Professional Therapeutic Foster Care Program Outline

Introduction:

Professional Therapeutic Foster Care is a short-term program where young people reside in a family home. PTFC provides therapeutic support to young people and their families and fosters familial and community connection. PTFC provides young people the opportunity to learn independent living skills. The professional foster parent is provided a living wage, is highly trained and capable, and supportive of youth and families.

Mission: Protect children and strengthen families so they flourish.

Vision: All Washington's children and youth grow up safe and healthy – thriving physically, emotionally, and educationally, nurtured by family and community.

Values: Inclusion, Respect, Integrity, Compassion, Transparency

Agency Priority		Focused Agency Work to Accomplish Priorities
Equity	Eliminate racial disproportionalities and advance racial equity	• Become an anti-racist organization. • Implement liberatory, human-centered, and healing-centered design across DCYF. • Ensure assessments and programs are equitable across DCYF
Intention	Safely reduce the number/rate of children and youth in out-of-home care by half	• Implement and expand effective secondary prevention. • Reduce length of stay • Improve service availability
Intention	Create successful transitions into adulthood for youth and young adults in our care	• Least restrictive environments • Strengthen therapeutic environments. • Enhance availability of services and supports. • Enhance stability and quality of adult relationships
Capacity	Improve quality and intention of our practice	• Support staff as our most valuable resource. • Enhance supportive supervision and management. • Evaluate and re-design child welfare practice model
Capacity	Improve quality and availability of provider services	• Agencywide implementation of performance-based contracting • Expand access to effective and needed services. • Enhance service matching at individual and population levels. • Identify opportunities to integrate contracts and management

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Program Goals and Objectives: *These will be defined in the contract.*

Professional Therapeutic Foster Care Goals:

- **Dependent youth will have behavioral and mental health needs met.**
  - Individualized service/support, supervision, and safety plan. Youth and family voice incorporated. Meets youth cultural needs and is LGBTQIA+ affirming.
  - Monthly Child and Family Team Meetings (CFTM) with appropriate parties participating and identifying needs, resources available, etc.
  - Child Placing Agency (CPA) has access to mental and behavioral health providers/services to assist foster families and young people outside of services and supports covered by insurance.
  - Length of stay in PTFC home is determined by the young person's individual service plan.
  - Services and support are developmentally appropriate, are inclusive of young people with intellectual and/or developmental disabilities (IDD), and trauma informed.
  - Transition to family members, permanent home, independent living, and other settings identified in individualized plan and supported by the young person's therapeutic team.
- **Dependent youth with Intellectual and Developmental Disabilities receive appropriate support and services.**
  - Foster families and CPAs receive training and coaching in supporting adults and young people with IDD.
  - Foster Parents and CPAs learn to navigate and partner with Developmental Disabilities Administration (DDA).
  - DDA, Coordinated Care, DCYF ADA coordinator and other appropriate systems representatives as defined by the group are present at CFTMs to ensure young people and families with IDD have access to resources and support.
- **Young people learn independent living skills in a natural setting and home environment.**
  - The family foster home will provide a natural home environment for learning independent skills identified by the young person and their support system.
  - CFTMs are used to identify areas of independent skills growth and methods for success.
  - Foster parents receive coaching and support in providing independent living skills.
  - Young people receive coaching and support from their caregiver to reach independent living goals.
  - Referrals to appropriate independent living skills providers as appropriate.
- **Young people connect to family members, both biological and chosen, in meaningful ways.**

    - Foster families receive training, support, and coaching to connect and collaborate with families.
    - The family foster home supports connection to family by allowing regular visits, phone calls, and time to connect.
    - The family foster parents supervise or monitor visits in the least restrictive setting safely possible.
    - The CPA provides Connection and Community Belonging support through mentorship, mediation, coaching, and flexible resources as appropriate.
    - The foster parent and CPA staff ask the young person regularly about who they want to connect with and check in with them about their connections.
    - CPAs have the resources and dedicated work force to work with young people, their families, communities, and foster parents to assist young people in connecting to family and/or community.
- **Young people have a sense of belonging, are encouraged to pursue interests, and feel joy.**
    - Foster families encourage youth-led community building and help young people seek areas of interest and belonging.
    - CPAs support foster families, families, and young people to pursue areas of interest by providing funding and other resources.
    - Connection and Community Belonging goals are clearly defined in the young person's individual treatment and service plan. The child and family team values the young person's happiness and connection and incorporates Connection and Community Belonging into its therapeutic interventions.
- **Professional Foster Parents receive culturally responsive, trauma informed, and LGBTQIA+ affirming support, training, and ongoing coaching.**
    - The CPA provides support in obtaining initial and ongoing training for Professional Foster Parents.
    - The PTFC Program Manager audits and approves training.
    - Professional Foster Parents participate in a facilitated support group for Professional Foster Parents.
    - Professional Foster Parents, CPAs, and the PTFC Program Manager participate in monthly provider meetings where training needs are identified and explored.
- **Professional Foster Parents receive a living wage which allows them to care for young people full time.**
    - CPAs can provide Professional Foster Parents with a monthly stipend regardless of having a child in their home or not.
    - Professional Foster Parents receive an agreed upon rate per child when they have a child placed in their home.
    - Professional Foster Parents are provided with a health insurance stipend.
    - Professional Foster Parents are compensated when providing young people and their next caregiver after care support.

