

# D.S. Settlement

ANNUAL MONITORING REPORT

D.S. v. DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Kathleen Noonan, JD, Court Monitor

Team: Suzanne Barnard, Sarah Zlotnik, Aaron Truchil, Lourdes Caban

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## I. INTRODUCTION

The D.S., et al. v. Washington State Department of Children, Youth, and Families, et al., Case No. 2:21-cv-113-BJR (W.D. Wash.) Settlement is focused on children and youth under the age of 18 who are now, or in the future will be, in the custody of Washington State Department of Children, Youth, and Families (DCYF) and meet or will meet one or more of the following criteria: have experienced five or more placements, have been referred for or are in out of state group care placement, have experienced a hotel or office stay in the past six months, or are awaiting a Children's Long-Term Inpatient Program. DCYF was sued in 2021 on behalf of this class of children and youth who are or will be in DCYF custody and have or will have a behavioral health and/or developmental disability against the backdrop of several high-profile cases that resulted in public attention and concern regarding children and youth in hotel stays.

The agreement negotiated under the lawsuit is known as the D.S. Settlement ("D.S."); it was approved by the United States District Court for the Western District of Washington in June 2022. The children and youth in the D.S. "Class" represent some of the most vulnerable residents in the State's care. As of January 2, 2025, there were 648 children and young people in the D.S. Class; 250 of them were age ten and younger. Many have been in the State's care for a long time: the average length of stay for the younger group of children is just over three years; it is over four-and-a-half years for children aged eleven and older. Many of these children did not benefit from some of the State's newer, and much-needed reforms supporting kinship placement (relatives and other suitable adults). Others are youth with substance use issues, developmental disabilities, and/or mental health challenges that the health and social care landscape across the country remains ill-prepared to serve. How the State responds to the issues in D.S. will affect the lifetimes of these children and youth.

Under the Settlement Agreement, DCYF has committed to eight System Improvements related to the Class, guided by seven overarching goals to transform child safety and well-being practices. Goals and related System Improvements are described below. Under the Settlement Agreement, the Monitor is required to provide an annual report on Washington State's progress in implementing the terms of the Settlement Agreement and the achievement of the Exit Criteria as agreed to by the Plaintiffs and the State. This report of the Monitor is a public document, filed with the Court and posted on the websites of both Plaintiffs' counsel and DCYF.

The Monitor has traveled around the State to understand the conditions that led to the D.S. case and to determine and observe where things are today. Overall, the Monitor has met a DCYF leadership team and workforce that not only understand the terms of the Settlement

Agreement but welcome its changes and reforms. The dire conditions that led to public concern and press coverage about children and youth in hotels are currently being mitigated. DCYF has put in place new administrative controls and practice changes to respond to that crisis, and more specifically, the Court's order to stop the use of hotels and DCYF offices as overnight placements. That said, the gains reported here are the result of the careful management of placement decisions and the use of temporary placement resources—not the result of a new and more robust placement portfolio. While DCYF should be applauded for these gains, and for its efforts to develop a stronger system of care for children and youth in Washington State, it is still very much a tentative picture.

There have also been significant delays in many of the System Improvements that DCYF committed to under the Settlement Agreement, including the revamping of Family Group Planning meeting practice and bringing new resources online such as Hub Homes and the Adolescent Transitional Living Program. Though DCYF is not solely responsible for these delays, it is time to expedite progress. Over the coming year, the gains achieved by DCYF will need to translate more broadly into longer-term practice changes and permanent resource investments related to children and youth who are in, or at risk of entering the D.S. Class, as well as expanded placement and placement support resources for both home-based and group care providers.

## **A. The D.S. Lawsuit and Settlement Agreement**

### **i. The Children and Youth in the D.S. Class**

As defined in the Settlement Agreement, the “Class Members” include children and youth who are or in the future will:

- Be under the age of eighteen, and
- Be in the DCYF's placement during a dependency proceeding under Washington Revised Code 13.34 until the proceeding is dismissed,
- And one or more of the following:
  - Have experienced five 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 stays, 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 or more placements under this section if they have been in the same

placement for the last twelve or more months, except if that placement was in a Qualified Residential Treatment Program;

- Have been referred for or are in out of state group care placement;
- Have experienced a hotel or office stay in the past six months; or
- Are awaiting a Children's Long-Term Inpatient Program bed.

## ii. The D.S. Settlement Goals

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

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

### iii. System Improvements and Exit Standards under the Settlement Agreement

To achieve the goals outlined above, Plaintiffs and DCYF agreed to a set of eight System Improvements with specific Exit Criteria for each, as well as four additional Exit Standards, summarized below.

#### *System Improvements*

1. **Emerging Adulthood Housing Program:** Develop and implement an array of supported housing programs statewide for 16- to 21-year-old people in foster care or extended foster care who would prefer to live independently.
2. **Professional Therapeutic Foster Care:** Develop and implement a contract and licensing category for therapeutic foster parent professionals to support children and their immediate families where reunification or placement with extended or chosen family is not possible due to needs associated with the child's developmental disabilities or behavioral health needs.
3. **Statewide Hub Home Model Program:** Develop and implement a statewide Hub Home Model program comprised of, at minimum, one Hub Home Group for each DCYF region.
4. **Revising Licensing Standards:** Amend contracts and policies and engage in negotiated rulemaking to amend licensing requirements for foster care placements to be more developmentally appropriate and/or flexible to meet individual youth's needs.
5. **Kinship Engagement Unit:** Establish a statewide Kinship Engagement Unit that includes a family finding model to identify and engage Class Members' extended family members and friends to support families in safely reunifying or staying together.
6. **Family Group Planning:** Review Shared Planning Meeting (SPM) and Family Team Decision Meeting (FTDM) policies and practices for improvements and revise in response to input from individuals with lived experience and other stakeholder feedback and establish quality assurance practices for SPM and FTDM practices.
7. **Referrals and Transitions:** Develop trauma-informed, culturally responsive, and LGBTQIA+ affirming referral and transition protocols in response to input from individuals with lived experience and other stakeholder feedback including the

establishment of Memoranda of Understanding with interested local hospitals and juvenile justice entities for both pre-placement and reconciliation services.

8. **Qualified Residential Treatment Program (QRTF):** DCYF will not place any Class Member in a congregate care setting unless there has been an initial evaluation and by the end of 2023 subsequent evaluation every 90 days thereafter determining that QRTF placement is and continues to be the most appropriate level of care for the child in the least restrictive environment.

#### *Additional Exit Standards*

- **45(1) Service within 60-days of Referral:** Whether 90 percent of eligible youth and children referred to or requesting services from the Emerging Adulthood Housing program, Professional Therapeutic Foster Care program, and Hub Home Model program statewide (in accordance with the access and eligibility protocols set forth in the Implementation Plan) are served within 60 days of request or referral.
- **45(2) Night-to-Night Foster Care Placements:** Whether Defendants have eliminated the use of night-to-night foster care placements and placement exceptions in any hotel, motel, office of a contractor, car, or state agency office during overnight hours (between 10pm to 6am) other than in the event the youth returns to or enters DCYF custody between those hours, and Defendants must use a placement exception for the remainder of that night.
- **45(3) Out-of-State Placements in Facilities:** Whether Defendants consistently have kept the number of placements in out-of-state facilities to ten 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.
- **45(4) Class Members:** Whether Defendants have reduced the number of children under the age of eighteen in DCYF placement who satisfy the Class Member criteria as specified in the Data Addendum.

Together, the System Improvements and Exit Criteria in concert with the additional Exit Standards represent focused program development and improvement goals to address specific areas of practice and support.

#### iv. Implementation Plan

Under the Settlement Agreement, DCYF agreed to develop an [Implementation Plan](#) related to its planned System Improvements. The Settlement Agreement also required that DCYF “gather written and live input from youth, families, and stakeholders regarding the System Improvements.” The Implementation Plan was not finalized until DCYF had an opportunity to consider and incorporate the formally collected stakeholder feedback (see below). The draft Implementation Plan was posted for public comment and finalized on August 2, 2023.

In addition, although the Implementation Plan was intended to include the data collection methodology for the System Improvements and Exit Standards, the Parties agreed jointly that more time was needed for this effort. As a result, a workgroup met for several months to develop a “data addendum” to the Implementation Plan.

##### *Data Addendum*

As noted above, as discussions progressed between the Monitor and the Parties regarding the finalization of the Implementation Plan, it became evident that a stand-alone document focused on the methodology and metrics to report on progress would be useful to guide data collection and ensure transparency. The Monitor requested and the Parties agreed to convene a joint workgroup with representatives from DCYF, the Plaintiffs’ team, and the Monitor’s team, which met bi-weekly over a six-month period to develop the Data Addendum. In December 2023, the Data Addendum was posted for public comment; it was finalized on February 2, 2024.

The [Data Addendum](#) provides a mechanism to track whether Class Members are being served in the least restrictive and most integrated setting. It sets a methodology for measuring and tracking DCYF progress toward achieving substantial compliance with the System Improvement Exit Criteria and the additional Exit Standards. Each System Improvement describes how DCYF will track its progress, including key benchmarks with timelines, measurement, quality assurance activities, and reporting that will be done by DCYF. Relevant excerpts from the Data Addendum are cited throughout this report.

##### *Stakeholder Feedback*

The Settlement Agreement charged DCYF to contract with a stakeholder facilitator to gather input from individuals with lived experience and professional partners in three System Improvement components: Kinship Engagement, Family Group Planning, and Referrals and Transitions. DCYF contracted with the [Public Consulting Group](#) (PCG) to solicit, collect, synthesize, communicate, and develop recommendations from the stakeholders. [Think of Us](#), a national nonprofit working to transform the child welfare system, was subcontracted by PCG, to lead the youth feedback process.

This first round of stakeholder feedback obtained information and individual input from youth and families with lived experience as well as Tribes and other stakeholders who provided specific recommendations for successful engagement and implementation of the System Improvement components. The findings and recommendations from the gathered input resulted in the publication of the [Stakeholder Facilitation for Systemic Improvements](#) report, which is now in use to guide DCYF’s work (see the summary box).

A second round of stakeholder engagement will take place after the issuance of the Monitor’s report in 2025. The Parties are required to agree on a timeline for this second round of stakeholder feedback, which will seek input from “youth, families, and their advocates” on some of the new resources and reforms put in place, including the Kinship Engagement Unit, Family Group Planning, and Referrals and Transitions.

**SUMMARY OF STAKEHOLDER FEEDBACK: Collected by Public Consulting Group and Think of Us on Three Key System Improvements**

[Kinship Engagement](#)

In the stakeholder engagement by Think of Us, youth identified the importance of asking them about kin they could live with, taking the time to explain how the information they provide about kin will be used, and giving youth a choice about which kin to involve in any decision that concerns them. Youth identified the need for greater flexibility around kinship placements (i.e., eligibility) and to provide kin with additional resources.

In addition, youth suggested that DCYF make every effort to not place youth in restricted facilities, and if there are not less restrictive options, to provide more tangible and intangible supports to family-based placements to shorten the time that youth are placed in shelters, facilities, and/or group homes. Youth also expressed a strong desire for DCYF to place siblings together and prevent disconnection from loved ones and communities.

Parents and caregivers interviewed by PCG recommended strengthening data collection practices around youth choice and improving communication frequency and quality. They also noted it would be beneficial for kin to be involved “on the day of removal” and throughout the case. Resources for kin including “bus passes, gas cards, and transportation” were identified as helpful, especially during times of stress. Professional partners interviewed by PCG supported DCYF seeking input from youth in care and stressed the need for better communication between DCYF and private agencies, including reengaging in the practice of mutual sharing of information with agencies.

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## **STAKEHOLDER FEEDBACK (continued)**

### **Family Group Planning**

The Family Group Planning feedback emphasized improving opportunities for participation and greater meeting effectiveness. Through Think of Us, youth shared about the importance of inviting young people to the meetings and prioritizing their attendance. They recommended these meetings have policies in place to ensure that youth understand the purpose of meetings and are prepared and supported to participate. Youth also raised the imperative to respect some youth's choice "not to participate or speak" in meetings.

PCG reported that in the listening sessions related to SPMs "most parents responded that they would have liked the meetings to occur more often, and more notice provided." The sessions with parents and caregivers also found agreement around having children and youth as well as child counselors participate, and having decisions made through a collaborative process.

### **Referrals and Transitions**

Think of Us reported that 55 percent of youth surveyed "did not feel DCYF provided them with the support and referrals they needed." They recommended that DCYF "proactively and consistently share with young people what services and resources they have at their disposal" and provide "a more expansive suite of support and services" Many young people felt that DCYF and placement providers needed to improve their cultural competency. Youth shared that providers often lacked LGBTQIA+ competencies and that youth experienced discrimination, and that some youth of color experienced microaggressions from white caseworkers and staff.

## **B. Monitor's Approach**

The Monitor and her team (referred to jointly as "the Monitor") have been involved in the case since D.S. was mediated (the Monitor served as Mediator). With the Monitor, the Parties have used, whenever possible, a collaborative approach to the development of key documents in the Settlement Agreement, including the creation of the D.S. Implementation Plan and the Data Addendum that accompanies the Implementation Plan. Although this approach extended the time it took to complete these documents, the result is an implementation roadmap and data collection plan that incorporates the input of both Parties.

