partners
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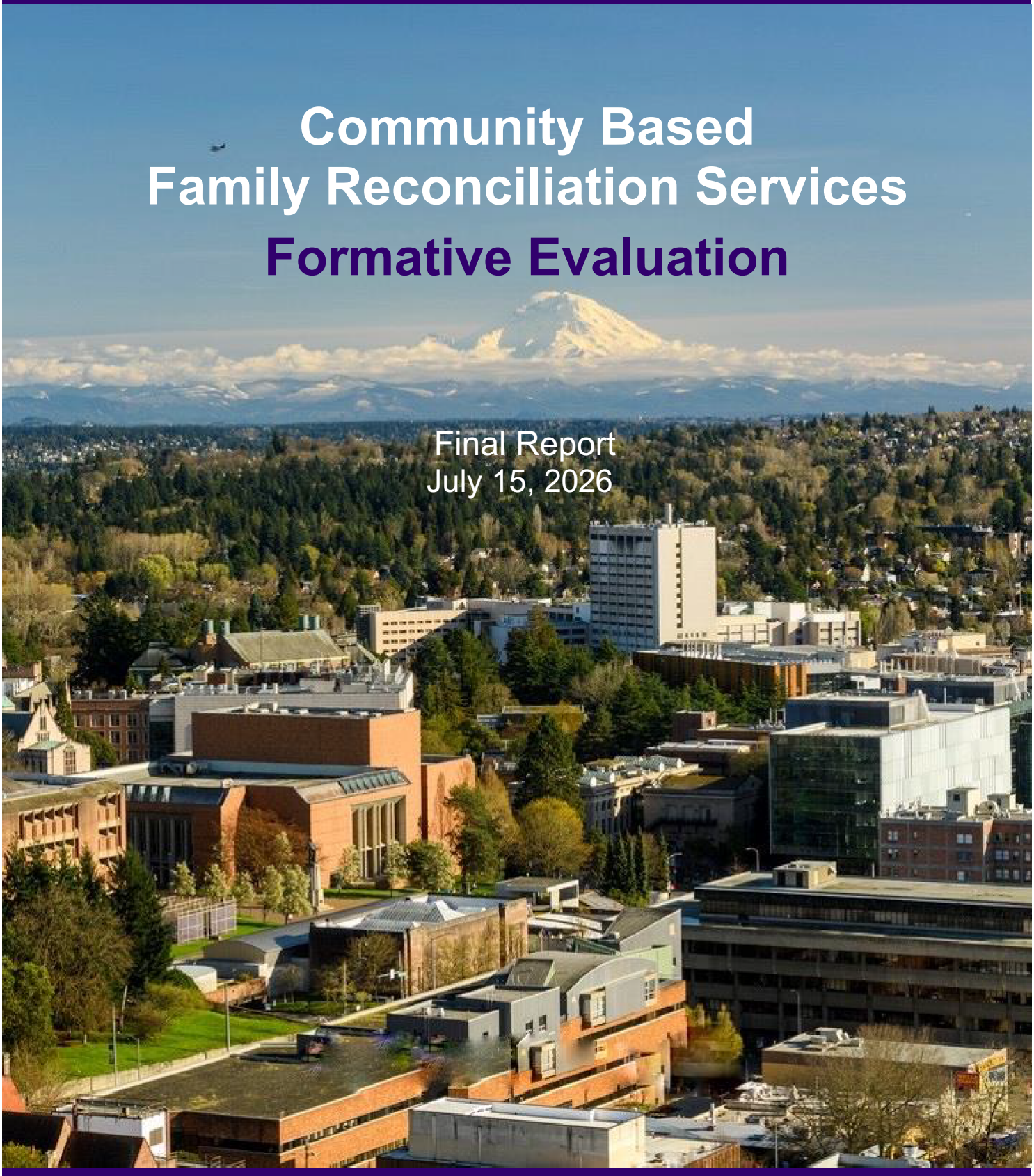
UNIVERSITY of WASHINGTON

# Community Based Family Reconciliation Services

## Formative Evaluation



Final Report
July 15, 2026

# Table of Contents

Executive Summary……..……..…… 3
Formative Evaluation……..……..…….. 6
The CB FRS Model……..……..……. 10
Literature Review……..……..……..…… 11
Review of Administrative Data……..…..……. 14
Qualitative Focus Groups and Interviews……..……..……..…… 25
CB FRS Participant Survey Findings……..……..……. 37
Pursuing Federal Support through Title IV-E Prevention Funds……..……..... 49
Summary Recommendations……..……..……. 52
Conclusion……..……..……..… 54
References……..……..…….. 54

# Executive Summary

This report, prepared for the Department of Children, Youth, and Families (DCYF) summarizes the findings from a formative evaluation of the implementation of the Pilot Community-Based Family Reconciliation Services (CB-FRS) program at Cocoon House in Everett, Washington. The evaluation represents a collaboration between Partners for Our Children (P4C), DCYF, and staff at Cocoon House (CH). The pilot CB-FRS program at Cocoon House offers a model for future efforts to move more supports and services into the community. Recommendations emerging from this evaluation are designed to strengthen the program and inform potential expansion of CB FRS programs across the state.

**Evaluation activities included:**

1) Literature review
2) Analysis of administrative data
3) Qualitative focus groups and individual interviews (with DCYF FRS staff, Cocoon house staff, and Social Workers from the Everett School District)
4) Participant survey (with adult CB FRS program participants)
5) Analysis of potential for federal support through Title IV-E Prevention funding

*"The purpose of Family Reconciliation Services (FRS) is to achieve reconciliation between the parent and child or youth when conflicts or crises arise, to reunify the family, and to maintain and strengthen the family unit while minimizing involvement with the child welfare system." (DCYF Decision Package, 2024)*

**Summary of Literature Review**

The literature reviewed describes the promise and opportunity of Community Pathways which enable child welfare systems to move "upstream" and consider new service models which meet youth and family needs while preventing costly system involvement. Practice approaches are discussed, particularly the importance of targeting family conflict and the need to build trust with families that have suffered trauma. The return on investment of prevention programming is discussed, suggesting that early intervention CB FRS programs may be cost-effective approaches to address youth homelessness.

**Summary of Administrative Data review**

Administrative data from Cocoon House on 42 youth and families served to date indicate that the CB FRS program is serving a diverse population of youth and families. The service duration numbers from Cocoon house show that the program is serving a sizeable proportion of high need families, who represent more complex cases and need more intensive services. Families sought CB FRS services for a range of problems, particularly school attendance, interpersonal conflict, financial stress, substance abuse, mental health difficulties, run behavior, and housing instability. Approximately 10% of cases closed within 30 days and about 50% of cases closed in under 3 months, however fully 30% of cases were open for more than 200 days. Nearly 40% of the 42 families served were homeless or fleeing domestic violence. Findings suggest positive program effects, particularly regarding school attendance and possibly youth substance misuse. Only 27 of the 42 cases have closed to date, so these remain preliminary but promising findings of outcomes associated with program participation.

**Summary of Focus groups and interviews**

Focus group and interviews were conducted with Cocoon House staff, DCYF FRS staff, and Everett School District Social Workers. The perspectives of Cocoon House's community partners and the insights of the CB-FRS team underscore the importance, challenge, and value of the CB-FRS services. The program serves a significant portion of high needs families at a time of significant economic pressure for many youth and families. Cocoon House's unique position as a community-based program outside of DCYF allows the program to serve families in a way that may be less intimidating for families hesitant to voluntarily seek assistance from DCYF. One challenge facing the CB FRS program will be to consider how to serve high needs families with limited resources. Qualitative focus group data collected from DCYF FRS workers and supervisors highlights the preventive potential of CB FRS services. Exploration of workflow facilitators and barriers pointed to good communication and collaboration between workers at DCYF FRS offices and CB FRS staff. Barriers were also identified and ideas were offered for mechanisms to increase buy-in among youth and improve outreach efforts. Greater information sharing about the CB FRS model would help DCYF FRS workers outside of Region 3 to be more familiar with the program and the Department's Community Pathways initiatives.

**Summary of Participant Survey**

A survey of parents and other adult caregivers (N=14; response rate 52%) found that participants reported highly positive ratings of their experiences with the program and their perception of the impact of the program, including their perception of whether the CB FRS program had reduced the family's conflict, helped the family's financial situation, and helped with housing stability. Qualitative comments from the participant survey offer compelling evidence of the effectiveness of

the program, the value of the practice model, and illustrate the extent to which the families benefited from the program.

**Summary of analysis of potential for federal support through Title IV-E Prevention funding**

To potentially draw down federal IV-E FFPSA funding for Community Pathways programs, the Department will need to meet several federal requirements. Cocoon House is currently tracking important data elements, such as written child-specific prevention plans, documenting family assessments, and conducting periodic safety assessments. DCYF will need to ensure that the necessary data tracking elements are collected. The main challenge for Washington state remains the establishment of the necessary IT functionality to meet FFPSA data requirements.

**Conclusion**

This formative evaluation highlighted numerous strengths of the CB FRS program at Cocoon House and preliminary findings point to notable program effects, particularly with regard to school attendance, youth substance misuse, and reduced family conflict. The evaluation examined the implementation of the CB FRS program to date, identifying facilitators to promote and barriers to address. The report offers a range of recommendations to strengthen the program and to inform possible expansion of CB FRS in other Regions. As a potential model for DCYF to expand its community pathways, CB-FRS offers the possibility of a new way for the state to support the well-being of adolescents and their families. CB FRS programs hold the promise of preventing deeper and costly system involvement, decreasing conflict in the home, reducing housing instability, and promoting important outcomes critical to adolescents as they transition to adulthood. Future research is needed to build upon this formative evaluation with additional outcomes evaluation to assess the impact of the CB-FRS pilot initiative as a Community Pathway.

# Community Based
# Family Reconciliation Services (CB FRS)
# Formative Evaluation[1]

This report, prepared for the Washington State Department of Children, Youth, and Families (DCYF) with grant funding from the Raikes Foundation (grant agreement #24-04313) summarizes the findings from a formative evaluation of the implementation of the Pilot Community-Based Family Reconciliation Services (CB-FRS) program at Cocoon House in Everett, Washington. The evaluation represents a collaboration between Partners for Our Children (P4C), a research center within the University of Washington (UW) School of Social Work, DCYF, and staff at Cocoon House.

The P4C research team appreciates the opportunity to conduct this formative evaluation and support evidence-informed policy and practice in the state. As an organization, P4C shares DCYF's commitment to meeting the service needs of youth and families to help prevent deeper system involvement. P4C also shares DCYF's commitment to re-envisioning child welfare and where appropriate, shifting services to Community-Based settings or "Community Pathways". The pilot CB-FRS program is a preventive intervention structured within a known and trusted community-based agency, Cocoon House, and offers a model for DCYF's future efforts to move more supports and services into the community. In the case of CB-FRS, intervening with youth and families with in-home services, concrete supports, and timely referrals to community-based providers may prevent involvement in formal child welfare services, prevent youth housing instability and homelessness, and improve long-lasting relationship skills and household dynamics. P4C has been honored to support this initiative by leading this formative evaluation of the initial implementation of CB FRS to highlight helpful strategies, help overcome obstacles, and inform the potential expansion of CB FRS programs across the state.

Recommendations emerging from this formative evaluation are designed to inform future CB FRS programs, help avoid or overcome barriers to implementation, and ensure equity goals are met in the implementation of future programs. This study also sought to help prepare the Department to pursue federal funding for CB FRS programs through Federal Title IVE funds under the Family First Prevention Services Act (FFPSA). The collaborative team has also included a logic model of the mechanisms through which the CB FRS interventions might prevent youth homelessness and other outcomes critical to successful transitions to adulthood.

The P4C study team is committed to participatory and collaborative processes and has served as a facilitator of the formative evaluation. P4C has sought insight into implementation issues through the perspectives of different stakeholder groups, synthesized evidence to inform program

[1] Suggested citation: Tajima, E., Jones, K., Torres, J., & Han, E. (2026). Community Based Family Reconciliation Services Formative Evaluation. University of Washington, School of Social Work, Partners for Our Children.

planning and system change, and aimed to offer balanced interpretations and reporting of findings to inform program and policy leaders as they consider community-based supports for youth and families across Washington.

**Collaborative process:** The research team joined with DCYF and staff at Cocoon House for ongoing meetings to ensure a shared vision for the goals of the formative evaluation, shared understanding of the study elements, and clear expectations for the report and recommendations. The study team sought to remain aligned with and informed by DCYF's strategic priorities, particularly its goals of reducing the number of youth in care, reducing disproportionality, supporting successful transitions to adulthood, and supporting the development of community-based services and supports to improve the well-being of youth and families.

This report describes the collaborative process undertaken to conduct a formative evaluation of the pilot Community-Based Family Reconciliation Services (CB FRS) program, Cocoon House, in Everett, WA. Following the expectations described in DCYF's Request for Proposals, the formative evaluation highlights program implementation facilitators and barriers, assesses fidelity to the service delivery model, documents service utilization by subgroups to assess equity in access, assesses the extent to which it is meeting its goals, and includes recommendations for better meeting program goals. Recommendations also address how to best position CB FRS programming for future IV-E funding under the FFPSA, and recommendations informing potential expansion of the initial implementation of CB FRS programs in other Regions.

**Acknowledgments:** The UW P4C study team would like to acknowledge the DCYF staff, particularly Hannah Merley, Jennifer Cooper, Jarel Sanders, and the staff at Cocoon House's CB FRS program, particularly Rachel Mathison, Sabrina Johnson, Abby Lopez, and Alex Torres for their dedication to this Community Pathways initiative. We are grateful to the DCYF FRS workers and administrators who participated in focus groups and interviews, the Everett School District social workers who participated in interviews, and the CB FRS program parent participants who shared their insights through the survey. At the University of Washington, Maria Ponz, Lisette Austin, Kim Justice, Kathy Brennan, and Perla Nucico contributed to this report. Cover photo by Will Austin. The content of the final report is solely the responsibility of the authors (Emiko Tajima, Kristian Jones, Jon Torres, & Emily Han) and does not represent the official views of DCYF.

**Approvals**: Approvals were sought from DCYF and the Washington State Institutional Review Board (WSIRB) to conduct the evaluation activities. In March 2026, the research team received approval from DCYF / OIAA (Office of Innovation, Accountability, and Alignment) and the WSIRB, with a determination that the evaluation activities could proceed without further institutional oversight.

A data use and share agreement was also sought to access program participation data from Cocoon House. In March 2026, a data use agreement was signed by Cocoon House and P4C to allow sharing of deidentified service utilization data. No data were sought from DCYF.

