



## FAMILY RECONCILIATION SERVICES 2024 ANNUAL REPORT



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

DCYF does not discriminate and provides equal access to its programs and services for all persons without regard to race, color, gender, religion, creed, marital status, national origin, sexual orientation, age, veteran's status, or presence of any physical, sensory, or mental disability.

If you would like free copies of this publication in an alternative format or language, please contact DCYF Constituent Relations at 1-800-723-4831 or email [communications@dcyf.wa.gov](mailto:communications@dcyf.wa.gov).

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024  
Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

**CONTENTS**

Executive Summary.....	2
Introduction .....	2
Background .....	3
Engaging Tribes .....	6
DCYF and Co-Design Recommendations for Improving FRS.....	6
Limitations and Challenges .....	7
Appendix A: FRS Data and Outcomes, FY24 .....	9
Family Outcomes After Receiving FRS .....	14
Appendix B: In-Home Services .....	17

## Executive Summary

The Department of Children, Youth, and Families (DCYF) prepared this report in compliance with [RCW 13.32A.045](#).

“Beginning December 1, 2020, and annually thereafter, in compliance with RCW 43.01.036, the department shall make data available on the use of family reconciliation services (FRS) which includes:

- (a) The number of requests for family reconciliation services;
- (b) The number of referrals made for family reconciliation services;
- (c) The demographic profile of families and youth accessing family reconciliation services, including race, ethnicity, housing status, child welfare history, existence of an individualized education program, eligibility for services under 29 U.S.C. Sec. 701, or eligibility for other disability-related services;
- (d) The nature of the family conflict;
- (e) The type and length of the family reconciliation services delivered;
- (f) Family outcomes after receiving family reconciliation services; and
- (g) Recommendations for improving family reconciliation services.

Data elements are provided in Appendix A tables 1-13 and figure 1-2. This report also provides updates on the early implementation of a community-based FRS model. This report covers ongoing engagement efforts with Tribes, early implementation of a co-designed community-based FRS model, FRS as a prevention service, increased family engagement, the role of FRS beyond support for filing an At-Risk Youth (ARY) and Child in Need of Services (CHINS) petition, recommendations for improving FRS, and an update on [FRS policy](#) and DCYF family assessment.

## Introduction

DCYF provides Family Reconciliation Services (FRS) on a voluntary basis by request to youth and families experiencing conflict. The purpose of FRS is to “achieve reconciliation between the parent and child, to reunify the family, and to maintain and strengthen the family unit.”<sup>1</sup> Families may request FRS by calling their local DCYF office or intake line. Families request FRS to address conflict in the home, which may result in a breakdown of family relationships or ties, lead to family violence, or youth running away or leaving home if not adequately addressed. Washington families with youth ages 12 to 17-years-old who are in conflict are eligible for FRS.

---

<sup>1</sup> [WAC 110-40-0010](#)

Currently, DCYF caseworkers who are assigned to FRS cases connect with families or youth requesting services to better understand their crisis and needs, complete assessments, and make appropriate referrals for prevention services and community resources. Caseworkers, if requested, play a role in supporting a family's effort to file an At-Risk Youth (ARY) or Child in Need of Services (CHINS) petition with juvenile courts and may continue to monitor active ARY or CHINS cases when requested by the court.

## Background

In 1995, Washington State Legislature passed and the Governor signed [SB 5439](#), commonly known as the Becca Bill. This seminal bill changed Washington State's approach to providing services to non-offending, at-risk youth and their families. The bill required mandatory school attendance, defined a process for families seeking At Risk Youth (ARY) or Child in Need of Services (CHINS) petitions, and formalized FRS through child welfare services.

In 2018, the year DCYF was created, the legislature allocated \$150,000 and directed DCYF to "conduct a study, jointly with the office of homeless youth prevention and protection programs within the department of commerce, on a public system response to families and youth in crisis who are seeking services to address family conflict in the absence of abuse and neglect." To inform that study, DCYF and the Office of Homeless Youth collaborated to hold nine community listening sessions across the state with over 170 participants, youth advocate listening sessions, dozens of key informant interviews, surveys of stakeholders, and facilitated conversations with key policy leads. That collaborative effort between DCYF and the Office of Homeless Youth resulted in the 2019 report ["Families and Youth in Crisis"](#), and included identification of best practices, promising models from other states, and numerous recommendations.

