MEMORANDUM OF AGREEMENT
BETWEEN
THE JAMESTOWN S'KLALLAM TRIBE
AND
THE WASHINGTON STATE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION
FOR
SHARING RESPONSIBILITY IN DELIVERING CHILD WELFARE SERVICES
TO
CHILDREN OF THE JAMESTOWN S'KLALLAM TRIBE

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I. INTRODUCTION

This memorandum of agreement ("MOA") is entered into between the Jamestown S'Klallam Tribe ("Tribe") and the Washington State Department of Social and Health Services Children's Administration ("CA"), acting in its representative capacity. This MOA is based on the fundamental principles of the government-to-government relationship acknowledged in the 1989 Centennial Accord. It will supersede the existing Jamestown S'Klallam DCFS MOA.

This MOA recognizes the sovereignty of the Tribe and of the State of Washington and each respective sovereign's interests.

The Tribe and CA acknowledge that the Tribe has exclusive and/or concurrent jurisdiction over a child welfare proceeding. Each acknowledges that the law of the jurisdiction in which a child welfare proceeding is initiated and maintained is sovereign within that jurisdiction and governs the proceeding.

II. DEFINITIONS

Terms used in this MOA, which are found in the Tribal-State Agreement of 1987 ("Tribal-State Agreement"), which is incorporated into this MOA by reference, will have the same definitions as set out in the Tribal-State Agreement. The following terms from the Tribal-State Agreement are set out here for easy reference (the term "Agreement" in the following cited definitions refers to the Tribal-State Agreement):

1. **Jurisdiction** - The parties have agreed to enter into this MOA (the Tribal-State MOA) based on the premise that DSHS and the Tribe, pursuant to P.L. 83-280, have concurrent civil jurisdiction with respect to the matters covered by this Agreement that arise within the Tribe's reservation or domiciled on such reservation. However, in furtherance of this Agreement, DSHS agrees

to provide the Tribe with an opportunity to exercise tribal jurisdiction before DSHS takes any action to invoke state court jurisdiction, except as otherwise specified in this Agreement.

The parties understand that the Tribe's position is that, under P.L. 83-280, the Tribe has exclusive civil jurisdiction over matters concerning Indian children in circumstances involving termination of parental rights, involuntary foster care placement and adoption proceedings, and application of dependency neglect, children in need of supervisions, and child abuse laws. The parties understand that nothing in this Agreement may be deemed as a waiver or abandonment of the Tribe's exclusive jurisdiction position with respect to these matters.

2. Citizen - CA recognizes that the Jamestown S'Klallam Tribe considers its people to be citizens of the nation. To the extent that this agreement references the term "member" as it is used in the state and federal Indian Child Welfare Acts, the terms are intended by the parties to have the same meaning.

3. Indian Child - any unmarried person who is under age eighteen and is either:

A member of the Tribe; or

Eligible for membership in the Tribe and is the biological child of a member of the Tribe; or Eligible for membership in another federally recognized tribe and is the biological child of a member of an Indian tribe.

4. "Tribal child" a child who is an un-enrolled member or direct descendent of the Jamestown S'Klallam Tribe.

5. "Notice" for purposes of compliance with the state and federal Indian Child Welfare Acts means the legal Notice required under RCW 13.38.070 and 25 U.S.C. § 1912 to inform tribes of (1) the initiation of an action to place an Indian child in foster care or to terminate parental rights of an Indian child and (2) the tribe's right to intervene. For purposes of this agreement and collaboration between the tribe and CA, notice means communication by the most expedient means – for example, by telephone, email, letter, personal contact, or fax.

6. "Active efforts" is defined under RCW 13.38.040(1) and means the following:

a. In any foster care placement or termination of parental rights proceeding of an Indian child under chapter 13.34 RCW, the department shall make timely and diligent efforts to provide or procure such services, including engaging the parent or parents or Indian custodian in reasonably available and culturally appropriate preventive, remedial, or rehabilitative services. This shall include those services offered by tribes and Indian organizations whenever possible. At a minimum "active efforts" shall include:

(i) In any dependency proceeding under chapter 13.34 RCW seeking out-of-home placement of an Indian child in which the department or supervising agency provided voluntary services to the parent prior to filing the dependency petition, a showing to the court that the department actively worked with the parents to engage them in remedial services and rehabilitation programs to prevent the breakup of the family beyond simply providing referrals to such services.

(ii) In any dependency proceeding under chapter 13.34 RCW, in which the petitioner is seeking the continued out-of-home placement of an Indian child, the department must show to the court that it has actively worked with the parents in accordance with existing court orders and the individual service plan to engage them in remedial services and rehabilitative programs to prevent the breakup of the family beyond simply providing referrals to such services.

(iii) In any termination of parental rights proceeding regarding an Indian child under chapter 13.34 RCW in which the provided services to the parents, a showing to the court that the department or supervising agency social workers actively worked with the parents to engage them in remedial services and rehabilitation programs ordered by the court or identified in the department or supervising agency's individual service and safety plan beyond simply providing referrals to such services.

b. Active Efforts Casework could include, but would not be limited to the following: active and continuous collaboration with parent/Indian custodian, the child's Tribe, and the child (where age, development and maturity make it appropriate):

1. Identifies child and parent needs, strengths, resources and barriers;
2. Identifies individual, cultural, and family history of the child and family;
3. Identifies extended family, fictive kin, Tribal members, community members, and extended community members;
4. Identifies Tribal and other culturally relevant and competent services, supports, and resources available to assist the family;
5. Initiates and maintains contact with appropriate Tribal programs for on-going case management;
6. Honestly and fully assesses the reasons for removal of a child and then arranges for and engages child and parents/Indian custodian in the most culturally relevant, competent and effective services targeted at the specific needs of the child and parents/Indian custodian which must include both services targeted at the obvious and immediate threats to child safety, such as substance abuse treatment, as well as problems or conditions that pose impediments to successful and long-term reduction of risk to the child;
7. Facilitates continued and uninterrupted participation in such services until:
   a. Successfully completed or the risk of harm to the child has been reduced to an acceptable and reliable level; or
   b. The parent(s)/Indian custodian clearly express unwillingness to participate further; or
   c. Parent(s)/Indian custodian demonstrate chronic incapacity to overcome the problems that endanger the child; or
   d. In the case of a child not yet removed from the parent's/Indian custodian's home, the child will likely suffer immediate and serious harm if not removed before active efforts have been initiated or exhausted.
8. With regard to each child honestly evaluates and balances all elements of the "best interests of the Indian child" as that term is defined by the Washington State Indian Child Welfare Act;
9. If relapse or non-compliance occurs, identifies the reason(s), modifies the plan for programs, services, and supports accordingly and

reengages the child and parent(s)/Indian custodian; and
10. Where the child's safety requires out of home placement, seeks, facilitates, and monitors such placement to assure it meets WSICWA preferences and supports reunification efforts.

This is not an exhaustive list of what could constitute "active efforts" for purposes of a legal proceeding under RCW 13.34. and the failure to do anything on this list does not give rise to a presumption that "active efforts" as required in state law did or did not occur.

7. "**Best interests of the Indian child**" means the use of practices in accordance with the federal Indian child welfare act, [ch. 13.38 RCW] , and other applicable law, that are designed to accomplish the following: (a) Protect the safety, well-being, development, and stability of the Indian child; (b) prevent the unnecessary out-of-home placement of the Indian child; (c) acknowledge the right of Indian tribes to maintain their existence and integrity which will promote the stability and security of their children and families; (d) recognize the value to the Indian child of establishing, developing, or maintaining a political, cultural, social, and spiritual relationship with the Indian child's tribe and tribal community; and (e) in a proceeding under this chapter where out-of-home placement is necessary, to prioritize placement of the Indian child in accordance with the placement preferences of this chapter. RCW 13.38.040

8. Extended Family - shall be as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or step parent.

9. Domicile – **Domicile under ICWA**

Domicile looks to the person's physical presence in a certain place along with the intent to remain in that place. Children typically are unable to form the requisite intent to establish a domicile, so the domicile of the child is determined by that of the parents and thus may be in a place where the child has never been.

Domicile is important in child custody proceedings because it may affect the jurisdiction of the court. The term is not defined in the ICWA, so the United States Supreme Court found that the meaning of domicile in the ICWA is a matter of federal, not state, law because Congress intended a uniform, nationwide application. *Miss. Band of Choctaw Indians v. Holyfield*, 490 U.S. 30, 44-47 (1989).

A child born in wedlock takes the parents domicile. A child born out of wedlock takes the domicile of his or her mother. *Holyfield*, 490 U.S. at 43-48. If a child has no parents, such as when the parents have died, then the child takes the domicile of the person who stands in *loco parentis*, such as a guardian or custodian. *In re S.S.*, 657 N.E.2d 935 (Ill. 1995). The domicile of a child who is a ward of the tribal court is the reservation. *In re D.L.L.*, 291 N.W.2d 278 (S.D. 1980); H.R. REP. NO. 95-1386, at 21 (2d Sess. 1978).

In addition to the preceding definitions, the following definitions also apply to this MOA:

1. **Tribal Council** – the governing body of the Tribe.

2. **DSHS** - Department of Social and Health Services, a cabinet level department of the administrative branch of the Washington State Government.

3. **CA** – Children's Administration, an administrative unit of DSHS.

4. **CPS** - Child Protective Services, a service of the CA - DSHS.

5. **DCFS** - the Division of Children and Family Services, a division of the CA - DSHS.

6. **CFWS** – Child and Family Welfare Service, a service of the DCFS.

7. **FRS** - Family Reconciliation Services.

8. **FPS** - Family Preservation Service.

9. **Intensive Services** – Services offered by DSHS in addition to its core services for children and families at special risk.

10. **Tribal Court or NICS** – The Northwest Intertribal Court System, of which the Tribe is a participant, located at 20818 44th Ave. W, Suite 120, Lynnwood, WA 98036; Phone: 425-774-5808; Fax: 425-744-7704; Email: nics@nics.wa.

See Appendix F to this MOA for relevant organizational charts of the respective parties and their administrative units.

III. PURPOSE

Washington State law authorizes CA to provide for the care of Indian children who are in the custody of an Indian tribe, subject to the same eligibility standards and rates of support applicable to children in the custody of the state. The purpose and objective of this MOA is to clarify the roles and responsibilities of the Tribe and CA and to enhance coordination and cooperation between the Tribe and CA in providing appropriate child welfare services to Indian children who are under the exclusive jurisdiction of the Tribe and to stipulate how CA will cooperate with the Tribe when its children are under the concurrent jurisdiction of the Tribe and CA or when its children are under state court jurisdiction and placed in the custody of CA. The overarching purpose of this MOA is the safety and well being of Indian children.

IV. AUTHORITY

The Indian Child Welfare Act (ICWA), 25 U.S.C. E 1919, authorizes states and tribes to enter into agreements for the care and custody of Indian children. Under the Tribal-State Agreement, both the Tribe and CA are authorized to enter into this MOA. Additionally, the Tribe is specifically authorized to enter into this MOA by the Tribal Council Resolution, attached to this MOA as Appendix H. The CA is specifically authorized to enter into this MOA by RCW chapter 39.34, the Interlocal Cooperation Act, which permits a department or agency of the state to enter into an agreement with an Indian tribe for their mutual advantage and cooperation. CA recognizes that the Tribe's execution of this MOA does not constitute a waiver of its right to sovereign immunity.

V. JURISDICTION AND QUALITY OF SERVICE

Issues regarding jurisdiction over Indian children of the Tribe that arise between CA and the Tribe are controlled by the existing Tribal-State Agreement.

However, if the provisions of this Agreement and the Tribal-State Agreement are in conflict with the provisions of the RCW or Washington appellate court decisions, then the parties agree to enter into good faith negotiations to resolve those conflicts, as appropriate, and in no particular order, by: 1) amending this Agreement and/or the Tribal-State Agreement, 2) working to secure changes to the Revised Code of Washington ("RCW"), or 3) using a combination of both approaches. The parties agree that any and all changes to agreements and/or state law would require such agreements and/or state law to be in full compliance with the ICWA.

Issues regarding the quality of services to be provided by CA to the Tribe and its children are covered by CA's publication titled "Indian Child Welfare Services - Case Review Questions and Decisions Rules." The provisions of that document are also incorporated into and made a part of this MOA, by reference.

VI. EXPERT WITNESSES ON THE JAMESTOWN S'KLALLAM CULTURE AND COMMUNITY

The Jamestown Tribe will submit a list of Qualified Expert Witnesses who have the knowledge of custom, culture and history within their tribe and their families. The list of Expert Witnesses will be attached to the MOA as Appendix E.
In the absence of a written list, the Tribe and CA will cooperate on a case-by-case basis to select qualified experts or qualified expert witnesses, approved by the Tribe, for cases involving Indian children. CA may utilize additional experts as provided for in the RCW 13.38.130, the Washington State ICWA.

VII. CHILD PROTECTIVE SERVICES

The Tribe and CA recognize the importance of working together to protect children from abuse or neglect. The process for determining who has responsibility for investigating child abuse or neglect occurring on the reservation, or within the state, will be negotiated between the Tribe and CA, as follows:

1. The Tribe specifically requests CA to investigate all screened-in child abuse/neglect allegations occurring on the reservation, i.e.: Referrals received by the Tribe (including law enforcement) will be forwarded to CA.

   CPS investigation will be completed within 60 days and the Tribe will be given the investigative report (no matter what the finding) and any documentation needed to file a dependency action in Tribal Court.

2. In every case in which an allegation of child abuse or neglect of a child who resides on the reservation, or a Tribal child who resides within the state, is received by CA, the Tribe will be notified of the allegation. Notification will be in writing and documented if done by phone, fax, or email, as soon as possible, but at a maximum, within 24 hours for all cases, including cases that are not screened-in by CA for investigation. The intent of this provision is to insure the Tribe's timely right to intervene and/or to elect to join in the

investigation. The method preferred by the tribe is to FAX a copy of the referral to FAX 360-681-3204 attention ICW Supervisor.

3. If an allegation involves apparent criminal activity, Tribal/State/local law enforcement in the jurisdiction where the alleged abuse or neglect occurred will be notified.

4. The Tribe and CA each agree to inform the other of the outcome of CPS investigations that result in a "finding" for abandonment, child abuse, or child neglect involving Indian children.

5. Family Assessment Response (FAR) pathway is a differential response to child abuse and neglect allegations. Allegations that are screened-in for a response will be assigned by CA to either (1) the traditional investigative pathway or (2) to the new alternative Family Assessment Response pathway.

The Tribe and CA agree to collaborate in providing CPS investigative or FAR services and supports to tribal children who are alleged to be abused or neglected on or off Tribal lands.

CA's CPS Intake will notify the Tribe within 24 hours if a child abuse or neglect referral has been received by CA, alleging the abuse or neglect occurred off the reservation and will give the Tribe an opportunity to participate in the CPS response, either an investigation or FAR.

Based on state law and its policies and screening tools, CA will decide whether the response will be an investigation or FAR. The tribe will contact the local supervisor and work through the local chain to resolve any disagreement.

CPS Investigation Pathway

1 CA's CPS investigator directs the investigation, deciding which social workers will interview which individuals and which social workers will gather other information.

2 A Tribal social worker will have the opportunity to be present during interviews and investigations of child abuse/neglect allegations.

3 CA will consult with the Tribe in making the determination whether the allegation is founded or unfounded. CA is required to follow state law in making this determination and ultimate responsibility for making the decision is CA's. The tribe has the option to call an Impasse or an appeal if they do not agree or take jurisdiction.

4 CPS investigation should be completed within 60 days and Tribe will be given the investigative report (no matter what the finding) in cases involving Indian children.

5. If the allegation is founded for abuse or neglect, under RCW ch. 26.44 and WAC ch. 388-15, the subject of the investigation has a right to challenge that finding under state law.

