



Report to the Legislature

Implementation of Enhancement Program

Chapter 518, Sec 202(7), Laws of 2005

December 1, 2005

Department of Social & Health Services  
Children's Administration  
Division of Program & Practice Improvement  
PO Box 45710  
Olympia, WA 98504-5710  
(360) 902-7920  
Fax: (360) 902-7903

**TABLE OF CONTENTS**

I.	Systemic Reform .....	2
II.	Child and Family Services Review, ..... Program Improvement Plan	3
III.	Braam Lawsuit Settlement Agreement .....	6
IV.	Child Protective Services and ..... Child Welfare Services Programs	9
V.	Education Specialists Services .....	11
VI.	Chemical Dependency Professionals .....	13
VII.	Evidence Based Programs .....	14

## **INTRODUCTION**

Chapter 518, Sec 202(7), Laws of 2005 requires the Department to report by December 1<sup>st</sup> of each year on the implementation status of the enhancements contained in the 2005-07 biennium budget, including the hiring of new staff, and the outcomes of the reform efforts. The information to be provided includes a progress report on items in the child and family services program improvement plan and areas identified for improvement in the Braam lawsuit settlement. Also, the Department is to report on the number, type, and outcomes of evidence based programs being implemented.

## **I. SYSTEMIC REFORM**

The success of the Children's Administration (CA) change process lies in its holistic and systemic approach. This is an extended process that requires vision, patience and communication to and from CA. Every change made will be part of a planned process with a new structure and culture in mind.

### **Self Review**

We have begun a year-long effort with the Boeing Company to examine and improve our structure, management and organizational culture. This effort is led by a group of professional change managers (The Lean Team) employed at Boeing whose time and resources are donated. This is the first time it has been undertaken for a state government agency. It represents a major commitment on the part of the state's largest private employer.

### **Change Priorities**

The Children's Administration has identified three areas for systemic change and reform: creating a new practice model, improving its business processes, and supporting the workforce. These priorities will be the focus of CA work over the next 12 to 24 months.

### **Creating a New Practice Model**

The key components include:

- Providing a comprehensive clinical practice framework to guide our work to improve consistency of practice
- Redesign of Child Protective Services and Child Welfare Services
- Redesign of early intervention services such as Alternative Response Services
- Redesign of Family Reconciliation Services
- Migration where appropriate to evidence-based practices
- Investment in supervisors
- Streamlining paper work, policies, procedures and tools

Preliminary work is underway related to the redesign of Child Protective Services and Child Welfare Services. A more detailed status report on this work is contained in Section IV Child Protective Services and Child Welfare Services Programs.

### **Improving Business Practices**

The key strategies include:

- Refining contracts for an effective array of services for children and families
- Developing a financial and resource management system
- Purchasing a comprehensive management information system

Work has already begun in relation to contracts which account for some two thirds of the dollars spent in the Children's Administration budget. A comprehensive review of some 600 contracts has been completed. We have identified some contract changes that need to be made by January 1, 2006 to strengthen fiscal reporting and accountability. We have also identified programmatic issues that we would like to resolve by July 2006. We have begun a process of engaging contractors in discussion about these issues. The intent of this process is to improve services to children and families through a clearer identification of the services we need to purchase, how many clients are being served, and the outcomes of the services.

### **Supporting the Work Force**

The key strategies include:

- Improving staff recruitment and retention
- Working to reduce caseloads

These priorities and strategies move the focus away from incident-driven incremental changes, which respond to dysfunctions, address the underlying systemic issues, and provide the opportunity to develop a new foundation that will result in lasting change and improved outcomes for children and families.

## **II. CHILD AND FAMILY SERVICES REVIEW, PROGRAM IMPROVEMENT PLAN**

The Child and Family Services Review (CFSR) program is mandated by federal legislation. The Department of Health and Human Services, Administration for Children and Families is responsible for conducting these reviews and monitoring implementation of Program Improvement Plans. Each state is required to participate in the CFSR. States are reviewed against federal performance measures and standards. States that are not substantially in conformity to these measures are required to develop and implement an agreed two-year Program Improvement Plan (PIP). States are subject to re-review following completion of their PIP. No state met all of the federal performance measures. All states were required to implement program improvement plans.