- **Young people experience culturally responsive, trauma informed, and LGBTQIA+ affirming care and support while in Professional Therapeutic Foster Care homes.**
    - Professional Foster Parents, CPAs, and DCYF will provide affirming care and support to young people.
    - DCYF and CPAs will identify trainings which address providing LGBTQIA+ affirming care.
    - CPAs will train, support, and coach Professional Foster Parent skills in being culturally responsive, trauma informed, and LGBTQIA+ affirming.
    - Professional Foster Parents will receive initial and ongoing training and coaching, identified by the CPA, and audited by the PTFC Program Manager to meet these needs.
    - Young people and families receiving Professional Therapeutic Foster Care will be consulted regularly regarding the effectiveness of the team's trauma informed, culturally responsive, and LGBTQIA+ affirming approaches through surveys, interviews, and other forms of engagement.

Target Population

Phase	Referral Criteria

Phase 1: Beginning March 2025
 	
RFI process will begin Oct 2024
	• Youth 12-17, and
	• One of the following:
	  ○ Youth must be exiting institutional or congregate care/Qualified Residential Treatment Program (QRTP)/Children's Long-term Inpatient Program (CLIP) settings – prevent youth staying beyond clinical necessity, or
	  ○ Placement exceptions or night to night for 5 days or more, and
	• No relative or suitable other person available, and
	• BRS eligible, and
	• Demonstrates a need for therapeutic services.

Phase 2: Beginning September 2025 (dependent on Phase 1 completion)	Continue Phase 1 eligibility criteria and add: • Youth under 12 – family member who desires therapeutic supports, and • No relative or suitable other person available, and • Youth BRS eligible and PTFC would prevent youth from entering institutional or congregate care/CLIP, and • Demonstrates a need for therapeutic services.
Phase 3: Beginning March 2026 (Dependent on Phase 2 completion)	• All of the Phase 1 and Phase 2 eligibility criteria • Phase three begins when capacity and need intersect and program maintenance occurring. • Program evaluated for further growth and potential as child welfare needs evolve.

Therapeutic Approaches: These will be defined in the contract.

Individualized therapeutic approaches focusing on trauma will be emphasized. Foster parents and biological parents will both receive support in therapeutic approaches.

Intervention	When	Purpose	Who is Included and providing support
Individualized treatment plan	First 30 days, reviewed every 30 days	Identify youth/family needs	Youth, family, PTFC parent, CPA social service and care management staff
Milieu therapy	Natural setting, frequently	remediate undesirable behaviors and encourage more appropriate responses	PTFC parent, CPA social service and care management staff
Crisis counseling	Emergent	Provide immediate, short-term intervention	CPA social service and care management staff
Regularly scheduled counseling or therapy	On a regular schedule, predictable	Services and treatment are tailored to the child in his/her individual plan	CPA social service and care management staff
Health counseling	As needed or recommended	Services and treatment are tailored to the child in their individual plan	CPA social service and care management staff
Independent living skills	Natural setting, frequently	Youth identified skill building in a family home setting	Youth, family, PTFC parent, CPA social service and care management staff
Connection and Community Belonging	First 30 days, ongoing, reviewed every 30 days	Connect youth to family (biological and chosen) and community. Help youth find activities and areas of interest.	Youth, family, PTFC parent, CPA social service and care management staff
After Care	Post-PTFC (up to 6 months)	Services and treatment are tailored to the child in his/her individual plan. Youth transition to permanent home with support.	Youth, family, PTFC parent, CPA social service and care management staff

CPAs will follow the State Medicaid Plan:

***Milieu therapy**:* Refers to those activities performed with children to normalize their psycho-social development and promote the safety of the child and stabilize his or her behavior in any given environment. The child is monitored in structured activities conducive to interpersonal interaction (e.g., group work assignments), with the aim of promoting living skills development. As the child is monitored, intervention is provided to remediate the dysfunctional behaviors and encourage appropriate responses which the child may then apply in a broad range of settings. Aggression replacement training is provided to teach children to understand and replace aggression and anti-social behavior with positive alternatives.