CPS FAR Pathway

1 CA's FAR worker has ultimate responsibility for assessing the family's needs and strengths and for arranging for or providing services and supports,

2 The CA worker will contact the identified Tribal FAR worker and will give that worker an opportunity to be present at the assessment and at family and community meetings to determine safety and service plans.

3. CA and the Tribe will collaborate to identify and develop community supports and services for the family.

4. The Tribe acknowledges that FAR is time limited – to 45 days or, if the family is actively engaged in services that will require the case to remain open longer and the family agrees, to a maximum of 90 days. The Tribe may determine that it will continue, at its own expense, to provide community or tribal supports and services to the family after the FAR assessment and services are concluded.

If CA does the investigation, the finding of abuse or neglect will be made using state law and CA rules, specifically WAC 388-15. If CA finds that abuse or neglect has occurred, the subject of the investigation will have the right to challenge that finding under state law.

VIII. SERVICES FOR CHILDREN UNDER THE JURISDICTION OF THE TRIBE

Children served by the Tribe are eligible for services funded and contracted by CA as in the terms of the Consolidated Contract. Eligibility for these services must be consistent with the eligibility criteria used for other, non-Indian children served by CA. A description of the services currently available to Tribal families and children, including a limited description of the eligibility criteria for those services, is attached to this MOA as Appendix D.

When the Tribe requests child welfare services for children and youth being served by the Tribe, CA will:

1. Assign the case to a specific social worker, selected by CA, but who recognizes that the Tribe has custody of, and decision-making authority, over the child, and who is willing to accept the customs and traditions of the Tribe. The CA social worker will not be responsible for case management, but instead will assist the Tribal social worker in accessing services, unless a contract for case management services for the child has been separately entered into;

2. Maintain a child file consisting of the referral information, the Tribal case plan, Tribal court documents, and payment information; and

3. Work with the Tribal social worker to determine what services would best meet the needs of the child and, at the request of the Tribe, pursue intensive services for the child, using established CA procedures. The CA social worker will help make the Tribe aware of appropriate services available through CA, as well as how to access those services.

Information regarding eligibility for services will be provided by the Tribal social worker and supplemented by the CA social worker when requested. The Tribal social worker has responsibility for recommending and overseeing the administration of services.

CA will provide a point of contact to assist the Tribe in accessing services. The point of contact is the Tribe's contact for requesting services and will work with the Tribe to clarify eligibility for services to expedite services and to verify payment. The point of contact will be available to assist, or arrange for another worker to assist, the Tribe in preparing the

necessary documentation to request services and will invite the Tribal social worker to attend meetings to approve intensive services, such as Behavior Rehabilitation Services, exceptional foster care, specialized teen mother programs, and services for sexually aggressive youth.

The Tribe will provide a point of contact to work with CA on service issues. The state, county, local government and Tribal contacts are listed in Appendices B and C.

IX. SERVICES FOR CHILDREN UNDER THE JURISDICTION OF THE STATE

If an Indian child is the subject of a potential dependency action to be filed by CA in the juvenile court of the state, CA will immediately notify the Tribe of the potential court action, prior to any filing, and its right to intervene in the action. Further, at the request of the Tribe, CA will provide information and assistance to the Tribe to facilitate the filing of the action initially in Tribal court or will assist the transfer of such action to Tribal Court, if the Tribe so elects.

If the action has been filed in state court and jurisdiction of the action is not transferred to Tribal court, then the Tribe will designate a specific Tribal social worker to work with the CA social worker to assist in locating an appropriate placement and to consult with the CA social worker in developing an appropriate case plan.

Placement of Indian children of the Tribe, under the jurisdiction of the state court, shall be in accordance with the provisions of the Manual. Unless otherwise specified, the following order of preference for placement shall be used:

- First Priority - A member of the Indian child's immediate or extended family as defined.

  Second Priority - A Jamestown S'Klallam foster home, licensed and approved by an authorized licensing authority.

  Third Priority - An Indian foster home, licensed and approved by an authorized licensing authority.

  Fourth Priority - A Non-Indian foster home, licensed, approved, or specified by the Jamestown S'Klallam Tribe.

A change of placement shall follow the placement preferences set out in this section of the MOA. Nothing in this agreement shall be construed to limit the court's authority to order another placement when good cause is established under RCW 13.38.180.

X. INFORMATION SHARING AND CONFIDENTIALITY

It is the policy of both the Tribe and CA to share with each other full information about a child that will assist the other party in protecting a child and in assessing the child's need and eligibility for and receipt of services. CA is required to follow state and federal laws governing confidentiality of children's records. The Tribe agrees that it will follow state and federal law on confidentiality, or Tribal law, if the Tribal Code meets or exceeds state and federal law requirements to protect the records of children receiving services from CA.

CA agrees to share information with the Tribe about any Jamestown Indian child who is a member of, or eligible for membership in, the Tribe to the fullest extent permitted under the

law. This information will be provided to the Tribe without the need for a request from the Tribe.

Information on guidelines to assist social workers in sharing information with caregivers, providers, educators and others are attached to this MOA as Appendix G.

Pursuant to a separate agreement the Tribe has full read only access to the Statewide Automated Child Welfare Information System (SACWIS), known as FamLink.

XI. COLLABORATIVE ACTIONS AND SERVICES

The parties agree to collaborate on the following actions and/or services:

1. CA, through the Alliance for Child Welfare Excellence will provide Tribal ICW staff with the opportunity to take advantage of relevant trainings that are available to CA staff. A catalog of courses will be sent to the Tribe electronically to Jessica Payne, Sue Mapes and Liz Mueller by the Alliance on a quarterly basis.

2. The Tribe will provide technical assistance and consultation on Native American cases, as requested by CA.

3. The Tribe will designate at least one candidate from the Tribe for representation on the Local Indian Child Welfare Advisory Committee.

4. The Tribe will provide training on Indian child welfare issues to designated CA caseworkers.

XII. IMPASSE AND DISPUTE RESOLUTION

When a Tribal social worker makes a recommendation on the care, welfare and placement of a child of the Tribe and the state social worker is not in agreement with the MOA, an impasse will be called. The Tribe and state worker will meet with the Tribe's ICW supervisor and the CA supervisor to resolve the differences. If it is not resolved, the impasse will still be in place and the CA Area Manager and Regional Administrator will meet with the Tribe's ICW Supervisor and the Director of the Tribe's Social and Community Services Department ("SCS"). If the differences are still not resolved, the CA assistant Secretary/DSHS Secretary and a member of the Tribal Council will work toward resolving the differences. If after that, a satisfactory decision has not been reached, the Tribe may dispute the DSHS decision and appeal it to the Governor.

Disputes or disagreements regarding the application or interpretation of this MOA will be resolved by the parties, starting at the lowest level and working up, within the following designated levels:

1. CA casework supervisor - Tribal ICW social worker.

2. CA Area Administrator - Tribal ICW Supervisor or designee.

3. CA Regional Director - Tribal SCS Director.

4. CA Assistant Secretary - Tribal Council Member.

If a dispute or disagreement remains unresolved after following the above listed procedures, nothing in this MOA shall be interpreted as preventing the parties from seeking resolution at a higher level within the state or Tribal governments.

To the degree, if any, the provisions of this section of the MOA conflict with Chapter 1 of the Manual on impasses between the Tribe and the DSHS related to matters subject to this MOA, the provisions of the Manual shall control.

Disputes or disagreements about controlling law and conflicts between this Agreement, the Tribal-State Agreement and the RCW will be handled as set out in Section V of this Agreement.

XIII. LEGAL BASIS FOR ICW ACTIVITIES, SERVICES AND RELATIONSHIPS

For this MOA and for Indian child welfare issues in general, the following is a list of the statutory and regulatory authorities (subject to interpretation by the courts, and amendment by the respective legislative bodies with jurisdiction over an act or regulation, from time-to-time):

The United States Constitution
25 USC 1901, et seq. - Indian Child Welfare Act, and implementing regulations and guidelines
42 USC 675 - the Social Security Act, and implementing regulations and guidelines
42 USC 671a - Inter-Ethnic Placement Act
RCW 13.04 - Basic Juvenile Court Act
RCW 13.32a - Family Reconciliation Services
RCW 13.34 - Juvenile Court Act – Dependency
RCW 13.38 – Washington State Indian Child Welfare Act
RCW 13.50 - Juvenile Records
RCW 26.09 - Marriage Dissolution
RCW 26.10 - Third-Party Custody
RCW 26.26 - Uniform Parentage Act
RCW 26.33 - Adoption
RCW 26.34 - Interstate Compact on the Placement of Children
RCW 26.44 - Abuse of Children
RCW 74.13 - Child Welfare Services
RCW 74.14a - Children and Family Services
ROW 74.14b - Children's Services
RCW 74.14c - Family Preservation Services
RCW 74.15 - Licensing of Agencies Providing Care of Children, Expectant Mothers, and Developmentally Disabled
The State-Tribal Centennial Accord of 1989
Tribal-State Indian Child Welfare MOA of 1987
Title 388 WAC - Department of Social and Health Services
Treaties between Indian Tribes and the U. S. government
Agreements between Indian Tribes and the state of Washington
Other applicable federal and state laws
Federal, state and Tribal court decisions
Jamestown S'Klallam Tribal Code

XIV. EFFECT AND MODIFICATION

This is a working document to guide the Tribe and CA in supporting Indian children in need of services. Its description of services, policies, procedures and processes may be changed as programs are added, changed or deleted, eligibility requirements are added, changed or deleted, or as circumstances otherwise warrant.

This MOA may be modified at any time by mutual written agreement of the Tribe and CA.

IN WITNESS HEREOF, and by means of the signatures below, the Tribe and CA hereby agree to abide by this MOA, effective upon the signature of both parties.

For the Tribe:

By: W. Ron Allen
Title: Tribal Chairman/CEO

Date: 7/17/2015

For the State of Washington:

By: Kevin W. Quigley
Title: Secretary, DSHS

Date: July 17, 2015

Jennifer A. Strus,
Title: Assistant Secretary

Date: _____

APPENDIX A
COMMUNICATION PROTOCOLS

Purpose:

To assist DSHS staff when communicating with Tribal Governments and Recognized American Indian Organizations (RAIO).

DSHS will transmit the following types of formal correspondence with cover letters:

- Submission of contracts and contract amendments
- Consultation requests and announcements
- Monitoring/site visit reports
- Announcement of Administrative Policy 7.01 meetings
- When seeking formal input

Formal correspondence will be addressed in the following matter:

- Honorable Chairman, Chairperson, President, with a salutation of Dear Tribal Chairman, Chairperson, President, or CEO
- Dear RAIO Director

With copies to:

- Respective administration staff according to internal protocol
- The administration's Tribal Liaison
- Office of Indian Policy (OIP) -
  Indian Policy Advisory Committee (IPAC) Delegate; OIP will forward by email appropriate correspondence to IPAC delegates
- Tribal Program Administration, IPAC Delegate
- For contract materials, Central Contract Services

DSHS - OIP will maintain a current distribution list of Tribal Chairs, Recognized American Indian Organizations (RAIO) Directors and IPAC Delegates.

DSHS - Regional Administrators will follow these communications guidelines:

- Ongoing Department to Tribal Peer-to-Peer communications at the local level
- Administrative Policy 7.01 meetings as agreed by the Tribes, RAIO and administration -
  Include notification of meeting to OIP Regional Manager
  Include timely notification for cancellation of meetings to the Tribes, RAIO and OIP Regional Manager

Letters are required for:

- Contracts, with a copy to Central contracts and OIP - Olympia
- Visits
- Compliance matters

APPENDIX B
POINTS OF CONTACT LIST - STATE

GENERAL:

Notice related to issues covered by this MOA will be provided by CA to the Tribe by contacting:
Name: W. Ron Allen, Tribal Chairman/CEO
Address: c/o Jamestown S'Klallam Tribe, 1033 Old Blyn Hwy., Sequim, WA 98382
Phone: 360 683-1109
Email: rallen@jamestowntribe.org

Name: Liz Mueller, Tribal Vice Chair
Address: c/o Jamestown S'Klallam Tribe, 1033 Old Blyn Hwy., Sequim, WA 98382
Phone: 360-681-4628
Email: lmueller@jamestowntribe.org

Notice related to issues covered by this MOA will be provided by the Tribe to CA by contacting:
Name: Joel Odimba PhD, Regional Administrator
Address: 1949 So. State Street, Tacoma, WA 98405
Phone: 253.983.6258
Email: ODJO300@dshs.wa.gov

SERVICES:

The CA tribal liaison for children who are to be served under this MOA is:
Name: Tom Stokes, Area Manager
Address: 201 West 1st Street Suite 2, Port Angeles, WA 98362
Phone: (360) 565-2270
Email: stto300@dshs.wa.gov

If emergency or after-hours services are needed by a child in Tribal care, the CA contact is:
Name: Afterhours Intake 1-800-562-5624
Address:
Phone:
Email:

The Tribal point of contact for services related issues is:
Name: Sue Mapes, Social and Community Services Supervisor
Address: c/o Jamestown S'Klallam Tribe, 1033 Old Blyn Hwy., Sequim, WA 98382
Phone: 360 681-4660
Email: smapes@jamestowntribe.org

The Tribal point of contact for the ICW Case Manager is:
Name: Tanya Barndt Pankowski, ICW Caseworker
Address: c/o Jamestown S'Klallam Tribe, 1033 Old Blyn Hwy., Sequim, WA 98382
Phone: 360 681-4639
Email: tbarndt@jamestowntribe.org

The Tribal point of contact for the Department of Social and Community Services:
Name: Jessica Payne, Government Associate
Address: C/o Jamestown S'Klallam Tribe, 1033 Old Blyn Hwy., Sequim, WA 98382
Phone: 360 681-4657
Email: jpayne@jamestowntribe.org

Name: Dr. Robert Welch
Address: c/o Jamestown S'Klallam Tribe, 1033 Old Blyn Hwy., Sequim, WA 98382
Phone: 360-681-1109
Email: rwelch@jamestowntribe.org

APPENDIX C
POINTS OF CONTACT LIST - DSHS/CA - REGIONS

CA Regional Administrators:

Region 1 Marilee Roberts	**(509) 585-3013**
Region 2 Natalie Green	**(206) 691-2513**
Region 3 Joel Odimba	**(253) 983-6260**

CA Area Managers:

Region 1

North
Heather Hamasaki—(Regional Programs Administrator) B32-21 (509) 363-3537
Brett Helling — (Intake and After Hours Area Administrator) B32-21 (509) 363-3561
Launi Burdge—(Area Administrator) B32-21 (509) 363-3412
Geri Phillips —(Area Administrator ICW) B32-21 (509) 363-3330
Robert Larson - (Area Administrator) B32-31 (509) 363-3531
Christine Garcia—(Area Administrator Moses Lake, Regional Intake & Night Staff) B13-3 (509) 764-5727
Kris Randall – (Area Administrator) B32-31 (509) 363-3461
Jennifer Godfrey – (Area Administrator) B04-02 (509) 665-5320
Jeff Kincaid – (Area Administrator DLR) B32-21 (509) 363-3480

South
Berta Norton Area Administrator (Toppenish/Goldendale/White Salmon) B50-2 (509) 865-1457
Claudia Rocha-Rodriquez Area Administrator (Yakima) B39-12 (509) 225-6514
Joe Crawford Budget & Financial Operations Manager B39-10 (509) 925-0470
Theresa Malley Area Administrator (Richland/Walla Walla) B3-2 (509) 524-4907
Dorene Perez Area Administrator (Yakima Region) B3-2 (509) 454-6930
Maria Tovar (Yakima Area Administrator DLR) B39-12 (509) 225-6539

