

D.S. DRAFT IMPLEMENTATION PLAN



Washington State Department of
CHILDREN, YOUTH & FAMILIES

DCYF does not discriminate and provides equal access to its programs and services for all persons without regard to race, color, gender, religion, creed, marital status, national origin, sexual orientation, age, veteran's status, or presence of any physical, sensory, or mental disability.

If you would like free copies of this publication in an alternative format or language, please contact DCYF Constituent Relations at 1-800-723-4831 or email communications@dcyf.wa.gov.

Contents

EXECUTIVE SUMMARY	5
D.S. Monitoring	5
The D.S. Lawsuit & Settlement Agreement.....	5
The D.S. Class.....	5
The D.S. Settlement Goals.....	5
System Improvements	6
Contracted Engagement.....	7
System Integration	7
Constraints	8
Budget	8
Methodology.....	8
Exit Criteria	8
System Improvement 4.6 Emerging Adulthood Housing Program	10
Overview.....	10
System Integration	11
Access and Eligibility Protocols	11
Methodology, Exit Criteria, and Quality Assurance	11
Strategies to Achieve the System Improvement.....	14
Activities/Timeline.....	15
System Improvement 4.7 Professional Therapeutic Foster Care	17
Overview.....	17
System Integration	17
Access and Eligibility Protocols	17
Methodology, Exit Criteria, and Quality Assurance	18
Strategies to Achieve the System Improvement.....	19
Activities/Timeline.....	22
System Improvement 4.8 Hub Home Model Program	25
Overview.....	25

System Integration	25
Access and Eligibility Protocols	25
Methodology, Exit Criteria, and Quality Assurance	26
Strategies to Achieve the System Improvement.....	28
Activities/Timeline.....	29
System Improvement 4.9 Revising Licensing Standards.....	31
Overview.....	31
System Integration	31
Methodology, Exit Criteria, and Quality Assurance	32
Strategies to Achieve the System Improvement.....	32
Activities/Timeline.....	35
System Improvement 4.10 Kinship Engagement Unit.....	41
Overview.....	41
Existing, Expanded, and Developing Services and Supports.....	42
System Integration	46
Access and Eligibility Protocols	46
Methodology, Exit Criteria, and Quality Assurance	47
Strategies to Achieve the System Improvement.....	48
Activities/Timeline.....	49
System Improvement 4.11 Family Group Planning	51
Overview	51
System Integration	51
Access and Eligibility Protocols	51
Methodology, Exit Criteria, and Quality Assurance	52
Strategies to Achieve the System Improvement.....	52
Activities/Timeline.....	54
System Improvement 4.12 Referrals and Transitions	56
Overview	56
System Integration	57
Access and Eligibility Protocols	57

Methodology, Exit Criteria, and Quality Assurance 57

MOU Hospitals Strategies to Achieve the System Improvement 58

MOU Hospitals Activities/Timeline 60

MOU Juvenile Courts Strategies to Achieve the System Improvement 60

MOU Juvenile Courts Activities/Timeline 61

Youth Narratives & Pre-placement Contact Strategies to Achieve the System Improvement 62

Youth Narratives & Pre-placement Contact Activities/Timeline 63

System Improvement 4.13 Qualified Residential Treatment Program 65

 Overview..... 65

 System Integration 65

 Access and Eligibility Protocols 65

 Methodology, Exit Criteria, and Quality Assurance 65

 Strategies to Achieve the System Improvement..... 66

 Activities/Timeline..... 67

Exit Procedure..... 69

EXECUTIVE SUMMARY

D.S. Monitoring

This plan identifies key metrics that will be monitored and unchanged. Based on best judgment, the plan identifies core strategies and activities for each System Improvement that may be revised based on new information.

The D.S. Lawsuit & Settlement Agreement

The Department of Children, Youth, and Families (DCYF) was sued by Disability Rights Washington (DRW) and a Class of children and youth under the age of 18 who have been removed from their parents or caregivers. The [Settlement Agreement](#), negotiated under the lawsuit, is known as the D.S. Settlement. Under the Settlement Agreement, DCYF has committed to eight System Improvements related to the Class, guided by seven overarching goals to transform child safety and well-being practices. Goals and related System Improvements are described below.

The D.S. Class

- 1) Class Members include: Individuals who are or in the future will:
 - i. Be under the age of 18; AND
 - ii. Be in DCYF's placement during a dependency proceeding under Wash. Rev. Code § 13.34 until the proceeding is dismissed; AND
 - iii. ONE OR MORE OF THE FOLLOWING:
 - a. Have experienced five (5) or more placements, excluding trial return home, in-home dependencies, and temporary placements. Temporary placements mean any of the following: overnight stay with a parent, hospital, respite care, youth camps, on runaway status, or detention. Temporary placements do not include a hotel stay, an office stay, or a night-to-night foster care placement. But an individual shall not be counted to have five (5) or more placements under this section if they have been in the same placement for the last twelve (12) or more months, except if that placement was in a Qualified Residential Treatment Program (QRTP); OR
 - b. Have been referred for or are in out-of-state group care placement; OR
 - c. Have experienced a hotel or office stay in the past six (6) months; OR
 - d. Are awaiting a Children's Long-Term Inpatient Program (CLIP) bed.

The D.S. Settlement Goals:

The Settlement Agreement aspires to transform child safety and well-being practices to do the following:

- Respect and promote the dignity and integrity of each family, while supporting the potential for every family to experience healing and recovery;

- Develop and foster interdependence among extended family members and between families in their broader community to provide for children’s stability, lasting and loving relationships, and connections to their own extended families, communities, and cultures;
- Provide for necessary supports and services for children to thrive in the least restrictive and most integrated settings, with a focus on strengthening families and communities to accommodate the individual needs of children with disabilities, without relying on settings that deny children opportunities to form connections and friendships with their peers;
- Provide children with supports to recover from trauma they have experienced, and protect them from further trauma;
- Recognize that children’s own perspectives of their needs, strengths, potential, and experiences are valid, elicit and amplify those perspectives, and respond with individualized safety and well-being strategies centered on each child’s unique experiences and goals;
- Combat the institutional and systemic racism and ableism that result in disproportionate separation of families of color and families with disabilities, and meaningfully recognize and respond to the intersecting risks and harms associated with factors including disability, race, poverty, and gender identity; and
- Continuously improve through ensuring the collaboration, inclusion, and leadership of those most affected—the children, young people, and families whose perspectives are informed by their own lived experiences.

System Improvements:

To achieve the goals outlined above, DCYF will implement eight System Improvements. The System Improvements represent focused program development and improvements to address specific areas of practice and support. They are summarized below and described in more detail in subsequent sections of this plan.

- **4.6 Emerging Adulthood Housing Program**

Develop and implement an array of supported statewide housing for young people ages 16 – 20 years who prefer to live independently.

- **4.7 Professional Therapeutic Foster Care**

Develop and implement a contract and licensing category for therapeutic foster parent professionals to support children with developmental disabilities or behavioral health needs.

- **4.8 Statewide Hub Home Model Program**

Develop and implement a statewide Hub Home Model Program focused on caring for youth with current, or a history of, behavioral health needs.

- **4.9 Revising Licensing Standards**

Amend contracts and policies and engage in negotiated rule-making to amend requirements for foster care placements to be more developmentally appropriate and flexible to meet the needs of individual youth.

- **4.10 Kinship Engagement Unit**

Establish a statewide unit that identifies and engages Class Members' extended family members and friends and supports families in safely reunifying, or staying together. A contracted stakeholder process will assist with the development, implementation, and evaluation of this System Improvement.

- **4.11 Family Group Planning**

Review the Shared Planning Meeting policies and practices for improvements and revise those policies and practices in response to stakeholder input. A contracted stakeholder process will assist with the development, implementation and evaluation of this System Improvement.

- **4.12 Referrals and Transitions**

Develop referral and transition protocols in response to feedback from lived experience experts and other stakeholders. A contracted stakeholder process will assist with the development, implementation and evaluation of this System Improvement.

- **4.13 Qualified Residential Treatment Programs (QRTP)**

Increase the frequency of, and improve the process for, assessments of youth to determine if placement in a Qualified Residential Treatment Program (QRTP) is, or continues to be, the best treatment option for youth who are referred.

Contracted Engagement

Three of the System Improvements, 4.10 Kinship Engagement Unit, 4.11 Family Group Planning, and 4.12 Referrals and Transitions required stakeholder engagement by a contracted stakeholder facilitator. Public Consulting Group (PCG) was contracted to solicit, collect, synthesize, communicate, and develop recommendations from the stakeholders. PCG engaged families, lived experience experts, Tribes and other stakeholders in this process and established a subcontract with Think of Us (TOU) to obtain input from youth with lived experience. The findings and recommendations from this work are compiled in the [Stakeholder Facilitation for Systemic Improvements report](#). Recommendation matrices have been developed for the [PCG](#) and [Think of Us](#) recommendations. They specify where in the Implementation Plan specific recommendations have been incorporated and actions taken, or if the recommendation is out-of-scope. Specific recommendations are also referenced in the individual System Improvements.

System Integration

Each System Improvement addresses a unique area of need. System Leads are working together in the areas where the work overlaps to support a coordinated system of care. They will also identify where their Systems can integrate with other Systems Improvements and

program development that is occurring within DCYF to further support alignment and development of a service continuum for children and youth. It is the sum of the separate Systems and an integrated approach that will contribute to the transformative goals of the Settlement Agreement.

Constraints

DCYF is in the planning phase for the implementation of the federally required Comprehensive Child Welfare Information System (CCWIS). The current application, FamLink, does meet all of DCYF's business needs, and the agency has limited resources to make changes within FamLink. The limitations of the FamLink system will impact processes for the collection of data for D.S. reporting. This will require some data to be collected using other systems, including hand counts.

Additionally, many System Improvements involve onboarding new staff and working with contracted providers and caregivers. Hiring staff and recruitment of Child Placing Agencies (CPA), foster families, and group care providers is dependent on the pool of candidates and interested providers.

Budget

Budget requests for the System Improvements were included in the [D.S. Compliance 2023-2025 Regular Budget Session Policy Level](#) Decision Package. The requests for funding for D.S. implementation were fully funded with the exception of funding for System Improvement 4.11, Family Group Planning, which was removed. DCYF is exploring alternative approaches to resourcing the Kinship Engagement Unit and Family Group Planning efforts.

Methodology

Each System Improvement will report on progress and status using data from info FamLink and other sources. Data will be collected in various forms: administrative data, qualitative reviews, observations, surveys, along with formal stakeholder feedback as outlined in the Settlement Agreement and within each System Improvement plan. This data will be used to support quality assurance activities and to measure progress toward the established benchmarks related to the exit criteria.

Exit Criteria

DCYF must demonstrate substantial compliance with the terms of the Settlement Agreement in order for the agency's obligations to terminate. Exit criteria for each System Improvement are detailed in subsequent sections.

Overarching metrics that will be monitored include:

- 90% of eligible youth and children referred to or requesting services from the Emerging Adult Housing Program, Professional Therapeutic Foster Care program, and Hub Home Model program statewide are served within 60 days of request or referral

- Elimination of the use of night to night foster care placements and placement exceptions
- Placements in out-of-state facilities are kept at 10 or fewer
- The number of children who meet the Class Member criteria are reduced by the established target percentage

System Improvement 4.6 Emerging Adulthood Housing Program

System Improvement Lead: Adolescent Housing Program Manager

Overview

The D.S. Settlement Agreement requires DCYF to continue developing and implementing an array of supported housing programs for youth and young adults ages 16 to 20 years to be known as the “Emerging Adulthood Housing Program” (EAHP). This includes eligible young people who are in the identified D.S. Settlement Class, ages 16 to 17 years.

In response to the issue of placement stability, but prior to the Settlement Agreement, DCYF was working to pilot a new placement resource, the Adolescent Transitional Living Program (ATLP). ATLP is a supported housing program for 16 to 20-year-olds in foster care or extended foster care, who would prefer to live independently rather than in a family setting, as described in the Settlement Agreement. Potentially eligible youth and young adults include members of the D.S. Settlement Class, as well as any youth and young adults in foster care who would prefer to live more independently.

DCYF is focusing on initial statewide implementation of ATLP to address this System Improvement. Because ATLP will initially serve only 30 young people statewide, DCYF will assess the need for ATLP expansion or other housing services that will be necessary to provide a more complete range of services and programs to make up DCYF’s service array for emerging adults as imagined in the Settlement Agreement. It is not anticipated that the initial ATLP 5 beds per region will be sufficient to serve all youth in a given area and subsequent assessments will be geographically focused to identify the additional services and programs needed to meet the need.

Current Context: EAHP Development as Part of a Larger Goal

According to the [2023 RDA report on 2020 data](#), 23 percent of youth and young adults were homeless within 12 months of exiting care. The EAHP is part of the overarching work DCYF is doing to address the housing support needs of young people in foster care throughout the state who would prefer to live more independently, rather than in a family setting, as they exit care and transition into adulthood.

As DCYF creates or modifies programs for young people ages 16 to 20, it will use an approach that addresses what each young person needs developmentally and desires to be successfully housed and stable. These approaches will be geographically-available, culturally responsive, LGBTQIA+ affirming, trauma-informed, and prevention and crisis response-oriented.

The ATLP is structured to provide individualized services and support for maintaining connections to family and friends, and to be responsive to youth’s independent living skills needs. It is designed to build on the youth’s strengths, abilities, and skills that foster and promote resilience as they transition into adulthood. The program relies on young people exercising a significant amount of autonomy, following house rules for the safety and welfare of

all participants. Young people will have opportunities to help create and modify the house rules through collaboration with program staff.

System Integration

This System Improvement aligns with System Improvements 4.7 Professional Therapeutic Foster Care and 4.8 Hub Home Program as new placement and support options available to youth. This System Improvement will also connect with System Improvement 4.9 Revising Licensing Standards if it is determined a new licensing category is needed. System Improvements 4.10 Kinship Engagement, 4.11 Family Group Planning, and 4.13 QRTP will have education about the EAHP placement options integrated into their processes.

Access and Eligibility Protocols

The Youth and Young Adults (YYA) Housing Continuum Program Manager will review current data and reporting protocols related to access and eligibility for alignment with the requirements of the Settlement Agreement. Program staff will provide information about the ATLP to DCYF caseworkers, contractors, and partners statewide to ensure staff understand and know how to access the program.

Eligibility criteria in the Settlement Agreement include:

- Referral and access procedures that do not exclude youth solely on the basis of their permanency plan, criminal history, or history of behavioral health challenges.
- At a minimum, DCYF will allow all interested youth to participate in this program if the youth meets the following conditions:
 - The youth prefers to live more independently;
 - The youth is discharging or being released from an institutional or congregate care setting, has been in placement exceptions or night-to-night foster care placement for five days or more, and/or has a history of disrupting from other group or family placements; and
 - DCYF cannot demonstrate that with program supports, the youth currently poses a risk of serious harm to self or others in the program.