In addition, soon after the D.S. case settled, DCYF identified a Senior Leader to serve as a primary liaison to the Monitor, all DCYF managers and staff involved in implementation, and the Plaintiffs. This has been an incredibly effective position, contributing to the collaborative approach used by the Monitor and providing both the Monitor and the Plaintiffs with a routine channel for discussion and questions regarding implementation activities.

Under the Settlement Agreement, the Monitor brings the Parties together (mostly in person) on a quarterly basis to review activities and data related to the D.S. System Improvements and Exit Criteria. DCYF generates, and the Monitor reviews, a variety of data reports that provide visibility into progress toward requirements in the Implementation Plan and any challenges encountered during the relevant time period and remedial efforts to address those challenges. This DCYF data includes:

- A monthly data report, which provides visibility into more granular time periods to better understand trends and conduct real-time monitoring;
- A quarterly data report, which tracks “night-to-night” placements and placement exceptions, a priority of the lawsuit and monitoring; and
- A semi-annual data report, which aggregates the above data reports and provides a comprehensive update on the measures in the Data Addendum. To date, DCYF has published three semi-annual reports, which are all posted publicly.

In addition, the Monitor has held in-person meetings and, when necessary, video calls with numerous DCYF stakeholders; meets regularly with DCYF staff and data teams; and engages in ongoing case record reviews (three case record reviews to date).

The Monitor has spent time in every DCYF region in the State and met in person with DCYF regional leadership, staff, group care providers, and other foster care staff and providers. Importantly, the Monitor met in each region with the DCYF evening staff, many of whom were assigned to children and youth who had stays in the hotels and staff offices, issues at the heart of the D.S. litigation. The Monitor can state unequivocally that they met no staff who wanted to return to the use of hotels or offices as placements for children. The Monitor also visited all of the “leased facilities” described in greater detail below, the temporary placement sites created in response to the D.S. Settlement as well as four of the new Adolescent Transitional Living Program providers.

## C. Report Structure, Data, and Assessments

This report provides the Monitor’s independent assessment of the State’s compliance with the Settlement Agreement and its achievement of the Exit Criteria. In Chapter II, System Improvements, and in Chapter III, Exit Standards, the Monitor systematically reviews the State’s progress in each component.

The “Measurement” section for the System Improvements and their accompanying Exit Criteria and the additional Exit Standards identifies the data measures agreed upon in both the Settlement Agreement and Data Addendum, followed by a review of the current DCYF data, tracking the State’s progress over time. The data in the Measurement section is pulled directly from the semi-annual reports (see box below on the baseline). Where trend data is available, the Monitor tried to provide it and to note raw comparisons between the

### THE BASELINE

The Monitor uses the earliest data available for each measure in DCYF’s semi-annual report as the monitoring baseline. This means that depending on when the measures were first reported in the semi-annual report, there may be zero, one, two or three data points available. The baseline data used is as follows:

**February 2024 D. S. Semi Annual Report: July 1 to December 31, 2023** is the first semi-annual report, and serves as the baseline in the handful of instances in which data measures were reported.

**August 2024 D. S. Semi-Annual Report: January 1 to June 30, 2024** serves as the baseline for the majority of measures in this report. This is the first semi-annual report released after the Data Addendum and includes most of its measures.

**February 2025 D.S. Semi-Annual Report: July 1 to December 31, 2024** includes a few measures that are first captured in this report. For these measures, there is not yet comparative data, and this report will serve as the Monitor’s baseline moving forward.

Given the variable start of the data, each data table and chart include a note indicating the period covered and the baseline date referenced. This shifting baseline – driven by the timing of data availability and often representing a period considerably later than the true baseline—is a limitation of our approach. Ideally, the initiation of the Implementation Plan would serve as the true baseline; however, because the Monitor is reliant on the biannual data reports provided by DCYF, the baseline needs to be shifted forward to the first time period of available data. It is possible that some progress occurred prior to when it becomes visible in the reported data. As DCYF reports out additional measures in future semi-annual reports, these will be added into the Monitor’s annual reports. Last, a note that for some point-in-time measurements, the data provided in DCYF’s semi-annual reports is proximate to but falls outside that semi-annual report’s reporting window.

baseline and the most recent period with data. The Monitor also tried to indicate its directionality, meaning whether the State is trending toward or away from its goal. These methods are preliminary, and the Monitor plans to formalize the process for characterizing trend data and directionality in future reports, as additional data becomes available.

The “Implementation” section under each System Improvement reviews and assesses the State’s implementation progress, including the State’s achievement towards the D.S. Settlement’s goals and the Exit Criteria for each System Improvement and Exit Standard. This assessment draws on the Monitor’s meetings, case record reviews, and site visits along with all available data, policies, and documents including DCYF’s Decision Packages (budget requests to the Governor). Where relevant, the Monitor references the stakeholder feedback by PCG and Think of Us especially for the three System Improvement areas that required stakeholder input.

Chapter IV, Case Record Review, provides a detailed account of the Monitor’s three case record reviews and discusses opportunities for case practice improvement.

Chapter V, Closing, concludes the report and outlines next steps for the Monitor.

Lastly, a note on citations—the related D.S. documents are all hyperlinked in this report and are therefore not cited each time they are referenced. Additional documents drawn on in this report are cited as footnotes.

## II. SYSTEM IMPROVEMENTS

### A. 4.6 Emerging Adulthood Housing Program

Under the Settlement Agreement, DCYF has agreed to implement “an array of supported housing programs statewide for 16 to 20-year-old young people in foster care or extended foster care who would prefer to live independently” through the Emerging Adulthood Housing Program (EAHP). As outlined in the Implementation Plan, “DCYF is focusing on initial statewide implementation of the Adolescent Transitional Living Program (ATLP) to address this System Improvement” as it builds its EAHP continuum. The Settlement Agreement requires DCYF to provide the following resources and support:

1. Living unit configurations tailored to the needs of youth, inclusive of single occupancy and shared space. Staffing available 24/7 to provide (i) culturally responsive, LGBTQIA+ affirming, and trauma-informed support and training in independent living skills, (ii) transportation and other necessary supports for participants to stay connected to their friends and families, and (iii) crisis response;
2. Intensive case management to provide participants access to necessary mental health services, substance use disorder treatment, peer mentors, and educational/job supports;
3. Preparation for transitioning out of care by timely and actively connecting youth to housing, necessary resources, treatment and support;
4. Developmentally appropriate cultural and social activities that promote healing, recovery, mutual support and healthy community relationships;
5. Referral and access procedures that do not exclude youth solely on the basis of their permanency plan, criminal history, or history of behavioral health challenges; and
6. Defendants will make good faith efforts to expand the Emerging Adulthood Housing Program in DCYF Regions where eligible youth must wait longer than 60 days to begin participation.

#### *Background on the Adolescent Transitional Living Program*

The ATLP was created to address gaps in longer term placement options for 16 to 20-year-old youth in DCYF care. ATLP provides placement in a home-like setting and developmentally appropriate services that encourage autonomy in decision-making and the development of independent living skills while building on the youth’s strengths. The ATLP homes include a kitchen, a living room, recreation space, and individual bedrooms

for residents. One provider has divided their home into three units with three residents in two units and two residents in one unit, as they believe residents do better with a smaller population in their immediate living space. The program’s comprehensive supports include 24/7 staffing that provides culturally responsive, LGBTQIA+ affirming, and trauma-informed assistance for the development of independent living skills. Staff also provide transportation to maintain connections to friends and family and crisis response that includes intensive case management. ATLP is intended to be less structured than Behavior Rehabilitation Services (BRS) programs to provide young adults with a more autonomous living experience, while still receiving support and guidance from on-site staff.

## Measurement

### *Data Addendum Measures*

The Data Addendum identified five measures for DCYF to collect related to the EAHP:

- Number of programs established/capacity
- 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
- 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 who are referred, who programs do not serve and reason

### *Current DCYF Data*

**TABLE 1: Rollout of ATLP by Region**

July 2024 to January 2025<sup>1</sup>

Region	Program	Bed Capacity	Number of Class Members	
			July 2024 (baseline)	Jan 2025 (current)
1	Apple Brooke	N/A	N/A	N/A
2	Ohana Crisis Center	5	N/A	2
3	TBD	N/A	N/A	N/A
4	YMCA	6	2	4

<sup>1</sup> In Region 1, the LLC for Apple Brooke is in progress. In Region 3, the contract for a provider was signed and then canceled by DCYF. N/A means the data is not yet available, as the program has not yet launched.

5	Dominion Academy	5	N/A	2
6	AKI	8	2	7

Data Source: FamLink D.S. Class report 1/2/2025, Program Census 01/06/2025 and FamLink D.S. Class report, 7/5/2024, Program Census 7/1/2024.

## Implementation

### Exit Criteria in the Settlement Agreement specific to the EAHP

- 37(1) Maintain adequate resources to oversee and sustain contracting/recruitment, training and provider quality; and
- 37(2) Consistent with the Implementation Plan, sites, contracts, licensing, policies, and additional program staff training in therapeutic, culturally responsive, LGBTQIA+ affirming, and trauma-informed care are established statewide.

Given the need for new placement resources for children and youth in the D.S. Class, the Implementation Plan for the EAHP prioritized activities to launch the ATLP model. DCYF is beginning to design additional housing models under the EAHP umbrella, which the Monitor is tracking. DCYF is drafting a proposal to fund additional EAHPs which it plans to submit to the Governor's office in advance of the 2026 budget. Once funded, DCYF anticipates carrying out a regional assessment to determine the number of youth who would be eligible to sustainably develop each EAHP.

To oversee the development of ATLP, DCYF hired the Youth and Young Adult Housing Continuum Program Manager in February 2024. This position is charged with developing ATLP, including the release of a request for proposals (RFP), selection and support of new providers, and ensuring that data related to 60-day service is regularly reported and that youth who meet eligibility criteria have access to the services they need. The Program Manager is also responsible for creating a tracking log for young people who receive assessments and services and those who do not receive services but are eligible. Beginning January 2025, the Program Manager is tasked with reviewing quarterly data to create summaries derived from ATLP providers' monthly reports. The summaries highlight key data trends, compare performance to previous targets, and include relevant information like census referral, exit information, and reasons for declining referrals. DCYF also hired two half-time positions to support EAHP licensing, rules, and policy.

The Program Manager, in collaboration with providers, is actively involved in outreach with local placement desks and caseworkers to manage any waitlists and ensure that referrals are timely and appropriate for ATLP programs. If a youth aged 16 or 17 years-old is

interested in an ATLP placement, they can contact a caseworker or ask in a planned staffing. DCYF reports they try to pre-screen the youth for eligibility before placing the youth on a waitlist if needed. At this time, there is limited need for a waitlist, since only Region 6's ATLP is at full capacity. That said, the Monitor has heard, especially when the program first started, that providers had to work themselves to identify youth for placement because they were not receiving referrals from the Regional Placement Desks. The Monitor has spoken to each Region's Placement Desk to ensure they are aware and are referring to this resource; referrals to ATLP will be tracked by the Monitor over the course of the next monitoring period.

Although DCYF intends to open an ATLP in every region, the planned number of available beds at this point (34 total in all six regions) will be relatively small. Regions 4 and 6 launched the first ATLP programs, to replace an overreliance on the use of hotel placements in those regions. Region 6 has plans for a second ATLP, which DCYF requested funding for in the pending Decision Package. This additional program would serve male and male identifying young people as the current program serves female and female identifying young people. DCYF reports that it will not be able to expand the program without this additional funding.

Currently, ATLP beds are intended for D.S. Class Members, but as the class size decreases, there is legitimate concern that the ATLPs will not be fully utilized. This is potentially fiscally devastating for the ATLP providers whose break-even budgets are based on their operating at full capacity. There is a limited prospective client pool based on the complexity of need that can be served by the model. DCYF prioritizes referrals for D.S. youth but will consider non-Class youth as capacity allows. As new ATLP programs come online, the Monitor recommends that DCYF consider who can access these services so that providers can operate in a more fiscally certain environment and a broader group of children and youth have access to placement options that might prevent future Class participation.

The Monitor has visited all of the open (or about to be opened) ATLP homes in Regions 3, 4, 5, and 6 (the ATLP in Region 3 is no longer operating). As discussed above, ATLP is intended for young adults who are ready for independent living; most have experienced significant trauma and are learning how to live with and manage what they confronted as children and young adults. Many of them remain connected to kin but some are not ready or willing to consider placement with them. One ATLP provider shared how painful it can be for some residents who do not maintain connections with family to live in a household where others have active family connections. ATLP providers described how they work each day to balance the emotional health of a house, which is also continuously affected by the arrival or departure of new residents.

