

FAMILY RECONCILIATION SERVICES DATA



Washington State Department of
CHILDREN, YOUTH & FAMILIES



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Executive Summary

Family Reconciliation Services (FRS) was created to help families manage conflict that arises when their child becomes an adolescent and starts to change the way they relate to the world. Most times this conflict is resolved within the family without the need for outside assistance. Sometimes families need resources and reach out to the Washington State Department of Children, Youth, and Families (DCYF) for services. This report, required by **Substitute House Bill 2873**, provides the data DCYF currently has available, recommendations for improving FRS, and identified steps to obtain information not currently available.

Introduction

In 1995, the Washington State Legislature created FRS as part of the BECCA Bill. According to the Revised Code of Washington 13.32A.010, the intent of the program 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, including services and assessments.” This RCW ends with the statement that “the Legislature further intends to empower parents by providing them with the assistance they require to raise their children.” With this in mind, FRS is a prevention program that should be available and provided to families when they need assistance, and before they are in crisis.

In 2020, the Legislature enacted RCW 43.01.036 (SHB 2873) directing DCYF to make data available on the use of FRS beginning Dec. 1, 2020, which includes:

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

Some of the requested information is not available to report on due to the way client data is gathered within the FRS program and the limitations of FamLink, the agency’s case management system.

The Number of Requests for FRS Section (1) (ab)

The information below outlines, per region, how many FRS intakes were received from or on behalf of families in calendar year (CY) 2019. This data may contain multiple intakes per family as there may have been a need for additional intervention or multiple intakes were made on the same family.

FAMILY RECONCILIATION SERVICES DATA

FRS Intakes	
Region	FRS Intakes Received CY 2019
1	784
2	599
3	697
4	706
5	451
6	513
Central Intake	26
State	3,776

Source: infoFamLink Portal, Intakes by Category, 11/06/2020

The Number of Referrals Made for FRS (b)

Families receive services from their assigned caseworker and, if needed and willing, the family is referred to a contracted therapeutic service provider. The table below provides data on the number of families requesting FRS who were referred for a contracted therapeutic service and the number of families who started the contracted service for CY 2019. Not all families who request FRS need or are interested in receiving a paid service, as it is a voluntary program.

FAMILY RECONCILIATION SERVICES DATA

Combined In-Home Services (CIHS) Type	Families Referred for Paid Service Count of Cases with Approved FRS CIHS Service Referral	Families Started Paid Service Count of Cases with Approved FRS CIHS Service Payment
	CY 2019	CY 2019
Crisis Family Intervention (CFI)	135	123
Family Functional Therapy (FFT)	171	140
Family Preservation Services (FPS)	94	88
IFPS-Home Builders	11	10
Promoting First Relationships (PFR)	1	1
Triple P (Positive Parenting Program)	24	21
Total Referrals* / Total Case Payments**	436	383
Number of Families Referred* / Number of Families Started**	414	366

* “Total Referrals” is more than “Number of Families Referred” because some families were referred to more than one service.

** “Total Case Payments” is more than “Number of Families Started,” a paid service, because some families received more than one service.

Data Elements Section (1) (c-e)

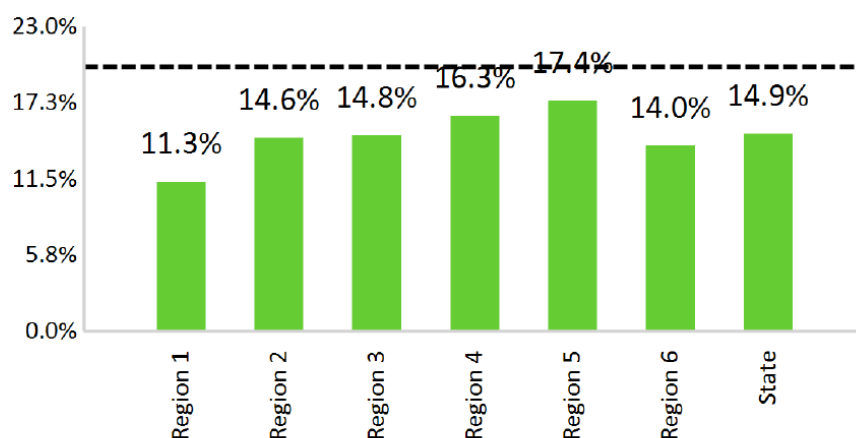
DCYF does not currently collect data for (1) (c) through (e) or does not record it in a way that can be reported on, such as information that is recorded in case notes. The steps to address these gaps are identified below in (g).

