



Report to the Legislature

Implementation of Enhancement Program

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

December 1, 2006

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INTRODUCTION

Chapter 518, Sec 202(7), Laws of 2005 requires the Department to report by December 1st 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 are engaged in 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

CA has identified three areas for systemic change and reform: creating a new practice model, improving its business processes, and supporting the workforce. These priorities continue to 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

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

Contracts account for some two thirds of the dollars spent in the CA budget. A comprehensive review of some 600 contracts has been completed. This was undertaken through an extensive engagement of contractors. Contract changes needed to strengthen fiscal reporting and accountability were implemented January 1, 2006. For many service related contracts programmatic issues requiring change were identified. Programmatic changes were then included in these contracts effective July 2006. Examples of programmatic changes include new referral processes, introduction of standardized assessment tools, performance measures, more comprehensive reports. Discussions of programmatic issues continue with some service providers with a view to introducing these changes in contracts effective January 2007. 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.

CA has contracted for a workload study. This study will examine existing work requirement. It will also examine changed work requirement as a result of new federal legislation, the CPS/CWS redesign and the new practice model. The study will focus on the workload of CPS, CWS and DLR staff. The study is expected to be completed by June 2007.

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. Both years of the PIP have been completed. The following results indicate the status of improvement as of September, 2006.

**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.

CA has met the PIP performance target in all but one of the 23 case review measures. Action steps to improve this measure were implemented in the last quarter of the PIP. The results of these actions are expected to take effect by June 2007. Federal authorities have agreed that the state will have till September 2007 to achieve the performance target for this measure.

Item	September 2006 Target	Compliance Status as of 09/06
SAFETY		
1. Timeliness of Investigations	90%	Compliance. Met 2006 PIP goal
2. Repeat Maltreatment	Achieved	Compliance.. No PIP target as state met this measure in the CFSR
3.Services to Prevent Removal	86%	Compliance. Met 2006 PIP goal
4.Risk of Harm	80%	Compliance. Met 2006 PIP goal
PERMANENCY		
5. Foster Care Re-Entry	Achieved	Compliance. No PIP target as state met this measure in the CFSR
6.Stability of Foster Care Placements	72%	Partial compliance.. Met 2006 PIP goal through case review. Did not meet aggregate goal.
7.Permanency Goal	74%	Compliance. Met 2006 PIP goal
8.Reunification	65%	Compliance. Met 2006 PIP goal

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9. Timely Adoption	48%	Compliance. Met 2006 PIP goal
10. Other Planned Living Arrangement	77%	Compliance. Met 2006 PIP goal
11. Proximity of Placement	Achieved	Compliance. No PIP target as state met this measure in the CFSR
12. Placement with Siblings	Achieved	Compliance. No PIP target as state met this measure in the CFSR
13. Visits with Parents	76%	Compliance. Met 2006 PIP goal
14. Preserving Connections	58%	Compliance. Met 2006 PIP goal
15. Relative Placement	82%	Compliance. Met 2006 PIP goal
16. Relationship of Child with Parents	81%	Compliance. Met 2006 PIP goal

Item	September 2006 Target	Compliance Status as of 09/06
WELL BEING		
17. Needs/Services of child and parents	71%	Compliance. Met 2006 PIP goal
18. Child/Family Involvement in Case Planning	51%	Compliance. Met 2006 PIP goal
19. Worker Visits with Child	48%	Compliance. Met 2006 PIP goal
20. Worker Visits with Parents	42%	Compliance. Met 2006 PIP goal
21. Educational Needs of Child	88%	Compliance. Met 2006 PIP goal
22. Physical Health of Child	88%	Compliance. Met 2006 PIP goal
23. Mental Health of Child	89%	Compliance. Met 2006 PIP goal

2. Systemic Measures

There are also seven systemic measures. These measures reflect the infrastructure that is considered necessary to support performance on the case measures. Five of these seven measures are being met. The status of these seven measures as of September 2006 is outlined below. The state performance on these measures will be assessed again in next CFSR scheduled for early 2009.

Systemic Factor	CFSR Results 2004	Substantially Achieved Status as of 09/06
Statewide information system	Substantially achieved	CA is maintaining this status. However, the current information system is inadequate to

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		support needed changes and requires replacement. The RFP for the replacement system has been published. A contractor will be selected by February 2007. Implementation of the new case management system is expected to be August 2008.
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. Significant improvement.
Quality assurance system	Substantially achieved	CA is maintaining this status.
Training	Not substantially achieved	Substantially achieved.
Service array	Not substantially achieved	Significant improvement has been made through the contract review process, the introduction of evidence based programs, and the implementation of Educational Specialists, and Chemical Dependency Professionals.
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 has made significant improvement towards meeting the requirements of the remaining 2 systemic measures.