ATLP is an evolving model. Early in ATLP implementation, one provider noted they only had an average of 15 percent occupancy because they did not have the capacity to offer services to youth who had complex behaviors that included self-harm, or causing harm to others. Two providers indicated that they would work with youth with these types of needs but had expected that those behaviors would be under control before independent housing is considered for that youth. Whether and how Class Members with more complex mental health needs can live in the ATLP model requires additional discussion by DCYF and its providers. There is notable and significant good faith on the part of all involved to ensure ATLP is a successful program, but it requires considerable ongoing discussion at this stage in its launch as difficult challenges emerge.

One of those challenges concerns the way funding is allocated. The current funding formula makes it difficult for ATLP providers to hold beds for youth who might be transitioning from other settings or to retain a bed for a youth who is trying out a new setting (e.g., from an Independent Living apartment). Vacant beds are not typically paid for, making transition planning difficult. While the issue of program census is not an easy one for DCYF or providers, it is critical that DCYF and its ATLP providers continue to discuss the ATLP funding model. There are good reasons why an ATLP would require extra staff on site for overnight care or when working with youth with demonstrably aggressive behaviors whether the census is one youth or six, but when beds are not fully occupied, it can be difficult to fund this model. Currently staff ratio requirements for ATLP are 1:3 with two staff working at all times.

In September 2024, DCYF began holding monthly meetings with ATLP providers, at their request. The meeting space is designed to provide opportunities for providers to discuss program concerns with DCYF, share resources and other kinds of support, and to help new providers to learn from the existing providers. The Monitor has heard mixed reviews about the effectiveness of these meetings, especially when it comes to resolving some of the tension and mistrust that has built up over the years between the State and the providers. DCYF and the ATLP providers need to continue these discussions about how to manage this tension and develop, if needed, new or more flexible funding and program rules so that these resources can thrive.

DCYF is working to increase trust levels between the agency and ATLP providers. Another reported challenge is that DCYF does not consistently invite providers to the FTDM being held to determine placement. These meetings are the primary opportunity to involve providers in real-time decision-making about youth placements and to weigh in on who comes into their care and when. During one of the Monitor's interviews, a provider recalled more than once learning about a new placement for the ATLP on the day that DCYF brought the youth to the home. These may be early issues associated with a new program, but they nevertheless require consideration.

Lastly, DCYF is working to increase youth access to these placement resources. Information regarding ATLP as a placement option is now being shared directly with young people and families through processes established for SPM and FDTM. As part of the Settlement Agreement, DCYF is required to educate the family team about available services and placement options, including but not limited to ATLP. DCYF has also committed to establishing a pathway for self-referral to ATLP by youth and families by September 2025 (the original goal date was September 2024, but since the FTDM implementation and training has been delayed, so has this activity).

Overall, the EAHP System Improvement goals are progressing with the statewide rollout of ATLP, and DCYF should be commended for its efforts in this area. There is still work to do to reach a better understanding among DCYF, the ATLP providers, and the youth in these settings about who this model best serves and what other placement resources are needed. There is also more discussion needed about the ATLP financial model. The Monitor will report on progress on these issues in the next report.

#### **B. 4.7 Professional Therapeutic Foster Care**

Under the Settlement Agreement, DCYF has agreed to “develop and implement a contract and licensing category for therapeutic foster parent professionals to support children and their immediate families when reunification or placement with extended or chosen family is not possible due to needs associated with the child’s developmental disabilities or behavioral health needs.” DCYF further agreed that:

1. Professional therapeutic foster parents will need the following supports and skills:  
(i) Specialized training and professional development; and (ii) Ability to provide therapeutic, culturally responsive, LGBTQIA+ affirming, and trauma-informed care in a family home environment.
2. Professional therapeutic foster parent responsibilities will include:(i) Maintaining supportive relationships with each child’s parents that includes them as valued partners in making decisions and caring for the child, and facilitates active visitation and participation in the child’s educational, extracurricular, medical, mental health, religious, cultural, and social activities; and (ii) Providing mentorship, coaching for immediate families, independent living skills training for youth, and aftercare supports as needed.
3. Defendants will make affirmative and trauma-informed efforts to offer and make available the following supports to each child receiving PFTC: (i) Supports for reunification or transitions to other permanent homes or independence, including

but not limited to visitation supports or coaching for families working towards reunification, independent living skills training, and employment or vocational preparation; (ii) Facilitation for youth to exercise choice regarding their placement; (iii) Access to necessary resources to (a) stabilize children, (b) increase opportunities for prevention of out-of-home care and family separations, and (c) meet needs for specialized therapy or counseling, case aides, evidence-based interventions, intensive case management, and/or other needs identified through the foster care placement continuum project; and (iv) Development of expected timelines for reassessing safety and accessing resources necessary for return home.

4. Referral and access procedures do not exclude youth solely on the basis of their permanency plan, criminal history, or history of behavioral health challenges.
5. Defendants will make good faith efforts to expand the Professional Therapeutic Foster Care program in DCYF Regions where eligible youth must wait longer than 60 days to begin participation.”

### *Background on Professional Therapeutic Foster Care*

Professional Therapeutic Foster Care (PTFC) builds on the Therapeutic Foster Care (TFC) or treatment foster care model that has been used in child welfare systems across the country. TFC is intended for children and youth who need higher levels of care than what is traditionally offered in most home-based foster care placements. TFC allows for children and youth with complex mental health needs to be cared for in community settings by highly trained and skilled professional foster parents. Nationally, there are three TFC programs in the [California Evidence-Based Clearinghouse for Child Welfare](#) that have been shown to increase placement stability and decrease the time that youth spent in more restrictive settings. There are not yet any specific studies on the developing PTFC model.

The standard TFC model is typically compensated at a higher rate than regular foster or kin care as the TFC foster parent is expected to be part of the therapeutic treatment. In many states, this means a portion of the payment for TFC parents is covered by Medicaid (e.g., two hours per day of TFC parent time is Medicaid reimbursable). In addition, the TFC model often requires or recommends that one caregiver have no outside employment even though they are not compensated for fulltime work through TFC. In Washington State, TFC homes are required to have an income separate from TFC reimbursement which means TFC homes may have two parents working outside the home or an individual TFC parent employed outside the home.

The PTFC model fully professionalizes and makes fulltime the role of the home-based, child welfare caregiver. In this new model, the PTFC parent is fully engaged in the therapeutic treatment of any child or youth in their care and is a key component of their care plan. As described later in this section, PTFC is a relatively new child welfare model that seeks to make it possible for highly skilled foster parents to work fulltime with children and young people in need of more intensive therapeutic supports. The PTFC model is a home-based alternative to residential treatment but should not replace the ability of a child or youth to be placed with kin or suitable other with therapeutic supports, wherever appropriate.

## Measurement

### *Data Addendum Measures*

The Data Addendum identified five measures for DCYF to collect related to PTFC:

- Number of programs/beds established/capacity
- 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
- 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

### *Current DCYF Data*

The data on this measure is not yet available, as DCYF's PTFC model is still under development.

## Implementation

### **Exit Criteria in the Settlement Agreement specific to PTFC**

- 38(1) Maintain adequate resources to oversee and sustain contracting/recruitment, training, and provider quality; and
- 38(2) Consistent with the Implementation Plan, sites, contracts, licensing, policies, and additional program staff training in therapeutic, culturally responsive, LGBTQIA+ affirming, and trauma-informed care are established statewide.

This System Improvement goal is intended to support foster homes with caregivers who have specialized training and competency in working with children and youth who are struggling with mental and behavioral health challenges. Because DCYF is a “kin first” state, children and youth should be placed in a PTFC home only when it is not possible for them to be placed with their families given the complexity of their behavioral health needs and/or their developmental disabilities.

DCYF conducted extensive research on types of therapeutic care and interviewed TFC programs in Colorado and California. DCYF reported that, at the time of their interviews, there were only—combined across both states— approximately eight active professional therapeutic homes, making it hard to generalize about program success given the low sample size. That said, DCYF reported that the state and local child welfare staff involved in the programs in both California and Colorado shared very positive experiences.

In addition to reviewing research and conducting interviews, DCYF implemented several activities designed to meet the requirements for building Washington’s PTFC program. DCYF created workgroups to gather feedback from other foster care systems that support professional fostering and brought together stakeholders with Tribes and Recognized American Indian Organizations, youth groups, parents with lived experience, and community providers to give feedback on PTFC development. DCYF also created two advisory groups that are working on development of the PTFC program outline, scope of work, and PTFC foster parent training process. Lastly, DCYF hired a program manager and two half-time staff to support PTFC licensing, rules, and policy.

Despite the positive steps in creating workgroups and gathering information about successful implementation of PTFC, several of the key activities to create and initiate PTFC are delayed. The contracting process for procuring Child Placing Agencies (CPA), which is key to licensing, training, and supporting therapeutic foster parents, was on hold because it was taking longer than anticipated to finalize a payment structure and initiate services for young people. The contract was initially due March 2024 and then extended until September 2024, and as of this report writing, while the contract has been drafted, it is not yet released. To date, these delays have resulted in missed deadlines for developing relevant training, establishing targeted recruitment goals, establishing contracts with CPA, identifying and placing eligible children and youth in PTFC homes, and foster parent recruitment. Given how long the contracting process takes in Washington, the Monitor is going to expect, moving forward, that more activities occur in parallel rather than waiting for contracting to be complete to begin implementation. While this will not be possible with many activities, it will at least create the opportunity for DCYF to consider what can move ahead while the contract analysis is still underway.

DCYF reports that it expects to release a Request for Application to recruit PTFC homes, starting in early spring 2025. DCYF believes that they have gathered and compiled all the research and qualitative data they need to structure the Washington State PTFC program. They report that they have sufficient staff to provide and develop foster parent recruitment and training programs and CPA contracts and have targeted recruitment efforts to begin in those regions that have the greatest need for PTFC. The Monitor would recommend that lessons learned from DCYF recruitment, foster home retention, and training challenges be incorporated into the Placement Needs Assessment that DCYF intends to complete by this May. A phased rollout should start with children and youth most in need and specifically include analysis related to children in QRTP, many of whom are placed outside their home regions and are the children and youth most likely to be placed in more restrictive care.

### **C. 4.8 Statewide Hub Model Program**

Under the Settlement Agreement, DCYF agreed to “develop and implement a statewide Hub Home Model (HHM) program comprised of, at a minimum, one Hub Home Group for each DCYF region.” The Settlement Agreement also sets forth specific Hub Home standards, including:

1. A Hub Home is defined as a licensed foster parent with experience caring for young people who are currently or previously qualified for Wraparound with Intensive Services or Behavioral Rehabilitative Services. The Hub Home must be licensed for and maintain at least two bedrooms to accommodate respite care.
2. A Satellite Home is defined as a caregiver with an approved home study and includes foster parents, kinship caregivers, and other adults connected to the young person.
3. A Hub Home Group is defined as a Hub Home that supports up to ten Satellite Homes.
4. A requirement that each Hub Home provide the following to the Satellite Homes in their Hub Home Group: a) culturally responsive, LGBTQIA+ affirming and trauma-informed support to young people and adults; b) coordination of Hub Home group meetings a minimum of six times per year, including training, mentoring, and coaching for satellite families; c) coordination of planned and impromptu social events; d) respite care as requested and planned, crisis, and placement stabilization respite; and e) support of permanency planning efforts and visitation for young people.

5. Each child living in the Hub Home Group will also receive adequate support and services promoting permanency including reunification, visitation stabilization, independent living skills training, and employment, and therapy or counseling.
6. A requirement that all interested youth be allowed to participate in the Hub program, noting specifically that youth cannot be excluded from participating in a Hub Home Group based on their “permanency plan, criminal history, or history of behavioral health challenges.”
7. A commitment by DCYF to expand the Hub Home program once one Hub is established in each Region if youth in that region must wait more than 60 days to participate in the program.

### *Background on the Hub Home Model (HHM)*

The Mockingbird Society (TMS) established its Mockingbird Family model in 2004. The model connects what is called a “constellation” of six to ten foster and kinship families (“Satellite Homes”) with a Hub Home that supports them and provides respite care. Hub Homes typically have two respite beds and do not take full-time placements into foster care. The Mockingbird model has been implemented in other states in the United States (California, Kansas, New York, and Oklahoma) and globally, including in the United Kingdom, Australia, and Canada.

Washington State first implemented HHM in 2005. The early iteration was implemented in conjunction with TMS through various CPAs and designed to meet the needs of a different group of children and youth than those contemplated by the Settlement Agreement. At the time of the original requested DCYF Decision Package for funding the current version of the HHM implementation plan, there were eleven Hub Homes. One of the CPAs ended their contract, which resulted in the closing of six of the Hub Homes. Today there are still five Hub Homes: one managed by a CPA and the other four managed by DCYF.<sup>2</sup>

## **Measurement**

### *The Data Addendum Measures*

The Data Addendum identified five measures for DCYF to collect related to the HHM program:

- Number of satellite homes and approved licensing capacity

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<sup>2</sup> Liang T, Cates L, Holman M (2023). [Mockingbird Family Program Recommendations and Strategic Considerations for Expansion in WA-State](#). Camber Collaborative.

