EARLY IMPLEMENTATION WORKGROUP

Washington State Department of CHILDREN, YOUTH & FAMILIES

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Washington State Department of CHILDREN, YOUTH & FAMILIES

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Acknowledgement

Licensing Division (LD) would like to acknowledge and express our gratitude to the DCYF licensed caregivers, group homes and staffed residential homes (Group care providers), Child Placing Agencies (CPA's) and their licensed caregivers who participated in the Early Implementation Workgroup meetings. The dedication and participation in workgroup sessions created a deeper understanding of the obstacles faced by those who care for children and youth placed in out-of-home care. Their insights and commitment to improving the environment and services provided to children and youth are vital in producing necessary systemic changes.

Background

The Early Implementation Workgroup was created as a part of the DS Settlement 4.9 Revising Licensing Standards System Improvement Plan.

The Early Implementation Workgroup focused on current practice related to the following areas in the DS Settlement agreement within 4.9 Revising Licensing Standards:

- 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.
- Obligations to facilitate connections to immediate, extended, and chosen family members.
- A responsibility to support youth to remain in their school of origin.
- Expectations to provide education, training, and coaching to families of origin and permanent placements about how to best support the child**.**
- Expectation to engage in service or discharge planning.
- Standards for providing sufficient nutrition and satisfaction of dietary needs.
- Training requirements and expectations for providing culturally responsive, LGBTQIA+ affirming and trauma-informed care.

Introduction

The Early Implementation Workgroup highlighted barriers encountered by licensed caregivers and staff at group care facilities and CPA's, reviewed Prudent Parenting guidelines, and created recommendations on practice improvements that could be implemented with current Washington Administrative Code (WAC) rules.

Workgroup findings are used to accomplish the following:

- Develop strategies for implementing updated practices, prior to amending WAC through negotiated rule making (NRM).
- Present implementation strategies to participant groupings for feedback and collaboration to develop updated practice recommendations.

- Send participant communication, and present in a meeting, notification of practice change recommendations based on collaboration efforts.
- Facilities, in collaboration with regional licensing, amend facility or agency procedures and implement new practices.

Workgroup Configuration

The Early Implementation Workgroup was comprised of two groups, active participants and a review group.

Active Participants Role

Workgroup participants included DCYF staff, individuals actively involved in caring for children and youth in foster home settings, representatives of group care programs or CPA's and representatives from the Office of Tribal Relations (OTR). Active participants were invited to five virtual meetings structured to create discussion and share strategies from both group care and foster care perspectives. Prior to each meeting, active group members were assigned focus topics and expected to gather information to report back to the group. The following was used as guiding questions:

- What is being done now?
- Can we improve practice with the current rules?
- How can Prudent Parenting support practice?

Review Group Role

Review group participants were comprised of program leads across Department of Children, Youth, and Families (DCYF) and the child welfare continuum. This review group consisted of:

- Best Practice Manager for Office of Homeless Youth (Department of Commerce)
- Children's Residential Services Program Manager (Department of Social & Health Services)
- Interim Director of Child Welfare Programs (DCYF)
- Lead Senior Budget Analyst (DCYF)
- Licensing Division Area Administrator (DCYF)
- Licensing Division Policy, Quality, & Data Senior Administrator (DCYF)
- Licensing Division Program Administrator (DCYF)
- Short-Term Intensive Resource Program Manager (DCYF)
- Placement Continuum Administrator (DCYF)
- Policy and Change Management Program Supervisor (DCYF)
- Professional Therapeutic Foster Care Program Manager (DCYF)

The review group received briefing documents from active participant meetings for awareness and consideration of the active participants. In addition, review group participants had the opportunity to provide feedback and build upon shared findings.

Meeting Dates – Early Implementation Workgroup Meetings

Date	Discussion Topics	Total Participants
10/10/2023	Launched workgroup and reviewed timeline	13
10/24/2023	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	13
11/14/2023	Cancelled	N/A
12/12/2023	Obligations to facilitate connections to immediate, extended, and chosen family members Expectation to engage in service or discharge planning	7
1/9/2024	Training requirements and expectations for providing culturally responsive, LGBTQIA+ affirming and trauma- informed care Expectations to provide education, training, and coaching to families of origin and permanent placements about how to best support the child	6
1/23/2024	A responsibility to support youth to remain in their school of origin Standards for providing sufficient nutrition and satisfaction of dietary needs	4

Current Practice, Barriers and Workgroup Recommendations

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.