Providers include Social Service and Care Management staff. Childcare staff provide assistance to these staff in the form of day-to-day supervision and behavioral feedback to the youth.
Crisis counseling*:* Available on a 24-hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions. Children in the population served by BRS are subject to sudden, escalating disturbed behavior patterns. Crisis counseling is intended to quickly intervene and address escalating behavior, while scheduled counseling and therapy are intended to address the child's problems in the longer term.

Regularly scheduled counseling and therapy: May include psychological testing. Each child has an individual services and treatment plan which identifies the child's specific behavioral dysfunctions. Services and treatment are tailored to the child in his/her individual plan. Therapy may be in an individual or group setting, which may include members of the child's peer group or family members, but therapy is directed at the child's behavioral problems. Irrespective of the therapeutic setting, counseling and therapy are provided to, or directed exclusively toward, the treatment of the Medicaid-eligible individual.

Health Counseling*:* This component includes any service recommended by a licensed practitioner of the healing arts within the scope of his/her practice, aimed at reducing physical or mental disability of the individual and restoring the individual to his/her best possible functional level. Emergency and routine medical services are not claimed as BRS.

An EPSDT examination for the child must be arranged within the first 30 days of entry into BRS, and any recommendations resulting from the examination must be acted upon.

Youth may receive health counseling regarding health maintenance, disease prevention, nutrition, hygiene, pregnancy prevention, and prevention of sexually transmitted infections in a group setting or on a one-on-one basis with BRS social service staff or care management staff.
The population of youth served by BRS are at a higher risk of unsafe behaviors than the general population of youth in the community. They are also less concerned with maintaining personal habits that promote and sustain health such as nutrition, personal hygiene, and the prevention of disease. The counseling they receive reduces their dysfunctional behaviors.

BRS providers are required to provide or arrange for drug and/or alcohol treatment for all youth who require such treatment irrespective of the setting in which the youth resides, i.e., all settings. Drug and/or alcohol treatment may be sought in the community network of providers and paid for with the youth's Medicaid benefit and is not billed for in the BRS provider's rate. A small number of BRS providers have staff members who possess the required credentials to provide substance abuse treatment. In such cases, treatment could be provided within the facility without an increase in the provider's rate. Whether provided by a subcontracting community resource or within the BRS facility, substance abuse treatment is integrated into the youth's treatment plan and supported by the social service staff, the care management staff, and the childcare staff.

Milieu therapy, crisis counseling, scheduled counseling and therapy, and health counseling are provided by care management staff and social service staff.

Individualized treatment/service/safety plan

Therapeutic interventions applied will meet youth and family individual behavioral health, mental health, IDD, safety, and service needs, be culturally responsive, trauma informed, and LGBTQIA+ affirming. Evidence based practices and promising practices may be

used. Child Placing Agencies are encouraged to use Indian Health Programs and other programs serving BIPOC communities.

Milieu therapy

Therapy to occur in a natural, home, or community setting. Young people are monitored, provided feedback, and behavioral health support and intervention while they interact with peers, the community, family, etc. These interactions require involvement from the young person, foster parent, behavioral health specialist, and family members, especially when the young person is transitioning to their care.

Crisis counseling

These interventions are emergent and immediate. They are available 24/7. The plan to access crisis counseling is clear and accessible to the foster parent and to the young person.

Regularly scheduled counseling or therapy

Based on the individualized plan, the young person engages in counseling as recommended.

Health Counseling

Beyond everyday health care services, the young person will receive health counseling in areas identified in the individualized service plan. Areas of counseling may include health maintenance, disease prevention, nutrition, hygiene, pregnancy prevention, and prevention of sexually transmitted infections. Drug and alcohol treatment and counseling will also be provided if appropriate. LGBTQIA+ support and education provided to the young person and caregivers.