The Washington State CFSR was conducted in November 2003 and the report finalized in February 2004. The Washington State PIP period is October 1, 2004

to September 2006. During this period the state is required to meet performance targets related to measures where the state was substantially not in conformity, and to complete actions steps identified in the PIP which are designed to improve performance. The first year of the PIP has been completed. The following results indicate the status of improvement as of December 31, 2005.

**Child and Family Service Review  
Program Improvement Plan Performance Measures**

**1. Case Review Measures**

The CFSR has 23 case review measures related to safety, permanence and well-being. Each has a target to be achieved by September 2006. Achievement = meeting target for 2 consecutive quarters.

<b>Item</b>	<b>September 2006 Target</b>	<b>Status as of 12/05</b>	<b>Comment</b>
<b>SAFETY</b>			
1. Timeliness of Investigations	90%	90.7%	Met 2006 PIP goal for 1 quarter
2. Repeat Maltreatment	Achieved	Achieved	No PIP target for as state met this measure
3. Services to Prevent Removal	86%	86%	Met 2006 PIP goal for 1 quarter
4. Risk of Harm	80%	83%	Met 2006 PIP goal for 1 quarter
<b>PERMANENCY</b>			
5. Foster Care Re-Entry	Achieved	Achieved	Achieved. No PIP target for as state met this measure
6. Stability of Foster Care Placements	72%	82%	Achieved. Met 2006 PIP goal for 2 quarters
7. Permanency Goal	74%	85%	Achieved. Met 2006 PIP goal for 2 quarters
8. Reunification	65%	85%	Achieved. Met 2006 PIP goal for 2 quarters
9. Timely Adoption	48%	50%	Achieved. Met 2006 PIP goal for 2 quarters
10. Other Planned Living Arrangement	77%	86%	Met 2006 PIP goal for 1 quarter

Implementation of Enhancement Program  
Report to the Legislature  
December 2005

<b>Item</b>	<b>September 2006 Target</b>	<b>Status as of 12/05</b>	<b>Comment</b>
11. Proximity of Placement	Achieved	Achieved	Achieved. No PIP target for as state met this measure
12. Placement with Siblings	Achieved	Achieved	Achieved. No PIP target for as state met this measure
13. Visits with Parents	76%	80%	Met 2006 PIP goal for 1 quarter
14. Preserving Connections	58%	59%	Met 2006 PIP goal for 1 quarter
15. Relative Placement	82%	77%	
16. Relationship of Child with Parents	81%	88%	Achieved. Met 2006 PIP goal for 2 quarters
<b>WELL BEING</b>			
17. Needs/Services of child and parents	71%	86%	Met 2006 PIP goal for 1 quarter
18. Child/Family Involvement in Case Planning	51%	86%	Achieved. Met 2006 PIP goal for 2 quarters
19. Worker Visits with Child	48%	69%	Met 2006 PIP goal for 1 quarter
20. Worker Visits with Parents	42%	51%	Met 2006 PIP goal for 1 quarter
21. Educational Needs of Child	88%	96%	Met 2006 PIP goal for 1 quarter
22. Physical Health of Child	88%	94%	Met 2006 PIP goal for 1 quarter
23. Mental Health of Child	89%	83%	

- We have already met the PIP 2006 target in 10 of the 23 items

## 2. Systemic Measures

There are seven systemic measures. These measures reflect the infrastructure that is considered necessary to support performance on the case measures. The status of these seven measures as of December 31, 2005 is outlined below:

Implementation of Enhancement Program  
Report to the Legislature  
December 2005