Region 2

North
Laurie Alexander Area Administrator (Bellingham) MS N31-9 (360) 647-6106
Patricia Turner (Everett) N31-10 (425) 339-4778
Ida Keeley Area Administrator (Smokey Point/Sky Valley) (360) 651-6954
Silvia Johnson Area Administrator (Mt.Vernon/Oak Harbor/Friday Harbor) (360) 429-3072
Pam McKeown Acting Deputy Administrator (DLR) B65-04 (360) 651-6898
Sandra Jewell Area Administrator (Lynnwood) N 52-2 (425) 977- 6737
John Jewell Budget and Fiscal Operations Manager N31-09 (425) 339-4791
Diana Chesterfield (Area Administrator DLR) N31-9 (425) 339-4771

South
Kathy Picard Area Administrator (Office of Indian Child Welfare) N56-1 (206) 923-4932
Ivana Rozekova Area Administrator (Martin Luther King Jr. Office) N41-4 (206) 760-2464
Stephanie Allison-Noone Area Administrator (King East) N40-4 (425) 590-3030

Tabitha Pomeroy Area Administrator (King West/White Center) N56-02 (206) 691-2497
Cleveland King Area Administrator (King South) N43-4 (253) 372-6001
Jami Belieu Area Administrator (Adoptions/Permanency) B29-02 (360) 429-3005
Beverly Payne Area Administrator (Centralized Services) N17-27 (206) 341-7305
Xuan Chung Area Administrator (Area Administrator DLR) N56-1 (206) 983-6445

Region 3

North
Stephanie Long Area Administrator (Pierce West) N27-1 (253) 983-6253
Betsy Rodgers Area Administrator (Pierce East) N27-32 (253) 983-6309
Vicki Stock Area Administrator (Pierce South) N27-1 (253 983-6264
Ursula Petters Area Administrator (Bremerton) W18-3 (360) 475-3505
Brandy Otto Area Administrator (Regional Adoptions) N27-32 (253) 983-6286
Tom Stokes Area Administrator (Port Angeles, Port Townsend & Forks) B5-2 (360) 565-2270
Xuan Chung Area Administrator (Area Administrator DLR) N56-1 (206) 983-6445

South
Terri Barnett, Area Administrator (Vancouver Cascade) S6-7 (360) 993-7893
Scott Adams Area Administrator (Regional Intake) N27-1 (253) 983-6324
Cindy Hardcastle Area Administrator (Vancouver Columbia & Stevenson) S6-7 (360) 993-6922
Kui Hug Area Administrator (Tumwater & Shelton) 45715 (360) 725-6712
Cheryl Rich Area Administrator (Centralia & Kelso) S8-6 (360) 501-2646
Melissa Wittmayer Area Administrator (Aberdeen, South Bend & Long Beach) W14-4 (360) 537-4342
Jeanine Tacchini (Area Administrator DLR Assessment Unit) MS; 45715 (360)993-7983
Reuben Reeves (Area Administrator DLR SAM Unit) MS (253) 983-6469

CA Assistant Secretary: Jennifer A. Strus (360)902-7820

APPENDIX D
DSHS STATE WIDE SERVICES

A. OUT-OF-HOME SERVICES

1. Foster Care

Purpose: Temporary, out-of-home placement for children and youth based on particular needs of the family. (Example: Parental hospitalization and no available family resources);

Eligibility Criteria: How to Access: See Point of Contact information in Appendices.

Parent(s) must be involved with Tribal Social Worker. Once an intake referral is assigned, CA-DCFS shall provide an assessment of placement request and need. Factors that determine ability to develop placement include the availability of an appropriate placement resource with preference given to Native American placement resources and behavioral needs of child. A referral to the Division of Child Support shall be made for the purpose of determining family's participation in cost of care. Tribal or State Court validation of the voluntary placement is necessary prior to the actual placement. Parents will be involved in services such as mental health and drug and alcohol as determined by individualized family case plan.

NOTE: Some Tribes and/or Native American organizations are also Private Child Placing Agencies (CPA). Such programs are able to place children into foster care and send necessary paperwork, legal documents, etc., to DCFS so that payment for the placement can be initiated. LCS is a private child-placing agency.

2. Residential Treatment/Group Care

Purpose: Residential placement of a child/youth who has significant behavioral, emotional, and physical problems, which require a more restrictive placement setting. Residential treatment is time limited from 12 to 18 months in duration. Residential services may also be provided to a child in the child's own home. All residential treatment and group care slots (Behavioral Rehabilitative Services "BRS") are contracted with private providers.

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: Less restrictive placement options considered or attempted. Other services such as counseling for child and family have been in place and have not been successful in improving the situation. Placement will be subject to local budget and available placement resources. Group Care (GC) packet to be completed with the

assistance of assigned DCFS Social Worker

and sent through DCFS for the approval process. If placement is on a voluntary placement MOA, then it needs to be either Tribal or State court validated. Budget limitations need also to be considered with all placement requests.

3. Children's Hospitalization Alternative Program (CHAP)

Purpose: Prevent psychiatric hospitalization of a child or provide services to a child or family coming out of a psychiatric hospitalization setting.

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: Parent(s) must be involved with the Tribal Social Worker. Once CWS intake referral is assigned, DCFS shall provide an assessment of placement request and need. Factors that determine ability to develop placement include the availability of an appropriate placement resource with preference given to Native American placement resources and behavioral needs of the child. A referral to the Division of Child Support shall be made for the purpose of determining the family's participation in cost-of-care. Tribal or State Court validation of the voluntary placement is necessary prior to the actual placement. Parents will be involved in services such as mental health and drug and alcohol counseling as determined by an individualized family case plan. Child/youth must be eligible for mental health services as determined by the local Regional Support Network (RSN).

6. Independent Living

Purpose: To support and teach youth that have been in foster care the skills required for adult life. Services are provided by contract with a private agency or through purchase of concrete services through DCFS (e.g. graduation costs, skill classes, etc.).

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: Youth must have at least one day of DCFS paid placement past their 16th birthday and must be an active case with DCFS.

7. Relative Placement

Purpose: To provide for a child's needs during a parent's absence. If a parent or the Court places a child with a person who is recognized as a relative by the Tribe, that relative can access financial and medical assistance (Temporary Assistance for Needy Families "TANF") through the Community Services Office (CSO).

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: Relative status determined by the Tribe. Financial and medical eligibility as determined by TANF rules and regulations. Note: Relatives also have the option to become licensed foster parents and receive foster care payments in lieu of Temporary Assistance to Needy Families (TANF).

B. IN-HOME SERVICES

1. Income Eligible Daycare

Purpose: To provide daycare for low income working families.

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: The Income Eligibility Daycare Social Worker will determine each family's eligibility based on household income and household size.

2. CPS/CWS Daycare

Purpose: To support children in their homes by providing parents respite time to go to appointments, counseling, therapy, etc., and provide the children with socialization opportunities.

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: Time-limited, parents must have a service contract, no other resources such as relatives, without regard to income. Eligibility for services is also contingent on office budget for this program.

3. Intensive Family Preservation (IFPS)

Purpose: To prevent out-of-home placement of a child or to return a child from out-of-home placement. This is an intensive in-home service with 24-hour on-call availability. Family must be willing to work on an intensive basis. This is a service contracted with private providers.

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: Imminent risk of child being removed from household if services not provided or child currently in out-of-home placement and services required for assisting with reunification; parental participation in services; availability of service. There is approximately one opening per month allocated to the Native American office.

4. Family Preservation Services (FPS)

Purpose: To prevent out-of-home placement of a child or to return child from out- of-home placement. This is an intensive in-home service with extensive use of para-professionals with 24-hour on-call availability. Family must be willing to work on an intensive basis. This is a service contracted with private providers.

See Point of Contact information in Appendices.

How to Access: Substantial risk of child being removed from the household within the next 30 days if services not provided or child

Eligibility Criteria: currently in out-of-home placement and services required for assisting with reunification. Parental participation in services, availability of service and approval of DCFS supervisor. There is approximately one opening per month allocated for the Native American office.

5. Home Based Services (HBS)

Purpose: Prevention of placement. These funds are usually used to access concrete services to meet the needs of families at risk.

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: Based on need as assessed by DCFS with assessment based on placement prevention. Each DCFS office has a limited budget. Priority given to children and families under court supervision.

6. Family Reconciliation Services (FRS)

Purpose: To prevent out-of-home placement and reduce conflict between youth age 12 and over and their parents. Services consist of immediate crisis and short- term counseling. Phase II FRS provides up to 15 hours of direct service within a 30-day period. Phase II FRS services are contracted with private agencies. FRS services may also provide assessments to assist families seeking Court- ordered intervention (ARYS and/or CHINS).

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: This is a voluntary service; therefore, all family members must be willing to participate in the service. Services may be limited due to budget allotment for office.

7. Sexually Aggressive Youth (SAY)

Purpose: To provide treatment for identified sexually aggressive youth and counseling for their families.

How to Access: See Point of Contact information in Appendices.

Eligibility Criteria: Child must be in the care and custody of DCFS or the Tribe through voluntary placement or court action. Must meet the state statutory criteria for accessing SAY funds.

C. OTHER SERVICES

1. **What services are available to help runaway or at-risk youth and their families?**

Family Reconciliation Services (FRS)
HOPE Centers
Crisis Residential Centers
Secure Crisis Residential Centers
Preservation Services

2. **What specialized services are available to dependent, adolescent youth in foster care?**

Independent Living Services
Transition to Independence Programs
Responsible Living Skills Program
Residential Services

3. **The Services**

a. **Family Reconciliation Services (FRS)**

FRS is a voluntary program serving runaway adolescents, and youth in conflict with their families. The program targets adolescents between the ages of 13 through 17. FRS services are meant to resolve crisis situations and prevent unnecessary out of home placement. They are not long-term services. The services will assess and stabilize the family's situation. The goal is to return the family to a pre-crisis state and to work with the family to identify alternative methods of handling similar conflicts. If longer-term service needs are identified, FRS will help facilitate getting the youth and his/her family into on-going services.

FRS services may include, but are not limited to:

- Short-term family counseling;
- Crisis Residential Center (CRC) services
- Referrals for substance abuse treatment and/or counseling
- Referrals for mental health services
- Short-term placement
- Family Assessments in conjunction with juvenile court services

b. **HOPE Centers**

The HOPE Act legislation, passed in 1999, created two new programs to address street youth: HOPE Centers and Responsible Living Skills Programs. HOPE Centers provide temporary residential placements for street youth under the age of 18. These are homeless youth living on the street or other unsafe locations. Youth may self-refer to a HOPE Center for services. Entering a HOPE Center is voluntary. While residing in a HOPE Center, each youth will undergo a comprehensive assessment to include:

- The youth's legal status;

- A physical examination;
- A mental health evaluation;
- A chemical abuse evaluation;
- An educational evaluation of their basic skills, along with any learning disabilities or special needs.

The purpose of the assessment is to develop the best plan for the youth. The plan will focus on finding a permanent and stable home for the youth. This plan might include reunifying the youth with his or her parent(s) or legal guardian and/or getting the youth into a transitional living situation and off the streets.

c. Crisis Residential Centers

Crisis residential centers (CRC's) are short-term, semi-secure facilities for runaway youth, and adolescents in conflict with their families. Youth cannot remain in a CRC more than 5 consecutive days. Counselors at the CRC (typically, in collaboration with an FRS Social Worker) work with the family to resolve the immediate conflict. Counselors will also help the youth and family develop better ways of dealing with conflict in the future. The goal is to reunite the family and youth wherever possible. The family will also be referred for additional services if other needs are identified.

d. Secure Crisis Residential Centers

The "Becca Bill" (named after a runaway youth who was subsequently killed) established secure crisis residential centers for runaway youth. The Becca Bill authorizes law enforcement to pick-up runaway youth, or youth found in "dangerous circumstances", and place them in these physically secure, short-term residential facilities. Youth may not remain in a SCRC longer than 5 consecutive days. Youth may transfer between a SCRC and a CRC, but the total length of stay may not exceed 5 consecutive days. SCRC counselors work with families to resolve the immediate conflict, facilitate a reconciliation between parent and youth, and provide referral to additional services.

e. Preservation Services

Preservation Services include Family Preservation Services (FPS) and Intensive Family Preservation Services (IFPS). Family Preservation Services (FPS): Available to families whose children face substantial likelihood of being placed outside of the home or to reunify a child with their family from out-of home care. FPS is available to families within 48 hours of referral and is offered for a maximum of six months by a contracted service provider. FPS are designed to support families by strengthening their relationships with a variety of community resources. Intensive Family Preservation Services (IFPS): When a family has a child whom the department believes is at imminent risk of foster care placement, the family can be referred for Intensive Family Preservation Services (IFPS) through a contracted community agency. IFPS is a voluntary service that provides up to 20 hours of in-home therapist time each week, for about a forty (40) day period of time. Services are available seven (7) days a week, twenty-four (24) hours a day. Interventions are focused on improving the ability of the family to overcome a crisis situation and to remain together safely.

4. What services are available to dependent, adolescent youth in foster care?

a. Independent Living Services

Young adults in foster care can receive Independent Living Services to help prepare them for independence before they must leave foster care because they have reached legal adulthood. Throughout the state, community-based agencies and Federally recognized Tribes contract with DCFS to provide skills-based services in the areas of education, employment, housing and life skills to youth over the age of 13.

b. Transition to Independence Programs

Former foster care youth ages 18 through 20 who have at least one documented Independent Living Skills plan prior to leaving care may now receive services designed to assist the youth in achieving self-sufficiency. Services may include assistance in employment, education and/or housing.

c. Responsible Living Skills Program

The RLS program is intended to provide permanent residential placements for youth who are dependent (in the legal custody of the Division of Children and Family Services) aged 16 to 18 who have not found success in other, traditional, state placement. These youth have been living on the streets or other unsafe locations. Occasionally, youth age 14 or 15 may qualify for residence in an RLS program. Many of these youth will have been placed into RLS programs after living in a HOPE Center. RLS programs will help the youth develop independent living skills in a number of areas:

- Basic education, e.g., GED;
- Job skills;
- Basic life skills: 1) Money management, 2) Nutrition/Meal preparation,3) Household skills, 4) Parenting, 5) Health care, 6) Access to community resources, and 7) Transportation and housing options.

d. Residential Services

Residential services include Behavioral Rehabilitation Services and Children's Hospitalization Alternative Program. The administration contracts with community agencies for residential services for children and youth with serious emotional and/or behavioral difficulties who cannot be adequately served in regular foster care. Residential services provide a higher standard of care and services for Children and youth with the most severe needs. Beginning in FY95, DCFS began contracting with community agencies for services to this population, which can include in-home intervention, treatment foster care, as well as group home placement.

Jamestown S'Klallam Tribe will accept Evidenced Based Practices on a case by case basis to be discussed between the tribe and State DSHS representatives to determine as appropriate to each tribal family.

Evidenced Based Practices

Incredible Years A positive group based model with a collaborative process involving videos, role modeling, group support, engagement strategies and home assignments. Is developmentally based, culturally sensitive and responsive to socio-economic issues. ➢ Principles address behavioral Skills, cognitions and affect/coping strategies ➢ Families are provided with childcare ➢ Families are provided with a meal ➢ Families are assisted with transportation Duration is 12 to 18 weeks- based on class	Infant Group is Birth to 6 mos. And child usually attends the group with parent(s) Toddler group is Parents of 6 mo to 2 year-olds Preschool BASIC Group is Parents of 2-8 year-olds Parent must be able to attend group weekly Reunification must be the primary plan	Port Angeles, Port Townsend and Forks Classes vary call and request schedule. Classes rotate to the different areas. <u>No Infant Group</u> Provider is not trained in the Infant Group.	Peninsula Behavioral Health 118 E 8th St Port Angeles, WA 98362 (360) 457-0431 <u>Fax the referral to:</u> <u>(360) 457-0493</u>	• Increase appropriate parenting skills; • Increase appropriate parental discipline; • Placement stability: • Improve parent-child relationship; • Decrease child behavior problems; • Prevent delinquency, substance abuse and violence in teen years.

