



FAMILY RECONCILIATION SERVICES 2023 ANNUAL REPORT



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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

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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 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;

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(f) Family outcomes after receiving family reconciliation services; and

(g) Recommendations for improving family reconciliation services.

(2) If the department cannot provide the information specified under subsection (1) of this section, the department shall identify steps necessary to obtain and make available the information required under subsection (1) of this section.

Data elements are provided in Appendix A tables 1-13 and figure 1-2. This report also provides updates on 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.”¹ 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 are eligible.

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 or 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

The Washington State Legislature passed and Governor signed [SB 5439](#) in 1995, 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 2020, 25 years after the Becca Bill, Washington State passed [HB 2873](#), [authorizing 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 a crisis and building

¹ [WAC 110-40-0010](#)

supports, skills, and connection to community networks and resources. HB 2873 was, in part, a response to DCYF’s limited capacity to provide effective FRS due to caseworkers needing to prioritize higher-risk dependency cases. Often families who request FRS report not receiving services responsive to their needs, few are referred for prevention services ([Table 16](#)), and many are distrusting of DCYF child welfare caseworkers for fear engagement will lead to deeper child welfare system involvement.

HB 2873 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. 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 development of a community-based FRS pilot.

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 FRS Implementation Timeline

Figure 1. (Subject to change)



Limitations and Challenges

1. *Phased in approach to implementation and expansion timeline:* A phased in approach allows for review of the new model and effectiveness, however, it also means a much longer timeline to this new model being implemented statewide. Some community partners have expressed frustration with the community-based model not being made available statewide immediately.
2. *Family First Prevention Services Act (FFPSA) requirements to assess prevention funding:* DCYF anticipates seeking federal Title IV-E funding under FFPSA to fund a portion of ongoing community-based FPS expansion. There are specific requirements to be met to claim IV-E funding for FRS, including an individual prevention plan for each family or youth, and provision of evidence-based services approved by the state [Title IV-E Family First Prevention Services state plan](#). This will take some time and Washington State is currently amending the state plan with community pathway expansion efforts and planning.
3. *Discontinuation of DCYF caseworker-provided FRS once community-based FRS is available:* Both systems need to simultaneously operate until the community is fully educated on community-based FRS access. Also, the department will still need to be involved in some FRS cases until RCW's 13.32A.140 and 13.32A.150 are amended to add language to allow a contracted agency ability to assist parents or child with filing a ARY and CHINS petition.

4. *DCYF FRS FTE's and union/collective bargaining:* Currently almost all FRS workers have a mixed caseload. However, there is union/collective bargaining process anytime a new program might be performing 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.*

Community-Based FRS Updates:

Between December 2022 and October 2023, DCYF has worked collaboratively with youth and families with lived experience, tribes, community providers, and other stakeholders, utilizing co-design principles and approaches, organized by a DCYF co-design facilitator. This effort consisted of regular monthly meetings with lived experience consultants and the core advisory group. There were nine combined codesign sessions and several townhalls. This collaboration resulted in a new community-based FRS model.

This community-based FRS model is 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 and refer them to needed 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 community-based implementation team will include a private agency social worker, system navigator and peer specialist. There will be three pathways to access services - self-referral, community-based referrals, and system referrals. An assessment will determine the level of service needed, no need for service or services declined, or a mandated reporting CPS referral.

DCYF Finance division developed a cost model and has submitted a [FRS Community Based Pilot.pdf](#) for the 2024 legislative session requesting support for early implementation in King, Pierce, and Yakima Counties (Regions 2, 4 and 5). The codesign team chose these locations with a focus on serving locations with high populations of youth of color within child welfare and with a consideration to the amount of FRS cases large enough to sustain a contracted provider for this program. If funded, these early implementer sites will operate for two years with data collection and evaluation to assess the effectiveness of implementation and recommendations for expansion.

Next steps for the FRS co-design project include:

- Establishing a tribal government co-design group in partnership with tribal nations.