DCYF will make good faith efforts to expand the EAHP in DCYF Regions where eligible youth must wait longer than 60 days to begin participation.

Methodology, Exit Criteria, and Quality Assurance

Methodology:

Qualitative and quantitative data, including ongoing stakeholder input for meeting the benchmarks and exit criteria, will be collected through a combination of methods. The Program Manager will monitor the program through data and quality assurance measures throughout implementation. The Program Manager will work with the providers to monitor the contract.

Exit Criteria and Related Benchmarks:

Exit criteria established in the Settlement Agreement and initial plans to achieve them appear below:

1. Exit Criteria 37(1) Maintain adequate resources to oversee and sustain contracting/recruitment, training, and provider quality.
 - a. DCYF will hire and maintain staff to oversee and sustain the program. DCYF will annually review the current budget and policy authority, and submit Budget Decision Package Request to OFM for consideration as necessary.
 - b. DCYF has contracted with two community-based organizations to pilot 13 bed capacity for ATLP services (one in King County offering 5 beds and one in Clark County offering 8 beds) and, with recent Legislative funding, is planning for program expansion in the 23-25 biennium. A template for contract language will be used in recruitment efforts in other DCYF Regions across the state.
 - c. The current ATLP contract contains a quality assurance measure, requiring that services provided by the ATLP contractor are expected to result in the following outcomes:
 - i. Seventy-five percent (75%) of youth shall successfully complete the program demonstrated by:
 - No disruptions in placement prior to a planned exit or transition from the program;
 - A planned exit prior to age eighteen as part of the youth's permanency plan; and
 - A planned transition into adulthood as demonstrated by:
 - a. Completion of K-12 education (i.e. diploma or GED) and/or plans for post-secondary education;
 - b. Sufficient income (through employment or benefits) to address basic needs;
 - c. A plan for safe and stable housing;
 - d. Connections with adult mentor(s); and
 - e. Demonstrated skills and ability for independent living (IL) and/or plans to engage in an IL services or similar program.
 - d. As necessary, DCYF will refine outcomes and develop additional performance metrics in collaboration with stakeholders over the next contract period.
 - e. DCYF will develop a handbook describing the program goals and guidelines, the obligation of providers and staff, and the expectations and opportunities available to young people.
 - f. DCYF will develop and include formal mechanisms to ensure the quality of the deliverables in the contract, including:
 - i. Monthly provider meetings between the DCYF YYA Housing Continuum Program Manager and the contracted ATLP provider staff to gather program feedback;

- ii. Monthly reports from the ATLP provider to the DCYF assigned caseworker that include intake, assessment, and service planning reports;
 - iii. Monthly census reports from the providers;
 - iv. Meaningful youth-engagement elements of the contract;
 - v. The annual report submitted by the ATLP contractor, describing qualitative information and data at the program level, which includes:
 - Youth progress developing IL skills
 - Youth involvement in program planning, program implementation, and evaluation
 - Opportunities provided to youth to maintain connections to their cultural and/or tribal communities
 - Youth opportunities to maintain and develop connections with adult mentors
 - Training and professional development provided for staff
 - The year-end census report
 - Effectiveness of service delivery, program challenges and/or barriers, youth satisfaction with services, summary of collaborative community relationships
 - vi. Monthly Child and Family Team (CFT) meetings will gather and document youth feedback on the program
 - vii. Monthly health and safety visits with youth and DCYF caseworker
2. Exit Criteria 37(2) Consistent with the Implementation Plan, sites, contracts, licensing, policies, and additional program staff training in therapeutic, culturally responsive, LGBTQIA+ affirming and trauma-informed care are established statewide.
- a. All facility and program staff will receive training as identified in the Settlement. Sites, contracts, licensing, and policies will be updated to reflect therapeutic, culturally responsive, LGBTQIA+ affirming, and trauma-informed care.
3. Exit Criteria 45(1) Ninety percent (90%) of eligible youth that are referred to or requesting services from the Emerging Adulthood Housing (in accordance with the access and eligibility protocols set forth in the Implementation Plan) are served within 60 days of request or referral.
- a. Determine anticipated capacity from an analysis and projection of needs
 - b. Collect data regarding youth interested in and referred for the program including:
 - i. Referral date
 - ii. Date the youth is approved for the program and date the youth enters the program
 - iii. Number and demographics of youth referred and approved
 - iv. Number, demographics, and reason of youth declined or denied

Progress and QA monitoring can begin as soon as contracts are in place and programs are able to take referrals.

Strategies to Achieve the System Improvement

DCYF will use a variety of strategies to continue developing and implementing the ATLP. These include:

Staffing

DCYF will hire and maintain staff required to establish and develop the program.

Training

The YYA Housing Continuum Program Manager will assess the initial and ongoing training courses and curricula offerings of the ATLP contractors and the Alliance for Professional Development, Training, and Caregiver Excellence (Alliance). The DCYF Trauma-Informed Care (TIC) Work Group, the DCYF Racial Equity and Social Justice (RESJ) Team, and other resources are identifying training gaps that might affect young people in ATLP. Current ATLP providers offer training on how to sustain culturally responsive, LGBTQIA+ affirming, and trauma-informed support and train independent living skills in a developmentally-appropriate way. The YYA Housing Continuum Program Manager and other DCYF staff will learn from the current pilot to expand the ATLP statewide, and evaluate training needs based on that analysis.

Contractors are required to provide a minimum of 24 hours/year of training for staff on topics that include: adolescent development; positive youth development; supporting youth in developing independent living skills; trauma-informed care; CSEC prevention/intervention; harm reduction; housing first approaches; cultural responsiveness (see contracts section below); LGBTQIA+ affirming support; crisis intervention and de-escalation; conflict resolution; security awareness; privacy and HIPPA regulations; mandated reporting; grief and loss response; fire safety/emergency planning; and case management and supervision of youth.

As DCYF examines training needs, the agency will address training for both the ATLP and any additional training needs related to the EAHP range of programs. The YMCA has shared the list of [required staff trainings](#) and some [other documentation](#) related to implementation of their program.

Policy

The YYA Housing Continuum Program Manager will meet quarterly with the sites to review their program policies and procedures to inform needed revisions. As programs are developed, DCYF policies and procedures will be reviewed for any needed revisions.

Contracts

DCYF has approved the contract for ATLP for the first two sites, and is reviewing the contract for any changes necessary as the program expands statewide. The contract requires that services are affirming and culturally responsive, informed by the cultural experiences, beliefs, and values of each youth, are linguistically accessible, and provide opportunities for maintaining

cultural, social, and spiritual connections. DCYF will include a review of contract questions related to the EAHP range of programs.

The ATLP contract includes requirements for discharge planning. These include making appropriate referrals to housing and other resources and developing a written transition plan to help the youth in their transition from foster care. The transition plan addresses the domains of career and education, housing and financial stability, health and wellbeing, and sharing contact information in order to reach the youth once they leave foster care.

Engagement

DCYF will work with the clients of the ATLP, the ATLP provider staff, and others, as the program develops. DCYF will reach out to agency regional staff and leadership in the first two regions served by ATLP and in other regions statewide. DCYF will engage groups currently in its informal advisory structure, including groups representing young people with lived experience, parents, guardians, families, non-profit providers, tribes, and others. DCYF will identify additional engagement strategies needed to inform the development of programs under the EAHP range of services.

YMCA program staff participated in an initial training session to provide information to their staff and to seek feedback about program design and to create a set of operational values to share with young people entering the program. This and other program materials will be open to participant feedback and potential modification. Review of orientation materials with participants is ongoing until full census is reached.

Communications

DCYF program staff will work with DCYF communications staff to develop and release program information related to ATLP, message alignment with the other strategic initiatives under the D.S. Settlement Agreement, and program development and expansion needs.

Activities/Timeline

Strategy	Activities	Target Start Date	Target Completion Date
Training Program Launch	Region 4, YMCA King County, 5 youth capacity <ul style="list-style-type: none"> o Initial Staff training o The YMCA ATLP at McGrath House launched 	11/2022 01/26/23	Complete Complete
Training Program Launch	Region 6, A+K Ingenuity/AKI Clark County, 8 youth capacity <ul style="list-style-type: none"> o AKI staff have completed their initial training o The AKI ATLP tri-plex launched 	02/2023 03/2023	Complete Complete

Program	Planning for statewide expansion to regions 1, 2, 3 and 5. Providers to be determined, 20 youth capacity over 4 programs	03/2023	07/2023
Contracts	Contract recruitment for providers	07/2023	09/2023
Program Development	Collaborate with agency staff, professional partners, and individuals with lived experience to determine program needs beyond ATLP.	05/15/23	07/01/23
Licensing	Coordinate with the Licensing Division (LD) to assess the need for a new emerging adulthood licensing category	05/2023	08/2025
Statute Review	Review and evaluate statutes and licensing rules from WA and other states to identify potential statutory changes for ATLP and develop recommendations for the 25-27 biennium	09/01/23	12/31/23
Training	DCYF will assess program delivery and statewide training needs. Establish the process and resources for initial and ongoing training for caseworkers, contractors, and partners statewide	06/01/23	09/01/23
Contracts	Establish and revise common DCYF Program Standards <ul style="list-style-type: none"> ○ Review contracts for revisions or updates to the statement of work 	03/2023	Ongoing
Program	Establish referral and acceptance processes to include timeliness, documentation and CQI	06/01/23	07/01/23
Program	Partner with contracted providers to review, revise, and create and implement program materials	Initial materials created	Ongoing
Data	Determine data elements to be tracked	04/2023	07/2023
Program	Launch ATLP in additional regions using client data and outcomes to inform expansion	07/2023	Ongoing
Budget	Assess for a Decision Package for expansion to meet ATLP capacity needs for the 25-27 biennium	09/01/24	In planning
QA	The YYA Housing Program Manager will review data and reporting protocols related to access and eligibility. They will review eligibility, referral, and placement protocols with subject matter experts (SMEs)	01/2024	Ongoing, bi-annually

System Improvement 4.7 Professional Therapeutic Foster Care

System Improvement Lead: TFCI Program Manager

Overview

The D.S. Settlement requires DCYF to develop and implement a contract and licensing category for Professional Therapeutic Foster Care (PTFC). This licensing category is intended to support children and their immediate families when reunification or placement with extended or chosen family is not possible due to the child's developmental disabilities or behavioral needs. Children and youth with significant behavioral health needs and developmental disabilities have experienced high levels of placement instability, more restrictive placements, and longer lengths of stay in group care because the current Behavior Rehabilitation Services (BRS) therapeutic homes are not able to meet their needs.

Implementing a PTFC model will provide a less restrictive placement option for youth who may otherwise enter or remain in group care placement.

System Integration

This System Improvement aligns with System Improvements 4.6 Emerging Adulthood Housing and 4.8 Hub Home Program as new placement and support options available to children and youth. This System Improvement will work with 4.9 Revising Licensing Standards to update WAC and create a new category for Professional Therapeutic Foster Parents. System Improvements 4.10 Kinship Engagement, 4.11 Family Group Planning, and 4.13 QRTP will have education about PTFC built into their processes for youth and families.

Access and Eligibility Protocols

Access to PTFC will be managed by a dedicated Program Manager, the intensive resources program consultants and their supervisor. This will ensure that the services outlined in the contract are being provided, quality standards are met and that access to this resource is appropriate and timely. Information about the PTFC will be provided to DCYF caseworkers, contractors, and partners statewide to ensure staff understand and know how to access the program.

Professional therapeutic foster homes will serve children and youth who are not able to be served in other home settings, are at risk of entering a QRTP placement, or who are ready to step down from a QRTP placement but still require a higher level of care. For youth who are placed out-of-state in facility-based care and are ready to step down to a lower level of care, a professional therapeutic foster home may be an option. The youth will receive a high level of care in a PTFC home, and providers will work towards reunification with family if appropriate and safe to do so.

Eligibility criteria in the Settlement Agreement include:

- Referral and access procedures do not exclude youth solely on the basis of their permanency plan, criminal history, or history of behavioral health challenges.

- At minimum, DCYF will allow all interested youth to participate in this program if the youth meet the following conditions:
 - The youth is over the age of thirteen and desires therapeutic supports.
 - Immediate family of youth under the age of thirteen desires therapeutic supports.
 - The youth is discharging or being released from an institutional or congregate care setting, has been in placement exceptions or night-to-night foster care placement for five days or more, and/or has a history of disrupting from other group or family placements.
 - DCYF cannot demonstrate that with program supports the youth currently poses a risk of serious harm to self or others in the program.

DCYF will make good faith efforts to expand the Professional Therapeutic Foster Care program in DCYF Regions where eligible youth must wait longer than 60 days to begin participation.

Methodology, Exit Criteria, and Quality Assurance

Methodology:

Data, including ongoing stakeholder input for meeting the benchmarks and exit criteria, will be collected through a combination of methods. The Program Manager will monitor progress through data and quality assurance measures throughout implementation of the program. The Program Manager will work with the Child Placing Agencies (CPA) who hold the contract for PTFC to monitor the program using quantitative and qualitative data.

Exit Criteria and Related Benchmarks:

Exit criteria established in the Settlement Agreement and initial plans to achieve them appear below:

1. Exit Criteria 38(1) Maintain adequate resources to oversee and sustain contracting/recruitment, training, and provider quality.
 - a. Hire and maintain staff to oversee the program.
 - b. Ensure foster parents are onboarded, trained, and prepared. The Alliance for Professional Development, Training and Caregiver Excellence (Alliance), [Caregiver Retention, Education, and Support Program](#) (CaRES), and CPAs will help monitor this benchmark.
 - i. Establish the PTFC contract
 - ii. CPAs begin recruitment
 - iii. CPAs establish and implement training
 - c. QA processes and reporting will include data and information from:
 - i. Monthly provider meetings (CPAs, Professional Therapeutic Foster Parents, PTFC Program Manager, Intensive Resources Program Consultants) to gather program feedback
 - ii. Semi-annual compliance reviews in the first contract year and annually thereafter, producing compliance data identified in the contract

- iii. Health and Safety Monitoring visits by the Licensing Division (LD)
 - iv. Monthly Child and Family Team (CFT) meetings run and facilitated by CPAs
 - d. Annually review current budget and policy authority and submit Decision Packages when necessary
- 2. Exit Criteria 38(2) Consistent with the Implementation Plan, establish sites, contracts, licensing, policies, and additional program staff training in therapeutic, culturally responsive, LGBTQIA+ affirming and trauma-informed care statewide.
 - a. All facility and program staff will receive training as identified in the Settlement. Sites, contracts, licensing, and policies will be updated to reflect therapeutic, culturally responsive, LGBTQIA+ affirming, and trauma-informed care.
- 3. Exit Criteria 45(1) Ninety percent (90%) of eligible youth and children referred to or requesting services from the Professional Therapeutic Foster Care program (in accordance with the access and eligibility protocols set forth in the Implementation Plan) are served within 60 days of request or referral.
 - a. Determine anticipated capacity from an analysis and projection of needs
 - b. Collect data regarding children and youth interested in and referred for the program including:
 - i. Referral date
 - ii. Date child/youth is approved for the program and date they enter the program
 - iii. Number and demographics of children/youth referred and approved
 - iv. Number, demographics and reason of children/youth declined or denied

Progress and QA development and monitoring can begin as soon as CPA contracts are in place and recruiting begins.