**Evaluation activities included**:

1) Literature review
2) Analysis of Cocoon House administrative data
3) Qualitative focus groups and individual interviews (with DCYF FRS staff, Cocoon house staff, and Social Workers from the Everett School District)
4) Participant survey of adult CB FRS program participants
5) Analysis of potential for federal support through Title IV-E Prevention funding

# The CB FRS Model

As described in DCYF's 2024 Decision Package: "The purpose of Family Reconciliation Services (FRS) is to achieve reconciliation between the parent and child or youth when conflicts or crises arise, to reunify the family, and to maintain and strengthen the family unit while minimizing involvement with the child welfare system." DCYF's Prevention Plan adds: "Family Reconciliation Services (FRS) are voluntary services serving youth and adolescents in conflict with their families in the absence of abuse/neglect. The program targets adolescents between the ages of 12 through 17 with services to resolve crisis situations and prevent unnecessary out-of-home placement."

DCYF's approved Prevention Plan identified ten candidacy groups, including Family Reconciliation Services. DCYF's goal for the proposed CB-FRS was to "expand access to culturally appropriate prevention services and to reduce and minimize involvement with the child welfare system." Originally proposed with three Early Implementation Sites to pilot community-based Family Reconciliation Services, the initiative ultimately supported 2 years of funding for Cocoon House as the single pilot Community-Based FRS program in the state.

The 2023 DCYF Community Pathways report describes the participatory co-design process by which the department developed the model for community-based FRS programming. The collaborative co-design process involved community-based providers, system experts, and lived experts who collectively conceptualized and developed the model, shown below in Figure 1. The model shows the process from referral, through intake and assessment to determine the level of need of the family. CB FRS prevention services are delivered to support youth and families whose need ranges from low to medium to high need.

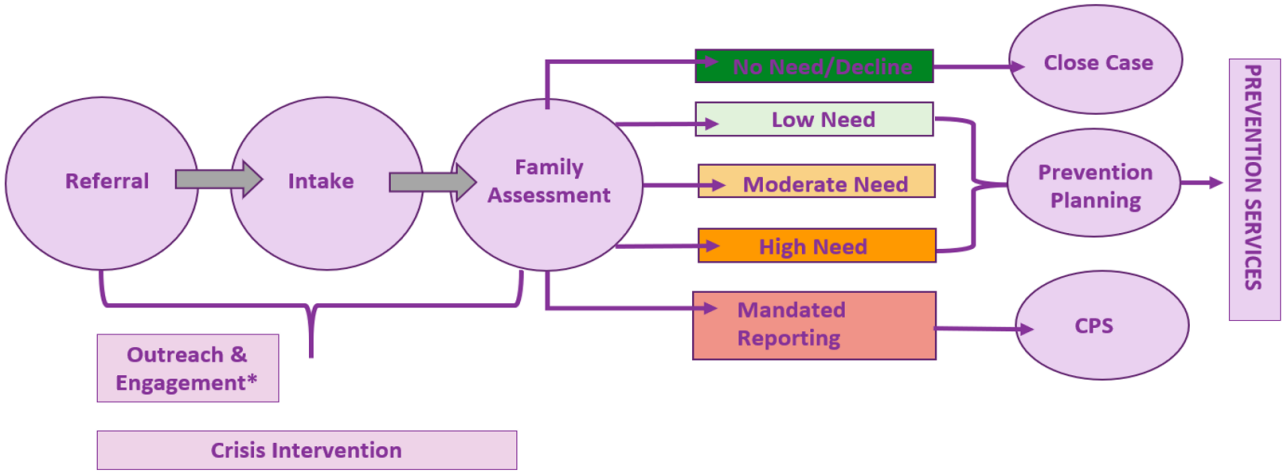



**Figure 1. CB FRS service model**

As proposed by the co-design group, the model CB FRS program would involve a team, comprised of a Social Worker, Community Liaison, and Peer Support Specialist, with the following areas of responsibility:

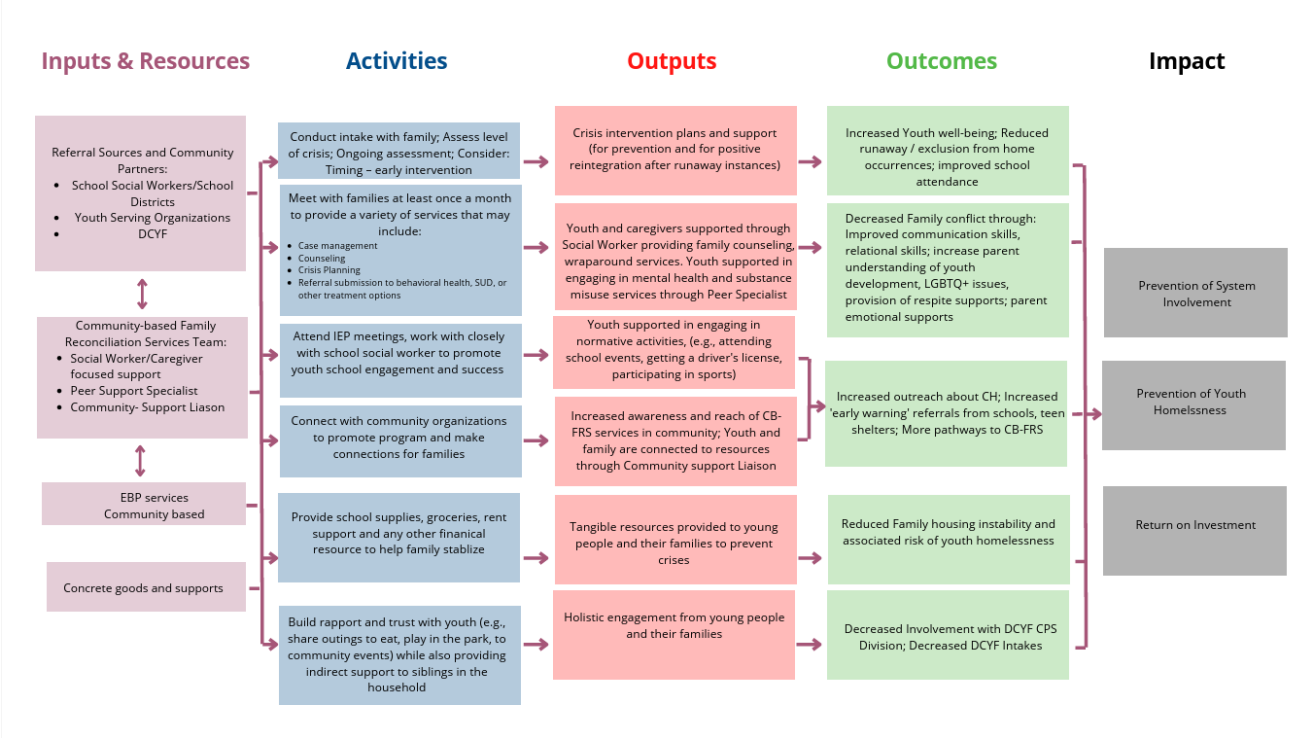
> **Social Worker**: Responsible for intake, crisis intervention, assessment, and service planning.
> **Community Liaison**: Responsible for support with achievement of service plan goals, system navigation, addressing barriers, and connections to community and public resources.
> **Peer Support Specialist**: Responsible for coordinating mutual support amongst peers (i.e. support groups, pro-social activities, etc.) as well as providing individualized advocacy to youth and families as appropriate.

# Logic Model
# CB FRS and Prevention of System Involvement and Youth Homelessness

The following logic model (Figure 2) outlines mechanism by which the CB FRS program may help prevent youth homelessness and minimize involvement in formal systems such as the child welfare system or juvenile legal system. The logic model highlights the service setting, community partners and core activities for the CB FRS program, ranging from services to concrete supports, and

activities designed to help youth to develop critical social networks and community connections. Outputs theoretically emerging from the planned activities include receipt of a range of supports for youth and families, with youth engaged with the Peer Specialist to address their core issues, and activities enabling youth to succeed in developmentally appropriate accomplishments, meeting the family's needs for tangible resources. Parents and other caregivers receive counseling and support from through the Social Worker. Outputs include evidence of expanded awareness about CB FRS and the reach of the program and more systematized pathways to CB FRS, particularly among early intervention referral systems. Key outcomes theorized as derived from the CB FRS inputs, activities, and outputs include the central goals of improving youth well-being indicators, preventing youth homelessness, as well as reducing family conflict through communication and relational skills, parent education and respite supports. Key outcomes in this model also include familial housing stability which contributes to youth homelessness. Intended impact areas include the prevention of involvement (or deeper involvement) in DCYF dependencies or juvenile legal services, prevention of youth homelessness, and evidence of return on the investment of resources.

**Figure 2. Logic Model: CB FRS and Impacts**



# Literature review

**Prevention Services and Community Pathways**: The 2018 federal Family First Prevention Services Act (FFPSA) represents landmark legislation in that it allows states to use Title IV-E funding for services to prevent entries into foster care rather than limiting federal IV-E funds to services related to children and youth who have been removed from their homes. FFPSA funds may now be used to support services which prevent system involvement and this has given child welfare systems the opportunity to move "upstream" and consider new service models, including offering services in community-based settings, or "Community Pathways" (Casey Family Programs, 2026). Since the passage of FFPSA, several jurisdictions across the US have begun implementing Community Pathways (e.g., Connecticut, New Hampshire, and Washington, DC). These efforts have been described in the literature (e.g., Alexander & Israelsen-Hartley, 2023, Harvard Kennedy School Government Performance Lab; Chapin Hall, retrieved 6/17/2026, Family First: Readiness Assessment, Planning, and Implementation - Chapin Hall) however outcomes evaluation is not yet available on these initiatives.

The Connecticut Community Pathway provides prevention services for families without open child protection cases. Alexander and Israelson-Hartley (2023) describe the rationale for Connecticut's Community Pathway and how it is structured to keep case level data separate from CPS (Child Protective Services):

> "In Connecticut, DCF had authority for children's mental health and for child protection, but too many children who started with mental health services also ended up with an open CPS case. Children with chronic mental or physical health needs or a developmental disability often faced barriers to accessing appropriate care unless they had an open CPS case. Families too often gave up custody of their children to access more intensive treatment programs, including residential care. Connecticut transitioned the mental health function of its agency to a contracted provider that operates separately from its child protection function. Because there is a firewall between CPS and the new Voluntary Care Management Program, families can now access mental health services for their children without any CPS interaction. In [Connecticut], new services are deliberately not embedded in the child protection system, nor are they run by CPS staff. Family-level data is also kept entirely separate (Alexander & Israelsen-Hartley, 2023, p.2)." (Harvard Kennedy School Government Performance Lab, available online at: **https://govlab.hks.harvard.edu/wp-content/uploads/2023/11/to_publish_ls_community-based_voluntary_services_11.9.23.pdf**)

**Return on investment of prevention programming**:
There is little research on the economic savings of community pathways, however there are cost-benefit analyses of particular interventions delivered in the context of child welfare. A study by Dopp et al. (2018) applied the Washington State Institute for Public Policy (WSIPP) cost-benefit model to evaluate return on investment of Multisystemic Therapy (MST) for families involved in

child welfare. The researchers reported a ratio of over 1:3 in return on investment; every dollar spent on MST would yield 3.31 dollars in savings.

Pettigrew et al. (2024) reviewed research on economic supports as preventive mechanisms in child welfare, finding that numerous studies reported significant effects. For example, they note that "Ha and colleagues (2022) found that increased TANF spending at the state level was correlated with a decrease in child welfare reports. Kovski and colleagues (2022) found that child tax credits and earned tax credits are met with immediate reductions in child welfare reports, with each additional $1,000 per family being associated with a 7.7 % decline in reports, lasting four weeks after payment. Puls et al. (2021) found that for each additional $1,000 spent per person in poverty, there was an associated 4.3 % reduction in reports and a 7.7 % reduction in child fatalities due to abuse (Pettigrew, et al., 2024, p. 2)."

A cost benefit analysis of a pilot of the youth homelessness prevention program "A Place to Call Home", conducted with 11 youth and young adults (aged 14-19 years) reported that at the end of the 12-month program, 8 out of 11 remained housed and 3 had experienced homelessness (Mulcahey & Menzies, 2019). The researchers reported a cost - benefit ratio of nearly 3:1, indicating that the preventive intervention represented a cost savings compared to the cost of addressing homelessness. Although a small number of the youth did experience homelessness, the program staff believed that delivering the intervention even earlier in those cases likely would have prevented that outcome. As a program designed to intervene with adolescents 12-17, the CB FRS program has the potential for early intervention and may be a cost-effective approach to address youth homelessness, especially relative to the cost of adult houselessness.

**Targeting Family Conflict to Reduce Youth Homelessness**

The literature on the causes of youth homelessness and factors associated with unstable housing among youth consistently points to family conflict as a key contributing factor and important target for preventive intervention (Mayock et al., 2021; Heede et al., 2021). Mayock et al. (2021) emphasize the importance of early intervention to place "a stronger emphasis on prevention and scaling up work with families, both prior and subsequent to youth experiencing homelessness" (p. 422). A study of adolescent predictors of later young adult homelessness using longitudinal data from the International Youth Development Study (Australia data, N=927) noted that young adolescents are particularly vulnerable to family conflict and the authors emphasize the key role of "primary prevention programs in both building healthy relationships between family members from early on in adolescence, and in ensuring that interactions within other socializing units (e.g., peer-groups) are supportive rather than health-compromising for adolescents in whom heightened levels of family conflict are identified" (Heede, et al., 2021, p. 21). A longitudinal study of risk factors for running away using data from the US National Longitudinal Study of adolescent Health (N=7000) reported a direct link between family instability in adolescence and running away from home 5 years subsequent (Tyler et al., 2011). Interventions to address family instability and conflict may prevent youth from running away and help protect them from adverse experiences

living on the street or in unsafe living arrangements, including the increased risk of drug and alcohol use, victimization, delinquency, and high-risk sexual behaviors (Tyler et al., 2011).