Systemic Factor	CFSR Results 2004	Status
Statewide information system	Substantially achieved	CA is maintaining this status. However, the current information system is inadequate to support needed changes and requires replacement. Without replacement the state may fail this measure when re-reviewed in 2007
Case review system	Not substantially achieved	This factor relates to timeliness of termination of parental rights and 6 month reviews by the court of dependent children. The Court Improvement Plan is addressing these issues
Quality assurance system	Substantially achieved	CA is maintaining this status.
Training Service array	Not substantially achieved	Currently being achieved
Community responsiveness	Substantially achieved	CA is maintaining this status.
Adoption foster parent licensing recruitment and retention	Substantially achieved	CA is maintaining this status.

- CA is meeting the requirements in 5 of the 7 systemic measures and is working to meet the requirements of the remaining 2 systemic measures by September, 2006.

### III. BRAAM LAWSUIT SETTLEMENT AGREEMENT

#### Overview

The Braam Oversight Panel was created in 2004 to oversee a settlement agreement (Settlement) regarding Washington State's foster care system. The Settlement was reached after a six-year period of litigation. The parties to the Settlement include the Plaintiffs, who filed the lawsuit, and the State of Washington, respondents to the lawsuit. For the purposes of the Settlement, the State of Washington includes two organizational entities: the Department of Social and Health Services (the Department) and the Division of Children and Family Services (DCFS) within the Department. It is important to note that the Department also includes the Division of Mental Health (DMH), an organizational

entity with a substantial role in the Settlement, especially regarding the mental health goals.

The settlement agreement created an oversight panel (the "Panel") with "authority to establish Professional Standards, Outcomes, Benchmarks and Action Steps to improve the treatment of and conditions for children in the custody of DCFS and to monitor the Department's performance under this Agreement".

The settlement agreement established goals in six areas of practice related to children in out of home care:

- **Placement Stability:** Every child will have a safe and stable placement with a caregiver capable of meeting the child's needs.
- **Mental Health:** Children shall have an initial physical and mental health screening within 30 days of entry into care. The child's case plan will include plans to meet their special needs. Children shall receive timely, accessible, individualized, and appropriate mental health assessments and treatment by qualified mental health providers. Continuity of treatment providers will be maintained.
- **Foster Parent Training and Information:** Caregivers shall be adequately trained, supported, and informed about children for whom they provide care. The Department shall provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.
- **Unsafe/Inappropriate Placements:** All children shall be placed in safe placements. The state will continue to meet or exceed the federal standard for out-of-home care safety.
- **Sibling Separation:** Placement of siblings together is presumed to be in the children's best interest. Frequent and meaningful contact between siblings in foster care who are not placed together and those who remain at home should occur, unless there is a reasonable basis to conclude such visitation is not in the best interest of the children.
- **Services to Adolescents:** Improve the quality and accessibility of services to adolescents. Improve the educational achievements of these adolescents and better prepare them to live independently. Reduce the number of adolescents on runaway status from foster care.

The Panel, made up of child welfare experts and advocates from across the nation, was created to monitor improvements in the six areas of practice and ensure quality standards are met over the next seven years. This independent Panel, working in collaboration with DSHS and with substantial input from the Plaintiffs and other key stakeholders, is developing outcomes, benchmarks, and action steps in the six areas affecting foster children.

Casey Family Programs is underwriting the Braam Panel costs through FY 2006 and may consider ongoing funding support.

## **Reports**

Under the terms of the Settlement, the Panel has responsibility to issue two types of reports:

- Design and specifications reports that provide conceptual and operational framework for the Panel's monitoring work; and
- Progress reports that systematically measure progress toward the goals of the Settlement for each six-month period, including results of the Panel's efforts to "monitor compliance and make Findings with respect to the outcomes, benchmarks and actions steps" (Settlement, page 3).

## **Design and Specification Reports**

In July the Panel presented its preliminary specification report related to two areas of the settlement agreement: Mental Health and Adolescents.

