



C.A.R.E.S. Model Program Alignment with the FFPSA

C.A.R.E.S. Prevention & Diversion Program Model

A National Solution to Strengthening Families & Safely Reducing Entry Into Foster Care

FFPSA Requirements	C.A.R.E.S Program	Summary
Serve children at imminent risk of removal that includes a foster care prevention strategy for maintaining the child safely at home or temporarily with a kinship caregiver.	✓	CARES has been successfully serving children at risk of removal and entry into the foster care system since 2005. CARES prevention program model was designed to add a new level of foster care prevention services to the front end of the child welfare system through delivery of in-home parent education and skill building and care coordination. CARES work with kin and caregivers to safely maintain the child at home and in the community.
Services <ul style="list-style-type: none">• Mental Health treatment services for a maximum of 12 months• Substance abuse prevention and treatment services provided by a qualified clinician for a	✓	Through intensive care coordination and family team conferencing CARES customizes an array of trauma informed services to meet the unique needs of families. The average length



<p>maximum of 12 months</p> <ul style="list-style-type: none"> • In-home parent skill-based programs for a maximum of 12 months that include parenting skills training, parenting education, and individual and family counseling 		<p>of stay in the program is 5.5 months. Services provided include:</p> <ul style="list-style-type: none"> • Parent education and skill building • Substance abuse treatment • Individual and family counseling
<p>Covered services must be: Provided under a trauma-informed organizational structure and treatment framework</p> <ul style="list-style-type: none"> • Promising, supported or well supported practices, meaning that: <ul style="list-style-type: none"> o The practice must have a book manual or other writing that specifies the protocol and how to administer the practice o There is not an empirical basis suggesting that the practice has a risk of harm o If multiple studies have been performed, the overall weight of evidence supports the practice o Outcome measures are reliable, valid, and administered consistently; o And meets definitions outlined in promising, supported or well supported practice; each of which require study designs of increasing scientific rigor 	<p>✓</p>	<p>CARES utilizes trauma informed care principles of practice across the continuum of care. All services are delivered within the local Trauma Informed Care framework.</p> <p>CARES has attained Promising Practice status with the California Evidence Based Clearinghouse.</p> <p>CARES published research findings are outlined in the Journal of Families and Society, Reducing the Risk: Families in Wraparound Intervention, 2015.</p> <p>The CARES program is manualized. Using implementation science CARES has specified the implementation process through the Implementation Strategy Map which includes:</p> <ul style="list-style-type: none"> • Self-Assessment



		<ul style="list-style-type: none">• On site Assessment• Planning• Installation• Application of Practice• Sustainability
Has a Training Component	✓	CARES has a robust training and implementation component whereby model developers provide training, technical assistance and consultation along with High Fidelity Wraparound National Certification.
Proven History of Results	✓	CARES has documented history of proven results to include: <ul style="list-style-type: none">• Reduced recidivism• Decreased length of stay in congregate care and;• Safely maintaining children at home and in their communities.
Data and Outcomes Measurement Tools	✓	The CARES program includes use of the Wraparound Care Management System (WCMS) to track, monitor and report data and outcomes. Participation in the WCMS system also enables CARES replication sites to benchmark performance as compared to peers.



Implementation Team and Manual Using Implementation Science	✓	CARES uses implementation science with support of the NCFIE training and consultation team to lead, guide and direct the implementation process. Implementation tool templates, and policies and procedures are replicated to ensure fidelity to the practice model.
Reduction in Costs	✓	The CARES model has a history of substantial cost savings while safely maintaining children at home, in the community and their local schools. The average cost per family is \$550.00 per month over an average of 5.5 months as compared to \$2,500 per month when placed in out of home care.