In a study of pathways into homelessness among over 300 young people aged 12-20 in Australia, Mallett et al. (2005) identified four main pathways. Pathways differed with regard to the role of substance use, either by the youth or a family member but importantly, all pathways involved family conflict in some way. Mallett et al. (2005, p. 187) describe the following four pathways to youth homelessness:

**1) Youth substance use→ family conflict→ youth homelessness**

**2) Family conflict→ youth substance use→ youth homelessness**

**3) Family conflict→ youth homelessness→ youth substance use**

**4) Family member(s) substance use→ family conflict→ youth homelessness**

The first pathway represents a pathway in which youth drug and/or alcohol use leads to family conflict, which in turn leads to youth homelessness, either through youth running away or being excluded from the home. Although this is often thought of as the main pathway to youth homelessness, Mallett et al. (2005) reported that only 20% of their interviewees indicated that their own substance use was a direct cause of their homelessness. The second pathway begins with family conflict, most commonly domestic violence or conflict related to blended families, which leads to youth drug or alcohol use, which ultimately contributes to youth homelessness. The third pathway similarly begins with family conflict (e.g., domestic violence, child abuse, or conflict with blended families) which drives the youth to leave home; in this scenario, substance use begins or becomes a problem only after the youth has left the home. The fourth pathway was described as beginning with the drug or alcohol use of a family member (not the youth) which causes family conflict and leads to youth homelessness. Findings from Mallett et al.'s 2005 pathways analyses underscore that although youth substance use is often understood as a primary direct cause of youth homelessness, that is only one of several pathways and furthermore, family conflict plays a varied and potentially even more significant part and is therefore a key target for intervention.

In a similar study of pathways to homelessness among LGBTQ+ or Two-Spirit youth in Canada, MacEntee et al. (2024) found that pathways into homelessness were mainly due to family conflict and/or abuse. The authors recommend implementing preventive services focused on addressing identity-based conflict within the family. Family Reconciliation Services programs designed to address family conflict in its various forms are critical to supporting family stability and preventing youth homelessness.

### Building Trust with Families that have Suffered Significant Trauma

Family functioning is intrinsically linked to healthy youth development, thus, disrupted family functioning due to a crisis or prolonged trauma can harm mental, emotional, and behavioral outcomes for youth (Mackova et al., 2019). There is empirical evidence supporting interventions

focused on improving parenting and family functioning, but effective engagement hinges on the facilitator's ability to create a positive bond with the youth and their families. An inability to build such a bond is likely to inhibit positive behavioral change while a positive relationship between the program facilitator, youth, and their families, may provide the motivation to resist risky behavior patterns for at-risk youth (Arnold & Rotherham-Borus, 2008).

To address youth homelessness, family intervention should ideally occur before the young person has left home or very soon in their first runaway episode, as intervention is more likely to succeed at that point (National Alliance to End Homelessness, 2012). It is important that staff are well-trained and engage with trauma-informed approaches, harm reduction and de-escalation strategies, and deliver empathetic and active listening skills. It is also critical to demonstrate cultural competence and be responsive to different norms that may be present among youth and their families. A core tenet of trauma-informed care is fostering a sense of safety and belonging for youth and families impacted by a trauma, who likely harbor distrust towards providers working within or in collaboration with institutional systems. Considering also the diverse range of family dynamics, family intervention models are not a one-size-fits-all mold and can be tailored to meet specialized needs and comfort levels (National Alliance to End Homelessness, 2012). Trauma informed intervention and strong client engagement in services is also supported though staff retention, as turnover affects trust and the client-counselor relationship. In child welfare agencies, staff retention rates are a long-standing concern, resulting in significant loss of professional staff for the agencies and also a loss for youth and families receiving services (Guzman et al., 2019). Community-based service settings offer an opportunity to structure services with a goal of reduced staff turnover.

## Review of Administrative Data

**Program implementation**: The available administrative tracking data (dated May, 2026) from Cocoon House FRS indicate that the first intake was in October 2024 and the most recent intake was May 2026. The first cases exited the program in January 2025. The CB-FRS administrative data indicate that the total number of days between intake and exit ranged from 28 days to 363 days -- ranging essentially from 1 month to 1 year. The average was 149 days or about 5 months. The CB-FRS program has served 42 families to date, with tracking data on 27 cases which have closed and data on 15 open cases.

**Demographics of youth served**:
Administrative demographic data on participating youth indicate that the CB FRS program is serving a diverse population of youth. As shown below, nearly two-thirds of the sample identify as female and one-third identify as male (Table 1). With regard to race, approximately 10% of the sample report their race as American Indian or Alaska Native (AI/AN), about 29% identify as African American or Black, and approximately 62% report their race as White (Table 2). Approximately one-third (31%) describe their ethnicity as Hispanic or Latino (Table 3).

**Table 1. Gender of Participating Youth**

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| Male | 14 | 33.3 | 33.3 | 33.3 |
| Female | 28 | 66.7 | 66.7 | 100.0 |
| Total | 42 | 100.0 | 100.0 | |

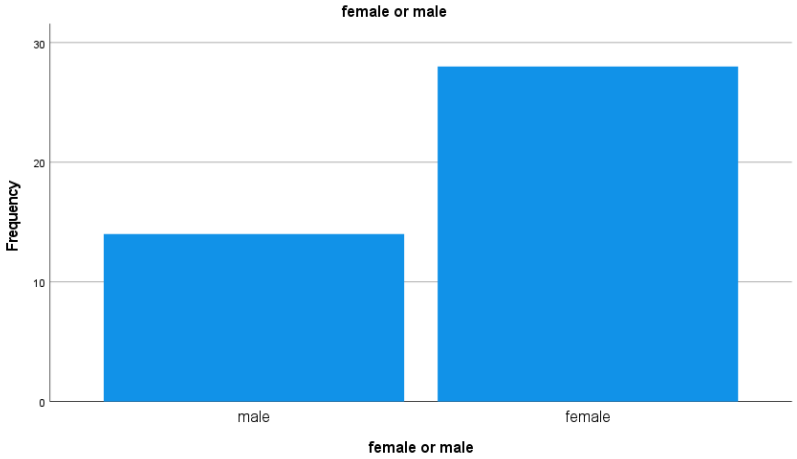



**Table 2. Youth Race**

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| American Indian or Alaska Native | 4 | 9.5 | 9.5 | 9.5 |
| Black or African American | 12 | 28.6 | 28.6 | 38.1 |
| White | 26 | 61.9 | 61.9 | 100.0 |
| Total | 42 | 100.0 | 100.0 | |

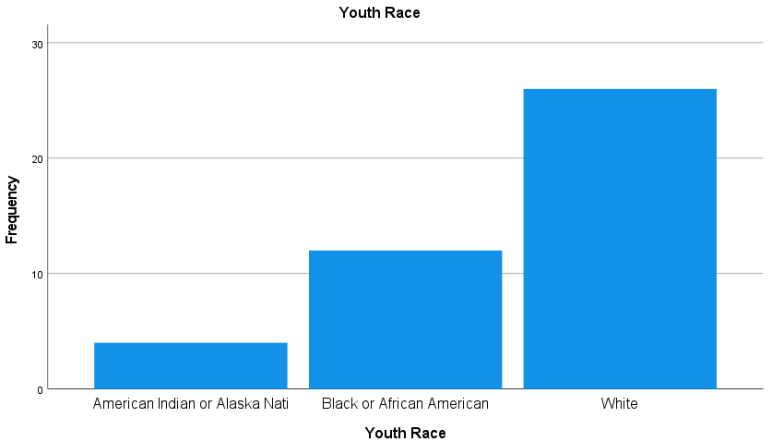
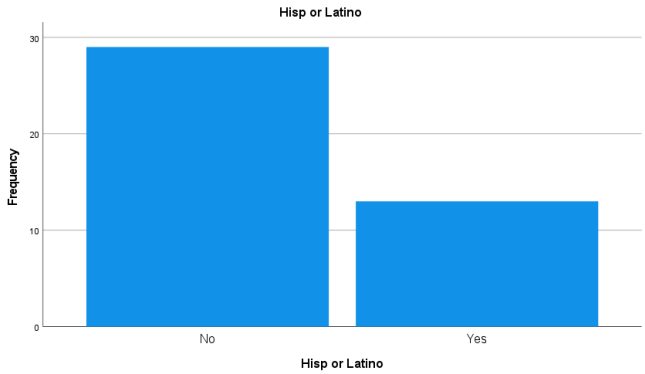


**Table 3. Youth Ethnicity: Hispanic/Latino**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | No | 29 | 69.0 | 69.0 | 69.0 |
| | Yes | 13 | 31.0 | 31.0 | 100.0 |
| | Total | 42 | 100.0 | 100.0 | |




**Case duration**: The average case duration was about 5 months (Table 4).Approximately 10% of cases closed within 30 days and about 30% of cases closed within 60 days. About 50% of cases closed in under 3 months, however fully 30% of cases were open for more than 200 days (Table 5).

**Table 4. Days in FRS**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Days in FRS | 27 | 28.00 | 363.00 | 149.2963 | 106.34155 |

**Table 5. Frequency -- Days in FRS**

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| 28.00 | 2 | 4.8 | 7.4 | 7.4 |
| 31.00 | 1 | 2.4 | 3.7 | 11.1 |
| 36.00 | 1 | 2.4 | 3.7 | 14.8 |
| 49.00 | 1 | 2.4 | 3.7 | 18.5 |
| 55.00 | 2 | 4.8 | 7.4 | 25.9 |
| 57.00 | 1 | 2.4 | 3.7 | 29.6 |
| 73.00 | 1 | 2.4 | 3.7 | 33.3 |
| 74.00 | 1 | 2.4 | 3.7 | 37.0 |
| 81.00 | 2 | 4.8 | 7.4 | 44.4 |

| | | | | | |
|---|---|---|---|---|---|
| | 108.00 | 1 | 2.4 | 3.7 | 48.1 |
| | 109.00 | 1 | 2.4 | 3.7 | 51.9 |
| | 134.00 | 1 | 2.4 | 3.7 | 55.6 |
| | 165.00 | 1 | 2.4 | 3.7 | 59.3 |
| | 188.00 | 1 | 2.4 | 3.7 | 63.0 |
| | 199.00 | 1 | 2.4 | 3.7 | 66.7 |
| | 208.00 | 1 | 2.4 | 3.7 | 70.4 |
| | 219.00 | 1 | 2.4 | 3.7 | 74.1 |
| | 234.00 | 1 | 2.4 | 3.7 | 77.8 |
| | 237.00 | 1 | 2.4 | 3.7 | 81.5 |
| | 246.00 | 1 | 2.4 | 3.7 | 85.2 |
| | 282.00 | 1 | 2.4 | 3.7 | 88.9 |
| | 343.00 | 1 | 2.4 | 3.7 | 92.6 |
| | 348.00 | 1 | 2.4 | 3.7 | 96.3 |
| | 363.00 | 1 | 2.4 | 3.7 | 100.0 |
| | Total | 27 | 64.3 | 100.0 | |
| Open cases | | 15 | 35.7 | | |
| Total | | 42 | 100.0 | | |

**Levels of Need**: The co-designed model for CB-FRS had envisioned that families would be assessed and represent three levels of need for FRS services: a low-level need, moderate need, and a category of high need. Low need cases would receive brief family support, educational and resource information, and likely close after about 30 days. Families with moderate need were envisioned to be served with short-term prevention services and concrete supports, potentially with system navigation support lasting about 3 months. High need families were envisioned as needing longer-term prevention services, in-home services, and referrals to EBP interventions. The service duration numbers from Cocoon house indicate that the program is serving a sizeable proportion of high need families, who represent more complex cases and need more intensive services.

**Staffing:** The CB-FRS staffing model developed through the co-design process was envisioned as a 3-person team model, with 1) a Social Worker who would oversee intake and assessment processes, crisis intervention, and lead the service planning, 2) a Community Liaison, to provide support with system navigation, connecting with community resources, and facilitate meeting goals, and 3) a Peer Support advocate who would coordinate peer support activities as well as individual case level supports. The Cocoon House pilot has implemented the program to cover all 3 functions, however, has done so with one social worker (1.0FTE) and one staff person (1.0FTE) who serves as both the Community Liaison (0.5FTE) and Peer Support Specialist (0.5FTE). This staffing model has permitted the site to maintain full-time positions while covering the

responsibility areas, although we note that the original co-design group recommended that the 3 roles be staffed by different people.

**Caseload**: Services provided by Cocoon house serve the youth, parents / caregivers in the home and often multiple youth in one family. A caseload of 17 youth may represent over 40 individuals served, as each family includes at least one parent or caregiver and may include siblings. Based on these figures, with a caseload size of 20, and with most cases open for approximately 5 months, we would estimate that CB-FRS might serve about 40 youth (plus at least 40 family members) each year. The number served depends on the level of need of the families. Cocoon House is currently serving a large percentage of high needs families.

**Presenting issues**:
Administrative intake forms provided case level (de-identified) information about the youth and families and presenting issues. Examples of the reasons why families sought FRS services include a wide range of problems, particularly school attendance, interpersonal conflict, financial stress, substance abuse, mental health difficulties, run behavior, housing instability, basic needs and more. Examples of quotes from the intake forms include:

*Youth is refusing to go to school, lying, threatening physical violence when triggered, lacks basic hygiene, gaming addiction and stealing. Youth and parent have frequent arguments and would like to improve communication. Parent is stressed financially and feeling overwhelmed with youths behavior.*

*Verbal conflict in the home … Youth has been defiant, steals, lies and refuses to follow rules. Mom was going to file an ARY but decided to give [CB] FRS a try before going to that step.*

*Conflict between youth and mom. DV and SA support, … advocacy, legal support, employment services, counseling and housing stability. Protection order, ORCA card and clothing/basic needs assistance.*

*Conflict, truancy, run behavior, Physical and Verbal altercations, breaking the law, impulsivity, Poor coping strategies, anxiety and depression.*

*Guardianship support, education, basic needs, housing, food, furniture, community resources, legal support, increased coping skills and financial assistance.*

*Seeking support w/ their eldest son. Youth has had some gang involvement, Verbal conflict w/ Parents and the family is homeless and living in a motel paid for long-term by the VOAWW. Father needs support with health conditions, financial resources and basic needs.*

Youth intake forms include a place to write in the youth's hopes or desired outcomes. Youth shared a range of goals, including addressing presenting problems, being connected with a counselor, as

well as practical goals, and hopes for the type of job they would like to have in the future. Some examples of things youth participants noted as hopes and desired outcomes are:

-*Get housing, see a counselor, go to the dentist and get along better with family*

-*Legal problems, … drug usage*

-*Work on quitting nicotine*

-*Unhoused, stressed out, depressed and angry*

-*Enrolling in school - fostering their crafts / hobbies*

-*Get connected to a counselor or therapists.*

-*Employment*

-*Auto technician when graduating, driving school*

-*Teacher, learning to manage money*

**Strengths**: Importantly, Cocoon House FRS program intake sheets also offer space to note youth and family strengths. Participants noted a range of factors as strengths to build upon. Examples include:

- *Family is close knit, resilient and resourceful*

-*Youth is caring of others, respectful*

-*Youth's strengths: math, art, history, trustworthy, reliant, loyal*

-*Kind, respectful, clean*

-*Youth is: Creative, Passionate, Honest*

- *Youth supports & helps his peers emotionally*
- *Football*

-*Youth strengths: drawing, reading/comprehension skills, empathetic, supportive to friends.*

Even the intake forms illustrate the significant challenges facing the youth and families who participate in CB-FRS. However, in addition to highlighting the concerns they have, the intake forms also offer a glimpse into their hopes for the future. That Cocoon House gives youth and families an opportunity to reflect on their strengths and share their hopes for the future is notable.