In 2020, the legislature passed [HB 2873](#), which authorized culturally relevant, trauma-informed, community-based entities that are under contract with DCYF to provide services to assess and stabilize the family with the goal of resolving crisis and building supports, skills, and connection to community networks and resources. HB 2873 was, in part, a response to DCYF's limited capacity to provide FRS effectively due to caseworkers needing to prioritize higher-risk dependency cases. Families who request FRS often report that they do not receive services responsive to their needs; few are referred for prevention services (Table 12); and many are distrusting of DCYF child welfare caseworkers for fear engagement will lead to deeper child welfare system involvement.

HB 2873 (2020) directed DCYF to report to the Legislature annually on the use of FRS, including:

- (a) The number of requests for FRS
- (b) The number of referrals made for FRS
- (c) The demographic profile of families and youth accessing FRS

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary

- (d) The nature of the family conflict
- (e) The type and length of FRS delivered
- (f) Family outcomes after receiving FRS
- (g) Recommendations for improving FRS

HB 2873 (2020) authorized DCYF to contract with community-based entities to deliver FRS. Since the statute provided few specifics on delivery of services, DCYF has worked to develop standards to address how contracted entities should deliver FRS services (e.g. entry points to services, assessments, referrals process, continuous quality improvement, etc.). A 2021 budget proviso allocated \$100,000 (\$30K in FY22 and \$70K in FY23) for the conceptual development of the community-based FRS program by codesign teams that consisted of community partners, lived experts, and DCYF FRS staff. The proviso funds and lived experts contract ended June 30, 2024.

#### Proviso Language:

**Sec. 230 (22):** “The co-design team must develop a community-based FRS program model that addresses entry points to services, program eligibility, utilization of family assessments, provision of concrete economic supports, referrals to and utilization of in-home services, and the identification of trauma-informed and culturally responsive practices. Preliminary recommendations must be submitted to the governor and appropriate legislative committees no later than Dec. 1, 2022, with the annual FRS data required under RCW 13.32A.045.”

## Community-Based Family Reconciliation Services Program Development and Description

A DCYF co-design facilitator utilized co-design principles and approaches to work collaboratively with youth and families with lived experience, Tribes, community providers, and other stakeholders between December 2022 and June 2024. By Fall 2023 that group had formalized recommendations to inform DCYF’s [2023 FRS Annual Report](#) and the [Decision Package](#) for the 2024 legislative session. This effort consisted of regular monthly meetings with lived-experience consultants and the core advisory group who continued to provide valuable feedback on various aspects of the FRS program, such as the Family Assessment and Risk Prevention Visits, until June 2024 when the proviso funding ended.

The community-based FRS model that emerged from these co-design sessions was based on the [Housing Stability for Youth in Courts \(H-SYNC\) — CoLab for Community and Behavioral Health Policy \(uwcolab.org\)](#). The H-SYNC program is intended to be implemented primarily as a prevention tool. The goal is to reach youth and their families before a youth becomes homeless

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary

and refer them to necessary family-based prevention services. H-SYNC is also meant to maximize existing community resources by using a tiered triage system, wherein youth who are most in need are offered a greater menu of services. Each FRS team will include a contracted private agency social worker, a system navigator, and a peer specialist. There will be three pathways to access services: self-referral, community-based referrals, and system referrals. The Family Assessment will determine the level of service needed, no need for services/declined, or mandated reporting CPS referral.

## **Funding for the Community-Based Family Reconciliation Services**

### **Program:**

DCYF submitted a [Decision Package request](#) in the 2024 Supplemental Legislative session to fund initial implementation of the community-based FRS model recommended in the [2023 FRS Annual Report](#) in three regions. This request was not funded. In May 2024, DCYF applied for private philanthropic funding through the Ballmer Group for a one office implementation site in the Everett office in partnership with the [Cocoon House](#). The funding was awarded, and a contract was created with Cocoon House to begin execution of that Community-Based Family Reconciliation Services implementation site on Oct. 10, 2024. DCYF anticipates this project will provide some early opportunities to test workflow efficacy, identify unseen barriers, and learnings to inform the new model.