Current Foster Care Practice

Due to a lack of DCYF policy or WAC to address cellphone use for youth in out-of-home care, caregivers are left with the autonomy to make decisions around cell phone use. Unless instructed by an assigned caseworker through a safety or supervision plan, caregivers use their own judgment to establish guidelines that promote safe and responsible usage. In extreme cases, some caregivers deny cell phone use in their home due to experiencing runaway youth, fear of trafficking, or not being able to monitor content on youths' cellphones. Other caregivers approach cell phone use on a case-by-case basis and consider factors that a parent would use around their own biological children and youth, such as a child or youth's age and behavior. A specific CPA distributes a contract template which allows their caregivers to establish detailed ground rules around cell phone usage. Whether a caregiver approaches cell phone use on a case-by-case basis or set terms through a contract, strategies used by caregivers to limit cell phone use consists of turning off Wi-Fi at night, and having youth submit their phone to caregivers or placing phones in a designated area outside of their room at the end of the night.

Current Group Care Practice

Group care providers do not have a DCYF policy, WAC, or contractual agreement to guide them in addressing youth cell phone use. Because of this, many group care providers choose to not allow cell phones to avoid the complexities surrounding the population being served. Some group care providers, however, choose to create internal policies and procedures to evaluate cell phone use on a case-by-case basis and link cell phone use to a youth supervision plan, case plan, treatment plan, other contractual requirements, and include the assigned DCYF caseworker to determine if cell phone use is appropriate.

Foster Care Barriers

With no official DCYF policy for caregivers or youth caseworkers to reference, it is not uncommon for youth to challenge the disciplinary action of removing cell phone privileges. Youth will often refuse to give up their cell phone or question the removal action, leading to a power struggle between youth and caregiver. Additionally, many times youth experience multiple placements and encounter different or inconsistent rules around cell phones from caregiver to caregiver.

Group Care Barriers

Group care providers offer placement to various ages and behaviors. Balancing youth privacy and safety for group care providers is challenging. Cell phones have the ability for youth to be exposed to, or have direct access to, inappropriate content, cyberbullying within group care facilities, and excessive screen time. Youth having open access to cell phones poses vulnerabilities for certain populations already at risk. Providers voiced a high concern for youth with a history of running away and Commercial Sexual Exploitation of Children (CSEC) youth. This concern was also voiced by many licensed caregivers.

Workgroup Recommendations

- Group care providers should create their own facility policy. Cell phone use should be linked to a youth's supervision plan, case or treatment plan, or other contractual requirements, and should include consultation with the youth's assigned DCYF caseworker to determine if cell phone use is appropriate. Group care provider's policy and procedures should outline rules of cell phone use and possible consequences for breaking cell phone use rules.

- Some group care providers voiced that due to the nature of the population being served**,** they would not allow cell phones in their program. In these cases, youth should be informed why they cannot have approved cell phone use and construct a plan on targeted behaviors to allow them cell phone use in a future placement.

- Caregivers should create their own cell phone use contract to inform youth of cell phone use rules and consequences for breaking the rules. Caregivers should consult with the youth's assigned DCYF caseworker to determine if cell phone use is appropriate.

- **Prudent Parenting:** Some caregivers voiced that they should have the right to deny cell phone use if they themselves would not allow their own children and youth to use cell phones. Caregivers have also requested that placement desks communicate the facility's cell phone policies if they are not going to allow cell phone use prior to placement to avoid any power struggles around cell phone use.

Obligations to facilitate connections to immediate, extended, and chosen family members.

Foster Care Current Practice

Creating appropriate communication and fostering positive relationships can contribute to a more supportive and holistic environment for youth in out-of-home care. When caregivers facilitate connections to a youth's family, it helps maintain and strengthen relationships. Facilitating connections is more than transporting youth to their court-ordered visitation with

biological parents. There are different methods to connect youth to their immediate and extended family members, as well as a youth's chosen family. Any method in communication or in person contact should not conflict with a dependency case's court order or any DCYF safety or supervision plan.