## Program effects: Preliminary analyses:

Although the CB-FRS program is still in its pilot implementation phase, the data gathered for this formative evaluation offered the opportunity to conduct preliminary analysis of patterns of indicators which are important for youth well-being. The administrative data allowed the evaluation team to compare issues and behaviors at intake (Time 1) and exit (Time 2). The findings are preliminary but they suggest positive effects. Continued evaluation with exit data from the 15 cases currently still open would offer a larger sample and would be helpful in documenting program effects with more certainty. Administrative tracking data from Cocoon House documented case reports of youth attendance at school at intake and at case closure. Data document whether the youth was reported as "regularly" attending school, attending "irregularly" or sporadically, or whether they had dropped out of school. Administrative data also tracked the youth's reported substance misuse, noting whether they used drugs "frequently", "some", or "not at all", with measures documented at intake and exit. Similarly, regarding potential Commercial and Sexual Exploitation of Children (CSEC), it was noted if there were "some indicators", or "none", measured both at intake and case closure.

**Evidence of positive program effects: School Attendance**: As shown in the tables and figures below, there is a pattern of reduced problem behaviors at exit compared to intake, across several measures. In particular, rates of irregular school attendance and dropping out of school appear to be lower at exit. For example, at intake, fully 43% of the youth were reportedly attending school only irregularly; at exit, this rate was 13%. At intake, 17% of the youth had dropped out of school whereas at exit, the percent who reported having dropped out was 9%. At intake, 41% of youth were reportedly attending school regularly and at exit, it was reported that 78% of youth were attending school regularly (Table 6). These results suggest positive effects, however, we note that of the 42 cases, only 27 have closed, so these remain preliminary findings.

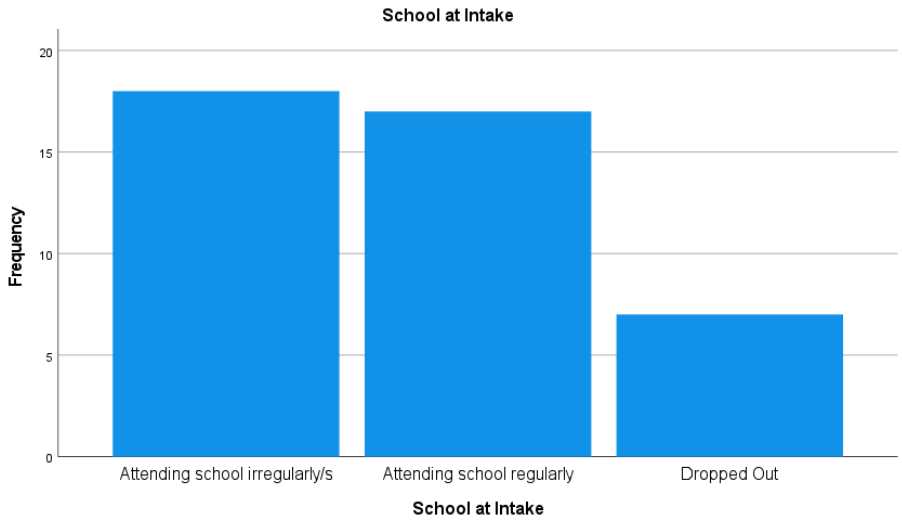
**Potential impact on school absenteeism**: In 2025, WSIPP gathered data from Educational Service District (ESD) staff regarding chronic absenteeism in Washington state and how schools are responding to the growing concern. WSIPP noted that in 2019, an estimated 15% of students in Washington were chronically absent. Data from 2024 indicate that the chronic absenteeism rate is now 27%. In describing chronic school absenteeism, the report notes that the reasons for students being absent from school are "not because they are lazy or do not care." On the contrary, "the reasons are largely outside of their control. Illness and mental health were the most common reasons (WSIPP, 2025, p. 30)" reported by the staff interviewed. Reflecting on the implications of their study for decision makers in Washington state, the WSIPP report stated, "The effort to reduce chronic absenteeism will require investments for multiple years and a focus on addressing underlying barriers that cause students to miss school. Attendance work is closely related to academic, behavioral, and mental health initiatives in schools and should be integrated accordingly (WSIPP, 2025, p. 31)." The WSIPP (2025) publication reviewed the literature on programs to address school absences, noting that a 2020 meta-analysis reported that programs that aim to address the root causes of school absences had positive outcomes. The services and supports offered by Cocoon House are notable in that they address a wide range of youth and family needs and appear to have effects on school attendance and engagement. Further outcome data on the CB-

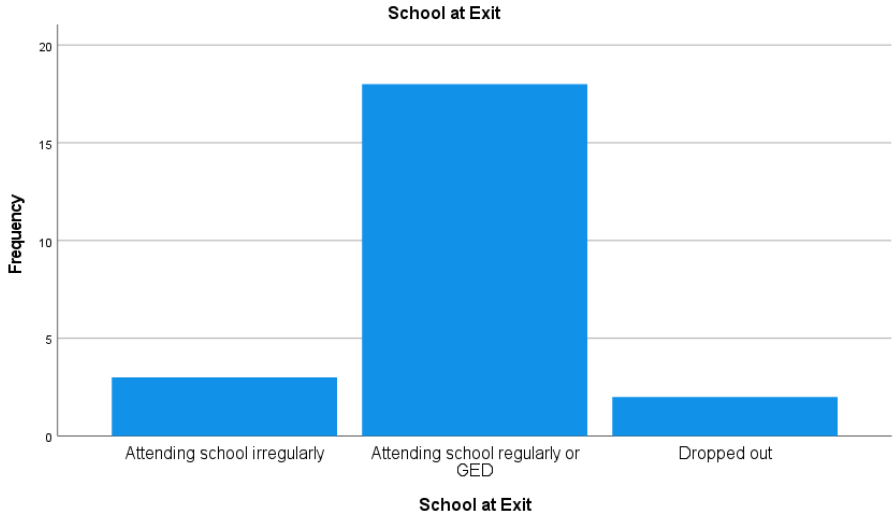
FRS program would be helpful to document the extent of program effects, but if the current pattern of findings continues, the Cocoon House CB-FRS program appears to offer a rare opportunity to change the school engagement trajectory for youth in the program.

**Table 6. School Engagement**

| | At Intake | | At Exit* | |
|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage |
| Attending school irregularly | 18 | 42.9 | 3 | 13.0 |
| Attending school regularly | 17 | 40.5 | 18 | 78.3 |
| Dropped Out | 7 | 16.7 | 2 | 8.7 |
| Total | 42 | 100.0 | 23 | 100.0 |

*An estimated 15 cases remain open; Exit data were missing for 4 cases



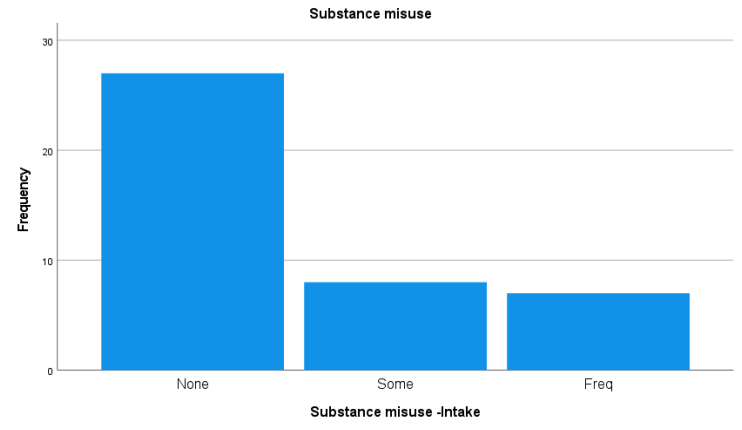



**Substance Misuse and CSEC**: Patterns of reported youth substance misuse also seem to be improved at case closure. For example, at intake, approximately 17% of youth were reported as using substances frequently; at exit, only 8% were reported as using frequently. Similarly, at intake, approximately 64% of the youth were reportedly not using substances; at exit, this increased to 73% (Table 7). We do not see clear patterns of reduced indicators of Commercial Sexual Exploitation of Children (CSEC) at exit. The rates are similar at intake and exit, with 19% reporting some indicators of risk of CSEC at intake and 20% reporting some indicators at exit (Table 8).

**Table 7. Substance Misuse**

| | At Intake | | At Exit* | |
|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage |
| None | 27 | 64.3 | 19 | 73.1 |
| Some | 8 | 19.0 | 5 | 19.2 |
| Frequent | 7 | 16.7 | 2 | 7.7 |
| Total | 42 | 100.0 | 26 | 100.0 |

*An estimated 15 cases remain open; Exit data was missing for 1 case



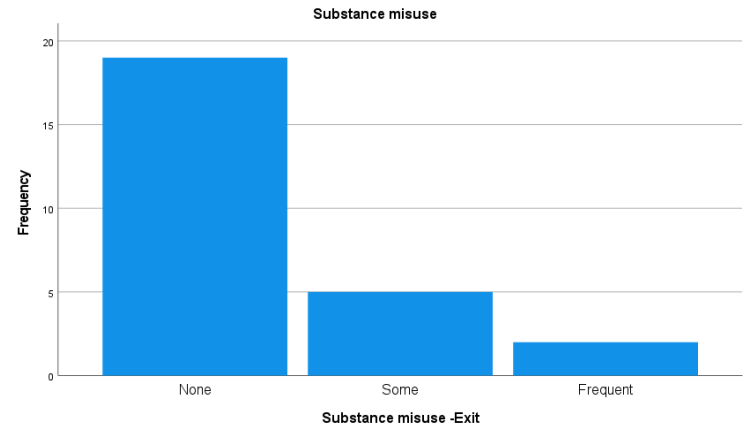




**Table 8. Commercial Sexual Exploitation Risk**

| | At Intake | | At Exit* | |
|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage |
| No indicators | 34 | 81 | 20 | 80 |
| Some indicators | 8 | 19 | 5 | 20 |
| Total | 42 | 100.0 | 25 | 100.0 |

*An estimated 15 cases remain open; Exit data was missing for 2 cases

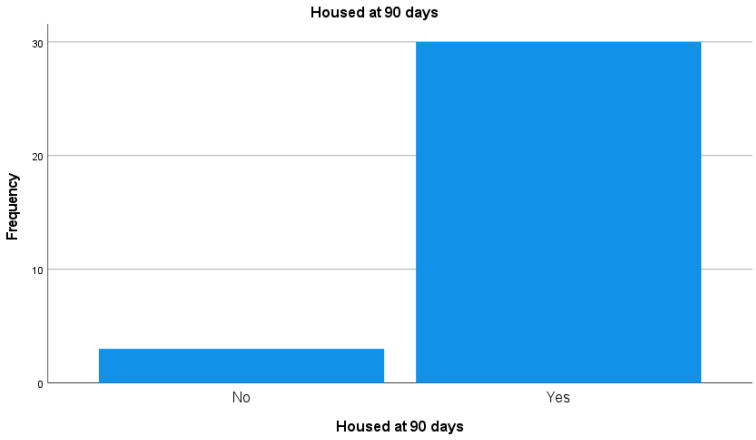
**Housing instability**:
Housing instability is a significant challenge facing youth and families served through the pilot CB-FRS program. As shown below in Table 9, nearly 40% of the 42 families served were either homeless (N=10) or fleeing domestic violence (N=6). Cocoon House administrative data indicate that nearly all cases are described as remaining housed at 90 days (30 yes; 3 no) (Table 10).

**Table 9. Homelessness (at Intake)**

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| No | 26 | 61.9 | 61.9 | 61.9 |
| Fleeing DV | 6 | 14.3 | 14.3 | 76.2 |
| Yes | 10 | 23.8 | 23.8 | 100.0 |
| Total | 42 | 100.0 | 100.0 | |

**Table 10. Housed at 90 days (Y/N)**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | No | 3 | 7.1 | 9.1 | 9.1 |
| | Yes | 30 | 71.4 | 90.9 | 100.0 |
| | Total | 33 | 78.6 | 100.0 | |
| Missing | System | 9 | 21.4 | | |
| Total | | 42 | 100.0 | | |



**Connections**: The administrative data track whether youth leaving the program have social network connections and also document whether they have used service connections. From the data we note that all exiting youth are reported to have used at least one health service connection and one community connection. Notably, all youth who exit also report having a permanent connection to at least one adult, peer, or community group.

**Child welfare system involvement**:
From the administrative tracking data, it is reported that 2 cases out of 42 have requested CHINS or ARY petitions. Also, 2 out of 42 cases involved a CPS report.

**Referrals for services**: Data regarding MH referrals and referrals to community-based services is documented in the tracking spreadsheet. Of the 42 cases to date, 39 involved a MH referral, 3 did not. Referrals to EBP's were made in 24 cases; 18 cases were not referred to an EBP. Some youth were referred to services for substance misuse – specifically, 8 referrals were made. Agencies to which youth and families were frequently referred for mental health services include: Charlie Health, Compass Health, Children's Hospital Psychiatry and Behavioral Medicine, SeaMar, Consejo, Dawson's Place, and THS. The EBP interventions to which CB-FRS participants were referred include: CH Triple P, and Compass Health WISe,

# Qualitative Focus Groups and Interviews

A important research question of this collaborative evaluation was focused on assessing the facilitators and barriers to the implementation of Cocoon House's CB-FRS program. This was done by assessing the fidelity to program standards, examining the CB FRS program staffing model, exploring the workflow with DCYF's FRS and documenting service utilization by subgroups to assess equity in access. Qualitative interviews and focus groups were conducted with members of Cocoon House's CB-FRS team, DCYF FRS workers and community collaborators (i.e., Everett social workers) who work with CB-FRS team at Cocoon House to serve youth and families in the community. The following section focuses on the qualitative findings of this element of the evaluation.

Qualitative data for this project included semi-structured interviews and focus groups, that were transcribed via Otter.ai software. The interviews described in this section lasted an average of 41minutes per interview. The qualitative data for this project was analyzed using a Rapid qualitative analysis (RQA) approach. RQA included coding the transcripts using a spreadsheet template that was created utilizing an Excel spreadsheet that included the interview questions from the semi-structured interviews and focus groups. RQA was utilized to provide a swift analysis and turnaround of formative evaluation findings to report out to our partners.

