



Report to the Legislature

Intensive Family Preservation Services and Family Preservation Services (IFPS & FPS)

74.14C.080

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Executive Summary

RCW 74.14C.080 requires that a report on Intensive Family Preservation Services (IFPS) be submitted to the legislature by September 1st of every odd numbered year. Specifically, the required report must document the rate at which Intensive Family Preservation Services (IFPS) prevents placement in out-of-home care. The RCW states:

The department shall collect data regarding the rates at which intensive family preservation services prevent out-of-home placements over varying periods of time. The department shall make an initial report to the appropriate committees of the legislature of the data, and the proposed rules to implement this section, by December 1, 1995. The department shall present a report to the appropriate committees of the legislature on September 1st of each odd-numbered year, commencing on September 1, 1997.

Program Overview of IFPS and FPS

The two services described in this report are Intensive Family Preservation Services (IFPS) and Family Preservation Services (FPS). Distinctions between the two services are described below:

Program Descriptions

Intensive Family Preservation Services (IFPS)	Family Preservation Services (FPS)
<p>Provided to families whose children, without intervention, are at <i>imminent risk</i> of entry into the dependency system due to child abuse, neglect, family conflict, or threats of harm to health, safety, or welfare.</p> <p>Also provided to help reunify children with their families.</p> <p>Focused on providing intensive therapeutic services and building connections with supportive community programs so families in crisis may be able to remain together safely.</p> <p>Services are available within 24 hours of referral and offered for up to 90 days.</p>	<p>Provided to families whose children, without intervention, face <i>substantial</i> likelihood of out-of-home placement because of child abuse, neglect, family conflict, or threats of harm to health, safety, or welfare.</p> <p>Also provided to help reunify children with their families.</p> <p>Focused on increasing the number of supportive community connections, reducing risk factors, and enhancing existing family strengths to keep families together.</p> <p>Services are available within 48 hours of referral and offered for up to six months.</p>
<p>Family participation is voluntary for both programs. Services are provided in the family home or at a location of the family's choice and the therapists are available to the family 24 hours per day, seven days a week.</p>	

Program History

Family preservation services were established in statute in 1995 and exist as RCW 74.14C. These services are provided as:

- Intensive Family Preservation Services (IFPS), which is 40 or 90 days in length with more frequent contact and more intense services, and
- Family Preservation Services (FPS), which can last up to six months and provides less intensive services than IFPS.

The goals of IFPS and FPS services include:

- Ensuring child safety
- Preventing placement, if appropriate
- Facilitating safe reunification, as requested and appropriate
- Reducing risk factors for children, families, and caregivers
- Strengthening family units and avoiding new referrals to CA
- Connecting families with community resources

For the contract period beginning July 1, 2007, there are eleven (11) providers of IFPS and eighty-five (85) providers of FPS. A list of contracted providers is included as Attachment 1.

Program Changes from 2006 Report

An important and significant program improvement in the IFPS and FPS programs was the adoption of a standardized assessment tool. The North Carolina Family Assessment Scale (NCFAS) instrument is recognized as an effective tool with which to assess families over several domains and was developed specifically for use with Intensive Family Preservation Services. The information gained through the tool measures family functioning and is used with the family to develop and measure progress on goals. The pre and post-service assessments also provide a way to measure the effectiveness of the intervention. IFPS and FPS providers were trained on the use of the tool in the fall of 2006 and the tool was implemented January 2007.

As CA implements the new practice model, the NCFAS will continue to be an effective tool. Like Structured Decision-Making (SDM), it is a household assessment and is a reflective tool used by therapists to organize their thinking based on input from all sources. The information shared between the therapist and the social worker from the SDM will be used to inform the planning the FPS therapist will be doing with the family. Used together, these tools will effectively support the IFPS or FPS intervention. It will also dovetail well with the CA family assessment tool currently in development.

The programs have also implemented Motivational Interviewing (MI). MI is an evidence-based practice for engaging families and supporting them in achieving their goals. It is consistent with Solution-Based Casework, which is the clinical framework adopted by the Children's Administration (CA) as its practice model. Providers were trained in the spring of 2007 and MI became a requirement beginning July 2007.

