



Overview of the Children's Administration

Population to be Served
Geographic Area
Estimated Number to be Served
Description of Services

Children's Administration
Department of Social and Health Services

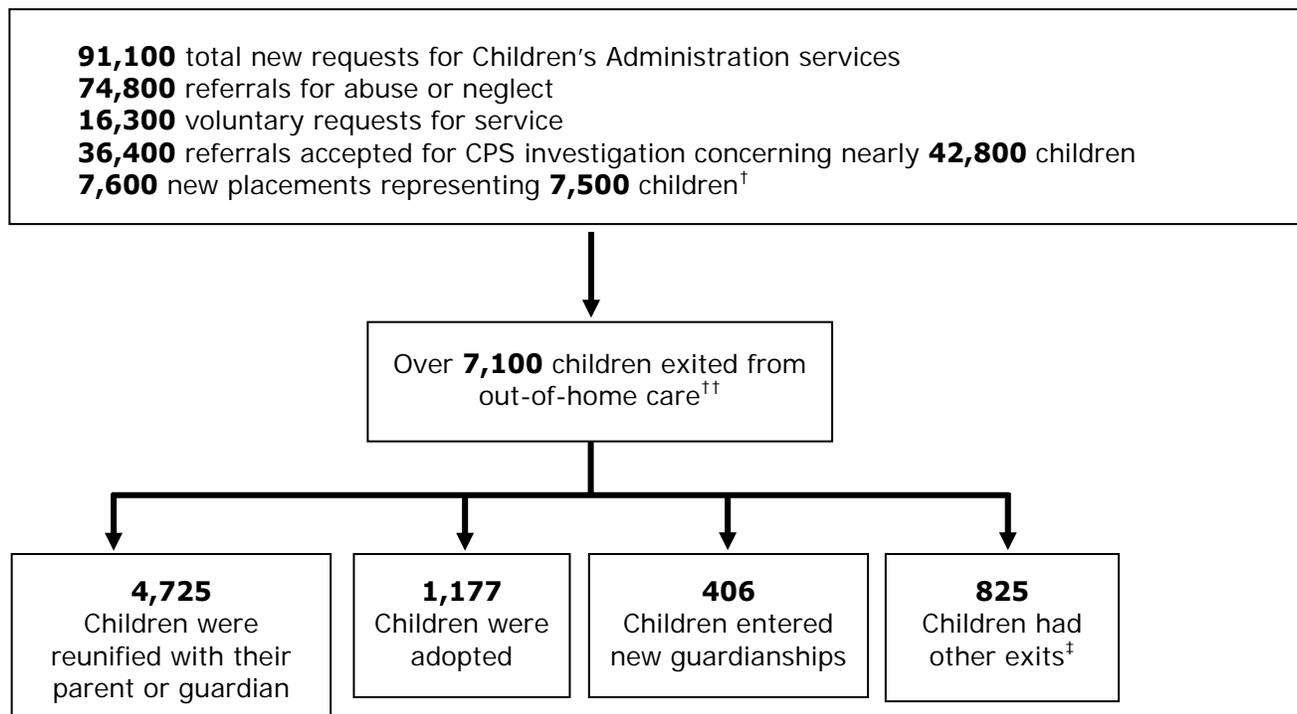
Child and Family Services Plan FY 2010 - FY 2014 Overview of Services

This Child and Family Services Plan (CFSP) details the outcomes of the implementation of the Child and Family Services Plan of 2005 – 2009, the annual update report for FY 2009, the planned services for FY 2010, and the CFSP for FY 2010 - FY 2014. In Washington State, the IV-B programs under this plan are administered by DSHS Children's Administration.

There has been on-going consultation and coordination between the Children's Administration and our community stakeholders, the Tribes, service providers, parents and kin, foster parents, and the foster children to plan, provide, and improve services. CA strives to continue to strengthen these working partnerships at every level of the organization.

DSHS Children's Administration (CA) is divided into six geographic regions and each region has a number of field offices based upon community need. There are 45 field offices throughout Washington State who provide services to vulnerable children and youth up to 18 years old and their families to identify their needs and develop a plan for services which support families and assure safety and well-being for children. CA also provides services to eligible older youth up to 21 years old with developmental needs or to those pursuing post-secondary education and their families. CA uses both paid personnel and community-based, contracted service providers throughout the state in an effort to provide the greatest array of services. These contractors are mainly obtained through the solicitation process, and services are designed to reduce the risk of abuse, prevent out-of-home placement, and assure safety and permanency for children in care. More than 3 percent of the annual Washington State population is a consumer of services.