# Qualitative Results from interviews with Cocoon House staff and Everett School District Social Workers

## Theme 1: Partnering with Cocoon House's CB-FRS Team to Meet the Needs of the Community

### Referral Process and Workflow

The first theme of the qualitative component of this evaluation focuses on how Cocoon House's CB-FRS partners with service providers in the community to meet the needs of youth and families most in need of services. This starts with a referral process. When describing the referral process Everett Social Worker 1 explained,

> *…they [Cocoon House] have a paper that I fill out with the family, asking questions regarding the needs of the youth and the family, and then I send it to the Cocoon House, and they reach out to the family… pretty quickly, and I get the family to sign the ROI [release of information],*

The same social worker went on to explain that the process was expedited if the family was particularly high needs and needed to get in touch with Cocoon House's CB-FRS program asap, *"…if it's a high needs family, I'm able to even just give them the Cocoon House information so that it can make it faster…So that kind of takes down the barriers… sometimes the families are so much in crisis that they just want the services to start."*.

Community partners went on to explain their workflow with Cocoon House, which primarily consists of emails, phone calls, and meetings. Cocoon House's CB-FRS team can attend school and community meetings to build rapport with the community and also provide advocacy and resources when appropriate. Social worker 4 described some of the ways their school partners with Cocoon House's CB-FRS team:

> *They've come in and done a couple of visits, come to a couple of our counselor admin meetings, and asked us to if we have any students to refer to them, just as a reminder of how they can help us. They have sat on our community truancy board meetings as a community member helping with attendance issues with kids, brainstorming solutions and interventions.*

It is important to note that the partnership and workflow between Cocoon House's CB-FRS team and the community partner could look different depending on the community partner. For example, one social worker expressed that it would be nice to have more meetings scheduled regularly between their program and Cocoon's House CB-FRS team while a couple of other social workers expressed that the communication between them and Cocoon House was excellent and among the best they have had with a service provider. The importance of this workflow was captured by social worker 5 who stated, "*…the more that Cocoon House and Everett Public Schools can collaborate, the better we can serve the families*." This workflow between Cocoon House's CB-FRS program and the Everett Public School System is the foundation of reaching families who are in most need of the resources and services that the CB-FRS team can provide.

**Providing Services that Address Vital Needs in the Community**

According to the Cocoon House CB-FRS team, they provide a variety of services to help families in crisis address various needs and stabilize before their situation becomes dire and to avoid involvement with DCYF or the experience of being houseless. These services include supporting youth, parents, caregivers and families through counseling, case management, safety planning, crisis intervention work and submitting referrals for mental health and substance misuse concerns. The goal is to address these various family concerns before they contribute to other problems such as truancy, academic difficulties, physical altercations, domestic violence, eviction and system involvement (e.g., the child welfare or legal system). These services are provided by the two-person team, one of which focuses on the youth and the other focuses on the parent/caregiver.

All of the Everett social workers that partner with Cocoon House's CB-FRS team discussed how the services provided by the program were vital in the community and echoed several different issues and situations that cause families in their community to need the services that the CB-FRS team provides. When describing some of the issues they are seeing among youth and families in the community, social worker 4 explained, "*A lot of it goes back to like, being low income and substance use issues, housing, lack of housing. People being doubled up, tripled up, a lot of interpersonal and, you know, family relationship issues in our community just because of lack of resources…*". One of the CB-FRS Cocoon House team members echoed this sentiment detailing, "*They're coming to us in massive crisis, and it's not just one piece… there's layers and layers of mental health, housing instability, school attendance…and then they're compounding the point that they're in crisis*…" Another member of the Cocoon House CB-FRS team stressed that these issues were multifaceted and connected to one other often requiring a lot of time and effort with high need families. They described:

> *…rarely are we getting families who just need a referral to mental health. It is very layered, very complex. Often families need some system navigation…,"Can one of you come to the school with me and sit with the counselors, so we can make sure the youth is getting what they need, because they won't go to school and they're saying their teachers are mean to them, they get too much anxiety", so okay, do we have an IEP?"*

Several social workers stressed the families were especially struggling at the time of this evaluation due to the high cost of living. Social worker 3 explained, "*I have seen a big change in the level of hardship that families are coming to the center and being referred to the point that sometimes you feel like, 'am I going to be able to really help them'?*…". A member of the Cocoon House CB-FRS team stressed a similar sentiment in their interview,

> *I've been in this field for about 15 years. I've never seen anything like it. I've never seen so many families close to being unhoused or unhoused. The level of stress working two or three jobs, if they're able to work, some of our parents and caregivers on disability…so they have a fixed income.*

When discussing what made the program so impactful in the community, social worker 5 stated, "*I think that the Family Reconciliation Services is a really special program because it is, it involves the whole family, and it's more of like a holistic approach to care*.". The same social

worker went on to explain that having a team where one team member could work with the youth while the other could work with the parent was a helpful approach to serving families in crisis. Social worker 5 explained,

> *…they [CB FRS]have a peer partner…They have like someone who can take the kids and do a fun activity with them, like a big brother, big sister type of situation, and is there to…help the kids speak up…and then they have a parent partner… and they figure out, where the breakdown and communication is happening between them and the other family members…*

One of the members of the Cocoon House CB-FRS team explained that they believed the flexibility of their model and the ability to spend time with the families allowed them to make the connection needed to provide the services that families needed for positive change

> *… I think we've had a lot of flexibility with being super intentional and consistent with these families, something that they don't usually receive in other systems, and so being there with them every day, like communicating every day, meeting weekly…as often as they need to, is has been vital for the community….*

Another aspect of Cocoon House's CB-FRS program that social workers identified as a potential benefit is that Cocoon House is a community organization outside of the DCYF structure. The social workers explained that Cocoon House's role as a community organization outside of DCYF allowed them to make connections in the community that might be harder for DCYF due to the stigma attached to the perception of DCYF being an organization focused solely on child protective services. Social Worker 2 stated, "*I've worked for DCYF before, and I believe in the work that they do, but I also recognize it's really hard for our families to reach out when all they think about is CPS...".* One of the CB-FRS team members from Cocoon House echoed this point and discussed sentiments that families have expressed about getting to work with a community organization with resources outside of DCYF:

> *Another piece is, unfortunately, even though systems have tried to adjust and come from a trauma-informed place, we're also continually seeing that our clients do not trust DCYF, good reason or not…and so being able to connect with a community-based service that provides similar [services]… but kind of add our own twist to it has been a relief for them*

Overall, findings in this theme illustrate how Cocoon House's CB-FRS team works to address the needs of families in crisis in their community and collaborate with community partners to make the biggest impact possible and serve vulnerable families during an especially difficult time in their lives.

**Theme 2: Improving Upon Cocoon House's CB-FRS Model**
**Developing a Process to Work with Families who Need More Time to Connect**

While the community partners who worked with Cocoon House's CB-FRS spoke highly of them, they also had a couple of areas that Cocoon House could improve upon to make their services even more impactful. A few social workers spoke about their desire for Cocoon House's CB-FRS program to have a formalized process on how to work with families who have experienced a significant amount of trauma in their lives and may take longer to build rapport with. Particularly,

a couple of social workers discussed how some of the families may take a couple of months just to build rapport with and urged that Cocoon House's CB-FRS team think of a way to work with these families while serving others who were in a better place to work with Cocoon House CB-FRS team. Social Worker 1 described,

> *…the families that are ready to connect and ready to engage. They do really well. I have a couple families that I've referred that…have so much trauma that they don't communicate well with Cocoon House and Cocoon House will then stop working with them if they can't get them to engage… but some of the families take a lot longer to build trust, to build relationships with and I wish they'd hold on just a little bit longer.*

**Formalizing Workflow Between Community Partners and Marketing Program to Broader Community**

While all of the social workers reported that Cocoon House's CB-FRS team was pleasant to work with when serving families, a few suggested that a more formalized workflow would be helpful. Specifically, one social worker discussed how valuable it would be to have regularly scheduled meetings to discuss the status of families Cocoon House's CB-FRS team was serving in addition to receiving updates on the type of services that Cocoon House's CB-FRS team could provide. Social worker 3 explained:

> *I would like to know the extent and the scope of the services that [CB-FRS] do. [name of CB-FRS team member] and I met her at the beginning when they were starting and I invited them to come and see the center…they clarified a lot of things, and I think that keeping that channel of communication as a constant that we could meet another time… so I can, I can get a picture of families accessing those services…*

The same social worker went on to explain that these standard meetings would help them better understand which families would be the best fit for the CB-FRS program. They explained

> *…you go to a restaurant, you are not going to be asking, do you have steak, do you have chicken piccata… no, they tell you, they give you the menu…I don't want to be asking. I would like to exactly know[which services are being offered], and that's how I work with most of my community organizations, right? Usually have my printouts of what is what each of them have or can offer, and then it's a matter of just updating that. That would help me a lot in what I do…*

In addition to a formalized workflow, the social workers discussed how the CB-FRS at Cocoon House had to find creative ways to promote and market their services so that youth and families could distinguish between what the CB-FRS team can offer specifically within Cocoon House. This is essential as Cocoon House has a variety of different services and programs that can be conflated with each other. Social Worker 4 explained how the perception of the type of services Cocoon House as a whole offer could potentially impact youth and families participating in services from the CB-FRS team at Cocoon House:

> *I think there's a little bit of "Cocoon House is just for kids who run away" perception in our community too. So, I don't know if parents really know that when they contact Cocoon*

> *House, it's not giving their kid a place to run away to…so, I think that's some of the things that maybe provide those barriers to parents, from reaching out.*

Other social workers echoed this sentiment and discussed the importance of the CB-FRS team marketing their program directly to the community, especially to youth who could benefit from the CB-FRS services at Cocoon House. Social Worker 3 explained, "*I wish the presence of Cocoon House [was] in the high schools, letting them know their services are you know…being present at the high school and letting students know what they can offer*." Finally, a few social workers stated that more information on the specific age ranges and time frames they work with families would make it easier for community partners to refer youth and families in need to the CB-FRS program.

**Providing Cocoon House's CB-FRS Team with More Resources and Time**

Other social workers discussed how their biggest concern about Cocoon House CB-FRS team was simply them having enough resources and time to support the families with the highest need. Social Worker 2 explained that some of the families being served could take several months if not years to truly see the progress of services due to the amount of trauma they've experienced and mistrust of systems,

> *…it takes time, and I do worry. I know sometimes there's a push to get services in and get them back out and move on, and I have a lot of concern in regard to that, because we know that families just going to end up where they're at overnight, and it's going to take time to truly change and make some get some routines in place.*

Social worker 2 continued,

> *And I think if you can truly spend that genuine time with these families, the long-term impact is going to be exponential, it's going to impact their children and hopefully stop that cycle of their kiddos sometimes fall into that's the same patterns that their parents have.*

Another social worker, participant 5, expressed similar sentiments highlighting the importance of funding programs like Cocoon House's CB-FRS services:

> *...I think that more funding toward their program, which I know is really hard, but I would love for the social workers and peer partners to have a minimum amount of time that they stay on a case, and I understand they need to serve families and there needs to be an end in sight, but I would like there to be a little bit more flexibility with, like, when does work end.*

A member of the CB-FRS team at Cocoon House described how families they served appreciated the amount of time the CB-FRS team spent with them and how this differed from their experiences from receiving services from other programs and systems, "…*a lot of what we're hearing from the clients that we serve, most of them have been system involved… Often what comes up is this rush to close them out, and the exact language that we hear very regularly…*". The same Cocoon House CB-FRS team member continued that it takes time to make the lasting impact on vulnerable families, *"…we have found the greatest successes that we have had for more sustainable change with the families who have been with us for six months plus, so that's*

*important to note*…". Findings in this theme highlight that while Cocoon House CB-FRS team is working hard to serve families in crisis, there are still ways for the program to improve on the impact they are having in the community. Specifically, a system needs to be put in place to serve families that are in extreme crisis and may take longer to build rapport with, the workflow process needs to consistent between all community partners, and the CB-FRS team simply needs more time and resources to continue to be impactful in the community.

**Theme 3: Considering the Overall Impact of Cocoon House's CB-FRS Model**
**Recognizing the Impact of Cocoon House's CB-FRS**

Despite the constructive feedback, the community partners who worked with Cocoon House's CB-FRS team raved about the impact they were making in the community. Social Worker 1 stated:

> *I do want to say that the Cocoon House has been a tremendous support to our families, and we've gotten really good feedback from the families and the students, and…for the families that need the extra support, we don't have much in the community, so we really do depend on Cocoon House, for those kids that are falling through the cracks and the families that really need help, and they have been tremendous support to them.*

This is especially important in a time where families are struggling due to contextual factors driven by the factors identified earlier in this qualitative results section. When reflecting on the impact of CB-FRS team, Social Worker 2 explained, *"...[Cocoon House CB-FRS] have been extremely impactful with the families….we deal with some pretty high needs families…with some pretty complex needs and have a lot going on*." Social Worker 2 went on to describe the impact one of Cocoon House's CB-FRS workers had on a parent who had just lost their mother:

> *I have a mom that will just say, "my mom passed away. She's in heaven, and I really believe that she brought this angel to me." She talks about the support people, and [name of Cocoon House CB-FRS worker] is one of those people that she identifies…she talked about how she feels supported and not judged, and that [name of Cocoon House CB-FRS worker]just comes right alongside her and helps support her and in whatever need it might be that comes up...*

Social Worker 5 expressed that of all the programs they collaborate with, Cocoon House stands out, "…*we work so well together, and I'm not just saying that, this is probably the most effective program I've been a part of…I've been in this role for five years, and this is…the most collaborative program I've been a part of*." Another social worker, participant 2, was adamant that who the Cocoon House CB-FRS team was as people were a huge aspect of the success of their partnership serving families. The social worker stated, "…*If I think about what is it that has made the FRS program as impactful as it is, I just think it fits [names of Cocoon House CB-FRS team], and what they bring to the table is just makes me choke up as like who they are, as humans*."

This impact illustrates how crucial it is for Cocoon House's CB-FRS team to have more resources and market their services more broadly across the community to capture families who may not know about the program. Social Worker 4 explained,

> *I think that the CB-FRS team are doing a good job in our community, and providing a really needed service, and I'm just hoping that more families will engage and take advantage of those opportunities so they can be healthier and happier parents and kids.*

Although this is a pilot program, the findings in this theme along with entire qualitative component of this project underscore the importance and impact Cocoon House's CB-FRS program is having on youth and families in crisis throughout the community.

**Conclusion – Qualitative interviews with Community Partners and Cocoon House staff**

The perspectives of the community partners of Cocoon House's CB-FRS program in addition to the insights of the CB-FRS team themselves underscores the importance of the CB-FRS services in the community. Specifically, the amount of trauma among vulnerable families in the community that is being compounded by the economic pressures of the current economy in the US appears to be driving the need for services among those that are most the highest need. Cocoon House works with community partners to find youth and families who could utilize their services and provides a variety of different supports and resources to them and their unique position outside of DCYF allows them to be able to serve families in a way that can be perceived as less stigmatizing to those who may be hesitant to seek assistance from DCYF.

