



FAMILY RECONCILIATION SERVICES REPORT TO THE LEGISLATURE



Washington State Department of
CHILDREN, YOUTH & FAMILIES

If you would like copies of this document in an alternative format or language, please contact DCYF Constituent Relations (1-800-723-4831 | 360-902-8060, ConstRelations@dcyf.wa.gov).

November 2021

Adolescent Programs | Approved for Distribution by Steven Grilli, Assistant Secretary of Prevention and Client Services



Washington State Department of
CHILDREN, YOUTH & FAMILIES

CONTENTS..... 1

Executive Summary..... 0

Introduction 0

 Vision 2

 Principles and Goals 2

 Family First Prevention Services Act 2

 COVID-19 3

Background 3

 Family Reconciliation Services 4

 At-Risk Youth and Child in Need of Services 4

Gaps and Barriers..... 4

 Misalignment Within Child Welfare 4

 Shifting Further Upstream..... 6

 Lack of Contracted In Home Service Providers 6

 Navigating Through Juvenile Courts..... 7

 Fear of Child Welfare Involvement 8

 Poverty and Economic Stress 9

 Program Funding 10

 Data Limitations 10

Family Reconciliation Services Data and Outcomes..... 11

 Family Outcomes After Receiving FRS 13

Recommendations 15

Appendix A: In-Home Services..... 17

Appendix B: Glossary of Case Types 18

Executive Summary

This legislative report is prepared in compliance with [HB 2873](#), 2020 Reg. Sess. (Wash, 2020), to provide data and make recommendations for system improvements to Family Reconciliation Services (FRS), a voluntary program managed by the Washington State Department of Children, Youth, and Families (DCYF). The purpose of FRS is to “increase the safety of children through the preservation of families and the provision of assessment, treatment, and placement services.” FRS is available to families in conflict with adolescent youth ages 12 through 17.

DCYF caseworkers connect with families within 24 hours of a request for services to discuss the family’s current crisis and needs. If the family wants to engage further, the caseworker completes a family assessment to determine appropriate resources, including in-home services that provide family counseling or parent skill-building opportunities. Family assessments are also used when filing At-Risk Youth (ARY) or Child in Need of Services (CHINS) petitions with juvenile courts for determining the suitability of out-of-home placements.

In large part, what made FRS work for families during its formative years eroded due to a lack of investment in the program, and the way FRS is currently situated within the agency. DCYF caseworkers are responsible for many different types of cases, including FRS, abuse and neglect, and youth in foster care. Caseworkers have to prioritize cases most paramount to the health and safety of children. In this current resource-scarce environment, this means caseworkers often don’t have the time or resources necessary to focus on upstream services like FRS, resulting in fewer families getting requested support.

To be effective, FRS needs to be a widely available community-based resource for youth and families that doesn’t require or lead to deeper system involvement. HB 2873 created a pathway for DCYF to contract with community-based entities. However, DCYF currently does not have a program model for providing FRS through community-based entities that addresses pathways for entry into services, program components, policies and procedures, service eligibility, as well as how to navigate the relationship with juvenile courts for the filing of ARY and CHINS petitions.

DCYF recommends the following steps, as further detailed in this report:

1. Engage Stakeholders in Co-Designing a Community-Based FRS Program Model
2. Fund Community-Based Prevention Services
3. Expand System Capacity for Data-Driven Decision Making
4. Provide Flexible Funding for Concrete Economic Supports to Families in Crisis

A meaningful approach would ensure FRS is designed with the developmental needs of adolescents in mind. Recent success with other state-level prevention-focused workgroups demonstrates this work should be undertaken in partnership with other systems of care, and with support and collaboration from community stakeholders, particularly individuals with lived experience.

Introduction

In 2020, the Washington State Legislature passed [HB 2873](#), 2020 Reg. Sess. (Wash. 2020), which defined FRS to be “services provided by a 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.” This bill authorizes DCYF to contract with community-based agencies to administer FRS to families and youth in crisis. It also directs DCYF to report 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, 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 FRS delivered.
- (f) Family outcomes after receiving FRS.
- (g) Recommendations for improving FRS.

The passage of HB 2873 represents one of many efforts that have been underway to re-envision the state's response to youth and families in crisis, including:

- Preliminary Strategic Plan on the Prevention of Youth Homelessness¹
- Improving Stability for Youth Exiting Systems of Care²
- Families and Youth in Crisis³

The Preliminary Strategic Plan on the Prevention of Youth Homelessness, developed with a workgroup consisting of multiple state agencies, outlined underlying reasons for youth homelessness, identified gaps, and offered recommendations for preventing youth homelessness.

The workgroup, co-led by DCYF and the Office of Homeless Youth (OHY) at the Washington State Department of Commerce, identified “very few programs and services to help develop parenting skills or supports for parents experiencing challenges with their youth,” and existing approaches require many families to become formally involved in the juvenile justice and child welfare systems in order to access meaningful services. The workgroup recommended providing funding to DCYF to redesign FRS to “be a community-based service for youth and families focused on primary prevention.”

The Improving Stability for Youth Exiting Systems of Care report recommends DCYF collaborate with OHY, Division of Behavioral Health and Recovery (DBHR), and the Washington Association of Juvenile Court Administrators (WAJCA) to increase timely access to prevention services such as FRS and to develop a model for addressing the needs of youth and families in crisis with costs of less than \$1 million per biennium.