Fiscal Year 2008 Children's Administration Service Delivery Activities*



*Source: EMIS report and September 2008 CAMIS download. All numbers are rounded to the nearest 100, with the exception of exits from out-of-home care.

[†]Unduplicated count of children in placement. Children may experience more than one placement during a fiscal year.

^{††}Unduplicated number of children exiting from out-of-home care. Children may exit from out-of-home care more than once during a fiscal year, and previous Children's Administration Performance Reports used duplicated counts.

[‡]Other exits include: reached age of majority, transfer of custody, no exit reason, or deceased.

The Children's Administration is divided into four divisions:

- **Field Operations Division (FOD):** Provides direct client child welfare and licensing services through forty-four local offices located in six geographic regions throughout the state; program implementation and risk management.
- **Program and Practice Improvement Division (P&PI):** Develops and communicates program priorities and policies to guide operations and service delivery activities; quality assurance, employee training and training for foster and kinship care providers and adoptive parents.
- **Finance and Operations Support Division (FOSD):** Provides fiscal management, data analysis, workforce operations, and contracting services.
- **Children's Administration Technology Services (CATS):** Provides Information technology support and training; develops and maintains information systems.

CA provides statewide direct services to children and families through two types of services:

- **Children and Family Services (CFS)** Provides client services through four primary areas, Child Protective Services, Family Voluntary Services, Child and Family Welfare Services, and Family Reconciliation Services. In addition, provides services and supports to families at the request of the family or as directed by the courts.
- **Licensed Resources (LR)** investigates allegations of child abuse and neglect in DSHS licensed, certified and state-operated care facilities for children (including the biological and adopted children of licensees). LR is responsible for licensing foster homes and other out-of-home care facilities for children, as well as child placing agencies in Washington State. LR also monitors the quality of care offered by these providers.

Children and Family Services

Children and families enter CA through four primary program areas: Child Protective Services (CPS), Family Voluntary Services, Child and Family Welfare Services (CFWS) and Family Reconciliation Services (FRS). These programs are responsible for the investigation of child abuse and neglect complaints, child protection, family preservation, family reconciliation, foster care, group care, in-home services, independent living, and adoption services for children age 0 to 18 years.

- **Child Protective Services (CPS)** provides 24 hour, seven day a week intake, screening and investigative services for reports of alleged child abuse and neglect. CPS social workers investigate allegations of child abuse and neglect to assess the safety and protection needs of children. Law enforcement, courts, Tribes, and community teams are also critical members of the child protection system. Each has a distinct role and is integral to the checks and balances designed to protect children from abuse and neglect and to safeguard families from unnecessary disruption.

When it appears that a child is in danger of being harmed or has already been seriously abused or neglected, CPS, with a police officer or court order putting the child in protective custody, places the child with a relative or in foster care. By law, a child can be kept in protective custody for no more than 72 hours, excluding weekends and legal holidays. If the child is not returned to the parents or some other voluntary arrangement made within 72 hours, the matter must be reviewed by a court. If risk warrants ongoing placement, dependencies must be established in court within 75 days.

- **Family Voluntary Services (FVS)** support families on a voluntary basis and focus on early engagement. Services with families are designed to help prevent chronic or serious problems which interfere with their ability to protect or parent children. This program serves families where the children are safe to remain in the home while the family engages in services through a Voluntary Service

Agreement (VSA) or for children who are temporarily placed in an out of home setting through a Voluntary Placement Agreement (VPA).

- **Child and Family Welfare Services (CFWS)** provides both permanency planning and court-ordered intensive treatment services to children and families who need help with chronic or serious problems which interfere with their ability to protect or parent children, such as on-going abuse and neglect or intensive medical needs. Services oversee the health and wellbeing of children in out of home placements and provide ongoing assessments of safety and risk to children. Children served in this program are dependents of the state (in-home or out-of-home care) or legally free for adoption.
- **Family Reconciliation Services (FRS)** are voluntary in-home services focused on developing skills and supports within families to resolve problems related to at-risk youth in need of services or in family conflict. These services are designed to help families find solutions to their conflicts by developing skills and supports to maintain the family unit.

