FAMILY RECONCILIATION SERVICES 2022 ANNUAL REPORT

Washington State Department of CHILDREN, YOUTH & FAMILIES

Original Date: Dec. 16, 2022
Partnership, Prevention, and Services | Approved for distribution by Steve Grilli, Assistant Secretary

FAMILY RECONCILIATION SERVICES 2022 ANNUAL REPORT

Washington State Department of CHILDREN, YOUTH & FAMILIES

CONTENTS

Original Date: Dec. 16, 2022

Partnership, Prevention, and Services | Approved for distribution by Steve Grilli, Assistant Secretary

Executive Summary

The Department of Children, Youth, and Families (DCYF) prepared this report in compliance with HB 2873, 2020, to provide data and make system recommendations for improving Family Reconciliation Services (FRS). HB 2873 directs DCYF to annually make data available, 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;
(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.

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."[1] FRS is available to families in conflict with youth ages 12 to 17. Families can request FRS by calling their local DCYF office or intake line. Caseworkers meet with families to complete family assessments and make referrals to in-home or community services to achieve family reconciliation and stability.

This report also meets the requirements of SB 5693, 2022, to co-design community-based FRS with youth and families with lived experience, tribes, system professionals, and community providers. Co-design is about systems embracing the participation of people with lived experience and designing systems with, not for, people.

Proviso Language:

> **Sec. (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."

Preliminary Recommendations for Community-Based FRS

1. FRS referral and intake processes should:
    a. Allow for a diversity of referral sources to support youth and families in crisis;
    b. Place an emphasis on youth and family's ability to self-refer to services;
    c. Receive coordinated referrals from child welfare and juvenile courts;

[1] WAC 110-40-0010

   d. Utilize community-based intake lines; and
   e. Provide comprehensive mandated reporter training to all FRS providers.
2. FRS assessment and service planning should:
   a. Be strength based and culturally responsive; and
   b. Lead to individualized services and actionable plans.
3. FRS provision of services should include:
   a. Culturally specific service options;
   b. Primary prevention approaches;
   c. Flexible funding for concrete economic support; and
   d. Increase in the availability of in-home services.
4. FRS transition planning should include:
   a. Appropriate timelines for services driven by family needs;
   b. Aftercare and follow up to ensure "services with follow through" and "warm handoffs" to other providers or services.

Next steps for the FRS co-design project include establishing a tribal government co-design group in partnership with tribal nations, working with co-designers to further develop program components around intake, assessment, and services, and identify costs and system changes necessary to support implementation of community-based FRS.

Introduction

DCYF provides FRS on a voluntary basis 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."[2] Families may request FRS by calling their local DCYF office or intake line. Families request FRS to address family 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. Families with youth ages 12 to 17 are eligible.

Family conflict happens for many reasons but can occur because of housing or economic instability, incarceration of a parent or caregiver, mental health or substance use challenges, lack of parent or caregiver knowledge regarding youths' developmental needs, family or intimate partner violence, lack of family acceptance of LGBTQIA+[3] identities, and lack of community connections or support. Family protective factors are critical in helping to mitigate and overcome conflict that happens at home. Protective factors may include things like

[2] WAC 110-40-0010

[3] Lesbian, gay, bisexual, trans, queer/questioning, intersex, and allied

opportunities for pro-social family engagement, social community connections, parental resilience, social and emotional competence of youth, and concrete supports in time of need.

Currently, DCYF caseworkers connect with families or youth requesting services to better understand their crisis and needs, complete assessments, and make appropriate referrals for in-home services or community resources. Caseworkers also 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, The Washington State Legislature passed SB 5439, most 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 ARY or CHINS petitions, and formalized FRS through child welfare services.

In 2020, 25 years after the Becca Bill, Washington State passed HB 2873, 2020, which re-defined FRS to be "services provided by culturally relevant, trauma-informed, community-based entities under contract with the department, or provided directly by the department designed to assess and stabilize the family with the goal of resolving a crisis and building supports, skills, and connection to community networks and resources."

HB 2873 was, in part, a response to caseworkers' limited capacity for providing effective FRS due to having to prioritize higher-risk dependency cases. Often families who request FRS do not get services responsive to their needs, few are referred for in-home services (Table 16), and many are distrusting of caseworkers for fear it will lead to deeper child welfare involvement.

HB 2873 also directs 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;
(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 authorizes DCYF to contract with community-based entities to deliver FRS, however, there is currently no guidance that addresses how these entities should administer the program (e.g.,entry point to services, assessments, referral processes, etc.). Much of how FRS is currently administered is dependent on state and federal child welfare policies, which may or may not be applicable if services were offered through community-based organizations. The

2021 Annual FRS Report[4] recommended DCYF collaborate with lived experts, system professionals, tribes, and community-based providers to co-design a new FRS program model to prepare DCYF for entering into contracts with community-based agencies to provide FRS.

In response, key lawmakers convened multiple workgroups prior to the 2022 Legislative Session to discuss with stakeholders and advocates the need for developing a new community-based FRS program. From those workgroups, a proviso was put in the state operating budget[5] for a redesign of FRS, utilizing co-design principles and approaches in partnership with lived experts, system professionals, tribes, and community providers.