While there are a lot of positives in the findings, there are some aspects of the CB-FRS program Cocoon House might consider refining. One area is to thoughtfully examine their process of working with families who have experienced a great deal of trauma and with whom it may take longer to build rapport and consider what that work looks like going forward. Further, the program should consider how to standardize their workflow processes across community partners to make sure everyone is on the same page about the services being offered. Lastly, the CB-FRS team would benefit from marketing their services in creative ways to young people and their families in marginalized communities so there is less stigma about utilizing services from Cocoon House. Despite these areas for improvement, the perspectives of the community partners clearly underscore the value of Cocoon Houses' CB-FRS team and the work they are doing to serve those most vulnerable in the community.

Given the high needs of the families served, the challenge of outreach and referral, and the fact that the CB FRS team has only 2 counselors, it is concerning that the CB FRS program's service contract was recently modified to increase caseload expectations as of July 1, 2026. Moving forward, the team will be expected to maintain a caseload of 25 families. As this is a new program change, at the time of this evaluation report it is unclear whether this new caseload expectation will be feasible or manageable. The feasibility of maintaining new caseload expectations will depend upon the success of additional outreach efforts and whether the program receives sufficient referrals from DCYF and the community, especially if the region is limited to Everett only. Furthermore, given that a significant proportion of the families served thus far have high needs, may be difficult to engage, and on average remain in the program for 5 months, it may not

be clinically advisable to add caseload and service duration pressures to the pilot program, as these may increase service numbers at the expense of best practice goals and counselor burnout and turnover.

## Qualitative Findings from focus group and interviews with DCYF FRS workers in Region 3 and other Regions

Two focus groups and one interview were conducted with 8 DCYF staff. One focus group focused on staff in Region 3, which is the Region in which the CB FRS pilot program is located. DCYF FRS workers from Region 3 participated in that focus group, responding to questions about the process of referral to DCYF FRS, workflow and communication with CB-FRS, how DCYF FRS and CB FRS differ, and how the CB FRS program could be improved. DCYF FRS workers from Regions 1, 4, 5, and 6 A participated in either a focus group or individual interview, responding to questions about DCYF FRS processes, perspectives on possible Community Pathways in their regions, and to gather their thoughts about differences between DCYF FRS and CB FRS. Focus groups averaged 37 minutes. Audio recordings were transcribed using Otter ai and analyzed using rapid qualitative analysis, as describe earlier.

**Workflow with DCYF**:

**Theme 1: Good communication; barriers to referrals to CB-FRS; Expanding Outreach**

Data gathered from focus groups with DCYF FRS workers and administrators in Region 3 and around the state offered insight into the workflow between the Department and Cocoon House (CH) staff. One noted positive of the current workflow is that DCYF FRS workers in Region 3 report good communication between CH and DCYF, especially while the case is open. As one DCYF FRS worker described it:

> *...when a family does decide to opt in to the Cocoon based program, the folks that are working over there, at least that communicate with us, they're really great about sending a follow up email or a phone call or, you know, staffing cases and being in communication. So that's just really helpful when we have that open case, so we're not also duplicating some of the work.*

Once the family is stabilized, DCYF closes the case and there is little communication between CH and DCYF after that. When the program first started, there were monthly meetings between CH and DCYF, which may have been more than needed at the time, but currently DCYF FRS staff report wanting more meetings, perhaps quarterly or shorter monthly meetings.

DCYF FRS workers in Region 3 described the workflow with CB-FRS, indicating that they talk with all their families about Cocoon House (CH) but find the program is especially well-suited for those cases involving youth mental health and behavioral health issues. Also, if families need in-home services, then they refer them to CH. The referral process is generally that the DCYF FRS office will do an assessment and refer to CH, although getting youth buy-in is an ongoing

challenge, perhaps the biggest challenge. The workers note that one strategy which has worked is to call the Cocoon House staff while the youth is meeting with the DCYF FRS worker, so they can hear directly from Cocoon house and to 'break the ice.' DCYF staff report that Cocoon House staff are very responsive to this sort of warm handoff. As one worker described the process:

> *...when I've been out at a home visit with a team, like, "Why don't we call them and just -- you could talk to them directly, kind of get a feel for it". And so we, you know, I've tried that.*
> Adding: *because the youth is like, What are you talking about? What kind of program? How is it really going to benefit me? So I'm like, -- let's actually try to talk to them directly so you can ask some of these questions. And they've been great about trying to fit those into their schedules.*

Another suggestion which emerged from the focus group was to have more outreach materials such as a video with testimonials. DCYF FRS workers currently have a flyer describing CH, which is helpful to give out, but youth may find a video or TikTok or some sort of visual preview would be more engaging. DCYF workers note that a significant workflow challenge is getting families to sign consent forms, whether remotely or in person. Some problem-solving around that issue would be helpful so that consent is not a barrier to making the referral. As a CB FRS worker in Region 3 described the issue:

> *One piece of workflow that I feel like can be difficult sometimes is getting that signed consent for us to make the referral over to Cocoon House. And so I feel like when that becomes difficult to either schedule in person with the family, or if they don't really have the technology appropriate to be able to sign a consent via email, then that's often when I'll give the flyer and just ask that they self-refer and just give [CB FRS staff name] a call to start that intake,*

DCYF FRS workers outside of Region 3 were less familiar with the CB-FRS program and the fact that it is a pilot community pathway. It would be helpful for more information to be shared about Cocoon House and the model it is implementing. Outside of Region 3, DCYF FRS workers have little knowledge about how the CB-FRS program is structured, what protocols it follows, how the different staffing roles function (social worker, community liaison, and peer support specialist), or how its CB-FRS differs from DCYF. Sharing information more broadly about this as a pilot community pathway would help build awareness about and support for the initiative.

**Theme 2: CB-FRS as important alternative to DCYF; the promise of Community Pathways**
When asked about the potential value of a CB-FRS program and how it might be perceived differently from DCYF services, several DCYF workers noted that many families are intimidated by or do not trust government agencies and, in that regard, CB-FRS would be more trusted and approachable. Across the Regions, FRS workers recognized key differences between DCYF FRS and CB-FRS. The value of CB-FRS is that it is an opportunity for prevention as many families prefer to work with community-based services because, one worker noted,

*Some families don't want like, that government component in regards to services, and so I feel like it gives a really good alternative for families as well.*

As another worker put it:

*...the DCYF umbrella can kind of make families a little uncomfortable ... And so I feel like for those families, that "community based" just feels a little bit safer, I would say.*

Asked about differences between FRS services delivered in the community compared with FRS delivered through DCYF, it was noted that,

*Families tend to be a bit more engaged because it is not a state agency*." It was observed that "*community-based FRS has great potential in helping the parents, because, as I say, they have a unique advantage, because they are nonprofit organization. ... The parent does not feel intimidated.*

It was also noted:

*...as a state agency, when we respond to their needs, the parents may feel somehow they are working with a government agency. If they are working a nonprofit organization, they will feel more comfortable because they are non-government. They are here simply, purely just for the help. They do not have another mission. Because we are known as child protective services…. Even with FRS, we want to ensure safety comes first.*

It was also pointed out that for DCYF as a state agency, certain policy changes have affected FRS practice. As one participant noted,

*…one of the major issues that staff, as well as administrators, have had concerns about is we have become much more intrusive in FRS cases with the new policies and procedures that have been put into place, and it feels like…sometimes that involvement can be impactful to families as well.*

**The value of prevention**: One DCYF representative described that they regard the Cocoon House CB-FRS as "*a very valued resource*." Reflecting on ways to prevent system involvement, one participant observed that they wished that CH could regularly be an initial intervention to potentially resolve the case before proceeding with the ARY/CHINs petition. As they said, they wished that,

*... in the cases of ARY and CHINs, that there was a way for Cocoon to intervene to see if that could resolve the issue before the ARY and CHIN*s.

An FRS worker at DCYF underscored that in-home services has the capacity to prevent parents from feeling they have to file an ARY or CHINS petitions. As the FRS worker said,

*I am finding that, with the department wanting us to offer the other in-home services first, it has really deterred the at-risk youth and CHINS petitions lately.*

One DCYF FRS worker commented that more CB programs could help decrease the workload. Furthermore, if more community-based options for in-home services were available and more outreach could be done, that would help prevent system involvement through ARY/CHINS and

help prevent youth housing instability. Currently, regions without CH work with providers such as the "Y" or youth shelters, who provide some services, but their services may not be intensive enough.

**Theme 3: DCYF FRS case process; patterns and variation**

DCYF FRS workers indicated that their FRS cases are typically received through the Central intake (hotline), although some participants self-refer, sometimes as they pursue an At-Risk Youth (ARY) or Child in Need of Supervision (CHINS) petition. Sometimes referrals come from School staff or shelter staff; law enforcement and Juvenile justice are also the referral source sometimes.

**Regional variation**: DCYF FRS workers observed considerable variation across regions in rates of referral to FRS. One worker described FRS work as *"it's kind of feast or famine. We'll get a bunch of cases at once, and then we won't see folks for a little bit*". There is regional variation in resources, for example Thurston County has Multi-Systemic Therapy (MST) programming – however most other regions do not as it is not offered statewide. If CB-FRS is expanded statewide, it will be important to map local EBP programs to which youth and families may be referred.

**Caseload and case duration**: Regarding the duration of FRS services within DCYF, workers described that while in-home services are being delivered, FRS cases are kept open until those services are completed. If a CHINS / ARY petition is filed, the case is closed. A DCYF FRS worker outside of Region 3 described that they would try one or two rounds of services and if there is no change by about month 5 or 6, then they would file an ARY/CHINS petition. The same worker noted the variability in FRS, saying that "*if everything goes smoothly, 2 months is the shortest time*." They also described an unusual case which went over a year, saying,

> *...but it's just one incident after another, or another concern arises, and families are feeling that they need extra support, so yeah, it just depends*.

The number of FRS referrals which DCYF receives is quite variable month to month – for example, one participant observed,

> *…It depends. You can see that one month you'll get 1 FRS intake and the next month you'll get 20. So it is very variable.*

Another FRS worker described getting one FRS referral a day on some weeks and one referral a week on others; that worker's current caseload was 10 but they mentioned that it could be as high as 19. One DCYF worker who handles most of the FRS for their region had 8 current cases.

**Conclusion**:

Qualitative focus group data collected from DCYF FRS workers and administrators in Region 3 and around the state underscores the preventive potential of FRS services and shows staff support for the notion of community-based alternatives for voluntary services. Exploration of workflow facilitators and barriers pointed to good communication and collaboration between workers at DCYF and CB FRS staff, and an interest in meeting more frequently. Barriers were also identified and ideas were offered for mechanisms to increase buy-in among youth and improve outreach efforts. Discussion of DCYF FRS processes suggested variable case numbers and referral rates. Greater information sharing about the CB FRS model would help DCYF FRS workers outside of Region 3 to be more familiar with the program and the Department's Community Pathways initiatives.

# CB-FRS Participant Survey Findings

## Quantitative results N=14 (Response rate = 52%)

The evaluation included a survey of Cocoon House CB FRS participants. Following Washington State Institutional Review Board review recommendations, the research team only surveyed adult participants. Participants were primarily parents whose adolescents had participated in the program. The survey was offered in English and Spanish. We had 14 participants (11 English; 3 Spanish); this represents a 52% response rate, as the program has had 27 completions as of this report. Twelve of the participants were parents and 2 were other adult caregivers (Table 11). Most of the respondents lived in zip code 98201 (Table 12).

**Table 11. Role**

| | |
|---|---|
| I am a parent of a young person who used Cocoon House FRS | 12 |
| I am another adult (family member other than parent or legal guardian who supported a young person who used Cocoon House FRS | 2 |

**Table 12. Zip Code**

| | |
|---|---|
| 98201 | 7 |
| 98203 | 4 |
| 98204 | 2 |
| 98205 | 0 |
| 98208 | 1 |

### Demographics

The participant survey was completed by 14 individuals. Due to IRB restrictions, the survey was open only to adults. At the time of the survey, no contact information was available for either of the young adults who had participated in the program as youth. The participants included 11 women and 2 men (Table 13). Findings regarding the gender, race, ethnicity and sexual orientation of the participants and their youth are shown below in Tables 14-20. The primary language spoken in the home was English for 11 participants and Spanish for 3 participants (Table 21). We note that the Cocoon House FRS program serves a diverse population, particularly with regard to race and ethnicity.

