

DCYF Child Welfare Contracted Evidence-Based Programs:

“Evidence-based practices (EBP) refer to the integration of the best available research evidence with the child welfare practice expertise in the context of child and family characteristics, culture, and preferences.” For more information, see: [Evidence-Based Practice - Child Welfare Information Gateway](#)

Contracted Program:	Incredible Years (IY)	Promoting First Relationships (PFR)	SafeCare	Parent-Child Interaction Therapy (PCIT)	FFT Family Functional Therapy (FFT)	Triple P Positive Parenting Program	Homebuilders Intensive Family Preservation Services (IFPS)
Age of Child	Baby: 0 to 12mos Toddler: 1 to 3yrs Preschool: 3 to 6yrs School Age: 6 to 12 yrs	Birth to 5 years old	Birth to 5 years old	2 to 7 years old	11 to 18 years old	2 to 18 years old	Birth to 18 years old
Location of Service	Classroom (Virtual and in-person group setting or in-home)	In-home (Except at request for an alternate location)	In-home (Except at request for an alternate location. Home Safety module must be in the home)	Clinic or In-home	In-home (Except at request for an alternate location)	In-home (Except at request for an alternate location)	In-home (Except at request for an alternate location)
Standard Length of Service	Baby: 8 to 11 weeks Toddler: 12 to 17 weeks Preschool: 18 to 21 weeks *For the classroom client must complete 80% of the classes for successful completion	10 to 14 weekly sessions 60 minutes each	18 to 22 weekly visits 60 to 90 minutes each Approximately six weeks for each of the three modules	Approximately 12 to 15 sessions, determination is based on parent's progress	12 to 16 weekly FFT sessions over three to four months	10 to 14 weekly sessions 50 to 90 minutes each *Additional seven sessions for Pathways Module (Need is determined by provider during intervention)	4 to 6-week intensive intervention with an average of 80 hours spent on each case. Approx. half of these Hours must be spent face-to-face w/ family.
FAR Compatible	Yes, for Baby and Toddler if started early	Yes, if started early in case	Yes, providing 2 of 3 Modules	No, consider accessing through Medicaid.	6 to 7 weeks (two sessions per week) If started early in case and required to have a 90-day extension	Yes, if started early in case	Yes, if started early in case
Concrete Funds	\$500 total per case w/ prior written approval from SW. \$75 of that may be used for engagement without pre-approval	\$500 total per case w/ prior written approval from SW. \$75 of that may be used for engagement without pre-approval	\$500 total per case w/ prior written approval from SW. \$75 of that may be used for engagement without pre-approval	None	\$500 total per case w/ prior written approval from SW. \$75 of that may be used for engagement without pre-approval	\$500 total per case w/ prior written approval from SW. \$75 of that may be used for engagement without pre-approval	\$500 total per case w/ prior written approval from SW. \$75 of that may be used for engagement without pre-approval
Appropriate Referrals	Placement prevention Removal is NOT imminent; Services are utilized for risk reduction. Reunification <i>Parent has sufficient contact with children to practice new skills learned in weekly sessions.</i> Placement stabilization <i>with parent, foster parent, kinship placement or adoptive family</i> Age-appropriate parenting and discipline skills, social and emotional development, and negative parent child relationship are the primary areas of concern. *Parent support to prevent or reduce aggressive and oppositional behavior *Parent needs to learn developmental stages of their child and how to effectively respond to support positive interactions. *Parent needs to develop or increase nurturing behavior with their child *Support to learn how to play with child, effective use of praise, incentives, establishing predictable routines and rules, limit setting and managing misbehavior.	Placement prevention Removal is NOT imminent; Services are utilized for risk reduction. Reunification <i>Parent has sufficient contact with children to practice new skills learned in weekly sessions.