In September 2005 the Panel presented its preliminary specification report for the remaining four areas of the settlement agreement: Placement Stability, Foster Parent Training and Information, Unsafe/Inappropriate Placements, and Sibling Separation.

A final design and specifications report, including professional standards, outcomes, and benchmarks for all six goals, together with a fully developed section on technical specifications for measurement, will be presented for review and comment on November 15, 2005. The final specification report will be discussed in the next public session of the Panel on November 29, 2005.

The parties to the agreement and the public have opportunity to provide responses to the Panel's specification reports.

The Panel specification reports and other Panel information are available at the Braam Panel website: [www.braampanel.org](http://www.braampanel.org)

## **Progress Reports**

The Panel will publish progress reports beginning in January 2006 and every six months thereafter. These reports will specify progress toward the goals of the Settlement at three levels: (1) the state as a whole, (2) by DCFS region, and (3) by DCFS office (where office size operations permit stable estimates of progress). The analysis of progress and compliance will also assess impacts on children from diverse racial and ethnic backgrounds. The Panel intends that conditions improve for all children in state care. In particular, the Panel will monitor the outcomes for African American, Native American, and Latino children

because of their disproportionate representation in the foster care system and the evidence that these children often have more negative outcomes in the child welfare system than children of other racial groups.

### **Implementation of Professional Standards, Outcomes, Benchmarks and Action Steps**

Not all of the professional standards and action steps can be implemented simultaneously. Similarly, the outcomes and benchmarks for each of the six areas of practice cannot be achieved simultaneously or in a short period of time. The settlement agreement covers seven years. As a result the Panel is considering a staged-in approach to making the improvements outlined in the settlement agreement. Further details regarding how the professional standards, outcomes, benchmarks and action steps will be phased in are expected to be discussed at the November 2005 Panel meeting.

### **Resource Implications**

The preliminary specification reports published by the Panel indicate that additional resources may need to be provided to implement some of the professional standards and action steps, and to meet the performance outcomes and benchmarks being considered. CA has asked the Panel to consider staging the items to enable changes to be successfully implemented and sustained. CA is awaiting the Panel's response to this report.

## **IV. CHILD PROTECTIVE SERVICES AND CHILD WELFARE SERVICES PROGRAMS**

### **Improved Timeliness of Investigations**

Effective April 29, 2005, policy changes were implemented requiring children who are the subject of an emergent child protection referral to be seen within 24 hours of the time of the referral. As of September 30, 2005, CA statewide performance was 89.3%.

Effective August 1, 2005, policy changes were implemented requiring children who are the subject of a non-emergent child protection referral to be seen within 72 hours of the time of referral. As of September 30, 2005, CA statewide performance was 84.3%

There are some situations beyond the social worker's control which prevent children from being seen within the required timeframes. Examples include situations where a child cannot be located or where the child has been taken out of the state. CA is analyzing cases where children are not seen within 24 or 72 hours to resolve barriers to timely contact and to identify those situations which are clearly beyond the social worker's control.

### **Increased Contact with Children**

Effective October 1, 2005, policy changes were implemented requiring social workers to have face-to-face contact with all children receiving in-home services every 30 days. This includes cases involving in-home dependencies, cases where there is a CPS investigation continuing beyond 30 days, as well as cases where risk has been identified and the family is receiving in-home services to reduce the identified risks. Due to the very recent implementation of this policy, no performance results are available at the time of this report.

### **CPS/CWS Redesign**

Children's Administration is developing a comprehensive clinical practice framework to guide our work to improve consistency of practice. Developing and implementing this practice model is a critical priority and will be the focus of CA work over the next 12 to 24 months.