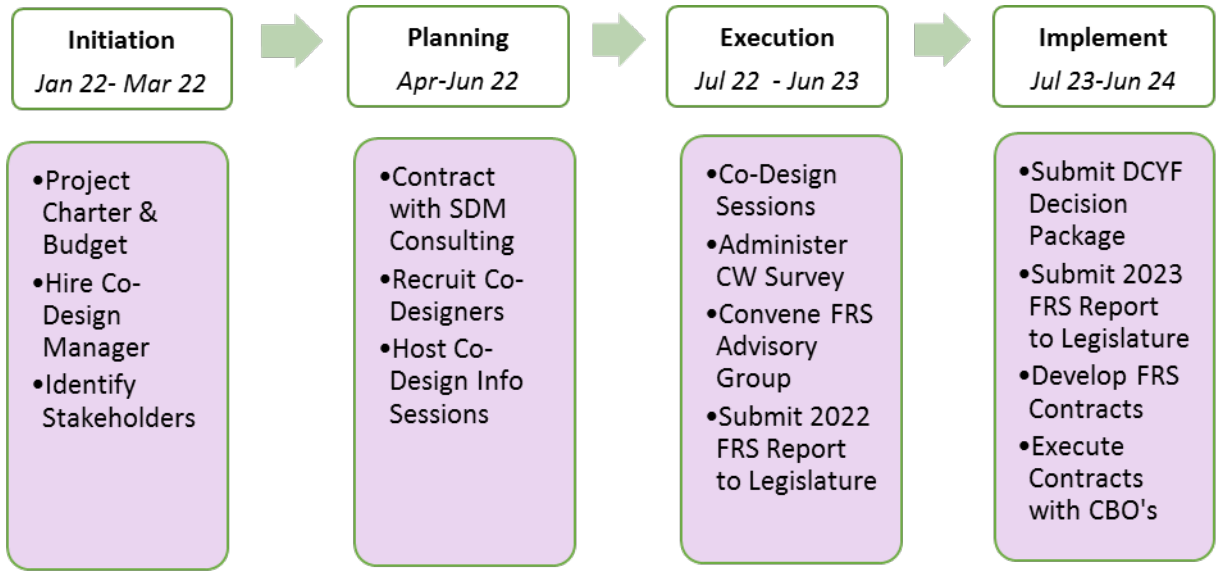
Proviso Language:

> **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."

The proviso allocated $100,000 ($30K in FY22 and $70K in FY23) for the project.

Project Timeline

Figure 1. Project Timeline



[4] Previous annual FRS reports can be accessed via DCYF's website.
[5] SB5693 (2021-23)

Limitations and Challenges

1. *Co-Design Project Funding & Contracting Process:* The contracting process took a few months to complete as DCYF worked to ensure the intent of the proviso was met, while ensuring compliance with all Department of Enterprise Services (DES) policies for initiating contracts. It was challenging to spend the first portion of the proviso before the end of FY22. The project conveners successfully hosed three informational sessions in June 2022 for lived experts interested in joining the FRS co-design work.

2. *Timelines for Implementation:* There was enormous interest from advocates for DCYF to fund community-based FRS during the 2023-24 biennium. However, for co-design to be successful, there must be adequate time for moving through the different phases of co-design, with considerable attention paid to building conditions necessary for working with people with lived experience. Typically, co-design projects can take at least 1-2 years to complete. FRS co-design cohorts identified additional time is needed to complete the process before implementation of community-based FRS can begin.

3. *Project Management Capacity:* DCYF experienced unexpected staffing challenges during the co-design implementation period due to medical leave. Co-design processes and timelines were appropriately adjusted to account for this unforeseen circumstance.

Major FRS Co-Design Recommendations

Co-design participants across all three cohorts expressed the importance of the below recommendations for a community-based FRS program. Many of these preliminary recommendations require further development before implementation can begin.

1) *Referral & Intake Process:*

- ***Diversity of referral sources*** – FRS referrals should come from a diversity of sources, including schools, hospitals, juvenile courts, emergency shelters, CSEC[6] providers, community and civic organizations, etc., to increase engagement and early provision of prevention services to families at the onset of a crisis.

  Currently, 29% of FRS referrals come from persons other than the parent/caregiver or youth (Table 6). Anyone can call and request FRS on behalf of a youth or family in crisis, however, currently there is inconsistency in follow up if the youth and/or parent themselves is not specifically requesting FRS.

  Referring entities can be consistent and reliable sources of support for families as they navigate services. Families may be more willing to engage in services if they are recommended by someone the family trusts. This may promote the

[6] Commercially Sexually Exploited Children

early detection of families needing help before deeper system interventions are necessary.

- ***Emphasis on self-referral*** – Proactive efforts should be made to identify and engage families in FRS without requiring government systems to play the "middle man" or expecting youth to take the first steps. Currently, FRS families must get referrals from caseworkers before in home services can be provided. Families should be able to seek a full continuum of services (i.e. one stop shop), without having to rely on or wait for caseworkers to make appropriate referrals.

  Currently, only 11% of FRS referrals come from youth (Table 6). When family conflict happens, youth may run away or leave home without support. Many of these youth may end up experiencing homelessness or be sexually exploited if they are not quickly re-engaged. FRS should address culturally responsive outreach and engagement efforts in partnership with runaway and homeless youth service providers to better engage youth in self-referring to the program.