The Families in Crisis report advocated using a “Many, Some, and Few” model to match the specific level of services to the needs of youth and families in crisis. This model aligns with primary, secondary, and tertiary prevention, and is meant to allow families to move along the continuum based on their specific needs. The report highlighted the importance of having cross-system collaboration for the successful implementation and preservation of programming. The report proposes DCYF “revise the FRS assessment and referral process to be more expedient, research-based, and supportive of an actionable family plan,” including eliminating delayed assessments, ensuring timely referrals to services via a “warm handoff,” and allowing for third-party referral.

¹ [Preliminary Strategic Plan: Prevention of Youth Homelessness](#). (2021). Washington State Department of Commerce.

² [Improving Stability for Youth Exiting Systems of Care](#). (2020). Washington State Department of Commerce.

³ [Families and Youth in Crisis](#). (2019). DCYF.

These legislative reports echo each other and speak to the need for redesigning FRS so it is community-based and widely accessible to youth and families in crisis without requiring deeper system involvement. The following vision, principles, and goals were developed by DCYF staff with these attributes in mind and represent a foundation for undertaking future work in making system improvements to FRS. The vision, principles, and goals are intended to be provisional, with the expectation that families and youth with lived experience would shape future iterations.

Vision

Preliminary proposal

FRS is a continuum of broadly available reconciliation services that meets youth and families where they are, prioritizes serving and is informed by youth and families disproportionately impacted by child welfare, and provides timely interventions that address the expressed needs and level of services necessary to promote family stability and prevent future child welfare involvement.

Principles and Goals

Preliminary proposal

- **Transparency:** Keeping system partners and stakeholders informed, being accountable for outcomes.
- **Engagement and Collaboration:** Centering individuals with lived experience, working across systems, being mission driven.
- **Accessibility:** Ensuring responsive services and reducing barriers for youth and families in crisis.
- **Measurable:** Making data-driven decisions informed by equity and outcomes.
- **Culturally Responsive:** Strategies that are co-designed by Black and American Indian/Alaska Native youth and families.
- **Trauma-Informed:** Affirming the self-determination of youth and families, resisting re-traumatization.
- **Locally Centered:** Integrated into community-based settings, informed by local communities.

Family First Prevention Services Act

In addition to state legislative changes, future work may be impacted by the Family First Prevention Services Act⁴ (FFPSA). FFPSA, signed into law by Congress on Feb. 9, 2018, allows states to receive federal reimbursement for certain types of evidence-based services under titles IV-B and IV-E of the Social Security Act for eligible children at risk of foster care placement. It enables child welfare agencies to leverage federal funding to support primary and secondary prevention. FFPSA requires child welfare agencies to develop an approved five-year plan for utilization of these funds. DCYF received approval of its plan⁵ on Oct. 1, 2020.

FFPSA reimbursement for prevention services is limited to promising, supported, and well-supported practices that focus on mental health, substance abuse, or parenting skills. These practices are identified through the “Title IV-E Prevention Services Clearinghouse.”⁶ Waivers may be granted where there is compelling evidence of the effectiveness of a practice and continuous monitoring requirements are met. Several in-home services

⁴ [Family First Prevention Services Act](#), H.R. 253, 115th Cong. (2017).

⁵ [Family First Prevention Services: Prevention Plan](#). (2020). DCYF.

⁶ [Title IV-E Prevention Services Clearinghouse](#). (2021). Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

DCYF provides to families (e.g., Functional Family Therapy and Homebuilders) would be eligible for FFPSA reimbursement, however, minimum requirements must be met regardless of the intervention used.

FFPSA requires continuous monitoring and evaluation of programs and services, maintenance of an individualized written prevention plan, and periodic risk assessments to monitor the child's ongoing safety and family risk factors. In addition, DCYF must collect child-specific data in the agency child welfare information system, meet federal reporting requirements, and be a payer of last resort. This will likely have implications for contracting with community-based agencies to deliver FRS if these requirements cannot be met within current structures. DCYF has joined several other states in working on a pathway for community delivery of services that will meet FFPSA requirements and allow claiming. However, other funding sources may still be needed when FFPSA requirements cannot be met and/or more program flexibility is essential to better meet the needs of youth and families in crisis.

COVID-19

Underscoring all of these developments and efforts to re-envision services for youth and families in crisis is the COVID-19 pandemic. Since the onset of the pandemic, families across Washington State have been dealing with chronic stress caused by the pandemic. This includes fears about transmission, health implications for those who contract the virus, grief resulting from the passing of a loved one, economic fallout related to unemployment, an existing lack of affordable housing, politicizing of public health measures which reduce the spread of the virus, and the isolation and psychological impact of ongoing social distancing.

In June 2020, the Washington State Department of Health published a report⁷ on the behavioral health impacts of COVID-19, with a section on the emotional, cognitive, and behavioral impacts to families and children. Predictions for 12 months of the pandemic and beyond include heightened anxiety and depression, skill deficits including academic failures and employment challenges, as well as hopelessness and a lack of planning for the future. Supportive strategies focus on meeting basic needs such as food, sleep, and exercise as well as finding creative outlets and making time for connecting with others. Additionally, communities of color in particular are being disproportionately impacted by the pandemic due to the effects of structural racism. When families are besieged with these compounding issues it can have an adverse impact on their ability to cope with even normal adolescent behaviors. Families need supports like FRS now more than ever to help avert family crisis that could lead to future child welfare involvement.

Background

In 1995, The Washington State Legislature passed [SB 5439](#), 1995 Reg. Session (Wash. 1995), 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 by affirming the rights of parents, absent abuse or neglect, to exercise control over their children. The bill required mandatory school attendance for children over the age of eight, defined a process for families to file ARY or CHINS petitions with juvenile courts, and created FRS to be administered by Children's Administration at the Washington State Department of Social and Health Services (DSHS). This bill was primarily codified within the Family Reconciliation Act ([RCW 13.34A](#)).