In November 2023, the DCYF FRS Program Manager led seven meetings with DCYF Area Administrators, FRS personnel, intake personnel, and other staff to map out the workflow between the community agencies, who may contract with the department in the future to provide the CB FRS program, and DCYF. A preliminary workflow was developed. This workflow was further refined via meetings held in July and August 2024 between DCYF FRS personnel in the Everett office and Cocoon House staff who will oversee implementation of the single-site CB FRS program. The workflow addresses:

- Intakes
- Initial contact with families
- Completion of the FRS family assessment
- Family and youth engagement
- Provision of evidence-based parenting and counseling services
- The CHINS and ARY court processes
- Record keeping
- Data reporting
- Assessment of CB FRS program outcomes

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary



DCYF Finance division developed a cost model and has submitted a [FRS Community-Based decision package](#) for the 2025 legislative session requesting support for early implementation in Regions 1, 3, and 5. If funded, these early implementer regions will operate for two years with data collection to assess the effectiveness of implementation and recommendations for expansion. DCYF is pursuing privately funded formative evaluation of this model.

Next steps for the FRS co-design project include:

- Continued collaboration with Tribal Nations.
- Reviewing and monitoring Cocoon House CB FRS one-year no-cost contract.
- Determining performance-based contracting requirements for inclusion in community-based FRS contracts.
- Pursuing and executing a privately funded formative evaluation of the CB FRS model.
- If funded, develop a draft state-funded contract and Request for Application (RFA).
- If funded, award successful bidders and execute contracts in the three identified catchment areas.
- Assisting in training and certification for FRS providers in Motivational Interviewing.
- Educating and training DCYF workers on how to collaborate with the community-based FRS teams.
- Collaboration and education with the courts and other agency partners on the new CB FRS model and workflow.

## Engaging Tribes

The co-design team was invited to present this project at two DCYF Indian Child Welfare (ICW) all-Tribe subcommittee meetings and has met with all the tribes from Regions 4, 5, and 6. The project conveners have had success engaging tribal communities to participate as members of the cohort with lived experience. Outreach to Tribes will continue, as the Tribes have expressed interest in the program, combined with a desire to wait and see how the early implementation goes and what the data shows regarding program efficacy.

## DCYF and Co-Design Recommendations for Improving FRS

DCYF is interested in improving FRS by:

- Working to enable the Community-Based FRS to meet [Family First Prevention Services Act \(FFPSA\)](#) requirements for future Title IV-E Prevention funding.
- Increasing family engagement in FRS by providing DCYF and community-based FRS workers with more relevant training and skills to improve reconciliation and participation in community services (Motivational Interviewing is one example).