Current Development

Additional changes in IFPS and FPS are currently in the pre-implementation stages. Children's Administration (CA's) has adopted an evidence-based model of service, Homebuilders, to be implemented for IFPS. Homebuilders was developed in

Washington in the 1970s, and was recognized last year by the Washington State Institute for Public Policy as an evidence-based program. It is currently in operation in at least eight other states. CA is working with the Institute for Family Development, proprietors of the model, to transition IFPS to Homebuilders, with full implementation to be achieved by July 2008.

In addition, planning for the FPS transition to an evidence-based program has begun. Models of service currently under consideration are Triple P and Parent Management Training. A statewide provider meeting in the spring of 2007 laid the groundwork for the coming changes and regional provider meetings which were held in the summer of 2007 to gain input. Over 50 providers participated in the regional meetings. CA gained valuable information on providers' views of the models under consideration and on ways to structure FPS services to most effectively meet client needs. FPS transition to evidence-based service models will begin following the implementation of Homebuilders.

The Children's Administration definition of evidence-based programs is included in Appendix 2.

Program Outcomes

Since the last report in September 2005, the Children's Administration has adopted a new mechanism for collecting program outcome data. This current report uses data from the following sources:

- Social Service Payment System (SSPS) data
- Children's Administration Case and Management Information System (CAMIS) placement data
- Contractor data regarding their work with families
- Survey results from consumers of the services

RCW 74.14C.080 specifically requires that the department report to the legislature regarding the rates at which IFPS prevents out-of-home placement. Available data on FPS is also included.

Utilization of IFPS and FPS services is determined by analyzing payments for the services paid through the Social Service Payment System (SSPS). Payment data is for FY 05 and 06, the most recent years for which we have complete data. These numbers include all families receiving services, including evaluation and aftercare. It also includes families who did not complete the intervention, since these are voluntary services and families may choose to end the service before it is completed.

**Count of Families Served Under IFPS and FPS
Fiscal Years 2005 and 2006**

IFPS

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
FY 2005	58	68	115	196	105	133	675
FY 2006	52	48	121	197	97	133	648

FPS

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
FY 2005	417	407	401	581	452	524	2,773
FY 2006	471	171	403	451	392	353	2,239

In comparing the two years, utilization has remained fairly stable, with a modest dip in FY 2006.

Prevention of Out-of-Home Placement

Using Social Service Payment System (SSPS) payment data and CAMIS placement data, the Children's Administration reviewed all families for whom the department provided IFPS and FPS placement prevention and reunification services. The statute requires that placement be prevented for a period of no less than 6 months following termination of services in 70 percent of the cases served. The table below indicates a placement prevention rate of 88 percent for families served by IFPS and 89 percent for families served by FPS. This is well above the statutory requirement that placement be prevented in 70 percent of cases.

Prevention of Placement Following IFPS and FPS Services

Total Families	FY 2005*				Total Families	FY 2006*			
	Families with a child placed out-of-home within 6 months of service start					Families with a child placed out-of-home within 6 months of service start			
	All Lengths of Stay		Length of Stay 14 Days or More**			All Lengths of Stay		Length of Stay 14 Days or More**	
IFPS									
456	73	16.0%	54	11.8%	430	58	13.5%	51	11.9%
FPS									
1237	174	14.1%	140	11.3%	802	123	15.3%	89	11.1%

**Please note that numbers in this table do not represent all referral for services. This count includes only those cases in which the intervention was completed in the identified fiscal year.*