⁷ [COVID-19 Behavioral Health Group Impact Reference Guide](#). (2020). Washington State Department of Health

Family Reconciliation Services

The purpose of FRS is to “increase the safety of children through the preservation of families and the provision of assessment, treatment, and placement services for children in need of services and at-risk youth” ([RCW 13.32A](#)). FRS was designed to alleviate family conflict through services and referrals such as, “suicide prevention, psychiatric or other medical care, or psychological, mental health, drug or alcohol treatment, welfare, legal, educational, or other social services, as appropriate to the needs of the child and family.” FRS may also include support to parents in developing parenting and conflict resolution skills.

FRS is available to families with an adolescent between the ages of 12 through 17 years old, where the young person has run away or is otherwise in conflict with their family. Currently, a family member or youth can access FRS by contacting their local DCYF office or central intake. A caseworker is assigned to the case and within 24 hours contacts the family to get information about the family’s crisis and offer an assessment.

Family assessments are used to identify the family’s strengths and needs, and can be the basis for a caseworker to make referrals to in-home service providers. FRS was originally administered in two phases with everything prior to a referral for in-home services considered phase 1, and the provision of in-home services considered phase 2. Because of current challenges engaging families in FRS and a lack of contracted service providers, FRS now mostly consists of the family assessment with few referrals for in-home services provided. A summary of in-home services is provided in Appendix A.

At-Risk Youth and Child in Need of Services

The family assessment is required for families seeking to file an ARY or CHINS petition with the juvenile courts. An ARY petition must be filed by the parent/guardian and demonstrate the youth is beyond the control of the parent such that it imposes an immediate threat to the health, safety, or welfare of the child or others. This includes youth who have left home without permission, or who have a substance use disorder.

A CHINS petition can be filed by either DCYF, the child, or a parent and must demonstrate, in addition to the criteria for an ARY, that the child is in need of services including food, shelter, health care, etc. and that efforts towards family reconciliation have been unsuccessful. Typically, a CHINS is the method for court-approved out-of-home placements beyond 72 hours when the youth has no other suitable place to live and returning home is not an option. CHINS orders may last for up to six months after a suitable placement has been found while the family pursues avenues towards family reconciliation.

Gaps and Barriers

Misalignment Within Child Welfare

FRS is intended to preserve and strengthen families in crisis to prevent child welfare involvement and out-of-home placement. In order to access in-home resources like family counseling or parent skill-building opportunities, families must first complete a family assessment and be interviewed by a DCYF caseworker who later determines if in-home services are necessary to preserve the family. The assessment and interview is intended to help a family identify strengths and challenges and ways of overcoming those challenges through a family’s natural support system, community-based resources, or in-home services.

This process works best when caseworkers can invest time and energy necessary to thoroughly understand the family’s unique strengths and needs and work with the family to develop an actionable family plan. However, this is typically not what occurs when families seek FRS. Caseworkers, who carry a variety of different case types including Child Protective Services, want to serve FRS families as quickly as possible so

they can get back to more pressing cases where safety risks to the child are more imminent. When there are competing demands for limited time and resources caseworkers must prioritize around safety risks, which can result in less time available to invest in FRS cases. A full description of all case types is provided in Appendix B.

In CY20, there were five caseworkers who worked FRS cases in a full-time capacity across the state. The majority, 58 in total, worked FRS to a much lesser degree. Median caseloads were 16 cases per caseworker, when a caseworker held at least one FRS case (See Table 1). This does not account for the degree or intensity to which caseworkers dedicate time and energy towards helping a family resolve a crisis.

Table 1. Case Sizes

Group	Number of Cases Per Worker	Number of Caseworkers in Group
1	0-4	4
2	5-10	12
3	11-18	22
4	19-25	14
5	26-35	9
6	>35	2

Source: infoFamLink Portal, Workload FTE Summary, July 14, 2021

Variations in case sizes may be influenced by a number of factors, including caseworker’s geographic area (most offices have 1-2 caseworkers working FRS cases), skills and abilities, or intensity of multiple cases. Typically, CPS cases are assigned first to the most experienced caseworkers, leaving less experienced caseworkers for FRS. Ideally, cases would be assigned to dedicated FRS workers recruited for the purpose of providing FRS, who have an aptitude for prevention while addressing the developmental needs of adolescents.

It is difficult for caseworkers to prioritize prevention when they have to be primarily focused on intervening in cases of child maltreatment or supporting children in foster care. Caseworkers report while FRS cases are some of their most favorite to work given the flexibility to which they get to work with families, rarely do they have the time or resources to adequately build relationships necessary to assist the family in addressing their needs. Too often, FRS is perceived as a “light touch” or “fly-by” service rather than a key strategy in preventing future child welfare involvement.

It is critical that programs targeting adolescents are culturally responsive and developmentally appropriate. Research demonstrates adolescents have specific developmental needs associated with an increasing sense of self, growing independence, need for relationships, and feelings of belonging. These needs can be driving influences behind family conflict. Having FRS caseworkers who have the interest and skills for working with adolescents and their families in a culturally responsive manner would help achieve the agencies racial equity goals and further the agencies mission to provide equitable prevention services.

An area of focus within the agency, partly due to [HB 1661](#), 2017 Reg. Sess. (Wash. 2017), creating DCYF, is the developmental needs of adolescents. DCYF created a new Division of Adolescent Programs focused on ensuring services to adolescents are developmentally appropriate. This team is well situated to provide oversight of FRS to ensure the specific needs of adolescents are addressed, however, it currently has no direct oversight over program services which are provided through child welfare field offices across the state.