- 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
- 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 to but who programs do not serve and reason

### *Current DCYF Data*

The data on this measure is not yet available, as the HHM implementation is still in development. It is anticipated to be available later in 2026. The delay is due to the late release of the TMS contract which stalled during the DCYF contracting process in 2024 (as discussed below).

## **Implementation**

### **Exit Criteria included in the Settlement Agreement specific to Hub Homes planning**

- 39(1) Maintain adequate resources to oversee and sustain contracting/recruitment, training, and provider quality.
- 39(2) Consistent with the Implementation Plan, sites, contracts, licensing, policies and additional DCYF and program staff training in therapeutic, culturally responsive, LGBTQIA+ affirming, and trauma-informed care are established statewide.

Implementation of the HHM has been one of the most difficult, if not the most difficult System Improvement, for DCYF. Although DCYF has existing Hub Homes in its network, they have never viewed them as supports for children and youth with more complex needs. TMS, too, has been candid that this is a new application of their model, though they report excitement about its potential benefits for an expanded set of children and their caregivers.

DCYF's concerns about the Mockingbird Family model for the D.S. Class have contributed to significant extensions and subsequent delays in rollout. The result has been an unacceptably long contracting period. Initially, DCYF and TMS did not agree to the terms of the contract. This disagreement resulted in the cancellation of September 2024 of a critical training session. After months of delays which necessitated some facilitation from the Monitor, DCYF and TMS came to an agreement. The contract, which is a sole source award and therefore subject to a different approval track, was finalized October 1, 2024.

Despite the above difficulties, DCYF's TMS program staff have worked in earnest on this effort. DCYF hired a program manager and four program consultants to serve as Mockingbird liaisons. An additional 3.5 non-permanent program consultant positions were not filled due to implementation delays (with this funding only available through June 2025). The TMS immersion training originally scheduled for September 2024, was rescheduled and held on November 2024 for the DCYF leadership team only. Additional implementation trainings are being scheduled for 2025. The Monitor will attend one of the Hub Home and Liaison trainings to become more familiar with the tenets of the model.

### *Building the Hub Home Network*

In addition to the Mockingbird contract, DCYF spent considerable time developing an RFP focused on procuring a CPA to manage the Hub Homes. Unfortunately, the process resulted in no bids. Throughout the past year, the Monitor spoke with several external provider stakeholders about various DCYF contract mechanisms including the Hub Home RFP. Although the Monitor was aware of certain funding limitations for this and other procurements, the Monitor was not aware of the CPAs' decisions not to bid on this contract. When no CPAs applied, DCYF reached out to CPAs that expressed interest in the program to determine why they did not bid. Lack of adequate funding was the main reason identified. DCYF had only been able to secure a one-time payment for CPAs to launch a Mockingbird constellation. CPAs were understandably nervous about launching and supporting a program that only promised one year of program funding. Other concerns included some questions about the potential of the HHM for children and young people in the D.S. Class, and a requirement in the Settlement Agreement based on TMS best practice that every Hub Home have two separate bedrooms which are used for respite. The two-bed versus two bedrooms issue has since been resolved with the Parties in agreement that two beds, instead of two bedrooms, is a more realistic expectation and will make it easier to recruit new homes. DCYF received an exemption from TMS for this change.

The Monitor was very concerned about the no bids result for several reasons, including the new delays it could introduce to children, young people, and their caregivers receiving appropriate support. In a special meeting this winter with the Monitor and Plaintiffs, DCYF laid out their new plan to manage the Hub Home program directly. DCYF explained that although they had previously considered a CPA contract their best option, they now had greater capacity to support Hub Homes with their program manager and four dedicated liaisons. DCYF also shared that owning the process would help fast-track training and development since they will not need to take additional time for CPA contract procurement from outside sources. Both the Monitor and Plaintiffs accepted this new plan, albeit all had concerns about continued delays and the lack of resources to support CPAs connected to the first RFP.

The initial activities deadlines for Hub Home development will be updated monthly. According to the new timelines, announced at the February 2025 quarterly meeting, a workgroup met to define Hub Home selection criteria in March 2025. The workgroup is creating the vetting process for recruitment of new homes. TMS training of staff and others will be done in April through May and the Hub Home launch will begin in June 2025. All six regions should have at least one Hub Home in place by December 2025. DCYF reported that they worked closely with TMS to make sure the deliveries, timeframes, and reporting requirements were clear in the contract and worked on a phased recruitment plan that focuses on making sure Hub Homes meet consistent standards of care. DCYF is creating a pathway for existing traditional constellations to become enhanced constellations to provide greater services for older youth with complex behaviors.

The existing Mockingbird program in Washington State has been mostly serving younger children that do not have some of the complex behavioral needs of the young people in the D.S. Class. TMS has provided input and guidance to DCYF as they integrate the D.S. Settlement requirements, fidelity markers, and next steps to accommodate the needs of older youth to ensure that the requirements do not compromise model fidelity. DCYF has also updated protocols and procedures to reflect the changes, including requiring training that is trauma-informed, culturally responsive, and LGBTQIA+ affirming. The expectation is that Hub Home parents will be experienced in caring for youth who are currently or previously qualified for Wraparound with Intensive Services or Behavior Rehabilitation Services.

### *Hub Home Activities Going Forward*

The development and implementation of a statewide HHM is a key part of DCYF's effort to eliminate placement exceptions and better serve youth with behavioral health needs. While DCYF has focused on building capacity at DCYF, it has not been able to meet the contracting deadlines or rollout plans identified in the Implementation Plan. Currently, DCYF is delayed on most metrics related to this strategy and the initial goal to have two Hub Homes in place was not met in 2024.

Determining quality assurance measures was also delayed. A new targeted completion date, made possible by the addition of a temporary Quality Assurance (QA) Manager, is in place as of March 2025. DCYF has assembled a workgroup to monitor the relevance of QA measures and update the measures as needed to ensure quality of implementation of the HHM. In the meantime, the immersion training should be made available to all key stakeholders working with Hub Homes and TMS, and if possible, include some members of the other D.S. workgroups (e.g., PTFC) in order to create a better sense of coordination between the D.S. system components.

Now that DCYF has decided to manage the new Hub Homes directly instead of relying on a CPA, they should ensure that the launch of Hub Homes is connected to their new efforts around caregiver supports (see the section on Kinship Engagement for more detail on this effort). Furthermore, efforts around building the Hub Homes should be tied to and integrated with other regional efforts to provide more supports for children, young people, and their caregivers. Hub Homes operating in parallel to Kin Engagement supports operating in parallel to Family Group Planning meetings will not produce the results expected in the D.S. Settlement; these system components must operate together. The Monitor will report in their next report about how these efforts are coordinated on the ground for the benefit of the D.S. Class. DCYF must avoid any further implementation delays on this important System Improvement.

#### **D. 4.9 Revising Licensing Standards**

Under the Settlement Agreement, DCYF has agreed to “amend contracts and policies, and engage in negotiated rulemaking, to amend licensing requirements for foster care placements to be more developmentally appropriate and/or flexible to meet individual youth’s needs.” The amendments will at minimum define and require the following:

1. “Developmentally appropriate autonomy and privacy, including but not limited to developmentally typical access to mobile phones and support or resources necessary to engage in normal social activities with peers;
2. Obligations to facilitate connections to immediate, extended, and chosen family members, in accordance with the youth’s case plan, including but not limited to potential long-term or permanent placements;
3. Responsibility to support youth to remain in their school of origin in accordance with the youth’s case plan as required by 42 U.S.C. §675(1)(G);
4. Expectations to provide education, training, and coaching to families of origin and other potential long-term or permanent placements about how best to support the child;
5. Expectations to engage in service or discharge planning;
6. Standards for providing sufficient nutrition and satisfaction of dietary needs; and
7. Training requirements and expectations for providing culturally responsive, LGBTQIA+ affirming, and trauma-informed care.”

## Measurement

### *Data Addendum Measures*

This item does not lend itself to an administrative metric. All reporting on progress is in the Implementation section, below.

## Implementation

### **Exit Criteria in the Settlement Agreement specific to Revising Licensing Standards**

- 40(1) New developmentally appropriate rules have been adopted in compliance with Title 34 RCW and implemented for foster care placements.

The licensing changes envisioned by D.S. contemplate a placement continuum that is more consistent with the development needs of the children and young people in the care of DCYF. While these System Improvements are deeply procedural and process-oriented, their net effect—if done well—should result in improved well-being for children and youth. As of the end of December 2024, progress toward this System Improvement’s goals were mostly completed by the proposed deadlines. Some proposed trainings (e.g. providing culturally responsive training for System Improvement leads and working with affected departments to amend service contracts to better align rules and practices) have been delayed until the end of 2025 and into 2026.

Implementation of the Group Care Negotiated Rate Model (NRM) is also delayed by two months because consensus could not be reached across workgroup members (including providers, DCYF, and youth) on the Washington Administrative Code (WAC) section, which was created to meet many of the D.S. Settlement requirements and youth-informed changes. To keep negotiations alive, the NRM team has conducted learning sessions, resolved almost 300 comments from workgroup participants, conducted a series of meetings with affected groups, and hosted four dinner and dialogue events to produce ways to move the negotiations on the WAC to a mutually agreeable conclusion.

The Monitor met with DCYF licensing leadership to discuss progress on this System Improvement. The DCYF leads presented information on the work to define and implement the different levels of foster care and updated the team on current plans. They reported being on track to meet the Implementation Plan’s System Improvement goals for licensing staff. The leads also reported that the revised contracts and policies and engagement in negotiated rulemaking to amend requirements for foster care placements are helping to

improve the use of foster care statewide and make foster homes more developmentally appropriate. The Monitor spoke to several providers who were involved in licensing policy; many reporting that they were optimistic about some of the changes being put in place (albeit that the changes were slow to be made).

In 2025, the Licensing Division/Foster Care (LD) reorganized to change its program structure into two distinct programs, one for foster care licensing and one for kinship licensing. The new structure will bring in a focus on improving the foster and kin licensing experiences, which is a significant structural improvement. The structure is still being defined but will be designed to reflect the child welfare practice changes occurring in the last few years. The move toward specializing in kin and foster care services will also better meet the needs of the population that DCYF currently serves.

The reorganized LD program structure is expected to improve the Division's ability to serve kin and foster families by eliminating the need for the multiple hand-offs that occur during the licensing process between LD staff and caregivers. Assigning one licensor to each provider throughout the licensing process will help the licensor be able to provide a more personal response to applicants and facilitate opportunities to know more about the individual families that are applying.

The LD has also streamlined the entire licensing process by prioritizing kinship licensure, improving licensing timelines through more efficient handling of applications and creating a more equitable workload distribution by redistributing tasks across licensing teams. There are no administrative metrics for this goal area; however, the Monitor will continue to check in with licensing leads and providers in the regions to learn about the ongoing efforts to eliminate barriers to improving the licensing process.

#### **E. 4.10 Kinship Engagement Unit**

Under the Settlement Agreement, DCYF agreed to “establish a statewide ‘Kinship Engagement Unit (KEU)’ that includes a family finding model to identify and engage Class Members’ extended family members and friends to support families in safely reunifying or staying together.”

The KEU's responsibilities include:

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 support 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.”

### *Background on Kinship Engagement in Washington State*

Over the past three years, DCYF has put in place a number of changes—outside of the D.S. Settlement context—to create a more “kin first” culture. These changes have brought Washington in line with states across the country and federal laws and policy that preference placements with kin and suitable others. Research has shown that children and youth fare better if they grow up with families. Key findings in a [2020 Casey Family Programs report](#) demonstrate greater relational permanency for older youth placed with kin, even if they were not initially placed with kin when they first entered care. Another notable study found that children placed in kinship care had fewer behavioral problems three years after placement than children placed in foster care.<sup>3</sup>

Building on this research, in 2022, kin placements in Washington became eligible for the first time for foster parent subsidies provided that they agreed to be licensed. This change has dramatically increased the number of licensed kin foster parents in the State from 12 percent in 2019 to approximately 60 percent today (and it is even higher in some regions). Kin are also eligible to receive the new, higher monthly payments which were implemented by Washington State in 2024 (see below).

To support a growing set of kin and suitable other providers, DCYF has made several operational changes and new staffing investments. First, DCYF made significant changes to FamLink, its data case management platform, making it easier to track efforts made to find kin and other non-foster care options to prevent restrictive placements. This included a separate section in the case record to report on attempts to make reasonable efforts to place youth with kin or, at the very least, keep them in contact with kin. In addition, in 2024

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<sup>3</sup> Rubin DM, Downes KJ, et al. (2008). [Impact of Kinship Care on Behavioral Well-being for Children in Out-of-home Care](#). Archives of Pediatric Adolescent Medicine. 162(6):550-6.

DCYF created a new centralized “Relative Engagement Unit” with three dedicated staff who can provide statewide support on relative search in emergent situations such as an unplanned disruption. This unit supplements the already existing “Relative Search Unit” (under the Administration Division) which searches for and sends notices to all relatives about being a placement option or supportive resource within 30-days of any child entering DCYF care.

In January 2025, DCYF’s Licensing Division announced that it was reconfiguring its team to have dedicated staff that work with kin given the unique needs and challenges for many potential kin and suitable other placements. This will allow for a more streamlined application process.