Strategies to Achieve the System Improvement

Staffing

PTFC will have a dedicated Program Manager to oversee the contract and program. This will include procuring contractors and monitoring contractor compliance to ensure a high quality of service is provided to children, youth, and families. Program development will include data collection, review, and reporting. This position will be responsible for monitoring the need for this resource and will work to secure additional funding if necessary.

The Program Manager will also be responsible for ensuring that providers are trauma-informed, culturally responsive and LGBTQIA+ affirming. Contract development and oversight, partnership with LD, and compliance monitoring will be key elements in this process.

Training

Professional therapeutic foster parents who are trained and supported will be an important part of the success of the PTFC program. An examination of other similar programs domestically and internationally, and input from stakeholders, will inform the necessary experience and training requirements for professional therapeutic foster parents and CPA staff.

Data has consistently shown that BIPOC youth and LGBTQIA+ youth are over-represented among youth receiving the highest levels of service and experiencing placement exceptions and instability. Training and support in these areas will be a required part of this program.

Review of DCYF contracted trainings, Alliance trainings, and other PTFC models and programs already serving youth with intensive resources will be used to develop a list of competencies and trainings for this program.

DCYF will engage with individuals with lived experience and stakeholders in the development and sustainability of a program that is trauma-informed, culturally responsive, and focuses on sexual orientation, gender identity, and expression (SOGIE).

Examination of Models

DCYF will examine other professional foster parent programs in the nation and around the world. We will complete a written review of programs to be used in conjunction with provider feedback to develop the statement of work for the contract.

Cultural Considerations

Tribal partners from around the state and the DCYF Office of Racial Equity and Social Justice (RESJ) will be invited to provide input and feedback regarding PTFC.

The PTFC Program Manager will engage DCYF staff about existing youth and family voice data and information, and will seek input from youth in placement exceptions, night-to-night placements, or who are refusing placement.

Engagement

The PTFC Program Manager will meet with current and prospective intensive resources providers individually or in groups to get input on a professional therapeutic foster parent model, program and contracting details. The PTFC Program Manager will schedule and facilitate ongoing discussions until the model is fully implemented.

Contracts

This program requires a new contract that will include the recruitment of professional therapeutic foster parents and supportive services for the foster parent. There will not be revisions to existing contracts.

Through the Request for Application (RFA) process, we will request applications from interested providers to develop professional therapeutic foster homes in every region. The PTFC Program Manager will develop the Statement of Work (SOW) and contract with stakeholder input. It is estimated the contract will be drafted the end of 2023 and implemented in the third quarter of

2024. During the stakeholder engagement process, CPAs will be informed that the agency will enter the RFA process, which will tentatively begin in the second quarter of 2024.

Under the new contract, a contracted CPA will recruit and provide support to professional therapeutic foster parents to include specialized training, weekly support meetings, 24-hour crisis support, and flexible respite time. Foster parents and CPA staff will be required have specialized training in providing trauma-informed, culturally responsive and LGBTQIA+ affirming care and support. Program support will also include providing mentorship, coaching for immediate families, independent living skills training for youth, and aftercare supports as needed. This contract will require a high acceptance rate and a very low unplanned discharge rate. This will support reunification or transitions to other permanent homes or independence. The PTFC Program Manager will provide centralized oversight and support.

Program

Two strategies will be used to monitor the programs and implementation: gathering and review of data and compliance reviews. The Program Manager will develop and maintain information related to program utilization, length of stay, and the children and youth being served by the program. The youth information will include, but will not be limited to, demographics, presenting support needs, placement prior to entry, and placement at exit.

The data gathered will be partially informed by examination of other programs and the feedback from providers. The Program Manager will conduct program compliance reviews to ensure the compliance with the statement of work in the contract. These will be done two times a year for the first contract year and annually each subsequent year. Intensive resources consultants will attend Child and Family Team (CFT) Meetings at least quarterly where youth's progress, education, treatment planning and transition planning will be discussed.

Policy

DCYF will review and revise as appropriate Washington Administrative Code (WAC) and policy.

Currently foster parents must have their own income outside of the stipend they receive for caring for foster youth. WAC 110-148-1365 section 2(b) states the caregiver must have "sufficient regular income to maintain your own family, without the foster care reimbursement made for the children in your care." This WAC will need to be revised to allow for a professional class of foster parents whose sole income, for at least one identified "professional foster parent" residing in the home, will be their foster care payments. WAC revisions to establish the program within projected timelines will need to be done outside of the Negotiated Rule-Making (NRM) process identified in System Improvement 4.9. Once this is complete, we will be able to move forward with the contracting process.

Activities/Timeline

Strategy	Activities	Target Start Date	Target Completion Date
Exploration	<p>Examine Professional Foster Parent models in other states and countries:</p> <ul style="list-style-type: none"> ○ Read and review available research articles, data, and subject material ○ Meet with agencies providing Professional Foster Parenting services ○ Connect with child welfare professionals in states where Professional Fostering exists ○ Compile information in presentable format 	12/01/22	6/30/23
Tribal Engagement	<p>Workgroup with WA State tribes:</p> <ul style="list-style-type: none"> ○ Program information is shared ○ Listening session ○ Follow-up regarding interest in future meetings and program development 	04/01/23	08/31/23
Lived Experience Expert Engagement	<p>Consult with Adolescent Co-Design Program Manager</p> <ul style="list-style-type: none"> ○ Request previous DCYF generated reports where youth were asked similar questions about their time in care ○ Request materials related to co-design ○ Maintain connection and new materials/toolkits as they become available 	02/01/23	06/30/23
Integration	<p>Coordinate with other System Improvement Leads/Teams for program integration</p>	02/01/23	06/30/23
Engagement	<p>Develop strategy for engagement with principles of co-design:</p> <ul style="list-style-type: none"> ○ Review night-to-night and exceptional placement data by region ○ Utilize existing reports 	02/01/23	06/30/23
Engagement	<p>Hold a workgroup with youth:</p> <ul style="list-style-type: none"> ○ Share program information ○ Share information from interviews with current youth ○ Hold a listening session with participants ○ Follow-up with participants regarding interest in future meetings and program development 	05/01/23	08/31/23

Engagement	Hold a workgroup with parents: <ul style="list-style-type: none"> ○ Share program information ○ Hold a listening session with participants ○ Follow-up with participants regarding interest in future meetings and program development 	05/01/23	08/31/23
Recruitment	Reach out to CPAs – inquire about recruitment processes and estimated length of time from contract, training, accepting first placement	04/01/23	Complete
Integration (training)	Collaborate with the Hub Home Implementation Lead/Team, and the Alliance to identify areas of alignment and determine if existing trainings are sufficient or new trainings will be needed.	02/01/23	07/01/23
Training	Develop caregiver training recommendations based on collaborations with the Alliance, Hub Home Lead/Team, and information received through the stakeholder engagement process	07/01/23	09/30/23
Licensing	In collaboration with Licensing Division (LD), and Rules and Policies Unit (RPU), create a timeline and establish process for establishing a new licensing rules for the professional foster care category and revising RCW, WAC and policy	03/31/23	06/30/23
Policy	Review DCYF Child Welfare program policies in consultation with the Intensive Resources Program Manager to identify impacts to current policy and determine if revisions are needed.	02/01/23	08/31/2023
Program	Program Development Outline drafted	07/01/23	12/31/2023
Communication	Present Outline to stakeholders	10/31/23	Into next FY
Communication	Communication to DCYF staff about upcoming changes and method for staff to provide feedback and ask questions created	07/01/23	Into next FY
Engagement	Establish ongoing PTFC implementation meetings including individuals with lived experience, providers, and other stakeholders and using principles of co-design	07/01/23	Ongoing until fully implemented
Training	Collaborate with other implementation teams to create a consistent training agenda across Implementation Plans	07/01/23	12/31/23
Training	Establish training plan	12/31/23	03/31/24
Licensing	Write and finalize new licensing rules for the professional foster care category	07/01/23	03/31/24
Communication	Communication to DCYF staff	01/01/24	Ongoing

Training	Training on policy and WAC changes for DCYF staff	01/01/24	03/31/24
Contracts	Contract drafted – Statement of Work	09/01/23	11/01/23
Contracts	Request for Application (RFA) process started pending finalization of licensing rules	04/01/24	08/01/24
Recruitment/ Support	Once CPAs become contracted, establish monthly Professional Therapeutic Foster Care Provider Meetings occur and include: <ul style="list-style-type: none"> ○ Program Manager ○ CPA Providers ○ Professional Foster Parents ○ Program Support staff 	08/01/24	Ongoing
Recruitment	Establish targeted recruitment goals with individual CPAs: <ul style="list-style-type: none"> ○ Number and location of homes ○ House composition ○ Training plan and timeframes ○ Technical assistance and support 	08/01/24	11/30/24
Recruitment	Once CPA contract in place, assess progress at 30, 60 and 90 days: <ul style="list-style-type: none"> ○ Develop and report recruitment strategies ○ Trainings complete ○ Check in with individual providers/provide technical support 	09/01/24	02/28/25
Support/Fidelity	PTFC Program Manager conducts program compliance reviews with each contracted provider: <ul style="list-style-type: none"> ○ Twice in the first year ○ Yearly subsequent years 	Once contract is in place	Once contract is in place
Support/ Fidelity	Intensive Resources Program Consultants attend Child Family Team Meetings for each child in a PTFC home quarterly	Upon placement	Ongoing

System Improvement 4.8 Hub Home Model Program

System Improvement Lead: Retention and Support Program Manager

Overview

In response to the D.S. Settlement, the Department of Children, Youth, and Families (DCYF) will expand implementation of the Mockingbird Family (MBF) Hub-Home Model (HHM) statewide and establish at least one Hub per region whose Hub Home parents have experience caring for young people who currently or previously qualified for intensive resources and support such as Wraparound with Intensive Services (WISe) or Behavior Rehabilitation Services (BRS). Expansion includes creating agency infrastructure to sustain the System Improvement and engage in continuous quality improvement. DCYF will make HHM placements available to young people in the Settlement Class that provide normalizing experiences, adequate supports and services promoting permanency, including reunification, visitation, stabilization, independent living skills training, employment, and therapy or counseling.

System Integration

This System Improvement aligns with System Improvements 4.6 Emerging Adulthood Housing and 4.7 Professional Therapeutic Foster Care as new placement and support options available to children and youth. DCYF is strategizing on how to include Professional Therapeutic Foster Parents and kin caregivers into this model. System Improvements 4.10 Kinship Engagement, 4.11 Family Group Planning, and 4.13 QRTP will have education of the HHM built into their processes for children, youth and families.

Access and Eligibility Protocols

Eligibility criteria in the Settlement Agreement include:

- Referral and access procedures do not exclude youth solely on the basis of their permanency plan, criminal history, or history of behavioral health challenges.
- At minimum, DCYF will allow all interested youth to participate in this program if the youth meet the following conditions:
 - The youth is over the age of thirteen or immediate family of youth under the age of thirteen, desire to participate in a Hub Home Group (HHG);
 - The youth is discharging or being released from an institutional or congregate care setting, has been in placement exceptions or night-to-night foster care placement for five days or more, and/or has a history of disrupting from other group or family placements; and
 - DCYF cannot demonstrate that with program supports the youth currently poses a risk of serious harm to self or others in the program.

DCYF will make good faith efforts to expand the HHM program in DCYF Regions where eligible youth must wait longer than 60 days to begin participation.

In Washington State, caregivers have the right to admit or decline any placement unless the reason for their decision involves a protected group of individuals (see [WAC 110-148-1395](#)). DCYF cannot require the caregivers in the HHG to accept placement of a child or youth. The agency needs another way to prioritize placing young people who meet the eligibility criteria established in the Settlement Agreement.

DCYF will increase access to the HHG for eligible youth by including a requirement in the Child Placing Agency (CPA) Hub contract that at least 40% of the young people in each HHG meet the criteria specified in the Settlement Agreement. Additionally, DCYF will include in the MBF statewide protocols that DCYF and the Hub Homes will prioritize youth meeting the criteria specified in the Settlement Agreement when making placement in the program. Information about Hub Homes will be provided to DCYF caseworkers, contractors, and partners statewide to ensure staff understand and know how to access the program.

Methodology, Exit Criteria, and Quality Assurance

Methodology:

Qualitative and quantitative data, including ongoing stakeholder input for meeting the benchmarks and exit criteria will be collected through a combination of methods. This will be monitored by the Program Manager throughout implementation of the program. The Program Manager will check in regularly with CPAs to monitor the program using quantitative and qualitative data.

Exit Criteria and Related Benchmarks:

Exit criteria established in the Settlement Agreement and initial plans to achieve them appear below:

1. Exit Criteria 39(1) Maintain adequate resources to oversee and sustain contracting/recruitment, training, and provider quality.
 - a. Hire and maintain staff to oversee and sustain the program
 - b. Develop new contract
 - c. CPAs begin recruitment
 - d. CPAs establish training
 - e. DCYF currently receives and reviews monthly reports from the Mockingbird Society about each HHG including but not limited to:
 - i. First and last names of caregivers
 - ii. Count of youth in each satellite home who are not experiencing foster care
 - iii. Youth placed in the home who are experiencing foster care
 - iv. Hours of service to satellite homes reported by the Hub
 1. Planned respite hours
 2. Crisis respite hours
 3. Number of crisis supports
 4. Number of transports

5. Transport hours
- v. Other Hub support services
 1. Social activities (number of activities, count of families that attended, count of community members that attended, number of activities attended by Host agency)
 2. Caregiver check-ins, coaching and mentoring
 3. Hub management hours
- f. To bolster our existing QA process, DCYF will embed data collection in CPA contracts as an ongoing QA measure and will engage with providers to consider adding:
 - i. Summary chart of all HHGs indicating:
 1. HHG locations
 2. Total count of homes per HHG
 3. Total count of youth experiencing foster care placed in the HHG
 - a. Demographics
 4. Total count of youth referred to each HHG
 5. Total count of youth accepted/placed into HHG
 6. Total count of youth declined placement and reason why
 - ii. Requirement to meet monthly with DCYF Program Manager, Mockingbird Family staff, Regional Leads and/or DCYF program staff, other CPAs contracted to implement Mockingbird Family, and other individuals necessary to support growth and program development
 - iii. Quarterly reports containing:
 1. Two feedback loops with youth and caregivers—trends, challenges, and successes
 2. Trends impacting HHGs and proposed solutions
 3. Summary of support activities provided to HHGs by the CPA
 4. Review, synthesis, and reflections on each HHG’s data
 5. A list of activities planned for the next quarter
 6. HHG recruitment activities planned for the next quarter
 - g. Annually review current budget and policy authority and submit Decision Packages when necessary
2. Exit Criteria 39(2) Consistent with the Implementation Plan, sites, contracts, licensing, policies, and additional program staff training in therapeutic, culturally responsive, LGBTQIA+ affirming and trauma-informed care are established statewide.
 - a. All facility and program staff will receive training as identified in the Settlement. Sites, contracts, licensing, and policies will also be updated to reflect therapeutic, culturally responsive, LGBTQIA+ affirming, and trauma-informed care.
3. Exit Criteria 45(1) Ninety percent of eligible youth and children referred to or requesting services from the HHM program (in accordance with the access and eligibility protocols set forth in the Implementation Plan) are served within 60 days of request or referral.