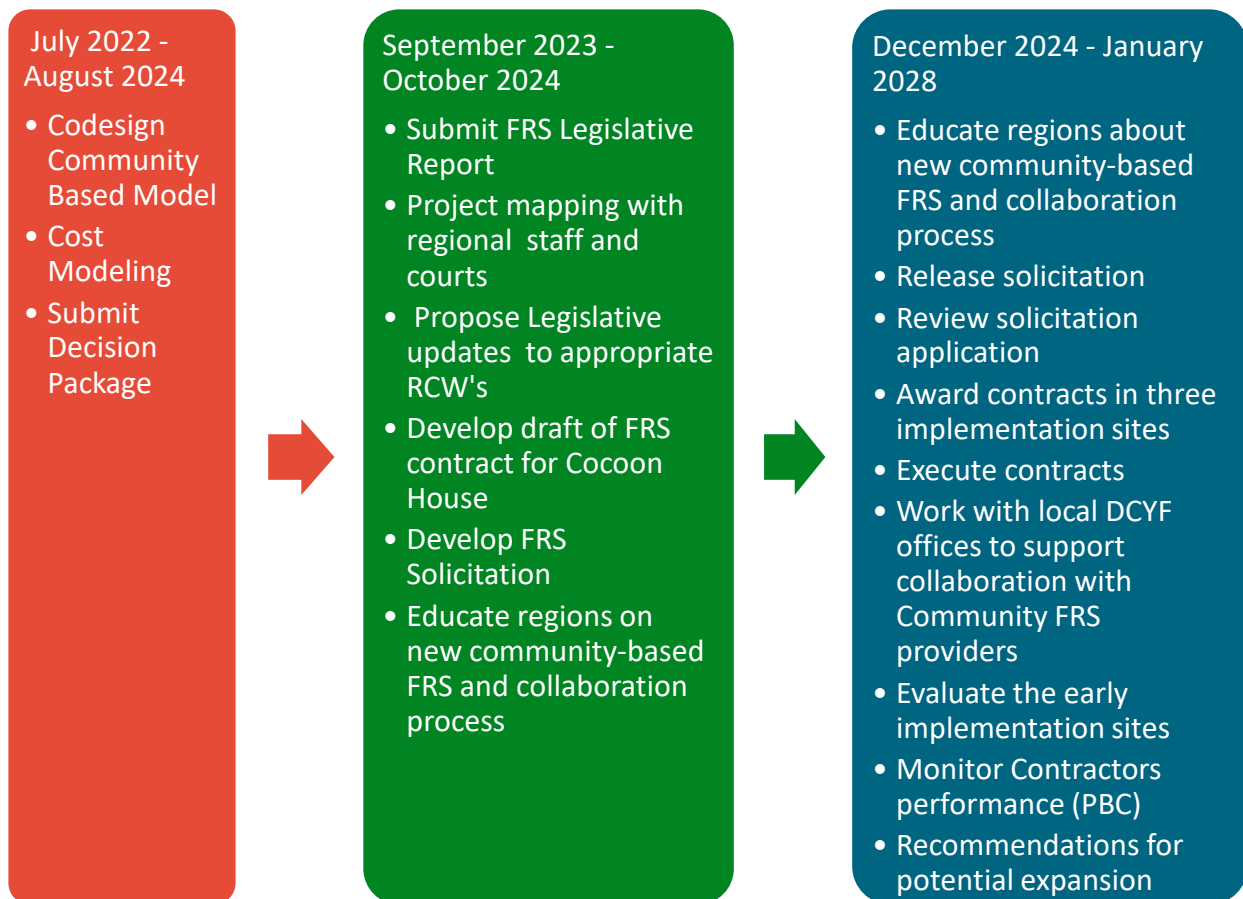
Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary

- Preventing families from entering deeper into the child welfare system by encouraging them to request FRS before the need for an ARY or a CHINS arises.
- Updating DCYF FRS policy, to include, but not limited to, alignment with ICWA RCWs.
- Updating DCYF FRS Family Assessment to incorporate and align with co-design, lived experience recommendations, such as a strengths-based focus. This will require extensive work with the local county courts to reach agreement on the changes.

## Community-Based FRS Implementation Timeline

Figure 1. (Subject to change)



## Limitations and Challenges

1. *Phased-in approach to implementation and expansion timeline:* The current phased-in approach to implementation of the CB FRS program allows for review of the new model and effectiveness; however, it also necessitates a longer implementation timeline.
2. *[Family First Prevention Services Act \(FPSSA\)](#) requirements to assess prevention funding:* DCYF anticipates seeking federal Title IV-E funding under FPSSA to fund a portion of the



community-based FRS program. There are specific requirements that must be met to claim IV-E funding for FRS, including an individual prevention plan for each family or youth, collection of [data](#), periodic assessment of risk and safety, and provision of evidence-based services approved by the [state Title IV-E Family First Prevention Services state plan](#). DCYF may be required to open the CB FRS case and keep it open during service provision. These elements require time to develop and implement. Washington State is currently amending the [state plan](#) with community pathway expansion descriptions.