Finally, DCYF is continuing to roll out its Caregiver Supports Project. Phase One of this project began in January 2024, replacing DCYF’s existing four-level foster care rate assessment system with a seven-level caregiver support model that provides foster care payments to all licensed caregivers, including licensed kin based on the needs of the children and youth in care. This is a significant change as historically unlicensed kin placements received less support for the care they provided. Phase Two is designed to ensure that all caregivers, including relative and kin providers (licensed and unlicensed) have access to the standard support they need. The State will award a contract for defined catchment areas serving the entire State. The award process started in September 2024 and will run through June 2026. The contracts require each area to provide outreach and an introduction to available services within 72 hours of placement of a child or youth. Also, a Caregiver Supports Project plan must be created, in conjunction with caregivers, within 30 days of placement. There is also a special provision for Tribal authorities to serve their own children and youth or to opt out of services. Last, notably since the Caregiver Supports Project’s resources are tied to the child, there is the potential for case aides to support scheduling and driving youth to appointments (i.e., doctor’s visits, family visits), potentially alleviating some of this burden from caregivers, if needed. At least one region told the Monitor that they currently use case aides as this type of resource.

## **Measurement**

### *The Data Addendum Measures*

The Data Addendum identified four key measures for DCYF to collect related to the KEU:

- The percentage of children/youth in class placed with kin will increase
- Contacts with extended family members and family friends including number of contacts by KEU with extended family members and family friends of children/youth

in Class identified by the child and/or family, and the number and type of support/resources provided

- Supporting connections (the number of child(ren)/youth in Class who have at least one supporting connection with an extended family member or family friend)
- Guiding family placements through the licensure process (percent of kinship families licensed to care for a child/youth in Class)

### Current DCYF Data

**TABLE 2: Class Members Placed with Kin**

January 2024 to January 2025<sup>4</sup>

Data Source: FamLink D.S. Class Report 1/2/2024, 7/5/2024 and 1/2/2025.

**TABLE 3: Class Members Placed with Licensed Kin**

July 2024 to January 2025<sup>5</sup>

Percentage of Class Members Placed with Kin			Directionality	Percentage Points Change of Class Members Placed with Kin (baseline – Jan 2025)
Number in Class with Kin / Total Class Count				
Jan 2024 (baseline)	July 2024	Jan 2025 (current)		
34.0% 260/765	33.6% 234/696	30.7% 181/590	Up is better	-3.3% ↓

Percentage of Class Members Placed with Licensed Kin  Children and Youth Placed with Licensed Kin Homes / Class Count of Children and Youth Placed with Kin		Directionality	Percentage Points Change of Class Members Placed with Licensed Kin (baseline –Jan 2025)
July 2024 (baseline)	Jan 2025 (current)		
51.7% 121/234	68.0% 123/181	Up is better	16.3% ↑

Data Source: FamLink D.S. Class Report 7/5/2024 and 1/2/2025.

<sup>4</sup> Class count for this measure excludes children and youth placed in a trial return home with their parents.

<sup>5</sup> Includes youth with kin who are fully licensed as well as kin who have initial licenses and are completing the licensing process.

**TABLE 4: Class Members in KEU Pilot, Only Spokane and Vancouver Offices**Data Point in Time—December 31, 2024<sup>67</sup>

Measure	Class Members
<b>Class Members Identified in the Pilot</b>	95
<b>Class Members placed with kin in the Pilot Area</b>	29
<b>Percentage of Class Members placed with kin in the Pilot Area</b>	31%
<b>Class Members engaging with KEU staff at Pilot Sites</b>	34
<b>Percentage of children/youth served by KEU placed with kin</b>	9%
<b>Number of licensed kinship families caring for Class Members</b>	3
<b>Percentage of licensed kinship families caring for Class Members</b>	9%
<b>Percentage of children/youth with at least one connection</b>	68%

*Data Source: FamLink D.S. Class Report 1/9/2024, 7/5/2024, 1/2/2025.***TABLE 5: Family Finding and Connections, Class Members Engaging with the KEU Staff (KEU Pilot, Only Spokane and Vancouver Offices)**

August 1 to December 31, 2024

Type of Connection	Number of Connections
<b>Emotional support to caregiver</b>	34
<b>Clothing/phones</b>	8
<b>Transportation/travel</b>	25
<b>Childcare</b>	5
<b>Mental health counseling for youth</b>	12
<b>Evidence-based program (i.e., Triple P, Incredible Years)</b>	3
<b>Family Reconciliation Services/Family Preservation Services</b>	2
<b>Guiding and supporting through licensing</b>	4
<b>Foster Care Maintenance (monthly support for licensed caregiver)</b>	20

*Data Source: Program Manager Tracking Log.*

<sup>6</sup>Class count for this measure excludes children and youth placed in a trial return home with their parents (from DCYF's Family Finding Data Pull 1/15/2025).

<sup>7</sup> This table is reproduced directly from the February 2025 Semi-Annual Report, retaining the original table title. Based on the information provided in the report, as well as the metric definitions in the Data Addendum, the Monitor was unable to conclusively determine the numerator and denominator for the "Percentage of licensed kinship families caring for Class Members." The Monitor intends to follow up with DCYF to further clarify the nature of this measure.

Overall, the percentage of non-Class Members placed with kin is close to 60 percent, as reported in a presentation by DCYF staff at the February 2025 quarterly meeting. In January 2025, DCYF reported that there are 181 Class Members in kin placements. One-hundred twenty-three of them, or over 60 percent, are in licensed kin homes. DCYF reports the percentage of all Class Members placed in kinship care has decreased slightly, but placements are stable.<sup>8</sup> DCYF attributes the stability of kin placements to their strong push to increase support for kin families.

## Implementation

### **Exit Criteria included in the Settlement Agreement specific to the KEU**

- 41(1) KEU with family finding model, including providing individualized communication methods about available community-based services and resources, is established statewide.
- 41(2) Kinship supports, including peer support, system navigation, licensure assistance, and information about available supports, are available to kin of Class Members.
- 41(3) Defendants have received and considered stakeholder feedback as described in Attachment A regarding any additional kinship supports; and
- 41(4) Data is collected and demonstrates improvements in timeliness and delivery of kinship engagement services.

### *KEU Pilot*

The KEU, like many other System Improvements under D.S., was designed to address a known gap related to the children and youth in the D.S. Class. Specifically, there was a sense that children and young people who ended up in hotel stays and/or with more than five placements were, in some cases, in care before many of DCYF's changes related to kin were made. Thus, kin might not have previously been considered as a first placement option nor were supports available to them to make a kin placement viable. As described earlier in this section, since D.S. was negotiated, several changes have been put in place related to kin, not only for children and youth in the D.S. Class but for any child that is in the custody of DCYF. The KEU Pilot was designed to serve the needs of children and young people in the D.S. Class only. A question for any System Improvement in child welfare is whether it is something needed for a specific population like the D.S. Class or should be available to all children. The idea for this was to determine which special supports might be needed for D.S. Class Members related to kin engagement.

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<sup>8</sup> In February 2025, in its report out to the Monitor, DCYF shared that there are 186 Class Members in kin placements. Ninety-six of them, or 52 percent, are in licensed kin homes.

The Settlement Agreement notes that the KEU is also intended to be a statewide unit (versus an embedded practice in all placement areas) for D.S. Class Members that identifies and engages Class Members' extended family members and friends and helps families safely reunify and/or stay together. DCYF launched the KEU as a pilot in two regions—Spokane (Region 1) and Vancouver (Region 6). For this effort, DCYF contracted for a kin engagement model supported by the Family Connections technology platform, developed by Connect Our Kids. DCYF established, filled, and onboarded four staff positions for the pilot; supervisory support was spread across several existing supervisor roles.

The two KEU Pilot units, for the most part, operated in parallel to the rest of the DCYF placement process and kin support efforts. Pilot staff worked the Class list from their respective regions to determine if kin had been or could be engaged. Although the data reported from the Pilot regions shows some connections made to the 96 Class Members, just over one-third were engaged across four full-time staff members, much lower than anticipated. While the KEU Pilot can point to some successes, there was understandably a lot of confusion about their role compared to the role of other kin supports such as the Relative Support Unit or even Wendy's Wonderful Kids, a group inside DCYF that works to find permanent homes for legally free children and youth in DCYF custody.<sup>9</sup> Moreover, it appeared that many senior managers did not know about the KEU Pilot, likely because the small pilots were operating outside the normal operating practices related to placement and some services were duplicated (e.g. kin searches).

### *Moving Forward with the D.S. Kin Requirements*

Many of the children and youth in the D.S. Class, whether they were in the KEU Pilot or not, have had their kin connections discussed and/or revisited. This is great progress and represents a practice shift that DCYF seems to welcome. The 5- and 10-day team meetings that now occur for children and youth in placement exceptions are routinely checking on kin and other suitable adults, as are the Complex Youth meetings now being held in most regions. Additionally, the Monitor's interviews with Placement Desk staff across the State found that they are now engaged in the kin placement process in new ways with some regional Placement Desks now assigning staff to support kin options, specifically.

While DCYF did work in good faith to set up its Pilot, the goals of the Settlement Agreement in this area have not yet been met. The number of changes that have happened related to kinship care since D.S. was settled make the creation of a specific "Kinship Engagement

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<sup>9</sup> Wendy's Wonderful Kids used to be housed in an organization outside DCYF, but it is now a centralized unit with one supervisor and one recruiter per region.

Unit” for only D.S. Class Members confusing at best, and unnecessary and redundant, at worst. This area is one where the DCYF Central Office team and Regional Directors need to work together, with significant input from their staff doing placement work every day, to develop more standard practices and processes for kin placement. This does not mean that every region must operate the same way, but every region needs to know how kinship placement options are supported and staffed, and if Central Office’s support is available and needed, when and how it is accessed. This includes ensuring that there is coordination around how kin are connected to Hub Homes and caregiver supports, and which children and young people might be prioritized for these resources such as the D.S. Class. This is not the case right now. Any new staff devoted to helping the types of children and young adults in the D.S. Class should be connected to other, ongoing placement and caregiver support efforts.

While there are some notable improvements in this goal area, they did not necessarily result from the implementation of the two KEU Pilots, which have been slow to roll out and served a small number of families. More likely, the changes to licensing have resulted in an increased ability to make more placements with kin. In addition to the licensing rule changes, the new foster care payment and support model developed through the Caregiver Supports Project provides higher payments, system navigation, and information about what is available to kinship caregivers and more stability through enhanced service provision for high needs youth in care.

Statewide, the new practice and licensing requirements are credited with producing higher kin placement rates and lowered numbers of placement changes. Regionally, staff also attribute positive changes to increased multiple efforts in their regions to locate kin after hours and through the role of the placement coordinator supervisor, who is always on call to facilitate placements of children and youth with complex behaviors. DCYF’s assessment of the KEU Pilot began in March 2025. Findings will be compiled into a comprehensive report and will be informative to assessing the strategy to best engage kin for children and youth in the D.S. Class.

DCYF could further strengthen kin practice by taking a closer look at increased support for foster parents and kin families right from the beginning. It is recommended that DCYF routinely collect information from kin and other providers to determine if current rate setting is doing what it was planned to do and conduct frequent data reviews to determine if the new rates and support systems (e.g., KEU Pilot rollout for kin support in the regions, and Hub Homes) are leading to increased kin placements that are fully supported to meet the needs of all Class Members.

The Monitor strongly recommends that efforts to determine how to meet the KEU requirements of D.S. are not paused while the agency waits for findings from the KEU Pilot.

Since many staff from the temporary pilot units have left or plan to leave soon, efforts to develop a new strategy or to integrate the D.S. strategy into broader kin plans is the best next step. The Monitor will work with DCYF to identify a new deadline for it to share a revised strategy for this System Improvement.

#### **F. 4.11 Family Group Planning**

Under the Settlement Agreement, DCYF agreed to strengthen Family Group Planning, which is intended to fulfill “five core functions” of the Settlement Agreement as described in the Data Addendum, including:

1. Active participation of children, youth and their families in team meetings
2. Education about services and placement options
3. Elicit and value a child’s preferences in terms of placement options including 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 the “Family Team” how and where to best support the youth
5. Provide necessary support and resources.

According to DCYF, Family Group Planning encompasses Family Team Decision Making (FTDM) meetings which are included under the broader umbrella of family planning meetings called Shared Planning Meetings (SPM). In the Settlement Agreement, DCYF agreed to “review SPM and FTDM policies and practices for improvements and revise in response to input from individuals with lived experience and other stakeholder feedback.”

#### *Background on Family Group Planning*

Washington State first implemented the evidence-based Team Decision Making™ (TDM™) model in 2006 with training and support from the Annie E. Casey Foundation. DCYF calls its version of this model FTDM. FTDM meetings follow “the SPM model of engaging the family and others who are involved with the family to participate in critical decisions regarding the removal of children from their homes, placement stabilization and prevention, and reunification or placement into a permanent home.”