Licensed Resources

Licensed Resources provides Child Protective Service investigations regarding allegations of abuse and neglect to children in licensed, certified and DSHS-operated facilities. This program has five main goals: 1) ensure the immediate safety of alleged child victims; 2) investigate allegations of child abuse and neglect and make determinations regarding the existence of child abuse and neglect; 3) assess whether the child in question has been abused or neglected in a state-regulated setting in ways that have not been alleged; 4) identify risk factors within the facility which create a substantial risk of harm to children; and 5) ensure consistency and equity toward providers in the investigation of abuse and neglect.

Licensed resources licenses, supports, and monitors foster homes, and out of home care facilities for children. Licensed Resources also licenses child-placing agencies, and provides assistance to these agencies who certify private agency foster homes. Licensing staff are charged with ensuring the health, safety and quality of care for children in high quality foster family homes, group care facilities, and child placing agencies.

Detailed Description of Children's Administration Services

Out-of-Home Care Services

- **Adoption Program**
CA'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. CA 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. CA works to match children with approved adoptive families that are best able to meet the needs of the child. CA 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 for behavior rehabilitation services for children and youth with serious emotional, behavioral or medical difficulties who cannot be adequately served in regular family foster homes. BRS provides a high level of care and treatment for children and youth with the most severe and intensive needs. BRS is time limited with a focus on a return to a less restrictive environment. Services are offered in an array of settings including the child's home, a treatment foster home or a group residential setting.
- **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.
- **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 \$5,000 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.
- **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. Foster care services are also available with licensed foster parents through community child placing agencies.
- **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 out 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**

CA 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, specialized 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. EFSS serves families whose CPS referrals are determined to be low risk or moderately low risk at intake or following investigation. As a result of the Children's Administration 100% contract review initiated in 2005, this program has undergone improvements. The program is now has two pathways for services. The contracts have a short-term referral based service as well as a longer term, family engagement and intervention pathway. The family engagement path includes the Omaha System which is a family assessment component. The Omaha System allows providers to track and document family and individual outcomes.

Providers received training in Motivational Interviewing to provide addition skills to assist the provider in family engagement.

The program also includes the integration of evidenced based and promising practices: Promoting First Relationships and Triple P – Positive Parenting Program and possibly Project SafeCare. 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. These programs, as well as the Omaha System, will be phased in within the next few years due to the nature of training and oversight needed for implementation.

- **Home Support Specialists (HSS)**

Some offices have paraprofessional CFS employees who are assigned to work directly in the home with high risk families teaching parenting skills. This includes basic physical and emotional care of children, personal hygiene, nutrition, homemaking, and life skills. Home Support Specialists also connect families with community resources and facilitate supervised visitation. Families receiving either CPS or CWS can be served by these paraprofessionals.

- **Public Health Nurses Early Intervention Program (EIP)**

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. EIP was also involved in the Children's Administration contract review. Currently, this program is under review in an effort to improve service delivery.

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. CA 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**

Crisis Family Intervention (CFI) 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 Practices

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

- **Solution-Based Casework (SBC)**

CA 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, CA adopted a Practice Model which

provides an overarching framework for child welfare practice in Washington State.

CA chose SBC as the clinical model for child welfare practice because it's 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 CA receives critical feedback from supervisors and social workers.

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

- **Solution Focused Management (SFM)**

To support social workers in their use of SBC, CA trained all management staff in SFM. SFM helps CA managers support social workers as they implement SBC. It's a parallel process that reinforces manager's use the same values, techniques, and language staff uses with their clients. SFM involves:

- Identifying what's already working and amplifying it to make useful changes.
- Focusing on what's possible rather than on causes of problems.
- Getting managers to stop doing what isn't working and look for opportunities to do things differently.
- Encouraging managers to turn to the expertise and strengths within their team for solutions that work.
- Encouraging managers to apply solution focused principles and concepts in their management style, including language and questions derived from solution focused interviewing.

- **Parent Child Interaction Therapy (PCIT)**

PCIT is a parent training program that was originally designed to treat children (age two to seven) with problem behavior. Further studies of the program showed that PCIT helps parents improve parenting skills, build a warm and responsive relationship with their child; and decrease child behavior problems. The service lasts about 20 weeks and is delivered in one hour sessions. Trained therapists coach the parent (through the 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. Use of the program with clients involved in child welfare produced in one study a 50% reduction in re-occurrence of physical abuse and neglect.

