# D.S. DATA ADDENDUM

Washington State Department of
**CHILDREN, YOUTH & FAMILIES**

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Revised Date: December 20, 2023
DCYF | D.S. Settlement

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# Introduction

## 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 in the D. S. Implementation Plan released on August 2, 2023.

## 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.

## Data Addendum Overview

This Data Addendum addresses the methodology and metrics that will be used to report DCYF's progress toward successful implementation of the System Improvements and achieving substantial compliance with the requirements of the Settlement Agreement. Unless otherwise noted, data, narrative updates and evidence will be provided in the semi-annual reports

submitted to the court monitor each year in February for the period of July – December and August for the period of January – June.

## 4.6 Emerging Adulthood Housing Program (EAHP)

The D.S. Settlement Agreement requires DCYF to continue developing and implementing an array of supported housing programs statewide for youth and young adults from ages 16 through 20 years with living unit configurations tailored to the needs of youth, including: 24/7 staffing who provide culturally responsive, LGBTQIA+ affirming, and trauma-informed support and training in independent living skills; transportation and other necessary supports for participants to stay connected to their friends and families; crisis response; and intensive case management.

**Benchmarks**

| Adolescent Transitional Living Program (ATLP)* | |
|---|---|
| Quarter | Benchmark |
| Jan – Mar 2024 | • 14 ATLP beds available statewide<br>• Guidelines for new contractors drafted |
| Apr – Jun 2024 | • 4 new ATLP providers, one each in DCYF regions 1, 2, 4, and 5<br>• Contracts executed |
| Jul – Sep 2024 | • 34 ATLP beds available statewide<br>• Enrollments in new ATLP program sites to begin and referral and enrollment processes are monitored |
| Quarterly ongoing | • ATLP Program Manager reviews quarterly data to ensure quality assurance (QA) measures are being met and instructs EAHP liaisons to provide technical assistance if necessary |

*ATLP benchmarks reflect that it is a new program and are graduated to reflect program development for the contractors and DCYF learning regarding youth best able to be served by the program.

| Emerging Adulthood Housing Program (EAHP) | |
|---|---|
| Quarter | Benchmark |
| Jan - Mar 2024 | • Develop outreach methodology for developing EAHP workgroup |
| Apr - Dec 2024 | • Establish and implement EAHP workgroup<br>• Workgroup develops recommendations for new service model |
| Jan - Mar2025 | • Draft concept paper for new EAHP service model |
| Apr - Sep 2025 | • Draft Statement of Work (SOW) and rate study developed for new EAHP service model<br>• Develop decision package as needed |
| Oct-Dec 2025 | • Develop 2026 implementation timeline based proposed budget with EAHP workgroup and DCYF leadership |

The EAHP/ATLP Program Manager will prioritize eligible class members for referral based on the following criteria and will email assigned caseworkers to identify eligible youth who may be referred when notified by the EAHP/ATLP program manager that a bed is available:

- Fewest number of days in most recent placement
- Highest count of previous placements
- Legally free with no pending adoption

**Measurement**

- Number of programs established/capacity
  - Data Source: DCYF statewide program manager tracking log
- Number and percent of children/youth who meet criteria who want to participate and are served. Including data related to 60-day service time frame
  - Data Source: FamLink, program manager tracking log
- Number of youth not referred and reason
  - Data Source: DCYF statewide program manager tracking log
- Number of youth who meet established eligibility criteria but decline to be referred and reason for declines
  - Data Source: DCYF statewide program manager tracking log
- Number of youth who are referred who programs do not serve and reason
  - Data Source: DCYF statewide program manager tracking log

**Quality Assurance**

Quality assurance activities include:

- Program site visits, performed by EAHP/ATLP Program Manager with support from DCYF's QA/CQI team. Activities include:
  - Interviews with youth, family and other case participants.
  - Evaluation of providers 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.
  - Review of monthly and semi-annual reporting requirements.
  - Review of required and specialized trainings.
  - Review of files and program policies to evaluate agencies and providers ability to provide culturally responsive, LGBTQIA+ affirming and trauma-informed and healing centered care.
- Client surveys.

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- Quarterly randomized population review, cross referencing list of class members who are age 16 and 17 years old who were not referred or served in ATLP.

**Reporting**

Data, narrative updates and evidence will be included in the semi-annual reports.

Measuring Progress
- 
- Measurements will be reported for both EAHP and ATLP
- Number of programs established/capacity.
- Number and percent of youth who meet criteria who want to participate and are served (reported in 45(1)).
- Number of youth not referred and reason.
- Number of youth who meet established eligibility criteria but decline to be referred and reason for declines.
- Number of youth referred who programs do not serve and reason.

Narrative Update

- Status of implementation and achievement of benchmarks.
- Planned program and capacity development to meet needs. As programs are established data will be moved to Measuring Progress.
- Summary results and recommendations from quality assurance activities.
- Summary of data/reporting requirements for programs consistent with the Settlement Agreement and required within contracts including, but not limited to, access to mental health and substance use disorder services, education and job supports, crisis response, connections to resources, and activities.
- Updates related to the establishment of and recommendations from a workgroup consisting of stakeholders, subject matter experts from the field, lived experts and Tribal Nations for each contract review period.
    - This group will review qualitative and quantitative data for the current contract cycle and use the information to make recommended changes to the SOW.