The impact of policy changes is heavily reliant on buy-in from field offices, and may be muted in places where change is not welcomed, valued, or there is a lack of resources. This is largely what informed prior recommendations to move FRS into the Division of Adolescent Programs. However, there are prevailing concerns within child welfare regarding the impact this would have on the work force, potentially leading to labor disputes should union positions dissolve or significantly change as the program is restructured.

Shifting Further Upstream

In addition to challenges created by FRS being situated within child welfare is the degree to which the agency can make a cultural shift from traditional child welfare practices toward more upstream prevention services. The passage of HB 1661 re-envisioned an important role for the agency to “provide preventative services to help secure and preserve families in crisis,” and acknowledged that “to improve service delivery and outcomes, existing services must be restructured into a comprehensive agency dedicated to the safety, development, and well-being of children that emphasizes prevention, early childhood development, and early intervention.” Measures of success include, “improving reconciliation of children and youth with their families” and “reducing the number of children entering out-of-home care.”

It is clear HB 1661 was designed to expand DCYF’s scope to include services which prevent the need for out-of-home placements. In addition, DCYF was identified by the legislature to be a leader in cross system collaboration such that lawmakers created a mechanism within the department to “align, integrate, and ensure accountability of state services for children, youth, and families across state agencies so that there is a seamless, effective, prevention and early intervention-based service system regardless of which state agency is responsible for particular services.” With few exceptions, DCYF caseworkers are not oriented to see their work through a prevention lens. This poses significant challenges for an agency trying to make a shift in how caseworkers serve youth and families, getting to families earlier in their crisis to prevent out-of-home placements.

Lack of Contracted In Home Service Providers

DCYF contracts with community-based providers for the provision of in-home services such as Functional Family Therapy (FFT) or Crisis Family Intervention (CFI). However, the majority of families who receive a family assessment do not go on to access in-home services (only 13% of FRS families were referred for in-home services in CY20, and only 14% of families were referred in CY 19). Due in part to an inadequate rate structure, contracted providers for in-home services are not readily available in each region, leading to geographic disparity in communities that have fewer options. DCYF has submitted a decision package for the 2022 Legislative Session to request a rate increase for combined in-home services with the goal of increased service capacity across the state. Furthermore, the pandemic has had an impact on availability of in-home services in both urban and rural communities as providers stop practicing or decline new clients due to COVID-19 concerns.

In areas where providers are available, some families are not interested in services or they are just seeking an assessment for the purpose of filing an ARY or CHINS petition with the juvenile court. For families that decline in-home services or they are unavailable, it is unknown to what degree they are able to utilize other community-based resources. The ability for a caseworker to make a “warm hand off” to a community program may be impacted by the degree to which the caseworker is able to foster and maintain relationships with other community providers. Any shift towards having FRS intake, assessments, and referrals be provided by community-based agencies should include a thorough gap analysis to determine individual communities’

capacity for managing the process of connecting families to appropriate services providers who can engage the family with therapeutic and culturally responsive services.

Navigating Through Juvenile Courts

One of the primary challenges in administering FRS to youth and families in conflict is the significant variation in county juvenile court practices for youth and families seeking an ARY or CHINS petition in each jurisdiction across the state. This includes variations in when a family assessment is required to file a petition as well as the process for determining placement for a youth after a petition is granted. These variations were first identified in the Families in Crisis Report (2019), which included an appendix by The Athena Group that outlined the ARY and CHINS petition process for a third of all juvenile courts in the state.

FRS caseworkers report each juvenile court operates slightly differently, requiring caseworkers to become familiar with each court's protocols and expectations. For example, requirements to complete a family assessment prior to filing an ARY or CHINS petition have been inconsistently applied with some courts allowing families to file so long as they complete the assessment prior to the fact-finding hearing. This inconsistency may be attributed to recent legislative changes regarding when youth and families are permitted to file. [SB5290](#), 2019 Reg. Sess. (Wash. 2019), which eliminated the use of the valid court order exception to place non-criminal youth in detention, made it a requirement for parents or youth to complete a family assessment prior to filing an ARY or CHINS petition. Prior to passage of 5290, the filing was permitted when the agency was unable to complete the assessment within two working days of the request.

Other issues include the degree to which the juvenile courts expect DCYF to find suitable placements for youth on a CHINS petition. DCYF typically does not recommend courts approve CHINS petitions when a placement has not previously been identified by the family, given the lack of placement options available to youth under the legal custody of the agency. [RCW 13.32A.170](#) allows DCYF to recommend for approval or dismissal an out-of-home placement under a CHINS petition based on factors, including whether "suitable out-of-home placement resources are available." When DCYF takes an active role in finding suitable placements for youth on a CHINS, they must meet the same standards as other placement options, such as meeting licensing regulations or being subject to health and safety visits, which may preclude people who are a part of a youth's natural support system from being a viable placement option. When DCYF does not take an active role in finding placements for youth, it can frustrate the juvenile courts who may try and compel the agency by way of the court order.

Additionally, in most cases, once a family assessment has been completed DCYF no longer provides ongoing case management to that family, leaving it to juvenile courts to provide ongoing support as resources allow. Unfortunately, these disagreements about whose role it is to find placements and provide supports to youth and families in conflict impede partnerships, and clarity regarding roles and responsibilities is needed. Again, the intent of HB 1661 suggests DCYF should be proactive in working with juvenile courts to clarify and resolve placement issues imposed by youth involved in ARY and CHINS proceedings.