Caregivers have been able to take advantage of technology such as cell phones, email, and virtual communication to facilitate connections with youth's family. The use of technology to facilitate connections is based on the comfort level of each caregiver. Some caregivers may give out their personal number to a biological parent, exchange emails, or connect with each other on social media. When distance of placement is a greater factor, video calling has also been used to engage with bio parents, siblings, and extended family members. Regardless of the technological method, caregivers can allow for conversations, share updates, or share photos with the youth's family. A specific CPA requires a phone call between caregiver and biological parents within 72 hours of placement. These methods have been used by caregivers to establish rapport between the parties early on in a youth's placement and have assisted with the reduction of skepticism with caregivers by biological parents and family members.

When appropriate, caregivers can also engage or facilitate activities with extended family. This can consist of inviting them to daytime activities or birthday parties. Caregivers can also allow for unsupervised visitation or overnight stays with extended family. Caregivers should seek guidance from the youth's caseworker prior to allowing unsupervised visitation or overnight stays as cleared background checks are needed for unsupervised and ongoing contact. Caregivers can check in with youth's caseworker to identify family members and requirements related to supervision.

Caregivers can also use Prudent Parenting Guide for youth to engage in activities with their peers. This may include activities without direct supervision of the caregiver or overnight stays for a period of over twenty-four hours and up to seventy-two hours. These visits do not require background checks or prior department approval if they are not on-going events. This can consist of sleepovers at a friend's, a day trip with a friend's family, or recreational activities such as sporting tournaments.

Group Care Current Practice

Group care providers support facilitating connections with family members through hosting visits, supervising, and providing transportation to visits or special outings.

When appropriate, and after following applicable protocols, group care providers can offer a structured environment where children and youth can maintain relationships with their families. A major contribution to having an outside individual visit is the quick turnaround time to approve background checks on visitors. Many group care providers have the staff necessary to provide proper supervision to both children and youth and their families and other children and youth placed in the facility. Several group care providers also transport children and youth to visits or even provide supervision to outings of the child's and youth's choice.

The connections that group care providers may facilitate and the monitoring and tracking of family engagements are officially documented in quarterly reports to caseworkers. Building and maintaining relationships is beneficial to children and youth, biological parents, and other family members as it can contribute to a successful reunification or assist in easing feelings of separation.

Foster Care Barriers

Guidance is needed from a child's and youth's case worker on which family members or friends are appropriate to have contact with and to clarify the type of contact that can be approved.

Frequently, children and youth in out-of-home care will have multiple placements. Previous placements may have been with kinship or other caregivers and no reason for the placement change are communicated to the current caregiver. Because of this, caregivers often hesitate to make connections with extended families or individuals that the child and youth find supportive because they are unsure whether they are safe or appropriate for the child and youth.

Caregivers voiced that while they do want autonomy to make decisions on what activities children and youth can engage in, the determination on who should be approved should come from the child's and youth's caseworker, at least while the caregiver becomes familiar with the child and youth. Some caregivers voiced not always feeling comfortable using Prudent Parenting due to liability concerns.

Group Care Barriers

Group care providers serve various populations and age groups. As a result, providers have different staff availability and may or may not serve children and youth placed in out-of-home care. The capacity of support that group care facility staff have can differ between programs. Smaller staffed facilities may not have the ability for supervised outings and voiced that "facilitating connects" does not relate to supervision outside of the facility.

Several of the group care providers who facilitate outings also reported concerns. When staff facilitated outside visits, they found transportation to be costly and hoped that in the future the cost of gas could be reimbursable as contracts were unclear.

Group care providers furthermore expressed that many times facility staff were being placed in awkward scenarios and wanted biological parents to be held more accountable for behaviors. Staff shared that there were times when biological parents would not show up to a visit, leaving the child and youth in distress. At times this would occur more than once, causing tension in child's and youth's relationships with visitors. Staff also shared that they were often the ones having to assess if relationships were appropriate rather than the child's and youth's assigned caseworker making this determination.

Workgroup Recommendations

- Caregivers and group care providers should use technology to their advantage in connecting children and youth with peers and family. This can include sharing of photos online, phone calls, or updates in written communication through text or email.