- a. Determine anticipated capacity from an analysis and projection of needs
- b. Collect data regarding children and youth interested in and referred for the program including:
 - i. Referral date
 - ii. Date youth is approved for the program and date the youth enters the program
 - iii. Number and demographics of youth referred and approved
 - iv. Number, demographics and reason of youth declined or denied

Progress and QA monitoring can begin as soon as CPA contracts are in place and recruiting begins.

Strategies to Achieve the System Improvement

DCYF's strategies to achieve the HHG System Improvement include hiring, contracting, and engaging partners to develop a foundational framework for the program.

Contracts

Currently, DCYF contracts with the Mockingbird Society for technical assistance, consultation, and support for offices that have or are implementing the Mockingbird Society's HHM. DCYF currently has 11 HHG, and the current Hub Homes serve younger children who have intensive resource needs. DCYF will procure contracts with up to three CPAs to oversee and sustain the HHG for the youth described in the Settlement Agreement.

Staffing

To support implementation of the expanded Hub Home Model, DCYF will hire a dedicated Program Manager and program staff. These positions will develop and implement the contracts, support recruitment necessary to implement the program, support implementation of DCYF protocols, team with CPAs, support caseworker-HHG communication, coordinate with external organizations and develop community-based resources and relationships.

Program

DCYF will convene a workgroup of DCYF staff, CPA representatives, Hub Home representatives, foster parents who care for youth receiving BRS services, alumni of care, kinship caregiver representatives, and Mockingbird Society staff to develop the HHM program's framework. This workgroup will be responsible for embedding the foundational requirements into the HHM protocols. A key task of the workgroup will be to review existing training and determine the trainings that will be required of Hub and Satellite homes to support the well-being and overall development of young people placed in the HHG.

Revisions to Policy

Currently, procedures for placing young people into a HHG are structured by policy and HHG protocols. To align with the Settlement requirements, we will review and revise DCYF policy as required.

Contracts

DCYF will contract with the Mockingbird Society to achieve this System Improvement. The agency has a contract with Mockingbird, but the contract will differ from other Mockingbird Family (MBF) contracts. The current contract only allows for a specific number of HHGs and does not give DCYF access to MBF materials and training.

DCYF will work with the Mockingbird Society to develop a new contract that includes licensing provisions for up to three CPAs.

Engagement

The Mockingbird Society reports that caregivers, alumni of foster care, and youth who were experiencing foster care participated in the design of Mockingbird Family. More information about youth and caregiver involvement in the model has been requested from the Mockingbird Society. Additionally, the contractor that DCYF has procured is completing many one-on-one or group interviews with DCYF staff, Mockingbird Society, Hub Home participants, alumni of care, and community stakeholders. The insights and observations offered during these interviews will be available to workgroup participants in the contractor’s final report.

Activities/Timeline

Strategy	Activities	Target Start Date	Target Completion Date
Engagement	Camber Collective completes assessment and recommendations for the expansion of Mockingbird Family (MBF) (report due June 30)	02/03/23	06/30/23
Contracts	DCYF completes required MBF pre-contracting activities	07/01/23	01/31/24
Contracts	Include data sharing and evaluation (to be determined by leadership)	07/01/23	01/31/24
Contracts	Begin and finalize Organization Profile Inventory (OPI)	07/01/23	01/31/24
Program & Training	Convene a workgroup to develop the program’s framework (Task will be aligned with MBF Immersion Training)	12/01/23	01/31/24
QA	Establish quality assurance benchmarks that account for MBF fidelity markers and data	12/01/23	01/31/24
QA	Establish methodology to measure progress toward achieving this System Improvement	12/01/23	01/31/24
Program	Determine Hub and Satellite Home selection criteria	12/01/23	01/31/24

Training	Develop the training framework for HHG participants	12/01/23	01/31/24
Program	Statewide protocols: DCYF and the Hub Home to develop or identify partnerships with existing community organizations that provide support and services vital to the ongoing well-being and safety of young people placed in the HHGs and bolster their placement stability. Examples include CSEC, SUD, mental health, and organizations that serve young people with complex medical or developmental needs.	12/01/23	01/31/24
Contracts	Partner with Mockingbird Family to develop and execute an updated contract with provisions for three CPAs	02/01/24	02/28/24
Contracts	Develop and execute CPA Contract	03/01/24	06/01/24
Implementation	CPAs recruit, identify, and train Hub Homes	06/01/24	12/31/24
Implementation	Launch Hub Homes: Regional launch dates will vary depending on contracted provider's ability to recruit, identify, and train HUB providers. All regions will be available to launch Constellations once contract is in place and HUB providers are identified. Regional Mockingbird Liaisons will be responsible for HUB's launching and identifying a timeline.	06/01/24	12/31/24

System Improvement 4.9 Revising Licensing Standards

System Improvement Co-Leads: Licensing Division Area Administrator & TFCI Program Manager

Overview

In response to the D.S. Settlement, the Department of Children, Youth, and Families (DCYF) has agreed to amend contracts and policies, as well as to engage in negotiated rulemaking (NRM) to amend licensing requirements for foster care placements, to be more developmentally appropriate and/or flexible to meet individual youth's needs. The NRM is a process by which representatives of an agency along with stakeholder groups impacted by the agency rule seek to reach consensus on the terms of a proposed rule (Washington Administrative Code (WAC)) for DCYF consideration.

DCYF currently has systems in place for monitoring compliance to contract and WAC requirements. Licensing Division (LD) is responsible, per policy, to complete health and safety monitoring reviews on 10% of state licensed foster homes each year and one health and safety monitoring visit annually on all licensed group care facilities with an additional second monitoring visit annually on each BRS contracted and medically fragile licensed group care facility. Once new licensing regulations go into effect, these requirements will be reviewed and updated.

Seven specific areas will be addressed at a minimum:

1. Developmentally appropriate autonomy and privacy, including but not limited to developmentally typical access to mobile phones and support or resources necessary to engage in normal social activities with peers;
2. An obligation to facilitate connections to immediate, extended, and chosen family members in accordance with the youth's case plan;
3. A responsibility to support youth to remain in their school of origin in accordance with the youth's case plan;
4. Expectations to provide education, training, and coaching to families of origin and permanent placements about how to best support the child;
5. Expectations to engage in service or discharge planning;
6. Standards for providing sufficient nutrition and satisfaction of dietary needs; and
7. Training requirements and expectations for providing culturally responsive, LGBTQIA+ affirming and trauma-informed care.

System Integration

This System Improvement offers integration opportunities with several other System Improvements. The following systems will need updates to either licensing, policy, contracts or procedures: 4.6 Emerging Adulthood Housing, 4.7 Professional Therapeutic Foster Care, 4.8 Hub Home Model Program, 4.11 Family Group Planning and 4.13 Qualified Residential

Treatment Program. System Improvement 4.7, Professional Therapeutic Foster Care will require a new licensing category.

Methodology, Exit Criteria, and Quality Assurance

Methodology:

Quantitative and qualitative data, including ongoing stakeholder input for meeting the benchmarks and exit criteria, will be collected through a combination of methods.

Exit Criteria and Related Benchmarks:

Exit criteria established in the Settlement Agreement and initial plans to achieve them appear below:

1. Exit Criteria 40(1) New developmentally appropriate rules have been adopted for foster care placements in compliance with Chapter 34 Revised Code of Washington (RCW):
 - a. Hire staff for implementation
 - b. All facility staff and foster families will receive training as identified in the Settlement
 - c. The initial workgroup will establish a data collection system
 - d. The workgroup will communicate new practice recommendations associated with developmentally appropriate autonomy and privacy for youth in care, and collaborate on implementation strategies
 - e. Collect and research data through implementation (phase 3) to establish the baseline
 - f. Two WAC chapters will be updated through NRM:
 - i. Group Care WAC 145 and Foster Family Home WAC 148
 - ii. The WAC 145 process is estimated to begin in fiscal year 2024 and the WAC 148 process to begin in fiscal year 2025
 - iii. Collect data to measure compliance through updated health and safety policy and procedure monitoring

Strategies to Achieve the System Improvement

This System Improvement requires WAC revisions and NRM. LD will convene a workgroup to address existing Prudent Parenting standards ([RCW 74.13.710](#)) and how they promote developmentally appropriate experiences for children and youth while in care (family foster home or group care facility), including cell phone and technology use. The workgroup will provide recommendations for providers and staff which may result in training, contract updates, educational materials, or other guidance which makes Prudent Parenting standards clearer to providers and staff.

Recognizing the need for culturally responsive LD practices and procedures, DCYF began updating WAC chapters 110-145 (Group Care), 110-147 (Child Placing Agency), and 110-148 (Foster Family Homes) in spring, 2021. This included LGBTQIA+ definitions as well as rules

requiring culturally responsive care. During this time, a second process began to update the group care staff qualifications WACs (110-145) using the NRM framework. On June 18, 2022, the first set of updated rules went into effect, and on October 1, 2022, the second set of rules went into effect.

DCYF added language in Child Placing Agency (CPA) and foster family WAC to include the following requirements:

- Staff, interns, and volunteers must support and engage children with dignity and respect regardless of their actual or perceived race, ethnicity, religion, culture, or sexual orientation, gender identity, and gender expression (SOGIE).
- Agencies must connect a child with resources that support and affirm a child’s race, ethnicity, religion, culture, and SOGIE.
- Group care staff, interns, and volunteers must furnish children with a nurturing, respectful, and supportive environment regardless of a child’s actual or perceived race, ethnicity, religion, or SOGIE.
- Foster parent(s) must consider what bedroom placement is in the best interest of a foster child in consultation with the child’s DCYF caseworker and all other children in the household.

The department has been given authority to modify, deny, suspend, or revoke a license if a caregiver cannot or will not support a child’s cultural needs.

Training

Collaboration is current and ongoing with the Alliance for Professional Development, Training and Caregiver Excellence (Alliance) to develop trauma-informed, culturally responsive, and LGBTQIA+ care trainings for foster family homes and LD staff.

Through the NRM process, WAC will be updated to address the areas outlined in section 4.9 of the Settlement Agreement. Once rules have been updated, an internal workgroup with members from Partnership, Prevention & Services, Contracts, and LD will be established to identify the competencies needed to meet contract and WAC requirements. After competencies have been established, LD will partner with the Alliance to identify current trainings available that address these competencies and identify areas for new training development. Additionally, LD will ensure identified competencies are adequately covered in staff preservice trainings.

Policy and Contracts

Building upon existing work structures, this System Improvement will work collaboratively to address the seven specific areas identified in the Settlement Agreement. LD staff will facilitate a workgroup with the goal of expanding understanding of Prudent Parenting in the context of the requirements of the Settlement Agreement. The workgroup will establish developmentally

appropriate guidelines for group care, foster care, and relative/kin care, and devise a plan for technology use, contract language, and make recommendations for caregiver and staff training.

To revise policy and contracts, an internal workgroup will be established to identify all the policies associated with section 4.9 of the Settlement Agreement. Once all current policies have been identified, the workgroup will update and align policy language and identify required practice changes.

After policy has been updated, Change Management and Workforce Development teams will join the workgroup to develop staff trainings to successfully transition to the updated policy requirements. Additionally, communication teams will be brought into the workgroup to ensure licensed providers are notified timely of the internal practice and contract changes impacting them.

Engagement

Stakeholder groups are represented in the NRM process, and participants represent the stakeholder group interests, not their own. In addition to the NRM process itself, proposed rules go through a public comment period in which all members of the public have an opportunity to provide feedback prior to the proposed rule going into effect.

Staffing

DCYF will hire a full-time staff and assign to the group care NRM team. This position is tasked with managing the pre-NRM work and launching the NRM development work. The agency will add a second full-time staff to the group care NRM team at the start of phase 1 to co-manage for the life of the project.

DCYF will contract a neutral third-party facilitator during phase 1 to undertake negotiation facilitation, national research literature review, project management during the negotiation period, public comment analysis, and reporting tasks during the rulemaking process.

Additional staff will be hired to assist in the NRM process, and design and implement a training plan based on negotiation discussions.

A full-time staff will join the group care NRM team to assist in the NRM process and act as the lead for policy development throughout the life of the project.

Additionally, DCYF will hire staff to provide data and research support and to join the foster care NRM team at the start of phase 2.

Communications

Once the initial work group commences, addressing the seven specific areas and what is within scope now, LD staff will communicate with providers the group's recommendations by email and at the Quarterly Provider Meeting. They will also communicate with DCYF staff and tribes by email. The outcome and what will be communicated will be determined by the work group.