It's worth noting the Families in Crisis report highlighted a phrase often heard by youth and advocates alike, which was "court as a last resort." There are consequences with overly relying on the courts for resolving family conflict, and being the only means by which some families are able to access necessary services, namely further court involvement or detention.⁸ Conversely, FRS caseworkers reported some families are not

⁸ While SB5290 removed the valid court order exception for non-criminal offenses, the timeline for full implementation is July 2023. Meanwhile, ARY can still be subject to detention for violating a court order.

interested in the in-home services the agency provides because they only see the family assessment as a means for satisfying the court's requirements for obtaining an ARY or CHINS petition. In these cases, families are already at peak crisis and are looking for respite rather than family counseling or parent skill-building opportunities. Whether desirable or not, FRS is perceived by families as a means for further court involvement rather than a valuable resource in and of itself. A new vision for FRS would involve limiting the need for court interventions as a condition to receiving assistance to resolve family conflict by ensuring FRS has the capacity to address the needs of youth and families in community-based settings without requiring the filing of an ARY or CHINS petition in county juvenile court.

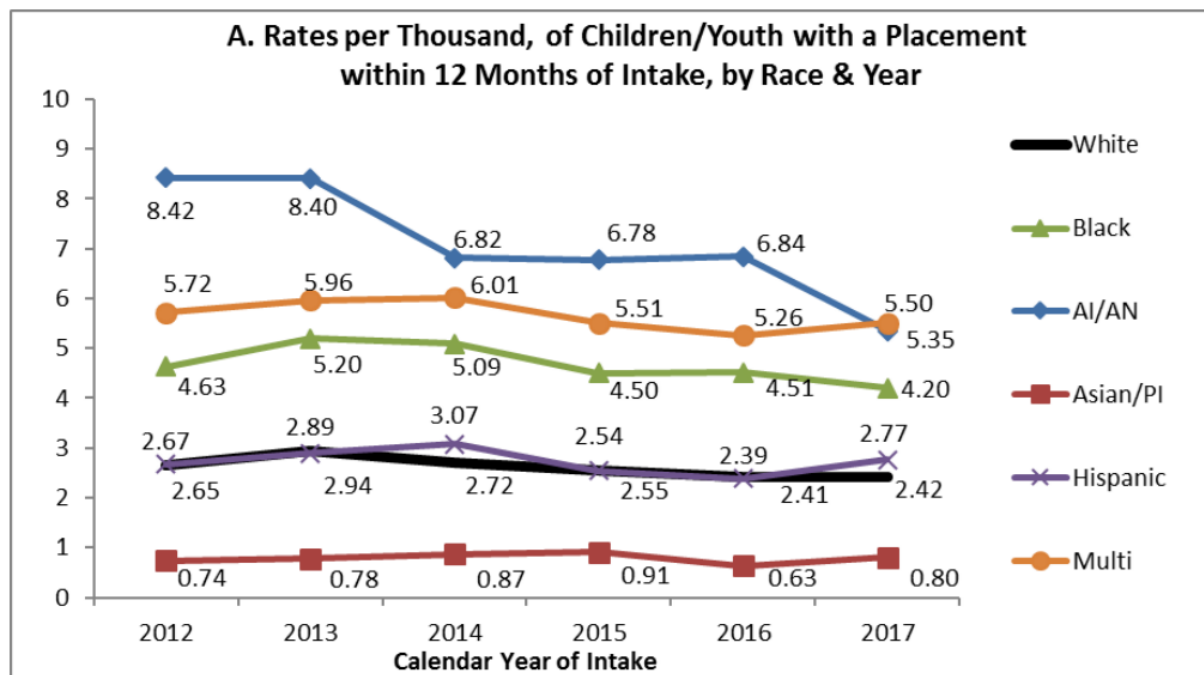
Fear of Child Welfare Involvement

Families may have reason to fear deeper child welfare involvement if they engage in FRS. Beyond the fact that most FRS caseworkers are also CPS investigators, caseworkers are required by federal law to conduct health and safety visits on families with FRS cases open longer than 45 days. These visits are meant to ensure there is no risk for abuse and neglect in the home. Caseworkers report some families decline services when they learn the caseworker will need to conduct monthly health and safety visits, as families fear the visits will be intrusive and may lead to child removal from their home. While child health and safety is of the upmost importance, FRS is intended to be voluntary for families where there have been no findings of abuse and neglect. Rather than being based on immediate red flags observed by the caseworker, the health and safety visits are triggered by the length of time the case has been open. To avoid health and safety visits and still be able to serve families, caseworkers try to close FRS cases within 45 days, which creates a timeline for when families are expected to reconcile, regardless of the family's progress or their underlying needs.

Families that include Black and American Indian/Alaska Native children have legitimate reasons for fearing child welfare involvement, as both are over-represented in foster care. According to the Children's Bureau,⁹ nationally, American Indian/Alaska Native children are 1% of the child population but 2% of children in foster care. Similarly, Black children are 14% of the child population but 23% of children in foster care. In Washington State, disproportionality for Black and American Indian/Alaska Native children in foster care is also pronounced, with rates of removal within 12 months of intake significantly higher than other races and ethnicities (See Figure 1). In response, the Legislature passed [HB 1227](#), 2021 Reg. Sess. (Wash, 2021), to "reduce racial bias in the system by applying a standard criteria for determining whether to remove a child from a parent." Given the level of disproportionality families of color experience in the child welfare system, it's understandable why families may decline voluntary services from caseworkers, regardless of the family's conflict or underlying needs.