- **Prudent Parenting:** Caregivers and group care providers should use Prudent Parenting to connect children and youth with peers or family members. Consultation with the child's and youth's caseworker does not need to occur for every child's and youth's interaction and should also not violate any current court order or any directive communicated previously by the caseworker.

A responsibility to support youth to remain in their school of origin.

Foster Care and Group Care Current Practice

DCYF policy 4250, "Placement Out-of-Home and Conditions for Return Home," provides a set of rules for determining when a child and youth will be placed in out-of-home care and sets up protocol for determining placement. A part of this policy aims to provide placement that is safe, stable, least restrictive, in close proximity to the parent, most aligned with the child's and youth's best interests and in close proximity to the child or youth's school when possible. Additionally, policy 4250 outlines that if it is necessary to maintain the child's and youth's school enrollment the department must, conduct transportation planning, complete and provide the School Notification DCYF 27-093 form to the school, and follow the Educational Services and Planning Early Childhood Development K-12 and post-secondary policy.

When kinship placement is not an option, a DCYF Placement Coordinator aims to find placement within a child's or youth's community. When necessary, the Placement Coordinator will expand their search within the county, and then search within adjacent counties, or other regions across the state. Reasons for which placement may be difficult to find within a community of origin or nearby may include, but are not limited to, a lack of available licensed foster homes or difficulties with a child's and youth's behavior. As a result, some children and youth are placed within or near their community, while others are placed a great distance away.

Whether a child or youth is placed within or outside their community, per Policy 4250, DCYF is responsible for conducting transportation planning. Previously The McKinney-Vento Act allowed DCYF an avenue for school districts to coordinate transportation. However, in December of 2016 Per Title IX, Part A of Every Student Succeeds Act extended "McKinney-like" protections to all students in foster care in districts receiving Title I funds.

Foster Care and Group Care Barriers

Foster care licensed caregivers and group care providers reported that in some regions school enrollment and transportation to school are major barriers.

A significant barrier specific to group care providers is timely school enrollment, which as a result has led to disruptions in a child or youths' education. Group care providers reported that reasons for this delay are due to the uncertainty of whose responsibility it is to enroll children and youth or coordinate transportation.

Both licensed caregivers and group care providers expressed they had to be responsible for transporting children and youth to and from school. While doing so, providers have noticed that long transportation times have wide ranging negative effects on well-being and opportunities for children and youth. Long commutes can lead to fatigue and stress due to spending excessive time in transit. Lengthy commute times can take away from a child's and youth's valuable time that could be spent in making relationships within placement, time visiting with family, and other extracurricular activities. While foster parents are reimbursed for mileage, many group care providers have taken on the fiscal responsibility for transportation. Group care providers must dedicate staff for transportation or hire additional staff to maintain proper regulatory facility ratios.

It should be noted that in some regions, transportation to school is not a barrier. However, it does take time to set up, which leaves the transportation responsibility up to the child or youth's caseworker or caregiver for a period.

School districts may lack awareness of the specific needs for children and youth in out-of-home care, leading to inadequate support services and accommodations. Addressing these barriers requires collaboration between DCYF and schools to ensure that foster children and youth have access to stable and supportive educational environments that promote their academic success and overall well-being.

Workgroup Recommendations

- Regardless of a child and youth being placed within their community of origin or not, group care providers should check-in with each child and youth prior to the end of each school semester or quarter. This check-in will assist in ensuring that children and youth are enrolled in a school where they feel comfortable, aligns with their educational goals, and is in their best interest.

Expectations to provide education, training, and coaching to families of origin and permanent placements about how to best support the child/Expectation to engage in service or discharge planning.

Note: These two sections were merged due to the similarity in current practice, barriers, and recommendations.

Foster Care Current Practice

Transitioning into a new placement can be a significant adjustment for children and youth in out-of-home care. Understanding the history of needed services, and ways to support children and youth are essential during the adjustment into a new environment. At the same time, caregivers are also discovering a child or youth's personality and baseline behaviors. There are several methods in which information is communicated between the child or youth, the child or youth's caseworker, and licensed caregiver.