3. Program Improvement Plan (PIP) Action Steps

The two year PIP includes over 100 Action Steps related to improving performance and outcome measures related to safety, permanence and well-being. All of the Action Steps have been completed. Confirmation that Washington State has completed its PIP has been received from the federal Department of Health and Human Services. This is a significant achievement and represents a great deal of work and commitment by CA staff, other DSHS Administrations, community partners and stakeholders.

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 CA 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).

The Panel reports and other Panel information are available at the Braam Panel website: www.braampanel.org

Implementation Plan Report

In February 2006 the Panel published the Braam Implementation Plan. This plan outlines the Actions Steps to be completed and the timelines for completion of

these steps. In addition, the plan identifies the baseline measurements that are required to be completed in 2006 and beyond and set the annual improvement benchmarks for the seven years of the Settlement Agreement.

The Panel will report annually on performance related to these benchmarks. 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 is interested in 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.

Progress Reports

1st Monitor Report

The Panel published its first Monitor Report in March 2006. The report assesses Department compliance with the required Action Steps up to and including December 2005.

The Panel report determined that CA had complied with 26 of the 58 required Action Steps. Based on further information it was determined that only 14 of the 56 Action Steps were out of compliance.

CA has developed and the Panel has approved a compliance plan which addresses how CA will complete 11 of the outstanding Action Steps. The Panel and CA have not yet agreed on the compliance plan for 3 of the Action Steps.

2nd Monitor Report

The second Monitor Report was published by the Panel in September 2006. This report measured Department compliance with Action Steps required to be completed during the period January-June 2006.

The Panel report concluded that CA had complied with 45 of the 60 required Action Steps.

CA has submitted a compliance plan to the Panel which addresses how CA will complete the outstanding Action Steps.

Professional Standards

The Panel published draft professional standards in September 2006 related to the six areas of the Settlement Agreement. The Panel has asked the Department, the plaintiffs and stakeholders to provide comment on the proposed

standards. The Panel is proposing that the relevant Council on Accreditation (COA) standards be the professional standards. This is congruent with the current CA initiative to achieve state wide accreditation through COA. Currently 26 of the 44 CA offices have met the COA accreditation standards.

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, July 2006 CA statewide performance was 92.4%

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 July 2006, CA statewide performance was 91.7%

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. As of July 2006 CA statewide performance was 49.8%.

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 within a shorter time frame (45 days)
- Earlier transfer of dependency cases from CPS to CWS workers
- Earlier transfer of cases assessed as requiring in-home services to a new voluntary services program (within 72 hours of identified need for services)

The CPS/CWS Redesign model has been developed. Information sessions have been held in each region and with all offices to orient all staff to the redesign. Regions are required to develop plans for implementing the redesign in each office and for communicating the changes to their community partners, stake holders, and Tribes. Regions have from July-December 2006 to implement the redesign in each office. The operational date for the CPS/CWS redesign is January 2007.

The redesign includes new policies and tools regarding voluntary services, including voluntary service agreements, voluntary service plans and voluntary placement agreements. Staff will receive training on the new policies and tools October-December 2006.

Preliminary measures to track the impact of the redesign have been developed.

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 were to be phased in over the biennium. The budget proviso included 63.3 FTEs in Fiscal Year 2006, 39.5 of which were to be phased in during the fiscal year. These FTE's have been filled.

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 98 Children's Administration/local school district agreements have been completed with local school districts. Work continues on completing agreements with all school districts.

CA/ LOCAL SCHOOL DISTRICT AGREEMENTS

Region	Number of School Districts	Number Completed
Region 1	94	31
Region 2	50	12
Region 3	34	2
Region 4	19	8
Region 5	20	15
Region 6	78	30
Total	296	98

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 contracted with Treehouse to provide educational advocates (coordinators) in each region. Treehouse has a proven successful track record in educational advocacy for foster children. The program commenced in February 2006 with 1 full time educational advocate located in each the six CA regions. The educational advocates are 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.

From February-June 2006 527 referrals were made to the educational advocates for service. Services were provided to 472 cases. The number of cases served exceeded the contract performance requirements.

Service Provided	No of Cases Served
Direct service advocacy	282
Consultation advocacy	97
Information and referral	93
Total Cases served	472

Educational advocates also provided 29 trainings sessions during the period February-June 2006. The number of trainings provided exceeded the contract performance requirements.