Evidence

- Contract Statement of Work (SOW) – provide a copy of the SOW for established contracts. The SOW will include requirements for:
    - Authorization and ability to serve youth referred according to established eligibility criteria and admission processes;

- Providing residence, food, clothing, and essentials that addresses youth's basic needs;
- Program intake and orientation that gets youth acquainted with program structure, policies, rules, as well as physical environment;
- Health and needs assessments;
- Development of service plans that addresses the youth's needs across multitude life domains, permanency, plans, and transition plans;
- Monthly Child and Family Team Meetings (CFTM) with the youth's family, caseworker, and broader support system;
- Coordination with Independent Living Skills (ILS) Program for eligible youth;
- Provision of case management services and case consultation;
- Program exits and transition planning;
- Preventing youth from running away and reporting youth missing from care;
- Reporting of critical incidences to DCYF;
- Administration of youth satisfaction surveys;
- Progress reviews and monthly and biannual program reporting;
- Program requirements including licensing, staff qualifications and responsibilities, staffing levels, required trainings, client and personnel records, operating procedures, performance outcomes, etc.;
- Transportation of youth;
- Behavior management practices;
- Health and safety;
- Culturally relevant services; and
- Translation services.

- Program staff training requirements and curriculum

## 4.7 Professional Therapeutic Foster Care (PTFC)

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 health 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. PTFC can provide youth stability, offer

immediate family members and kinship caregivers support, and encourage connection to help safely reunify families.

**Benchmarks**

| Phase | Referral Criteria | Data Source |
|---|---|---|
| Phase 1: Beginning March 2025<br><br>RFI process will begin Aug 2024 | • Youth 12-17, and<br>• One of the following:<br> ○ 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<br> ○ Placement exceptions or night to night for 5 days or more, and<br>• No relative or suitable other person available, and<br>• BRS eligible, and<br>• Demonstrates a need for therapeutic services. | • FamLink Data (youth in QRTP, length of stay, disproportionality, placement region, placement of origin), Intensive Resources Tracking log |
| Phase 2: Beginning September 2025 (dependent on Phase 1 completion) | Continue Phase 1 eligibility criteria and add:<br>• Youth under 12 – family member who desires therapeutic supports, and<br>• No relative or suitable other person available, and<br>• Youth BRS eligible and PTFC would prevent youth from entering institutional or congregate care/CLIP, and<br>• Demonstrates a need for therapeutic services. | • Phase 1 FamLink data, Intensive Resources Tracking log |

| Phase 3: Beginning March 2026 (Dependent on Phase 2 completion) | • All of the Phase 1 and Phase 2 eligibility criteria<br>• Phase three begins when capacity and need intersect and program maintenance occurring.<br>• Program evaluated for further growth and potential as child welfare needs evolve. | • Phase 1 and 2 data. Data needs identified in needs identified in first two phases. |
|---|---|---|

Approach for Determining Capacity Needs

- Identify class members ages 12-17 in QRTP/group care/CLIP or who have experienced night-to-night foster care stays or placement exceptions for 5 or more nights
  - Review length of stay/youth currently in QRTP/group care/CLIP – this will help identify the youth who may be ready to step down. We will look at youth in QRTP/group care/CLIP the longest.
- Identify where youth are placed in night-to-night foster care placements or placement exceptions, QRTP/group care/CLIP and removal/home region – This will help identify which regions are in the most need. Regions with high numbers of youth placed outside their home region in QRTP will be prioritized for recruitment. We will use data from FamLink to identify regions with youth currently in QRTP, length of stay. We will also use FamLink to identify disproportionality data.
- Expand capacity as needed as additional eligibility groups are added

**Measurement**

- Number of programs/beds established/capacity
  - Data Source: PTFC program manager tracking log
- Number and percent of children/youth who meet criteria who want to participate and are served. Including data related to 60-day service time frame
  - Data Source: FamLink, PTFC program manager tracking log
- Number of children/youth not referred and reason
  - Data Source: PTFC program manager tracking log
- Number of children/youth who meet criteria but who decline to be referred and reason they decline.
  - Data Source: PTFC program manager tracking log
- Number of children/youth who are referred but who programs do not serve
  - Data Source: PTFC program manager tracking log

**Quality Assurance**

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.
- Participation in CFTMs
- 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.

**Reporting**

Data, narrative updates and evidence will be included in the semi-annual reports

Measuring Progress

- Number of programs/beds established/capacity
- Number and percent of children/youth who meet criteria who want to participate and are served. (Reported in 45(1))
- Number of children/youth not referred and reason
- Number of children/youth who meet criteria but who decline to be referred and reason they decline.
- Number of children/youth who are referred but who programs do not serve

Narrative Update

- Status of implementation and achievement of benchmarks
- Planned program and capacity development to meet needs. As beds are established, they will move to Measuring Progress
- Updates to program data and reporting requirements
- Summary results and recommendations from quality assurance activities

- Updates related to the establishment of and recommendations from a workgroup consisting of stakeholders, subject matter experts from the field, lived experts and Tribal Nations for each contract review period.
- This group will review qualitative and quantitative data for the current contract cycle and use the information to make recommended changes to the SOW.