One component of the practice model includes the redesign of CPS/CWS. As noted above, some aspects of the redesign, such as improved timeliness of response to children at risk and frequency of contact with children are being implemented. The overall redesign involves:

- A narrower and more focused role for CPS
- A stronger focus on safety and risk assessment
- More thorough investigations
- Investigations completed in a shorter time frame
- Earlier transfer of dependency cases from CPS to CWS workers
- Earlier transfer of cases assessed as requiring in-home services to in-home CWS social workers
- Increase frequency of visits to children by CWS social workers

Children's Administration is obtaining technical assistance from the National Resource Center for Child Protective Services to assist in the implementation of the CPS/CWS redesign. This technical assistance will be provided December 2005-February 2006. The redesign will be implemented as additional staff allocated in the 2005-2007 biennial budget are phased in.

### **Staffing**

The 2005-2007 biennial budget included proviso language for full-time equivalents (FTEs) and funding to implement child protective services/child welfare services (CPS/CWS) reform. The majority of the FTEs are to be phased in over the biennium. The budget proviso includes 63.3 FTEs in Fiscal Year 2006, 39.5 of which are to be phased in during the fiscal year. The Children's Administration prepared a regional phase-in schedule based on the final legislative backup documents for the proviso.

The phase-in schedule includes 34 FTEs phased in between July 1, 2005 and November 30, 2005. All regions are currently at their fill FTE level, taking into consideration the phase in.

## **V. EDUCATION SPECIALISTS SERVICES**

In partnership with other agencies and stakeholders significant work has been done to support and improve the educational outcomes for foster children.

### **Chapter 112, Laws of 2003 (SHB 1058)**

#### **1. Education Oversight Committee**

Implementation Summary: This committee has met quarterly since September 2004. Committee accomplishments to date include:

- School-based recruitment tool kits
- Foster Care Primer
- MOU between CA and OSPI
- Statewide Education Summit held October 2004
- Information Sharing Field Guide published
- Two School-based Recruitment pilots
- CA/School district agreement protocols developed

#### **2. Protocol Agreements**

Implementation Summary: To date, a total of 58 Children's Administration/local school district agreements have been completed with local school districts. Nineteen additional agreements are currently in development.

### **Chapter 93, Laws of 2005 (ESHB 1079)**

This bill expands the membership and duties of the Education Oversight Committee, established under SHB 1058, to include post-secondary education and training issues.

Implementation Summary: Membership of the Education Oversight Committee has been expanded to include representatives from the Higher Education Coordinating Board, the National Foster Parent Association and the Statewide Youth Advisory Board as required under SHB 1079.

In addition, two new subcommittees have been formed to address high school completion and higher education and training. The Education Oversight Committee convenes quarterly with subcommittees meeting frequently throughout each quarter.

### **Implementation of Contracted Regional Education Coordinators**

Children's Administration management has decided to utilize a statewide contractor to provide these services.

Children's Administration is currently in the process of finalizing the contract for these services. The contract is expected to be completed by early December 2005. Treehouse, which has a proven successful track record in educational

advocacy for foster children, will be the service provider. One educational coordinator will be located in each of the six CA regions and will be supervised by Treehouse. The role of the coordinators includes:

- direct service advocacy

Situations where an advocate is needed to provide the services directly and/or to more intensively assist in providing advocacy support, generally as a result of an especially complex and challenging educational situation.

- consultation advocacy

When the educational situation is manageable by a significant person in the youth's life such as a caregiver or even the young person themselves, but the person needs support, coaching and direction.

- information and referral

Connecting social workers, caregivers and youth with the local and state resources to address the child's needs. This may include referral to tutoring or mentoring programs, or post-secondary preparation programs.

- advocacy training

Educational advocacy training will be provided to CA social workers, foster parents and youth.

These regional education coordinator positions are scheduled to be in place and providing service by early January 2006. Information materials to introduce this new education service to CA staff, educators and foster parents are being developed and will be disseminated in January 2006.

### **Other CA Education Activities**

#### **Foster Care to College Partnership**

The Foster Care to College (FCTC) partnership includes Casey Family Programs, Treehouse, Washington Education Foundation, DSHS Children's Administration, Office of Superintendent of Public Instruction, and the Higher Education Coordinating Board.