3. *Continued collaboration between the DCYF FRS caseworkers and supervisors and the CB FRS program personnel:* DCYF FRS caseworkers will need to continue to carry FRS cases for youth and families who are requesting support in filing ARY and CHINS petitions and if DCYF is court ordered to place a youth on a CHINS. This will continue unless current RCW language is amended or changed, and even if RCW language is changed, DCYF will need to remain involved if DCYF is court ordered to place a youth on a CHINS petition.
4. *DCYF FRS staff and union/collective bargaining:* The union/collective bargaining process takes place any time a new program is implemented that overlaps with current DCYF workers' job duties.
5. *Moving FRS to a contracted service in the three locations will require performance-based contracts with service, quality, and outcome data elements:* Data collection on non-DCYF cases will require contracted provider reporting. Being outside of Famlink, this manual data collection is very time consuming and will require FTE support.
6. *Invoice payment processing:* As this model grows, additional staff will be needed to provide support, as this contracted service will be executed through A-19 invoices instead of Famlink.
7. *Navigating and educating each county court on the new model:* Reaching mutual agreement and understanding on the Family Assessment and prevention plan and workflow between DCYF and community providers will be necessary for success.

## Appendix A: FRS Data and Outcomes, FY24

*Table 1. Requests for FRS*

Requests for FRS	Count
Intakes*	2,994
Identified Youth**	2,311
Case/family***	2,222

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

\*All requests for FRS

\*\*Number of individual identified youth that were included in FRS intakes. This number is smaller than the requests for FRS because some youth had multiple requests for FRS that were made by themselves or others during 2024.

\*\*\*Number of individual families listed on an FRS intake. This number is smaller than the number of identified youth because some families had multiple youth who were identified as the youth of concern on an FRS intake.

*Table 2. Intakes for FRS by Region*

Region	Intakes	Percent of Total
1	504	16.8%
2	319	10.7%
3	595	19.9%
4	549	18.3%
5	450	15.0%
6	465	15.5%
Central Intake	112	3.7%
<b>State Total</b>	<b>2,994</b>	<b>100%</b>

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary

*Table 3. Referrals Made for FRS*

Referent	Intakes	Percent of Total
Parent /Guardian	1,778	59.4%
Social Service Professional	367	12.3%
Victim and/or Self	218	7.3%
Law Enforcement Officer	207	6.9%
Other Relative	123	4.1%
Other	68	2.3%
Educator	68	2.3%
Mental Health Professional	59	2%
DCYF	37	1.2%
Medical Professional	20	0.7%
Corrections	22	0.7%
Friend / Neighbor	13	0.4%
Foster Care Provider	3	0.1%
DSHS	7	0.2%
Subject	4	0.1%
Anonymous	0	0.0%
Total	2,994	100.0%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

*Table 4. Age of Identified Youth*

Age	Identified Youth	Percent of Total
11 & under*	46	2.0%
12	165	7.1%
13	317	13.7%
14	485	21.0%
15	563	24.4%
16	538	23.3%
17	267	11.6%
18 & over*	8	0.3%
Unknown	2	0.1%
Total**	<b>2,311</b>	<b>100%</b>

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

\*Incorrect person identified as child on intake or assigned to FRS in error

\*\*The reason for this is the total identified youth is a distinct count of youth, but when the same youth is in more than one FRS intake, and they are different ages in the intakes, they get counted in each of the age counts they fall in.

*Table 5. Gender of Identified Youth*

Gender*	Identified Youth	Percentage of Total
Male	1,071	46.3%
Female	1,230	53.2%
Unknown	10	0.4%
Total	<b>2,311</b>	<b>100%</b>

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

\*Gender categories in FamLink are limited to male, female, and unknown

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary

## FAMILY RECONCILIATION SERVICES 2024 ANNUAL REPORT

**Table 6. Race of Identified Youth**

Race /Ethnicity	Identified Youth	Percent of Total
American Indian / Alaska Native	65	2.8%
American Indian / Alaska Native Multi	133	5.8%
Asian/Pacific Islander	47	2.0%
Asian/Pacific Islander/Multi	29	1.3%
Black/African American	223	9.6%
Black/African American-Multi	157	6.8%
Hispanic/Latino	396	17.1%
White	1,059	45.8%
Unknown	202	8.7%
Total	<b>2,311</b>	<b>100%</b>