Evidence

- Contract SOW – provide a copy of the contract statement of work for established contracts. The SOW will include requirements for:
  - Staff/Caregiver specialized training /curriculum that is culturally responsive, LGBTQIA+ affirming and trauma-informed and healing centered care.
  - Facilitating and maintaining supportive relationships with each child's parents and including them in all aspects of case planning and activities related to their child.
  - Mentoring and coaching immediate and chosen family.
  - Working towards actively providing supports for reunification, placement with kin or other youth or family identified supports, independence, or other permanent home.
  - Helping youth develop IL skills and skills and support that aid in employment or vocational preparation.
  - Assessment of needs and planning to ensure needs are met. This includes specialized therapy or counseling, case aides, evidence-based interventions, etc.
  - Monthly Child and Family Team Meetings (CFTM)

- Staff/Caregiver training requirements and curriculum
  - Child Placing Agencies (CPA) will ensure program staff receive appropriate training.
  - DCYF Licensing Division (LD) will monitor licensing and training requirements.
  - Provide training curriculum/details.

## 4.8 Hub Home Model Program

In response to the D.S. Settlement, 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 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 adequate supports and services promoting permanency, including reunification, visitation, stabilization, independent living skills training,

employment, and therapy or counseling.

**Benchmarks**

- Capacity determination and development will evolve in two stages:
    1. Initial implementation meeting the settlement requirement to establish at least one Constellation per region. (12/2024)
    2. Expansion to meet total capacity. (TBD)
- Initial capacity will depend on a combination of factors including:
    - The number of Satellite homes per Constellation at the time of launch (maximum of 10).
    - The capacity of each individual Satellite home (at least 1).
    - Half of the Satellite homes will include kin who may already have an identified young person or sibling group awaiting placement.
    - Initially, these considerations mean a minimum of five beds will be available per Constellation per region.
- Establish Hub workgroup. (12/2023)

**Measurement**

- Number of satellite homes and approved licensing capacity.
    - Data Source: Hub program manager tracking log
- Number and percent of children/youth who meet criteria who want to participate and are served. Including data related to 60-day service time frame
    - Data Source: FamLink data, Hub program manager tracking log
- Number of children/youth not referred and reason
    - Data Source: Hub program manager tracking log
- Number of children/youth who meet criteria but who decline to be referred and reason they decline
    - Data Source: Hub program manager tracking log
- Number of children/youth who are referred but who programs do not serve and reason
    - Data Source: Hub program manager tracking log

**Quality Assurance**

A workgroup consisting of DCYF staff (Mockingbird family liaisons, placement, licensing, complex placement program consultants), Child Placing Agency (CPA) representatives, Hub home representatives, foster parent who cares for youth receiving BRS, alumni of care, youth currently experiencing care, kinship caregiver representatives, Mockingbird Society staff, and foster parents who aren't caring for children and youth with complex needs will develop quality assurance benchmarks, a training framework, hub and satellite home selection criteria. The workgroup will be merged with the Mockingbird Family required immersion workgroup.

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**Reporting**

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Measuring Progress

- Number of satellite homes and approved licensing capacity
- Number and percent of children/youth who meet criteria who want to participate and are served. (Reported in 45(1))
- Number of children/youth not referred and reason
- Number of children/youth who meet criteria but who decline to be referred and reason they decline
- Number of children/youth who are referred but who programs do not serve and reason

Narrative update

- Status of implementation and achievement of benchmarks.
- Planned program and capacity development to meet needs:
    - Initial implementation including establishing at least one Constellation per region
    - Expansion to meet total capacity
    - Once a Constellation is launched, available placement slots will move to Measuring Progress.
- Updates program data and reporting requirements.
- Quality assurance plan and summary results and recommendations from quality assurance activities.
- Updates related to the establishment of and recommendations from a workgroup consisting of DCYF staff (Mockingbird family liaisons, placement, licensing, complex placement program consultants), CPA representatives, Hub home representatives, foster parent who cares for youth receiving BRS, alumni of care, youth currently experiencing care, kinship caregiver representatives, Mockingbird Society staff, and foster parents who aren't caring for children and youth with complex needs.
    - This group will develop quality assurance benchmarks, a training framework, hub and satellite home selection criteria.

Evidence
- Contract SOW – Provide a copy of the contract statement work for developed contracts. The SOW will include:
    - Hub Home recruitment requirements and parameters
    - Community supports and partnerships that are required prior to launch

- o Hub and Satellite parenting skill expansion and development plans
- o Training requirements
- o Inclusion of kin and foster homes
- o Data collection and reporting cycle
- o Ongoing fidelity
- o Feedback loops for young people and families
- o Constellation activities

- Staff/Caregiver training requirements and curriculum
  - o CPAs will ensure caregivers/staff receive appropriate training.
  - o LD will monitor licensing and training requirements.
  - o Provide training curriculum/details.

## 4.9 Revising Licensing Standards

In response to the D.S. Settlement, 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.

**Measurement**

This item does not lend itself to an administrative metric.

**Reporting**

Narrative updates will be provided in the semi-annual report to include progress and implementation status.

## 4.10 Kinship Engagement Unit

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.

**Benchmarks**

Establish KEU pilots in areas in two regions. Anticipated implementation date: June 2024

**Measurement**

- Percent of children/youth in class placed with kin will increase
  - Numerator: Number of children/youth in class placed with kin
  - Denominator: All children/youth in class
  - Data Source: FamLink data, class report

- Contacts with extended family members and family friends
  - Number of contacts by KEU with extended family members and family friends of children/youth in class identified by the child and/or family
  - Number and type of support/resources provided
  - Data Source: Tracking log managed by Kinship Engagement Coordinators

- Supporting connections
  - Number of child(ren)/youth in class who have at least one supporting connection with an extended family member or family friend.
  - Data Source: Tracking log managed by Kinship Engagement Coordinators

- Guiding family placements through the licensure process
  - Percent of kinship families licensed to care for a child/youth who is a class member
    - Numerator: Number of kinship families licensed to care for a class member
    - Denominator: Number of kinship families caring for a class member
    - Data Source: FamLink data, class report

**Quality Assurance**

Quality assurance processes will be developed and implemented as part of the implementation of the KEU pilots.