⁹ [Child Welfare Practice to Address Racial Disproportionality and Disparity](#). (2021). Children's Bureau, Administration for Children & Families (ACF).

Figure 1. Trends in Rate of Occurrence for Placements After Intake



Source: [2019 Washington State Child Welfare Racial Disparity Indices Report](#)

Lack of trust in the child welfare system or in government-provided services generally may contribute to lower rates of families being referred for services, as families decline to engage further. This illustrates why it’s critically important to engage communities of color, particularly Black and American Indian/Alaska Native youth and families, in designing a continuum of culturally responsive services. DCYF has included eliminating racial disproportionality as a part of its current strategic priorities,¹⁰ specifying that “all divisions and programs will develop and implement plans to advance racial equity in their respective work in partnership with BIPOC¹¹ communities.” This includes co-designing strategies with BIPOC communities, implementing innovative community-based approaches, and reducing the number of children placed in out-of-home care by half.

Poverty and Economic Stress

Beyond the racial biases of the child welfare system are other structurally oppressive factors, most notably, higher rates of poverty amongst families of color. Poverty can hinder a parent’s ability to provide for basic needs like housing, food, and health care. It’s worth noting over 60% of CPS cases nationally involve neglect only. According to the Children’s Bureau, the stresses of poverty can “affect parenting capacity, resulting in inconsistent discipline, the inability to respond to a child’s emotional needs, or failure to prevent or address potential safety risks.”⁹ It’s also likely families experience higher cases of reported maltreatment given higher visibility amongst mandated reporters when navigating resources to address their basic needs. Additionally, it is harder for families in poverty to take time away from paid work or the pursuit of resources that address the family’s economic needs in order to navigate complicated court proceedings through the filing of ARY and

¹⁰ [The Department of Children, Youth, and Families Strategic Priorities 2021-2026](#). (2021). DCYF.

¹¹ Black, Indigenous, People of Color (BIPOC).

CHINS petitions. Employers of lower wage employees may be less flexible or understanding when a parent needs to take time off from work to attend court.

While poverty, which disproportionately affects families of color, is a motivating factor in reports alleging child abuse and neglect, studies have shown families of color are no more likely than white families to neglect their children. In fact, according to a policy brief¹² by Chapin Hall at the University of Chicago, at similar poverty levels, maltreatment of white children tends to trend higher. The same brief demonstrates that a meaningful strategy for the retention of families in poverty is the provision of concrete economic supports. According to Chapin Hall, “even modest economic supports can stabilize families and alleviate the need for more intensive services.” While FFPSA provides great opportunity to leverage federal funding in support of early prevention for youth and families through an expansion of in-home services, FFPSA does not address poverty as a motivating factor behind child welfare involvement. Additionally, while flexible funding is allowable for families within child welfare, utilization is often limited to cases with immediate health and safety issues, and the amounts that can be approved are limited (\$200 for a caseworker approval; \$500 for a supervisor approval).

Program Funding

One of the most often cited challenges with effectively administering FRS to families across Washington State is a lack of available funding. While adequate funding for FRS is an ongoing issue which must be addressed, it is equally true even when funding is available (as was the case in the 2019-20 Biennium when DCYF received \$1.6 million in proviso for FRS) the agency does not have an efficient means for tracking its investment in the program. This is in large part because any funding for FRS is lumped together with other state and federal funding sources for child welfare services and then allocated to regions using a cost allocation plan.

The only means for tracking the agency’s investment in FRS is to calculate the percentage of time caseworkers spend on FRS compared to other case types, and then multiply that by the total amount of all state and federal funding allocated for child welfare. However, this method does not provide a direct relationship between FRS funding and FRS caseworker time and services. The line between state and federal funding is often blurred by the fact that many of the same in-home services provided to FRS families are the same services provided to families involved in other case types. Furthermore, once an FRS case is open longer than 45 days, it has essentially crossed over into deeper system involvement (subject to monthly health and safety visits).

The distinction between prevention services such as FRS and child safety interventions such as CPS is elusive, impacting how state and federal resources are utilized. It is unclear what the impact would be on child welfare’s overall budget if FRS was to be completely removed from the division. This lack of distinction has implications not just for how funding is used but also drives the service intervention such that it may undermine the very purpose of the program to preserve and stabilize families without leading to deeper system involvement.

Data Limitations

DCYF utilizes FamLink, a statewide child welfare information system that meets federal reporting requirements and enables caseworkers to track and manage information relevant to child welfare cases. All child welfare cases are first recorded in FamLink via intake. Intake screens collect household characteristics

¹² [System Transformation to Support Child & Family Well-Being: The Central Role of Economic & Concrete Supports](#). (2021). Chapin Hall, University of Chicago.

such as member’s age, gender, race, ethnicity, the presence of a disability or IEP, prior child welfare involvement, last known permanent residence, etc. However, FamLink is significantly limited in reporting mechanisms where there are no federal reporting requirements, namely non-CPS services that are voluntary.

Program managers are not able to pull most FRS household information out of FamLink due to the lack of reporting mechanisms designed specifically for this purpose. All client-level data must be pulled on case by case basis, which is not an efficient use of state resources given the volume of FRS intakes that occur annually. In order to meet reporting requirements specified in SHB 2873, DCYF’s data management system must be updated to integrate reporting mechanism for FRS or aggregate reporting must occur outside of FamLink by another means. Currently, FRS data is limited to number of requests for FRS, referrals made for FRS, and in-home services delivered by way of payments to contracted providers for each family.