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

**Table 7. Child Welfare History**

Child Welfare History	Families	Percent of Total *
Prior CPS screened in	1,601	72.1%
Previous Non-CPS screened in	942	42.4%
Previous removal from home	361	16.2%
Adopted	97	4.4%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

\* Total does not equal 100% as some families had intakes across multiple case types

\*\*Likely under reported in FamLink as adoption history was not collected for a large majority of FRS cases in FY24

\*\*\* There were 377 identified children who were previously removed

\*\*\*\*There were 100 identified children who were previously adopted

**Table 8. Families Provided FRS With Prior FRS Intakes**

Prior FRS Intakes	Families	Percent of Total
0	1,855	83.5%
1	279	12.6%
2	56	2.5%
3	17	0.8%
4	4	0.2%
5 or more	11	0.5%
Total	<b>2,222</b>	<b>100%</b>

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary

*Table 9. Other Demographics*

Other Demographics	Identified Youth	Percent of Total
Diagnosed Disability*	83	3.6%
Enrolled in School*	95	4.1%
Parenting Teen*	1	0.0%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

\*This is under-reported because school information and parenting status is not entered into FAMILINK by FRS caseworkers.

*Table 10. FRS Services Requested, FY24*

Service	Intakes	Percent of Total
*Parent/Child Conflict Resolution	1,252	41.8%
*Behavior Management Services	1,185	39.6%
*ARY	1,608	53.7%
*CHINS	852	28.5%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

\*These numbers add up to more than the total FRS services because cases can start with BMS and Conflict resolution but also result in ARY or CHINS being filed. Also, ARY can be filed without DCYF being involved resulting in much higher ARY numbers than found in FamLink.

*Table 11. FRS Services Offered, FY24*

Contracted Services	Intakes	Percent of Total
Family refused services	18	0.6%
Unable to contact	264	8.8%
Services offered	116	3.9%
No services offered	2,596	86.7%
Total	2,994	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

\*Data derived from intakes and are not representational of how many families were offered services by the FRS caseworker who received the intake.

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary



Table 12. The Type of Contracted CIHS provided to open FRS cases

In-Home Services for FY 23	Families Referred	Families Started
	Count of Cases with Approved FRS CIHS	Count of Cases with Approved FRS CIHS
	Service Referral	Service Payment
Crisis Family Intervention (CFI)	42	34
Family Functional Therapy (FFT)	117	101
Family Preservation Services (FPS)	119	108
Homebuilders	16	7
Positive Parenting Program (Triple P)	88	83
*Total FRS Cases Referred / Started	325	291
*Percentage	14.6%	13.1%

Source: DSHS Research and Data Analysis (RDA, 2024)

\* May be underrepresented as some FRS cases are referred to FVS for contracted voluntary CIHS and FRS cases is closed.

\* May be some duplication in case count.

Table 13. Length of Time FRS Case Open, FY24

Days Open	Intakes	Percent of Total
0-15	462	15.4%
16-30	370	12.4%
31-45	229	7.6%
46-60	212	7.1%
61-75	138	4.6%
76-90	108	3.6%
91 or more	813	27.2%
Open as of July 2023	662	22.1%
Total	2,994	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2024)

\*May include other case types (i.e. transfers to/from FRS), therefore not a accurate representation of how long an FRS case remains open