A Family Team Decision Making Meeting (FTDM) must take place prior to a child or youth being placed into out-of-home care, and at each time a child or youth is moved from one placement to another. This meeting engages the family and others who are involved to participate in critical decisions regarding placement stabilization and reunification. This meeting also serves as a means for the child or youth to understand their own strengths, areas of personal growth, and services which may be needed. Ultimately, caregivers are led by the child or youth's caseworker for the coordination of services, ensure transportation is established and scheduling of ongoing services. When applicable, FTDM may involve current or past caregivers, who can share relevant information about the child or youth and their family. Information from the FTDM can serve as a helpful resource for the next placement.

As a child or youth settles into their placement, a caregiver may develop a deeper understanding since they are directly involved in their daily care. Licensed caregivers can provide valuable insight into new discoveries regarding child or youth's personality, preferences, needs or placement concerns. Caregivers should communicate this vital information to the child or youth's caseworker during their monthly Health and Safety Visits.

In circumstances when a caregiver may have a conflict with a child or youth in out-of-home care and placement may be on the verge of disruption, a Shared Planning Meeting can be organized. These meetings are officially documented and serve as an opportunity for information to be openly discussed, case plans to be developed and decisions made that will support the safety, permanency, and well-being of children and youth.

Caregivers play a critical role in providing daily care and support to children and youth in out-of-home care, however, the decision-making process regarding the child or youth's services and case plan fall under DCYF's responsibility. Caregivers provide valuable insight and information to help inform and shape the case plans for children and youth. Collaboration between caregivers and case workers is essential for the well-being and development of children and youth in out-of-home care.

Group Care Current Practice

Group care providers can vary significantly due to age range, behavioral challenges, and developmental stages of children or youth in their care. Tailoring programs to meet the unique needs for each population are necessary in providing effective and supportive care within group

care settings. Treatment and service planning may have various levels of children or youth involvement. There is helpful information in how to best support the child or youth in assessments or plans that are vital in discharge planning.

Assessments and plans that concentrate on instruction for specific medical care, and needed medical or behavioral services, may have little or no input from youth. These consist of, but are not limited to:

- **Early Periodic Screening Diagnosis and Treatment (EPSDT):** A Medicaid benefit that provides preventative and comprehensive health care services under the age of 21. Children and youth must have screening within 30 days of placement, results of screening may recommend treatment or services for children and youth to be enrolled in.
- **Medically Fragile** programs meet with parents on a weekly or bi-weekly basis to share updates and require a "Safe Handoff" plan addressing medical needs when children and youth are transferring to medical facility.
- **Developmental Disabilities Administration (DDA): Contracted** providers create transition plans when the youth turn 21 years of age, and the focus of these plans can vary based on what is developmentally appropriate.

Some plans may include children and youth voice and are developed to target needed supervision or behavioral needs. These consist of but are not limited to:

- **Individual Services & Treatment Plan (ISTP):** An assessment of children and youth and the family's current level of function, strengths, treatment needs, and support. This plan has many aspects of permanency planning, goals, and discharge planning. This assessment must be complete within 30 days of placement.
- **Individualized Supervision Plan:** This plan addresses safety needs, whom the child or youth can interact with, plans for de-escalating behaviors, goals at reducing behavior through skill building and other individual needs.

Other types of plans should be primarily led by child or youth voice in the development of the plan to be successful. These consist of but are not limited to:

- **Emergency Placement Services (EPS):** Contracted providers create 72-hour discharge plans, which require providers to summarize all engaged services and child or youth's needs.
- **Independent Living Skills (ILS):** Youth aged 15 and older, may include educational support, career exploration, vocational assistance, and helping establish stable and healthy connections.

Workgroup Recommendations

- Caregivers can participate in activities such as support groups or conferences specific tailored to caregivers. These groups or events can offer a valuable network where they can connect with one another, share their unique experiences and find empowerment. Caregivers can be exposed to training, resources, and professional guidance. This can result in caregivers feeling better equipped and confident which can lead caregivers to take the initiative to become more bonded to the child or youth and discover the ways they can be better supported.

- Group care providers recognize they need to take the initiative in fostering an internal communication process rather than solely relying on the DCYF caseworker to facilitate communication. By proactively engaging in dialogue among themselves, group care providers would like to shift towards ensuring that information is not lost in the transition phase and that information within discharge planning is relevant to the next placement. Follow up communication can be a confirmation phone call, an email to inquire no additional information is needed, the child or youth has settled in successfully, or it can be an in-depth conversation around challenges the child or youth is facing and asking input from the previous placement staff.

