child care when the case plan includes child care as a service needed for the best interest of the child. Children's Administration implemented a child care payment structure for child care provided during "non-standard" hours. The payment rates under this policy cover child care provided overnight, and on weekends and holidays.

Crisis Family Intervention (CFI)

Crisis Family Intervention is available to families with youth ages 12 to 18 who are in conflict or who are experiencing problems with an at-risk youth. Families may request CFI services from the department. The service is a brief and voluntary service that is directed to preserve, strengthen, and reconcile families or caregivers in conflict. The main focus of CFI includes working with families to resolve the immediate crisis, identifying community resources to support family functioning, and developing protective supports.

Family Preservation Services (FPS)

Family Preservation Services are available primarily to families whose children face "substantial likelihood" of being placed outside of the home or to assist with reunifying a child with their family (from out-of-home care). Interventions focus on resolving the immediate crisis and strengthening a family's relationships through a variety of community resources. FPS is available to families within 48 hours of referral and is offered for a maximum of six months by a contracted service provider. Services include a pre- and post-service assessment using the North Carolina Family Assessment Scales.

Intensive Family Preservation Services (IFPS)

Intensive Family Preservation Services are available to families whose children are at "imminent risk" of foster care placement or to reunify a child with their family from out-of-home care. Contracted community agencies provide intensive in-home therapeutic services (6 to 10 hours of therapy per week) for up to 40 days, and 2 brief booster sessions at the request of the social worker of the family to reinforce gains and support the family using the evidence-based HOMEBUILDERS® model of service. Services are available 7 days a week, 24 hours a day. IFPS focus on improving the family's ability to overcome a crisis situation and to remain together safely.

Home-Based Services (HBS)

CPS social service staff can purchase supplemental services for families who are at risk of child placement or support for families with children returning to their families following placement in foster care. Home Based Services are individualized to meet each family's need within available resources. Services may include parent aides and counseling, as well as supports for basic needs such as clothing, shelter, employment or transportation.

Evidence-Based Programs

Children’s Administration is exploring multiple evidenced based and promising practices to determine priorities of program delivery and look at service gaps around the state. Children’s Administration will then develop a plan to train more providers while supporting existing providers with consultation and additional training within our reduced budget. Children’s Administration incorporated the following evidence-based practices into our service array, including:

Solution-Based Casework (SBC)

Children’s Administration includes evidenced-based practices in the work of the agency as well as in contracted services for children and families. As part of this effort, Children’s Administration adopted a Practice Model which provides an overarching framework for child welfare practice in Washington State.

Children’s Administration chose SBC as the clinical model for child welfare practice because it is a family centered practice that builds on a family’s strengths. Social workers are taught engagement skills, interviewing techniques, family life cycle development frameworks and relapse prevention techniques. These give social workers the skills and support they need to do their jobs well. The training and coaching is on-going, and training will be adjusted as Children’s Administration receives critical feedback from supervisors and social workers.

Tools in FamLink were developed to support Solution-Based Casework. Current practice and proposed changes within the Children’s Administration will be evaluated in the context of how well they support the clinical model.

Other evidence based programs are listed in the following table.

| <i>Evidence Based Program Description</i> |
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| <p>Homebuilders</p> <p>Homebuilders is an Intensive Family Preservation Services program designed to prevent out of home placement of children. The program is short in duration, usually four to six weeks. Homebuilders’ therapists respond to families 24 hours a day, seven days a week. The program focuses on teaching parents to care effectively for their children by increasing the parents’ ability to manage child behavior, utilize appropriate discipline, and provide a safe and nurturing home environment. Therapists have a low caseload (two cases at a time) allowing therapists to spend a greater amount of time with the family. Homebuilders’ therapists also assist parents in enrolling in other longer term services that will help the parent maintain changes. Research has shown the program to be cost effective in reducing out of home placement of children.</p> |
| <p>Incredible Years Program</p> <p>Comprehensive, developmentally-based intervention with components for parents, teachers and children (age two to seven years) designed to prevent and treat emotional/behavioral problems in young children by promoting children’s social, emotional and academic competence and strengthening parental competence and family relationships. Interventions use a group format and deliver content through</p> |

| Evidence Based Program Description |
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| multiple methods including video, discussion, activities, role playing, and home assignments. |
| <p>Nurse Family Partnerships</p> <p>Prenatal and early childhood home visitation program designed to improve maternal and child health and well-being. Home visits conducted by experienced, well-trained and supervised nurses who work intensively with first-time, low-income mothers and their families over a period of two years. Goals for the program include improving maternal and fetal health by helping pregnant women improve their health-related behaviors; improving infant and child health and development by enhancing parental care giving skills; and improving the families’ economic self-sufficiency. Studies have shown reductions in child abuse and neglect, juvenile and adult crime, and increased employment by the participating mother.</p> |
| <p>Parent Child Interaction Therapy (PCIT)</p> <p>PCIT is a parent training program that was originally designed to treat children (age two to seven) with conduct problem behavior. The service lasts about 20 weeks or until parent has achieved mastery and is delivered in one hour sessions. Trained therapists coach the parent (use of a one way mirror in which therapist uses a microphone device from another room) in child management techniques (e.g. how to praise appropriate behavior, ignore undesirable behavior, give clear, age-appropriate instructions, how to implement “time-outs”) while parents are interacting with their children in a safe environment.</p> |
| <p>Project Safecare</p> <p>This is a parent-training curriculum for parents who are at-risk or have been reported for child maltreatment. Trained professionals work with at-risk families in their home environments to improve parents’ skills in several domains.</p> <ul style="list-style-type: none"> ▪ Parent-child or parent-infant interaction ▪ Child Health ▪ Home Safety and cleanliness <p>This intervention lasts between 18-22 weeks</p> |
| <p>Promoting First Relationships</p> <p>Promoting First Relationships is a prevention program dedicated to promoting children’s social-emotional development through responsive, nurturing caregiver-child relationships. The program trains service providers in the use of practical, effective strategies for promoting secure and healthy relationships between caregivers and young children (birth to 3 years). By supporting parents and caregivers to be loving, responsive and tuned in to their children’s feelings and needs, the desired goals can be achieved: happy children who engage in trusting and caring relationships with others and are free to explore and learn about the world around them.</p> |
| <p>Triple P (Positive Parenting Program)</p> <p>This intervention draws on social learning, cognitive-behavioral and developmental theory, as well as research into risk and protective factors associated with the development of social and behavioral problems in children.</p> |

Evidence Based Program Description

It is a five level program addressing family conflict, parenting styles and managing child behaviors. Levels 4 and 5 are used to provide intensive therapy for individual families which include relationship conflict, parental depression, and stress. Services are provided to families with children 0-18 years and depending on the needs of the family, the intervention is between 10 to 20 weeks.

Skills training includes:

- modeling
- rehearsal
- self-evaluation
- homework tasks