Family Outcomes After Receiving FRS Section (1) (f)

DCYF has developed Priority Performance Measures (PPM), which are the process, early warning, and outcome measures of most importance in improving outcomes for children and families, identified through significant statistical analysis. One of the PPMs evaluates the outcome for families receiving FRS. It identifies the percentage of families who experience a screened-in Child Protective Services (CPS) intake or placement of one or more children within 12 months of FRS case closure. Between 11.3 and 17.4% of families who received FRS services experience a screened-in CPS intake or placement of one or more of their children within a year of case closure (see **Exhibit A** at the end of this report. Please note that the reports links do not work). This data could include new occurrences of child abuse/neglect or assistance with placement of the youth involved in the FRS case.

This PPM 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 involvement with DCYF through either a CPS intake or placement of children in out-of-home care. DCYF does not currently collect administrative data in a way to understand if the family participated in services and if they were able to provide the skills needed for future crisis situations. However, the PPM outcome of a new CPS intake or placement following FRS case closure is a good proxy in understanding if the services provided were successful in resolving the family conflict.

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 2018-Dec 2018



Recommendations for Improving FRS (g)

An initial recommendation to improve the program is to move the services from the Child Welfare division to the Adolescent Programs division. Adolescent Programs is undergoing a human-centered design process that will place youth and their families in the center of our work and then create an array of services to wrap around the family. This new focus should help remove the fear and concern that families have voiced about Child Welfare coming into their lives when they have done nothing wrong and are asking for help. The redesign will guide the future recommendations of program improvement along with what the program will look like, the services provided, the staff who work with families, and help rebuild the community’s confidence in the program and the ability to assist during a difficult time in their lives. DCYF anticipates this shift will push the program into a true prevention space – intervening prior to Child Welfare or juvenile justice involvement and rooted in community supports and services.

This move will also assist in aligning the program with DCYF’s prevention service array, encouraged by the Family First Prevention Services Act (FFPSA) of 2018, and opens up the possibility of title IV-E reimbursement that is both new and exciting. FRS is currently state-funded and has taken many budgetary reductions since its creation, forcing it to become dependent on Child Welfare over the years. The separation allows FRS to move into a true prevention space bringing the program back into line with the original legislative intent while, for the first time, enabling a federal match.

(2) Identify Steps Necessary to Obtain and Make Information Available

The totality of information requested is not currently captured in FamLink data fields. The FRS program is a state-funded, voluntary program and was not integrated into the FamLink system when designed, as there were no required federal reporting elements.

The process to collect the requested data requires accuracy and thoroughness of manual entry by staff as well as family willingness to provide information. Modifications to FamLink are required, including changes to collection pages and background processes, and this work must be done in compliance with new federal Comprehensive Child Welfare Information System (CCWIS) rules. DCYF would need to build out the FamLink system to allow information to be collected in data fields that can be reported on. The cost to create the needed fields in FamLink is estimated at \$235,000 and the estimate to create the reports is \$49,000 with a projected one time total cost of \$284,000. The agency's capacity to develop these improvements requires funding for additional staff and does not include a time frame as this is contingent upon the ability to hire staff and the current workload of IT and data staff to plan and direct the work.