Standards for providing sufficient nutrition and satisfaction of dietary needs.

Current Practice Foster Care

WAC 110-148-1515 currently outlines requirements regarding food. This WAC sets guidelines around food and safety. A major component of this WAC states that food served to children or youth in care must meet their nutritional and developmental needs, with a variety of options for adequate nutrition and meal enjoyment and that child or youth's cultural needs are considered when planning meals.

These rules are not actively regulated by concrete standards, though LD does take further action to guide and prepare caregivers to meet this requirement. During the licensing process a Home Study Specialist will discuss culture and routines with the applicants. They will further assess whether the caregiver can meet and support the cultural needs of children and youth in care. This may include questions about the family's traditions and foods or how caregivers will support the child or youth's customs, traditions, and values.

Other sections of this WAC also contain more stringent rules related to safety precautions around nutrition such as needing to obtain written authorization from a licensed health care provider before modifying a child or youth's diet under the age of 10 years. This WAC also contains health and safety precautions to take when breast or bottle-feeding infants and children under the age of one year.

Current Practice Group Care

WAC 110-145-1790 currently outlines requirements regarding food. Major components of this WAC outline requirement around meal planning, food handling, and preparation of food on a daily and weekly basis allowing children or youth placed in group care facilities to anticipate and rely on regular mealtimes. This is done by ensuring that shopping occurs ahead of time and that a menu is posted in a visible place within the facility to display mealtimes and food options. Depending on the population served, many group care providers engage children and youth in the planning and preparation of foods to learn and establish life skills. Routines around meals should also encompass designated mealtimes and a rotation of nutritious meals to offer a balance of dietary intake. Meals should be considerate of allergies, intolerances, and cultural considerations.

Barriers for Foster Care

Caregivers recognize that children or youth coming into placement may need to learn or adjust to healthy eating habits. Children or youth may have experienced food instability or have a challenge adjusting to different food choices.

Barriers for Group Care

Group care providers currently do not receive funding to provide sufficient nutritional foods. Often, group care providers search multiple grocery store ads for budget friendly items. Youth in placement also come from very diverse backgrounds and finding foods that most children or youth in placement like can be difficult. Depending on the population that group care serves, learning a child or youth's favorite foods is not always the primary focus as behaviors or security may be more of a focus priority.

Workgroup Recommendations

- Have flexibility around what foods are prepared for meals. When children or youth come into care, ask about their favorite foods and incorporate those foods into your routine meals.
- For children or youth who come into care with unhealthy eating habits, be patient and slowly introduce new healthy foods.
- Involve children and youth in food preparation to learn about new cultures or new foods.
- Be aware of signs of food insecurities and allow children or youth to have snacks available to them freely so they do not have to ask for food.
- If possible, take children or youth on an outing of their choice which involve snacks or food.
- Recognize cultural celebrations and the foods associated with children or youth.

Training requirements and expectations for providing culturally responsive, LGBTQIA+ affirming and trauma-informed care.

Current Practice for Foster Care

Children or youth in out-of-home care share diverse backgrounds and understanding their emotional and physical needs requires training. DCYF contracts with The Alliance for Professional Development, Training, and Caregiver Excellence (The Alliance) to provide training to caregivers. Through The Alliance, caregivers will undergo a series of required training. Caregiver Core Training (CCT) is required at the time of foster home licensure and caregivers also must complete a minimum of 24 hours of ongoing training which is due every three years, at the time of a foster home license renewal.

CCT is comprised of 24 hours and consists of eight sessions. There is also a mandatory in-person coaching session after the online course is completed. The sessions are designed to help caregivers understand how the child welfare system operates and gives introductory training that is relevant to a child or youth's safety and well-being. The sessions include the voices of former foster child and youth, current caregivers and birth parents who have been involved with the child welfare system. Additionally, each session includes resources and informational handouts. Of the eight sessions, Cultural Connections and Advocacy focuses on the importance of the connections that children and youth bring into care: their cultural, ethnic, and racial heritage. This session also informs on disproportionality and some of the groups who are most likely to be involved in the child welfare system, which includes Native American and LGBTQIA+ children and youth. Other sessions focus on trauma informed care such as *Growing up with Trauma*, *Grief, and Loss*, and *Understanding and Managing Behavior* which focuses on a child or youth's experience as they are placed into care, offers a framework for parenting children or youth, and highlights behavior challenges that may be a part of caregiving.