**Reporting**

Data, narrative updates and evidence will be included in the semi-annual reports.

Measuring Progress

- Percent of children/youth who are class members placed with kin
- Number and percent of licensed kinship families caring for a class member
- Number of contacts provided to extended family members and connections with kin will be provided in the first semi-annual report following implementation of the KEU.
- Number and type of support/resources provided
- Number of children/youth who are class members that have at least one supporting connection

Narrative update

- Progress toward establishing the KEU Pilots in two locations
- Results of KEU quality assurance activities
- Summary of contacts and supports/resources provided by KEU
- Description of supporting connections

Evidence

- Position description for Kinship Search and Engagement Coordinators
- KEU program protocol and assessment data
- Quality Assurance plan
- Communications developed for Kin

Data and narrative updates from the KEU will be provided in the first semi-annual report following implementation.

## 4.11 Family Group Planning

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.

Under the Settlement Agreement, 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 Shared Planning Meeting (SPM)/Family Team Decision-making Meeting (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.

**Measurement**

- Percent of children/youth in class attending SPM/FTDM
  - Numerator: Number of children/youth in class attending SPM/FTDM during the reporting period
  - Denominator: Number of children/youth in class with SPM/FTDM during the reporting period
  - Data Source: FamLink data, class report

- Percent of children/youth in class invited to SPM/FTDM

- o Numerator: Number of children/youth in class invited to SPM/FTDM during the reporting period
- o Denominator: Number of children/youth in class with SPM/FTDM during the reporting period
- o Data Source: FamLink data, class report

- Percent of children/youth in class with family invited to SPM/FTDM
  - o Numerator: Number of children/youth in class with family invited to SPM/FTDM during the reporting period
  - o Denominator: Number of children/youth in class with SPM/FTDM during the reporting period
  - o Data Source: FamLink data, class report

- Percent of children/youth in class with family attending SPM/FTDM
  - o Numerator: Number of children/youth in class with family attending SPM/FTDM during the reporting period
  - o Denominator: Number of children/youth in class with SPM/FTDM during the reporting period
  - o Data Source: FamLink data, class report

## Quality Assurance

DCYF will complete statewide qualitative reviews of shared planning meeting notes to include reviews for documentation of:

- Incorporation of youth voice and preferences
- Education about services and placement options
- Offering meetings at times/places accessible to the family team
- The location the meeting was held
- When the family was notified of the meeting
- Overall meeting quality

Quality assurance processes will be reviewed and revised based on implementation of the updated program model and will include youth and family post-meeting surveys, findings and recommendations.

## Reporting

Data, narrative updates and evidence will be included in the semi-annual reports.

Measuring Progress

- Data will be reported in the semi-annual report beginning August 2024.
- Percent of eligible children/youth invited and attending SPM/FTDM.

- Percent of family invited and attending SPM/FTDM.

Narrative update

- Status of overall System Improvement implementation.
- Summary results of the qualitative review of meeting notes.
- Number and percentage of facilitators receiving training and plan for training new staff when hired.

Evidence

- Revised SPM and FTDM policy incorporating stakeholder feedback.
- Meeting guidance materials for families will be updated. (August 2024 semi-annual report)
- Meeting guidance materials for youth will be developed. (February 2025 semi-annual report)
- Revised SPM and FTDM guidance for DCYF that will include:
  - meetings being led by a trained facilitator
  - contact with the family in advance to prepare them for the meeting
  - a meeting agenda developed with input from the family and youth.
- Facilitator training curriculum.
- Practice Profiles and guidance developed and implemented for child welfare staff.
- Additional tools and resources as developed for implementation based on the updated program model including youth and family post-meeting survey tool and results.

The Parties recognize DCYF's reliance on legislative funding for some of the programmatic change commitments including, but not limited to, model implementation, training, tools and resources and revised processes.

## 4.12 Referrals and Transitions

## 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 or unable to take them home. In collaboration with partners from interested hospitals 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 pre-placement and 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. DCYF Regional Administrators have designated staff in their regions who will serve as Regional Cross-Systems Liaisons for the hospitals in the region.

**Measurement**

This item does not lend itself to an administrative metric.

**Reporting**

Narrative update

- Narrative updates will be provided in the semi-annual report to include dates and methods of outreach to hospitals, strategies to engage, results of outreach/engagement, challenges and barriers and number of MOUs executed.

Evidence

- Draft MOU template
- Executed MOUs

## 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 and reviewed by DCYF Regional Administrators. 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. The proposed MOU will establish a communication and collaboration protocol to prevent the need for out of home placement through timely referrals for pre-placement and reconciliation services. DCYF Regional Administrators have designated staff in their regions who will serve as Regional Cross-Systems Liaisons for all the juvenile courts in the region.

**Measurement**

This item does not lend itself to an administrative metric.

**Reporting**

Narrative update

- Narrative updates will be provided in the semi-annual report to include dates and methods of outreach to juvenile courts, strategies to engage, results of outreach/engagement, challenges and barriers and number of MOUs executed.