- ***Ability to receive and coordinate referrals from Child Welfare and Juvenile Courts*** – FRS should continue to be a resource that diverts families from deeper child welfare and juvenile justice involvement. DCYF caseworkers and juvenile court staff should be a reliable referral source for FRS as a means for addressing conflict that puts youth and families at greater risk for dependency or juvenile justice involvement. FRS providers could develop a memorandum of understanding (MOU) with their local DCYF offices or juvenile courts that address appropriate referrals for youth and families that are at the front door of child welfare or juvenile justice involvement.

- ***Develop and manage community-based FRS intake lines*** – Having to call DCYF intake to request FRS elicits families' fears around Child Protective Services (CPS) involvement and child removal from the home. This impacts engagement as families avoid FRS either because of fear or stigma. This has a disproportionate impact on LGBTQIA+ families and families of color who are overrepresented within the child welfare and juvenile justice systems. Community providers have identified funds will likely be needed to develop infrastructure for community-based intake lines. These intake lines could be a new resource or integrated as part of other community-based lines already in existence (i.e., 988, lifelines, etc.).

- ***Comprehensive mandated reporter training for all FRS providers*** – Family conflict puts families at greater risk for abuse and neglect. Therefore, all community-based FRS providers should receive comprehensive mandated

reporter training with specific guidance on how FRS providers can continue to care for and support families after reports of child abuse and neglect are made.

2) *Assessments & Service Planning:*

- ***Develop a new family assessment that is strength-based and culturally responsive*** – Research[7] shows positive outcomes are more likely when services emphasize strengths and protective factors. Families may feel dehumanized when assessments overly focus on risks or problems. The new FRS family assessment should highlight strengths and focus on protective factors which contribute to family resiliency.

  The family assessment should provide opportunities for families to describe and talk about their cultural connections, values, and needs. Family assessments need to account for intersectionality across race, ethnicity, class, ability, sexual orientation, gender identity, etc. and use liberating structures[8] that engage families as decision-makers. Family assessments can begin affirming LGBTQIA+ families by providing space for family members to specify their pronouns or SOGIE[9] identities and describe roles in non-binary terms.

- ***Develop family assessments that lead to individualized services and actionable plans*** – Upon completing an assessment, families should have an actionable plan with service coordination that is responsive to their needs. Families should be able to select, from a range of services, what works best for them. Only 13% of FRS families were offered in-home services in FY22 (Table 16). All families deserve access to individualized services that are responsive and sized appropriately to their needs, regardless of the nature of their crisis. Co-design cohorts need time to explore what assessments exist or need to be developed to be strength-based, culturally responsive, and oriented toward actionable plans.

3) *Provision of Services:*

- ***Provide culturally specific service options*** – Culturally specific service options would be more responsive to the cultural needs of families by using approaches rooted in cultural values and practices for wellbeing. Culturally specific services foster feelings of belonging by providing opportunities for youth and families to maintain cultural, social, and spiritual relationships with their community. They would also emphasize the ways that systemic oppression negatively impacts

[7] https://www.childwelfare.gov/pubpdfs/protective_factors.pdf
[8] https://www.liberatingstructures.com/
[9] Sexual Orientation, Gender Identity, and Expression (SOGIE)

family resiliency. Currently, no culturally specific service options are available through FRS in-home services.

- ***Include primary prevention service approaches*** – FRS needs to expand to include upstream service approaches that reach more families earlier in a crisis through primary prevention. Currently, in-home services for adolescents are mostly limited to Functional Family Therapy (FFT), Family Preservation Services (FPS), and Crisis Family Intervention (CFI) (Appendix D), all of which are counseling-based. Services should be expanded to include primary prevention, which may include things like before and after school programming, mentoring, peer-supports, educational workshops on parenting and adolescent development, and social and community connections that build positive relationships.
- ***Provide flexible funding for concrete economic support*** – Co-designers all expressed the importance of flexible funding being available to families in crisis to promote family stability by addressing economic barriers that contribute to family crisis and breakup. Co-designers with lived experience reported having experienced housing and food insecurity at rates of 91% and 70%, respectively (Table 2). Concrete economic support can address basic needs for food, clothing, housing, utilities, healthcare, transportation, etc., individualized to each family's situation and needs.
- ***Increase the availability of in-home services*** – Co-designers report families often have to become formally involved in systems of care to get resources. Families report being told that if they would like to get services they can file an ARY or CHINS petition with the juvenile court (Table 14). While FRS families are not required to file a petition to be referred for in-home services, due to the scarcity of limited service providers, they may be more likely to get services if they do. Additionally, FRS does not provide out-of-home placements in the event that temporary respite from the home could further support reconciliation efforts.

4) *Transition Planning:*

- ***Ensure appropriate timelines for services driven by family needs*** – Each family has unique needs that must be addressed to promote family reconciliation and stability. Currently, FRS is offered as a short-term intervention, with the primary goal of closing FRS cases within 45 days unless the family is referred for in-home services or files a petition with the juvenile court (Table 17). This short timeline is driven not by the family's needs or progress toward reconciliation, but by federal regulations, which require deeper child welfare involvement once a case has

been open for 45 days or more. Families should be able to self-determine when FRS is no longer needed based on their individual needs, circumstances, and satisfaction with the availability of current resources and supports.