PCIT: Parent Child Interaction Training PCIT uses a one on one format and either in an office setting or in the family home. Parents are first introduced to normal child play activities. Teaching occurs to shape behavior, gain compliance with parental directions and learn methods of successful discipline. ➢ Can provided in home or in clinic (two -way mirror) ➢ Parent Directed and Child Directed Interaction ➢ Works with children with intellectual challenges Duration is 16 to 20 weeks depending on how the parent masters the competencies	Children ages 2-7/8 Parent is able to utilize the "bug in the ear" model Identified need to learn appropriate parenting skills, appropriate discipline, or a need to improve the bond between the child and caregiver. Prevent placement or prepare for reunificatio n preferably in 30 days	Port Angeles	First Step Family Support Center 325 E 6th St Port Angeles, WA 98362 Phone (360) 457-8355	• Increase appropriate parenting skills; • Increase appropriate parental discipline; • Placement stability, • Improve parent-child relationship; • Decrease in child behavior problems; • Parents are less stressed and more confident
Project SafeCare/SafeCare A three-pronged approach for families with chronic neglect situations, Safe Care targets health, home safety and parent-child interactions. Information is specific, concrete and a variety of handouts and teaching aids are used to help the parents learn. Most often thought of as	Families with at least one child age birth to 5 Children can be in home or in out of home care, preventing out-of home or reunifying to home.	Port Angeles	Peninsula Behavioral Health 118 E 8th St Port Angeles, WA 98362 (360) 457-0431 Fax the referral to: (360) 457-0493	• Improvemen t in parents ability to make good health care decisions for their child, • improved parent-child interaction, • Increased home safety and living environment

our "neglect" program ➢ Provided in the family's home ➢ Designed to address chronic neglect situations ➢ Parents are modeled behaviors, asked to practice, receive feedback, review their own performance and set goals Duration is 16- 20 weeks of home visits	Families who are in need of home safety and/or parenting support			
Homebuilders/Intensive Family Preservation This is a brief 30-day intensive program with strong research backing. This particular model has become our sole IFPS program for the state. ➢ Therapists on-call 24 a day, 7 days a week ➢ Services are provided in the family home ➢ Crisis intervention, counseling and parenting/ life-skills ➢ Services are flexible to meet the family's needs	Children ages birth to 17 years Imminent risk for out-of-home placement Reunifying with family after out-of-home placement	Port Angeles and Port Townsend	Institute for Family Development-Bremerton (360) 286-0776 or (888) 431-3240 Contact Bonnie Borcherding	• Parents ability to safely care for child is increased • Child can remain safely in the parents care • Reduced cost of services • Placement stability
FFT: Functional Family Therapy ➢ Provided in the family home with all family present ➢ Appropriate for high-conflict families, youth	Children ages 11 to 18 years Family available Reunification is the	Port Townsend	Craig Isenberg (360) 643-1472 craig@ptfamilytherapy.com	• Reduction in family conflict and improved family communication and functioning

with delinquency, substance abuse or co-occurring issues ➢ 5 stage program that is respect and relation focused Duration is 12-14 weeks for moderate 15+ weeks for serious	plan No sex offenders, acute psychosis, suicidal or IQ<75			• Prevents teens from entering adult systems
FPS Enhanced Triple P: Positive Parenting Program ➢ Services can be provided in home along with FPS ➢ Service is flexible with primary goal of social competence and emotional regulation 17 – Skills Duration is between 1-15 sessions	Children ages birth to 12 years Children can be in home or in out of home care, works with most cultural groups		West End Outreach-Forks Gayle Weller Linton Petersen Peninsula Behavioral Health-Port Angeles Diana Velasco Catholic Community Services-Port Townsend Ray Anderson	• Increase appropriate parenting skills; • Increase appropriate parental discipline Better coping and communicatio n

Children's Administration

Division of Children and Family Services

Region 5 Contractor Directory and Rate Book

2011

Contract Monitors: Responsible for quality assurance, contract monitoring and compliance for contracted providers. Some monitors may also have some program management responsibilities.

Program Leads: Responsible for monitoring programs for effective utilization, effectiveness of services, program development and enhancement and quality assurance. May work closely with contract monitors on quality assurance and problem solving issues.

Gate Keeper/Collateral Staff: Responsible for referral screening and /or allowing access to specific programs or contracted services. **Rates may change due to VRI (Vendor Rate Increases). For current rates and contact information contact: Dianne Thompson, Contracts Manager Region 3, Tacoma 253-983-6266.**

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PROGRAMS

(ASAP)

ASAP (Access Stabilization Assessment Program) is a short term, 24/7 crisis response service for children ages 6-17 with signs of a serious behavioral, emotional or medical need and their families. ASAP provides immediate crisis stabilization support to maintain children in their own homes or in the most normative placement (for instance a relative home). Children and their families receive a comprehensive family assessment that will assist the social worker in directing service efforts to support stability for the child.

A comprehensive relative search will be provided to enhance potential family resources for the child. Services provided may also include a short term placement in a foster home. Prior to any request for an ASAP intervention that involves a treatment foster care placement, or within 5 days of an ASAP referral, a combined FTDM/ASAP meeting needs to be scheduled.

In order to make appropriate ASAP referrals the following questions must be answered:

- Does the child have signs of a serious behavioral, emotional or medical need?
- Is there a need for a crisis response?
- What objectives are hoped to be achieved with the intervention and what are the critical issues that need to be addressed?
- What are child/family service needs?
- Can the family's service needs be met with other family preservation services such as FPS or IFPS?
- Can the child(ren) be assisted/maintained in the home?
- If the child cannot be stabilized in his/her own home, is there extended family that might be a placement resource?
- Have you scheduled an FTDM?

ASAP interventions last no longer than 90 days.
When a child has been in ASAP for 45 days, and it appears that a foster home will be needed, the ASAP worker will send an email to the social worker and the Resource Unit supervisor. The social worker will also initiate an updated placement request. (By 45 days, the ASAP team knows if they have found family resources and how long a plan may take.)
Between 45 and 90 days, the ASAP worker, social worker and Placement Desk will be in frequent communication to determine the best placement option so that the youth can move out of ASAP prior to 90 days.
Exceptions to the 90 day rule will be rare and will need to be approved by the ASAP gatekeeper.

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ASAP Provider

Catholic Community Services
5410 N 44th St.
Tacoma, W A 98407

Contact:	Shonna Pessemier-Pierce County
Contractor Phone#:	253-759-9544
	David Kucklick (Kitsap County Only)
	360-792-2020
Email:	shonnap@ccsww.org
Provider#:	87627

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(BRS)-BEHAVIORAL REHABILITATION SERVICES

From the Children's Administration BRS Handbook:

The Behavior Rehabilitations Services (BRS) program is an intensive support and treatment program for children with behavioral/emotional disturbances as well as developmental disabilities, designed to assist them in transitioning to a less restrictive environment. The goal of these services is to stabilize the child's level of functioning, help him/her acquire skills, and develop necessary supports which would allow the child to maintain or develop a permanent family connection and to reside in his/her own community with less-intensive service level.

A wide variety of services can be provided under a BRS contract, ranging from Short-Term Emergent Care to On-going services-limited to 180 days. On-going services are limited to 18 months. Services can be delivered in the child's home, a treatment foster home, or facility.

BRS provides services to children who are:

- Moderate to extremely behaviorally/emotionally disturbed
- Sexually Aggressive
- Developmentally Delayed
- Medically Fragile

Or who require:

- Interim Care and Assessment
- In-home services
- Aftercare

BRS can be provided in Group Care, Therapeutic Foster Care, and Staffed Residential Homes or in the child's own home.

For detailed information about BRS, please consult the "Children's Administration Behavioral Rehabilitation Services Handbook,"

http://ca.dshs.wa.gov/intranet/manuals/BRSHandbook.pdf

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BRS Providers

A Place Called Hope
5246 Olympic Dr. NW
Gig Harbor, WA 98335

Contact: Teresa Maib
Phone: (253) 857-5447
Email: tkmaib@msn.com
Provider #: 690667

African American Resource Center/Multi Cultural Foster Care
1712 6th Ave, Ste 200
Tacoma, WA 98405

Contact: Gregory May
Phone: (253) 572-3435
Email: gmayaarc@wamail.net
Provider #: 562367

Catholic Community Services
5410 N 44th Street
Tacoma, WA 98407

Contact: Jaimi Albritton (Pierce County)
Phone: (253) 759-9544
David Kucklick (Kitsap County)
(360) 792-2020
Email: shonnap@ccsww.org
Provider #: 87627

Community and Family Services
P O BOX 1459
Port Orchard, WA 98366

Contact: Mark Fullington
Phone: (360) 275-9255
Email: mark@cfsf.net
Provider #: 938850

Comprehensive Mental Health

1201 S Proctor
Tacoma, WA 98405

Contact: Michael Laederich
Phone: (253) 756-0744
Email: mlaederi@cmhshare.org
Provider #: 771853

HomeLife
PO Box 8546
Tacoma, WA 98419

Contact: Quincey Walker
Phone: (253) 970-6439
Email: HomeLife.1@gmail.com
Provider#: 985643

Kitsap Mental Health
5455 Almira DR NE
Bremerton, WA 98310

Contact: Joe Roszak
Phone: (360) 373-5031
Email: joer@kmhs.org
Provider #: 157393

My Brothers Keeper Community Services
4002 N Winnifred
Tacoma, WA 98407

Contact: Sheri Champion
Phone: (253) 779-4244
Email: MBKCS@comcast.net
Provider #: 681462

Sylvester House/Inua Kijana
601 Martin Luther King JR Way
Tacoma, WA 98405

Contact: Duane Sharpley
Phone: (253) 274-1895
Email: dsharp60@yahoo.com
Provider #: 383699

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Rates for BRS services are set by policy and contract, and rates are different for each provider.

In general, BRS rates are all-inclusive; rates paid to BRS providers should cover all costs of care. If you are asked for additional funds, please contact Kevin Ainslie, BRS Program Manager.

BRS payment is by SSPS

BRS Rates are now published online
http://www.dshs.wa.gov/pdf/ca/Fee_BRS.pdf

Chemical Dependency

Provide services in accordance with Patient Placement Criteria, Second Edition, Revised (PPC-2R) or its successor, published by the American Society of Addiction Medicine (ASAM) as the standard for making patient admission placement, continuing care, transfer, and discharge decisions. Types of services include:

Assessment.

Treatment:

Inpatient (residential), including recovery house.

Outpatient (including intensive outpatient).

Communicate with the referring Social Worker and with the contracted Children's Administration Chemical Dependency Professional (CA CDP) if available in the region.

Communications shall include but not be limited to:

- Verification of client attendance at appointments.
- Efforts to engage the client.
- Communication of client progress and outcomes.
- Notification when a client may need any ancillary services, such as transportation to participate in assessment and treatment services.

Reports

The Contractor shall provide a written report to the referring Social Worker and the contracted CA CDP if available in the region describing assessment results and/or treatment services provided for each client

referred by CA. The report shall be provided within the number of days specified in the service authorization form or at a maximum of thirty (30) days from the time of the assessment or from completion of treatment services.

Assessment reports shall include at a minimum:

- Specific and detailed recommendations for services and treatment and the basis for the recommendations.
- Diagnosis and types of tests conducted, including dates administered, results, interpretation method.
- Client information (name, address, phone, age, and gender).
- Contacts with the client, including dates, duration, and location of contact.
- Account of the client's self-reporting, including how the client views the present situation and his or her history.
- Required releases of information.

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Chemical Dependency Rates

Outpatient Services	**Explanation**	**Rates SFY09**
Chemical Dependency Assessment	A regular chemical dependency assessment, administered by a certified chemical dependency professional (CDP)	$115.17 Per Assessment
Case Management	Includes phone calls and paperwork required by social workers and CA clients	$10.12 Per 15 minutes
Individual Therapy	Therapy done individually-chemical dependency	$19.26 Per 15 minutes
Group Therapy	Therapy done in groups-chemical dependency	$4.82 Per 15 minutes
Inpatient Services		
Adult Recovery House	A program of care and treatment with social, vocational,	$41.14 per day

	and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities	

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Chemical Dependency Agency Providers

Pioneer Human Services
7440 West Marginal Way S
Seattle, WA 98108

Contact: Tracey Groscost
Contractor Phone#: 206-766-7015
Email: tracey.groscost@p-h-s.com
Provider#: 521638

Metropolitan Development Council
721 South Fawcett, Suite 201
Tacoma, WA 98402
***Also has Sumner and Lakewood Locations**

Contact: Rick Hogan
Phone: (253) 597-6710
Email: rhogan@mdc-tacoma.org
Provider #: 600355

Please also see Professional Services Providers

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(CPA)-Child Placing Agencies

Child Placing Agencies (CPA) recruit, screen, train, support and certify for foster care licensure individuals and families that meet DSHS licensing requirements. CPA's place and provide support activities to children in temporary or permanent homes who cannot live with their biological parent(s) or legal guardian(s).

CPAs provide case management services for children referred by DCFS social workers and private parties. CPAs also provide support activities for foster parents, children who are placed, and their birth/adoptive families.

If DCFS places a child with a CPA, DCFS shall retain legal custody of all children placed with the CPA, and the CPA has physical custody only. Effective January 1, 2004, DSHS will reimburse CPAs only for services provided to children in the legal custody of the Department.

CPAs also provide respite care and/or child aide services where the CPA has met the additional qualifications for providing these services, as specified in the Contract.

Prior to placing a child with a CPA the DCFS social worker must negotiate a Private Agency Agreement (DSHS Form 15-190) for case management activities secure appropriate signatures on the Agreement. For a copy of the form, you may follow this link: http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=1230

CPA Providers

A Place Called Hope
5246 Olympic Dr NW
Gig Harbor, WA 98335

Contact: Teresa Maib
Phone: (253) 857-5447
Email: tkmaib@msn.com
Provider #: 690667

Adoption Advocates International
709 S Peabody Street
Port Angeles, WA 98362

Contact: Kathy Sculley
Phone: (360) 452-4777
Email: Kathy@adoptionadvocates.org
Provider #: 589277

African American Resource Center/Multi Cultural Foster Care
1712 6th Avenue, Ste 200
Tacoma, WA 98405

Contact: Gregory May
Phone: (253) 376-0954
Email: gmayaarc@wamail.net
Provider #: 562367

Americas Kids
22802 Meridian Ave E
Graham, WA 98338

Contact: Barbara McHenry
Phone: (253) 985-7041
Email: bmchenry@myway.com
Provider #: 420766

Catholic Community Services
1323 S Yakima Ave
Tacoma, WA 98405

Contact: Denny Hunthausen
Phone: (253) 383-3697 Ext 704
Email: dennyh@ccsww.org
Provider #: 554949

Children's Home Society
P O Box 15190
Seattle, WA 98115

Contact: Marilyn Detrick
Phone: (206) 695-3281
Email: marilynd@chs-wa.org
Provider #: 570258

Community and Family Services
P O BOX 1459
Port Orchard, WA 98366

Contact: Mark Fullington
Phone: (360) 895-7889
Email: mark@cfsf.net
Provider #: 938850

Comprehensive Mental Health

1201 S Proctor
Tacoma, WA 98405

Contact: Michael Laederich
Phone: (253) 756-0744
Email: mlaederi@cmhshare.org
Provider #: 75587

HomeLife
PO Box 8546
Tacoma, WA 98419

Contact: Quincey Walker
Phone: (253) 970-6439
Email: homelife.1@gmail.com
Provider #: 985643

Kitsap Mental Health
5455 Almira DR NE
Bremerton, WA 98311

Contact: Joe Roszak
Phone: (360) 373-5031
Email: joer@kmhs.org
Provider #: 157393

My Brothers Keeper
4002 North Winnifred Street
Tacoma, WA 98407

Contact: Sheri Champion
Phone: (253) 779-4244
Email: MBKCS@comcast.net
Provider #: 681462

Nuestros Ninos CPA LLC
1208 South 10th Street
Tacoma, WA 98405

Contact: Carmen Cody
Phone: (253) 314-5472
Email: nuestrosninos@comcast.net
Provider#: 241339

