

## Independent Living (IL) & Transition Planning Stakeholder CoDesign Session <u>Meeting Minutes</u>

September 8, 2022- 10:00am to 11:30am Virtual Meeting

## Welcome, Virtual Meeting Protocols and Introductions

DCYF Adolescent Programs Co-Design Manager, Lily Cory, welcomed attendees and initiated introductions.

## **Co-Design Presentation**

Discussion	•	Do these housing recommendations make sense? Is there anything you would add or subtract?
		<ul> <li>It's important that these recommendations are connected to why we need more state funding. It needs to show how many more young people might be housed and link outcomes.</li> <li>There needs to be more funds for support services, basic things like a bed. Getting</li> </ul>
		<ul> <li>into housing is the first step, but we want to make it a home.</li> <li>Independent Living (IL) services end at 23 but the Foster Youth to Independence (FYI) housing vouchers can go beyond that, so please address this somewhere in the planning.</li> </ul>
		<ul> <li>The case management for the FYI voucher is sitting in a Decision Package (DP) for housing so that ask is already out there.</li> </ul>
	•	We need to support caregivers and foster parents with more training. Does this sound right or is there anything you would like to add?
		<ul> <li>Foster parents need to set the youth up before they turn 18 to get them to the next step as young adults (getting their IDs, knowing how to get a bank account, and how to get on housing lists).</li> </ul>
		<ul> <li>The Washington Administrative Code (WAC) requires foster parents to support a youth's case plan, I would like to see IL as part of that case plan.</li> </ul>
		<ul> <li>Require foster parents to take some IL or transitioning training in addition to the core training.</li> </ul>
		When you sign up to be a foster parent are there mandated courses? How many hours?
		<ul> <li>The requirement is 24 hours of caregiver core training every 3 years. There are four categories that they have to get at least one training under: understanding and working within the child welfare system, parenting and family management, caregiver, self-awareness and development, and racial equity and social justice.</li> <li>Are there required trainings you have to do to keep your license up to</li> </ul>
		date?
		<ul> <li>Yes, but there is nothing specific or standardized. You do have to sit down with your licensor and create a plan.</li> </ul>
		<ul> <li>Maybe we can ask for a requirement regarding adolescent training.</li> <li>Special needs or Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and Asexual (LGBTQIA+) sensitivity training that's mandatory.</li> </ul>
		<ul> <li>Can we add in building a kin first culture specifically calling out kinship and what kind of support are they getting?</li> </ul>



	0	<ul> <li>What does family reconciliation look like in this space? Need to talk about boundaries related to finances.</li> <li>It should cover all of this; can we find a way to capture this?</li> <li>For those in attendance with Child Placing Agencies (CPAs) do you have training</li> </ul>
		<ul> <li>requirements, is there a checklist you use, tools you are using, etc.?</li> <li>Please email Sherrie Flores at <u>sherrie.flores@dcyf.wa.gov</u> with any</li> </ul>
		relevant information.
•	• How ca	an we improve communication and system sustainability between IL and DCYF? The previous recommendation was there would be an automated generation of
		referrals at 15 plus 30 days or if a young person comes in at 17 there is an automatic referral.
	0	Are there any additional thoughts on creating an IL advisory board, oversight
		around the program made up of stakeholders to keep DCYF accountable?
		<ul> <li>General oversight over the providers to ensure we complete this process and that changes are sustained. Need to have an open dialogue and</li> </ul>
		include young people with lived experiences.
		<ul> <li>Representation of young people from every region of the state, and have standardized metrics from each region, maybe have an annual survey</li> </ul>
		about what is the benefit of going to IL.
		<ul> <li>Improve broader communication.</li> </ul>
		<ul> <li>Can we leverage the new assistant lead to be the bridge between providers and DCYF?</li> </ul>
		<ul> <li>There aren't any new regional leads. At this moment we're thinking about having transition liaisons in that space. You'll get</li> </ul>
		one transition program manager and six transition planning regional liaisons that is a lived expert position.
	Is there	e anything that is missing regarding support programs?
	0	Regarding peer mentorship, would IL providers hire peers? Or would DCYF hire
		peers to work with youth and get them engaged in IL?
		<ul> <li>Young people do not want DCYF, but that's a great conversation to have with IL providers.</li> </ul>
		<ul> <li>I would love to see it within the IL program.</li> </ul>
	0	If a young person is in the IL program, what can expect them to learn and have
		whether they're in an urban or rural environment? Providers need a
		standardization. What are the nuances with a curriculum and developmental
		<ul> <li>stages? How are the young people benefiting by going through this program?</li> <li>We want the design to be youth centric by having young people part of the design and give them extend to solve the rest.</li> </ul>
	0	the design and give them options to select from.
	0	Pregnant and parenting young adults and adolescents: how do we stop that generational cycle? IL also needs to provide education and physical resources (car
		seats, diapers, formula).
		<ul> <li>When you have young people who are parenting, can you use concrete</li> </ul>
		goods or are there limitations to access pots of money?
		The Coronavirus Aid, Relief, and Economic Security (CARES) Act
		has helped with basic needs and supplies (car seats, strollers, cribs). Diapers and wipes are also donated.
		<ul> <li>Concrete funds can be used for basic parenting education.</li> </ul>
		<ul> <li>Are you connecting with the organizations/agencies who already have</li> </ul>
		established programs to work with youth? For example, the Association of Women's Health, Obstetric and Neonatal Nurses and the American



Washington State Department of CHILDREN, YOUTH & FAMILIES

<ul> <li>Academy of Pediatrics are always looking for community partnerships and who have funds. <ul> <li>We tap into local partnerships, but are not aware of others.</li> <li>We tap into local partnerships, but are not aware of others.</li> <li>We low working with the Nurse Family Partnership program. Great resource!</li> </ul> </li> <li>Is there anything we are missing regarding improving the transition process? <ul> <li>What do you mean: allowing transitions to happen when youth is ready versus determined by age?</li> <li>This was regarding pregnant and parenting youth or youth with disabilities who are not ready to transition.</li> <li>Does anyone have any ideas on how to make this a reality? <ul> <li>Can you link it back to the assessments (Casey Life Skill)?</li> <li>Youth guaranteed access to a driver's license</li> <li>There has to be a balance and flexibility between the state and CPA licensing requirements.</li> <li>There needs to be specific licensing rules for adolescents.</li> <li>Who is driving these requirements, CPA rules vs. the state rules, and who has liability concerns?</li> <li>It's both.</li> <li>We make ourselves and families follow the WAC's because they are very precise and we are at risk for investigations.</li> </ul> </li> <li>Is there anything else you wanted to add regarding sustainability? <ul> <li>For the social worker retention, is that DCYF or IL?</li> <li>It is both.</li> <li>Do you have a caseload size suggestion?</li> <li>20-25, the strength of IL is the relationships.</li> <li>Having smaller caseloads allows ILS providers, then the caseload numbers HAVE to be smaller than 25.</li> <li>Have meetings or classes by youth need, age, or identity based groups</li> </ul> </li> </ul></li></ul>	
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