- ***Provide aftercare and follow-up to ensure "services with follow through" and "warm handoffs"*** – FRS needs to provide intentional follow-up to ensure families successfully implement their plan and navigate resources. Families should be able to receive aftercare to help them maintain connections with supports. Parents, caregivers, and youth may feel differently about services, safety, or family structure, so follow-up should be done individually. FRS providers should ensure "warm handoffs" to other community providers or resources.

Supporting FRS Co-Design Recommendations

Supporting recommendations are those identified by co-designers that go beyond components addressed as specified in the FRS proviso.

1) *Provide Incentives for Participation in Services*

- In the discovery phase, co-designers identified how systems are only able to get people, particularly adolescents, to engage in services via punitive measures. For example, if a youth doesn't complete services, the court will drop the case, meaning a youth doesn't actually receive services or supports they need. As a result, co-designers want to explore incentives that reward youth for successful participation in services.

2) *Ensure Equitable Approaches to Contracting with Community-Based Providers*

- Throughout the co-design process, cohorts heard from small community providers that work with BIPOC,[10] LGBTQIA+, and rural populations that state contract requirements make it difficult to implement innovative and responsive programs in their communities. As a result, otherwise willing grassroots organizations do not apply for state contracts. Specifically, providers shared that:

    1. Educational requirements make it difficult to hire qualified folks with lived experience;
    2. Pay inequity impacts workers' ability to afford a livelihood; and

[10] Black, Indigenous, People of Color

3. Background check policies make it difficult to hire formerly incarcerated folks even when the candidate's criminal history does not relate to child safety or wellbeing, which disproportionately impacts people of color.

3) Hire Certified Peer Counselors & Mentors with Lived Experience

- Certified Peer Counselors (CPCs) work with their peers (adults and youth) to help them navigate resources and supports. CPCs draw from personal experience to provide encouragement, motivation, and support to youth and families. Youth and parents report feeling closer to mentors who are most like them, often connecting through a shared life experience. However, CPCs are required to have lived experience, which might exclude many from being hired as peer counselors due to criminal histories or lack of education. DCYF will need to develop contract requirements that allow for the hiring of peers with lived experience.

Co-Design Next Steps

Table 1. Co-Design Next Steps (subject to change)

Activities	**Timeline** (subject to change)
1. Identify methods for establishing tribal government co-design	Jan 23 – Mar 23
2. Contract with convener for tribal government co-design	Apr 23 – May 23
3. Co-design sessions to further develop program components	Feb 23 – Nov 23
4. Identify community-based FRS program funding structure	Jul 23 - Sep 23
5. Submit DCYF decision package that includes funding request for FRS	Sep 23
6. Develop community-based FRS evaluation tools and metrics	Oct 23 – Dec 23
7. Conduct landscape scan to identify community capacity for implementing FRS	Jan 24 - Mar 24
8. Identify community-based FRS contracting approaches	Jan 24 - Mar 24
9. Run solicitation or requests for applications (*if applicable*)	Apr 24 – Jun 24
10. Execute FRS contracts with CBO's *(subject to budget appropriations)*	Jul 24 – ongoing

Appendix A: Co-Design Process

Co-design is an approach to designing systems *with people*, not *for* them, as described by KellyAnn McKercher in *Beyond Sticky Notes* (2020). The purpose of co-design is to elevate the voices and contributions of people and communities with lived experience.

> *"Co-design is about challenging the imbalance of power held by individuals who make important decisions about others' lives, livelihoods, and bodies. Often, with little to no involvement of the people who will be most impacted by those decisions."*[11]

Co-design focuses on sharing power, prioritizing relationships, and using participatory means of engagement to design systems centered around those most impacted by the work. Co-design is about how we are being (mindsets), what we are doing (methods), and how our systems embrace the participation of people with lived experience (social movements).

Mindsets for Co-Design

There are six mindsets that support and are necessary for effective co-design:

Figure 2. Mindsets for Co-Design

1. Elevating Lived Experience: working from people's strengths, listening for what matters, and valuing what people contribute.
2. Being in The Grey: sitting with discomfort, exploring complexity, and avoiding quick fixes.
3. Practicing Curiosity: asking quality questions, being humble, and building supports.

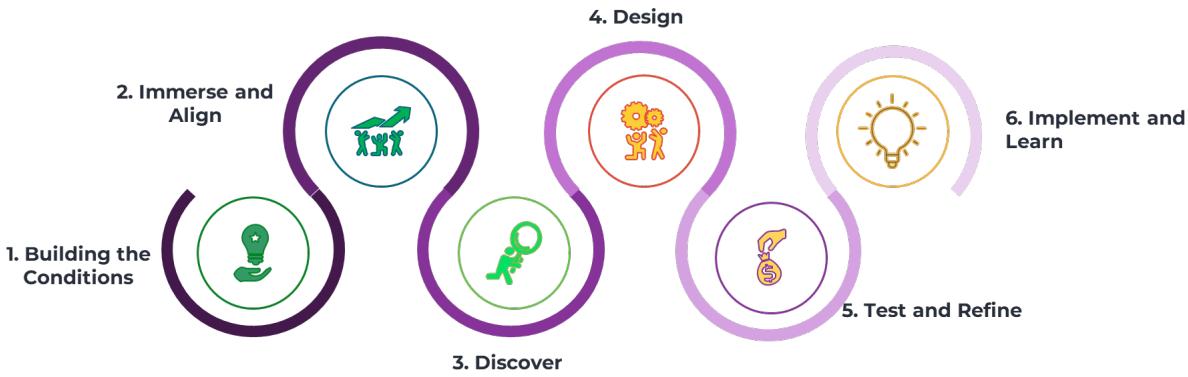
[11] *What is co-design? Beyond Stick Notes*