Outcome	Process	Early Warning	Compare	How to use PPM
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State Detail: **STATE** ([Summary](#))

Region Detail: [Region 1 \(Sum\)](#) | [Region 2 \(Sum\)](#) | [Region 3 \(Sum\)](#) | [Region 4 \(Sum\)](#) | [Region 5 \(Sum\)](#) | [Region 6 \(Sum\)](#)

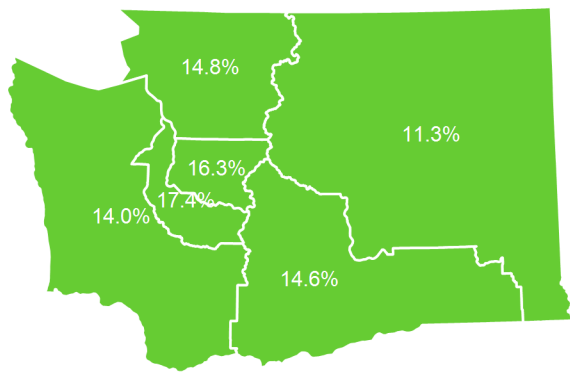
State

CPS Intake or Placement after FRS Case Closure

The percentage of families who experience a screened-in CPS intake or placement of one or more children within 12 months of case closure. The measure is reported separately for each major program area (CPS, FVS, FRS, CFWS).

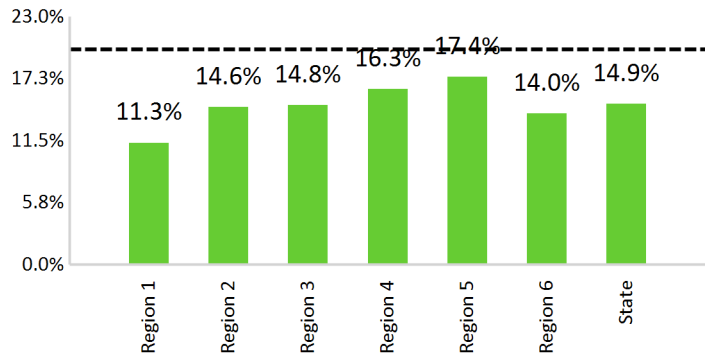
- Well Performing
- Underperforming
- No Data
- StatePerformance

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 2018-Dec 2018

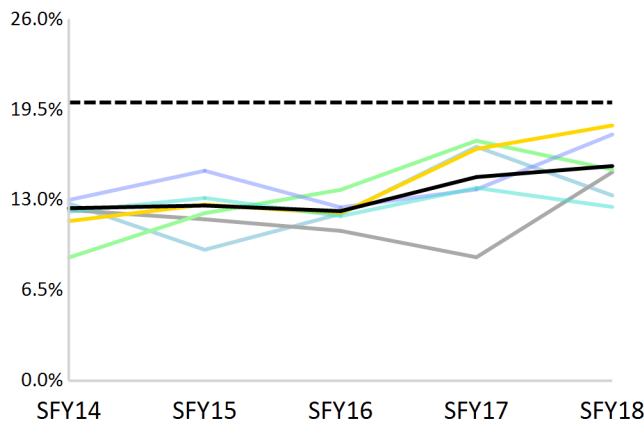


DCFS office service area boundaries:
 © 2006 – 2017 TomTom; © United States Postal Service 2017

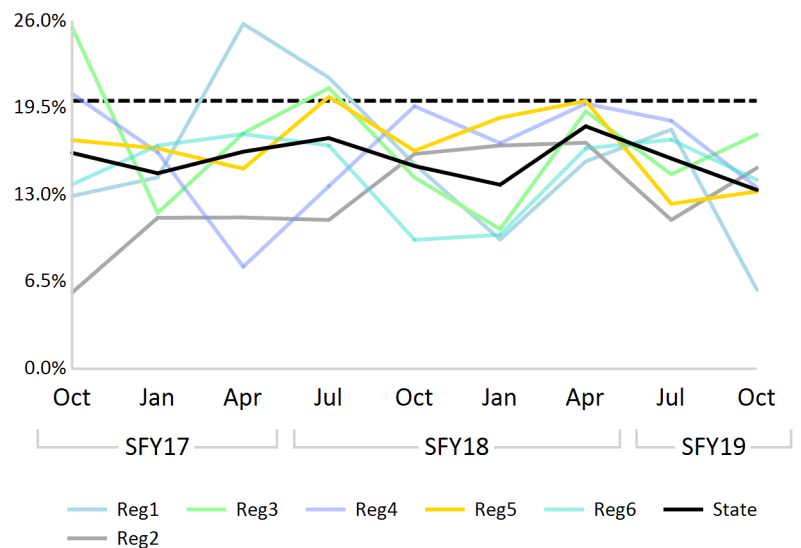
CPS Intake or Placement after FRS Case Closure
Percent of Families who Experience a Screened-In CPS Intake or Placement of One or More Children by Region
 Jan 2018-Dec 2018