- Determining performance-based contracting requirements for inclusion in community-based FRS contracts.
- Developing a draft contract and Request for Application (RFA).
- Awarding successful bidders and executing the contract in the three identified sites.
- 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.

Engaging Tribes

The codesign team has been 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 for the next fiscal year.

DCYF and Co-Design Recommendations for Improving FRS

DCYF is looking to improve FRS by:

- Working to enable the community-based FRS model to meet FFPSA requirements for 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.
- Promoting FRS as more than just support for filing an ARY and CHINS petition and have families request FRS before desiring an ARY or CHINS petition to prevent families from entering deeper into the child welfare system.
- Updating current FRS policy, to include, but not limited to, attempt to notify tribes when tribal enrolled families request FRS.
- Updating DCYF FRS Family Assessment to incorporate and align with codesign lived experience recommendations.

Appendix A: FRS Data and Outcomes, FY23

Table 1. Requests for FRS

Requests for FRS	Count
Intakes	3,272
Identified Youth	2,524
Case/family	2,381

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

Table 2. Intakes for FRS by Region

Region	Intakes	Percent of Total
1	677	21%
2	427	13%
3	614	19%
4	568	17%
5	480	15%
6	477	15%
Central Intake	29	1%
State Total	3,272	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

Table 3. Referrals Made for FRS

Referent	Intakes	Percent of Total
Parent /Guardian	1,984	61%
Social Service Professional	375	11%
Victim and/or Self	310	9%
Law Enforcement Officer	181	6%
Other Relative	107	3%
Other	92	3%
Educator	71	2%
Mental Health Professional	59	2%
DCYF	25	1%
Medical Professional	24	1%
Corrections	22	1%
Friend / Neighbor	12	0%
Foster Care Provider	6	0%
DSHS	2	0%
Subject	1	0%
Anonymous	1	0%
Total	3,272	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

Table 4. Age of Identified Youth

Age	Identified Youth	Percent of Total
11 & under*	31	1%
12	113	3%
13	303	9%
14	528	16%
15	756	23%
16	718	22%
17	567	17%
18 & over*	206	6%
Unknown	50	2%
Total	3,272	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

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

Table 5. Gender of Identified Youth

Gender*	Identified Youth	Percentage of Total
Male	1,516	46%
Female	1,702	52%
Unknown	54	2%
Total	3,272	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

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

Table 6. Race of Identified Youth

Race /Ethnicity	Identified Youth	Percent of Total
American Indian / Alaska Native	68	2%
American Indian / Alaska Native Multi	202	6%
Asian/Pacific Islander	55	2%
Black/African American	304	9%
Black/African American-Multi	259	8%
Hispanic/Latino	597	18%
Multi-Other	48	1%
White	1,445	44%
Unknown	246	8%
Total	3,272	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

*Includes youth who identified as multi racial

Table 7. Child Welfare History

Child Welfare History	Families	Percent of Total *
Prior CPS screened in	2,412	74%
Previous Non-CPS screened in	1,788	55%
Previous removal from home	643	20%
Adopted	139	4%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

* 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 FY23

Table 8. Families Provided FRS With Prior FRS Intakes

Prior FRS Intakes	Families	Percent of Total
0	2,099	64%
1	468	14%
2	374	11%
3	101	3%
4	25	1%
5	24	1%
6 or more	181	6%
Total	3,272	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

Table 9. Other Demographics

Other Demographics	Identified Youth	Percent of Total
Diagnosed Disability	124	4%
Enrolled in School*	144	4%
Parenting Teen*	3	0%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

*Likely under reported in FamLink as school and parenting status is not typically collected or documented.

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Table 10. FRS Services Requested, FY23

Service	Intakes	Percent of Total
*Parent/Child Conflict Resolution	1,239	38%
*Behavior Management Services	1,183	36%
*ARY	1,830	56%
*CHINS	887	27%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

*These numbers add up to more than the total FRS services (3272) 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, FY23

Contracted Services	Intakes	Percent of Total
Family refused services	20	1%
Unable to contact	315	10%
Services offered	123	4%
No services offered	2,814	85%
Total	3,272	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

*Data inconsistent with in-home service referrals reported by RDA (Table 16) as referrals were likely under reported in FamLink.