***For IFPS purposes, statute identifies placement as periods out-of-home of 14 days or more.*

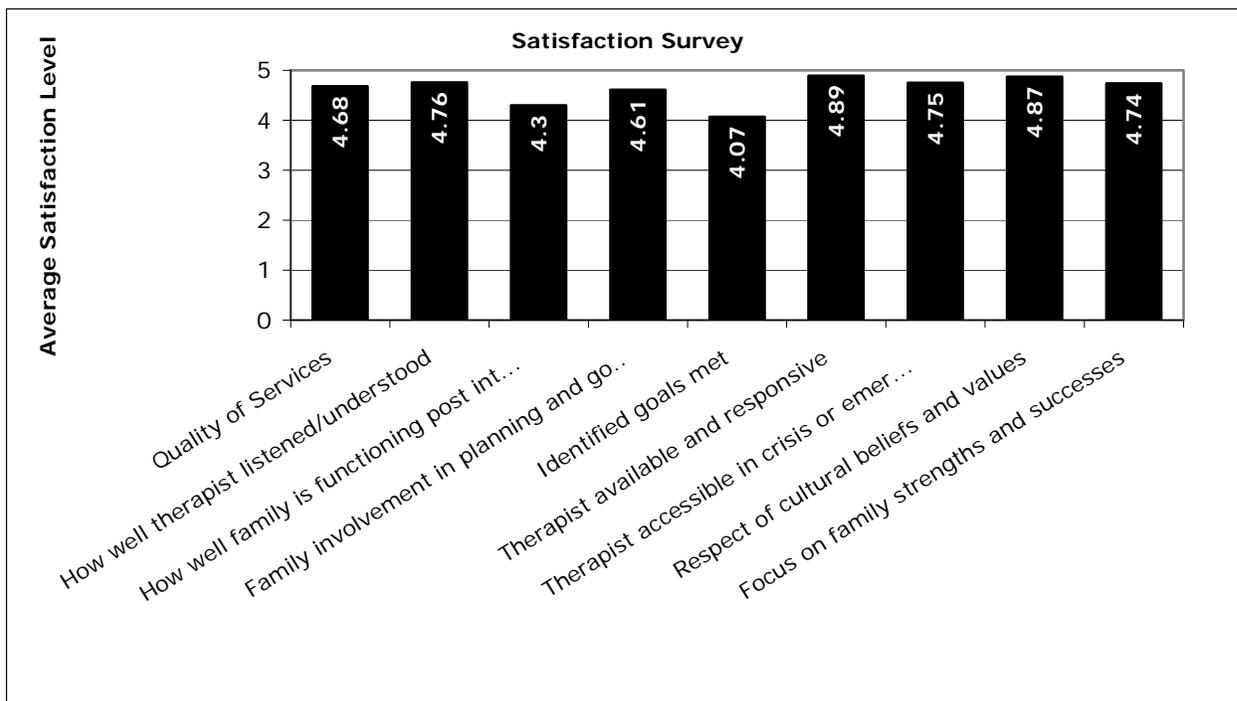
Client Satisfaction Surveys

One source of information about program quality is the Client Satisfaction Survey. The survey was developed to meet the requirement in RCW 74.14C.030, as a measurable standard of satisfaction with the IFPS or FPS service provided. It consists of nine Likert scale questions, plus a space for comments. Families who complete IFPS/FPS receive the questionnaire at the end of the service. They are asked to complete the form and send it to CA headquarters in a self-addressed stamped envelope.

Surveys results from fiscal year 2007, the most recent year for which information is available, demonstrate the following satisfaction in response to nine questions:

- A “Very Satisfied” response earned 5 points
- A “very unsatisfied” response earned 1 point

These results are based on 353 returned surveys, about a 12 percent response of total families served. This level of response rate has the potential for selection bias, in that those families who were particularly satisfied or particularly dissatisfied may be the most likely to voluntarily mail back the survey. Those service recipients who completed the survey indicated a high degree of satisfaction with the IFPS and FPS services they received.



The survey form is included as Appendix 3.

Contractor Report

Contractors have submitted their first reports on the data points included in their contract for FY 07. These data points, which include service information such as, number of cases with improved NCFAS scores and number of at risk children served, were added to the contract as part of the Children's Administration transition toward performance-based contracts. These contract changes resulted from the Children's Administration contract review process. The new reporting requirements are still being tested and refined. Contractors are still in a learning curve regarding the collection and reporting of the new data requirements. The FPS/IFPS intervention below describes the families being served and goals of the interventions.