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 Each SFY
 SFY2014-SFY2019



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 during Each Quarter
 Oct 2016-Jun 2018 (Most recent 9 quarters with complete data)

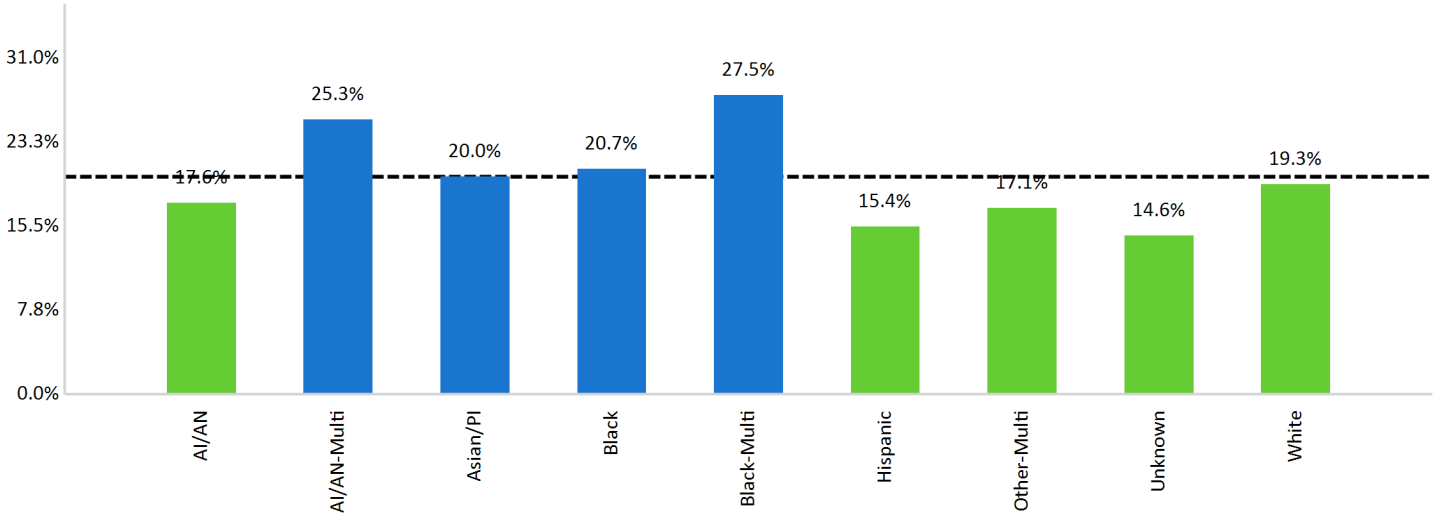


CPS Intake or Placement after FRS Case Closure

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

Jan 2018 - Dec 2018

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

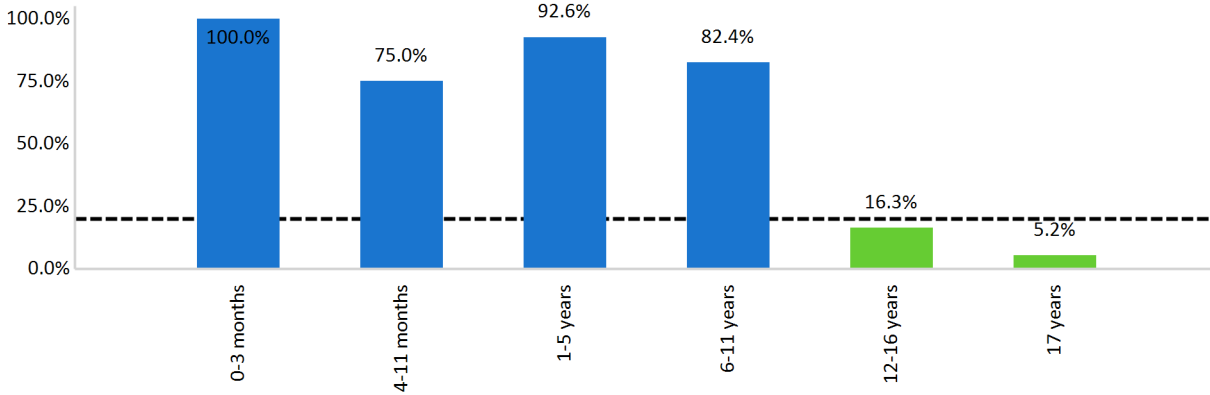


CPS Intake or Placement after FRS Case Closure

Percent of Families who Experience a Screened-In CPS Intake or Placement of One or More Children by Age at Initial Intake

Jan 2018-Dec 2018

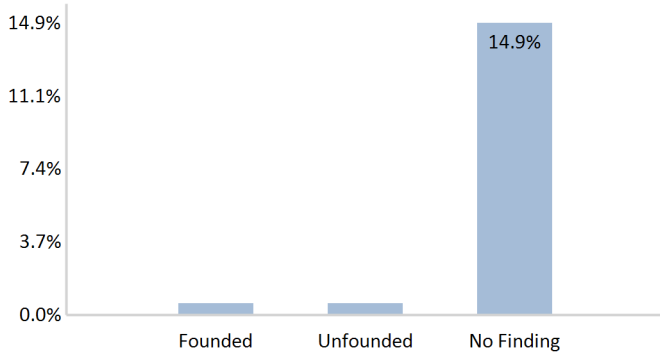
Note: Rates presented by race and ethnicity are based on the characteristics of children involved in the case over the measurement period.



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 Finding for State

Jan 2018-Dec 2018



CPS Intake or Placement after FRS Case Closure

Related Early Warnings and Processes That Affect CPS Intake or Placement after FRS Case Closure

Early Warnings

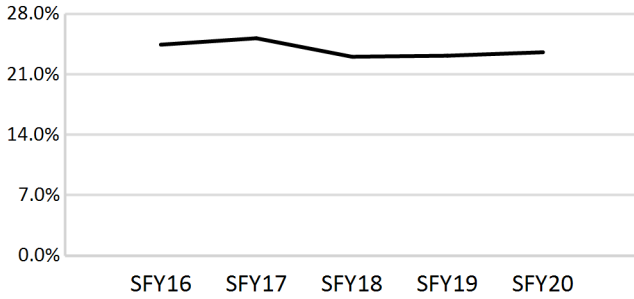