Independent living skills

Young people identify independent living skills they would like to acquire while in the PTFC home. They are identified in the individualized plan and reviewed by the therapeutic team during CFTMs. The therapeutic team helps to guide and teach the young person independent living skills in a home setting.

Connection and community belonging

The CPA establishes a connecting and community belonging team to assist young people in identifying their “people,” chosen or family. The CPA works to connect the young person and DCYF to establish connections and permanent plans if one does not already exist. If a plan does exist, the CPA works to make connections stronger, establish a transition plan if appropriate. Young people will connect to their community through the support of the CPA. Young people will have support in developing interests and seeing them to fruition.

After care

Young people and their families will receive transition and after care support from the CPA for up to 6 months after placement in the PTFC home. The PTFC foster parent will assist in the transition and support the young person as appropriate.

Staffing Requirements:

Staffing	Qualifications	Responsibilities
Social Service Staff	Master's degree in social work or a social science such as psychology, counseling, or sociology. Social service staff without a master's degree must have a bachelor's degree in social work or a social science such as psychology, counseling, or sociology, and must consult at least eight hours per month with a person who has a master's degree.	Development of service plans; individual, group, and family counseling; and assistance to PTFC caregiver in providing appropriate care for clients.
Care Management Staff	master's degree with major study in social work or a social science such as psychology, counseling, or sociology, or a bachelor's degree with major study in social work or a social science such as psychology, counseling, or sociology, and two (2) years' experience working with children and families.	case planning, individual and group counseling, assistance to PTFC caregiver in providing appropriate care for clients, coordination with other agencies, and documentation of client progress.
Professional Therapeutic Foster Parent	Licensed foster parent with a Child Placing Agency. Approved by DCYF.	Responsible for understanding each child's treatment plan and providing day-to-day supervision and behavioral feedback to the child, in accordance with each child's individual treatment plan. May provide input, based on their experience with the child, during case staffing and counseling sessions with the child and/or his/her family.

Master's Level Oversight	The Contractor's program must have master's level oversight. This requirement may be met through a master's level Program Director or Social Service staff or by subcontracting with a consultant.

Must follow the WA State Medicaid Plan:

Each provider must be licensed by the state's Division of Licensed Resources. Specific qualifications for all BRS providers' staff are listed below. In all settings, it is the providers' credentialed staff who perform BRS services.

Social Services Staff: The minimum qualification is a master's degree in social work or a social science such as psychology, counseling, or sociology. Social workers must meet the requirements in 18.225 RCW and chapter 246-809 WAC and have a Master's or Doctoral level degree from an educational program accredited by the Council on Social Work Education. Licensed/certified staff must successfully complete the Department of Health's examination and supervised/supervisory experience requirements. Social service staff without a master's degree must have a bachelor's degree in social work or a social science such as psychology, counseling, or sociology, and must consult at least eight hours per month with a person who has a master's degree.

Responsibilities include development of service plans; individual, group, and family counseling; and assistance to childcare staff in providing appropriate treatment for clients.

The social service staff provides the childcare staff with oversight and direction, when necessary, in the provision of appropriate treatment for children, in accordance with each child's specific treatment plan. Because the Social Service staff possess a higher educational credential and greater experience than the childcare staff, they provide leadership to the childcare staff.

Care Management Staff: The minimum qualification is a master's degree with major study in social work or a social science such as psychology, counseling, or sociology, or a bachelor's degree with major study in social work or a social science such as psychology, counseling, or sociology, and two (2) years' experience working with children and families. Mental health counselors must meet the requirements in 18.225 RCW and chapter 246-809WAC and have a Master's or Doctoral level degree in mental health counseling or a related field from an approved college or university. Licensed/certified staff must successfully complete the Department of Health's examination and supervised/supervisory experience requirements.

Responsibilities include case planning, individual and group counseling, assistance to childcare staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

Care managers are in a leadership role to the childcare staff. The care manager is responsible for maintaining oversight and providing direction to childcare staff on a day-to-day basis for the child's behavior management, in accordance with each child's specific treatment plan. Care managers coordinate with other agencies to ensure that the child, when returned home, will have adequate support to enable him/her to remain in the community. Examples of such support could include ensuring that the child has a medical home, has a community treatment resource for drug and/or alcohol abuse, or has counseling for the treatment of sexually aggressive behavior. Coordination with other agencies depends on the specific problems of a specific child.