**FPS/IFPS Intervention Data
Service Data by Percentage
July 1, 2006 – June 30, 2007**

Service Completion

Cases Completing Interventions	76%
Cases Receiving Partial Interventions	18%
Cases Referred Receiving No Services	1%
Cases Referred Who Refused Services	5%

Three quarters of the families referred follow through with services to completion. This speaks well of the ability of the contractors to engage families where there is a high risk of out of home placement. Less than 20 percent of all referred families discontinued services part way through the intervention. Sometimes this is due to the complex needs of families. Sometimes services are not continued if children are subsequently placed in out of home care. Only 6 percent of families referred received no services at all. No services may result from active refusal to accept services (5 percent) or a more passive avoidance (1 percent), by not being home or returning phone calls, or cancelling appointments. It could include families where a referral is made, but the child is then placed before services begin.

Types of Referrals

Cases with Goal of Placement Prevention	72%
Cases with Goals of Reunification	26%
Cases Referred for Evaluation Only	2%

The table above shows the distribution of cases between initial placement prevention, reunification, and evaluation only cases. Clearly, the most frequent reason for referral to FPS/IFPS is to prevent placement at the beginning of a case.

Cases Referred Back to Children's Administration

Cases Not Accepted	2%
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Only 2 percent of all cases referred for service are not accepted for service, which occurs when a family is referred for FPS/IFPS services and after assessment are determined to be inappropriate for services. Some examples of families that might be determined to be inappropriate are families in which there is not a risk of placement, families in which the members are not cooperative in engaging in services, or families with safety risks that make placement the better option.

Contractors are required to report on changes in the NCFAS scores, between pre and post assessments. The NCFAS is completed at the beginning of services and then again as services end. It looks at family functioning over several domains: environment, parental capabilities, family interactions, family safety, child well-being, caregiver/child ambivalence, and readiness for reunification. NCFAS pre and post

data are not included in this report because the NCFAS was only implemented in January 2007 and interventions may last as long as six months. Starting in July 2007, contractors will be required to submit this data on a quarterly basis. This will enable CA to more carefully monitor program outcomes and determine how best to improve the services our clients receive.

The past two years have seen significant change in the IFPS and FPS programs, with new reporting requirements and the implementation of MI and the NCFAS. These changes have strengthened the programs and increased accountability. Services continue to demonstrate high levels of family engagement, intervention completion, and high placement prevention rates which exceed the statutory requirements.

Both FPS and IFPS programs will continue to develop and change over the next two years as new data reporting requirements are fully implemented and as migration to evidenced based models of service is completed.

Appendix 1:

Active Provider List – July 1, 2007

Intensive Family Preservation Services/Family Preservation Services			
Provider	Regions	Provider	Regions
Action Assoc	5	Adios Counseling	2
Advantages Plus	5	Assessment & Diversity	4,5
Auburn Youth Resources	4	MJ Bird	5
Blue Mountain Counseling	2	Bohannon-Oxford	6
BOLD Solutions	5	Brecht & Woods	1
CIELO	6	Capstone*	1
C Washington-Harvey	4	Catholic Community Services*	3,5,6
Catholic Family & Child Services	2	Children's Services NW	4
Clearwater Counseling	1	Community Youth Services	6
Consejo	4	CPR Counseling	6
Larry Crowley	6	Daniels, Brown	1
Sue Elg	1	Empowering Community	4
Empowering INC	1	Evergreen Counseling	2,6
	1	Family Centered Practice	6
Family Essentials	6	Family Renewal Res	4
Family Resource Center	5	Forks Hospital	6
Family, Marriage, & Assess	5	Grayson & Assoc*	3,4,5
Harmony Plus	5	Healthy Families	6
Ifeanyi Chuukwu	1,2,3,4,5,6	Imagine Joy	1
Institute for Family Dev*	1,4,5,6	It Takes a Village	4
Healing Therapies*	2	Victor Larson	4
Michelle Leifheit	2	LKI Fam Services	3
M2 Counseling	4	MacLennan & Peirson	1
New Approach	4,5	MLK Family Outreach	1
Olive Crest	6	NW Youth Services*	3
Pacific Psych Assoc	4	Pacific Institute*	4
Patrick & Assoc	1	Partners with Families	1
Molly Phillips*	4	Personal Parenting	2
Positive Energy	4,5	Pioneer Human Services	3
PAAYS	4	Kathy Pregnall	5
Roland Tam Sing	6	Psych Consultants	2
Rydell Counseling	1	Ruth Dykeman	4
Mary Anne Sacco	1	Ryther Children's Center	4
SCAN	4	Salvation Army	1
Sound MH (Seattle MH)*	5	Sea-Fam	4
Diane Sheppard	1	Service Alternatives*	1,2,3,5
Consults in Fam Living	5	Sisters in Common	4
Strickland & Seferian	2	Spokane Tribe	1
Roberto Valdez	1	Therapeutic Solutions	5
VOA/Breakthrough	1	Valley Cities	4
Linda Wirtz	5	West End Outreach	6
Your Starting Point	3	Working Choices*	3,4,5
YouthNet		Youth Transitions	6