Activities/Timeline

Strategy	Activities	Target Start Date	Target Completion Date
Group Care NRM Preparation			
Communication	Develop communication plan	05/01/23	06/30/23
NRM	Identify key roles for NRM process	05/01/23	06/30/23
NRM	Procure facilitator	05/01/23	06/30/23
Engagement	Establish NRM participant groupings	05/01/23	06/30/23
Licensing & Contracts	Begin collaboration process with representation from LD, Contracts, and Partnership, Prevention & Services to determine the strategy for identifying the regulating source for each rule (contract vs. WAC).	05/01/23	06/30/23
Early System Improvement Implementation			
Integration & Engagement	Establish DCYF workgroup to review intersectionality of Prudent Parenting RCW, current Prudent Parenting caregiver guidelines, and WAC language related to Prudent Parenting	05/01/23	Complete
Integration & Engagement	Develop strategies for implementing updated practices, prior to NRM based on current rules and guidelines, regarding developmentally appropriate autonomy and privacy	06/01/23	06/30/23
Integration & Engagement	Present implementation strategies to stakeholder groupings for feedback and collaboration to develop updated practice requirements	07/01/23	08/31/23
Communication & Engagement	Send provider communication, and present in a meeting, notification of practice change recommendations based on collaboration efforts	09/01/23	09/01/23
Integration & Engagement	Facilities/agencies, in collaboration with regional licensing, amend necessary facility/agency procedures to fully align with updated practice change	10/01/23	12/31/23
Integration	Implement newly collaborated practices associated with developmentally appropriate autonomy and privacy for youth in care	01/01/24	01/01/24
Group Care NRM Development			
Engagement	Begin routine stakeholder communication	07/01/23	Ongoing
NRM	Design NRM process	07/01/23	12/31/23

Engagement	Establish NRM participant group meetings to: <ul style="list-style-type: none"> o Identify specific WAC to target during NRM process o Define key D.S. terms/concepts o Select NRM participants o Propose substitute WAC language 	07/01/23	12/31/23
Research	Research and analyze federal and state laws informing rule requirements as well as best practice guidelines for group care standards of care	07/01/23	12/31/23
Collaboration	Informed by previous collaborative efforts, write sample WAC updates to discuss during NRM process	09/01/23	12/31/23
Training	Collaborate with the Alliance and other System Improvement Leads/Teams to determine if existing trainings are sufficient or new trainings will need to be developed	07/01/23	12/31/23
Group Care NRM Process			
NRM	Negotiate rule requirements and language with representation from the following groupings at a minimum: <ul style="list-style-type: none"> o Tribes o Youth with lived experience o Parents/guardians with lived experience o Developmental Disabilities Administration (DDA) staff o Behavior Rehabilitation Services (BRS) staff o Contracts staff o Partnership, Prevention, and Services staff o Commerce staff o Regional Licensing staff o DDA providers o BRS providers o Emergent Placement Services (EPS) providers o Office of Homeless Youth (OHY)/Commerce providers o Crisis Residential Center (CRC) providers o Office of Refugee Resettlement (ORR) providers o Medically Fragile providers o Resource Assessment Centers (RAC)/Maternity providers o Private group care (GC) providers 	01/01/24	12/31/24
NRM	Routinely document and report NRM progress	01/01/24	12/31/24
NRM	Write updated rule language	01/01/24	12/31/24

Training	In collaboration with other System Improvement teams, the Alliance, and other relevant parties, update/develop identified training curriculum and established trainings for providing culturally responsive, LGBTQIA+ affirming and trauma-informed care.	03/01/24	12/31/24
Contracts	Amend service contracts to include regulations previously determined to reside in contracts vs. WAC	03/01/24	12/31/24
Group Care NRM Pre-Rule Implementation			
NRM	Finalize and publish WAC rules	01/01/25	02/28/25
Communication	Communicate final amended WAC and contract rules to impacted parties	03/01/25	04/30/25
Training	Launch established trainings, provide training curriculum to GC facilities and provide technical assistance to facilities for either accessing this training or providing this training in-house	03/01/25	04/30/25
Engagement	Establish workgroup to identify necessary DCYF policy and contract amendments based on updated WAC rules/language	03/01/25	04/30/25
Engagement	Collaboration between regional licensing and group care facilities to identify necessary facility policy and procedural amendments based on updated WAC rules/language	03/01/25	04/30/25
Engagement	Establish workgroup to identify necessary LD monitoring policy/resource amendments to include system for tracking compliance in key D.S. areas	03/01/25	04/30/25
Integration	Collaborate with impacted departments to ensure alignment of policies, contracts and WAC	03/01/25	04/30/25
Training	Begin developing DCYF trainings and change management strategies to provide LD staff with necessary information and process content to implement amended WAC rules	03/01/25	06/30/25
Group Care NRM Rule Implementation			
Communication & Engagement	Establish monthly virtual provider meetings to discuss implementation strategies, provide change management and technical assistance, process questions/concerns, and provide notification/explanation of DCYF WAC/Contract/practice changes	05/01/25	06/30/26
Integration	Facilities, in collaboration with regional licensing, amend necessary facility policy and procedure to fully align with updated WAC and contract requirements	05/01/25	06/30/25

Policy	Update LD policy and procedure to align with amended WAC rules	05/01/25	09/31/25
Training	Develop necessary training for LD staff	05/01/25	09/31/25
Policy	Provide communication and change management services to LD staff	05/01/25	12/31/25
Communication	Notify LD staff of, and train to, DCYF practice changes	10/01/25	12/31/25
Integration	Full WAC compliance is expected	01/01/26	Ongoing
Foster Care NRM Preparation			
Communication	Develop communication plan	07/01/24	09/31/24
NRM	Identify key roles for NRM process	07/01/24	09/31/24
NRM	Procure facilitator	07/01/24	09/31/24
Engagement	Establish NRM participant groupings	07/01/24	09/31/24
Foster Care NRM Development			
Engagement	Begin routine stakeholder communication	10/01/24	Ongoing
NRM	Design NRM process	10/01/24	06/30/25
Engagement	Establish NRM participant group meetings to: <ul style="list-style-type: none"> o Identify specific WAC to target during NRM process o Select NRM participants o Propose substitute WAC language 	10/01/24	06/30/25
Research	Research and analyze federal and state laws informing rule requirements as well as best practice guidelines for foster care standards of care	10/01/24	06/30/25
Collaboration	Informed by previous collaborative efforts, write sample WAC updates to discuss during NRM process	10/01/24	06/30/25
Foster Care NRM Process			
NRM	Negotiate rule requirements and language with representation from the following groupings at a minimum: <ul style="list-style-type: none"> o Tribes o Lived experience youth o Lived experience parents/guardians o DDA staff o BRS staff o Regional Licensing staff o CPA staff o Kinship homes 	07/01/25	06/30/26

	<ul style="list-style-type: none"> o DDA foster homes o BRS foster homes o General foster homes o Medically Fragile foster homes 		
NRM	Routinely document and report NRM progress	07/01/25	06/30/26
NRM	Write updated rule language	07/01/25	06/30/26
Contracts	Amend service contracts to include regulations previously determined to reside in contracts vs. WAC	09/01/25	06/30/26
Foster Care NRM Pre-Rule Implementation			
NRM	Finalize and publish WAC rules	07/01/26	08/31/26
Communication	Communicate final amended WAC rules to impacted parties	09/01/26	10/31/26
Communication & Engagement	Establish communication, engagement, and change management strategies to assist foster parents in implementation of updated WAC requirements	09/01/26	10/31/26
Engagement	Establish workgroup to identify necessary DCYF policy amendments based on updated WAC rules/language	09/01/26	10/31/26
Engagement	Collaboration between regional licensing and CPA to identify necessary facility policy and procedural amendments based on updated WAC rules/language	09/01/26	10/31/26
Engagement	Establish workgroup to identify necessary LD monitoring policy/resource amendments to include system for tracking compliance in key D.S. areas	09/01/26	10/31/26
Integration	Collaborate with impacted departments to ensure alignment of policies and WAC	09/01/26	10/31/26
Training	Begin developing DCYF trainings and change management strategies to provide LD staff with necessary information and process content to implement amended WAC rules	09/01/26	12/31/26
Foster Care NRM Rule Implementation			
Communication & Engagement	Provide ongoing communication, change management and technical assistance to foster parents to assist with the implementation of updated WAC requirements	11/01/26	12/31/27
Integration	Facilities, in collaboration with regional licensing, amend necessary facility policy and procedure to fully align with updated WAC requirements	11/01/26	06/30/27
Policy	Update LD policy and procedure to align with amended WAC rules	11/01/26	12/31/27

Training	Develop necessary training for LD staff	11/01/26	05/31/27
Policy	Provide communication and change management services to LD staff	11/01/26	12/31/27
Communication	Notify LD staff of, and train to, DCYF practice changes	06/01/27	06/30/27
Integration	Full WAC compliance is expected	07/01/27	Ongoing

System Improvement 4.10 Kinship Engagement Unit

System Improvement Leads: Foster Care and Kinship Licensing Initiatives Manager & Kinship and Guardianship Program Manager

Overview

In response to the DS Settlement Agreement, DCYF will create a Kinship Engagement Unit (KEU). The purpose of the KEU is to implement a family finding model to identify and engage Class Members' extended family members and friends to support families to safely reunify or stay together. The KEU will be responsible for performing or coordinating 5 main functions. Some of the activities under these functions are currently integrated into other existing or developing services within DCYF. The functions are referenced by number throughout this System Improvement Implementation Plan:

1. Conducting initial and on-going family engagement methods that utilize individualized communication methods to enlist support of extended family members and family friends that the child and/or family have identified as trusted and familiar individuals;
2. Providing information about available supports and resources for immediate and extended families, including family reconciliation services, evidence-based practices, and the Emerging Adult Housing Program, Hub homes, and Professional Therapeutic Foster Parent options;
3. Offering peer support and system navigation support to address barriers to engagement and assist in accessing resources and supports that extended and immediate families need;
4. Guiding extended and chosen family placements through the licensure process as requested; and
5. Assisting extended and chosen family placements with the requirements of RCW 13.34.065 or 13.34.130 as requested.

Framework: DCYF will establish pilot Kinship Engagement Units (KEU) in two regions. Each KEU will be staffed with Kinship Search and Engagement Coordinators who will identify and engage Class Members' extended family members and friends. The KEU will provide information about available supports and resources to kin and refer kinship caregivers to a number of already existing/developing services.

The Kinship Search and Engagement Coordinator Duties will include but not be limited to: Engaging with assigned Class Members and their extended family members and friends and improving communication frequency and quality (PCG recommendation 8).

- Contacting Class Members to gather input and share information regarding the kinship engagement process. (PCG recommendation 3, 7.1/TOU recommendation 2.1, 2.1.1, 3.2, 3.2.1)
- Reviewing case notes, relative search information documented in FamLink, FTDM/shared planning notes, and case history for information about Class Member's

needs and mention of extended family members and friends. The Kinship Search and Engagement Coordinators will access available databases for relative search and contact parents, relatives/fictive kin, schools, and child care programs to help identify additional supports. (PCG recommendation 1, 7)

- Contacting Class Member's identified extended family members and friends to maintain cultural connections for the Class Member, providing information about available supports and resources and educating them about expectations should they become a placement resource. The Kinship Search and Engagement Coordinators will initiate calls for required initial background checks and refer potential or existing kinship caregivers to available resources. (PCG recommendation 2, 10/TOU recommendation 2.2, 2.4.1, 3.1, 3.1.2, 3.1.3, 5.2, 5.2.1, 5.2.2, 5.2.4, 5.3)
- In coordination with the caseworker, setting up and conducting a safety walk through of the relative/fictive kin home prior to placement, assessing the home for safety, and submitting referrals for concrete goods needed to secure placement with the relative/fictive kin. Provide support after placement to include contacting the relative/fictive kin within 24 hours of placement to discuss needs, referring for critical resources to maintain placement (cash/food grant from CSO or initial license), introducing the licensing process, and other next steps. Assist with supportive services such as consultation, problem resolution and crisis counseling for relative/fictive kin placement. The Kinship Search and Engagement Coordinator will also assist the assigned caseworker with the development of necessary resources and maintain strong communication about any issues in the home. (PCG recommendation 6/TOU recommendation 3.2.4, 2.3.2)
- Maintaining strong communication with relatives/fictive kin, caseworkers, supervisors, placement coordinators and the licensing division (via telephone, email, in-person, social media). (PCG recommendation 8).
- Participating in onboarding and ongoing staff training. (PCG recommendation 5, 9/TOU recommendation 4.2, 5.3)
- Tracking timeliness and delivery of kinship engagement services. (PCG recommendation 1).

Existing, Expanded, and Developing Services and Supports:

Some of the required activities and functions under DS are integrated into other existing or developing services. These are outlined below.

- **Caseworkers (Functions 1,2,4, & 5)** Caseworkers will provide initial and ongoing engagement, sharing information about supports, guidance through the licensing process, and assisting with requirements of RCW.

This existed before the D.S. Settlement, however, there has been an emphasis placed on a kin-first culture creating opportunities to re-train staff with a priority and urgency on placement with kin. Policy 4527 Kinship Care: Searching for, placing with, and Supporting

Relatives and Suitable Persons is under review and will be updated to better guide caseworkers in supporting kin. Caseworkers have new training available to them as of July 2023, Prioritizing Kinship Care: Working Towards Positive Placements. This course will help workforce staff carrying kinship care cases demonstrate a thorough understanding of how to support providers through the life of a case while practicing trauma-informed and inclusive engagement skills. (PCG recommendation 1, 5, 10/TOU recommendation 2.1)

- **FTDM/Shared Planning Meetings (SPM) (Functions 1, 2, 4, & 5)** These planning meetings bring together parents, children, youth, caregivers, and other identified supports to effectively plan for child and youth safety, permanency, and well-being. In response to the DS Settlement, DCYF is revising current FTDM and SPM policy, communicating policy and procedures changes, engaging with stakeholders, providing trauma-informed, culturally responsive, LGBTQIA+ training, developing consistent meeting agendas, and creating practice profiles through the Child Welfare Practice Model to support the skill development and expectations required by policy.

The following practices existed before the D.S. Settlement; however, they are undergoing improvement in response to D.S.

- Including parents, caregivers, and relevant multi-disciplinary team members in the Shared Planning Meetings and consider family and young people’s cultural needs (PCG recommendation 18, 20)
 - Demonstrating family-centered, trauma-informed facilitation and (PCG recommendation 21)
 - Asking young people regularly about where they want to live and engaging them in placement decisions (TOU recommendation 2.1.1, 2.1.2, 2.1.3)
- **Relative Search Unit (RSU) (Functions 1 & 2)** The statewide RSU is tasked with identifying potential relative support for all children and youth for whom DCYF has legal custody. The RSU sends letters to notify all adult relatives within 30 days of a child or youth entering state care. The RSU documents responses to the search in FamLink.

The RSU existed before the D.S. Settlement, however, it is undergoing System Improvements in response to D.S. The RSU updated the letter to include the [Kinship Caregivers webpage](#), ensuring the information about available supports is available to relatives of Class Members. An easily identifiable icon was added to FamLink allowing caseworkers direct access and review of search findings by the RSU. The KEU will begin utilizing the results of the work completed by the RSU in response to D.S. (PCG recommendation 1)

- **CHET Screeners (Function 2)** The Child Health and Education Tracking (CHET) program identifies each child’s long-term needs at initial out-of-home placement by evaluating his

or her well-being. Evaluation results are utilized to develop an appropriate case plan and assist in placement decisions.

The newly formed KEU will utilize the CHET screen and other available information and tools in response to D.S. to support placement with kin and placement stability. (PCG recommendation 7/ TOU recommendation 2.2)

- **Information about available supports and resources for immediate and extended families (Function 2)**

DCYF has established resources to support communication with kin that have undergone improvements and will continue to be revised as needed in line with D.S. requirements to make sure information about available supports is available to kin of Class Members. (PCG recommendation 25) This includes:

- [Kinship Caregivers webpage](#) - DCYF updated the webpage in early 2023 to improve the landing page making it easier for relatives and suitable others to locate information, resources, and services. DCYF will continue to update the page to keep it relevant about available supports and resources.
- DCYF is updating and expanding publications with information about available supports and resources to be provided at time of placement to kinship caregivers. Publications will be available electronically and in print form. Publications will be translated into multiple languages as needed.