</i> Placement stabilization <i>with parent, foster parent, kinship placement or adoptive family</i> Parent-child relationship is the primary area of concern. *Concerns about the quality of Parent-child relationship *Child is being reunified after being out of the parent's care for a period of time *Parent needs information about infant and toddler social and emotional development *Parent needs help developing and expressing empathy towards their child *Parent needs support to establish a secure attachment relationship.	Placement prevention Removal is NOT imminent; Services are utilized for risk reduction. Reunification <i>Parent has sufficient contact with children to practice new skills learned in weekly sessions.</i> Placement stabilization <i>with parent, foster parent, kinship placement or adoptive family</i> Basic parenting skills, understanding and management of child's illness and/or injuries, and home safety are primary areas of concern. *Parent needs basic parenting instruction *Parent needs basic skills in prioritizing health concerns for their child *Parent needs support to identify safe environments for the child.	Placement prevention Removal is NOT imminent; Services are utilized for risk reduction. Reunification <i>Parent has sufficient contact with children to practice new skills learned in weekly sessions.</i> Placement stabilization <i>with parent, foster parent, kinship placement or adoptive family</i> Parent child interaction patterns, child behavior, and social and emotional development are primary areas of concern. *Young children with emotional and behavioral disorders *Emphasis and support on improving the parent-child relationship *Parent needs to establish clear limit setting and consistent discipline. *Parent needs support to establish a secure attachment/relationship.	Placement prevention Removal is NOT imminent; Services are utilized for risk reduction. Reunification <i>Youth is returning to the family. This depends on the history of the family, contact your CW Regional Lead. Child must be in the home to start FFT.</i> Placement stabilization <i>with parent, foster parent, kinship placement or adoptive family</i> Youth must live with the caregiver and have an established long-term relationship. At least 6 mo. Parent-child/family conflict issues are primary area of concern. *Family is available, ready, and willing to participate in weekly counseling sessions, over 3 to 4 months. *Family needs support in helping troubled youth and their families to overcome delinquency, substance abuse and violence *Families who need support across multiple systems (juvenile justice or schools) <i>Youth may exhibit external behaviors, internal symptoms, and/or substance abuse: Conduct disorder, Oppositional defiant disorder, Drug use/abuse, Anxiety/depression with behavior disorder symptoms expressions, violence, school problems, truancy, etc.</i>	Placement prevention Removal is NOT imminent; Services are utilized for risk reduction. Reunification <i>Parent has sufficient contact with children to practice new skills learned in weekly sessions.</i> Placement stabilization <i>with parent, foster parent, kinship placement or adoptive family</i> Child behavioral issues are the primary area of concern and a primary safety issue for the family is directly related to the behavioral issues of the child. *Parent needs to develop age appropriate and effective discipline strategies. *Parent needs support to manage their reaction to difficult behaviors of the child. *Parent and partner need help with their conflicting parenting decisions.	Placement prevention <i>removal is IMMINENT.</i> Reunification <i>planned within 7 days.</i> Placement stabilization <i>with parent, foster parent, kinship placement or adoptive family</i> Homebuilders is an intensive service focused on child safety, crisis intervention, connection to community resources and teaching caregiver's problem solving/life skills. *To strengthen families in their natural environment, assisting to make change and increase family functioning when there is: - A serious threat of substantial harm to the child's health, safety, or welfare (physical abuse, neglect, unsafe child). - Severe family conflict. *To assist families to reunify after placement to increase ongoing success. *To divert a child or youth from entering foster placement, or to stabilize a current foster or alternative placement for a dependent youth.