FTDM is based on a collaborative approach to safety planning that brings together caseworkers, families, and key stakeholders designed to balance safety risks with the trauma of family separation. FTDMs allow immediate decisions to be made about

placement and rely on a skilled, specially trained DCYF facilitator to manage and direct the meeting, explore alternatives to restrictive placements, seek solutions to avoid placement disruptions, and arrive at consensus decisions about next steps.

Research has shown that the TDM™ model, which FTDM is modeled after, has benefits when implemented with high-fidelity in child welfare agencies. This process has been linked with an increased likelihood that a child or young person who is in care will live with relatives or in family foster care rather than a shelter or group setting.<sup>10</sup> Chances also increase for reunification and decreased repeat maltreatment.<sup>11</sup> TDM™ also encourages the regular collection of meeting-related data to continuously improve quality and effectiveness and to ensure the meetings become an integral part of routine practice.

The Washington State model, FTDM, is part of the larger umbrella of SPM. DCYF has identified twelve other types of meetings listed as SPMs. Each of these meetings bring together parents, children, youth, caregivers, and other identified supports to plan effectively for child and youth safety, permanency, and well-being. These additional SPMs include:

- Adoption Planning Review
- Behavior Rehabilitation Services
- Child Health and Education Tracking
- Commercially Sexually Exploited Children
- Developmental Disabilities Services Planning
- End of Life Care
- Foster Care Assessment Program
- Local Indian Child Welfare Advisory Committee
- Mental Health/Substance Abuse Treatment Planning
- Permanency Planning Meeting
- Shelter Care Case Conference
- Transition Staffing

## Measurement

### *The Data Addendum Measures*

The Data Addendum identified four key measures for DCYF to collect related to Family Group Planning:

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<sup>10</sup> Rushovich B, Hebert A, et al. (2021). [Results from a Randomized Control Trial of Team Decision-Making](#). Children and Youth Services Review, 131, 106263.

<sup>11</sup> Wildfire J, Rideout P, Crampton D (2010). Transforming Child Welfare, One Team Decisionmaking Meeting at a Time. Protecting Children, 25(2)40-50.

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

*Current DCYF Data*

**TABLE 6: Shared Planning Meeting Participation**

July 2024 to January 2025

Measure	Percentage Participation Count/Total		Directionality	Percentage Point Change
	July 2024 (baseline)	Jan 2025 (current)		
<b>Class Members who attended at least one meeting (all ages)</b>	35.4% 242/653	39% 220/558	Up is better	3.6% ↑
<b>Parent of child/youth who is not legally free attended at least one meeting</b>	49% 318/653	58% 244/421	Up is better	9% ↑
<b>Relative attended at least one meeting</b>	71% 462/653	40% 222/558	Up is better	31% ↓

*Data Source: InfoFamLink, 01/06/2025 and 7/18/2024.*

**TABLE 7: Shared Planning Meeting Participation<sup>12</sup>**

January 2025

Measure	Percentage Participation Count/Total
<b>Class Members ages 12+ years who were invited to at least one meeting</b>	33% 108/330

<sup>12</sup> This table does not provide the same comparison data as Table 6, as these measures were first reported by DCYF in the February 2025 Semi-Annual Report. These data will serve as the baseline for subsequent reports.

<b>Class Members ages 12+ years who attended at least one meeting</b>	63% 208/330
<b>Parent of child/youth who is not legally free invited to at least one meeting</b>	80% 337/421
<b>Relative invited to at least one meeting</b>	44% 243/558

*Data Source: InfoFamLink, 01/06/2025*

DCYF has a system in FamLink to collect and store Family Group Planning (SPMs and FTDMs) data. The system will eventually be able to track several data points related specifically to FTDMs, including the number of youth and caregivers who decline to attend SPM/FTDM when placement change is the reason for the meeting, who is invited and who attends the meetings, and whether providers (e.g., ATLP/Q RTP providers) or other key stakeholders are invited to and attend these meetings.

DCYF first reported Family Group Planning data in the August 2024 Semi-Annual Report. From January through June 2024, there were 1,468 SPM held for Class Members. Of the 1,468 SPMs, 955 meetings (65 percent) were held for youth 11 to 17 years. In 422 of the SPMs (44 percent), youth were in attendance.

The February 2025 Semi-Annual Report found that from July through December 2024, there were 1,031 SPMs held for 558 unique Class Members; 220 youth attended at least one meeting and 40 percent had a relative who attended one meeting. For the 421 children and youth who were not legally free, 80 percent had a parent invited and 58 percent had a parent attend (see Table 6 and 7 above).

## Implementation

### **Exit Criteria included in the Settlement Agreement specific to Family Group Planning**

- 42(1) Defendants have received and considered stakeholder feedback regarding the maintenance or revision of its SPM and FTDM policies.
- 42(2) DCYF staff have received training and receive ongoing coaching in SPM and FTDM policies and protocols, as identified in the Implementation Plan.
- 42(3) Defendants have implemented quality assurance as outlined in the Implementation Plan.

Given the evidence behind SPMs, it is not merely a single System Improvement of the D.S. Settlement but a building block for improved practice across the Department. The Monitor

has observed across numerous jurisdictions the results that are possible when child welfare systems are committed to SPM practice and put the infrastructure in place to support its functioning at the local and central levels. In other words, if DCYF can implement this system component, other components will be more likely to succeed. Because of this, implementation of this System Improvement takes on greater importance to the overall success of D.S. From the start, DCYF has approached this System Improvement with two goals in mind. First, to expand its SPM practice immediately to support the reduction of the use of hotel and office stays for children and young adults. Second, to work more broadly on SPM practice generally to bring greater consistency and rigor to DCYF's use of meetings. As discussed below, DCYF has done an excellent job in leveraging and expanding the use of meetings to support the reduction in the use of hotels and other placement exceptions. It has not, however, produced the same progress related to the overall increase in quality or use of meetings on a day-to-day basis. The Monitor is concerned about the low overall meeting numbers, as well as the youth and family participation numbers related to Family Group Planning. Class Members attended less than half of SPMs and, of concern, the percentage of meetings where relatives attended went down during the implementation period (see Table 6). The text below describes DCYF's efforts to date in this area and some of the reasons progress has been delayed.

### *Policies*

DCYF has created two policies that provide a roadmap with rules and timelines for implementing SPMs ([1710 Shared Planning Meetings](#)) and FTDMs ([1720 Family Team Decision Making Meetings](#)). Both policies provide guidance for “engaging the family and others who are involved with the family to make decisions regarding removal of children, placement stabilization, placement prevention, and reunification or placement into a permanent home.”

DCYF's policy team is continuing to review its Family Group Planning policies to ensure alignment with the requirements of the D.S. Settlement, including related documentation standards and job descriptions. The policy, as currently written, is complete enough “as is” and would serve to provide guidance on full implementation with some fidelity to the original TDM™ model. DCYF leadership has also issued a Practice Communication directing staff to incorporate youth voice in SPM and FTDM.

These policies are not widely used by staff. Leadership has not introduced them as documents that will drive the how and when FTDMs will be used. This is critical to making progress in this area.

### *Training Development*

The Monitor expects that the quality and use of SPMs will increase. To improve the quality of SPMs, DCYF committed to updating FTDM staff training and practices to strengthen overall meeting quality and ensure the best possible placement outcomes for children and young people who cannot stay safely in their own homes. The updated model would also allow for facilitator training and supplemental training focused on youth engagement, obtaining stakeholder feedback, and data collection to assess fidelity to the decision-making model.

Unfortunately, as with Hub Homes, this is another area in which delays due to contracting have resulted in numerous missed Implementation Plan deadlines. To be fair, many of these contract delays are not solely the fault of DCYF. As with Hub Homes, this contract involves a sole source designation with a group called Evident Change, which was only signed on March 10, 2025. Because of this delay, the FTDM model updates and training that were scheduled to begin for all staff and key stakeholders in late summer or early fall of 2024 have still not occurred. If the contract is signed, all activities will be required to occur in this fiscal year which ends June 30, 2025, which is not possible. As of this report writing, the Evident Change contract was still mired in the DCYF contracting milieu. These delays mean the pace of FTDM policies, practices, and training activities have not been as updated or expanded as planned.

However, as the Monitor and DCYF have discussed, there are actions that DCYF can take such as quality improvement activities on current meetings while the contract remains outstanding (which probably should have happened sooner). Efforts are currently underway at DCYF to onboard a newly hired SPM Program Manager responsible for updating facilitator training and creating trainings regarding working with youth involved in SPM. The trainings have already been created incorporating youth voice and trauma-informed practice principles, which the Monitor is now inquiring about on visits to the field.

### *Quality Assurance*

Given the progress to-date, the work of quality assurance to support and improve SPM and FTDM has been limited. As noted above, the Monitor believes it is important for DCYF to focus on these activities and no longer wait for Evident Change to do all this work. To date, there is not a centralized process for reviewing an aggregate group of meeting notes because FTDM notes are held in individual cases. DCYF also recently hired a Quality Assurance Continuous Quality Implementation (QACQI) Manager who is tasked with improving data collection and creating quality assurance and data analysis tools, a recommendation that was made by youth stakeholders through the Think of Us feedback.

It is also anticipated that a SPM data dashboard will be developed to assist SPM teams with tracking timeliness of meetings, attendance metrics, and workload.

The Monitor believes that with the addition of the new SPM Program and QACQI Managers DCYF will be able to collect the necessary data to measure facilitator training quality and attendance and create tools that can collect and analyze the data necessary to standardize and improve practice in the implementation of FTDM. Although the current data reported above shows some progress as far as children and youth being invited to meetings and some slippage as far as relatives joining meetings, the reality is that the data is not yet fully reliable. There are too many meeting types and potential reporters that have to be sorted to be certain about the accuracy of DCYF's current administrative reports. The Monitor will be digging into this topic robustly in the coming months and will report on progress as far as data reliability and other items in the next report.

### *5/10-Day SPM Implementation*

DCYF now requires that “night-to-night” placement exception (N2N/PE) placements have an SPM in five and ten days, called “5/10-day SPM” meetings. These meetings are held within five days of placement in a placement exception and every ten days thereafter. These meetings are being used to help limit the time young people spend in restrictive, unnecessary, or undesirable placements, and are viewed widely as contributing to the reduction in N2N/PE placements both by leadership and staff in the field. Some regions hold “Complex Case” staffings daily for both children and young people in the D.S. Class, at risk of entering the Class, or for cases where a placement might disrupt. With regard to the 5/10-day SPM for children and young people in placement exceptions, the Monitor has observed both qualitatively and quantitatively that youth voice and preference is more regularly considered as far as placement choice (see more under the Exit Standard 45(2) in Chapter III). This is an important achievement by DCYF.

### *Other Ongoing SPM and FTDM Meetings*

While FTDM is at times listed as an SPM, it is quite different from the other kinds of SPM because it is modeled on the evidence-based TDM™. There are specific recommendations, based on research, tied to the process of implementing TDM™ that have proven to produce better outcomes for children, youth, and families. DCYF has committed to implementing FTDM with identified strategies, goals, and timelines that are complementary with TDM™, although the implementation of these efforts has been limited, as already discussed.

DCYF has fully staffed the FTDM process, including facilitators, QACQI and training staff. All facilitators will be trained in the FTDM facilitation process. When the budget Decision Package for FTDM was approved in July 2024, an SPM Manager was hired to make sure that

FTDMs are held with attention to quality as mandated by the existing DCYF policy. This is all very important progress and DCYF should be commended for putting these critical people resources into place.

However, from the Monitor's interviews and observations across the State as well as from case record reviews (see Chapter IV), the Monitor has found that the placement decision-making meetings in general, including FTDM, are still variable across the State. This is due to many factors. First, the increased use of SPM for different purposes is not only confusing for meeting participants, but it also clouds the specific purpose of FTDM as the primary safety planning meeting. While FTDM is considered a SPM, its purpose is solely to make real-time DCYF placement decisions. This FTDM must include input from the child and youth (if age appropriate), the family or other kin and key stakeholders, to find the safest, least restrictive placement options for the child or youth who is at high risk for placement disruption or removal from home. Crucial tasks that are specific to the effectiveness of FTDM, like knowing who handles inviting relatives, documenting who attended the meeting, knowing how placement was decided and determining the timeliness of the meeting are all important to maintaining the fidelity of Washington's FTDM model. The Monitor has observed that the use of multiple meetings with different purposes and facilitators (e.g. Child and Family Team Meetings led by BRS providers or SPM lead by caseworkers to discuss a treatment plan for a child already in care) blurs the purpose of FTDM.

Second, because DCYF implemented FTDMs almost twenty years ago, based on interviews and record reviews, it is clear that fidelity to the model has drifted. The delayed DCYF approval of the Evident Change contract to update and support training and data collection and enhance decision-making effectiveness in DCYF, has also delayed the development of a quality assurance process for many months.