## Family Outcomes After Receiving FRS

### Percent of Families who had a CPS intake within 12 months of receiving FRS

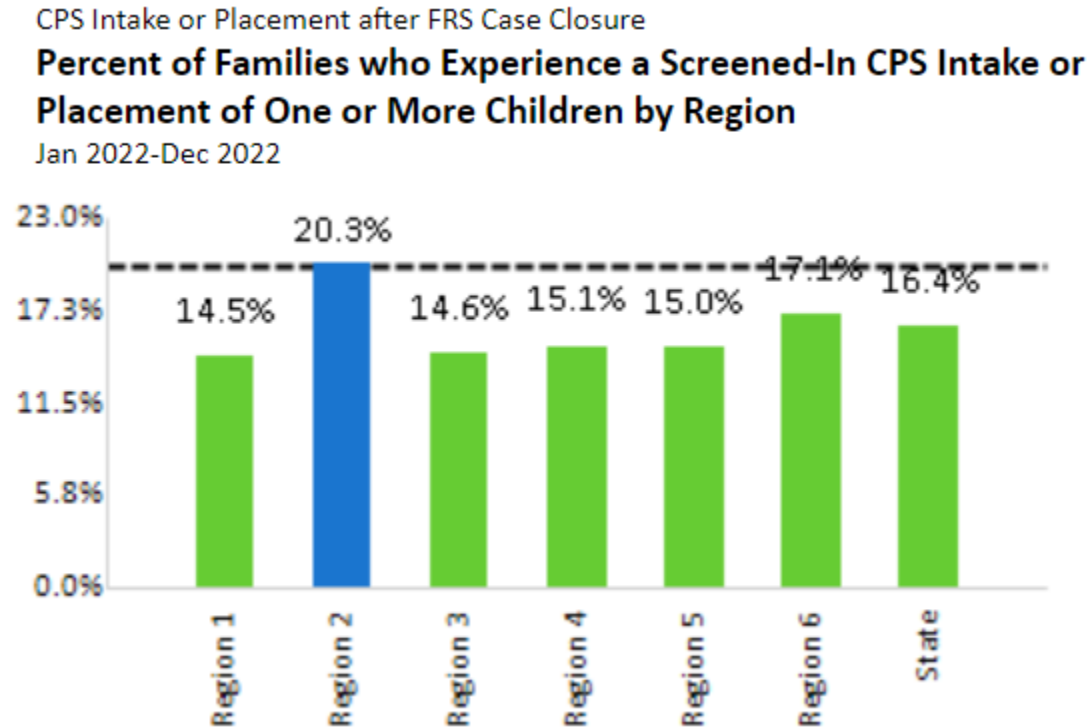
DCYF utilizes Priority Performance Measures (PPM) to measure outcomes for children, youth, and families engaged in child welfare services. These measures show what percentage of FRS families who experienced a CPS intake or a placement with 12 months after FRS case closure.

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary

*Figure 1. CPS Intake or Placement After FRS Case Closure*

The percentage of families who experience a screened in CPS intake or placement of one or more children by region, after FRS case closure.



Source: infoFamLink Portal, Child Welfare Priority Performance Measures, January 2022-December 2022

*Figure 2. CPS Intake or Placement after FRS Case Closure by Race and Ethnicity*

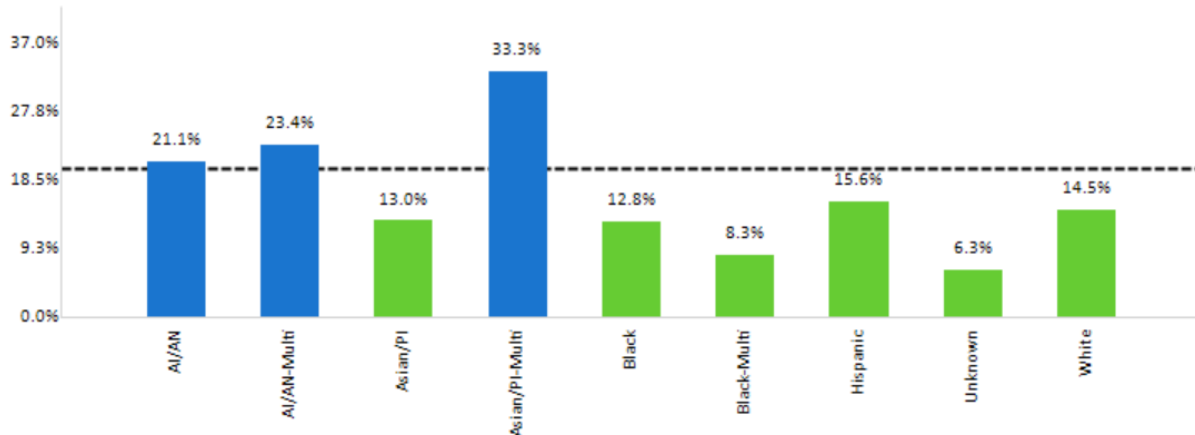
**Percent of families who experience a screened-in CPS intake or placement of one or more children by race, January 2022 to December 2022**

**Note:** Rates presented by race and ethnicity are based on the characteristics of children involved in the case over the measurement period.