The partnership has designed a comprehensive college access program designed to increase the percentage of Washington state foster youth who complete high school and go on to attend post-secondary education. The program components are as follows:

- Providing the successful Coaching to College program to all foster youth aged 16-21
- Providing curriculum-based college preparation seminars for foster youth and caregivers

- Distributing information packages encouraging pursuit of post-secondary education to all foster youth
- Providing a four-day college preparation summer program for foster youth prior to their senior year in high school

The Washington State Education Foundation has taken the lead in raising funds for this initiative. To date, the partnership has received financial commitments of close to one million dollars for the direct service components of the program. CA has committed resources to undertake the administrative function to support the program. Implementation of the various components of the FCTC program will begin in early 2006, and will be phased in as funding is secured.

## **VI. CHEMICAL DEPENDENCY PROFESSIONALS (CDP)**

Children's Administration (CA) received funding in the 2005-07 biennium budget to implement Chapter 504, Laws of 2005 (E2SSB 5763) and provide contracted Chemical Dependency (CDP) services on-site in CA offices in the 2005-07 biennium budget. However, the budget assumed 50% federal Medicaid match for these contractors. This would mean that the contracted staff work with Medicaid eligible clients and perform Medicaid eligible activities 100% of the time.

As CA worked towards implementation, it became clear that the Medicaid match could only be earned by CA if services were restricted to Medicaid eligible clients only. While there is no specific state or federal statute that prohibits this from happening, it is believed such restrictions would be in conflict with the intent of the legislation and would create problems in areas such as the termination of parental rights (RCW 13.34.180(1)(d) which requires that all reasonably available services be equally available to all parents.

As a result, CA was only able to fund 12 contracted CDP's out of the 22 intended in the 2005-07 budget bill. CA has submitted a decision package for the 2006 supplemental budget to the Governor's office requesting an increase in state funds to enable CA to fully contract for 22 CDP positions.

DASA is contracting with counties to provide the CDP's and has committed an additional two positions to this service. The 14 CDP's will be stationed in selected CA offices in each region. They are allocated as follows:

Region	Number of CDP's
Region 1	2.5
Region 2	2.5
Region 3	2
Region 4	2
Region 5	2
Region 6	3

The CDP's are expected to be hired by counties and located in CA offices by mid-December 2005. A data base is being implemented to track utilization and

data respecting clients referred to this service. Referral procedures and information on the services provided by the CDP's will be made available to CA staff in December 2006. The specific services/activities to be provided by the CDP's include:

- Assist CA staff by screening clients for alcohol and drug use
- Training and technical assistance in screening clients for substance abuse assessment
- Provision of chemical dependency assessments
- Facilitate client referral for chemical dependency assessments and treatment at a qualified agency
- Provide engagement or case management services to help clients access treatment

The Chemical Dependency Professional (CDP) program will be supported with policy improvements on client screening. Chapter 504, Laws of 2005, Sec 101, requires a uniform assessment and screening process. The Children's Administration will be participating in a pilot in 2006 related to the implementation of the screening instrument (GAIN SS) recommended by the DASA/MHD work group on uniform assessment. All CA social workers will participate in DASA-led training on using the GAIN SS screening tools during in order to be ready for statewide implementation by January 2007.

To support policy and practice changes on responding to substance abuse being implemented, the Children's Administration is in the process of revising its mandatory training on substance abuse. With the support of DASA, CA received a technical assistance grant from SAMHSA to remodel its substance abuse training curriculum. A workgroup of child welfare and substance abuse experts are developing the new curriculum. The training will be expanded from three to four days and will be available in June 2006.

To strengthen collaboration, a Memorandum of Understanding (MOU) between the Division of Alcohol and Substance Abuse (DASA) and the Children's Administration (CA) has been completed. The purpose of the MOU is to support the development of a more comprehensive and integrated service approach. DASA has provided management support and expertise as CA examined practice, policy and resources devoted to substance abuse problems amongst child welfare clients. The Memorandum of Understanding creates effective management links and vision for ongoing improvements, including an executive level Oversight Committee.