A major challenge to understanding and verifying the full breadth of meeting practice and quality is that the data in FamLink is inconsistently entered. While data from SPMs and FTDMs are supposed to be coded by meeting type, through the Monitor's review of case records "meeting" section and caseworker notes in files, the Monitor found that placement meetings had multiple labels, "SPM," "FTDM," or "SPM/FTDM" depending on who was entering the information in FamLink. Given the distinct evidence-base of FTDM, and the ongoing work of DCYF to improve FTDM policies and practices, being able to disaggregate the actual numbers of FTDMs by distinct type is important. Further, from the current data, while there is a record of who was invited to the meeting, it is not always possible to identify who attended or why an important stakeholder (e.g., parent, kin, foster parent) did not attend. The inclusion of this information is critical in a meeting about an emergency removal or placement change.

### *Moving Forward with the D.S. Family Group Meeting Requirements*

The focus of DCYF Family Group Planning should be the robust high-fidelity implementation of FTDM meetings, in alignment with the evidence-based TDM™ model standards. DCYF has sufficient resources in place to proceed with updating and expanding the entire process of implementing FTDMs, which has been stalled for months. DCYF has already created an FTDM policy, but it is not widely or in continuous use to help staff, community members, placement caregivers, and other key stakeholders understand their roles and responsibilities in the conducting of FTDM. DCYF facilitators do collect information from the meetings they hold, but it rests in individual child and youth case files and, as of this writing, is not aggregated, shared and used to improve implementation of FTDMs. The Evident Change consultants will enhance the FTDM process, but it must first be available to all who could benefit from it.

The data in this report on Family Group Planning is disappointing, and the Monitor strongly advises that DCYF re-double its efforts on this critical System Improvement. DCYF can get back on track quickly to build back the fidelity elements, beginning with updating and requiring attendance in the standard and advanced FTDM training about roles and responsibilities for staff and meeting participants and by ensuring a robust data collection and analysis process for capturing meeting data. The Monitor will be tracking this System Improvement closely over the next year given its importance to overall reform and report on DCYF's progress in their next report.

### **G. 4.12 Referrals and Transitions**

Under the Settlement Agreement, DCYF has committed to “develop trauma-informed, culturally responsive and LGBTQIA+ affirming referral and transition protocols in response to input from individuals with lived experience and other stakeholder feedback.” In addition, the protocols implemented by DCYF are required to provide for:

1. Access protocols and memoranda of understanding (MOU) with interested local hospitals and juvenile entities to refer youth and families for pre-placement and reconciliation services to prevent the need for out-of-home care.
2. Opportunities for children and youth to develop and verify their own histories and information to explain their own strengths, needs and goals to service providers and potential extended, chosen, or foster families.
3. Supports to preserve relationships where possible or to address grief and loss post-transition.

4. Pre-placement phone or video contacts and in-person visits and orientation for children and youth to meet potential foster or unfamiliar kinship families.

The “Referrals and Transitions” System Improvement under the Settlement Agreement covers a broad set of issues. Specifically, it requires that DCYF enter a MOU with interested local hospitals and county juvenile courts. More broadly, it requires a major practice shift for DCYF related to ensuring that children and youth participate fully in the process around placement, including how they are described to potential kin and foster parents and other providers.

### *Background*

How to handle and manage referrals and transitions from hospitals, juvenile justice, and local courts is a challenge for child welfare systems across the country. There are at least two questions for child welfare systems like DCYF addressing this issue. First, how to handle referrals from these settings for children and youth that have never been in child welfare custody. Second, what the protocols should be for children who are, or have previously been in their custody, who have been admitted to a hospital or spent time in juvenile detention. These issues often pit different systems against each other; child welfare versus a hospital and child welfare versus the juvenile detention center or juvenile court.

The “Keeping Families Together Act” or [E2SHB1227](#) (“1227”), passed by the Washington Legislature in 2021, focused in part on these types of referrals. Its aim is to safely reduce the number of children and youth removed from their families through, among other things, heightening the standard for police and hospitals to take a child into protective custody and changing the shelter hearing standard to “imminent risk of physical harm.” Laws like this have been passed based on testimony about children and youth in custody who should not have been there at all or who stayed too long. This law is still playing out in Washington State and has most certainly affected the number of children entering care.<sup>13</sup> It is also at play in discussions between DCYF, hospitals, and the county juvenile courts.

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<sup>13</sup> The Monitor recently learned about pending legislation in Washington State that would require youth released from detention be immediately placed in DCYF care if parents are not present at the time of release. According to DCYF, this has the potential to bring 150 new youth into DCYF placement. While the resolution of this issue is outside the scope of the Monitor’s authority, this type of situation only increases the urgency for DCYF to attend to its placement continuum. New entrants from the juvenile justice system might need some of the short-term placements that are currently being used for children and youth with complex mental health issues and/or developmental disability needs. Longer term options for these youth are needed, whether more youth in juvenile justice enter DCYF or not.

## Measurement

### *Data Addendum Measures*

The Data Addendum notes that the commitments related to the MOU with interested local hospitals and juvenile justice entities do “not lend” themselves to an administrative metric. The State’s efforts related to these commitments are based on other qualitative and procedural evidence, as described below in the “Implementation” section.

Related to Youth Narrative, Supports, and Pre-Placement Contact, the Data Addendum identified five key measures for DCYF to collect:

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

### *Current DCYF Data*

**TABLE 8: Youth Narratives and Referral Review**

July to December 2024

Measure	Percent Offered	Percent Offered Who Participated
	Total Offered / Total Eligible Children and Youth	Total Participated / Total Offered
Children and youth 5+ with opportunity to develop information for referral	49% 19/39	74% 14/19
Youth 12+ with opportunity to verify referral information	57% 17/30	47% 8/17

*Data Source: Referrals and Transitions Log.*

**TABLE 9: Children and Youth Transition Planning Metrics**

July to December 2024

Measure	Percent Offered	Percent Offered Who Participated
	Total Offered / Total Eligible Children and Youth	Total Participated / Total Offered
<b>Pre-placement contact between youth and potential caregiver</b>	87% 40/46	75% 30/40
<b>Plan to preserve relationships</b>	87% 40/46	33% 15/40
<b>Plan to address youth's grief and loss</b>	87% 40/46	4% 2/40

*Data Source: Referrals and Transitions Log.*

## Implementation

### Exit Criteria included in the Settlement Agreement specific to Referrals and Transitions

- 43(1) MOUs are in place between DCYF and hospitals and juvenile courts, as identified in the Implementation Plan.
- 43(2) Class members are given an opportunity to develop and verify their own case histories and information; and
- 43(3) Defendants have developed and implemented a protocol for pre-placement contacts between Class Members and potential placement resources.

The Monitor spoke to most of the DCYF Regional Hospital and Juvenile Justice Liaisons designated by Child Welfare Field Operations, as well as the Program Manager. In addition, as noted above, in each region, the Monitor spoke to Placement Units about their practices related to local hospitals and juvenile courts. While there is some variation, DCYF regions reported good working relationships with their hospital and juvenile court partners and named only a handful of cases that resulted in children or youth being stuck between systems. Over the next year, the Monitor will be reaching out to area hospitals and juvenile court partners to get their point of view on these issues. As it stands now, based on the

Monitor's case record review, very few of the children or youth experiencing placement exceptions are coming directly from a hospital or juvenile court discharge.

That said, the passage of the Keeping Families Together Act has created some conflict around whether children and youth meet the statute's criteria for protective custody. Child welfare offices that once picked up children based on a call from the hospital or local juvenile court are now asking new questions pursuant to protocols developed by DCYF, and not always agreeing to take custody. This has naturally created tensions in the field, which DCYF leaders and staff were candid about to the Monitor, particularly for referrals of older youth who have no history with DCYF. This is not an issue that is unique to Washington State. Across the country, hospitals report extreme frustration with both children and adults stuck in their emergency departments or inpatient units due to the inadequate supply of community-based treatment beds.

In this context, DCYF has done many of things it committed to do related to the MOU for [hospitals](#) and [county juvenile courts](#), including most importantly, developing the draft MOU itself. As DCYF has described in its several semi-annual reports, it has met with numerous hospitals, the Hospital Association, as well as representatives from the juvenile courts. It has also developed communication protocols and training materials about this topic. These protocols and materials have been shared broadly and informed the practices of field staff in their work with hospitals and juvenile courts.

In interviews by the Monitor, DCYF was able to describe its referral and transition practices, and when and how issues were elevated to senior staff so that frontline workers were not left to manage difficult situations on their own. In our case record reviews, we found references where staff were able to refer to protocols and consult with supervisors when faced with emergency placement requests. In most of those instances, DCYF reported that the hospitals had requested immediate DCYF custody and placement for a child or youth with difficult behaviors. Supervisors were able to articulate protocols that explained the harm to children and youth who are released from intensive care without allowing the necessary time to consider where that child and youth would be best cared for and, in some cases, were able to get additional time in hospital care to further stabilize the child or youth so that placements could be found.

In the most recent semi-annual report, DCYF indicates that despite efforts to establish MOUs with individual hospitals and the juvenile courts, DCYF has not been successful in the execution of an MOU with either the hospitals or the courts. The Monitor has not drawn a final conclusion on this yet and needs additional time to understand the reasons for this result so far. In the meantime, the Monitor notes and appreciates that DCYF has completed or is on track to complete other referral and transition protocols in response to feedback from lived experience experts and other stakeholders. DCYF is also continuing to

engage leadership from the courts and hospitals on these referral protocols. To ensure consistency in protocols and inter-agency collaboration, State and Regional Program Managers and Regional Hospital Liaisons in conjunction with State and Regional leadership developed a practice memo released to all child welfare staff that clearly defines procedures for responding to intakes when parents will not pick up their children or youth from hospitals. In addition, through the emergency SPM placement process, which occurs specifically to obtain parent and youth input into whether placement is appropriate or even necessary, DCYF is better able to look for kin and other family placements when not being forced to place a youth immediately upon release from detention. All parties would then have the opportunity to weigh in on a home and follow-up services for that youth. The Monitor will continue to track this issue over the next year and hopes to speak to representatives from both hospitals and the courts in the coming months.

DCYF has recently hired a placement consultant staff whose job is to find ways to incorporate youth voice in all placement referrals. As a result of youth input DCYF has changed the standard form it uses, the Child Information and Placement Referral (ChIPR). The ChIPR has historically been used to transfer information about the needs and strengths and interests of a child or youth in care. The forms are then used to match a child or youth to a placement. Thus, the form provides potential caregivers with information, sometimes for the first time, about the child or youth. In reflection, youth shared their challenges that the ChIPR form sometimes included disparaging language and stories about the youth, especially after a placement disruption. Youth feedback suggested more strengths-based, trauma-focused language would better signal the needs of that youth, strengthen supports, and enhance the chances of finding a stable nurturing placement. Using this input, DCYF updated the ChIPR training, and all current DCYF child welfare staff are required to take the revised training, which will also be required of new staff. It is expected that the changes to the way a child or youth's experiences are described will hopefully change the way the child or youth's new caregivers will respond to new placements.

The first set of Youth Narrative metrics were reported by DCYF in the February 2025 Semi-Annual Report. The numbers related to youth participation including in referral review and transition planning supports are low, indicative of these being new practices. Over the next year, the Monitor will evaluate the data reported by DCYF in this area to provide more feedback on whether and how the processes are working to incorporate youth voice.

## H. 4.13 Qualified Residential Treatment Programs

Under the Settlement Agreement, DCYF has committed to “not place any Class Member in a congregate care setting unless there has been an initial evaluation and by the end of 2023 subsequent evaluation every 90 days thereafter determining that the QRTP placement is and continues to be the most appropriate level of care for the child in the least restrictive environment. The initial and 90-day evaluations must:

1. Be conducted by a neutral and objective qualified evaluator;
2. Include interviews, preferably in-person, with youth, family, and any involved natural supports and record reviews of primary source documents;
3. Identify strengths and needs of the child, as well as child-specific short and long-term mental and behavioral health goals, 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;
4. Include a finding that family-based alternatives, including options listed above in paragraphs 6-8 have been considered and deemed insufficient to meet the child’s needs; and
5. Identify discharge criteria and progress toward meeting discharge criteria.”

## Measurement

### *Data Addendum Measures*

The Data Addendum identified one key measure on QRTP’s for DCYF to collect:

- 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  $\geq 90\%$ .

Current DCYF Data

**TABLE 10: QRTP Assessments by Quarter**

January to December 2024

Measure	Q1 Jan-Mar 2024 (baseline)	Q2 April-June 2024	Q3 July-Sept 2024	Q4 Oct-Dec 2024 (current)
% with Completed Assessments	97% 60/62	98% 85/87	95% 71/75	99% 83/84
# with Completed Timely Assessments / # of Class Members				
% Who Qualify for QRTP	89% 55/62	93% 81/87	89% 67/75	83% 70/84
# Who Qualify for QRTP / # of Class Members				

Data Source: QRTP tracking log. Count of Class Members may be duplicated across quarters.