- **Caregiver Supports Project (Function 2 & 5)** The Caregiver Supports Project is a new initiative at DCYF supported by extensive stakeholder work and research. Implementation will begin in early 2024 with full statewide implementation by 2026. A root cause of placement instability in foster care is inadequate support services, especially for kinship caregivers. The Caregiver Supports Project was initiated in part to address caregiver resource inequity. This disproportionately impacts BIPOC families. Some goals of the project are resource parity for all caregivers, aligning resources to the needs of children and youth, and addressing racial bias in the current system. New level payments for licensed caregivers will be rolled out in January, 2024. Support Services available to all caregivers, licensed and unlicensed, will begin to roll out in phases starting in 2024. (PCG recommendation 25, 26, 27)

The Caregiver Supports Project will:

- Provide a caregiver support system that offers support services to both relative and non-relative caregivers, based on the needs of children and youth
- Replace the current 4 level payment model for licensed caregivers with an expanded service, 7 level model that better accounts for the varying needs of children and youth
- Develop a standard and objective resource level determination process that considers information collected from multiple sources (including the youth,

parents, previous caregivers, and other important people in the youth's life) as well as health history data available from the Health Care Authority (HCA)

- Establish a contract for research, data analysis, and program monitoring contract with DSHS/RDA
 - Fund supports for licensed and unlicensed caregivers to include assistance with resource coordination and case aide hours for caregivers providing care for youth assessed at levels 3-7, which could assist in caring for and meeting any special needs of the child
- **CaRES Program (Function 2, 3, & 5)** The Alliance and DCYF launched the CaRES program in March 2021. DCYF contracts with CaRES to provide peer support, system navigation, and information about available support and community-based resources to all licensed and unlicensed caregivers. CaRES contacts:
 - All kinship caregivers with a new placement within seven business days
 - All licensed kinship and foster caregivers when they are initially licensed and again 6 (six) months post-licensure
 - All licensed kinship and foster caregivers when they receive their first placement
 - All caregivers who inquire or are referred within five business days

Automatic referrals of kinship caregivers to CaRES has helped to improve timeliness and delivery of kinship engagement services since March 2021. Caseworkers and Licensing Division workers can refer caregivers to CaRES throughout the life of a case. The KEU will inform Class Members' kinship caregivers about CaRES. They will provide referrals as needed to ensure peer support, system navigation, and information about available supports and community-based services and resources are available to the kin of Class Members. (PCG recommendation 25, 26, 27)

- **Kinship Notification Unit (KNU) (Function 4 & 5)** Statewide implementation of the KNU occurred December 1, 2022, to address the extensive lag time between the placement of a child in a kinship home and referral of that kin to the Licensing Division for support through the home study/licensing process. The KNU receives an automatic notification of placement in an unlicensed kinship home and engages the kinship caregiver in the home study/licensing process. Additionally, KNU works with kinship families seeking placement of children not yet in their care.

The KNU is a new System Improvement enacted since the D.S. Settlement. It has shown improvement in the timeliness and delivery of kinship engagement services and availability of system navigation and licensure assistance. The KEU will refer potential kin placements to the KNU to complete the home study/licensing process. The KNU services align with stakeholder Feedback. (PCG recommendation 1, 9)

- **Licensing Division (LD) (Function 4 & 5)** The Licensing Division successfully piloted a Kinship Caregiver Engagement Unit (KCEU) to guide extended and chosen family placements through the licensure process from October 1, 2020 - June 30, 2021, which improved home study timelines by an average of 20.45 percent within the first nine months. LD is taking the lessons learned from the success of the KCEU's engagement with kinship caregivers and stakeholder feedback recommendations about reducing the number of handoffs for kinship caregivers, and is changing practice to have all LD staff incorporate the KCEU best practices into all work when engaging with kinship caregivers.

This is a new System Improvement enacted since the D.S. Settlement demonstrating improvement in the timeliness and delivery of kinship engagement services and availability of system navigation and licensure assistance. (PCG recommendation 9, 25)

- **Washington Caregiver Application Portal (WA CAP) (Function 4)**

The LD rolled out an electronic application portal in January, 2023, to streamline the application process and reduce the timeline to approval. The application process, which was lengthy, confusing, and redundant in the past, is now vastly improved due to this system. WA CAP has a Kinship License track which guides applicants through the licensing process. It clearly states the requirements, how to meet the requirements, and provides links to information about resources for caregivers. Many applicants complete the required paperwork in just a few days.

This is a new System Improvement enacted since the D.S. Settlement demonstrating improvement in the timeliness and delivery of kinship engagement services and availability of system navigation and licensure assistance. (PCG recommendation 25)

System Integration

The KEU will improve cross-division efforts to engage and support Class Members and their kin. This System Improvement aligns with System Improvements 4.11 Family Group Planning and 4.13 Qualified Residential Treatment Program (QRTP). The KEU will educate relatives and kin about support services and placement options 4.6 Emerging Adulthood Housing, 4.7 Professional Therapeutic Foster Care, and 4.8 Hub Homes.

KEU will coordinate, utilize and refer to existing resources at DCYF for family engagement and kinship support as detailed above in the Existing, Expanded, and Developing Services and Supports section.

Access and Eligibility Protocols

Access Protocols

The KEU will work from a list of existing Class Members for ongoing family engagement methods. The placement desk will monitor to identify new Class Members needing placement change and will refer to the KEU for initial family engagement methods via email at the time of identification.

Eligibility Protocols

The KEU staff will work directly with the Class Members and their extended family and family friends that the child and family have identified as trusted individuals.

Methodology, Exit Criteria, and Quality Assurance

Methodology:

Quantitative reviews are outlined in “Exit Criteria” 41(4) benchmarks. Additionally, the DCYF Kinship Caregivers webpage statewide metrics will be tracked, as it is not possible to track only Class Members. Qualitative reviews of service delivery, publications, and website will be completed by the Program Manager as outlined in the engagement strategy section.

Exit Criteria and Related Benchmarks:

1. 41(1) Kinship Engagement Unit with family finding model, including providing individualized communication methods about available community-based services and resources, is established statewide. (See timeline below for target dates).
 - a. Establish KEU pilots in two regions
 - b. Assess the pilot, modify the plan if needed, and request funds for statewide implementation
2. 41(2) Kinship supports, including peer support, system navigation, licensure assistance, and information about available supports, are available to kin of Class Members.
 - a. KEU to provide information to kin of Class Members
 - b. Automatic referral for home study/licensure to Licensing Division (LD)
 - c. LD offers licensure assistance and information about available supports
 - d. Automatic referral from placement to CaRES. CaRES staff contacts kin caregivers after placement offering peer support, system navigation support, licensure assistance, and information about available supports
 - e. Information about supports is available ongoing through webpage and publications
3. 41(3) Defendants have received and considered stakeholder feedback as described in Attachment A regarding any additional kinship supports.
 - a. Stakeholder feedback is incorporated into the activities of the KEU and the other activities and initiatives DCYF is implementing related to kin as reflected in the Implementation Plan and in appendix 1.
 - b. DCYF will consider future stakeholder feedback and incorporate feedback into the plan
4. 41(4) Data is collected and demonstrates improvements in timeliness and delivery of kinship engagement services.
 - a. Preplacement – Once the KEU Pilot is launched, the KEU will track timeliness of contacts with new Class Members’ kin and ongoing contacts

with existing member's kin. The KEU will begin to track data within the first 90 days of implementation and ongoing thereafter. The Pilot KEU will show engagement within 60 days of a child entering the Class and at least annually thereafter.

- b. Direct services/concrete goods – DCYF will use existing statewide reports to show improvement in the provision of direct services and concrete goods to kin.
- c. Post placement – DCYF will use existing statewide reports to show improvements in home study referrals and the percent of kinship placements who are licensed.

Strategies to Achieve the System Improvement

Training

DCYF will develop and implement a training plan for KEU Staff. At a minimum KEU staff will train on how to find and engage with family (children, youth, immediate family) to gather information and reach out to elicit support, as well as the best methods to support kin caregivers.

- o KEU staff will be required to take the Identify, Locate, Inform, and Evaluate Kinship Caregivers training or an equivalent.
- o KEU staff will be required to take the Prioritizing Kinship Care: Working Towards Positive Placements training or an equivalent. This course teaches how to support providers through the life of a case while practicing trauma-informed and inclusive engagement skills.
- o KEU Staff will train on community resources in order to stay current.

Staffing

During the pilot, this System Improvement will be supported by the DCYF headquarters Kinship and Guardianship Program Manager, supervisors within the pilot regions, and Kinship Search and Engagement Coordinators. Future staffing needs will be identified following the assessment of the pilot program.

Policy

Several policies and procedures will need to be reviewed, updated, and created to support the work of the KEU, including:

[4527 policy](#) re: Placing with and Supporting Relatives and Suitable Persons

[4250 policy](#) re: Placement out-of-Home

4251 policy re: Relative Search (not yet created)

Engagement

Stakeholder feedback from PCG and TOU, which informed this System Improvement, is intentionally incorporated into the KEU model and in the implementation of existing, expanded, and developing services and supports. The DCYF response to feedback is detailed in Appendix 1. The Program Manager will review additional stakeholder feedback to incorporate in the KEU practice profile. The practice profile will support the skill development and expectations required by policy related to family engagement as part of the continuous quality improvement strategies:

- Second round of stakeholder engagement for this Settlement in 2025
- [Washington State DCYF Kin-first Culture Research and Recommendations](#)
- [DCYF Caregiver Survey Report](#)
- [The Kinship Caregiver Oversight Committee \(KCOC\)](#)

Communication

A communication plan will include communicating system changes and the roles and responsibilities of the KEU with children and youth, parents, kin, DCYF staff, Tribes, and stakeholders, including the Washington State Kinship Caregiver Oversight Committee. The plan will include communication methods and frequency of updates.

Quality Assurance

We will track benchmarks through available data in FamLink to make sure the kin of children and youth in the Class are engaged with and supported in a timely manner. We will assess the KEU through pre- and post-placement data. This data alongside stakeholder feedback, will assist in modifying the plan as needed. The Program Manager will review input from existing sources to gather feedback as part of the continuous quality improvement strategy. The second round of stakeholder engagement required under the Settlement Agreement will offer additional guidance to improve this System Improvement in 2025.

Budget Requests

Based on the success of the pilots, DCYF will submit Decision Packages that request funding to implement expanding KEU statewide and to update and develop publications and resources for distribution to relatives and kin.

Activities/Timeline

Strategy	Activities	Target Start Date	Target Completion Date
Develop	Develop the Kinship Engagement Unit (KEU) pilot based on System Improvement 4.10 engagement/input section to include the PCG/TOU feedback	06/01/23	10/31/23

Program QA	Determine data baseline for pre and post placement for collections that demonstrates improvements in timeliness and delivery of kinship engagement services	06/30/23	08/31/23
Communication	Develop and finalize communication plan	05/30/23	09/01/23
Implementation	Implementation of KEU Pilot in 2 Regions	11/01/23	Ongoing
Communication	Printing and dissemination of publications	11/01/23	Ongoing
Program QA	Assess pilot using data baseline for pre and post placement, modify plan if needed	12/01/23	05/01/24
Funding	Agency DP process – packages due for submission for KEU statewide expansion to Governor’s office September 2024. Submission based on pilot data.	04/01/24	04/01/25
State wide Implementation	Develop the family practice profile as described in the engagement strategy section to include the PCG/TOU feedback. Practice profile to include feedback from data gathered during KEU Pilot	01/01/24	08/01/25
State wide Implementation	Expand KEU to all regions; dependent on success of the pilots and legislative funding	07/01/25	Ongoing
Engagement	Stage 2 stakeholder engagement	07/2025	09/2025
Program QA	Assess KEU using data baseline for pre and post placement, pilot data, and stage 2 stakeholder feedback, modify plan if needed	09/2025	01/2026
Program QA	Assess KEU using data for pre and post placement, pilot data, statewide data, and from existing methods of stakeholder feedback, modify plan if needed	01/2026	Ongoing

System Improvement 4.11 Family Group Planning

System Improvement Lead: Engagement Program Manager

Overview

The D.S. Settlement requires DCYF to review Shared Planning Meeting (SPM) and Family Team Decision Meeting (FTDM) policies and practices. The goal is to identify areas for improvement and revise in response to input from individuals with lived experience and other stakeholder feedback as outlined in Attachment A.

The shared planning meetings are to bring together parents, children, youth, caregivers, and other identified supports to plan effectively for child and youth safety, permanency, and well-being. DCYF is required to establish a quality assurance process for SPM and FTDM practices and ensure these practices are trauma-informed, culturally responsive, and LGBTQIA+ affirming. In addition, the SPM/FTDM process will fulfill the following five functions of the Settlement Agreement:

1. Support and encourage active participation of children and youth, their immediate and extended family members, and other individuals who have trusting relationships with the child and family (collectively the “Family Team”) in the SPM/FTDM process, including offering meetings in times and places that are accessible for all members of the Family Team;
2. Educate the Family Team about available services and placement options, including family reconciliation services, evidence-based practices, and System Improvements 4.6 Emerging Adult Housing Program, 4.7 Professional Therapeutic Foster Care and 4.8 Hub Homes;
3. Elicit and value the child or youth’s preferences including, but not limited to, where to live, where to go to school, what treatment or services to receive, what supports are needed for safety, and who is involved in their lives;
4. Empower and authorize Family Teams to make and revisit decisions about how and where to best support the child or youth’s health, safety, stability, cultural socialization, and relationships with family;
5. Provide necessary supports and resources, including those identified in the SPM/FTDMs policies and procedures.

System Integration

This System Improvement aligns with System Improvements 4.10 Kinship Engagement, 4.12 Referrals and Transitions and 4.13 QRTP. Education on support services and placement options from System Improvements 4.6 Emerging Adulthood Housing, 4.7 Professional Therapeutic Foster Care, 4.8 Hub Homes will be built into the Family Group Meeting processes.

Access and Eligibility Protocols

Current access and eligibility protocols are as follows: SPMs are conducted at certain points in time of a case, as outlined in the [Guide to Shared Planning Meetings](#). The family is referred by

and invited to a meeting by caseworkers. Caseworkers and facilitators attempt to accommodate the family's schedule as best as circumstances allow and with as much advanced notice as possible. The SPM and FTDM forms are completed during the meeting and returned to the caseworker after the meeting. The caseworker disseminates meeting notes to the family/other persons responsible for tasks and follows up on action items identified during the meeting, including, referrals for services and family time. (PCG recommendation 12/TOU recommendation 4.3)

Methodology, Exit Criteria, and Quality Assurance

Methodology:

Qualitative and quantitative data, including ongoing stakeholder input for meeting the benchmarks and exit criteria, will be collected through a combination of methods. This will be monitored through data and quality assurance measures throughout implementation of the program.