<p>Inappropriate Referrals</p>	<p>NOT FOR</p> <ul style="list-style-type: none"> * Cases in which possible disruption in services could occur (i.e., cases nearing termination, parent is pending incarceration, or parent is awaiting a bed date for treatment) * Parents who have irregular work schedules or those who will have a hard time engaging or committing to the length of the service should not be referred. * Families requiring 24/7 availability of provider * Identified parent does not have frequent contact with their child. * Registered Sex Offenders 	<p>NOT FOR</p> <ul style="list-style-type: none"> * Families requiring 24/7 availability of provider * Parent is not engaged in regular visits with their child. * When active substance use/abuse, cognitive, developmental and/or mental health indicators are severe/significant and will interfere with application of new learning <i>(on a case-by-case basis depending on the parent's ability to participate and commit to the service).</i> 	<p>NOT FOR</p> <ul style="list-style-type: none"> * Families requiring 24/7 availability of provider * When active substance use/abuse, cognitive, developmental and/or mental health indicators are severe/significant and will interfere with application of new learning. <i>(on a case by case basis depending on the parent's ability to participate and commit to the service).</i> 	<p>NOT FOR</p> <ul style="list-style-type: none"> * Cases in which reunification with the participating parent is not the goal (PCIT does not evaluate parent for reunification) * Families requiring 24/7 availability of provider * When active substance use/abuse, ongoing significant DV, cognitive, developmental and/or mental health indicators are severe/significant and will interfere with application of new learning. * Parent who sexually offended the child. 	<p>NOT FOR</p> <ul style="list-style-type: none"> * Families requiring 24/7 availability of provider * Youth who is currently on the run. * Youth under the age of 11, unless the referral has been pre-approved by the FFT QA Administrator. Contact your Regional Lead. * Youth who is scheduled to be away from the family, during FFT services, for more than two weeks for: Remand, placement, foster care, treatment center, vacations, etc. * When active substance use/abuse, cognitive, developmental and/or mental health indicators are severe/significant and will interfere with application of new learning. * Parent who sexually offended the child. * Safety concerns in the family that include younger siblings. 	<p>NOT FOR</p> <ul style="list-style-type: none"> * When active substance use/abuse, cognitive, developmental and/or mental health indicators are severe/significant and will interfere with application of new learning <i>(on a case-by-case basis depending on the parent's ability to participate and commit to the service).</i> * Families requiring 24/7 availability of provider 	<p>NOT FOR</p> <ul style="list-style-type: none"> * Prevention of Placement disruption at some unspecified time in the future. (It must be IMMINENT) * When a decision has been made to remove a child, but interim measures are needed until that home is found. * Child, family member, or provider safety would be threatened. * Family refusal of service AFTER it was thoroughly explained to them.
<p>Service Delivery</p>	<p>Service is provided either in a peer group setting or in-home.</p> <p>Model uses videos, written curriculum, role plays, homework, and self-evaluation.</p> <p>One weekly contact by provider outside class for group classes</p> <p><u>Levels build on each other:</u></p> <ol style="list-style-type: none"> 1) Play: Promote Positive Parenting Relationships (use liberally) 2) Praise & Incentives: Build social competence 3) Effective Limit-setting: Increase cooperation 4) Ignore, Redirect, Distract: Decrease Aggression 5) Time Out (use selectively) 	<p>Services are provided in a natural setting (home, community)</p> <p>Therapists use live coaching with parents during interactions with their child to teach new parenting skills. The model uses videotaping for parents' own reflection during sessions.</p> <p>Service delivery method: Joining, reflective observation, verbal feedback, supporting reflective capacity, and sharing information.