Evidence

- Draft MOU template
- Executed MOUs

## Youth Narratives, Supports, & Pre-Placement Contact

DCYF will create a formalized process for children and youth to review and verify 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, and that will assist to preserve relationships where possible or to address grief and loss post-transition. 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)

**Benchmarks**

DCYF will finalize implementation procedures for class members 12 years of age and over to review their own referral information, procedures for class members 5 and over to provide information for their referral and a process to ensure it is included, and procedures to support transitions for all class members. Planned completion date: March 31, 2024.

Implementation will be phased in as follows:

| Phase | Targeted populations – Youth in Class | Measuring Progress | Data Source |
|---|---|---|---|
| **Phase 1** July 2024 | Youth experiencing more than 5 nights of a placement exception. | Youth was offered opportunity to review placement information (Y/N).  Youth was offered opportunity to develop referral information (Y/N).  Transition Planning was offered (Y/N). | **FamLink report – AIRS** |
| **Phase 2** September 2024 | Phase 1 populations + Youth preparing to transition out of QRTP. | | **Phase 1 Data + Intensive Resources Tracking Log and QRPT Assessment Tracking Log** |
| **Phase 3** November 2024 | Phase 1 and 2 populations + Youth in a receiving care or short-term placement. | | **Phase 1 and 2 Data + FamLink Report – Youth in short-term placements.** |
| **Phase 4** February 2025 | All youth in class | | **Phase 1, 2 and 3 Data +** |

| | | | **FamLink report – Youth with 5 or more placements.** |
|---|---|---|---|
| | | | |

**Measurement**
- Percent of eligible youth, age 12 and over, who have an opportunity to verify their own referral information
    - Numerator: Youth in class age of 12 and over who have an opportunity to verify their own referral information
    - Denominator: All eligible youth in class age 12 years and over
    - Data Source: Referrals and Transitions data tracking sheet, FamLink report of class

- Percent of eligible youth, age 12 and over who choose to verify their own referral information. Reasons youth choose not to verify information
    - Numerator: Youth in class age of 12 and over who verify their own referral information
    - Denominator: All eligible youth in class age 12 years and over
    - Data Source: Referrals and Transitions data tracking sheet, FamLink report of class

- Percent of eligible children youth, age 5 and over, who have an opportunity to develop their own referral information
    - Numerator: children and youth in class age 5 years and over who have an opportunity to develop their own referral information
    - Denominator: All eligible children and youth in class age 5 years and over
    - Data Source: Referrals and Transitions data tracking sheet, FamLink report of class

- Percent of eligible children and youth, age 5 and over, who choose to develop their own referral information. Reasons children and youth choose not to verify information.
    - Numerator: children and youth in class age 5 years and over who have an opportunity to develop their own referral information
    - Denominator: All eligible children and youth in class age 5 years and over
    - Data Source: Referrals and Transitions data tracking sheet, FamLink report of class

- Percent of eligible children and youth who receive transition planning and type of transition planning services received. Transition planning includes:
    - Pre-placement contact between youth in class and potential caregiver.

- o Plan to preserve relationships discussed at FTDM.
- o Plan to address youth's grief and loss around transition.
  - o Numerator: all children and youth in class who received transition planning services
  - o Denominator: all eligible children and youth in class
  - o Data Source: Referrals and Transitions data tracking sheet, FamLink report of class

**Quality Assurance**

Quality assurance processes will be finalized as part of the implementation procedures and will include:

- Methods for collecting feedback from youth and caregivers on updated processes.
- Review of how youth provided information and quality of information provided.
- Review of how transition funding is being utilized.
- Review and report of type of pre-placement contacts and grief and loss support.

**Reporting**

Data, narrative updates and evidence will be included in the semi-annual reports.

Measuring progress

- Percent of eligible youth, age 12 and over, who have an opportunity to verify their own referral information.
- Percent of eligible youth, age 12 and over who choose to verify their own referral information. Reasons youth choose not to verify information.
- Percent of eligible children youth, age 5 and over, who have an opportunity to develop their own referral information.
- Percent of eligible children and youth, age 5 and over, who choose to develop their own referral information. Reasons children and youth choose not to verify information.
- Percent of eligible children and youth who receive transition planning and type of transition planning they receive.

Narrative update

- Progress toward development of procedures and implementation.
- Development of training for caseworkers, supervisors and any other position that will have a role in referral development and distribution.
- Development of transitional funding processes to help pay providers for services related to facilitating transitions and report of expenditure of funds.

Original Date: December 18, 2023
Revised Date: December 20, 2023
DCYF | D.S. Settlement

- Summary results of quality assurance activities
- Number of staff trained to support children and youth with verifying and developing their own information

Evidence

- Written procedures
- Training curriculum

## 4.13 Qualified Residential Treatment Program

Under the D.S. Settlement Agreement, effective January 1, 2024, DCYF will ensure that all children will have a Qualified Residential Treatment Program (QRTP) assessment prior to placement in a QRTP and every 90 days for the duration of placement in the QRTP. QRTP assessments are done by neutral and objective qualified individuals, DCYF intensive resources Social and Health Program Consultants (SHPC), that sit within the centralized headquarters Placement Continuum Unit, as defined by DCYF's federally approved plan. Assessments will be completed 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. In addition to interviews, assessments will include review of records, determination of strengths and needs of the child and criteria for the youth to be reunified with family or placed in the care of extended family, suitable other adult(s), or a foster home, identify child-specific short and long-term mental and behavioral health goals, a finding that family-based alternative or transitional living options have been considered and deemed insufficient to meet the child's needs, and the discharge criteria and progress toward meeting discharge criteria.