**Percent of Families who Experience a Screened-In CPS Intake or Placement of One or More Children by Race**

Jan 2022 - Dec 2022

**Note:** Rates presented by race and ethnicity are based on the characteristics of children involved in the case over the measurement period.



Source: infoFamLink Portal, Child Welfare Priority Performance Measures,

**Related early warnings and processes that affect CPS intake or placement after FRS case closure:**

- Children with indications of behavioral, mental health, or substance abuse problems show worse safety and permanency outcomes in general. Change in percent of children with these problems will affect CPS intake or placement after FRS case closure in subsequent quarters.
- Families with a greater number of problems identified at CPS Intake show higher rates of repeated maltreatment and placement. Change in the average number of family problems will affect CPS intake or placement after FRS case closure in subsequent quarters.

Source: infoFamLink Portal, Child Welfare Priority Performance Measures January 2022-December 2022.

Original Date: Sept 1, 2024 | Revised Date: December 17, 2024

Partnership, Prevention, and Services | Approved for dist. by Vickie Ybarra, Assistant Secretary

## Appendix B: In-Home Services

**Crisis Family Intervention (CFI):** Provides in-home counseling over a 45-day period to adolescent youths ages 13 through 17 and their families with a focus on addressing the family's immediate crisis and teaching skills necessary to prevent recurring areas of conflict.

**Family Preservation Services (FPS):** Short-term (up to six months), in-home services designed to assist families in crisis by improving parenting and family functioning while keeping children safe. FPS is provided to families facing substantial likelihood of being placed outside the home or whose children are recently returning from out-of-home care. Interventions focus on family strengths and are responsive to the family's cultural values and needs.

**Homebuilders:** Intensive family preservation services that provide crisis intervention, counseling, and life skills education for families with children at imminent risk for placement in foster care. Services typically last up to 45 days and are designed to avoid out-of-home placement. The program engages families by delivering services in their natural environment, at times when they are most receptive by enlisting families as partners in assessment, goal setting, and treatment. The program gives families opportunities to learn new behaviors and helps them make better choices for their children. Child safety is ensured through small caseloads, program intensity, and 24-hour clinician availability.

**Functional Family Therapy (FFT):** A short-term, high-quality intervention with an average of 12 to 14 sessions over three to five months. FFT works primarily with adolescents who have been referred because of emotional or behavior problems. Services are conducted in both clinical and home settings. FFT is a strength-based model built on a foundation of acceptance and respect. At its core it's focused on addressing risk and protective factors within and outside of the family that impact the adolescent and their adaptive development. FFT consists of five major phases, including engagement, motivation, relational assessment, behavior change, and generalization. Each phase has its own goals, focus and intervention strategies, and techniques.

**Positive Parenting Program (Triple P):** A family-based prevention program for parents and caregivers of children birth to 16 years of age. The program gives caregivers useful strategies for managing their children's behaviors through individualized parenting plans. Sessions occur weekly for up to 15 weeks. Strategies focus on the development of positive relationships, attitudes, and conduct. Expected outcomes include appropriate parenting skills and behavior management, improved parent-child relationships, and decrease in problem behaviors.

**Motivational Interviewing (MI):** A client-centered counseling approach designed to enhance motivation for change within families. MI employs empathetic listening and open-ended questions to facilitate family members' exploration of their values and goals. Sessions are

tailored to individual family needs and can occur anywhere. The focus is on building rapport and encouraging self-reflection, leading to increased commitment to positive behavioral change. Expected outcomes include increased engagement in other evidence-based parenting/counseling interventions, stronger motivation for personal and familial growth, and enhanced conflict resolution skills.