4. Offering Hospitality: being welcoming and appreciative, moving at the speed of connections, affirming people as they are.
5. Learning Through Doing: being experimental, focusing on process rather than product, adopting new norms and ways of working, and being okay with failure.
6. Valuing Many Perspectives: seeking diverse world views, identifying root causes rather than assigning blame, and maintaining a systems perspective.

Phases of Co-Design

There are six phases of co-design, each with a particular focus that moves the co-design team through the work. Each phase is approached as the co-design team feels ready to move forward, although some phases may be revisited when beneficial to the process.

Figure 3. Phases of Co-Design



1. Build the Conditions: fostering connections, establishing a model of care for working together, and grounding in the framework.
2. Immerse and Align: setting context, understanding purpose and scope, identifying gaps in knowledge, and shared goals.
3. Discover: asking quality questions, sharing knowledge and information, and gaining new insights.
4. Design: developing ideas and approaches, preparing ideas for testing, and collecting feedback.
5. Test and Refine: putting plans into action, shared decision-making, and refining details.
6. Implement and Learn: learning through doing, capacity-building, measuring impact, and improving.

Co-Design Support Team

Co-design starts with establishing the co-design support team responsible for guiding and supporting co-designers throughout the process. Support team members strongly understand and promote the six mindsets for co-design.

For the FRS co-design project, the support team consisted of several key roles, including:

- Project Convener: Engagement liaison for lived experts, responsible for facilitating sessions with lived experts, utilizes highly participatory methods, promotes hospitality, makes new connections, amplifies voices of lived experts, and holds systems accountable.
- Co-Design Manager: Person with deep knowledge of co-design, design thinking, human-centered design, and participatory methods of engagement. Provides technical expertise to co-design teams and makes recommendations regarding fidelity to co-design.
- Project Manager: Looks after practicalities, handles logistics and communication, manages project timelines and deliverables, documents activities, manages resources, ensures system leaders are engaged and supportive, and seeks broad support for co-design work from stakeholders and community members.
- Healer: Attends to the well-being needs of co-design team members. Provides recommendations for healing-centered approaches. May respond when topics become emotionally charged or volatile. Interrupts or pauses sessions that become harmful. Responsible for checking in with co-design members to address underlying needs.

The support team met at least every other week or more often as needed throughout the project's lifecycle. Support team members included:

SDM Consulting[12] – *Primarily acting as conveners and healers*

- Sam Martin, CEO
- Diamonique Walker, Deputy Director
- Minnie Bliesner, Communications & Outreach VP

DCFY Adolescent Services – *Primarily acting as co-design and project managers*

- Lily Cory, Co-Design Manager
- Cole Ketcherside, Prevention Manager

[12] https://codesigninstitute.org/, https://sdmartinconsulting.com/

The decision was made during the project's initiation to contract with an independent convener to provide expertise engaging people with lived experience and play a critical role in ensuring systems were accountable to people with lived experience by sharing power throughout the co-design process. SDM Consulting was hired for its expertise and experience advocating for those traditionally not included in system change work.

SDM Consulting utilized contact lists from previous co-design initiatives and distributed an interest form to providers across the state via email, who passed information along to lived experts. In addition, SDM Consulting directly reached out to several tribes to get indigenous people engaged. After initial recruitment, lived experts were invited to several informational sessions that occurred in June 2022 to learn about the project and co-design process. While successful recruitment across the state occurred amongst people with a multitude of identities (race, ethnicity, gender, sexual orientation, etc.), more outreach is needed to engage Latinx/Hispanic folks as well as people living in primarily rural communities (Table 2).

Co-Design Cohorts

The project was initiated with three initial cohorts of co-designers, including people with lived experience, system professionals, and community providers. The support team followed a multi-phased approach by doing the same processes and activities with each cohort in alignment with co-design principles and approaches.