**Most providers are contracted to provide FPS only. There are eleven providers statewide who provide IFPS in addition to FPS. These are indicated by an asterisk.*

Appendix 2: Definitions

In order to effectively discuss and implement evidence-based programs, the Children's Administration has established definitions.

An **evidence-based program** is a model program that has:

- A sound theoretical basis in generally accepted psychological or sociological principles for treatment of the identified population and service needs
- A manual that specifies the components and characteristics of the service, so it can be replicated
- Strong research support with at least two randomized controlled outcome studies or two comparison-group studies that established the program's effectiveness. The sample size for the two studies must be no less than 100 in both the control/comparison group and the study group (unless there are three or more studies on the same population and outcomes, and then the sample size may be as small as 60)
- A quality assurance plan that allows for measurement of whether the service is delivered according to the model design

A **promising practice** is a program that has:¹

- A sound theoretical basis in generally accepted psychological or sociological principles for treatment of the identified population and service needs
- A manual that specifies the components and characteristics of the service, so it can be replicated
- One study that indicates it effectively addresses the outcomes of the targeted population or substantial clinical literature that suggests that the service is effective with the targeted population
- A quality assurance plan that allows for measurement of whether the service is delivered according to the model design

In most cases, if available, the Children's Administration will adopt existing evidence-based programs for a given population. Promising practices may be implemented by Children's Administration, especially when there is not an evidence-based program available for the target population.

The primary goal of the effort is to effectively serve clients and match services to the targeted population. The use of evidence-based programs and promising practices is intended to improve outcomes for children and families, particularly in the areas of safety, permanency, and well being. Specific outcome measures will be matched to the intended purpose of each service. Initial outcomes will be measured by the numbers of clients participating in the service and how well the model is implemented (model fidelity). Eventually, long term outcomes will focus on improvements in safety, permanency, and well being for participants.

¹ "Treatment Classification Criteria Used by the Office for Victims of Crime's (OVC's) Guidelines for the Psychosocial Treatment of Interfamilial Child Physical and Sexual Abuse" *Citation: Saunders B, Berliner L, Hanson R. (2004). Child Physical and Sexual Abuse: Guidelines for Treatment (revised report 4/26/04). Charleston, SC: National Crime Victims Research and Treatment Center.*

Appendix 3

CONSUMER SATISFACTION SURVEY

Your family recently received either **Intensive Family Preservation Services (IFPS)** or **Family Preservation Services (FPS)** from an agency contracted by the State of Washington to provide these services. At this time the State of Washington and the contracted agency would like to ask you a few questions to help us evaluate and improve services to children and families.

This is a confidential survey; please do not put your name on this form.

DATE: ____/____/____

IFPS

FPS

*****PLEASE CIRCLE YOUR ANSWERS*****

About the services you received from the IFPS or FPS provider

1. How satisfied were you with the quality of service you received?

<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied

2. How satisfied were you with the way therapist listened to you and understood what you had to say?

<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied

3. How is your family doing now compared to before services were provided?

<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Much Improved	Slightly Better	No Change	Slightly Worse	Much Worse

4. How satisfied were you with the amount the therapist involved you and your family in making a service plan and setting goals with your family?

<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Very Satisfied	Somewhat Satisfied	Neither Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