Licensed caregivers are required to complete a minimum of 24 hours of ongoing training every three-year licensing period. The 24 hours can be trainings of caregiver's choice but must align with the following competency categories: Understanding and Working Within the Child Welfare System, Parenting and Family Management, Caregiver Self-Awareness and Development, and Racial Equity and Social Justice.

Caregivers licensed by a CPA also have similar training requirements as state licensed caregivers. CPA's must have their caregivers either complete CCT designed for state licensed caregivers, or a CPA can offer their caregiver a CPA specific version of CCT. If a CPA does choose to create their own agency specific CCT, the training will be reviewed and approved by the state prior to implementation of training.

Caregivers licensed by a CPA also must complete 24 hours of training at a minimum every three-year licensing period and training must fall under the same four competency categories that are required of state licensed caregivers. Caregivers licensed by a CPA may also be required

to take additional population specific training resulting in a higher number of minimum required training hours. For example, Treatment Foster Care, also known as Therapeutic Foster Homes, are under BRS contract and are held to 30 hours of training for each caregiver in the home on an annual basis.

Current Practice for Group Care

In addition to other requirements, staff at group care facilities must have a minimum of 16 preservice training hours prior to supervising children and youth. Preservice training must be relevant to the population served and the program services provided. Group care providers are expected to create their own curriculum or pay to outsource training to meet curriculum requirements. Preservice training curriculum at minimum must contain information relevant to cultural needs of children and youth in care, behavior management and crisis intervention techniques, foundational LGBTQIA+ culture, and effects of trauma on children and youth. In addition to preservice training, each staff member at group care facilities must complete 24 hours of ongoing training each year at a minimum.

Foster Care Barriers

While there are concrete training requirements for caregivers, CCT only offers an introductory level of training on topics around providing culturally responsive, LGBTQIA+ affirming and trauma-informed care. If caregivers do not have experience with certain populations or choose not to engage in related trainings during their required ongoing training, there is a possibility that caregivers may lack essential skills and knowledge to effectively care for children and youth with diverse needs or not expand their knowledge of trauma complexities.

Caregivers have also voiced that while there is online training that can be accessed at any time through The Alliance website, there is still a need for placement specific coaching or crisis support with children and youth. This would benefit both foster parents and the children or youth, and likely increase chances of a successful placement.

Group Care Barriers

Unlike foster care caregivers, The Alliance is not contracted to create training curriculum specific for group care providers. Group care providers have voiced that providing preservice and ongoing training to their staff can be costly. Currently, group care providers are expected to create curriculum and execute trainings. Furthermore, group care providers have frequent staff turnover rates which results in staff often having different training needs within different timeframes. Time management for training can be difficult to coordinate as most group care facilities are 24-hour operations and staff to child and youth ratios must be met.

Workgroup Recommendations

- Caregivers voiced that more synchronous training on trauma-informed care is needed and that additional interactive in-person trainings are essential to learn from first-hand accounts and current trends.
- Caregivers voiced the need for a programmatic point of contact for caregivers to check in for crisis support or necessary support to care for the children and youth in their homes with challenging behaviors.
- DCYF should partner with other state agencies that have existing training on relevant topics that would benefit other group care providers. For example, the Department of Commerce offers training related to unhoused youth.

Conclusion

Several of the workgroup recommendations for practice improvement are driven by perceptions of inadequate support or unclear expectations by DCYF to their dependent children and youth, licensed caregivers, Group care providers, and CPA's. Highlighted in this report are also critical areas where improvements are needed to enhance the quality of care for children and youth within the foster care system. Addressing several barriers voiced by the workgroup involves collaborative efforts from both Licensing and Child Welfare Divisions which may require aligning polices and enhancing support for those who tend daily to children and youth in out-of-home placement. The recommendations included in this report should be thoughtfully considered as they can lead to improvements in service delivery, promote consistency, and overall achieve better outcomes for children and youth.