No of training Sessions	Training Participants
14	Caregivers
8	Social workers
8	Others
Total	29

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 and the cost of evaluating the program. Implementation of the initial components of the FCTC program began in the summer of 2006. Additional components will be phased in during 2006 and 2007.

Foster Care to 21

CA has implemented HB2002. This legislation enacted during the 2006 legislative session provides for up to 50 youth per year to remain in foster care while attending a post secondary education program. Application and selection procedures have been developed in partnership with stakeholders. Information on the new program has been provided to all youth in CA care, all caregivers providing care to youth, and all CA social workers. Currently 25 are now participating in this program.

VI. CHEMICAL DEPENDENCY PROFESSIONALS (CDP)

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 a result, CA initially was only able to fund 12 contracted CDP's out of the 22 intended in the 2005-07 budget bill. The Division of Alcohol and Substance Abuse (DASA) contracted with counties to provide the CDP's and committed an additional two positions to this service. As a result 14 CDP's were allocated to be stationed in selected CA offices in each region.

INITIAL CDP DEPLOYMENT

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
Total	14

Referral procedures and information on the services provided by the CDP's was made available to CA staff in December 2006. The CDP's became operational in early 2006. The specific services/activities 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

Additional state funding was provided in the supplemental budget to contract for additional CDP's to reach the original intended allotment of 22 CDP's.

As a result the additional CDP's have been stationed in each of the 6 CA regions.

CURRENT CDP DEPLOYMENT

Region	Number of CDP's	Counties with CDP's Stationed
Region 1	3.5	Spokane, Stevens, Chelan
Region 2	2.5	Yakima, Benton-Franklin, Toppenish
Region 3	4	Skagit, Snohomish,

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		Whatcom,
Region 4	4.5	King
Region 5	3	Kitsap, Pierce
Region 6	4.5	Thurston, Cowlitz Tribe, Gray's Harbor, Clallam, Clark
Total	22	

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 is currently training all case carrying staff and supervisors in the use of the screening instrument (GAIN-SS) as recommended by the DASA/MHD work group on uniform assessment tools. Training will be completed in December and the GAIN-SS screening tool implemented in January 2007.

To support policy and practice changes related to responding to families where there is a substance abuse concern or problem, the Children's Administration has revised and expanded its Substance Abuse mandatory training. With the assistance of DASA, CA received a technical assistance grant from SAMHSA to remodel its substance abuse training curriculum. The training has been from three to four days. The new training is currently being piloted and will be implemented in 2007.

To strengthen collaboration, a Memorandum of Understanding (MOU) between DASA and 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

CA has implemented two evidence-based programs (both identified as evidenced-based by the Washington State Institute for Public Policy). Multi-dimensional Treatment Foster Care (MTFC) has been implemented in three sites under Behavioral Rehabilitation Services. Functional Family Therapy (FFT) is being implemented under Family Reconciliation Services (FRS) (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

MTFC has a maximum capacity of 10 foster homes and 10 placements at each site. The total current MTFC capacity is 30 youth. A total of 66 youth have been referred to the program and 24 youth have been placed (not all referrals meet the program criteria). Three youth have graduated from the program.

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.

FFT became available to youth served by the Children's Administration Family Reconciliation Services through an intra-agency agreement with the Juvenile Rehabilitation Administration (JRA.) The first referrals occurred in November 2005. A total of 63 youth and their families have been served through this cooperative agreement.

CA is expanding the availability and capacity of FFT through a further agreement with JRA, and through contracted services. Training for the new contractors is scheduled for November 2006 and additional service capacity will be available in early 2007. The FFT program is expected to serve 200 youth and families in 2007.

CA has identified two additional evidence based programs that will be used to serve younger children and which will be implemented in FY 2007. Both programs have been identified as evidenced-based by the Washington State Institute for Public Policy.

Parent Child Interaction Therapy (PCIT)

Parent Child Interaction Therapy (PCIT) will serve families with children between the ages of 2 and 7 years. PCIT is designed to help parents improve parenting skills, help parents build a warm and responsive relationship with their child, and decrease child behavior problems. Contracts have been developed, training scheduled and the program will begin accepting referrals beginning in November 2006 and will be available in selected locations in each of the 6 CA regions. The PCIT program is expected to serve 165 children and families in 2007.

The Incredible Years

The Incredible Years is a comprehensive, developmentally-based intervention with components for parents, teachers and children age 2-12 years. The program is designed to prevent and treat emotional/behavioral problems in young children by promoting children's social, emotional and academic competencies. The program also strengthens parental competencies and family relationships. The Incredible Years program will be available in early 2007 in three locations - Spokane, Yakima and Everett.