In FY 09, this program was available in all regions, but not to all offices. In FY 10, regions will continue to expand services as funding allows.

- **The Incredible Years**

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 multiple methods including video, discussion, activities, role playing, and home assignments. In FY 09, this program was available in Region 1, Region 2, and Region 3, and Region 4. In FY 10, CA will continue to assess service gaps and expand services to other areas throughout the state as funding allows.

- **Trauma Focused – Cognitive Behavioral Therapy (TF CBT) –**
Intervention designed for children ages 5 -18 who have been the victim of trauma, including sexual abuse. The child's parent or caregiver must participate in the program. TF CBT uses cognitive-behavioral therapy and stress inoculation training procedures to reduce children's negative emotional and behavioral responses (e.g., post-traumatic stress) and correct maladaptive beliefs and attributions related to the abusive experiences. The program should not be used with children who exhibit externalizing behavior disorders (acting out behaviors). In FY 09, this program was available as a CA contract in Region 5 Pierce County, and in other community mental health centers around the state through RSN-funded services. Due to lack of funding CA was not able to expand the program further.
- **Functional Family Therapy (FFT)**
FFT is a family therapy that is provided usually in a family home. The program serves families with children between the ages of 11 and 18. FFT focuses reducing conflict in the family, improving communication, increasing use of age appropriate parenting skills, and improving parent supervision of children. The program lasts an average of 4 months. The entire family participates in FFT. With child welfare clients, one study showed a 50% reduction in out of home placement for adolescents whose families received FFT. This program was available in all regions.
- **Multi-Dimensional Treatment Foster Care (MTFC)**
MTFC is a program for children ages 12 to 18 who are in foster care and exhibit problem behaviors that led to a referral to BRS. The program's goal is to increase developmentally appropriate behavior in children and adolescents who are in need of out-of-home placement. The intervention is multi-method and occurs in multiple settings. It is a strength-based, skill building model, which shapes desired behaviors through positive reinforcement. The treatment model assists the youth's permanent resource family with effective parenting skills. This will ensure that positive changes made while in the MTFC program are sustained long term. Children remain in MTFC foster homes for an average of 9 months. Studies indicate that children participating in MTFC experienced increased placement stability after completion of the program. In FY 09, CA added a Latency age (6-11) site. In FY 10, CA was looking to expand the program to more regions of the state however budget restrictions impacted this plan. Two pilot sites for Project KEEP began spring of 2009. KEEP is an evidence based model that uses a support and skills group for foster parents. It has been shown to reduce placement disruptions and problem behaviors in foster youth and increase foster parent retention.

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- **Nurse Family Partnerships (NFP)**
NFP is a 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 child abuse and neglect, juvenile and adult crime, and increased employment by the participating mother. In FY 09, this program was available in Region 1, Region 2, Region 3, Region 4, Region 5, and Region 6. It was supported by contract in Pierce County. Availability is through Public Health Jurisdictions in 10 counties throughout the state.

- **Promoting First Relationships**

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. In FY 09, this program was available in Region 3 utilizing state staff as providers. It was also used in Region 4 and Region 5 through contracted providers. A research project using collaboration with CA, community mental health agencies and UW researchers is also available in Region 5. Also in FY 09, providers of two other contracted service programs, Medicaid Treatment Child Care (MTCC), and Pediatric Interim Care Services (PIC) were trained and offered the services as part of their program in Region 2, and Region 3 respectively. In FY 10, we will continue to support newly trained providers by supporting their consultation with the University of Washington as the program is outlined. As with other evidenced based and promising programs, CA will prioritize services and develop a training and implementation plan for these programs.

- **Homebuilders**

Homebuilders is the service delivery model for Intensive Family Preservation Services designed to prevent out of home placement of children or facilitate return home. Referrals to the program are made when a family has been referred for child abuse and neglect and the child or children are at imminent risk of placement. 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 parent's 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. The program in research has been shown to cost effectively reduce out of home placement of children.