**Benchmarks**

Implementation of 90-day QRTP assessments and in-person contact with youth begins January 1, 2024. All youth in QRTP prior to January 1, 2024, will have 90-day assessments completed by March 31, 2024.

QRTP assessments will be completed for all youth between January 1 and March 31, 2024 and will then be completed every 90 days while they remain in QRTP level of care.
  - Approximately one third of the youth will receive QRTP assessments in January 2024.
  - Approximately one third of the youth will receive QRTP assessment in February 2024.
  - Approximately one third of the youth will receive QRTP assessment in March 2024.

**Measurement**

- Percent of children/youth entering or residing in QRTP who have an assessment that determines they are eligible for QRTP level of care. The performance goal is ≥90%.
    - Numerator: All youth entering or residing in QRTP who are eligible for QRTP level of care.
    - Denominator: All youth entering or residing in a QRTP placement.
    - Data Source: QRTP Assessment Tracking tool managed by Intensive Resource Program Consultant supervisors

**Quality Assurance**

- Obtain feedback from QRTP assessment participants that allows for them to give input on the process (development in-process)
    - Intensive Resources Supervisors will review feedback and use it to inform training needs and process improvements.
- Monthly supervisory review and tracking of one QRTP assessment narrative from each qualified individual to ensure that it demonstrates:
    - An assessment of the 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.
    - Engagement with youth, families and support in a way that allows them to share their voice and desires authentically and safely.
    - That the assessment is trauma-informed and culturally competent and responsive.
    - The youth and families view of the programming and the program's level and type of engagement with them.

- Monthly reviews will be for different children/youth each month.

In addition, DCYF will develop and implement a strategy for overseeing inter-rater reliability across qualified individuals.

**Reporting**

Data, narrative updates and evidence will be included in the semi-annual reports.

Measuring Progress

- Percent of QRTP assessments completed each quarter
- Percent of youth who are in a QRTP placement and who have a QRTP assessment that qualifies them for QRTP level of care.

Narrative update

- Summary of issues identified and areas of practice focus from the community of practice with qualified individuals
- Training
    - Report on training completed by qualified individuals that is focused on:
        - Gathering youth and family voice.
        - Culturally responsive
        - LGBTQIA+ affirming
        - Trauma and healing informed care.
- Summary of data collected to reflect ongoing processes and engagement to include but not be limited to:
    - Type of contact with youth, family and other supports (in-person, virtual, phone)
    - Individuals who provided input into QRTP assessment
    - Determination of the youth meets the criteria for QRTP assessed
    - Discharge setting if youth discharged during review period
- Results of quality assurance activities and reviews

## 45(1) Services available within 60 days of request or referral

**Measurement**

DCYF will serve 90 % of eligible youth and children referred to or requesting services from System Improvements 4.6 Emerging Adulthood Housing Program (EAHP), 4.7 Professional Therapeutic Foster Care (PTFC) and 4.8 Hub program statewide (in accordance with the access and eligibility protocols set forth in the Implementation Plan) within 60 days of request or referral.

Performance will be measured separately for each program.

**Reporting**

Data will be reported in the semi-annual report.

**Emerging Adulthood Housing Program**

- Numerator:  All youth who meet eligibility criteria admitted to an EAHP program
- Denominator:  All youth who meet EAHP eligibility criteria, except for (1) youth who are placed with a relative or kin or (2) youth whose permanent plan is guardianship or adoption and the youth is in the anticipated permanent placement.

**Program Eligibility**

| Eligibility Criteria |
| --- |

| | EAHP | ATLP | Comparison of Criteria |
|---|---|---|---|
| Legal Status | • Dependent | • Dependent | • Same |
| Age | • 16 through 20* *For purposes of reporting for D.S., eligible youth will be 16-17, based on the class member definition of individuals who are under the age of 18. | • 16 and 17 (at entry). Young people can remain in the program past 18 if enrolled upon their 18th birthday. | • ATLP eligibility is limited to youth ages 16 and 17 at entry whereas EAHP might serve youth 16 to 20 at entry |
| Placement Needs | • Being released from an institutional or congregate care setting and/or<br><br>• Has been in placement exception or night-to-night foster care placement five days or more and/or<br><br>• Has history of disrupting from other group or family placements **and**<br><br>• Youth prefers to live more independently | • Does not have a court order for Involuntary Treatment (ITA), accepted CLIP application, or eligible for Developmental Disabilities Administration (DDA) Residential Habilitation Center (RHC), State Operating Living Alternatives (SOLA), or BRS QRTP and<br><br>• Most recent placement was not ITA, CLIP, DDA - RHC or SOLA, and<br><br>• ATLP placement is the most appropriate given the youth's | • ATLP criteria limits eligibility for youth with complex behavioral health or DDA needs release from or eligible for behavioral health or DDA beds |

| | | | strengths, needs, and goals for independence and<br><br>• No relative or suitable other placement available - (i.e., court order/report) permanency plan identifies a permanency plan for reunification, adoption, or kinship placement as the only option | |
| --- | --- | --- | --- |

**Monitor's Assessment of Compliance**

In evaluating DCYF's compliance with the Agreement and achievement of this exit criteria, the Monitor will consider the circumstances of individual youth who meet EAHP eligibility criteria but are not admitted to an EAHP because:

1. The Department demonstrates that, even with program supports, the youth currently poses a risk of serious harm to self or others in the program;
2. A planned placement with a relative or suitable other is anticipated in the near future or upon discharge from a more intensive level of care;
3. Progress is being made toward achieving a permanent plan of reunification, guardianship, or adoption; or
4. The youth does not agree to participate in the program.