Therapeutic interventions are provided by social services staff, care management staff, and subcontracted individuals. All providers must meet the qualifications above, and as required, be licensed, or certified by the Department of Health (DOH) according to chapter 18.25 RCW to furnish the service(s) provided by the BRS contractor.

Childcare Staff: Minimum qualifications require that no less than 50% of the childcare staff in a facility have a bachelor's degree. Combinations of formal education and experience working with children and families may be substituted for a bachelor's degree.

Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise. Childcare staff are responsible for understanding each child's treatment plan and providing day-to-day supervision and behavioral feedback to the child, in accordance with each child's individual treatment plan. These staff may provide input, based on their experience with the child, during case staffing and counseling sessions with the child and/or his/her family.

Master's Level Oversight: In addition to the staffing qualifications listed in this section, the Contractor's program must have master's level oversight. This requirement may be met through a master's level Program Director or Social Service staff or by subcontracting with a consultant.

Recruitment and Retention: These will be defined in the contract.

The Child Placing Agency will recruit PTFC foster parents. DCYF Recruitment and Retention Team will focus targeted recruitment efforts on therapeutic foster care. Special consideration for the short term, non-permanent nature of professional fostering. Foster parents who support connection with family and community, see themselves as capable of connecting with families, and can navigate dynamic situations with ease will be sought.

Placement Process: These will be defined in the contract.

The placement and referral process will align with the BRS referral process. A BRS-Intensive Resources Guide is in development and will include the steps in making a referral to PTFC.

Training: These will be defined in the contract.

Professional Therapeutic Foster Parents will undergo training before serving in PTFC capacity, during (in-service), and receive coaching and support. Training needs before entering the role will focus on the program goals. Training while caregiving will focus on honing skills, collaboration with other caregivers, and addressing specific training needs as they arise. Training plans will be individualized to meet the needs of the caregiver and the youth/family. Training will be driven by the Child Placing Agency and vetted by the Professional Therapeutic Foster Care Program Manager.

Method	Type	Occurrence	Who
Pre-Service	Caregiver Core Training, requirements to meet foster home licensing standards.	Occurs before licensure	all foster parents
Pre-Placement	Trauma-informed care, LGBTQIA+ affirming, and culturally responsive	Basic knowledge and skills are acquired before foster parent accepts child into the home	PTFC foster parents
Individualized Training Plan	Existing trainings through Alliance and others, training developed by the CPA	Occurs during service and is reviewed every 3-6 months	PTFC foster parents
Coaching	Provided by CPA, ongoing and as needed. Based on Individualized training plan	Occurs throughout service and based on individualized training plan.	PTFC foster parents

Peer Support	PTFC support groups	Occur approximately monthly and once contracted as PTFC FP	PTFC foster parents

Pre-Service Training

The foster parent will complete all the training and pre-service requirements like a traditionally licensed family foster home. The home will be identified as a Professional Therapeutic Foster Care Home by the Child Placing Agency and by the Department of Children, Youth, and Families.

Pre-Placement Training

The foster parent will complete culturally responsive, LGBTQIA+ affirming, and trauma informed trainings before having a young person in their care as a Professional Therapeutic Foster Parent. These trainings will be identified by the Child Placing Agency and audited by the PTFC Program Manager. The CPA will take into consideration the foster parents previous training and experience. The foster parent's individualized training plan will be developed at this stage and consulted to determine necessary trainings.

Pre-Placement Training Recommendations
• Introduction to PTFC program • Trauma-informed practice • LGBTQIA+ affirming care • Commercially and Sexually Exploited Children (CSEC) • Culturally responsive care • Professional parenting • Understanding child development and intellectual and developmental disabilities (IDD) • Understanding childhood mental health and diagnosis

In Service Training

Training in service shall be based on the foster parent's individualized training plan. Training shall also take place to support the young people and families the foster parent will encounter and interact with.

In Service Training Recommendations
• Developing healthy relationships using principles of trauma informed care • Therapeutic communication • Understanding and changing unfavorable behavior • Skill teaching a young person

- Working with and engaging families
- Conflict resolution
- Understanding and managing crisis

Individualized Training Plan

The foster parent shall have an individualized training plan that meets their specific training needs. This will be reviewed every 6 months. The Child Placing Agency will help the foster parent identify the areas of growth and opportunity and develop a training plan alongside the foster parent.