The lack of reporting for FRS has implications for DCYF’s ability to measure equity in services. Without being able to report on the number of families receiving FRS where one or more family members involved are a person of color, we cannot measure if there is disproportionality in which families receive in-home services. This limitation is striking given how overrepresented Black and American Indian/Alaska Native families are within the child welfare system.

Family Reconciliation Services Data and Outcomes

Table 2. Requests for FRS

Region	CY20
1	517
2	296
3	487
4	490
5	398
6	368
Central Intake	16
State Total	2,572*
Number of Families**	2,074

Source: infoFamLink Portal, Intakes by Decision Type, July 14, 2021

* Number of intakes is down 1,204 from prior CY19

**Number of families is unduplicated as some families had more than one intake in the CY

Table 3. Referrals Made for FRS

Intakes by Referent	CY20
Parent/Guardian	1509
Victim and/or Self	325
Law Enforcement Officer	251
Social Service Professional	202
Other Relative	90
Other	73
Corrections	33
Mental Health Professional	27
Friend/Neighbor	16
Educator	16
DCYF	15
Medical Professional	11
DSHS	2
Foster Care Provider	1
Subject	1
State Total	2,572

Source: infoFamLink Portal, Intakes by Decision Type, July 14, 2021

Table 4. The Type of FRS Delivered

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

In-Home Services for CY 20	Families Referred	Families Started
	<i>Count of Cases with Approved FRS</i>	<i>Count of Cases with Approved FRS</i>
	<i>CIHS Service Referral</i>	<i>CIHS Service Payment</i>
Crisis Family Intervention (CFI)	88	37
Family Functional Therapy (FFT)	111	56
Family Preservation Services (FPS)	63	27
Home Builders	11	3
Positive Parenting Program (Triple P)	12	5
Total Referred / Started	285	128
Number of Families**	273	127*

Source: DSHS Research and Data Analysis (RDA, 2021)

**Number of Families is unduplicated as some were referred to/received more than one in-home service

*Count of families receiving in-home services is incomplete from April to November 2020 as providers received a retainer payment for services due to the COVID-19 pandemic

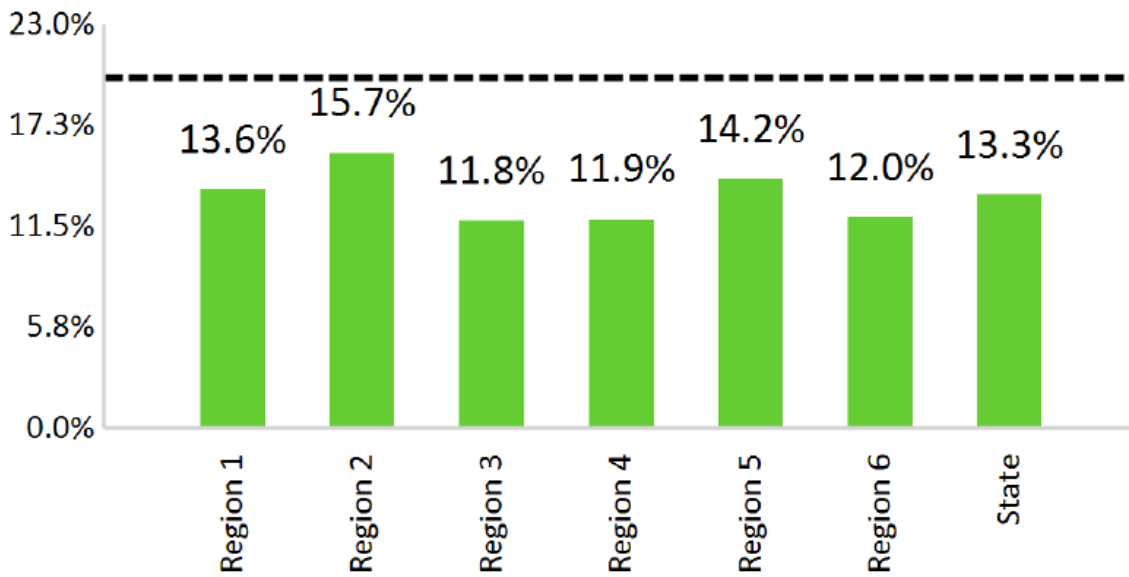
Family Outcomes After Receiving FRS

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. One of the priority outcome measures looks at the percent of families who experienced a screened in CPS intake or placement of one or more children within 12 months of receiving FRS. This data could include new occurrences of child abuse/neglect or assistance with placement of the youth involved in the FRS case. This outcome is helpful in understanding the efficacy of the FRS program by showing the percentage of families that were not stabilized and later experienced further child welfare involvement through either a CPS intake or placement of children in out-of-home care.

Figure 2. 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, Jan 2019-Dec 2019



Source: infoFamLink Portal, Child Welfare Priority Performance Measures, Oct. 19, 2021