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 Service Referral	Count of Cases with Approved FRS CIHS Service Payment
Crisis Family Intervention (CFI)	70	49
Family Functional Therapy (FFT)	133	113
Family Preservation Services (FPS)	108	92
Homebuilders	13	7
Positive Parenting Program (Triple P)	56	50
*Total FRS Cases Referred / Started	341	291
*Percentage	10%	9%

Source: DSHS Research and Data Analysis (RDA, 2023)

* 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, FY23

Days Open	Number of Cases*	Percent of Total
0-15	380	12%
16-30	396	12%
31-45	313	10%
46-60	230	7%
61-75	157	5%
76-90	136	4%
91 or more	810	25%
Open as of July 2023	850	26%
Total	3,272	100%

Source: DCYF, OIAA, CW FRS Ad-Hoc Report via FamLink (DCYF, 2023)

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

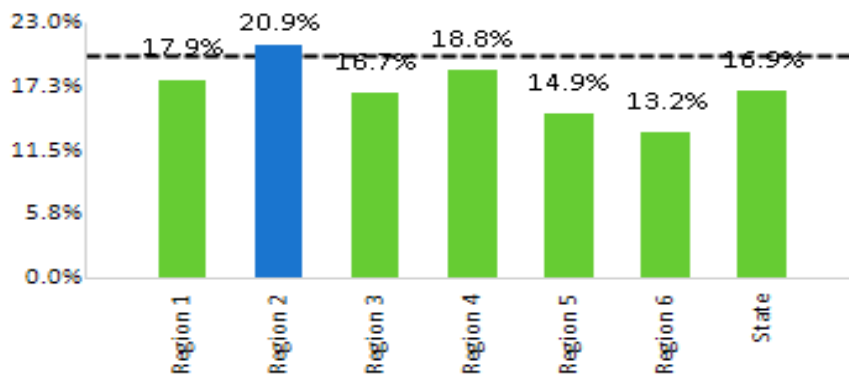
Family Outcomes After Receiving FRS

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.

Figure 1. CPS Intake or Placement After FRS Case Closure

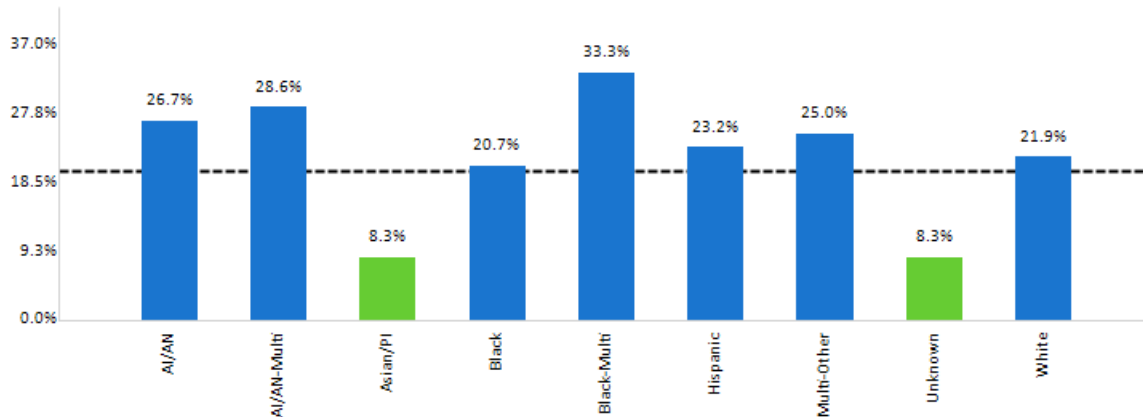
Percent of families who experience a screened in CPS intake or placement of one or more children by region, after FRS case closure.



Source: infoFamLink Portal, Child Welfare Priority Performance Measures, January 2021-December 2021

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 2021 to December 2021

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 2021-December 2021.

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.