Figure 4. Co-Design Cohorts

1. Lived Experts: Youth, young adults, parents, and caregivers who received or could have benefited from FRS

- 23 lived experts from across the state participated

- 5 out of 6 DCYF regions were represented[13]
- 10 co-design sessions with lived experts were held
- All lived experts received stipends of $50 per session/meeting. Stipends were paid through SDM Consulting via contract with DCYF[14]

Table 2. Demographics of Lived Experts

Demographic	Count of Lived Experts	Percent (does not equal 100% due to multiple selections)
Identified Role		
Youth	11	48%
Parent/Caregiver	11	48%
Former Foster Youth	7	30%
Race/Ethnicity		
White/Caucasian	8	35%
Black/African American	13	57%
Native/Indigenous	11	48%
Latinx/Hispanic	2	9%
Asian/Pacific Islander	1	4%
Multi-racial	9	39%
Gender		
Girl/Woman	16	70%
Boy/Man	4	17%
Transgender	2	9%
Gender Non-Conforming	2	9%
Sexual Orientation		
Straight	13	57%
LGBQIA+	8	35%

[13] More outreach is needed to recruit lived experts from DCYF region 2 (i.e., Yakima, Tri-cities, Walla Walla)
[14] In response to SB 5793 (2021-22), lived experts will be paid $90 for each co-design session/meeting in the future

QTPOC*	8	35%
No Labels!	1	4%
Lived Experiences		
Homelessness/housing insecurity	21	91%
Foster care/child welfare	10	43%
Out-of-home care	12	52%
Juvenile justice	8	35%
Substance abuse	8	35%
Food insecurity	16	70%

*Queer & Transgender People of Color

2. System Professionals: State and local professionals who manage systems of care that benefit youth and families

- Up to 30 system professionals from state and local agencies
- 5 co-design sessions with system professionals were held

Table 3. State and Local Agencies That Participated

Agency	Divisions/sections	Region(s)
Department of Children Youth & Families (DCYF)	HQ- Program Managers; CW Field Staff; FRS Leads & Caseworkers; Juvenile Rehabilitation (JR)	Statewide
Department of Commerce	Office of Homeless Youth (OHY)	Statewide
Department of Social & Health Services (DSHS)	Economic Services; Developmental Disabilities Administration (DDA)	Statewide
HealthCare Authority (HCA)	Division of Behavioral Health & Recovery	Statewide
Office of Superintendent of Public Instruction (OSPI)	Foster Care Programs	Statewide
Employment Security Department (ESD)	Youth Initiatives	Statewide

Juvenile Courts	Juvenile Court Administrators; Probation Counselors; & Detention Managers	King, Jefferson, Pierce, Chelan, Spokane, Yakima, & Whatcom Counties

3. Community Providers: Representatives from local non-profit and grassroots organizations that work directly with youth and families.

- Up to 30 community providers from organizations, including:
    - Tribal Affiliated Organizations;
    - LGBTQIA+ Serving Organizations;
    - Runaway and Homeless Youth Service Providers;
    - Mentoring and Advocacy Organizations;
    - Family Support Services;
    - Family Resource Centers
- 5 co-design sessions with community providers were held

Engaging Tribes

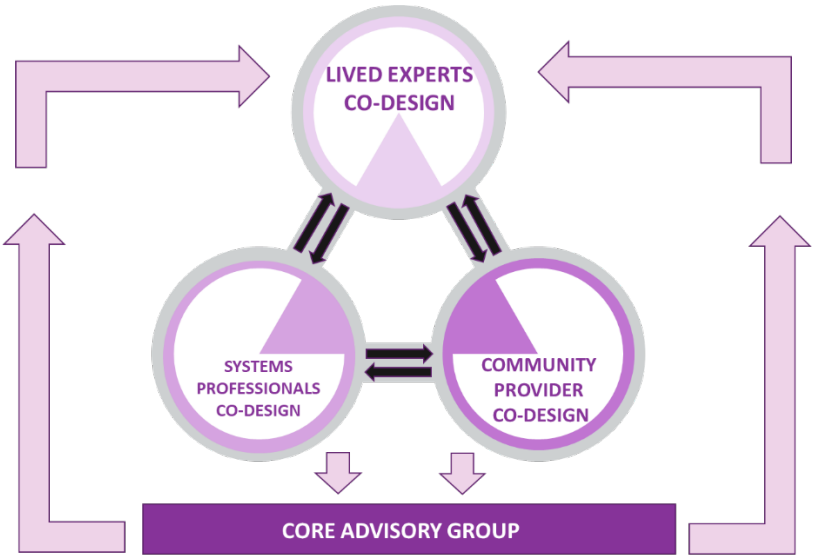
In July 2022, the co-design team met with DCYF's Office of Tribal Relations to identify an outreach methodology that would be respectful of established relationships with tribal governments. The co-design team received feedback that more time was necessary to conduct outreach to tribes because of the differences between engaging indigenous people and working with sovereign nations. It became clear the co-design team needed to engage tribal systems and not just people, and that a dedicated co-design group representing tribal governments would be the best approach. The co-design team has been invited to present on the project at an upcoming Indian Child Welfare (ICW) subcommittee meeting this winter. The project conveners did have success engaging indigenous communities to participate as members of the cohort with lived experience (Table 2).

Co-Design Advisory Group

The Co-Design Advisory Group consists of three members from each cohort as well as system stakeholders and advocates. The Advisory Group meets every other week, with five meetings already held prior to publishing this report.

The Advisory Group is tasked with advising the FRS co-design support team and cohorts, asking deeper questions, and advising DCYF on a budget for the community-based FRS program.