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Pierce County Alliance

510 Tacoma Ave S
Tacoma, WA 98402

Contact: Kathy Bannon
Phone: (253) 572-4750
Email: bannonka@p-c-a.org
Provider #: 693580

Puyallup Tribe of Indians
3009 E Portland Ave
Tacoma, WA 98404

Contact: Tara Reynon
Phone: (253) 680-5541
Email: tara.reynon@puyalluptribe.com
Provider #: 56722

Rainbow Youth and Family Services
2612 River Road East
Tacoma, WA 98404

Contact: Charles Carson
Phone: (253) 572-7741
Email: ccdove@doveinflight.com
Provider #: 552873

Total Unity Family Services
PO Box 98863
Lakewood, WA 98499

Contact: Jacqueline Tutt
Phone: (253) 566-3677
Email: tufsjtutt@aol.com
Provider #: 549312

Youth for Christ/Tacoma
P O Box 834
Tacoma, WA 98409

Contact: Jeff Clare
Phone: (253) 572-7888
Email: jeff@tacomayfc.org
Provider #: 585205

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Youth for Christ/West Puget Sound
P O Box 867
Poulsbo, WA 98370

Contact: Christie Dotson
Phone: (360) 779-9929
Email: cdotson@yfcwps.org
Provider #: 704754

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Child Placing Agency Fees

FAMLINK Code	SERVICE	Rate prior to 8-1-10	Rate Effective 12-1-10
CPA FOSTER CARE LEVEL 1			
302	Less than 6 years of age	**$423.68**	**$423.68**
304	6 through 11 years of age	**$500.69**	**$500.69**
303	12 years of age or older	**$575.30**	**$575.30**
CPA FOSTER CARE LEVEL 2, 3,4			
298	CPA Foster Care level 2	**$177.92**	**$177.92**
299	CPA Foster Care level 3	**$523.51**	**$523.51**
300	CPA Foster Care level 4	**$802.30**	**$802.30**
325	Case Management and Support Activities	**$404.43**	**$379.19**
326	**CPA FOLLOW-UP SERVICE FEE**	**$173.47**	**$162.56**
324	**CPA BORROWED HOME FEE**	**$173.47**	**$162.56**
CPA RESPITE - HOURLY			
192	Hourly FC Level 1 or 2	**$.01-$3.83 hr**	**$.01-$3.83 hr**
193	Hourly FC Level 3 or 4	**$.01-$6.37 hr**	**$.01-$6.37 hr**
191	Hourly FC Exceptional cost	**$.01-$15.00 hr**	**$.01-$15.00 hr**
CPA RESPITE - DAILY			
265	Daily FC Level 1 or 2	**$.01-$22.44**	**$.01-$22.44**

266	Daily FC Level 3 or 4	**$.01-$38.76**	**$.01-$38.76**
264	Daily FC Exceptional cost	**$.01-$75.00**	**$.01-$75.00**
INTENSIVE CASE MANAGEMENT			
327	CPA Intensive Case Management Level 1	**$195.40**	**$183.12**
328	CPA Intensive Case Management Level 2	**$390.80**	**$366.23**
FOSTER CARE TRANSPORTATION			
Mileage Rates Accessed at: http://www.ofm.wa.gov/policy/10.90a.pdf			
456	Travel Paid to Business for FC	**$.01-$200**	**$.01-$200**
457	Travel Paid to Business for FC	**$200 - $1000**	**$200 - $1000**
235	**CPA FOSTER CARE SUPPORT AIDE**	**$01-$17.74**	**$01-$16.62**
FOSTER CARE SPECIAL SUPERVISION			
379	Special Supervision Medical, Behavioral, Physical	**$.01-$1500**	**$.01-$1500**
380	Special Supervision Medical, Behavioral, Physical	**$1500 - $3000**	**$1500 - $3000**
VISITATION			
Parent/Child/Sibling/ Transportation		**$26.73**	**$24.49**
Child Activity Fee	**$01-$7.03**	**$01-$7.03**	

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(Cedar House)

What is Cedar House?

Children's Evaluation, Diagnostic and Receiving program: provides rapid evaluation and assessment of children coming into care in a receiving care setting. Currently there are 7 separate homes under the Cedar House umbrella, with a capacity for 16 youth, ages birth through 17.

What does SW need to do?

- Make placement request through the Placement Coordinators
- Schedule a Family Team Decision-making meeting
- If child is not able to return home within the 30 day assessment period, submit updated placement request
- Keep Cedar House managers up to date with case plans for the child

What is length of time a child can remain in Cedar House?

Maximum length of stay is 30 days.

What can I expect from Cedar House?

- Stabilization of emergent needs
- Mental health assessment and EPSDT exam
- Evaluation and diagnostic assessments
- Relative search efforts
- Visitation coordination
- School planning/coordination
- Transition planning

Cedar House Provider

Comprehensive Mental Health
1201 S Proctor
Tacoma, WA 98405

Contact:	Michael Laederich
Contractor Phone#:	253-756-0744
Email:	mlaederi@cmhshare.org
Provider#:	75587

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(EFSS) Early Family Support Services-Formerly ARS

Provide Early Family Support Services (EFSS) through direct services to families and/or by linking families to community resources to accomplish the following goals for families:

- Reduce risk of abuse or neglect of children in the home:
- Enhance parenting skills, family and personal self-sufficiency, and family functioning;
- Reduce stress on the family;
- Reduce the likelihood of additional referrals to CPS; and
- Enhance the health status of families and linkages to health services.

Family Eligibility and Priority for Services

Families are eligible for EFSS if item numbers 1 through 3 have occurred or item number 4 has occurred.

1. Abuse or neglect allegations have been reported to CPS;
2. CPS has designated the case to be a (1) low or (2) moderately low risk case and
3. DCFS refers the case to the Contractor;

OR

4. The family has completed a CPS investigation and the risk on the closing Structured Decision Making (SDM) risk assessment is low to moderate, **and** is appropriate for **EFSS** services. The family is referred to an EFSS contractor using the agency protocol for transferring a case from CPS to **EFSS.**

EFSS Providers

Institute for Family Development
34004 16th Ave S, Ste 200
Federal Way, WA 98003
Contact: Charlotte Booth
Phone: 253-874-3630
Email: cbooth@institutefamily.org
Provider#: 6533745

Tacoma-Pierce County Health Dept
3629 S D St
Tacoma, WA 98418
Contact: David Vance
Phone: 253-798-4825
Email: dvance@tpchd.org
Provider#: 901990

(EIP) Early Intervention Program

Provide Early Intervention Program (EIP) services through direct services to families and/or by linking families to community resources to accomplish the following goals for families:

- Reduce risk of abuse or neglect of children in the home;
- Enhance parenting skills, family and personal self-sufficiency, and family functioning;
- Reduce stress on the family;
- Reduce the likelihood of additional referrals to CPS; and
- Enhance the health status of families and linkages to health services.

Family Eligibility and Priority for Services

Families are eligible for EIP services if item numbers 1 through 3 have occurred or item number 4 has occurred.

1. Abuse or neglect allegations have been reported to CPS;

2. CPS has designated the case to be (1) low or (2) moderately low risk case using the guidelines set forth in RCW 74.14D.020; and
3. DCFS refers the case to the Contractor;

OR

4. The family has completed a CPS investigation and the risk has been reduced to be (1) low or (2) moderately low. The family is referred to an **EIP** contractor using the agency protocol for transferring a case from CPS to **EIP**.

Additionally, **EIP** Contracts can serve the following clients:

1. Pregnant or parenting substance abusing women with children currently living in the home
2. Cases referred to DCFS that do not meet intake sufficiency screening but would benefit from public health intervention

EIP Contracts must serve the clients listed above in paragraphs a. and b. first. The following clients may also be served by **EIP** only when the minimum families to be served are not met through serving the families listed above.

1. Co-managed CPS cases with a designated (3) moderate, (4) moderately high, (5) high risk case using the guidelines set forth in RCW 74.14D.020

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EIP Providers

Tacoma-Pierce County Health Dept
3629 S D St
Tacoma, WA 98418

Contact: David Vance
Phone: 253-798-4825
Email: dvance@tpchd.org
Provider#: 901990

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(FAST)

What is FAST?

FAST (Family Assessment and Stabilization Team) is a placement prevention service that provides an intensive crisis response to families with chronic, serious child safety/protection issues.

Who is Eligible for FAST?

In order to make appropriate FAST referrals the following questions must be answered:

- Is there a need for a crisis response?
- What objectives are hoped to be achieved with the intervention and what are the critical issues that need to be addressed?
- What are child/family service needs?
- Have they received the full range of DCFS services/resources?
- Can the family's service needs be met with other family preservation services such as FPS or IFPS?
- Can the child(ren) be assisted/maintained in the home?
- If the child cannot be stabilized in his/her own home, is there extended family who might be a placement resource?

Questions about FAST? Representatives from FAST meet at the placement desk 2p.m. every Wednesday afternoon. You can drop by at that time to talk about whether or not FAST is right for your case.

What is the length of a FAST intervention?

FAST interventions last no longer than 90 days.
When a child has been in FAST for 45 days, and it appears that a foster home will be needed, the FAST worker will send an email to the social worker and the Resource Unit supervisor. The FAST worker will also initiate an updated placement request. (By 45 days, the FAST team knows if they have found family resources and how long a plan may take.)

Between 45 and 90 days, the FAST worker, social worker and Placement Desk will be in frequent communication to determine the best placement option so that the youth can move out of FAST prior to 90 days. Exceptions to the 90 day rule will be rare and will need to be approved by the Placement Desk supervisor.

Prior to any request for a FAST intervention that involves a treatment foster care placement, or within 5 days of a FAST referral, a combined FTDM/FAST meeting needs to be scheduled.

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Fast Provider

Catholic Community Services
5410 North 44th Street
Tacoma, WA 98407

Contact: Jaimi Albritton
Contractor Phone#: 253-759-9544
Email:
Provider#:

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(FFT) Functional Family Therapy

Functional Family Therapy shall be provided to children and families referred by CA in accordance with the FFT Model, which shall include but is not limited to:

- General Precepts/Practice/Assessment practices contained in FFT Initial Training;
- Clinical Guidance as supplied by:
  - FFT Trainers and Consultants
  - The Washington State Functional Family Therapy Quality Assurance and Improvement System

Program Quality

The Contract as part of the provision of FFT services shall:

- Ensure that any individual providing FFT participates in case consultation as outlined in the FFT Quality Assurance and Improvement System Plan
- Discuss with the regional Contracts Manager at least twice per year the model fidelity performance of each individual providing FFT services under this Contract

Initial Contact

The Contractor shall:

- At a minimum, contact the CA referred client by telephone within **48 hours** of receipt of referral;
- Return the referral to CA marked as an "Attempted Intervention" if the Contractor has not successfully contacted the family within **72 hours**
- Complete an initial face to face interview with the CA referred family within **5 business days** of receipt of referral, excluding weekends and holidays; and
- Document all actions completed under this section in a Service Summary for each referral

Direct Counseling

The Contractor shall provide in-home counseling for the child and the child's family focusing on at least one of the following areas:

- Increased appropriate use of parental disciplining;
- Increase in supportive family communication and relationship
- Increased placement stability
- Decrease in youth disruptive behaviors
- Increased positive peer relationships
- Reduction in youth's substance use

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The Contractor shall schedule counseling visits at the family's convenience, including weekends and holidays

The Contractor shall provide services in the family's own home except when the family requests an alternative location.

Institute for Family Development
34004 16th Ave S, Ste 200
Federal Way, WA 98003

Contact: Charlotte Booth
Phone: 253-927-1550
Email: cbooth@institutefamily.org
Provider#: 653375

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(CRC)- Crisis Residential Care

A crisis residential center (CRC) provides emergency, temporary residence to youth ages twelve through seventeen who meet one of the following criteria:

1. Are beyond the control of their parents or guardians and behave in a way that endangers any person's welfare;
2. Need assistance getting food, shelter, health care, clothing, educational services, and/or resolving family conflicts;
3. Need temporary protective custody; or
4. Have parents who are not able or willing to continue efforts to keep the family together.

Secure CRCs may also serve the following youth:

5. Youth ordered by the court to serve time for contempt on CHINS, ARP, or truancy orders may be ordered into a secure CRC that is co-located with a detention facility.

WAC 388-148-0905-Can law enforcement officers place youth in secure CRCs?

Law enforcement officers may place youth in secure crisis residential centers (CRCs), when available, when youth:

1. Are runaways;
2. Are in dangerous situations; or
3. Are in violation of curfew

Regional CRC Provider & HOPE Provider

No providers at this time contracted in this region.

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(FPS)-Family Preservation Services

Family Preservation Services (FPS), authorized and described in RCW 74.14C.050, are family-focused, behavior-oriented, in-home counseling and support programs. FPS may be utilized when youth are at substantial risk of placement or for children returning to the home from out-of-home care.

FPS begin within 48 hours of referral, are available 24 hours a day, and can be up to six (6) months in duration. FPS is designed to be less intensive that IFPS and interventions are focused on

improving family functioning and assisting families with getting connected to local community resources. FPS is provided by contracted vendors.

Eligibility

Families and children are eligible for FPS when a child is in out-of-home placement and can be reunited within 30 days or the social worker has determined that, without intervention, the child, is at substantial likelihood of being placed out-of-home due to at least one of the following:

1. Child abuse or neglect.
2. A serious threat of substantial harm to the child's health, safety, or welfare.
3. Family conflict.

The social worker need not refer otherwise eligible families and family preservation services need not be provided if at least one of the following conditions is met:

1. The services are not available in the community in which the family resides.
2. FPS cannot be provided because the program is filled to capacity.
3. The family refuses services, or
4. The social worker or the service provider determines that the safety of a child, a family member, or persons providing the services would be unduly threatened.

FPS may not be used for families in need of an in-home crisis resolution or therapeutic service to avoid possible family disruption or foster care placement at some unspecified time in the future and is not to be used as an interim measure until a planned placement resource is secured.

The family must have a case open for service with CPS, FRS, or CWS. The child must be either residing in the family home or be able to go home immediately, within 30 days, with either IFPS or FPS.
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The child must have been assessed by the assigned social worker as needing placement in the future if family dynamics do not change or is already in placement but could return home immediately with either IFPS or FPS.

Substantial likelihood of placement means the assigned social worker has determined, through assessment, that there is a strong possibility that another injury or crisis will occur in the near future, resulting in the placement of the child, or the child is already in placement but could return home sooner with FPS.

The Regional Administrator may limit the provision of FPS to families where children would be receiving paid DCFS placement services.

