



# **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**



## Annual Progress and Services Report FY 2007 - FY 2008 Overview

**This Annual Progress and Services Report** (APSR) details the outcomes of the implementation of the Child and Family Services Plan of 2005 – 2009 and annual update reports since that time for FY 2007 and any changes in the plan for FY 2008.

The APSR is submitted by Children's Administration (CA) as federally required to request for funds and is presented in the following sections: An overview, financial information and request for funds, program information for FY 2007 through FY 2008, collaborations, supporting information for FY 2007 through FY 2008, and an appendix of the Program Improvement Plan (PIP) tracking FY07.

There has been on-going collaboration and consultation between CA and our community stakeholders, the Tribes, service providers, parents and kin, foster parents, and the foster children. CA strives to continue to strengthen these working partnerships at every level of the organization.

**DSHS Children's Administration** (CA) provides services to vulnerable children up to 21 years old and their families, and touches the lives of nearly 4 percent of the Washington State population annually as consumers of services.

In FY 2006 (the latest data available), CA provided services to an estimated 200,000 individuals, with nearly 19,100 children cared for in out-of-home placements. Annually, CA receives referrals of alleged abuse or neglect regarding one out of every 34 children in the State of Washington. Most of the children in placement were male (50.4%) and white (61.5%).

<b>CA Service Delivery Activities</b>	<b>Totals</b>
Total new requests for CA services	95,800
Referrals for abuse or neglect	78,700
Voluntary requests for service	17,100
Referrals accepted for CPS investigation concerning more than 43,100 children	37,100
New placements	7,900

### **Description of Services**

CA provides statewide direct services to children and families through two main types of services: Children and Family Services and Licensed Resources.

#### **1) 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 (CWS) 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)**

Child Protective Services provides 24 hour, seven day a week intake, screening and investigative services for reports of alleged child abuse and neglect. CPS social workers investigate appropriate referrals to assess the safety and protection needs of children and, when necessary, intervene by providing services designed to increase safety and protect children from further harm. 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.

➤ **Child and Family Welfare Services (CWS)**

Child and Family Welfare Services provides permanency planning and court ordered intensive treatment services to children and families who need help with chronic or serious problems (e.g. ongoing abuse and neglect or intensive medical needs) that interfere with their ability to protect or parent children. Child and Family Welfare 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 Voluntary Services**

Family Voluntary Services support families' early engagement in services, including Working with the family to create Voluntary Service Agreements or Voluntary Placement Agreements and providing ongoing case management services and assessment of safety and risk to children.

➤ **Family Reconciliation Services (FRS)**

Family Reconciliation Services are voluntary 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 devoted to maintaining the family as a unit and preventing the out-of-home placement of adolescents. Families requesting FRS are offered crisis stabilization services by FRS staff. This service is referred to as Phase I. Families who need further intervention are referred to Phase II, which is contracted crisis counseling available to families seven days a week, twenty-four hours a day, lasting up to 12 hours within a six-week period.

## **2) Licensed Resources**

Licensed Resources provides Child Protective Service investigations regarding allegations of abuse and neglect to children in licensed, certified and state-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. These facilities include: family foster homes, group care facilities, and child placing agencies, as well as other facilities that provide safe, healthy and nurturing environments for children. Licensed Resources provides training to children's care providers regarding Washington Administrative Code (WAC) regulations. 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 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 these special needs children with approved adoptive families. These children are often harder to place as a result of physical, emotional and sexual abuse and/or neglect. Adoption Services include adoption recruitment and adoption home studies to determine the fitness and suitability of a family. CA works to match children with approved adoptive families that are best able to meet the needs of the child by providing training and pre-placement and post-placement services to the child and family. CA implements the adoption policy of the Indian Child Welfare (ICW) Act 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 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 have locked doors and windows and fenced grounds, 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 or unlicensed relative caretakers 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/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. 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. The RLSP may serve as a permanent placement for dependent youth between the ages of 16 and 18 years who will exit from foster care into independent living at age 18.
- **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 Program**  
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.
- **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 almost 1,300 children in foster care who qualify for SSI benefits and almost 600 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 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.
- **Transportation and Supervised Visitation**  
Parent-Child Visitation contracts provide transportation and supervision for visits between children in out-of-home care and their families, essential services that support family reunification.

## In-Home Services

- **Alternative Response System (ARS)**  
Alternate Response System services are provided statewide through regional contractors to help reduce the risk of child abuse and neglect and re-referrals to CPS. ARS serves families whose CPS referrals are determined to be low risk or moderately low risk at intake or following investigation. Priority is given to families who have one or more of the risk factors which research has shown to best predict the likelihood of re-referral. Contracts are outcome oriented rather than fee for service, and operate under one of two ARS models: Public Health Nurse (PHN) model or Social Service. The Public Health model focuses on health issues particularly with children under the age of six. The Social Service model has a broad focus, ranging from parenting classes to making referrals for housing and employment resources.
- **Public Health Nurses Early Intervention Program**  
Trained public health nurses are available to provide voluntary in-home nursing services, which can prevent the need for more intrusive CFS interventions for at-risk families with young children.

## Family Support Services

- **Child Care**  
Children's Administration 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.

- **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 are available to families within 48 hours of referral and are offered for a maximum of six months by a contracted service provider
- **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, or paraprofessional services for up to 90 days. Services are available seven days a week, twenty-four 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)**  
CA 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 incorporates more evidence-based practices into our service array, such as the following:

- **Parent Child Interaction Therapy (PCIT)**  
PCIT is a parent training program that was originally designed to treat children (age two to seven) with conduct 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 (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.
- **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.
- **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).

➤ **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.

➤ **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.

## **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 RAIO on compliance with federal and state requirements related to the care of Indian children.

➤ **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 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.

Children identified with complex medical issues during the CHET screening process are referred to a Foster Care Public Health Nurse (FCPHN). The FCPHN provides a Comprehensive Health Report (CHR) of the entire medical and treatment history, including results from the CHET screening, and a summary of the child's current status. The CHR is provided to the assigned social worker and the child's caregiver. It is expected that the caregiver share the report with the child's health care professionals to assist them in providing appropriate health care services. The CHR is updated every 6 months or whenever the child moves.