Figure 5. Co-Design Advisory Group



Additional Co-Design Resources:

- An Introduction to Co-Design (Center for Social Impact, 2016)
- Enabling Participation (Young and Well CRC, 2016)
- How can organizations assess their readiness to co-design? (CFP, 2021)
- Methods and Emerging Strategies to Engage People with Lived Experience: Improving Federal Research, Policy, and Practice (Assistant Secretary for Planning and Evaluation, 2021)

Appendix B: Child Welfare Experience Survey

SDM Consulting administered a Google survey to 130 youth and young adults with current or former child welfare involvement in Washington State to gather feedback on a range of DCYF services and supports for adolescents.

Services included Independent Living Skills (ILS), Extended Foster Care (EFC), and FRS. The survey was shared via email with lived experts and community providers. Each respondent received a $25 stipend upon survey completion.

From the survey, 44 respondents indicated having previous experience with FRS. These respondents rated their overall experience with FRS as 4.4 on average on a scale of 1-7 (7 = Extremely Satisfied). In addition, the 44 FRS respondents identified with the following:

- 30% identified as a person of color
- 14% identified as LGBTQIA+
- 8% identified as having a disability
- 57% had prior experience with a CHINS
- 43% had prior experience with an ARY
- 39% had prior experience with Truancy

The following are survey responses to the question, "**What is something you would tell FRS providers about your experience?"**

> *"The services provided me with life-changing help where other services such as law enforcement failed me."*
>
> *"Family Reconciliation Services are not always the answer, especially in situations of neglect or abuse. Listen to youth."*
>
> *"It's important to always remember that being split apart from your family forever impacts your life, and that is something to always take seriously."*
>
> *"If the kid seems scared of the parents or has a panic attack every time the parental figure in question gets brought up, maybe having them sit in a room with those people and hear them talk about how they are dissatisfied with the kiddo isn't a good idea."*
>
> *"It [FRS] may not be the best decision I've made, but if for sure gave me some type of closure with family."*

Appendix C: FRS Data and Outcomes, FY22

Table 4. Requests for FRS

Requests for FRS	Count
Intakes	2,943
Identified Youth	2,314
Families	2,214

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)

Table 5. Intakes for FRS by Region

Region	Intakes	Percent of Total
1	552	18%
2	449	15%
3	478	16%
4	592	20%
5	406	14%
6	451	15%
Central Intake	15	1%
State Total	2,943	

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)

Table 6. Referrals Made for FRS

Referent	Intakes	Percent of Total
Parent/Guardian	1772	60%
Victim and/or Self	321	11%
Law Enforcement Officer	146	5%
Social Service Professional	291	10%
Other Relative	135	5%
Other	77	3%
Corrections	29	1%
Mental Health Professional	57	2%
Friend/Neighbor	11	0%
Educator	60	2%
DCYF	15	1%
Medical Professional	21	1%
DSHS	2	0%
Foster Care Provider	2	0%
Subject	1	0%
Childcare Provider	2	0%
Anonymous	1	0%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)

Table 7. Age of Identified Youth

Age	Identified Youth	Percent of Total
11 & Under*	64	3%
12	174	7%
13	262	11%
14	431	19%
15	531	23%
16	521	23%
17	321	14%
18 & Over*	9	0%
Unknown	1	0%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)

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

Table 8. Gender of Identified Youth

Gender*	Identified Youth	Percent of Total
Male	1030	45%
Female	1276	55%
Unknown	8	0%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)
*Gender categories in FamLink are limited to male, female, and unknown

Table 9. Race

Race	Identified Youth	Percent of Total
White	1121	48%
Black	194	8%
Black-Multi	157	7%
American Indian & Alaska Native	43	2%
American Indian & Alaska Native -Multi	123	5%
Asian & Pacific Islander	50	2%
Multi-Other	45	2%
Hispanic	410	18%
Unknown	171	7%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)

Table 10. Ethnicity

Ethnicity	Identified Youth	Percent of Total
Hispanic*	471	20%
Non-Hispanic	1144	49%
Unknown	699	30%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)
*Includes 61 youth who identified as AI/AN multi-racial or Black multi-racial as race

Table 11. Child Welfare History

Child Welfare History	Families	Percent of Total *
Any Prior Intake	1,782	80%
Previous FRS Intake	332	15%
Previous CPS Intake	1,580	71%
Previous Non-CPS Intake	860	39%
Previous Removal from Home	383	17%
Previous Adoption	76	3%**

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)
* 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 91% of FRS cases in FY22

Table 12. Families with Prior FRS Intakes

Number of Prior Intakes	Families	Percent of Total
1	257	77%
2	50	15%
3	13	4%
4	5	2%
5	1	0%
6	2	1%
Greater than 6	4	1%
Total with Prior FRS Intake	**332**	

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)

Table 13. Other Demographics

Other Demographics	Identified Youth	Percent of Total
Diagnosed Disability	74	3%
Enrolled in School*	131	6%
Parenting Teen*	2	0%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)
*Likely under reported in FamLink as school and parenting status was not collected for over 94% of FRS cases in FY22

Table 14. FRS Services Requested, FY22

Service	Intakes	Percent of Total
Parent/Child Conflict Resolution	1,228	42%
Behavior Management Services	1,051	36%
ARY	1,593*	54%
CHINS	861*	29%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)
*There were 583 ARY and 174 CHINS petitions filed in FY22, a small fraction of requests for ARY or CHINS via FRS.
Source: Gilman, A.B., & Sanford, R. (2022). Becca Petition Filings in Washington State, July 2017 through June 2022. Olympia, WA: Washington State Center for Court Research, Administrative Office of the Courts.
.https://www.courts.wa.gov/subsite/wsccr/docs/Washington%20State%20Becca%20Petition%20Filings%202017-2022_Final.pdf.