## **VII. EVIDENCE BASED PROGRAMS**

The Children's Administration is in the process of implementing two evidence-based programs (both identified as evidenced-based by the Washington State Institute for Public Policy). Multi-dimensional Treatment Foster Care will be implemented under Behavioral Rehabilitation Services. Functional Family Therapy is being implemented under Family Reconciliation Services (Phase 2).

### **Multi-dimensional Treatment Foster Care (MTFC)**

MTFC is treatment provided in a foster home environment. It is multi-method and occurs in a variety of settings. It is a strength-based skill building model that shapes desired behaviors through positive reinforcement. One aspect of the model involves working with and preparing the youth's parents, relatives, or aftercare resource family to provide effective parenting to ensure the positive changes that are made while in the MTFC program are sustained long term.

MTFC is intended to result in:

- fewer placement disruptions
- fewer foster parents dropping out of providing care
- fewer child problem behaviors in follow-up
- more successful reunification
- fewer child behavior problems

Core components of the treatment program include:

- Behavioral parent training and support for MTFC foster parents
- Skills training for youth
- Daily point and level system for youth
- Supportive therapy for youth
- School-based behavioral interventions and academic support
- Psychiatric consultation and medication management when needed
- Family therapy for parents or other after-care caregivers

In FY 2005, CA issued a solicitation for delivery of MTFC under Behavioral Rehabilitation Services (BRS). Selected agencies have been awarded contracts to provide MTFC in three sites beginning November 2006:

Pierce County-Comprehensive Mental Health Services  
Spokane County-Lutheran Community Services  
Yakima County-Yakima Valley Farm Workers

There will be a maximum of 10 foster homes developed at each site. CA will have the capacity to serve 30 youth in three sites when all treatment foster homes are operational. CA anticipates that 15 beds will be available in this fiscal year and that approximately \$550,000 of BRS funds will be spent on this service in FY 2006.

### **Functional Family Therapy (FFT)**

FFT is an empirically-grounded, family-based intervention program for acting-out youth. The primary objective is to improve a youth's behavior by working with the entire family to improve protective factors and reduce risk. FFT can be conducted in a clinic setting, as a home-based model or as a combination of clinic and home visits. FFT is a short term intervention-on average 8-10 sessions and up to 30 hours of direct service over a three month period. Treatment phases

include youth and family engagement and motivation, behavioral change, and generalization.

Implementation of FFT began in November 2005, using existing department capacity. CA will purchase FFT for up to 50 youth and family through this initial implementation phase (November 2005-June 2006). The Children's Administration will issue a solicitation for additional contracted delivery of FFT in January 2006, with contracted services to begin May 2006. CA has committed to purchasing an additional 150 cases of FFT annually for a total of 200/year. Approximately \$480,000 of the FRS Phase 2 funds has been dedicated for this purpose annually.

### **Additional Activities**

#### **Children's Mental Health Initiative (CMHI)**

Children's Administration continues to participate and share leadership in the implementation of the Children's Mental Health Initiative (CMHI). CMHI is a collaboration of Juvenile Rehabilitation Administration, Children's Administration, and the Mental Health Division/Health and Recovery Services Administration to better address the mental health needs of children and youth served in multiple systems. One of the CMHI strategies involves expanding and implementing evidence-based practices.

#### **Contract Review**

The Children's Administration is conducting a systematic, independently led review of all of its contracts, including contracts for direct services to children and families. The purpose of this review is to improve services to children and families through migration towards performance-based contracts and evidence-based practices. Phase I of this review process has been completed and has identified the issues and opportunities related to various contracts. Phase II will begin in January 2006, and will involve extensive discussions with contracted service providers and how and when performance based contracts and evidence-based services can be implemented. Recommendations from Phase II discussions and collaborations will be completed by May 2006.