**Table 13. Caregiver Gender**

| | |
|---|---|
| Woman / Female | 11 |
| Man / Male | 2 |
| Prefer not to answer | 1 |

**Table 14. Youth Gender (Reported by survey respondent)**

| | |
|---|---|
| Female | 10 |
| Male | 4 |

**Table 15. Caregiver Race** (Select all that apply- Can be greater than 100%)

| | |
|---|---|
| American Indian or Alaska Native | 3 |
| Asian | 1 |
| Black or African American | 2 |
| Native Hawaiian or Other Pacific Islander | 0 |
| White | 9 |
| Another race | 0 |
| Prefer not to answer | 1 |

**Table 16. Youth Race** (Select all that apply- Can be greater than 100%)

| | |
|---|---|
| American Indian or Alaska Native | 3 |
| Asian | 1 |
| Black or African American | 1 |
| Native Hawaiian or Other Pacific Islander | 0 |
| White | 9 |
| Another race | 0 |
| Prefer not to answer | 1 |
| Do not know | 1 |

**Table 17. Caregiver Ethnicity / Cultural Origin** (Select all that apply- can be over 100%)

| | |
|---|---|
| Hispanic or Latino/a/x (e.g., Mexican, Puerto Rican, Cuban, Dominican)) | 3 |
| Middle Eastern or North African (e.g., Egyptian, Iranian, Lebanese, Moroccan)) | 0 |
| South Asian (e.g., Indian, Pakistani, Bangladeshi, Sri Lankan)) | 0 |
| East Asian (e.g., Chinese, Japanese, Korean, Taiwanese)) | 0 |
| Southeast Asia (e.g., Filipino, Vietnamese, Thai, Cambodian, Hmong)) | 1 |
| Central Asian (e.g., Afghan, Uzbek, Kazakh)) | 0 |
| African (e.g., Ethiopian, Somalian, Nigerian, Ghanaian)) | 0 |
| Caribbean (e.g., Haitian, Jamaican, Trinidadian)) | 0 |
| European (e.g., German, Irish, Italian, Polish)) | 2 |
| Indigenous/Native (e.g., Native American, Alaska Native, First Nations, Native Hawaii, Chamorro)) | 2 |
| Multiracial or Multiethnic) | 2 |
| Another ethnicity or cultural origin (please specify)) | 4 (3 caregivers described as American / North American) |

**Table 18. Youth Ethnicity of Cultural Origin** (Select all that apply, Can be greater than 100%)

| | |
|---|---|
| Hispanic or Latino/a/x (e.g., Mexican, Puerto Rican, Cuban, Dominican) | 3 |
| Middle Eastern or North African (e.g., Egyptian, Iranian, Lebanese, Moroccan) | 0 |
| South Asian (e.g., Indian, Pakistani, Bangladeshi, Sri Lankan) | 0 |
| East Asian (e.g., Chinese, Japanese, Korean, Taiwanese) | 0 |
| Southeast Asia (e.g., Filipino, Vietnamese, Thai, Cambodian, Hmong) | 1 |
| Central Asian (e.g., Afghan, Uzbek, Kazakh) | 0 |
| African (e.g., Ethiopian, Somalian, Nigerian, Ghanaian) | 0 |
| Caribbean (e.g., Haitian, Jamaican, Trinidadian) | 0 |
| European (e.g., German, Irish, Italian, Polish) | 2 |
| Indigenous/Native (e.g., Native American, Alaska Native, First Nations, Native Hawaii, Chamorro) | 2 |
| Multiracial or Multiethnic | 1 |
| Another ethnicity or cultural origin (please specify) | 3 |
| Prefer not to answer | 1 |
| Do not know | 2 |

### Table 19. Caregiver Sexual Orientation

| | |
|---|---|
| Heterosexual/Straight | 11 |
| Prefer not to answer | 2 |
| Another identity (please specify) | 1 (not specified) |

### Table 20. Youth Sexual Orientation

| | |
|---|---|
| Heterosexual/Straight | 13 |
| Another identity (please specify) | 1 (not specified) |

### Table 21. Primary Language in the Home

| | |
|---|---|
| English | 11 |
| Spanish | 3 |

## Cocoon House Services

A majority of the survey participants (9 out of 14) had used other Cocoon House services besides FRS (Table 22). With respect to referrals to CB-FRS, most respondents had heard about Cocoon House from their School or from DCYF (Table 23). Questions were asked about the participants' perception of the ease of access to services, how supportive the program was, and had them rate specific aspects of the services received (Table 24). As shown in the tables below, the participants overwhelmingly rated these dimensions positively, indicating that they felt supported, found services helpful, and perceived CB-FRS as accessible. Given DCYF's interest in this Community Pathway serving as a culturally responsive program, we note that participants were consistently rated as being available in a language they understood. Having a bilingual and bicultural Spanish speaking staff member in the program ensured access for Spanish language participants. A survey question about whether their "culture or background didn't feel like it matched CH's FRS" was rated vey low, indicating that this was not a barrier for participants. Overall, participants reported few barriers to FRS services at Cocoon House (Table 25).

### Table 22. Have you used other Cocoon House services?

| | |
|---|---|
| Yes | 9 |
| No | 5 |

### Table 23. How did you find out about Cocoon House FRS?

| | |
|---|---|
| A friend or family member | 2 |
| School or teacher | 6 |
| Healthcare provider (doctor, nurse, counselor) | 1 |
| Cocoon House staff or outreach worker | 2 |
| Another organization or agency | 1 |
| Dept. of Children Youth and Families | 6 |

### Table 24. Service Access and Engagement

1=Strongly Disagree; 2=Disagree; 3=Somewhat Disagree; 4=Somewhat Agree; 5=Agree; 6=Strongly Agree

| | |
|---|---|
| It was easy for me to get into Cocoon House Family Reconciliation Services | 5.21 |
| I understood what the Cocoon House Family Reconciliation Services offered | 5.14 |
| I understood the information staff shared with me | 5.50 |
| Cocoon House Family Reconciliation Services was accessible within my schedule | 5.64 |
| Cocoon House Family Reconciliation Services were relevant to my needs/needs of my family | 5.57 |
| The workers showed they knew how to help me | 5.71 |
| The workers provided helpful support when I needed it | 5.79 |
| I knew who at Cocoon House to contact if I needed help | 5.77 |
| Workers were consistently there when I need help | 5.71 |
| The workers worked with others outside Cocoon House to support me | 5.29 |
| The workers and I created and reviewed goals together | 5.29 |
| Cocoon House workers gave helpful tools and ideas to support me or the young person in my life | 5.50 |
| I felt safe and valued by Cocoon House staff and workers | 5.64 |
| Workers partnered with me if we encountered barriers | 5.36 |
| Workers took the time to really get to know me | 5.50 |
| Cocoon House Family Reconciliation Services were available in a language I understand | 5.79 |
| **Total average** | **5.52** |

### Table 25. Service Barriers

1=Strongly Disagree; 2=Disagree; 3=Somewhat Disagree; 4=Somewhat Agree; 5=Agree; 6=Strongly Agree

| | | |
|---|---|---|
| I experienced barriers to accessing Cocoon House FRS | 2.71 | reversed rating |
| I found it difficult to trust the workers and/or program | 2.15 | reversed rating |
| Cocoon House's expectations and requirements (such as paperwork, intake process, scheduling, or location) made it harder for me to use Cocoon House Family Reconciliation Services | 1.77 | reversed rating |
| My culture or background didn't feel like it matched Cocoon House FRS | 1.23 | reversed rating |
| **Total average** | **1.97** | |

**Service Duration and Frequency**

Most participating parents reported using CH's FRS services for 4-6months or between 6 months and a year. Very few reported using services less than 4 months or more than 1 year (Table 26). This indicates that a significant proportion of the families have a high need for services. With regard to how frequently they used services while they were in the program, the most common response was 'Weekly', followed by 'Bi-weekly'. A small number of participants indicated they used CH services 'Monthly' or less than Monthly. None reported their use as 'Daily' (Table 27).

### Table 26. How long have you used Cocoon House FRS?

| | |
|---|---|
| Less than 1 month | 0 |
| 1 - 3 months | 2 |
| 4 - 6 months | 5 |
| More than 6 months | 6 |
| More than 1 year | 1 |

**Table 27. How often did you utilize Cocoon House FRS?**

| | |
|---|---|
| Daily | 0 |
| Weekly | 7 |
| Bi-weekly | 4 |
| Monthly | 2 |
| Less than monthly | 1 |

The survey also measured participants' overall experience with Cocoon House and sought to measure their perception of the impact of the program. As shown below, ratings of the program were high, with most participants 'strongly agreeing' with the statement "My experience with CH FRS was positive" and "CH staff and workers treated me with respect." When asked about whether CH FRS had reduced the family's conflict, most participants "agreed" or "strongly agreed" (average=5.14). A pattern of positive responses was reported when participants were asked about whether CH FRS helped with financial assistance (i.e., various types of concrete goods) (average=4.93) indicating "agreement". Notably, when asked about CH FRS's impact on the particularly challenging problems of housing stability and financial stability, participants were still positive, but the averages were 4.43 and 4.57, meaning that participants "somewhat agree" or "agreed" (Table 28).

**Table 28. Overall experience and impact of CB FRS**

1=Strongly Disagree; 2=Disagree; 3=Somewhat Disagree; 4=Somewhat Agree; 5=Agree; 6=Strongly Agree

| | |
|---|---|
| The Cocoon House Family Reconciliation Services met my expectations | 5.14 |
| My experience using Cocoon House Family Reconciliation Services was positive | 5.50 |
| Cocoon House staff and workers treated me with respect | 5.57 |
| Cocoon House Family Reconciliation Services reduced my family conflict | 5.14 |
| Cocoon House Family Reconciliation Services helped our family's housing situation | 4.43 |
| Cocoon House Family Reconciliation Services helped our family with financial assistance | 4.93 |
| Cocoon House Family Reconciliation Services helped our family's financial stability | 4.57 |
| **Total average** | **5.04** |

## Qualitative comments from Survey participants:

**Impact of Cocoon House**: Qualitative comments from the participant survey are evidence of the effectiveness of the program, the value of the practice model, and show the extent to which the families benefited from the program. Asked open ended questions about their experience working with Cocoon House FRS, participants shared positive comments about the staff, emphasizing their supportiveness, compassion, and expertise. Consistent across all the comments was the perception of CB FRS staff as caring, knowledgeable, listening deeply, and helpful. As one parent participant said,

> *The staff were amazing to work with and if they did not have the answer or did not have information they would do their research and get back to us in a timely manner. They are kind, empathetic, helpful, listened and supportive.*

Another parent noted:

> *Their compassion and knowledge has been monumental to our family rebuilding. They've connected me with resources and if their organization can't help, then they know who I should talk to. Their knowledge of systems and their requirements has been very helpful!*

One parent commented in detail, sharing:

> *Working with [name of staff] was a real pleasure and it was very helpful regardless of the policies impeding my daughter receiving the help she badly needed…The help that [name] was permitted to give us, she gave freely, happily, and professionally. She genuinely cares and is highly insightful. …She gave me insight into my situation that I hadn't considered, which helped me communicate better with my daughter and she recommended support and resources for me that parents of troubled teens badly need. She did the best she could and made a positive impact on my family.*

One Spanish speaking participant said:
*Una ocasión le me hija tubo crisis y ellas apollaron en todo momento. Gracias. (*translation: *One time when my daughter was in crisis, they supported her throughout. Thank you.*)

In another parent's words:

> *[Staff name] and [staff name] have been more than supportive to my family and I, they have given us hope and I will be forever grateful!*

When asked about barriers to accessing services, only one participant commented. Specifically, that parent noted they encountered a barrier trying to access CB FRS service for their daughter because of a rule that they could not do so if they had an open case with DCYF. It has since been clarified that this is no longer a restriction but at the time it was a restriction that was in effect. The parent shared:

> *Having an open case with the DCYF created a major barrier to my daughter receiving help when she desperately, desperately needed it.*

When asked what made them feel supported, parents spoke of the caring approach exhibited by both of the CH staff. For example, one parent described the support as:

> *Consistency, empathy, reliable, caring, trustworthy, honest and overall great people. Very transparent always.*

Another parent expanded on this to share more specifics about the types of support that were valuable to them and their children:

> *Their swift attention to any barriers I'm facing, both as a single mom and as a woman recovering from domestic violence. They really care about helping my children and I succeed. Whether it's help with paperwork, or a quick question, or coming to support at my son's school meetings, they're a big part of our family's team and provide valuable insight.*

Some respondents shared individual types of support, such as one parent who wrote:

> *They were able to find a bed for my teen*.

Most participant responses highlighted and named the CH staff as the source of their support, especially commenting about:

> *The time, effort, patience, and support they gave me. Their warmth and concern.*
>
> *[Staff name], period. Cocoon House is fortunate to have her. Her practical experience and her big heart made me feel at home, and the advice that she gave was truly invaluable…. Additionally, [staff name] was friendly and professional the short time we spent with her.*

Asked how Cocoon House FRS could be improved, participating parents mainly mentioned more services, serving more families, and having more time in the program. For example, one parent wrote:

> *Be able to assist more families with the services they were able to help our family with during the tough times.*

Another said:

> *Be able to work with my family for more than a year.*

Several respondents indicated that there were no program improvements they could think of. As one parent noted:

> *They've exceeded any ideas i had about support. They knew things that could help our family that I may not have thought of.*

One parent who had struggled with homelessness offered the suggestion that the program provide "*More information for families that are homeless."* The survey sought to identify the potential impact of the CB-FRS program on housing instability for participating families. Nearly all of the parents responded with examples of how the program positively impacted their housing situation.

These responses emphasize how precarious family housing is at the present time and how much CB-FRS was able to help. Of the survey participants, one noted that they were still homeless, sharing, "*My daughter and I are still homeless and it has made it seem like there is no hope."* Others, however, highlighted the support received from CB-FRS as critical to maintaining their family's housing stability. In their words:

> *They helped us in so many ways to be able to stay in our home, provide food, toiletries, some small wants for the kids, drivers Ed and a safe place for our family to talk to people outside of our home.*
>
> *This service helped our family navigate one of our lowest moments. They helped us figure out stable housing at our home for a child, helped us reduce conflict and helped us team together to improve the place we were in.*
>
> *Assist getting me into treatment and working with my youth's grandma for temporary guardianship while I was gone and helped with the transition when I returned. They also helped with getting us into shelter stays when we were unhoused.*
>
> *Easing the conflict inside our home helps to ensure our continued housing. Their help with bills made it possible for my children and I to continue living here. Their support has been very instrumental in stabilizing our living situation.*
>
> *Apollaron a mis hijo cuando sufrimos de desalojo (translation:They helped my sons when we were evicted.)*

The qualitative comments from the Cocoon House participant surveys offer insight into the significant challenges facing families and the preventive support which the program provides the community. The quotes are evidence that the CB FRS services as currently being provided are having an impact on the lives of youth and families and helping to stabilize them at a critical point.

**Culturally Responsive and Strengths-Based programming**: The evaluation explored the extent to which the Cocoon House program is culturally responsive and strengths-based: Based on data from participant surveys, intake data, and qualitative data gathered from community partners, the evidence all points to the program being responsive to cultural needs and underscores that the staff approach their practice from a strengths-based perspective. The pilot program is serving a diverse population, as indicated by the demographic information tracked in the administrative data. As noted above, among the youth served to date, approximately 10% identify as AI/AN, nearly 30% identify as African American and about 60% identify as White, and approximately one third identify as Latina/o/e. Parent participants in the survey were asked about whether the program met their cultural needs, whether services were accessible in their native language, and whether they felt their culture was a good fit with the program and parents overwhelmingly responded affirming the program's responsiveness. The CB-FRS program is fundamentally strengths-based, evidenced even from the intake forms, which ensure that the intake assessment considers the family strengths and strengths which the youth bring and can build upon. Tracking data indicates that referrals to

EBP interventions included culturally tailored programs, such as Consejo, SeaMar, Tulalip Tribes, Stillaguamish Tribe, and the Tulalip Recovery center.

**Data tracking for IV-E funding under FFPSA**: As described in greater detail in the following section, the administrative tracking data from Cocoon House indicate that this CB-FRS program is appropriately assessing and documenting key case information as required for potential IV-E funding through FFPSA. Specifically, the tracking datasheet shows that all cases have documented Child-specific prevention plans (CSPP). It appears that family assessments are being conducted and it is documented that risk prevention and CSPP update meetings are held every 3 months for open cases.