</p> <p>Core PFR Content:</p> <ol style="list-style-type: none"> 1) Developing trust, promoting security 2) Promoting development of self in toddlerhood 3) Understanding and meeting social and emotional needs of the child 4) Understanding, reading and responding to children's non-verbal cues 5) Understanding children's feelings and needs, how to respond and meet the needs to decrease problem behavior 6) Seeing the world through the child's viewpoint and building parental empathy 7) Calming strategies for parents to regulate their own emotions and triggers 8) Promoting a mutually enjoyable relationship between child and caregiver 	<p>Model uses a Parent Handbook with scripted sessions.</p> <p>Parent must complete one module before moving to another.</p> <p>Skill coaching through use of observation, self-assessment and feedback, homework, and role plays.</p> <p>Sessions are often recorded by the provider (audio) to demonstrate ongoing provider fidelity to this EBP.</p> <p>Three Modules (Average of six sessions per module)</p> <ol style="list-style-type: none"> 1) Health 2) Parent/Infant interaction or Parent/Child interaction (depending on age of child) 3) Home Safety 	<p>Therapists use live coaching with parents during interactions with their child to teach new parenting skills. Use of a small speaker in the parent's ear where the therapist is coaching the parent by microphone from behind a one-way mirror during their interaction with the child. Delivery can also be done by whispering into the parent's ear.</p> <p>Two Phases:</p> <ol style="list-style-type: none"> 1) Child directed interaction Parent learns to praise positive behaviors and interact positively with the child while starting to decrease the child's behavior. 2) Parent Directed interaction Parent learns specific and effective parenting skills to manage child's behavior, use clear positively-stated and direct commands, and use consistent consequences for compliant and non-compliant behavior. 	<p>Five-Phase model that is family focused, strength-based, and relational. Addresses youth and family risk and protective factors. Therapists work with all family members and respects the culture and ethnicity of the family. The therapist is non-judgmental and creates a balanced alliance with all family members.</p> <p>5 Phases of the FFT model:</p> <ol style="list-style-type: none"> 1) Engagement: connect with family members. Listen, be respectful, and "match" the family's needs. Schedule first session. 2) Motivation: The goals are to decrease negativity and blame, increase hope. Done by creating a balanced alliance with all family members and being relational focused so family members can see and understand how their interactions affect the whole family and their relationships. 3) Relational Assessment: Therapist formulates relational assessment between all family members by observation and analyzing behaviors to understand the family patterns of interactions – how they act and react to situations and each other. 4) Behavior Change: Teach new skills that match to the family and individual needs using the relational functions of the family members. Skills: interpersonal, communication, problem solving, how to negotiate, and develop contracts, etc. 5) Generalization: Maintain and generalize skills, create a relapse prevention plan, and identify support services if needed. 	<p>Parent-driven, some child involvement in sessions. Multiple parent assessments, guided participation, role plays. Model uses DVD clips, homework, behavior monitoring tools, and a parent handbook.</p> <p>5 Core Principles</p> <ol style="list-style-type: none"> 1) Ensuring a safe, interesting environment 2) Creating a positive learning environment 3) Using assertive discipline 4) Having realistic expectations 5) Taking care of oneself as a parent 	<p>Services are provided in a natural setting (home, community) where the problems are occurring and, ultimately, where they need to be resolved. Services are available 24/7 and at the family's convenience.</p> <p>IFPS is a Family-focused, behavior-oriented, in-home counseling and support program. Services are evidence-based using the Homebuilders Model which uses Motivational Interviewing techniques.</p> <p>Intent is to connect the family with natural supports in the community to meet their needs.</p> <p>Clinical Services</p> <ul style="list-style-type: none"> * Crisis intervention * Counseling * Cognitive-Behavioral Therapy * Case management * Parent education * Life skills <p>Concrete Assistance</p> <ul style="list-style-type: none"> * Financial * Housing * Utilities * Basic clothing * Food
<p>Developer Site</p>	<p>www.incredibleyears.com</p>	<p>https://pfrprogram.org/</p>	<p>https://safecare.publichealth.gsu.edu/</p>	<p>https://www.pcit.org/</p>	<p>http://www.fftinc.com/</p>	<p>http://www.triplep.net/</p>	<p>http://www.institutefamily.org/programs_IFPS.asp</p>