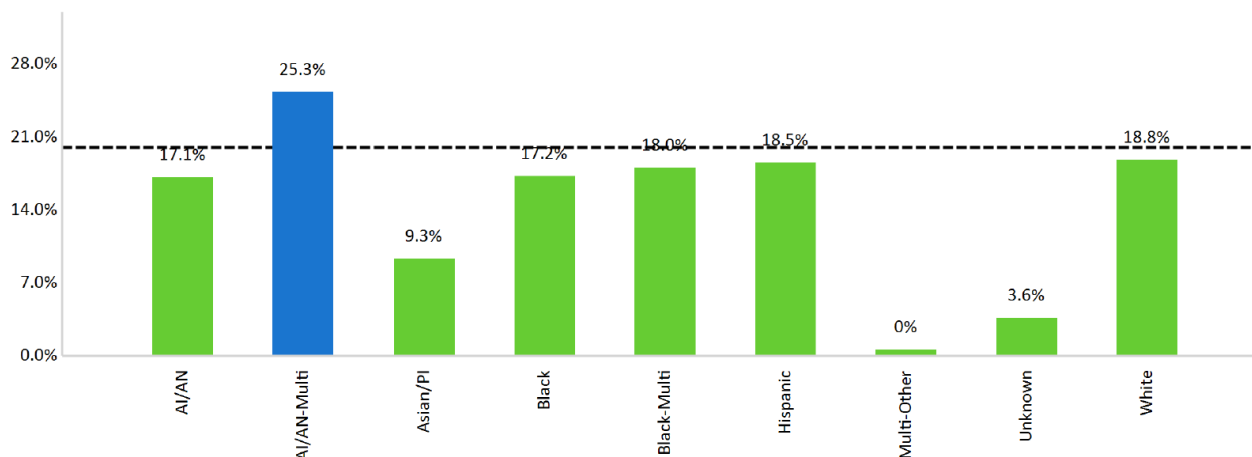
Black and American Indian/Alaska Native Youth Are More Likely to Have a CPS Intake After FRS Than Other Races and Ethnicities

While race and ethnicity data for all families engaged in FRS is not reportable, DCYF can report the race and ethnicity of families who had a screened in CPS intake within 12 months of an FRS case closure. This data shows Black and American Indian/Alaska Native youth are overrepresented amongst families that had a CPS intake subsequent to an FRS closure, with the most pronounced disproportionality for American Indian/Alaska Native Youth who are multiracial. This suggests FRS may not have been as effective at stabilizing Black and American Indian/Alaska Native families proportionate to other races and ethnicities.

Figure 3. 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, Jan 2019 - Dec 2019

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, Oct. 19, 2021

*“DCYF prevention services are informed by the **voices** of children, youth, and families as well as informed by **data and evidence.**”*

– Family First Prevention Services: Prevention Plan, DCYF

Recommendations

1. Engage Stakeholders in Co-Designing a Community-Based FRS Program Model:

In partnership with families and youth with lived experience, tribal nations, community-based providers, caseworkers, juvenile courts, and other systems stakeholders, design a new FRS program model situated within community-based settings. Co-design work may include partnering with statewide prevention coordinating bodies, assessing juvenile court practices, developing family assessment tools, revising policies on eligibility for services, and developing community-based entry points to services for youth and families in crisis.

- i. Amending [RCW 43.03.220](#) to allow compensation for lived experts to participate in coordinating bodies and related state-level advisory groups to promote an inclusive, equitable approach to informing the government.

2. Fund Community Based Prevention Services:

Provide flexible funding for DCYF to contract with community-based agencies to begin implementing culturally relevant, trauma-informed, and developmentally appropriate community-based prevention services to adolescent youth and families in conflict. Services may include but not be limited to assessment, treatment, or referrals to other services as appropriate to the needs of the youth and family.

- i. Require staff providing services via community-based agencies receive training in adolescent development, racial equity, and affirming practices for LGBTQIA+ youth.

3. Expand System Capacity for Data-Driven Decision Making:

Ensure DCYF can report on the required elements specified in SHB 2873 to inform data-driven decisions and ensure equity in outcomes. This may include ensuring future build-outs of FamLink include reporting mechanisms for FRS, collaborating with DSHS’s Research and Data Administration (RDA) to integrate data from other systems of care, as well as expand on demographic data collected to include sexual orientation, gender identity, and expression (SOGIE) for young people engaged in reconciliation services.

4. Provide Flexible Funding for Concrete Economic Supports to Families in Crisis:

Ensure families in crisis have basic needs met for housing, food, clothing, transportation, medical care, etc. to support family reunification and prevent the need for out-of-home placement. Provide flexible funding for concrete economic supports which can stabilize families in crisis by alleviating poverty-related stressors that contribute to family conflict.

Appendix A: 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.

Appendix B: Glossary of Case Types

Family Reconciliation Services (FRS): Voluntary services for families with adolescent youth ages 12 to 17 in crisis when a youth has run away from home or there is family conflict. The focus of FRS is to assess and stabilize the family with the goal of resolving crisis and building supports, skills, and resources necessary to prevent out-of-home placement. Caseworkers complete family assessments and refer to community and in-home services where needed.

Family Voluntary Services (FVS): Voluntary services allowing parents to increase their protective capacities and meet their children's needs for safety, health, and well-being. FVS is provided to families with children under age 12. Families are considered at risk for out-of-home placement due to an identified safety threat in the home. The focus of FVS cases is to help families reduce and mitigate safety threats and risk to children.

Child Protective Services (CPS): Responsible for assessing, investigating, and intervening in cases where there is known or suspected cases of abuse and neglect in the home by a parent or caregiver. CPS caseworkers work with families to ensure the safety of the child in the home. Cases are either assigned to CPS investigation or Family Assessment Response (FAR) depending on the level of risk in the home. FAR focuses on child safety along with family preservation in instances with lower risk. CPS may file a dependency petition in circumstances where there have been findings of abuse and neglect and it's not safe for the child to remain in the home.

Child Family Welfare Services (CFWS): Provides services to children and families to address child safety and well-being and focus on the specific needs of the parents. Typically, children have been removed from the family home and are in an out-of-home placement. The focus of CFWS cases is to reunify children when a child can safely return home and if not, achieve permanency through placement with relative kin, foster homes, group homes, or adoption.