FPS Providers

Action Associates Counseling-
923 MLK JR Way
Tacoma, WA 98405

Contact: Gustavus Lawlar
Phone: (253) 572-8170
Email: glawlar@comcast.net
Provider #: 691133

Advantages Plus Counseling
6824 19th St W PMB253
Tacoma, WA 98466

Contact: Susan Wilson
Phone: (253) 565-1019
Email: advantagespluscounseling@msn.com
Provider #: 451033

Bold Solutions
P O Box 1335
Tacoma, WA 98401

Contact: David Haapala
Phone: (253) 565-8300
Email: haapala@harbornet.com
Provider #: 697074

Building the Bridges Organization
8001 S Hosmer St, Ste C PMB 179
Tacoma, WA 98408

Contact: Dennis Turner
Phone: (253) 314-9242
Email: Buildingthebridges@yahoo.com
Provider#: 249438

Coleman Family Services
4644 South Gazelle St.
Seattle, WA 98118

Contact: Alice Coleman
Phone: 206-722-4936
Email: acoleman62@msn.com

Provider#: 416448

Family Connections NW (formerly Grayson Associates)
3117 Oakes Ave
Everett, WA 98201

Contact: Cynthia Grayson
Phone: 425-322-4297
Email: familyconnectionnw@gmail.com
Provider #: 475372

Family, Marriage and Assessment Counseling
9881 Bridgeport Way SW #B
Lakewood, WA 98499

Contact: Sheryl Finwall
Phone: (253) 589-1611
Email: sfinwall@fmactherapy.com
Provider #: 730124

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Family Preservation Services of Washington (Former Healing Therapy)
PO Box 12015
Olympia, WA 98503

Contact: Robert Keller
Phone: (360) 754-4607
Email: rckeller@healingtherapy.net
Provider #: 047387

Institute for Family Development
34004 16th Ave W, Suite 200
Federal Way, WA 98003

Contact: Charlotte Booth
Phone: (253) 874-3630
Email: cbooth@institutefamily.org
Provider #: 653375

MJ Bird Counseling
3310 Lewis Street
Gig Harbor, WA 98335

Contact: Marilyn J. Bird
Phone: (253) 380-9453
Email: counselormj@hotmail.com

Provider # 854244

Shepard and Associates
10828 Gravelly Lk DR SW#210
Lakewood, WA 98499

Contact: Diane Shepard
Phone: (253) 984-9342
Email: sacounseling@yahoo.com
Provider #: 586684

Strickland and Seferian
7320 30th St NW
Gig Harbor, WA 98335

Contact: Paula Strickland
Phone: (253) 265-6000
Email: gharbor@aol.com
Provider #: 917457

Washington National Counseling LLC
P O Box 8862
Covington, WA 98042

Contact: Ifeanyi Chukwu
Phone: (206) 234-2281
Email: ifeac@hotmail.com
Provider # 375961

Working Choices
P O Box 555
Kirkland, WA 98083

Contact: Mary Korte
Phone: (425) 822-8654
Email: wci@workingchoices.net
Provider #: 349049

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Family Preservation Service (FPS)

FEE TABLE

July 1, 2010

FPS Therapist:	**Direct Counseling Time** (Face-to-Face) **Case Related Activities**	$49.81 per hour for actual time, rounded to the nearest .25 hour.
Para-Professional Worker:	**Direct Client Time** (Face-to-Face) **Case Related Activities**	$16.62 per hour for actual time, rounded to the nearest .25 hour.
FPS Therapist and Paraprofessional Worker: Case Related Travel Time	**Case Related Travel.** DSHS shall pay the Contractor for actual case related travel, as stated in the Consideration Section of the Contract.	Therapist: $24.90 per hour. Paraprofessional: $16.62 per hour. DSHS shall pay for actual time, rounded to the nearest .25 hour.
Mileage	DSHS shall pay the Contractor mileage for case related travel. Mileage shall be reimbursed at the current state mileage rate set by the Washington State Office of Financial Management (OFM). Current rates for travel can be accessed at: http://www.ofm.wa.gov/policy/10.90.htm#10.90.10	Current state rate on date service delivered.
Concrete Goods and Support Services	Separate from the hourly fees, DSHS shall reimburse the Contractor for actual costs of concrete goods and/or support services with prior written approval from DSHS staff, as stated in the Consideration Section of the Contract.	Up to a cumulative total (concrete goods plus support services) of $500 per family per FPS intervention. Up to $25.00 of the total may be used for engagement and does not need prior approval.
Total Maximum Amount Payable Per Family	For FPS Therapist and paraprofessional worker's direct counseling/client time, care related activities, travel time and mileage.	$2,767.84

Cumulative total (concrete goods plus support services).	$500.00
Total maximum amount.	$3,267.84

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Foster Parent Support Services

This contract element has the goal of improving caregiver retention by providing information, a sense of community, and access to concrete resources. Activities offered are designed to benefit relative and licensed foster parents and foster children by promoting a positive identity among foster parents. Activities include:

- Monthly meetings (at least ten times per year);
- Day Care expenses for training and support events that are not payable through other means;
- Monthly newsletter (at least ten per year) on items of interest to foster and relative caregivers. The newsletter shall include items such as the following, but will not be limited to: child development information; acknowledge foster parent achievements; DCFS and DLR staff changes; welcome to new foster parents; community resources; changes in law, WAC (licensing regulations) and DCFS policy that effect caregivers, training requirements, and opportunities; etc. A copy of the monthly newsletter will be provided to CA, social workers, DCFS managers, and DLR managers;
- Access to concrete resources such as: clothing banks, lending libraries, and any other possible donating organizations;
- Other activities as developed by the contractor to support and retain foster and relative caregivers;
- Participate in community events to keep a high profile on foster care issues in the community; and
- Participate in meetings with the department and the community that address foster care issues. These include, but are not limited to, the quarterly Resource Family Leadership Meeting and the Foster Parent Liaison Meeting.

FPSS Providers

Foster Care Resource Network
P O Box 9573
Tacoma, WA 98409

Contact: Lyn Okarski
Phone: (253) 473-9252
Email: FostercareResNet@aol.com
Provider #: 511285

Kitsap Foster Care Assn
P O Box 4542
Bremerton, WA 98312

Contact: Ron Piper
Phone: (360) 876-1994
Email: rtpiper@comast.net
Provider #: 528057

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(CFI)-Crisis Family Intervention Services

Crisis Family Intervention (CFI) is a brief crisis intervention service available to adolescents and their families who are experiencing conflict and are requesting assistance from CA.

Families who are in conflict or who are experiencing problems with an at-risk youth, or with a child who may be in need of services, may request CFI services from the department. This service will be provided to youth and their families to strengthen, preserve, and restore family functioning.

CFI is a service that will be available to families across all programs within CA (Family Reconciliation Services, Child Protective Services, Family Voluntary Services, Adoption Support, or Child and Family Welfare Services). CFI will be provided for youth and families who are eligible for services as identified by CA. The program will be delivered to the youth and families in their homes.

The main goals of CFI include:

- Working with families to resolve the immediate crisis;
- Identifying community resources to support family functioning; and
- Developing protective supports.

CFI Providers

Alpine Counseling
PO Box 99881
Lakewood, WA 98496

Contact: James Williams
Phone: (253) 988-3849
Email: alpinefps@hotmail.com
Provider#: 172352
Pierce and Kitsap County

Answers Counseling
P O Box 2406
Gig harbor, WA 98335

Contact: Karla Cain
Phone: (253) 851-1801
Email: karlacain@answerscounseling.org
Provider #: 34517
Pierce and Kitsap County
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Auburn Youth Resources
816 "F" Street SE
Auburn, WA 98002

Contact: David Cornell
Phone: (253) 939-2202
Email: davidco@ayr4kids.org
Provider #: 616032
Pierce County Only

Catholic Community Services
285 5th St, Ste 2
Bremerton, WA 98337

Contact: David Kucklick (Kitsap County)
Phone: (360) 792-2020
Email: Davek@ccsww.org
Provider#:

Compassionate Foster Care
1736 NE Riddell Road 101
Bremerton, WA 98310

Contact: Bill Kettenring
Phone: (360) 373-9710
Email: bkring@compassmin.org
Provider #: 913688
Kitsap County Only

Family Connections NW (formerly Grayson Associates)
3117 Oakes Ave
Everett, WA 98201

Contact: Cynthia Grayson
Phone: 425-322-4297
Email: familyconnectionnw@gmail.com
Provider# 475372

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Family, Marriage and Assessment Counseling
9881 Bridgeport Way SW #B
Lakewood, WA 98499

Contact: Sheryl Finwall
Phone: (253) 589-1611
Email: sfinwall@fmactherapy.com
Provider #: 730124
Pierce and Kitsap County

Family Preservation Services of Washington (Formerly Healing Therapy)
PO Box 1215
Olympia, WA 98503

Contact: Robert Keller
Phone: (360) 754-4607
Email: rckeller@healingtherapy.net
Provider #: 047387
Pierce and Kitsap County

Institute for Family Development
34004 16th Ave S, Suite 200
Federal Way, WA 98003

Contact: Charlotte Booth
Phone: (253) 927-1550
Email: cbooth@institutefamily.org
Provider #: 653375
Pierce and Kitsap County

Maple O Griffith
3245 Fairview Ave E, Ste 303
Seattle, WA 98102

Contact: Maple Griffith
Phone: (206) 328-3992
Email: mapleg@msn.com
Provider#: 491404
Kitsap County Only

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Pioneer Human Services
7440 W Marginal Way S
Seattle, WA 98108

Contact: Tracey Groscost
Phone: (206) 766-7015
Email: tracey.groscost@p-h-s.com
Provider#: 521638
Pierce County

Washington National Counseling
PO Box 8862
Covington, WA 98042

Contact: Ifeanyi Chukwu
Phone: (206) 234-2281
Email: ifeac@hotmail.com
Provider#: 375961

Working Choices
P O Box 722
Kirkland, WA 98083

Contact: Mary Korte
Phone: (425) 822-8654
Email: wci@workingchoices.net
Provider #: 349049
Pierce County Only

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(Passport)-Foster Care Passport Program

Working under the Foster Care Passport Program Contract, the Contractor develops a Health passport for children in foster care residing in out-of-home care, for use as a tool to promote ongoing health assessments and appropriate follow-up and treatment services for the children.

The Contractor prepares a Health Passport containing all known and available health information for those children identified by DCFS who remain in foster care for at least 90 consecutive days. The Health Passport shall include, but not be limited to, the following components:

1. ***Compilation of the child's health history and related information:*** Gather and document health information, including historical health and related information, of the child by contacting all available resources, including but not limited to:
   a. Biological parent/guardian;
   b. Past and present health care providers;
   c. Children's Administration records;
   d. Medical Assistance Administration;
   e. Healthy Options program;
   f. "CHILD Profile";
   g. Schools
   h. Dentists
   i. Therapists;
   j. Family members, relatives;
   k. Placement resource out-of-home caregiver;
   l. Others as needed.
2. ***Summarization of child's health history:*** Compile, organize, review and provide a summarization of the child's current health status, including the child's health and related health history.
3. ***Summary for Foster Parent and Social Worker:*** Provide a summary and recommendations for the foster parent and social worker for ongoing support and or follow-up.
4. ***Evaluation of health information:*** Alert the appropriate DCFS staff immediately of any significant health and/or health related information.

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Passport Providers

None at this time

The Contractor invoices the Department for Passport services on a monthly basis, using an A-19 Service Invoice form.

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(ILS)-Independent Living Skills

The contract shall provide services, as required, to help clients prepare to live independently by increasing their skills, knowledge and competency in the areas listed below.

Achievement in the following areas shall be considered as performance goals:

- Educational Stability and Achievement
- Income Maintenance
- Employment/Vocational Readiness and Placement
- Housing
- Daily Living Skills
- Interpersonal Skills

Eligibility

Youth must meet the following eligibility criteria to receive ILS services

Eligibility Criteria

Youth are eligible if:

1. Youth is at least age 15, and has not yet reached his/her 18th birthday, and is currently a dependent and in the legal custody of DSHS; or
2. Youth is at least age 15, and has not yet reached his/her 18th birthday, and is currently in Tribal out-of-home care.

Continuing Eligibility

Youth previously eligible for ILS services for at least 6 months will retain their eligibility until their 18th birthday provided that one of the following events has occurred:

1. Youth is adopted on or after his/her 16th birthday; or
2. Youth is placed in a third-party guardianship on or after his/her 16th birthday.

Non-Eligibility

1. Youth who were either adopted or place under third-party custody order before the age of 13 years old are not eligible for ILS services.
2. Youth who are under a voluntary placement agreement or who are under a CHINS petition are not eligible for ILS services.

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ILS Providers

Pierce County Alliance
510 Tacoma Ave S
Tacoma, WA 98402

Contact: Kathy Bannon
Phone: (253) 572-4750
Email: bannonka@p-c-a.org
Provider # 693580

Youth for Christ/West Puget Sound
P O Box 867
Poulsbo, WA 98370

Contact: Kathy Cassis
Phone: (360)779-9929
Email: cdotson@yfcwps.org
Provider # 704754

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ILS RATES

SSPS Code	Description	Payment
3905	Maximum length of authorization is 12 months. **Objective Code A**: Outreach & Intake - $200 Only youth with open DCFS cases may be referred. SW sends SSPS authorization and referral information to Contractor. **Note:** A-19 payments will be generated for cases which have been closed on CAMIS. However, the case must have had an SSPS code 3905. Objective Code A authorization before the case was closed, to be eligible for payment. **Objective Code B:** Assessment and an initial plan - $400.	SW will close the ILS authorization for a youth when the SW opens an RLS payment for that youth. **Objective Code B:** On open cases social worker receives Assessment and Initial Plan, closes objective code B and payment is generated.
3907	Six month review - $100/month maximum payments shall not exceed 6 months.	**On Open Cases:** Social worker receives the six month review of client exit form and initiates an SSPS payment for the total number of months the contractor actually provided services for the client.

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Homebuilders

Homebuilders is an evidence-based model designed for families with children at imminent risk of placement, or children in placement who cannot return home without intensive intervention. Implementation of the model strengthens families through careful assessment, teaching of skills and overcoming barriers to success.

Presenting problems may include child abuse, neglect, family conflict, domestic violence, substance abuse and mental health problems.

Families receiving Homebuilders Intensive Family Preservation Services receive intensive, time-limited services. Therapists typically serve two families at a time, are available 24 hours a day-7 days a week, and work with families in their homes. Services typically last 4-6 weeks with up to two "booster" sessions after the intervention is complete.

To access Homebuilders, talk to your supervisor and call your local provider. Be sure to include your designated IFPS facilitator when you send your written referral.

Homebuilders Provider

Institute for Family Development
34004 16th Ave S Suite 200
Federal Way, WA 98003

Contact: Charlotte Booth
Phone: (253)927-1550
Email: cbooth@institutefamily.org
Provider # 653375

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(VS)-Visit Services-Parent Child Visitation & Sibling Visits

Visitation and transportation services include 1) supervised and monitored visits between children and their parents; 2) child transportation to-and-from supervised visitation; and 3) child transportation to-and-from unsupervised visitation. Supervised visits take place at neutral sites agreed to by the parents and social worker (i.e. DSHS offices, visitation agency offices, churches, community centers, restaurants, etc.).

PCV services **may** be used for visitation with siblings, relatives, and extended family. This service is not restricted to children visiting with their parents and may be used for other natural and adoptive family visitation.

PCV services **may not** be used to transport children for reasons other than visitation. For example, PCV is not appropriate for use to transport children to their mental health or medical appointments.

Visit supervisors are paraprofessionals who have had CPR and First Aid Training, along with other specialized training in working with our clients.

Contractors are required to cancel visitation services if parents miss three (3) scheduled visits, but the referring social worker may reauthorize services using a new referral form.

Visit Providers

A.A.C.E. (Formerly Therapeutic Solutions)
PO Box 5402
Bremerton, WA 98312

Contact: Annette Atkinson
Phone: (360) 440-8671
Email: aacetherapyllc@msn.com
Provider#: 058274

Church of the Living God
1954 South M St
Tacoma, WA 98405

Contact: Rev. White
Phone: 253-272-1900
Email: ellwhite@juno.com
Provider#: 140315

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Compassionate Foster Care
1736 NE Riddell Road 101
Bremerton, WA 98310

Contact: Mary Blake
Phone: (360) 373-9710
Email:
Provider # 913688

Foster Care Resource Center
P O Box 9573
Tacoma, WA 98409

Contact: Lyn Okarski
Phone: (253) 473-9252
Email: fostercareresnet@aol.com
Provider #: 511285

Multicultural Child & Family Hope Center
Attn: Gail Neal
2029 S 19th St
Tacoma, WA 98405

Contact: Gail Neal
Phone: (253) 272-0812
Email: gail2475@qwestoffice.net
Provider #: 719336

Your Starting Point
Attn: Glenda Witherspoon
P O BOX 5331
Tacoma, WA 98415

Contact: Glenda Witherspoon
Phone: (253) 221-3003
Email: wit4seven@aol.com
Provider #: 317897

Supervised Visitation

Supervised Visitation: The Contractor shall provide parent-child visits for children in temporary custody of DSHS.