Table 15. FRS Services Offered, FY22

Service	Intakes	Percent of Total
Services Were Offered	92	3%*
Family Refused Services	8	0%
Unable to Contact	173	6%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)
*Data inconsistent with in-home service referrals reported by RDA (Table 16) as referrals were likely under reported in FamLink.

Table 16. The Type of FRS Delivered

Percent of FRS Families Referred for In-Home Services: 13%

In-Home Services for FY 22	Families Referred *Count of Cases with Approved FRS CIHS Service Referral*	Families Started *Count of Cases with Approved FRS CIHS Service Payment*
Crisis Family Intervention (CFI)	64	59
Family Functional Therapy (FFT)	123	108
Family Preservation Services (FPS)	85	74
Home Builders	14	12
Positive Parenting Program (Triple P)	28	24
Total Referred / Started	**314**	**277**
Number of Families*	**293**	**264**

Source: DSHS Research and Data Analysis (RDA, 2022)
*De-duplicated count of families as some families received more than one referral.

Table 17. Length of Time Case Open, FY22

Days Open	Number of Cases*	Percent of Total
0-15	242	8%
16-30	244	8%
31-45	249	8%
46 - 60	191	6%
61-75	159	5%
76-90	133	5%
91 or Greater	1,236	42%
Open as of Nov 22	489	17%
Average**	**128 Days**	

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2022)
*May include other case types (i.e. tranfers to/from FRS), therefore not a accurate representation of how long an FRS case remains open
** Does not include cases still open as of November 2022.

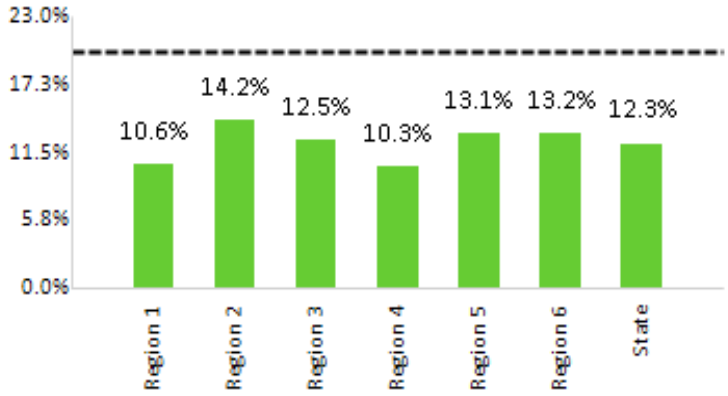
Family Outcomes After Receiving FRS

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 were not stabilized and later experienced further child welfare involvement through a subsequent CPS intake or placement of a child in out-of-home care.

Figure 6. CPS Intake or Placement After FRS Case Closure

Percent of Families Who Experience a Screened-In CPS Intake or Placement of One or More Children by Region, July 2019-June 2020, FY20

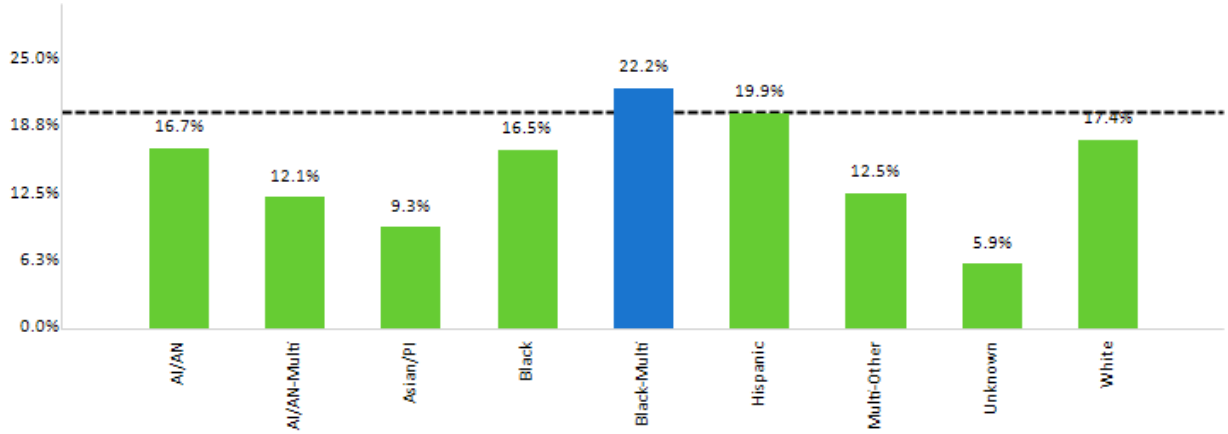


Source: infoFamLink Portal, Child Welfare Priority Performance Measures, Dec 5, 2022

Figure 7. 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, July 2019 - June 2020, FY20

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, Dec 5, 2022

Appendix D: 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 those 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 is a focus 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.