Exit Criteria and Related Benchmarks:

1. 42(1) Defendants have received and considered stakeholder feedback as described in Attachment A regarding the maintenance or revision of its SPM and FTDM policies.
 - a. The System Improvement Lead received and considered stakeholder feedback which is identified throughout this plan
2. 42(2) DCYF staff have received training and ongoing coaching in SPM and FTDM policies and protocols, as identified in the Implementation Plan.
 - a. Identify and implement facilitator training, LGBTQIA+ affirming, culturally responsive, and trauma-informed trainings
 - b. All facilitators participate in identified trainings
 - c. Development of a practice profile (see below for further explanation)
3. 42(3) Defendants have implemented quality assurance as outlined in the Implementation Plan.
 - a. Development of a consistent structure for the QA process
 - b. Implementation of QA process

Strategies to Achieve the System Improvement

DCYF identified the following strategies to achieve the System Improvement: revising current FTDM and SPM policy; communicating policy and procedure change; implementing facilitator trainings that are trauma-informed, culturally responsive, and LGBTQIA+ affirming; developing consistent meeting agendas; and creating a practice profile to support the skill development and expectations required by policy related to family engagement and family group meetings.

Policy and Procedures for SPM and FTDMs

Policies include:

[1710 Shared Planning Meetings](#)

[1720 Family Team Decision Making Meetings](#)

Current Shared Planning Meeting structure can be found in [Guide to Shared Planning Meetings](#). (PCG recommendations 12, 13, 16, 18, 20/TOU recommendations 4.1, 4.3.4, 6.6, 6.7.5)

The most recent updates to SPM and FTDM policy and procedure were in process prior to receiving the stakeholder feedback and recommendations required by the Settlement Agreement. The following TOU recommendations are addressed in those updates: invite youth and supports to meeting, soliciting youth preferences and voice, hold virtual meetings continue to take place to accommodate family schedules and ensure times that work for the family, respect youth's choice whether to participate or speak in the meeting, ask youth what they need and want and honor their preferences as much as possible. (TOU recommendations 4.3, 4.3.1, 4.3.3, 4.3.4, 6.2.1)

Revisions to policy 1710 and 1720 are awaiting review and will incorporate the five Settlement functions as described above.

Additional revisions to policy will include the following: solicitation and follow up of family voice, youth choice about how and when they want to participate, provision of consistent agendas for all SPMs/FTDMs, and transparent documentation. (PCG recommendation 14.1, 17/TOU recommendation 2.2.2)

Staffing

DCYF is assessing the need for additional FTEs to support this work and will submit DPs to request funding if needed.

Training

Understanding the impact of trauma, as well as identifying cultural bias, is critical to being a neutral facilitator and to instilling confidence in said neutrality. Facilitators need to understand and value the agency lens as well as consider and affirm the values of key participants, including youth, parents, Tribal partners, and court partners. Training will be determined by best practice, continuous quality improvement processes, and supervision.

DCYF will review the current training curriculum for facilitators and utilize existing resources to develop a training plan. Facilitators will complete trainings that are trauma-informed, culturally responsive, LGBTQIA+ affirming. (PCG recommendations 19, 21)

The DCYF Administrative policy 6.04 Racial Equity and Social Justice Supporting LGBTQIA+ individuals and the Racial Equity and Social Justice Unit will assist in supporting practice change.

Engagement

Stakeholder feedback as contracted with PCG/TOU for stage 1 has informed this System Improvement. There will also be a second round of stakeholder engagement beginning in July 2025. This System Improvement will develop a process for gathering regular feedback from youth and families.

Communication

Updates to policy, practice, and training will be communicated to those impacted through relevant communication channels including but not limited to Facilitator Community of Practice, FTDM/SPM Leads meetings, and external channels of communication.

Quality Assurance

Guidance for documentation will be developed along with practice profiles to ensure agency staff operationalize key practice areas involved in facilitating and participating in all meetings. These new policies and practice profiles will be trained to appropriate staff and implemented with a consistent structure for review and feedback for facilitators.

In addition to monthly practice reviews with FTDM leads, Statewide Quality Reviews of FTDM and Shared Planning Meeting will be completed twice a year. Statewide Reviews will be led by the Statewide CQI/QA Manager and include a collaborative process with regional staff and program managers. These reviews will look for key elements of practice, including youth attendance and engagement documented. Reviews will be shared with facilitators and themes will be discussed with regional leads. Outcomes of the review process will also assist in determining targeted training and support for facilitators.

Activities/Timeline

Strategy	Activities	Target Start Date	Target Completion Date
Program	Monthly FTDM/SPM Leads meeting, quarterly Facilitator Community of Practice, Foundations of Practice	04/01/23	Ongoing
Policy	Update and revise SPM and FTDM policies to include individuals with lived experience and stakeholder input. Process and procedure of placement education and referrals are established for 4.6, 4.7, 4.8	09/01/23	12/01/23

Communication	Communicate updated policy, procedures, and trainings to field staff through Community of Practice, Foundation of Practice, and field operations memos	12/01/23	Ongoing and reviewed annually
Training	Review training for facilitators and utilize existing resources. Facilitators will complete training that are trauma-informed, culturally responsive, LGBTQIA+ affirming.	07/01/23	07/01/24
Budget	Submit Decision Package request for Supplemental Session to support ongoing Quality Assurance and support for implementation.	04/01/2023	08/31/2023
QA, Training	Utilize Foundations of Practice drop-in sessions, training and resources, and current quality assurance process for practice changes, and additions to policy Develop practice profile	12/01/23	Ongoing and reviewed annually
Engagement	Stakeholder engagement stage 2	Mid-2025	Mid-2025

System Improvement 4.12 Referrals and Transitions

System Improvement Leads:

- Memoranda of Understanding with Interested Local Hospitals - Integrated Health Services Administrator
- Memoranda of Understanding with County Juvenile Courts - Systems of Care Program Administrator
- Youth Narratives, Supports, and Pre-Placement Contact - Placement Stability Program Manager

Overview

Memoranda of Understanding (MOU) with Interested Local Hospitals

DCYF is working to develop a consistent communication and collaboration protocol for children and youth discharging from hospitals when their parents/guardians are unwilling to take them home. In collaboration with partners from interested hospitals, the Department of Children, Youth, & Families (DCYF) will develop a template Memorandum of Understanding (MOU) that establishes a communication and collaboration protocol to prevent the need for out of home placement through timely referrals for reconciliation services. Further, the availability of entering into an MOU will be communicated to the Washington State Hospital Association with regional contact names listed on the DCYF website.

Memoranda of Understanding (MOU) with Interested County Juvenile Courts

Similarly, DCYF is working to develop a consistent communication and collaboration protocol for youth releasing from juvenile detention when their parents/guardians refuse to pick them up. The MOU has been in development since July, 2022. The MOU has been drafted, reviewed by DCYF Regional Administrators, and approved by the AAG for DCYF. The team drafting the MOU has sought feedback from the juvenile court team that includes juvenile court judges, presiding judge of the Superior Court Judges Association, juvenile court Administrators, a juvenile court Detention Manager, and the President of the Washington Association for Juvenile Court Administrators. DCYF Regional Administrators have already designated the staff in their regions who will serve as the Regional Cross-Systems Liaison for all the juvenile courts in the region and are in the process of updating position descriptions.

Youth Narratives, Supports, & Pre-Placement Contact

DCYF will create a formalized process for children and youth to review information that goes out to potential placements, create a narrative about themselves to share with potential placements, and have pre-placement contacts with potential caregivers. These processes will be developed with the input we have received from stakeholders and individuals with lived experience. Recommendations include engaging youth in developing their own narratives to center their voice and honor their requests as much as safely possible, sharing their placement preferences, and giving them the opportunity to speak, meet, or visit prospective placements

prior to transfer. (PCG recommendations 22, 23/TOU recommendations 2.1, 2.2, 2.2.4, 4.1, 5.2.4, 5.4, 5.4.2)

System Integration

The Leads for these System Improvements are exploring how these new processes interact with System Improvement 4.11 Shared Planning Meetings and the [Caregiver Supports project](#), that will provide placement supports to licensed and unlicensed placements, including kinship caregivers. Shared Planning Meetings can be pivotal to supporting transitions, timely referrals for services, maintaining connections, and obligations to facilitate kin connections.

Access and Eligibility Protocols

MOU with Interested Local Hospitals

Children and youth who are not picked up by their parents or legal guardians from hospitals are eligible for this System Improvement. Access will be determined by the Regional Hospital Liaisons.

MOU with Interested County Juvenile Courts

Children and youth who are not picked up by their parents or legal guardians from detention will be eligible for this System Improvement. Access will be determined by the Regional Juvenile Cross-Systems Liaisons.

Youth Narratives, Supports, & Pre-Placement Contact

Children and youth who are D.S. Class Members are eligible for this System Improvement.

Methodology, Exit Criteria, and Quality Assurance

Methodology:

Qualitative and quantitative data, including ongoing stakeholder input for meeting the benchmarks and exit criteria, will be collected through a combination of methods. This will be monitored through data and quality assurance measures throughout implementation of the program.

Exit Criteria and Related Benchmarks:

1. 43(1) MOUs are in place between DCYF and hospitals and juvenile courts as identified in the Implementation Plan.
 - a. Identify Regional Hospital and Regional Juvenile Liaisons
 - b. Train Regional Liaisons
 - c. MOU Development
2. 43(2) Class Members are given an opportunity to develop and verify their own case histories and information.
 - a. Hire staff to develop and implement this process

- b. Develop and implement practice and protocol for youth to verify their placement referral information and histories to create a personal narrative to assist caregivers to get to know more about the youth from the youth's voice
 - c. Assess and develop training for identified staff
 - d. Starting three months after implementation, quarterly QA will begin by tracking:
 - i. if the opportunity to write a personal narrative was offered and completed,
 - ii. if the opportunity to review and verify referral information and documents was offered,
 - iii. if the opportunity to write a personal narrative was offered, the youth was interested, but it did not occur, and why it did not occur, and
 - iv. if the opportunity to write a personal narrative was offered and the youth declined.
3. 43(3) Defendants have developed and implemented a protocol for pre-placement contacts between Class Members and potential placement resources.
- a. Hire staff to implement and oversee this System Improvement
 - b. Develop pre-placement practice and protocol
 - c. Assess and develop training for identified staff
 - d. Starting three months after implementation, quarterly QA will begin by tracking:
 - i. if pre-placement contact was offered and completed,
 - ii. if pre-placement contact was offered, the youth was interested, but it did not occur, and why it did not occur, and
 - iii. if pre-placement contact was offered and the youth declined.

Strategies to Achieve the System Improvement MOU with Interested Local Hospitals

Staffing

Child Welfare Field Operations has identified Regional Hospital Liaisons. The DCYF headquarters Mental Health Program Manager and the Administrator of Integrated Health Services will provide statewide leadership and coordination.

Training

Regional Hospital Liaisons will be trained regarding the MOU development process. Training will also include what to do once contacted by a hospital to enter into an MOU and the role of the Disability and Mental Health Liaisons in coordinating responses in collaboration with the hospital liaisons.

Understanding the impact of trauma, as well as identifying cultural bias, is critical to understand and value the agency lens and affirm the values of youth, parents, Tribal partners and system partners. Continued education will be required as determined by best practice, continuous quality improvement processes and supervision.

Quality Assurance

The headquarters Mental Health Program Manager will partner with the Regional Hospital Liaisons and Disability and Mental Health Liaisons to track the number of incidents in which they partner with local hospitals who have entered into an MOU. Simple data will be collected by the Disability and Mental Health Liaison in an Excel spreadsheet and sent to the Mental Health Program Manager. The Mental Health Program Manager will complete a data analysis to identify trends and work with system partners for service delivery and placement support.

Communication

The Mental Health Program Manager will develop a page on the external facing DCYF Internet site dedicated to hospital MOUs and it will list the names of the Regional Hospital Liaisons along with a description of the availability and purpose of the hospital MOUs. Contact information for each of the Regional Hospital Liaisons, in addition to the Mental Health Program Manager will be provided on the webpage. The Mental Health Program Manager will develop communication memorandums, in coordination with the Office of Public Affairs, to be sent to the Washington State Hospital Association for distribution to member hospitals and for Regional Hospital Liaisons to send to hospitals in their areas.

Discussions regarding the MOU have taken place with some of the larger hospitals in the state, including Seattle Children's Hospital and Mary Bridge Children's Hospital. Additional outreach is planned with Sacred Heart Medical Center in Spokane. As interested hospitals are identified by the Regional Hospital Liaison or as hospitals reach out to the liaison indicating a desire to enter into an MOU with DCYF, the Regional Hospital Liaison will connect with the Mental Health Program Manager to receive technical assistance and support in negotiating the hospital's roles and responsibilities. The Contracts and Procurement Office will also be included in reviewing, approving language, and finalizing the MOU.

A communication plan will be developed to inform Child Welfare Field Operations and intake of the existence of any finalized MOUs and the roles of the Regional Hospital Liaisons and Disability and Mental Health Liaisons in coordinating responses.

Engagement

Hospital and Child Welfare Field Operations partners will be included throughout the MOU design process.

Activities/Timeline

MOU with Interested Local Hospitals

Strategy	Activities	Target Start Date	Target Completion Date
Point of Contact	Regional Hospital Liaisons identified	12/15/22	Complete
Training	Train Regional Hospital Liaisons	03/28/23	Complete
Communications	Communicate availability of MOUs through hospital association	07/01/23	Ongoing
Negotiation	Regional Hospital Liaisons and HQ Mental Health Program Manager will work together with local hospitals interested in an MOU to outline roles and responsibilities	08/01/23	Ongoing
Communications	Implement Communication Plan	09/01/23	Ongoing
Finalization & Implementation (Contracts)	Partner with DCYF Contracts for signature of approved MOU	09/01/23	Ongoing
Quality Assurance	Track the number of hospital MOUs and data from the monthly reports provided by the Development Disabilities and Mental Health Liaison. Analyze data to identify trends. Work with system partners for service delivery and placement support.	09/01/23	Ongoing

Strategies to Achieve the System Improvement

MOU with Interested County Juvenile Courts

Staffing

Child Welfare Field Operations has identified Regional Juvenile Cross-System Liaisons. The DCYF headquarters Systems of Care Administrator will provide statewide leadership and coordination.

Training

Regional Juvenile Cross-Systems Liaisons will be trained regarding the MOU development process. Training will also include what to do once contacted by a juvenile court to enter into an MOU.

Understanding the impact of trauma, as well as identifying cultural bias, is critical to not only understand and value the agency lens but also consider and affirm the values of youth, parents,

Tribal partners and court partners. Continued education will be required as determined by best practice, continuous quality improvement processes and supervision.