Coaching

Coaching is provided to the foster parent, based on their individualized training plan. Coaching can be provided individually, or in the group setting. Coaching is provided to the foster parent to meet foster parent, as well as youth and family needs. Communities of practice in areas where needs for growth are identified are encouraged.

Peer Support

Peer support groups facilitated and supported by the Child Placing Agencies are provided on a monthly basis. They provide opportunities for informal support and connection.

Support Services: will be defined in contract

- Monthly Support Groups for foster parents – these will offer support and connection opportunities to foster parents.
- Foster parents will have access to DCYF Subject Matter Experts on relevant topics (i.e. CSEC, substance use), who will present or train at provider meetings, coaching sessions, or other settings.
- Young people will have access to mental health treatment and ongoing counseling. NAMI will be consulted with and used as appropriate.
- Young people will have Treehouse advocates. Other educational advocacy agencies like PAVE will be used as appropriate.
- Young people will receive referrals to Independent Living Skills and be consulted in the skills they would like to gain while in the Professional Foster Home and receive independent skills in the home setting.
- Young people and families with IDD will have support and access to resources. Families will have access to agencies and providers in the community.
- Respite for the foster family in consultation with the young person.
- A community resource list will be maintained by the Child Placing Agency with is culturally responsive, LGBTQIA+ affirming, trauma informed, and distributed in a developmentally appropriate method.

Communication Protocols: will be defined in contract

- Child and Family Team Meetings and other Shared Planning Meetings will be used to communicate with family, foster families, Tribal Nations, and providers. Young people will be present at these monthly meetings and have an opportunity to communicate service and support needs.
- Youth voice incorporated into communication in a format they are comfortable.
- Communication roles (CPA, PTFC Foster Parent) are clearly defined in the contract and is intentional.
- The Professional Foster Parent will communicate positive information about the young person, share stories, share pictures. The PTFC Foster Parent should have a dedicated email for PTFC fostering for communicating with parents, family members, and other aspects of professional fostering.

Compliance and Quality Assurance/ Monitoring and Evaluation: will be defined in contract.

DCYF will implement performance-based contracting. DCYF will use data to learn and improve and advance racial equity. The outcome goals will be defined in the contract.

Quality assurance activities include:

- Program site visits, performed by the Professional Therapeutic Program Manager. Activities include:
  - Interviews with youth, family and other case participants
  - Evaluate agencies and caregivers' ability to provide culturally responsive, LGBTQIA+ affirming and trauma-informed and healing centered care.
  - Methods for collecting regular and ongoing program feedback from youth, families, non-professional supports, Tribes, and professional supports about the program areas of strength and areas for improvement.
  - Monthly reporting requirements.
  - Review of specialized trainings
  - Review of files and program policies to evaluate agencies and caregivers' ability to provide culturally responsive, LGBTQIA+ affirming and trauma-informed and healing centered care.
- Review of monthly provider reports for quality and compliance
- Review a minimum of 2 treatment plans and behavior management plans from each provider monthly to ensure that they are culturally responsive, LGBTQIA+ affirming and trauma-informed and healing centered.
- Monthly Provider Meetings with Child Placing Agencies, Professional Foster Parents, and DCYF.
- Monthly Child and Family Team Meetings (CFTM)
- CPA to provide placement, decline, CFARS data per contract and D.S. Settlement data requirements.

Connection and Community Belonging

Performance-based contracting highlights youth connection to family, chosen and biological, as well as connection to community. CPAs and Professional Foster Parents will foster connection to family and community in meaningful ways, by asking the young person who they wish to connect with and what community activity or entity they wish to engage. Community connection and belonging is a topic discuss at each CFTM, is identifiable, and measurable.

Budget and Resources:

- D.S. PTFC Legislated Funding
- Title 4-E
- Title 19
- Forecasting

Partnerships and Collaboration:

- TASP – working with young people and adults with IDD.
- UW Alliance - Training
- Developmental Disabilities Administration (DDA) – Developmental disability resources and supports.
- Coordinated Care – MCO, medical, dental, health, behavioral, and mental health.
- Health Care Authority (HCA) – Medicaid provider
- Child Placing Agencies (CPAs) – Agencies will hold the contract.

Reporting and Documentation: will be defined in contract

Like BRS-TFC, the CPA will:

- Initial reports within 30 days of placement of a PTFC home
- Monthly during CFTMs
- Quarterly per individualized plan
- Monthly progress report
- Report as necessary per D.S. data and reporting requirements.

DCYF will report through D.S. semi-annual reports.