The parties understand that, based on such individual cases, the Monitor may, in her discretion, conclude that DCYF has met this exit criteria even if the calculation falls below 90%. The parties agree that the measurement for the numerator and denominator, and reliance on the Court Monitor's discretion for evaluating this calculation, is subject to be renegotiated if a change in circumstances, including but not limited to who serves as the Court Monitor, occurs.

**Request and referral definitions and when 60-day clock starts**

- 60-day clock starts once eligibility criteria is met

- DCYF HQ Program Manager will review current eligibility of youth identified as eligible form the FamLink D.S. class report upon notification from an EAHP contractor that a bed is available.
- DCYF HQ Program Manager will send email notification to caseworker(s) indicating the youth meets eligibility criteria and will begin admission process with the contractor. The email is the time stamp for when the 60-day clock starts and will be tracked on excel spreadsheet maintained by the program manager.
- DCYF caseworker will consider youth's needs, strengths, and desire to participate in the program before making a referral to the EAHP contractor;
- EAHP contractor begins admission process in coordination with youth's caseworker once referral is received;
- EAHP contractor notifies DCYF HQ Program Manager whether placement was provided and if not reason for denial.

- Information regarding EAHP as a placement option will be shared with young people and families through processes established for SPMs, FTDMs under System Improvement 4.11.
- A pathway for self-referral by youth and families will be developed and established for System Improvements 4.6, 4.7 and 4.8 by September 2025 to allow for implementation and initial capacity development.
- The EAHP/ATLP program manager will create and maintain a waitlist for youth determined to be eligible but for whom there is no capacity.
- The waitlist will be reviewed and updated at least bi-weekly, or more frequently if a bed is available.

**Professional Therapeutic Foster Care**
- Numerator: All children/youth who meet eligibility criteria admitted to PTFC.
- Denominator: All children/youth who meet PTFC eligibility criteria, except for (1) youth who are placed with a relative or kin or (2) youth whose permanent plan is guardianship or adoption, and the youth is in the anticipated permanent placement.

**Program Eligibility**

| Eligibility Criteria | |
|---|---|
| Legal Status | • Dependent |
| Additional Criteria | • Class members who require a therapeutic level of care * and who:<br>   ○ Are being released from an institutional or congregate care setting and/or<br>   ○ Have been in placement exception or night-to-night foster care placement five days or more and/or |

| | |
|---|---|
| | ○ Have history of disrupting from other group or family placement |
| Age | • Youth over the age of 13 who desire therapeutic supports<br>• Youth under the age of 13 whose immediate family desires therapeutic supports |

*Meet BRS eligibility criteria

## Monitor's Assessment of Compliance

In evaluating DCYF's compliance with the Agreement and achievement of this exit criteria, the Monitor will consider the circumstances of individual youth who meet PTFC eligibility criteria but are not admitted to PTFC because:

1. The Department demonstrates that, even with program supports, the child or youth currently poses a risk of serious harm to self or others in the program.
2. The child or youth does not agree to participate in the program.

The parties understand that, based on such individual cases, the Monitor may, in her discretion, conclude that DCYF has met this exit criteria even if the calculation falls below 90%. The parties agree that the measurement for numerator and denominator, and reliance on the Court Monitor's discretion for evaluating this calculation, is subject to be renegotiated if a change in circumstances, including but not limited to who serves as the Court Monitor, occurs.

## Request and referral definitions and when 60-day clock starts

- 60-day clock starts upon receipt of referral and will be tracked by the PTFC program manager.
- Information regarding PTFC as a placement option will be shared with young people and families through processes established for SPMs, FTDMs under System Improvement 4.11.
- A pathway for self-referral by youth and families will be developed and established for System Improvements 4.6, 4.7 and 4.8 by September 2025 to allow for implementation and initial capacity development.
- The PTFC program manager will create and manage waitlist for children and youth determined to be eligible but for whom there is no capacity.

## Hub Homes

- Numerator:  All children/youth who meet eligibility criteria admitted to a Hub program
- Denominator:  All children/youth who meet Hub eligibility criteria, except for (1) youth who are placed with a relative or kin or (2) youth whose permanent plan is guardianship or adoption, and the youth is in the anticipated permanent placement.

**Program Eligibility**

| Eligibility Criteria | |
|---|---|
| Legal Status | • Dependent |
| Age | • Youth over the age of 13 who desire to participate in an HHG<br>• Youth under the age of 13 whose immediate family desires participation in an HHG |

Prior to placement, the Hub Home, CPA staff, and DCYF MBF liaison review and plan around domains or areas that need to be addressed to support the youth and family's stability and safety.

**Monitor's Assessment of Compliance**

In evaluating DCYF's compliance with the Agreement and achievement of this exit criteria, the Monitor will consider the circumstances of individual youth who meet Hub Home eligibility criteria but are not admitted to a Hub Home because:

1. The Department demonstrates that, even with program supports, the child or youth currently poses a risk of serious harm to self or others in the program.
2. Child or youth does not agree to participate in the program.
3. Child or youth is legally free in their home of choice.
4. Child or youth is placed with kin and the kin caregiver does not wish to be a part of the constellation.