Early warnings measure risk factors and events in the life of a case that can provide managers with an early warning that their overall case mix is getting tougher, and that without action being taken, their eventual outcomes will worsen. By paying attention to variations from the norm and changes in the early warnings, managers can anticipate when the overall difficulty of certain types of cases may be worsening or improving, and shift resources accordingly. See a visual display of [Logic Model](#)

First Family Screen-in with Prior Screen-outs

Percent of Families on First Accepted CPS Intake with Prior Screened-Out Intakes

SFY 2016 - SFY 2020

Families with their first screened-in intake who have prior screened-out intakes are at higher risk of additional screened-in CPS intakes and placements. Change in percent of families with this experience will affect CPS Intake or Placement after FRS Case Closure in subsequent quarters.

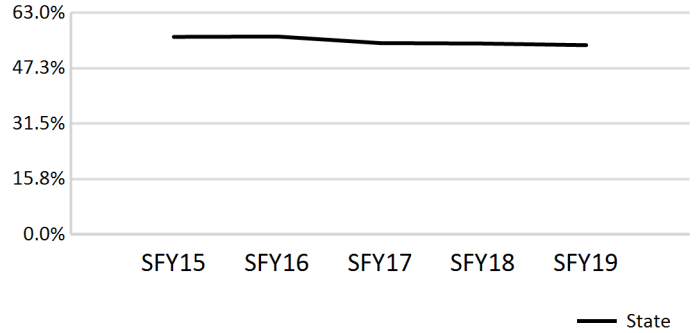


Child Problems

Percent of Children Entering Placement with Behavioral, Mental Health, or Substance Problem

SFY 2015 - SFY 2019

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.