Quality Assurance

Juvenile Cross-System Liaisons will track the number of incidents in which they partner with local juvenile courts who have entered into an MOU. Simple data will be collected in an Excel spreadsheet and sent to the Systems of Care Administrator who will complete a data analysis to identify trends and work with system partners for service delivery and placement support.

Communication

Strategies to achieve the System Improvement include effective communication throughout the regions, so that field staff and the intake unit are aware of the MOU, understand that each region has a designated Regional Juvenile Cross-System Liaison, know who their liaison is, and their role. DCYF communications will be coordinated and shared with Juvenile Court designees. Detailed information and a copy of the MOU will be provided to staff, and if necessary, forums will be held for staff to ask questions and get clarity. Regional Cross System Juvenile Liaisons will have the opportunity to review, and coordinate with the Juvenile Court staff for implementation.

Engagement

Juvenile Court and Child Welfare Field Operation partners were included through the MOU design process.

Activities/Timeline

MOU with Interested County Juvenile Courts

Strategy	Activities	Target Start Date	Target Completion Date
Communications	Review draft MOU with Child Welfare Leadership Team Develop Communication Plan	12/2023	Complete
Negotiation	Stakeholder Review Meeting with Juvenile Court Partners	04/26/23	06/2023
	Meeting with 6 Regional Cross Systems Liaisons	04/26/23	Complete
Communication	Implement Communication Plan	09/01/23	Ongoing
Finalize and Implement (Contracts)	Partner with DCYF Contracts for signature of approved MOU (36 sets of signatures – WA has 36 independent juvenile courts)	09/01/23	Ongoing

Quality Assurance	Track of the number of MOUs with juvenile courts and monitor monthly reports. Analyze data to identify trends and work with system partners for service delivery and placement support.	09/01/23	Ongoing
-------------------	---	----------	---------

Strategies to Achieve the System Improvement Youth Narratives, Supports, & Pre-Placement Contact

Staffing

Identified staff will develop, implement and assess practices and protocols related to supporting youth in reviewing their histories and developing a personal narrative to support placement and establishing processes to support placement transitions.

Policy

Practice and procedure will be revised that seek to increase placement stability by engaging youth in the Class to develop their own narratives, center their voice, honor their requests as much as safely possible, and share their placement preferences by giving them the opportunity to speak with, meet, or visit prospective placements prior to transfer. (PCG recommendation 22/TOU recommendations 2.2, 2.2.4, 4.1)

Contracts

Placement contracts will be assessed for potential changes to support youth.

Training

Collaboration is current and ongoing with the Alliance for Professional Development, Training and Caregiver Excellence (Alliance) to develop trauma-informed, culturally responsive, and LGBTQIA+ affirming trainings for workforce development. This also includes updating the child and youth referral training. (PCG recommendation 24/TOU recommendation 5.2.1)

Quality Assurance

DCYF will use FamLink or an alternate system to track the benchmarks ensuring youth in the Class are offered the opportunities to engage with these processes. DCYF will explore practice profile recommendations to support the skill development needed to sustain a youth-centric approach.

Engagement

Stakeholder feedback with PCG and Think of Us has informed the policy and procedure strategy for this System Improvement. There will also be additional partner and community feedback that will begin July, 2025. DCYF will add a process to collect feedback as part of a continuous quality improvement strategy from youth and partners (see QA benchmarks).

Communications

DCYF will engage key stakeholders, including individuals with lived experience, tribes, caregivers, contracted providers, CPAs, and Child welfare Field Operations staff, in the development and implementation of practice, protocol and policy. Communication will be developed and implemented for Child Welfare Field Operations, Child Placing Agencies (CPA), contracted placement providers and caregivers on the new processes and the youth-centered approach to care.

Activities/Timeline

Youth Narratives, Supports, & Pre-Placement Contact

Strategy	Activities	Target Start Date	Target Completion Date
Engagement	External stakeholder feedback from youth with lived experience	02/2023	Completed
Training	Training for staff implementing the System Improvement	10/01/23	Ongoing
Program Policy	<p>Develop protocol (policy & procedure) for children and youth so that they have the ability to review and or create narratives about themselves for potential placements to review and be offered pre-placement contact with potential caregivers.</p> <ul style="list-style-type: none"> ○ Determine how narrative can be created ○ Determine who will assist youth that need help ○ Work with DCYF internal stakeholders to be determined by regions (SME placement desk) ○ Determine how youth can maintain relationships or cope with any grief and loss issues around the caregiver ○ Determine how pre-placement visits will happen ○ Determine who will assist in ensuring youth have the ability to have preplacement visit ○ Determine if we need to contract with providers to assist with transportation to and from visits. ○ Work with Engagement HQ PM to incorporate into SPMs ○ Work with stakeholders to review draft policy (Child Welfare Field Operations, caregiver communities, youth with lived experience) ○ Develop QA process and strategies with Child Welfare Field Operations Leadership to ensure youth narratives and pre-placement visits are offered. Also, determining if the narrative was completed, used, and whether pre-placement contact happened, if so, what kind of contact 	10/01/23	12/2023

Policy	Develop policy and procedure language. <ul style="list-style-type: none"> Work with placement desk supervisors/Area Administrators placement desk workers, FTDM supervisors, Engagement PM at HQ and others identified by Child Welfare Field Operations Leadership Work with the policy unit and the CWFS program manager to make changes as needed 	10/01/23	3/2024
Policy	Policy identification for process <ul style="list-style-type: none"> Policy #4260- Placement Moves has been identified and place holders have been inserted Policy revision as needed 	10/2022 7/2023	Completed 03/2024
Practice	<ul style="list-style-type: none"> Work with Fiscal payments about any payments Work with Fiscal Integrity unit from Fiscal payments about any payments needed for pre-placement visits (codes) depending on stakeholder recommendation If payments are needed, work with the contracts unit to develop contracts 	10/2023	12/2023
Communications	Communication about payments will happen with training on the policy changes/creation dependent on stakeholder feedback	12/2023	03/2024
Communication	Messaging policy changes and protocols	12/2023	03/2024
Training	Training all parties policy changes and protocols. <ul style="list-style-type: none"> Determine the types of training necessary for caregivers, youth, families, and DCYF staff Determine if a formalized training is needed 	08/2023	03/2024
Program	Program launch	04/2024	04/2024
QA	DCYF will develop and implement a quality assurance process that will assess the impact of this process for youth and caregivers. that the process will include feedback from youth and caregivers.	10/2024	05/2024
Engagement	Second round of external partner feedback from youth with lived experience	Mid-2025	Mid-2025

System Improvement 4.13 Qualified Residential Treatment Program

System Improvement Lead: Placement Continuum Administrator

Overview

Qualified Residential Treatment Program (QRTP) assessments are currently done by qualified individuals, as defined by DCYF’s federally approved plan, at time of request for entry into a QRTP and then every six months thereafter. DCYF will ensure that all children and youth who require a QRTP assessment will have one that has input from children, youth, families and other supports, preferably completed in-person, prior to placement in a QRTP setting and every 90 days thereafter for the duration of the QRTP placement.

System Integration

This System Improvement as well as 4.10 Kinship Engagement and 4.11 Family Group Planning are responsible to provide education on support services and placement options 4.6 Emerging Adulthood Housing, 4.7 Professional Therapeutic Foster Care, and 4.8 Hub Home Housing.

Access and Eligibility Protocols

This System Improvement applies to all youth who are considered for a QRTP placement or who are already placed in a QRTP placement.

Methodology, Exit Criteria, and Quality Assurance

Methodology:

Qualitative and quantitative data, including ongoing stakeholder input for meeting the benchmarks and exit criteria will be collected through a combination of methods. All youth who are being considered for a QRTP placement or who are already placed in a QRTP placement will have a QRTP assessment completed by a qualified individual.

Exit Criteria and Related Benchmarks:

Exit criteria established in the Settlement Agreement and initial plans to achieve them appear below:

1. Exit Criteria 44(1) Ninety percent of youth in a QRTP or other congregate care setting have been determined to need QRTP placement pursuant to preplacement and subsequent 90-day evaluations by a neutral and objective qualified evaluator.
 - a. Hire Intensive Resources Program Supervisor and 6 Intensive Resources Program Consultants (qualified individuals)
 - b. Intensive Resources Supervisor will review QRTP Assessment data monthly to ensure timeframes are being met
 - c. DCYF will develop an inter-rater reliability tool and review process, that focus on the Child Functional Assessment Rating (CFARS) scoring, for all qualified

individuals. The Intensive Resources Supervisor will review inter-rate reliability scores quarterly

- d. All qualified individuals will receive training as identified in the Settlement Agreement. This will be tracked and reported annually by the Intensive Resources Supervisors.

Strategies to Achieve the System Improvement

In July and August of 2022, management and administration of intensive resources centralized to a statewide team to ensure consistency and oversight of intensive resources. This team ensures that youth qualify for intensive services and advocates for home-based supports like in-home BRS and therapeutic foster care. Discharge planning is developed at time of entry into Qualified Residential Treatment Programs (QRTP) with input from children, youth, and families to ensure timely transitions and step-down to a less intensive level of care.

This team will conduct QRTP assessments and CFARs scoring to determine eligibility for placement in a qualified residential treatment program. This includes reviewing original source documentation, gathering information by meeting with children and youth and their families and supports, attending meetings and completing the CFARs scoring tool.

Staffing

DCYF will hire staff to complete the expanded QRTP assessment requirements. These FTEs will ensure that QRTP assessments are completed prior to placement and every 90 days, preferably in-person, while the youth remain in a QRTP placement.

Communication and Engagement

The Intensive Resources Program Supervisors will develop an information sheet and consistent communication strategy for parents and youth about QRTP placements and their role and desired engagement. They will also develop a communication strategy and resources for QRTP providers so they understand the changes in QRTP assessments.

Intensive Resources Supervisors will develop a process for reviewing QRTP assessment participants' feedback and use it to inform training needs and process improvements.

Training

Qualified individuals will be trained on interviewing children and youth, with a specific focus on capturing youth and family voice. DCYF has positions that specifically focus on youth voice that can be used to inform and support this work, provide training and help determine training that needs to be developed.

Activities/Timeline

Strategy	Activities	Target Start Date	Target Completion Date
Policy	Identify policy revisions required for Behavior Rehabilitation Services Policy 4533 to include revised QRTP timelines, requirements to review primary source documents and interviews, preferably in-person, with children, youth, families and other supports.	03/01/23	07/01/23
Training	Identify trainings to grow child and family interviewing and engagement skills for qualified individuals completing QRTP assessments. Written training plan for qualified individuals. Training Focus: <ul style="list-style-type: none"> ○ Engaging youth, families and supports in a way that allows them to authentically and safely share their voice ○ Trauma-informed ○ Culturally competent and responsive 	02/01/23	07/01/23
QA	Continue work with the Partnership, Prevention and Services Quality Assurance/Quality Improvement team to create a process to review QRTP assessments and assessors.	In-process	12/31/2023
QA	Develop a process for qualified individuals doing QRTP assessments to have an opportunity to QA each other's assessments to aid in consistency and interrater reliability. Qualified Individuals and their supervisors will meet every other week and review a case file and complete a CFARs. They will share their scores and review the CFARs manual when there is a discrepancy.	04/01/23	Completed
QA	Utilize QRTP tracking tool to create a QRTP Data dashboard for ease of reporting, review and utilization of data.	04/15/23	07/01/23
QA	Develop a reporting system for Intensive Resources Program Consultants that includes a review of all youth who received a QRTP assessment, the outcome, and next steps.	06/01/23	07/01/23
QA	Develop a method for collecting feedback from QRTP assessment participants that allows for them to give input on the process. Intensive Resources Supervisors will	06/01/23	09/01/23

	develop a process for reviewing feedback and using it to inform training needs and process improvements.		
Policy	Update Behavior Rehabilitation Services Policy 4533 to include revised QRTP timelines, requirements to review primary source documents and interviews, preferably in-person, with children, youth, families and other supports.	07/01/23	To coincide with new timelines but starting no later than 10/01/23
Training	Ensure that current qualified individuals completing QRTP assessments have training in gathering youth and family voice.	07/01/23	10/01/23
Training	Newly hired qualified individuals completing QRTP assessments have training in gathering youth and family voice.	08/01/23	12/01/23
QA	Quantitative – Collect and compare data on how each qualified individual scores Children’s Functional Assessment Rating scores (CFARS).	In-process	08/01/23
QA	Qualitative – Monthly supervisory level review of 1 QRTP assessment narrative, from each qualified individual to ensure that it demonstrates an assessment of: <ul style="list-style-type: none"> ○ Child, youth and family strengths and needs ○ The ability or inability to serve the child or youth in a less restrictive setting with supports and services. And that the assessments: <ul style="list-style-type: none"> ○ Engage youth, families and support in a way that allows them to authentically and safely share their voice and desires. ○ Are trauma-informed and culturally competent and responsive. ○ Include an assessment of the youth and families view of the programming and the program’s level and type of engagement with them. 	08/01/23	11/01/23
QA	Implement strategy for qualified individuals doing CFARS assessments to compare their scoring and logic to that of other qualified individuals.	08/01/23	12/01/23
QA	Implement new section within the monthly report with QRTP assessment information and recommendations.	10/01/23	12/01/23
QA	Implement identified method for collecting feedback from QRTP assessment participants that allows for them to give input on the process.	10/01/23	01/01/24

Exit Procedure

In making a determination of substantial compliance, the Settlement Agreement specifies that the Court should consider the State's good faith efforts to implement the goals of the Agreement and four additional criteria. These are:

45 (1) Whether 90 % of eligible youth and children referred to or requesting services from System Improvements 4.6 Emerging Adult Housing Program, 4.7 Professional Therapeutic Foster Care and 4.8 HHM program statewide (in accordance with the access and eligibility protocols set forth in the Implementation Plan) are served within 60 days of request or referral;

Each of these System Improvements requires development and implementation of program-specific contracts. As these are established, DCYF will use final eligibility criteria in conjunction with the population of children and youth in care to project the level of need and capacity development.

45(2) Whether DCYF has eliminated the use of night-to-night foster care placements and placement exceptions;

DCYF will monitor and report use of night-to-night foster care placements and placement exceptions.

45(3) Whether the number of placements in out-of-state facilities is kept to 10 or fewer, excluding placements in facilities contiguous to Washington State communities, placements in facilities that the dependency court agrees support the individualized treatment needs of the child, and placements in facilities located in close proximity to an identified potential permanent home and there is consent by the child, if over the age of thirteen;

DCYF will monitor and report placement of youth in out-of-state facilities as specified.

45(4) Whether DCYF has reduced the number of children under the age of eighteen who satisfy Class Member criteria by the target percentage established in the Implementation Plan;

The baseline used for establishing the number and target percentage is the count of Class Members used for notification following agreement of all parties to the Settlement Agreement. As of June 23, 2022, there were 938 children and youth who met the criteria for Class Membership. Based upon this number, DCYF is proposing a percentage reduction of 18% or 169 children and youth.