SSPS Code:

3237	Hourly travel/supervision reimbursement for contracted services.
3239	Mileage reimbursement for contracted services.

DCFS Social Worker using the Parent Child Visitation Request form must refer clients. Contractor bills Region office and is paid by Regional Business office staff.

RATE:

$24.49 Hour Supervision/Monitoring Time
$24.49 Hour Transportation Time

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(PCIT)-Parent Child Interaction Therapy

Services provided under this Contract are designed to prevent out-of-home placement of a minor child who is considered at risk of placement due to abuse, neglect or severe family conflict. The services are also designed to facilitate the earlier return of a child from out-of-home care or to avoid placement disruption.

Outcomes Expected:

- Decrease in child disruptive behaviors
- Increased appropriate parenting skills
- Increased appropriate parental disciplining
- Increase in supportive family communication and relationship
- Increased placement stability and
- Improved parent-child bond accomplished through increased positive interactions between the parent and child

Clients Served

a. Families who have come to the attention of CA because of physical abuse or neglect may be referred to PCIT in order for the child to remain in the family home.
b. Children must be between the ages of 2 and 7 years
c. Families must have an identified need to learn appropriate parenting skills, methods of appropriate discipline, or a need to improve the bond between the child and the parent or caregiver.

PCIT Providers

Auburn Youth Resources
816 F Street SE
Auburn, WA 98002

Contact: David Cornell
Phone: 253-939-2202
Email: davidco@ayr4kids.org
Provider#: 616032

Chukwu, Ifeanyi
PO Box 8862
Covington, WA 98042

Contact: Ifeanyi Chukwu
Phone: 206-234-2281
Email: ifeac@hotmail.com
Provider#: 375961

Institute for Family Development
34004 16th Ave S, Ste 200
Federal Way, WA 98003

Contact: Charlotte Booth
Phone: 253-927-1550
Email: cbooth@instituteforfamily.org
Provider #: 653375

Integrated Therapy Services NW
6004 N Westgate Blvd, Suite 180
Tacoma, WA 98406

Contact: Jacqueline Parkes
Phone: 253-460-7248
Email: jlparkes@comcast.net
Provider#: 22006

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Professional Services

DO NOT START SERVICES BEFORE CONTRACT IS SIGNED BY BOTH PARTIES

Professional Services contracts provide psychological, psychosocial evaluations and treatment to implement a permanency plan, to prevent CA/N, to prevent out-of-home placement, or to make placement/permanency-planning decisions. Professional Services providers are licensed psychologists, psychiatrists and other persons appropriately certified, licensed or registered to provide evaluation and treatment to a child and/or parent(s).

The Department usually pays for these services using Medical Coupons. These monies may be used in cases where clients can afford to pay only a portion of the fee(s) and/or when Medical Coupons do not cover a client's treatment and/or evaluation.

Parenting Assessments

The Contractor holds a Master's degree or better in social work, clinical psychology, developmental psychology or closely allied field and is licensed, certified or registered as a counselor. Parenting Assessments are written assessments with prognosis based on director observation of child(-ren) and parent, parenting and family history, collateral contacts, records review and standardized testing.

Psychosocial Evaluations

The Contractor holds a Master's degree in social work, psychology, counseling or a closely allied field and is licensed, certified or registered as a counselor to provide psychosocial evaluations of a client's cognitive, emotional, behavioral and social characteristics.

Counseling, Therapy, Treatment

The Contractor is qualified by the state to provide counseling, therapy or treatment services. The Contractor assists individuals and/or families in amelioration or adjustment of mental, emotional or behavior problems. The Contractor assesses needs, establishes goals and develops and implements treatment services designed to empower clients to develop and/or maintain socially acceptable behavior.

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Sexual Deviancy Evaluations

The Contractor is certified by the state to provide a sexual deviancy evaluation of the adult client's emotional, behavioral and social characteristics; history and patterns of sexual deviance; and amenability to treatment and prognosis.

Upon approval of DCFS, the contractor may administer polygraph and/or plethysmograph tests to adult clients to determine the client's truthfulness in response to case-specific questions. Payment for testing is in addition to the rate for the evaluation itself.

Sexual Deviancy Treatment

The Contractor is certified by the state to provide sexual deviancy treatment for adult clients. The Contractor assesses needs, establishes goals and develops and implements treatment services designed to empower adult clients to develop and/or maintain socially acceptable sexual behavior and avoid sex related offenses.

Upon approval of DCFS, the contractor may administer polygraph and/or plethysmograph tests to adult clients to determine the client's truthfulness in response to case-specific questions. Payment for testing is in addition to the rate for the evaluation itself.

Parent Instruction

The Contractor is qualified to provide instruction in parenting to include the subjects of normal child development, age appropriate expectations, appropriate discipline and dealing with the child's special needs. The Contractor may provide instruction to individuals or to a group, as authorized by the DCFS Social Worker.

Developmental Assessments

Provide a developmental assessment including a written report of the client's cognitive, emotional, physical, behavioral, academic and/or social characteristics and patterns of disorder, amenability to treatment and prognosis based on direct examination and interview, appropriate testing, collateral contacts and or/records review.

Domestic Violence Perpetrator Treatment

Provide services only upon receipt of and in accordance with a written service authorization form issued by CA.

Comply with all applicable local state, and federal licensing, accreditation and certification requirements and standards necessary for the performance of this contract.

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Provide the following services in accordance with RCW 26.50.150; WAC 388-60-165.

A full, complete clinical intake including:

- Current and past violence history.
- History of treatment form past domestic violence perpetrator treatment programs.
- Data to develop a lethality risk assessment.
- History of threats of homicide or suicide.
- History of ideation of homicide or suicide.
- History of stalking.
- A complete diagnostic evaluation.
- A substance abuse screening.
- Possession of, access to, plans to obtain, or a history of use of weapons.
- Degree of obsessiveness and dependency on the perpetrator's victim.
- History of episodes of rage.
- History of depression and other mental health problems.
- History of having sexually abused the battered victim or others.
- History of domestic violence and/or sexual abuse victimization.
- Access to the battered victim.
- Reports of abuse of children, elderly persons, or animals.
- Criminal history and law enforcement incident reports.

Assessment of cultural issues, learning disabilities, literacy, and special language needs.

Develop and employ a written treatment plan for each individual participant based on the clinical intake/assessment which the program completed for the client.

Focus treatment primarily on ending the participant's physical, sexual, and psychological abuse.

The program must hold the participant accountable for:
(1) The abuse that occurred; and
(2) Changing the participant's violent and abusive behaviors.
The program must base all treatment on strategies and philosophies that do not blame the victim or imply that the victim shares any responsibility for the abuse which occurred.

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Region 5 Professional Services Rate Schedule

ALL SERVICES MUST BE PRE-AUTHORIZED IN WRITING BY DCFS

Degree	Therapy Evaluation Rate Per Hour	Group Therapy Per Hour	Evaluations Descriptions
Master's Level Certified/Licensed: Sex Offender Treatment Specialist	**$68.39**	**$34.20**	**SAY & Sexual Deviancy Evaluation (Adults Only)**: Determine the client's emotional, social and behavioral characteristics, history and patterns of sexual deviance, amenability to treatment and prognosis. Evaluation to be based on direct examination and interview, appropriate testing, collateral contacts and/or records review. You must provide a written report which details your conclusions and methodology. You may bill up to **12 hours** at your contracted rate for each evaluation.
Master's Level/ Certified/Licensed: MH Counselor, Marriage & Family Therapist, Social Worker	**$63.51**	**$29.31**	**Psychosocial Evaluation**: Determine the client's emotional, social, and behavioral characteristics, history and patterns of disorder, amenability to treatment and prognosis. You must provide a written report which details your conclusions and methodology. You may bill up to **10 hours** at your contracted rate for each evaluation.
Master's Level Certified/Licensed: MH Counselor, Marriage & Family Therapist, Social Worker	**$63.51**	**$29.31**	**Parenting Assessment or Developmental Assessment** All Assessments up to 10 hrs. at **$63.51**/hr for a maximum amount of **$635.10**
Master's Level Certified/Licensed: MH Counselor, Marriage & Family Therapist, Social Worker Bachelor's Level	**$63.51** **$34.20**	**$29.31**	**Counseling/Therapy and Treatment:** Provide counseling, therapy or treatment services using therapeutic techniques to assist an individual, individuals, or a family in amelioration or adjustment of mental, emotional or behavioral problems. Maximum 5 hours per month
Bachelor's Level Master's Level See WAC 388-60-0015	**$34.20** **$63.51** See Note »»»	**$19.54** **$29.31**	**Domestic Violence Evaluation**: Intake/Assessment: Maximum Amount=4 hrs Contractor shall have all necessary licenses, registration, and certification as required by law. All contractors must adhere by law to WAC CHAPTER 388-60 • Note: DSHS will only pay if client cannot afford full payment; that client is accountable for some payment; and services are court ordered & DSHS referred
Master's Level Minimum Bachelor's Level	**$24.43**	N/A	**Parent Education:** **Class & Individual Rates are to be negotiated in advance** This is not considered group therapy. Contractor shall have education, training, and/or demonstrated experience in providing parenting instruction to parents dealing with issues of abuse and neglect. Unless otherwise approved, Region 5 parent educators would minimally hold a BA/BS degree in a related field. A standardized curriculum must be approved in advance through the regional contracts manager. Please contact this office for assistance in developing your program before accepting referrals. Rates will be determined on variables under an agreed upon curriculum.

This rate schedule supercedes any previously published Professional Service rate schedule for the Division of Children and Family Services Region 5

NOTE:

DSHS/CA Rates for Chemical Dependency Assessment and Treatment services are on a separate published Rate Sheet available at http://www.dshs.wa.gov/ca/partners/contractRates.asp

Division of Children and Family Services Region 5

Professional Services Providers

Please click here in order to see a comprehensive list of our Contracted Professional Services Providers

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Psychological Services

Psychological Evaluation (Up to 10 hours)

CPT 96101 – Psychological testing with interpretation and report

The Contractor shall conduct a face-to-face psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, by utilizing standardized, valid and reliable psychological tests. Sufficient data shall be collected to permit a case formulation, and, if requested, to develop an initial treatment plan, with particular consideration of any immediate intervention that may be needed to ensure the patient's safety, or, if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accord with new perspectives gained from the evaluation.

The Evaluation shall be based on the following:

a) Diagnostic Interview Examination, taking into considerations the following domains;

- History of the present illness
- Past mental health history
- General medical history
- Effect of chemical use and abuse on functional capabilities
- Current mental health status
- Multi-axis diagnosis per current DSM criteria
- Prognosis
- An account of the client's views of his/her present situation
- Recommended treatment and expected results

The Contractor shall provide a legible written report of the Client's:

- Medical
- Cognitive
- Emotional
- Behavioral and/or social characteristics

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Psychological Services Providers

RATES $95.47@HOUR

Dr. Nancy Block-Olexick
PO Box 217
Buckley, WA 98321

Contractor Phone#: 253-307-9851
Email: drblock_olexick@msn.com
Provider#: 384357

Clinical & Forensic Psychology
Dr. Mark Whitehill
3815 100th St SW, Ste 2B
Lakewood, WA 98499

Contact: Dr. Whitehill
Contractor Phone #: 253-984-7686
Email: drmbw@cfpsych.com
Provider#: 515984

Clinical Psychology Associates
Dr. Michael O'Leary
3377 Bethel Rd SE, Suite 107
PO Box 225
Port Orchard, WA 98366

Contact: Dr. O'Leary
Contractor Phone#: 253-851-4777
Email: moleary@telebyte.com
Provider #: 328257

Dr. Paul Connor
Neuro-Psychologist
22517 7th Ave S
Des Moines, WA 98198

Contact: Dr. Connor
Contractor Phone#: 206-940-1106

Email: Paul@connorneuropsychology.com
Provider#: 864246
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Dr. Thomas Handlan
610 112th St E
Tacoma, WA 98445

Contact: Dr. Handlan
Contractor Phone#: 253-537-2574
Email: tfhandlan@msn.com
Provider#: 305346

Dr. Cheryl O. Hart
7201 Pioneer Way, Suite A102
Gig Harbor, WA 98335

Contact: Dr. Cheryl Hart
Contractor Phone: 253-857-1855
Email: cherylwow@aol.com
Provider #: 483032

Dr. Joseph Jensen
3501 NW Lowell Street, #201
Silverdale, WA 98383

Contact: Dr. Joseph Jensen
Contractor Phone: 360-698-8980
Email: N/A
Provider#: 34731

Kitsap Sexual Assault Center
PO Box 1936
Port Orchard, WA 98366

Contact: Martha Wescott
Contractor Phone#: 360-479-1788
Email: ksac@wavecable.com
Provider#: 566993

Majovski & Associates
6512 20th St Ct W, Ste C
Fircrest, WA 98499

Contact: Dr. Majovski
Contractor Phone#: 253-572-9917

Email: majovski@u.washington.edu
Provider#: 472786

Dr. James Manley
PO Box 88732
Steilacoom, WA 98388

Contact: Dr. Manley
Contractor Phone: 253-906-3733
Email: chinapoot@gmail.com
Provider#: 260730

Dr. Loren McCollom
610 E 112th
Tacoma, WA 98499

Contact: Dr. McCollom
Contractor Phone#: 253-537-2574
Email: lorenmc@msn.com
Provider#: 595466

Dr. Christina Rasmussen
9115 Bridgeport Way #1
Lakewood, WA 98499

Contact: Dr. Rasmussen
Contractor Phone#: 253-906-1906
Email: n/a
Provider#: 207266

Dr. Ellie Sternquist
3309 56th St NW, Ste 101
Gig Harbor, WA 98335

Contact: Dr. Sternquist
Contractor Phone#: 253-851-3141
Email: n/a
Provider#: 523287

Dr. Steve Tutty
20174 Front Street NE
Poulsbo, WA 98370

Contact: Dr. Tutty
Phone: 360-697-1141

Email: doctutty@yahoo.com
Provider#: 791078

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(RLSP)-Responsible Living Skills Program

Responsible Living Skills Program contractors provide independent living services that supervise residents and incorporate a philosophy, program structure, service planning and service delivery emphasizing: achievement of competency in independent living skills; youth participation in personal decision making; youth participation in program planning, implementation and evaluation; and youth contribution of time, talent and skills to the community.

RLSP Providers

Pierce County Alliance
510 Tacoma Ave S
Tacoma, WA 98402

Contact: Kathy Bannon
Phone: (253) 572-4750
Fax: (253) 272-6666
Email: bannonk@p-c-a.org
Provider #: 693580

Contractors invoice the Regional Office, and Regional Staff pay the Contractor using SSPS

RLSP RATE

Payment
$3098.07 per month per youth or a pro-ration thereof, beginning on the date the youth enters the RLSP and terminating the day prior to the day the youth leaves the RLSP

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(SAY)-Sexually Aggressive Youth Services

This contract provides assessment/evaluation and treatment services to sexually aggressive youth referred by Children's Administration. The contractors provide sexual deviancy evaluations and written reports following evaluation of the client. Evaluations must be based on direct examination and interview, appropriate testing, collateral contacts and records review.

Before using either polygraph or plethysmograph testing for evaluation and treatment of youth, contractors must have received written confirmation from the DCFS social worker that the court has approved the use of one or both of these methods of testing. Court approval must cover all polygraphs completed during the effective dates of the court order. Plethysmograph approval must be specific to each testing event.

For SAY treatment, the contractor provides counseling, therapy, or treatment services which are designed to enable the Sexually Aggressive Youth (a) to develop and/or maintain socially acceptable sexual behavior and (b) to avoid perpetrating acts which are sexually aggressive or sexual offenses. Contractors may utilize individual, family, or group counseling/therapy methods in the provision of this service.