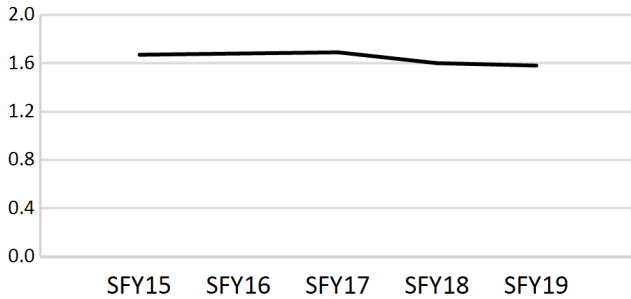


Family Problems

Average Number of Family Problems for All Intakes

SFY 2015 - SFY 2019

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.



Processes

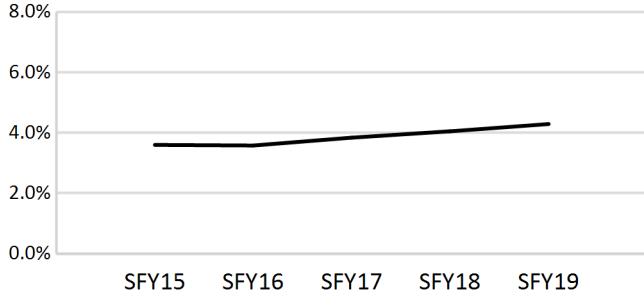
Processes are those activities that CA has control of, and monitors because we believe they make a difference in outcomes. The process measures in the PPMs are those that have been shown to influence the outcomes, based on statistical analysis that controlled for relevant case characteristics and risk factors. They are included because **they are the ones that matter**. By focusing on improving the processes included in the PPMs, managers can improve outcomes. See a visual display of [Logic Model](#)

CPS Family Placement Rate

Percentage of CPS Intakes Resulting in an Out-of-Home Placement

SFY 2015 - SFY 2019

An increase in the percent of families in screened-in intakes who have children placed reduces the risk of recurrence, while decreasing permanency outcomes. Change in the percent of families who have children placed will affect CPS Intake or Placement after FRS Case Closure in subsequent quarters.

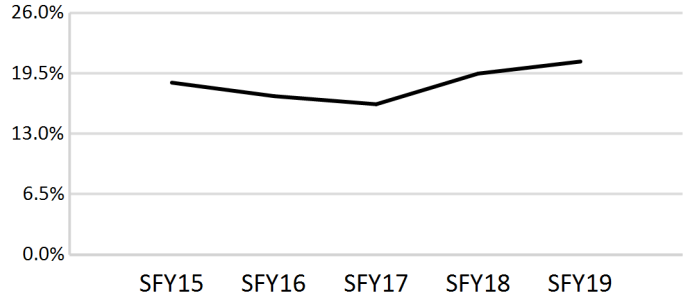


CPS Timely In-Home Service Provision

Average Days from CPS Intake to First Provision of In-Home Services

SFY 2015 - SFY 2019

Quicker provision of in-home services after CPS intake reduces recurrence, new referrals, and placement. Change in the percent of families who receive timely in-home services will affect CPS Intake or Placement after FRS Case Closure in subsequent quarters.



Timely Investigations

Percentage of Cases Requiring a CPS-Investigation Completed Within the 90 Maximum Timeframe for a CPS-Investigation

Percentage of cases requiring a CPS-Investigation completed within the 90 maximum timeframe for a CPS-Investigation.

Research after this policy was implemented unfortunately showed that decreases in average investigation times had a negative impact on outcomes, specifically, increasing the rates of post-investigation maltreatment recurrence and placement of children. It is important to continue to monitor this process, but primarily to make sure investigations are not left open for spurious administrative or case management reasons or closed too quickly with an insufficient assessment. Complex cases can simply take longer to investigate, and rushing an investigation can have negative consequences. [Go to infoFamLink](#)