DCYF Child Welfare Contracted Evidence-Informed Programs:

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Division of Partnership, Prevention, and Services | Approved for distribution by Delton Hauck, In-Home Services Administrator

“Evidence-supported interventions are well-defined practices, programs, services, or policies that have been shown, through rigorous evaluation, to improve outcomes for children and families in comparison to one or more alternatives. When an evidence-supported intervention that was tested in a specific location or under certain conditions is appropriately selected and applied in the field by a child welfare practitioner working with a child, family, or community, it is integrated into evidence-based practice.” For more information, see: [Evidence-Based Practice - Child Welfare Information Gateway](#)

Contracted Program:	Family Preservation Services (FPS)	Crisis Family intervention (CFI)
Age of Child	Birth to 17 years old	12 to 18 years old
Location of Service	In-home (Except at request for alternate location)	In-home (Except at request for alternate location)
Standard Length of Service	Approximately 30 sessions Weekly or as needed. Service duration within 90 or 120 days max amount of \$3,663	12 hours over 45 days
FAR Compatible	Yes	Yes
Concrete Funds	\$500 total per case w/ prior written approval from SW \$75 of that may be used for engagement w/o pre-approval	\$500 total per case w/ prior written approval from SW. \$75 of that may be used for engagement without pre-approval
Appropriate Referrals	<p>Placement prevention and stabilization There is an open case and social worker determined that, without intervention, the child is at substantial likelihood of being placed out-of-home soon due to at least one of the following: a. Child abuse or neglect. b. A serious threat of substantial harm to the child’s health, safety, or welfare c. Family conflict</p> <p>Substantial likelihood of placement means the assigned social worker made an explicit assessment and determined that there is a strong possibility that another injury or crisis will occur in the near future which would require the placement of the child.</p> <p>Reunification The child is in out-of-home placement and the service will support reunification. Parent must have frequent visits in order to practice the skills learned in the intervention.</p> <p>Placement stabilization Foster parents and relative caregivers may be eligible for FPS for children who are in long-term placement in their home. Regional Administrators will determine the conditions under which that can occur within their area.</p> <p>*Enhancement of safe parenting practices *Supporting adults to make individualized and family-centered changes *Intervention is targeted at improving safety and family functioning *Capacity to support a safety plan is high *Services can meet client needs across four life domains *Trauma-informed approach</p>	<p>Placement prevention and stabilization CFI is available for youth and families who have an open FRS, CPS, FAR, FVS, or CFWS case if they meet the following criteria: a. The youth is 12 to 17 years of age. b. The reason for referral is brief family conflict and not ongoing chronic issues. c. The youth is exhibiting high-risk behaviors such as drug use, missing from care, or running away from the family home. d. Family in need of support to find immediate and long-term solutions to their conflicts.</p> <p>*Brief family conflict *Youth exhibiting high risk behaviors such as substance use, missing from care, or running away from family home *In need of community resources to support family functioning *In need of proactive supports for youth</p>
Inappropriate Referrals	FPS is not appropriate for ongoing behavioral health treatment such as EMDR and/or individual counseling.	<p>NOT FOR *Families requiring monitoring to maintain child safety *Ongoing chronic issues *An evidence-based program but instead evidence-informed service *Families requiring 24/7 availability of provider</p>
Service Delivery	<p>Services are provided in a natural setting (home, community) where the problems are occurring and, ultimately, where they need to be resolved. Services are available at the family’s convenience.</p> <p>Family Preservation Services (FPS) is authorized and described in RCW 74.14C.050, as a family-focused, behavior-oriented, in-home counseling and support program. The provider meets with the family weekly or as needed. The therapist is CBT-trained, incorporates the CANS-F to support the family in gaining insight into issues resulting in the crisis and provides strengths-based approaches using system’s theory and Motivational Interviewing techniques. Trained in compassion fatigue, identifying, and assessing suicidal risk and “tapping.”</p> <p>FPS is made up of four Service Elements that can be authorized based on the family’s needs and service goals. Upon completion of the Service Confirmation process the Provider may at minimum provide the following specific services:</p> <ol style="list-style-type: none"> Parenting Strategies: Focused on teaching parents or other caregivers’ specific techniques they need to safely parent their children. Also, to include use of developmentally appropriate parenting and child management skills, child advocacy and household management skills. Crisis Stabilization: Is a short-term service delivered by a counselor to control the acute crisis that is causing the children to be unsafe. Also, to include supporting the family in their implementation of the DCYF identified Safety Plan. Counseling Services: Are at a minimum to be delivered consistent with cognitive behavioral treatment modalities. Counseling services shall be focused on the needs of the family as it directly relates to child safety. <i>Longer term counseling needs should be addressed by connecting the family with resources outside of DCYF.</i> Family Resources: Engaging families in a manner which provides for personal growth opportunities, strengthens their ability to advocate for their own needs and those of their children, and which helps them to identify accessible and supportive natural supports and community resources that directly support child safety in the home beyond the period of DCYF involvement. 	<p>Services are provided in a natural setting (home, community).</p> <p>Crisis Family Intervention (CFI) is a brief in-home crisis intervention service available to adolescents and their families who are experiencing brief conflict. This service is designed to strengthen, preserve, and restore family functioning by meeting the following goals: Working with families to resolve the immediate crisis within 45 days; identifying community resources to support family functioning after the conclusion of CFI; and developing protective supports for the youth.</p> <p>The therapist meets with the family within 72 hours of referral and appointments are scheduled at times convenient for the family. The goals of CFI are to resolve the immediate crisis that precipitated the referral and to teach skills to family members to address recurring areas of conflict. Services are limited to 12 hours over 45 days. The referring social worker maintains all case management responsibilities through the conclusion of service.</p> <p>Services are delivered through in-home counseling for the youth and the youth’s family that is directed towards:</p> <ol style="list-style-type: none"> Engagement and motivation of the youth and family consistent with the spirit of Motivational Interviewing techniques. Assessing and referring to other identified service needs.
Developer Site	N/A	N/A