**Limitations of the Formative Evaluation and Future Research**: This evaluation sought to study the implementation of the pilot CB FRS program at Cocoon House, yield formative findings to assess implementation facilitators and barriers, strengthen the program, and inform potential future expansion of the program. The study collected and analyzed multiple sources of data, including administrative data, survey data from participants, existing literature, and qualitative data from staff and community partners to triangulate across the sources and report findings. Among the limitations of the study was that data were not collected directly from youth. To meet WSIRB restrictions, the evaluation team only gathered data from adults, so the survey participants consisted only of parents or other adult caregivers. Furthermore, the response rate for the survey was approximately 52%, which is moderate, but could have been higher if we had had more time for data collection.

**Future research**: As a formative evaluation, the goal of the present study was not to examine outcomes, however the research team was able to conduct preliminary analysis of a limited number of outcome measures using administrative data gathered at exit for families whose cases had closed. Additional research is needed to examine other outcomes of this pilot CB FRS program at Cocoon House. Future research should study the continued implementation of the CB-FRS pilot, tracking cases longitudinally if possible, and examining outcomes for adolescents and families. Additional future evaluation activities would allow the pilot to demonstrate effects from a prevention perspective and examine the capacity of this community pathway to prevent future involvement in the child welfare or juvenile legal systems. As Washington state's single Community Pathways FRS program, Cocoon House holds promise as a model for advancing DCYF's goal of transitioning services to community-based organizations for those families adjacent to the child welfare system.

Future evaluation activities would help track the impact of recent changes to the CB FRS service contract which increase caseload expectations as of July 1, 2026. Ongoing evaluation of program intake data would help understand whether the new caseload expectations of 25 cases per month is feasible and manageable. Maintaining higher caseloads with a fee-for-service funding structure may not be a realistic model, given the high needs of the families served, and given that there are only 2 counselors in the program. We recommend that this be carefully tracked.

Specific outcomes of interest for any future study include preventing future child welfare system involvement, youth attendance in school, substance misuse, and housing stability, particularly given that fully 40% of families participating in the CB-FRS program reported experiencing unstable housing at intake. Preliminary findings suggest that the CB-FRS program has positive effects on youth attendance at school; continued study would permit analysis with a larger sample, as more families complete the program over the coming year. Future evaluation would also be able to survey or interview young adults who participated in the program as youth, a critical source of data on the preventive impact of the program.

## Pursuing Federal support through Title IV-E Prevention Funds

> *"Implementing community pathways is about more than expanding services. Community pathways offer fundamentally different service delivery experiences for families, especially those who may distrust public entities or consider child protection services punitive and threatening. Community pathways also give jurisdictions opportunities to work in new ways with their trusted partners to empower and strengthen communities to keep children safe and reduce the need for family involvement with the child welfare system" (Casey Family Programs, 2026)."*

The formative evaluation of Washington state's pilot CB-FRS initiative also had the task of assessing its positioning with respect to collecting Title IV-E Prevention funds under FFPSA. The evaluation team reviewed literature and available government materials and sought input from IV-E experts to assess the capacity the State to draw down Federal Title IV-E prevention funding under FFPSA for CB FRS programming. This memo outlines this assessment and offers recommendations to align the program with the requirements to access and optimize FFPSA prevention funding and discusses the possibility of braided funding.

**Candidacy:**

Review of the federal Child Welfare Policy Manual documents the justification for and expectations required to claim Federal financial participation (FFP) for services delivered through CB-FRS. The policy outlines criteria for determining whether youth served in CB-FRS may be considered candidates for title IV-E foster care benefits (See ACYF-CB-PA-87-05 (10/22/87); 7/7/2006; (12/17/2019)) and Children's Bureau Technical Bulletin #1 Title IV-E Prevention Program Data Elements (10/2/2025, technical-bulletin-revision_0.pdf). DCYF's approved Prevention Plan identified ten candidacy groups, including Family Reconciliation Services.

Criteria to enable CB FRS programs to draw down federal funding under FFPSA:

1. Written **prevention plans** are completed (Child-Specific Prevention Plan CSPP)
2. Periodic **safety assessments** are conducted
3. Appropriate **data system and tracking** is in place

a. Data reporting at the child level
b. Data collected on all 14 required data elements
c. Required XML data system file structure
d. Meeting requirements of data privacy and secure data transfer

**Evidence Based Practices (EBPs)**: CB FRS youth and families must be provided with FFPSA approved EBP interventions. The Cocoon House CB FRS program has been referring participants to approved Family First EBPs, such as Triple P and FFT. It would be ideal if the CB FRS program had the staffing capacity to deliver EBPs on site rather than only referring to other providers. This would also simplify the collection and transfer of data on EBP service utilization. Providing Family First approved EBP's within the CB FRS would also help to minimize transitions for youth and families and improve engagement and service completions.

**Department oversight:** DCYF, as the Title IV-E agency must oversee the CB FRS contracted activities but is best structured to minimize unnecessary oversight and surveillance. As mentioned in DCYF's 2023 Community Pathways report, updated guidance in the Child Welfare Policy Manual "…allows providers to offer prevention services without the family perceiving the offer as a threat of potential removal of their child. With appropriate data firewalls and procedures, more families may feel comfortable accessing these prevention services. However, agencies still need to openly communicate with families what the services are, and what repercussions exist if heightened risk to the child is documented" (p. 25).

**Service duration:** The Department would need to consult with the federal program office regarding the maximum length of time a youth may be considered a candidate for foster care. Depending on the length of time a youth remains in the CB FRS program, DCYF may need to document the justification for continued eligibility status. Justification statements should be prepared with input from the CB-FRS provider when needed for documenting continued eligibility.

**Child Level reporting of required data elements:** Documented prevention plans must be at the child level (Child specific prevention plans CSPP). Cocoon House's FRS program documents prevention plans and has CSPP update meetings every 3 months. The 14 required data elements are detailed in the Children's Bureau Title IV-E Prevention Program elements Technical Bulletin (10/2/2025, technical-bulletin-revision_0.pdf) and include: Title IV-E Agency ID; Report date; child ID; DOB; Sex; Race (7 items); Ethnicity; pregnant or parenting youth; prevention plan start date; services (3 items -substance abuse, -mental health, and in-home skills); cost of services; service end dates; foster care status at 12 months; foster care entry (2 items: entry within 24 months; date of entry into foster care).

**Plan for needed data collection:** To draw down funding under FFPSA, the state will need to detail a plan for collecting and documenting information needed for candidacy determination and detail how DCYF will make the final determination (and any needed re-determinations). Similarly, a communication plan will also be needed between the CB-FRS program and EBP providers so progress may be tracked and to provide information for candidacy re-determinations. Much of this

is in place with the current CB FRS and codifying it in a plan will help ready the initiative for pursuing FFP in the future.

**Monitoring risk and safety:** With any community pathways funded through federal IV-E Prevention funding, the state agency will need to consider how to monitor risk and safety during prevention service programming. The current CB FRS program conducts risk prevention and CSPP update meetings every 3 months, as documented in the Cocoon House administrative tracking form.

**Data System and IT functionality**: Establishing the necessary data infrastructure and IT functionality to track needed data elements is required to access federal funds for prevention services. Information collected for Prevention funding must be consistent with other Children's Bureau databases such as the Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS). The data system needs to be CCWIS-compliant (Comprehensive Child Welfare Information System) with the necessary file structure to meet federal requirements, namely "XML" file format (see Children's Bureau Title IV-E Prevention Program elements Technical Bulletin (10/2/2025, technical-bulletin-revision_0.pdf) . The data system could be a stand-alone database as long as it is CCWIS compliant and has the appropriate XML file structure.

**Data privacy and security:** A plan for data sharing between the CB-FRS and the Department will need to detail how data privacy and security will be maintained, such as by using a CCWIS module with a firewall to keep CB-FRS data isolated from child welfare system data.

**Continuous Quality Improvement**: Depending on the capacity of the community-based organization, the Department may need to support the CB-FRS program in developing and maintaining CQI processes. Community pathway organizations should prepare plans for ongoing CQI in consultation with DCYF.

**Braided Funding:** In addition to being eligible for FFP, the Department may be able to pursue Medicaid funding for CB FRS programming. If the EBP is delivered by a licensed provider, then the service may be eligible for Medicaid as that is a major source of funding for behavioral health service interventions. In addition, DCYF might consider philanthropic funding as match for federal dollars for EBP's for youth in CB FRS programs as private dollars may be used as match for the purpose of accessing Title IV-E funding.

**Optimizing IV-E:** As DCYF considers future Community Pathways, one possible mechanism for staffing community pathways programs (or staffing the EBP's to which they refer participants) would be for DCYF to allow IV-E funded graduates from Washington state's MSW Child Welfare Training and Advancement Programs (CWTAP) to work in community pathway programs such as CB-FRS as their conditional grant payback site. This would expand the types of positions which CWTAP graduates could work in upon completion of their MSW education.

As a potential model for DCYF to expand its community pathways, the Cocoon House CB-FRS offers the possibility of a new way for the state to support the well-being of adolescents and their families, one which may be funded through IV-E prevention funding, which holds the promise of

preventing deeper and costly system involvement, reducing family conflict and youth homelessness, and which may promote school engagement and success so critical to adolescents and their futures. DCYF has been innovative and forward thinking in initiating the CB-FRS program as a pilot Community Pathway and thinking ahead to how the program might be funded through IV-E prevention funding. As it has been noted, "Reorienting around prevention requires a major cultural shift in child welfare and human services more broadly, and it necessitates a concerted and sustained effort to operationalize prevention values in practice" (Chapin Hall, 2022, p. 10). With support from the Washington state Legislature for a 2-year pilot, DCYF has taken the important step of developing a community pathways model, and it has done so using an exemplary participatory co-design process. The department identified Cocoon House, a community partner with a long-standing reputation as a trusted community service provider with whom to partner in piloting the Community-Based FRS program. A partnership such as this takes time, commitment, and requires alignment with a prevention orientation. The CB-FRS pilot program is more than a fee-for-service contracted child welfare service provider. To best position the CB-FRS model for success, maintain fidelity to the vision and purpose of this community pathway program, and to ready it for funding through the Title IV-E Prevention funds, it may be appropriate for the initiative be structured within DCYF's Prevention Offices, to support its promise as a pilot community pathway.

## CB FRS Evaluation Summary Recommendations

1. Increase outreach and referrals: Findings indicate that greater outreach could help increase referrals to Cocoon House. In particular, it was noted that it would be ideal if more individuals and families would hear about and reach out to CH directly. Increased outreach regarding the program might include outreach to the community and development of more outreach materials for DCYF FRS workers (e.g., Videos about the program, testimonials from youth). The state might also consider a mechanism by which mandated reporters might be able to refer individuals directly to CB-FRS. Another suggestion is to explore whether CB-FRS might be able to intervene when an ARY or CHINs petition is filed to see whether they can help resolve the matter.

2. If the program is expanded or resourced to serve more families and either a full-time Community Liaison or full-time Peer Support Specialist position is warranted, then we would recommend hiring splitting those positions, as envisioned in the original model.

3. To best assess the value of this pilot CB-FRS program as a model Community Pathways initiative, it is critical to view it from a prevention perspective. The 2018 Federal FFPSA legislation represents a significant opportunity for state child welfare agencies to move upstream and transform the nature of their work and their relationship with communities with federal funding through FFPSA. CB-FRS is an important part of DCYF's approved 2024-2029 Prevention Plan and should be assessed as a prevention initiative [washington_title_iv-e_prevention_plan.pdf] and one which may be able to be funded using Title IV-E funds.

Moving forward, it may be appropriate to house all active Community Pathways programs among DCYF's Prevention Offices to ensure that their value as ground-breaking prevention initiatives is recognized and that they are supported as the investments they represent.

4. To potentially draw down federal IV-E FFPSA funding for Community Pathways programs, the Department will need to meet federal requirements. Cocoon House is currently tracking important data elements, such as written child-specific prevention plans, documenting family assessments, and conducting periodic safety assessments. DCYF will need to ensure that the necessary data tracking elements are collected. The main challenge for Washington state remains the establishment of the necessary IT functionality to meet FFPSA data requirements.

5. The CB FRS program's service contract was recently modified to increase caseload expectations as of July 1, 2026. Moving forward, the team will be expected to maintain a caseload of 25 families. It is unclear at this time whether this new caseload expectation is feasible, manageable, or clinically advisable. The feasibility of maintaining this caseload will depend upon outreach and whether the program receives sufficient referrals. Whether the new expectations for caseloads and service duration are manageable with only 2 staff on the CB-FRS team remains to be seen but it is concerning that the new caseload demands are driven by financial goals rather than clinical ones. Caseload and service duration pressures do not reflect best practice and may increase service numbers at the expense of practice goals and counselor burnout. The CB FRS team will need to consider how to serve their many high needs families and those who may take longer to engage, given limited resources and to avoid burnout and turnover among staff. We recommend that this be carefully tracked.

6. Community partners suggested the need for CH to standardize their workflow processes with community partners to make sure everyone is on the same page about the services being offered. It is also recommended that the CB-FRS team consider how to do outreach and how best to market their services in creative ways so there is less stigma about participating in the program.

7. Workflow between DCYF-FRS and CB-FRS would benefit from either quarterly meetings or brief monthly meetings. Re-establishing meetings with Tribes, especially Tulalip near the Everett area would help outreach to and collaboration with Tribes.

8. EBP services: As Washington considers expansion of CB-FRS across the state, it will help set programs up for success if there are ample EBP's so appropriate referrals can be made and so there will be a range of options of EBP's that fit the practice needs of youth and families and that are culturally relevant. Services are currently quite variable across the state. It would be optimal if the CB FRS program has the capacity to deliver EBPs on site, to minimize service transitions for youth and families and help ensure service completions.

9. We recommend additional research to explore program outcomes, particularly on school attendance, youth substance misuse, and housing stability. Continued examination of program

effects would also allow for follow up measures of interest and would enable data to be gathered from young adults who participated in the program as adolescents. Evaluation of the impact on the CB FRS of increased caseload expectations would also provide important data. Outcomes evaluation would help inform decision-makers regarding the impact of the program.

## Conclusion

This formative evaluation highlighted numerous strengths of the CB FRS program at Cocoon House and preliminary findings point to notable program effects, particularly with regard to school attendance, youth substance misuse, and reduced family conflict. The evaluation examined the implementation of the CB FRS program to date, identifying facilitators to promote further and barriers to address. The report offers a range of recommendations to strengthen the program and to inform possible expansion of CB FRS across the state. As a potential model for DCYF to expand its Community Pathways, CB-FRS offers the possibility of a new way for the state to support the well-being of adolescents and their families. CB FRS programs hold the promise of preventing deeper and costly system involvement, decreasing conflict in the home, reducing housing instability, and promoting important outcomes critical to adolescents as they transition to adulthood. Future research is needed to build upon this formative evaluation with an assessment of the impact of the program, examining outcomes for adolescents and families and the value of the CB-FRS pilot initiative as a Community Pathway.

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