- **Triple P (Positive Parenting Program)**

Triple P is a parenting program that teaches parents methods and skills to manage child behavior and to increase the positive interaction with their child. The program was initially developed and studied as an intervention with children with conduct problems. In recent years the program has been utilized in child welfare settings. In one research study Triple P was shown to reduce child abuse and neglect. In FY 09, contracted providers were trained in Region 1, Region 2, Region 3, Region 5, and Region 6. In FY 10 CA will continue to look at how this program is used in the regions and will develop a plan to implement Triple P in other areas around the state as funding allows

- **Aggression Replacement Training (ART)**

Aggression Replacement Training (ART) is a psycho-educational training program for adolescents ages 12 to 18. The program teaches participants social skills, specific steps to reduce and control anger, and moral reasoning. The program is provided over a 10 week period and meets three times per week. The program has been shown to effectively increase socially appropriate behavior and to reduce aggression in adolescents involved in the juvenile justice system. A decision was made in FY 09 to train provider of BRS programs in ART since many of the children in BRS programs display poor social skills and aggressive behavior. In FY 10, training and implementation of this program will begin for BRS group home providers. Due to budget constraints no expansion will occur.

- **Project SafeCare**

Project SafeCare is an intervention designed specifically to intervene with families that have been referred to child welfare for child neglect. The program has three components, Home Safety, Child Health, and Parent Skills. The service is provided in the family home and focus on parents practicing new skills in real time. Parents are supported by the home visitor until mastery of the skills and tasks are reached. Preliminary research on the program indicates the program is having an impact on re-referrals to child welfare. In FY 09, three agencies in Region 3 have been providing the Project SafeCare program, serving a total of 28 families to date. In FY 10, CA intends to train a few internal staff as well as a few providers in Region 3.

Other Children's Administration Services

- **Domestic Violence Services**

The Domestic Violence Program provides support for community-based shelters, emergency counseling and legal advocacy for children and families who have experienced domestic violence. A statewide toll-free hotline is available to link victims with services in their communities. CA also sets minimum standards for domestic violence perpetrator programs and certifies perpetrator treatment programs. Victims of domestic violence can receive emergency shelter, crisis counseling, court accompaniment and advocacy, and other support services from agencies that hold DSHS contracts. Funding is provided from state general funds, the federal Victims of Crime Act victim assistance grant, and the federal Family Violence Prevention and Services Act grant.

- **Sexually Aggressive Youth (SAY)**

Special programs are offered for sexually aggressive youth. Comprehensive intervention and treatment services are available for children who meet the definition of Sexually Aggressive Youth as defined in RCW 74.13.075. These services include one-time expenses for testing, monitoring equipment, or emergency interventions as well as ongoing evaluations, treatment and supervision.

- **Indian Child Welfare Services (ICW)**

Services are provided to Indian children, consistent with the federal Indian Child Welfare Act (ICWA) and the Tribal-Washington State ICW Agreement of 1987, in the areas of child protective services, foster care, dependency guardianship, termination of parental rights, and adoption proceedings. In addition to direct services provided by the administration, additional services are funded through contracts with Federally Recognized Indian Tribes and Recognized American Indian Organizations (RAIO) in the state enabling providers to serve their own Tribal members and off-reservation Indians. The administration monitors and provides technical assistance to its own staff and contracted Tribes and RAIOs on compliance with federal and state requirements related to the care of Indian children. Tribes and RAIOs are also able to contract for any service available for all children through Children's Administration.

- **Interstate Compact Placement of Children (ICPC)**

This is a statutorily established (RCW 26.34) reciprocal placement and service agreement between Washington State and other states that governs the out-of-state placement of dependent and other children as specified by the Compact.

- **Medicaid Treatment Child Care (MTCC)**

This program provides medically necessary psycho-social services to young children at risk of child abuse and neglect. Each child is assessed and an individualized treatment plan is developed to address the needs identified in the assessment. Services include but are not limited to:

- Play therapy;
- Individual counseling for behavior modification;
- Family counseling;
- Group interventions with both child and parent;

- Monthly home visits;
 - Facilitated groups for caregivers based on a treatment plan.
- **Child Health & Education Tracking (CHET)**

Child Health and Education Tracking is designed to identify and organize essential and appropriate wellbeing information about the physical health, development, connections, education and emotional/behavioral health of all children in CA's care or custody. This information is recorded in a central database and a summary is shared with foster parents, relative caregivers, pre-adoptive parents and social workers to use in placement decisions, case planning and service delivery to help children grow and thrive. In addition, as concerns are identified during the screening process, CHET screeners make the appropriate service referrals to Infant Toddler Early Intervention Program, Education Advocate, Supplemental Security Income, and the Foster Care Public Health Nurse Program.