Prevention Services

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Division of Partnership, Prevention, and Services | Approved for distribution by Delton Hauck, In-Home Services Administrator

[RCW 13.34.030: Definitions. \(wa.gov\)](#) (20) "Prevention and family services and programs" means specific mental health prevention and treatment services, substance abuse prevention and treatment services, and in-home parent skill-based programs that qualify for federal funding under the federal family first prevention services act, P.L. 115-123. For purposes of this chapter, prevention and family services and programs are not remedial services or family reunification services as described in [RCW 13.34.025\(2\)](#). (21) "Prevention services" means preservation services, as defined in [chapter 74.14C RCW](#), and other reasonably available services, including housing assistance, capable of preventing the need for out-of-home placement while protecting the child. Prevention services include, but are not limited to, prevention and family services and programs as defined in this section. [RCW 13.34.025](#) (a) For purposes of this chapter, remedial services are those services defined in the federal adoption and safe families act as family reunification services that facilitate the reunification of the child safely and appropriately within a timely fashion. Remedial services include individual, group, and family counseling; substance abuse treatment services; mental health services; assistance to address domestic violence; services designed to provide temporary child care and therapeutic services for families; and transportation to or from any of the above services and activities.

[RCW 74.14C.020: Preservation services. \(wa.gov\)](#) (4) The department may offer or provide family preservation services or preservation services to families as remedial services pursuant to proceedings brought under [chapter 13.34 RCW](#). If the department elects to do so, these services are not considered remedial services as defined in [chapter 13.34 RCW](#), and the department may extend the duration of such services for a period of up to fifteen months following the return home of a child under [chapter 13.34 RCW](#). The purpose for extending the duration of these services is to, whenever possible, facilitate safe and timely reunification of the family and to ensure the strength and stability of the reunification.

Services for safety plans and placement prevention efforts:

- **Homebuilders (IFPS) and Family Preservation Services** are the primary services designed for utilization in placement prevention efforts and participation in safety plans.
- EBP/In-home services *may* be an option to support safety plan tasks but are limited in their in-home hours to actively participate in a safety plan/act on behalf of a child in need of protection. Please discuss each scenario with your regional lead if you have questions.
- EBP/In-home services should NOT be solely relied on to address an ongoing safety threat. CIHS/EBP's provide support and education for a family that results in behavioral changes to mitigate the safety concerns and risks. In combination with assigned SW participation, monitoring and additional community/family resources and/or services CIHS/EBPS may play a part in safety planning. Please discuss each scenario with your regional lead if you have questions.
- Please utilize the Regional Service Leads for CIHS service matching needs and questions (listed below). Please also utilize your regional program teams for safety planning questions and consultation.

	<u>Regional Service Leads</u>	<u>Email</u>	<u>Telephone</u>
Region 1	Sarah McCamant	sarah.mccamant@dcyf.wa.gov	(509) 680-9102
Region 2	Andrea Cardenas	andrea.cardenas@dcyf.wa.gov	(509) 380-6662
Region 3	Marie Preftes-Arenz	marie.preftes-arenz@dcyf.wa.gov	(425) 308-3329
Region 4	Shawn Sivly	shawn.sivly@dcyf.wa.gov	(206) 247-9131
Region 5	Laneta Able	laneta.able@dcyf.wa.gov	(253) 306-2117
Region 6	Arthur Fernandez	arthur.fernandez@dcyf.wa.gov	(360) 827-2508