SAY Providers

Rates are located at http://www.dshs.wa.gov/pdf/ca/Fee_SAY.pdf

Clinical & Forensic Psychology
3815 100th St SW Suite 2B
Lakewood, WA 98499

Contact: Mark Whitehill
Phone: (253) 984-7686
Email: drmbw@aol.com
Provider #: 515984

Dan DeWaelsche
3516 S 47th St, Suite 103-B
Tacoma, WA 98409

Contact: Dan DeWaelsche
Phone: (253) 475-9442
Email: dewaelsche@msn.com
Provider #: 446589

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Good Samaritan Outreach
325 E Pioneer
Puyallup, WA 98372

Contact: Robin Crawford
Phone: (253) 848-5571
Email: crawfro@goodsamhealth.org
Provider #: 51103

Joseph Jensen
3501 NW Lowell #201
Silverdale, WA 98383

Contact: Joseph Jenson
Phone: (360) 698-8980
Email: N/A
Provider #: 34731

Karen Feller
1944 Pacific Avenue, Suite 309
Tacoma, WA 98402

Contact: Karen Feller
Phone: (253) 208-0987
Email: karenmfeller@hotmail.com
Provider #: 844629

Thomas Sherry
3501 NW Lowell St., Suite 201
Silverdale, WA 98383

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Provider #: 831349

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APPENDIX E
LIST OF EXPERT WITNESSES

Liz Mueller, member, Jamestown S'Klallam Tribe

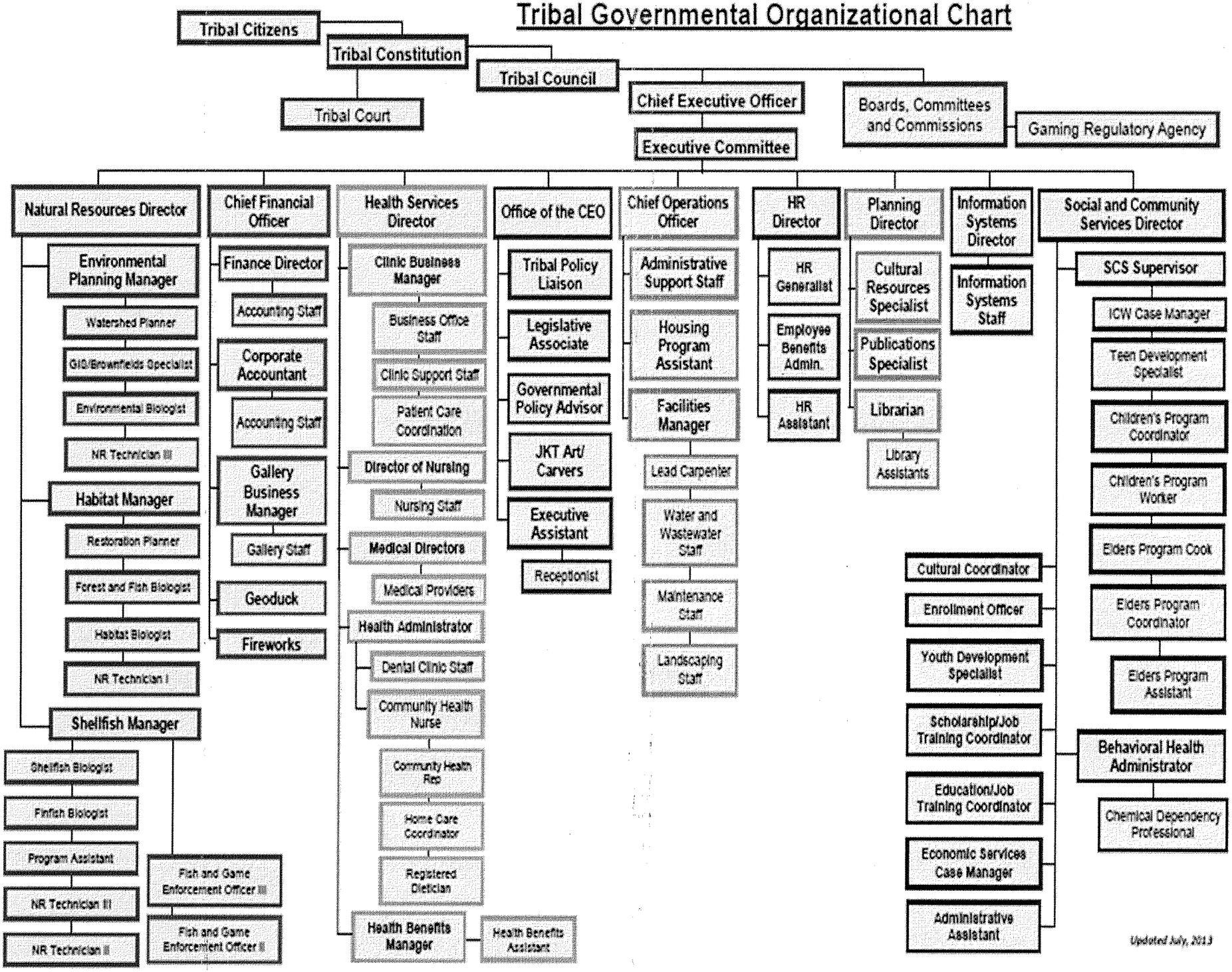
Trine Bridges, member, Jamestown S'Klallam Tribe

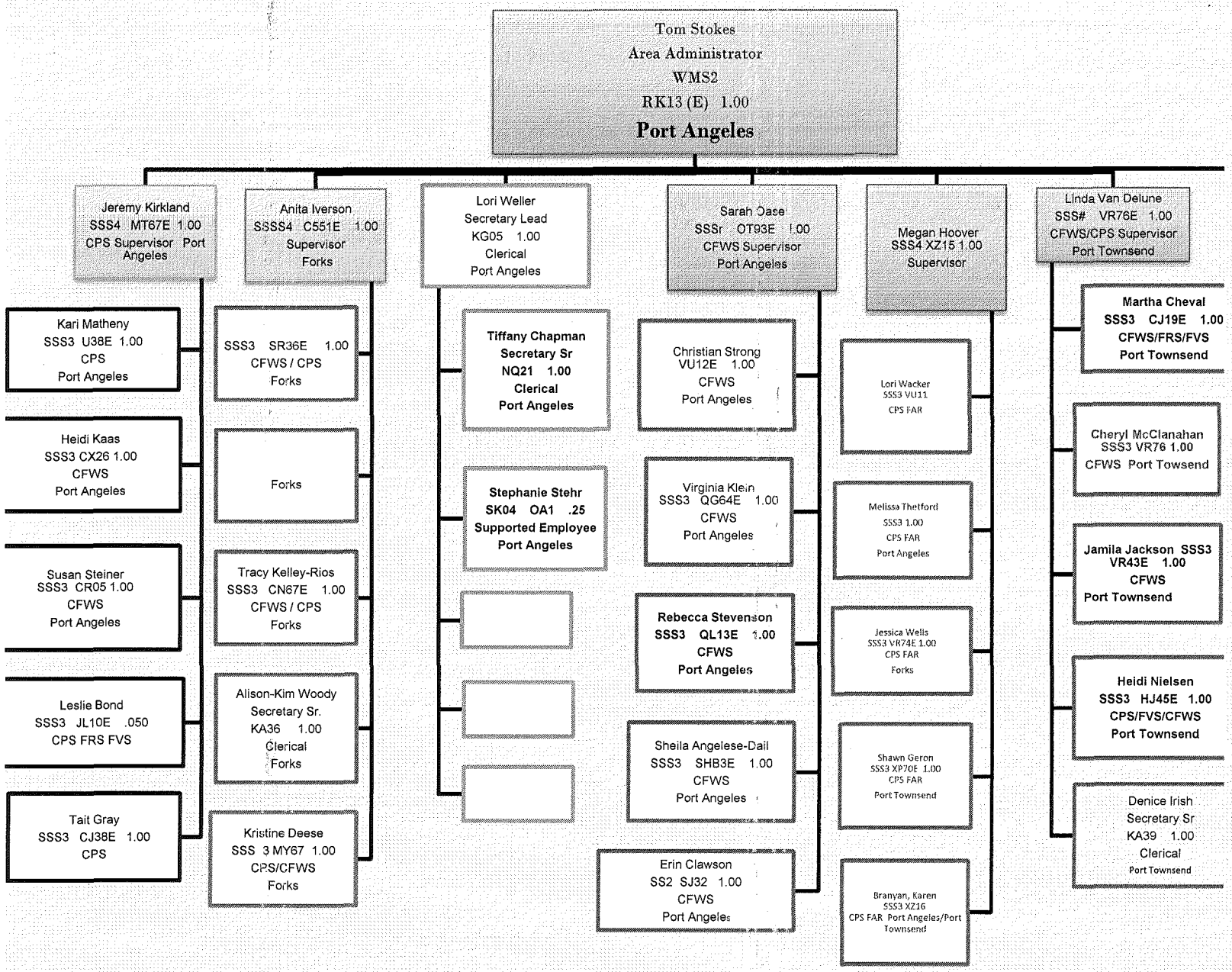
Kathy Duncan, member, Jamestown S'Klallann Tribe

Elaine Grinnell, member, Jamestown S'Klallam Tribe

APPENDIX F ORGANIZATIONAL CHARTS TRIBE AND DSHS

Tribal Governmental Organizational Chart



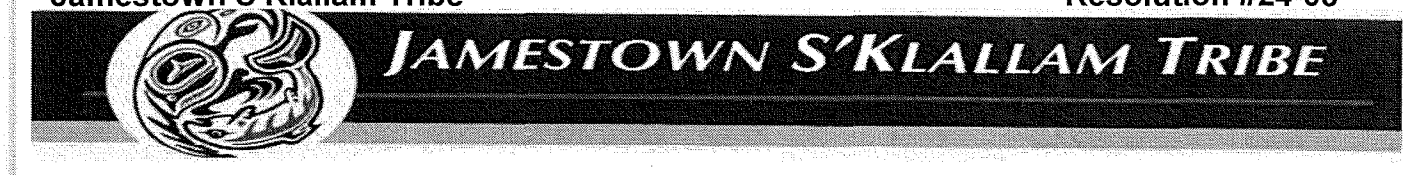

Tom Stokes
Area Administrator
WMS2
RK13 (E) 1.00
Port Angeles
Jeremy Kirkland
SSS4 MT67E 1.00
CPS Supervisor Port Angeles
Kari Matheny
SSS3 U38E 1.00
CPS
Port Angeles
Heidi Kaas
SSS3 CX26 1.00
CFWS
Port Angeles
Susan Steiner
SSS3 CR05 1.00
CFWS
Port Angeles
Leslie Bond
SSS3 JL10E .050
CPS FRS FVS
Tait Gray
SSS3 CJ38E 1.00
CPS
Anita Iverson
SSSS4 C551E 1.00
Supervisor
Forks
SSS3 SR36E 1.00
CFWS / CPS
Forks
Forks
Tracy Kelley-Rios
SSS3 CN67E 1.00
CFWS / CPS
Forks
Alison-Kim Woody
Secretary Sr.
KA36 1.00
Clerical
Forks
Kristine Deese
SSS 3 MY67 1.00
CPS/CFWS
Forks
Lori Weller
Secretary Lead
KG05 1.00
Clerical
Port Angeles
Tiffany Chapman
Secretary Sr
NQ21 1.00
Clerical
Port Angeles
Stephanie Stehr
SK04 OA1 .25
Supported Employee
Port Angeles
Sarah Dase
SSSr OT93E 1.00
CFWS Supervisor
Port Angeles
Christian Strong
VU12E 1.00
CFWS
Port Angeles
Virginia Klein
SSS3 QG64E 1.00
CFWS
Port Angeles
Rebecca Stevenson
SSS3 QL13E 1.00
CFWS
Port Angeles
Sheila Angelese-Dail
SSS3 SHB3E 1.00
CFWS
Port Angeles
Erin Clawson
SS2 SJ32 1.00
CFWS
Port Angeles
Megan Hoover
SSS4 XZ15 1.00
Supervisor
Lori Wacker
SSS3 VU11
CPS FAR
Melissa Thetford
SSS3 1.00
CPS FAR
Port Angeles
Jessica Wells
SSS3 VR74E 1.00
CPS FAR
Forks
Shawn Geron
SSS3 XP70E 1.00
CPS FAR
Port Townsend
Branyan, Karen
SSS3 XZ16
CPS FAR Port Angeles/Port Townsend
Linda Van Delune
SSS# VR76E 1.00
CFWS/CPS Supervisor
Port Townsend
Martha Cheval
SSS3 CJ19E 1.00
CFWS/FRS/FVS
Port Townsend
Cheryl McClanahan
SSS3 VR76 1.00
CFWS Port Towsend
Jamila Jackson SSS3
VR43E 1.00
CFWS
Port Townsend
Heidi Nielsen
SSS3 HJ45E 1.00
CPS/FVS/CFWS
Port Townsend
Denice Irish
Secretary Sr
KA39 1.00
Clerical
Port Townsend

APPENDIX G
INFORMATION SHARING AND CONFIDENTIALITY

See the following web pages for information on how confidentiality is to be addressed under Washington State law and regulations, when social workers are sharing information:

http://apps.leg.wa.gov/wac/default.aspx?Cite=388-01

http://www1,dshs.wa.gov/esa/eazmanual/Sections/ConfidentialityA.htm#Top0fPage



1033 Old Blyn Highway, Sequim, WA 98382 360/683-1109 FAX 360/681-4643

APPENDIX H

TRIBAL COUNCIL RESOLUTION

RESOLUTION # 24-08

WHEREAS, the Jamestown S'Klallam Indian Tribe ("Tribe") was Federally acknowledged by the Secretary of the Interior of the United States of America on February 10, 1981; and

WHEREAS, the Jamestown S'Klallam Tribal Council ("Council") is the governing body of the Tribe, in accordance with its Constitution adopted on November 19, 1983, pursuant to the provisions of Part 81 of the Code of Federal Regulations; and

WHEREAS, the health, safety, welfare, education, and regulation of treaty fishing, hunting, and gathering practices of the Indian people of the Tribe is the responsibility of the Council; and

WHEREAS, the attached memorandum of agreement ("MOA") is entered into between the Tribe and the Washington State Department of Social and Health Services Children's Administration ("CA"), acting in its representative capacity; and

WHEREAS, the MOA is based on the fundamental principles of the government-to government relationship acknowledged in the 1989 Centennial Accord; and

WHEREAS, the purpose and objective of this MOA is to clarify the roles and responsibilities of the Tribe and CA and to enhance coordination and cooperation between the Tribe and CA in providing appropriate child welfare services to Indian children who are under the exclusive jurisdiction of the Tribe; and

WHEREAS, the purpose and objective of this MOA is to stipulate how CA will cooperate with the Tribe when its children are under the concurrent jurisdiction of the Tribe and CA or when its children are under state court jurisdiction and placed in the custody of CA; and

WHEREAS, this MOA recognizes the sovereignty of the Tribe and of the State of Washington and each respective sovereign's interests and responsibilities; and

WHEREAS, the overarching purpose of this MOA is the safety and well

being of Indian children and the appropriate child welfare services to Indian children ; now

THEREFORE BE IT RESOLVED, that the Council does hereby approve that the Tribal Chairman, or in his absence, the Vice Chair, is hereby authorized to execute for and on behalf of the Tribe, this MOA.

W. Ron All, Tribal Chairman

Certification

I, Matthew C. Adams, Treasurer of the Jamestown S'Klallam Tribal Council of the Jamestown S'Klallam Tribe, do hereby certify that the resolution was adopted by a Phone Poll dated August 6-7-08 and where a quorum approved the resolution by vote of **4** FOR and **1** AGAINST with **0** ABSTAINING, which resolution will be formally approved at a meeting of the Jamestown S'Klallam Tribal Council to be held on the 7th day of August, 2008, at the Jamestown S'Klallam Tribal Office in Blyn, Washington,

Matthew C. Adams, Tribal Council Treasurer