The parties understand that, based on such individual cases, the Monitor may, in her discretion, conclude that DCYF has met this exit criteria even if the calculation falls below 90%. The parties agree that the measurement for the numerator and denominator, and reliance on the Court Monitor's discretion for evaluating this calculation, is subject to be renegotiated if a change in circumstances, including but not limited to who serves as the Court Monitor, occurs.

**Request and referral definitions and when 60-day clock starts:**

- DCYF HQ Program Manager will send email notification to caseworker indicating the youth meets eligibility criteria and will request referral. 60-day clock starts upon receipt of referral and will be tracked by DCYF MBF staff.
- Information regarding Hub as a placement option will be shared with young people and families through processes established for SPMs, FTDMs under System Improvement 4.11.

- A pathway for self-referral by youth and families will be developed and established for System Improvements 4.6, 4.7 and 4.8 by September 2025 to allow for implementation and initial capacity development.
- Referrals for MBF placement will be tracked and verified by DCYF Mockingbird Family Liaisons (4) who will provide the reports to the DCYF Mockingbird Family Program Manager.
  - Liaisons and the program manager will track referrals on a spreadsheet.
  - Tracked elements will include:
    - Name
    - Date of birth with derived age
    - Acceptance date
    - Denial date and reason
    - Whether the youth accepts/declines placement
- The Hub program manager or other DCYF Hub program staff will maintain a waitlist for children and youth determined to be eligible but for whom there is no capacity.

Program tracking will include whether the youth was served by one of the other placement options in 4.6-4.8 and if not served by a program, where they are served.

## 45(2) Eliminating the use of Night-to-Night foster care placements and placement exceptions

DCYF has agreed to eliminate the use of night-to-night foster care placements and placement exceptions by December 31, 2024.

**Measurement**
- Count of children and youth under DCYF placement and care authority (PCA) with a dependency court action who experience a night-to-night foster care placement or placement exception for the review period.
- Count of number of nights of night-tonight foster care placements or placement exceptions for the review period.
- Data Source: infoFamLink report, regional data tracking

**Measuring Progress**

- Number of unduplicated children/youth experiencing a night-to-night foster care placement or placement exception by month. Performance will be compared to

identified quarterly benchmarks working toward no night-to-night foster care placements or placement exceptions by December 31, 2024.

- Number of nights in night-to-night foster care placements or placement exceptions by month.

**Reporting**

- Monthly: Count of children and youth and total number of nights by region and night-to-night foster care placement or placement exception type.
 Provided electronically to monitor and plaintiffs the 15th of the month for the prior month.

- Quarterly: Count of children and youth and total number of nights by region and night-to-night foster care placement or placement exception type. Roll up of monthly data plus:
    o Count of children and youth identifying as LGBTQIA+
    o Grouping of placements by number of nights
    o Education participation status
    o Type/reason for placement declines
    o Whether FTDM/SPM occurred as required
    o Narrative reflecting food available and activities by placement exception type

    Provided the week prior to the scheduled quarterly plaintiff/monitor meetings as follows:
        November meeting: for period ending September 30
        February meeting: included in the semi-annual report
        May meeting: for period ending March 31
        August meeting: included in the semi-annual report

- Semi-annually: Roll-up of quarterly data for the prior 2 quarters.
    Written report submitted:
        February for the period July 1 – December 31
        August for the period January 1 – June 30

## 45(3) Placement in out-of-state facilities

DCYF will keep the number of placements in out-of-state facilities 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.

**Measurement**

- Point in time count of children and youth under DCYF's placement and care authority (PCA) with a dependency court action placed in out-of-state facilities as of the last day of the month.
- Data Source: hand count the last day of the month for that month

**Reporting**

- Monthly: Count of children and youth placed in out-of-state facilities the last day of the month. Submitted electronically to monitor and plaintiffs the 15th of the month for the prior month.

- Quarterly: Count of children and youth placed in out-of-state facilities the last day of the month for each month of the quarter.

  Submitted the week prior to the scheduled quarterly plaintiff/monitor meeting:
  November for the period July 1 – September 30
  February meeting: for period October 1 -December 31
  May meeting: for period January 1 – March 31
  August meeting: for period April 1 – June 30

- Semi-annually: Roll-up of quarterly data for the prior 2 quarters.
  Written report submitted:
  February for the period ending December 31
  August for the period ending June 30

## 45(4) Reduction of the number of children who meet Class Member criteria

DCYF will reduce the number of children under the age of eighteen who satisfy Class Member criteria by the target percentage established in the Implementation Plan.

**Measurement**

- Point in time count of children and youth meeting the class definition on the first business day following the end of the 6-month review period.

**Measuring Progress**

- The baseline used for establishing the number and target percentage for class reduction 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, the percentage reduction is 25.4% or 238 children and youth across all age ranges.

- The reduction for each age group will be at least the number reduction listed below and is based on the percentage of children in each age group.

|  | % reduction from 2022 baseline | Number reduction from 2022 baseline |
|---|---|---|
| Statewide | 25.4% | 238 |
| Age B-10 | 20.2% | 78 |
| Age 11 - 17 | 29.0% | 160 |

- Data source: FamLink

**Reporting**

Data will be reported in the semi-annual report.

**Measurement of Progress**

Progress toward achieving the reduction targets will be reported as the reduction in the amount of children/youth in class by age.