**TABLE 11: QRTP Assessment Trends**

January to December 2024

Measure	Jan-Mar 2024 (baseline)	Oct-Dec 2024 (current)	Directionality	Percentage Point Change
In-person contact with Class Members in QRTP placement	85%	81%	Up is better	-4% ↓
QRTP assessments completed every 90 days	97%	99%	Up is better	2% ↑
Consulted with non-professional supports (parents, family, other non-professional)	31%	54%	Up is better	23% ↑
Consulted with professional (Provider, SSS, MH provider, teacher, other)	95%	100%	Up is better	5% ↑

<b>QRTP discharge criteria assessed</b>	97%	95%	Up is better	5% ↑
<b>Strengths and needs assessed</b>	98%	100%	Up is better	2% ↑
<b>Mental &amp; behavioral health needs &amp; goals assessed</b>	97%	100%	Up is better	3% ↑
<b>Least restrictive setting assessed</b>	92%	94%	Up is better	2% ↑
<b>Positive discharge</b>	35%	50%	Up is better	15% ↑

*Data Source: QRTP tracking log. Count of Class Members may be duplicated across quarters.*

## Implementation

### Exit Criteria included in the Settlement Agreement specific to QRTP

- 90% of youth in a QRTP or other congregate care setting have been determined to need QRTP placement pursuant to preplacement and subsequent 90-day evaluations by a neutral and objective qualified evaluator.

The well-being issue at the heart of this System Improvement is ensuring that children and youth are in appropriate placements, and do not enter QRTPs if there are less restrictive placements that can meet their therapeutic needs, and conversely, that they do not linger in a QRTP placement when they are ready for discharge. Among the significant concerns of many children’s advocates in Washington State—and appropriately so—is that children and young people remain in institutional placements longer than they need to because there are not enough community-based placement options. Based on the Monitor’s observations, interviews, and review of data, it is apparent that DCYF needs a more robust placement portfolio that includes an array of placements, including less restrictive home-based options for children and youth to avoid a QRTP or for time-appropriate step-down. The lack of a strong placement continuum contributed to the hotel crisis and drives the use of placement exceptions today.

DCYF has committed to improving the frequency and quality of the process for assessments of youth to determine if placement in QRTP is, or continues to be, the best

treatment option for youth who are referred. To ensure that implementation is embedded in practices, DCYF has developed a number of new tools and practice standards. In the past, QRTP assessments were not always conducted in-person and occurred every six months.

DCYF's reorganization of QRTP began in 2022, preceding the finalization of the D.S. Settlement. The reorganization shifted the qualified individuals who completed the assessments, called Intensive Resource Program Consultants (IRPC) from being embedded in the child welfare regions to a statewide, centralized unit. The Settlement Agreement enabled DCYF to request additional QRTP assessment staff in their Decision Package that year to meet the increased requirements for frequency and in-person assessments. In July 2023, DCYF secured funding for an additional supervisor and six additional IPRC. The IPRCs not only meet with children and youth to complete in-person (in most cases) assessments and re-assessments every 90-days, but they are also participating in the Child and Family Team Meetings (CFTMs), which are facilitated by the QRTP monthly every 90-days and are required under BRS contract.

In the last year, DCYF has moved to improve the quality and number of QRTP assessments with an eye on embedding quality assurance measures throughout the process. The required 90-day assessments have a completion rate of 95 percent, as reported in the last semi-annual report, now exceeding the Exit Criteria for this item. The main issue now for DCYF is securing step-downs for youth in QRTP placements. However, as noted already, less restrictive placements are difficult to find, especially ones that are close to the youth's family or other circles of support.

IRPCs are assigned not only to complete the assessments but to help engage family members and others who are part of the youth's support system. They work closely with providers and child welfare staff to make sure that the child or youth and family needs are being considered and assist in some of the decision making around increasing the quality of placements, including what is shared at the CFTMs.

Some providers reported frustration with what they saw as redundancy in information gathering for the QRTP assessments which require multiple interviews, and information that is being gathered for other DCYF meetings and requirements. The Monitor has not drawn a conclusion about this yet but is tracking the issue and will report on it again in the next report. Given the previous discussion about Family Group Meetings, it is not hard to imagine that the CFTMs are not coordinated with other SPMs. The review planned by Evident Change and DCYF should include a review of CFTMs so that they can be integrated into recommendations about team meetings, generally.

As part of their quality improvement, IRPCs meet regularly to review the assessments of other regions for quality control purposes and to share feedback. DCYF created a tool (Smartsheet) to track Q RTP placements and youth not non-qualified for Q RTP. This has resulted in very useful data on the assessors' progress, as well as very current data on children and youth. A drawback to using the Smartsheet is that it is a stand-alone tool and cannot be integrated within the FamLink data system, making it difficult to capture complete data or understand compliance trends in Q RTP reporting. Q RTP assessment information is not easily available in one place in FamLink. There is also a lot of inconsistency in the way caseworkers file assessment reports and record information on BRS. Currently Q RTP information can only be found in individual case records and only if the reporting caseworker has recorded useful and/or accurate information. The Monitor recommends that DCYF update Q RTP reporting in FamLink in the same way it has successfully updated the system to contain more useful kin search information in the case files.

Over the last year, the Monitor has visited several Q RTP homes and met with several Q RTP providers. Concerning themes in these conversations involve the providers' sense that there are many children and youth that the providers either do not feel skilled enough to handle and/or that their staffing ratio is not sufficient to allow for them to accept hard to treat children and youth who have significantly aggressive behaviors. Currently the staff ratio for Q RTP youth is 1:3 during awake hours and the overnight ratio is 1:6. Funding is fee-for-service based on number of youth placed. Although 1:1 staffing can be approved on a case-by-case basis, many providers still felt that this was too restrictive.

An overarching theme of these conversations was the apparent disconnection providers experience between their work with increasingly difficult to treat youth and DCYF BRS expectations or requirements. Given the high number of children with developmental disabilities, several providers told the Monitor that they planned to convert their BRS program to a developmental disabilities program so that they could have better resources to address the needs of children and youth in their care, and for at least one provider, because they felt the State's Developmental Disabilities Administration was more responsive to their needs as a provider.

While the Monitor tries to leave discussions about rate modeling to the providers and the State, it was clear from the Monitor's discussions that there was real concern from professionals with years of experience running group care that the model they were being asked to run was not in sync with the needs of the children and youth they were being asked to serve. Some of this is a rate discussion, but this is also a discussion about the placement continuum. As part of its placement continuum work, DCYF needs a regular mechanism to meet with providers to discuss the needs of the children in their care, and the quality of the DCYF service and placement continuum. These providers should be

invited to team meetings convened by DCYF. Proof that they have been invited and the reasons that they did not attend should be readily available in the reports.

The QRTP System Improvement is off to a good start. The internal DCYF team working on this issue has brought a level of rigor and analysis to the work that has produced very reliable data about this issue. The process part of this work is going well. The next hurdle which the Monitor expects DCYF to address this year involves using what has been learned by the process to shape the placement continuum, including adjusting existing models based on the needs of children and youth and the capacity and input of providers.

### III. ADDITIONAL EXIT STANDARDS

#### A. 45(1) Service within 60-days of Referral

The Settlement Agreement requires that “90% of eligible youth and children referred to or requesting services from EAHP, PTFC program, and HHM program statewide are served within 60 days of request or referral.”

#### Measurement

##### *Data Addendum Measure*

The Data Addendum identified one key measure for DCYF to collect:

- DCYF will serve 90% of eligible youth and children referred to or requesting services from System Improvements 4.6 EAHP, 4.7 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.

##### *Current DCYF Data*

**TABLE 12: Class Members Served by Services within 60-days**

January 2024 to January 2025<sup>14</sup>

	Percentage Served Class Members Served / Eligible Youth			Target Met (90% of eligible youth served)
	Jan 2024 (baseline)	July 2024	Jan 2025 (current)	
<b>Emerging Adulthood Housing Programs</b>	6.8% 9/133	3.3% 4/122	17.6% 15/85	In Process
<b>Professional Therapeutic Foster Care</b>	N/A N/A /207	N/A N/A /204	N/A N/A /176	In Process
<b>Hub Homes</b>	N/A N/A /470	N/A N/A /422	N/A N/A /372	In Process

<sup>14</sup> N/A means no data is available, as the PTFC and Hub Home programs have not yet launched.

*Data Source: InfoFamLink, Quarterly Class Report 7/5/25 and 1/2/25 and EAHP Program Census 7/2/25 and 1/6/25A. Data source not listed for January or July 2024 in the Semi-Annual reports.*

## **Progress Toward the Exit Standard**

As the data shows, DCYF has made progress in one of the service areas, EAHP, in terms of eligible youth served. However, it is too early to assess progress on either PTFC or Hub Homes. While the EAHP services are reaching more young people, this Exit Standard further illuminates the importance of DCYF robustly developing its placement continuum, including creating a wider range of EAHP beds beyond ATLP, as even at full capacity, ATLP would not be able to service the majority of eligible young people. The Monitor will track all of these service areas over the coming year, and report on them in the next report.

## **B. 45(2) Night-to-Night Foster Care Placements**

The Settlement Agreement requires that DCYF “have eliminated the use of night-to-night foster care placements and placement exceptions in any hotel, motel, office of a contractor, car, or state agency during overnight hours (between 10pm to 6am), other than in the event the youth returns to or enters DCYF custody between those hours, and Defendants must use a placement exception for the remainder of that night.”

### **Measurement**

DCYF agreed to eliminate the use of “night-to-night” (N2N) foster care placements and placement exceptions by December 31, 2024. To track progress, the Data Addendum states, “DCYF will monitor and report use of night-to-night foster care placements and placement exceptions.”

#### *Data Addendum Measures*

- Count of children and youth under DCYF placement and care authority 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-to-night foster care placements or placement exceptions for the review period.

#### *Current DCYF Data*

Although DCYF has not eliminated the use of N2N placements and placement exceptions, they have made tremendous progress in this area. Children and youth in DCYF custody are rarely placed in hotels or motels, which is a significant milestone for the State.

Hotels and motels are not used for older youth but are still an emergency alternative for younger children if there is no other alternative. While DCYF has not met the deadline for complete elimination of the use of N2N and placement exceptions, they are progressing in good faith toward that target. DCYF’s revised timeline and plan for complete elimination of N2N placement and placement exceptions is discussed in the next section.

**TABLE 13: Count of Class Members in N2N/Placement Exceptions**  
July 2023 to December 2024<sup>15</sup>

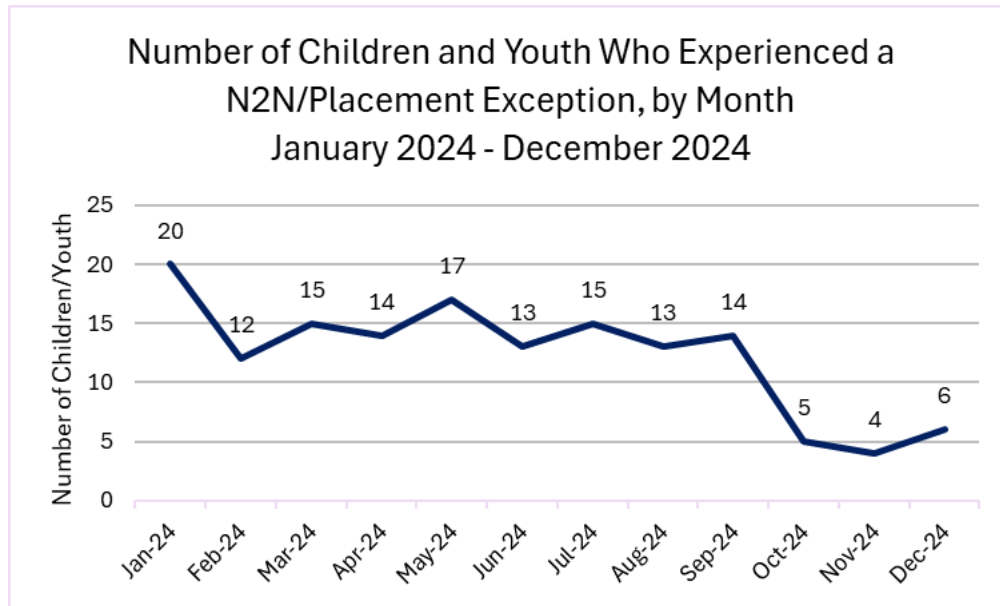
Region	Number of Class Members			Directionality (down is better)
	July-Dec 2023 (baseline)	Jan-June 2024	July-Dec 2024 (current)	
<b>1</b>	3	2	3	–
<b>2</b>	0	0	0	–Σ
<b>3</b>	10	5	2	↓
<b>4</b>	25	25	18	↓
<b>5</b>	14	17	11	↓
<b>6</b>	67	15	6	↓
<b>TOTAL</b>	<b>119</b>	<b>64</b>	<b>40</b>	↓

*Data Source: InfoFamlink, 2023 Quarter 3 (November 8, 2023) and 2023 Quarter 4 (February 6, 2024); 2024 Quarter 1 reporting (February 5, 2024, March 5, 2024 and April 9, 2024) and 2024 Quarter 2 reporting (May 7, 2024, June 11, 2024 and July 8, 2024); 2024 Quarter 3 reporting (August 6, 2024, September 9, 2024 and October 9, 2024) and 2024 Quarter 4 reporting (November 8, 2024, December 10, 2024, and January 6, 2025).*

The most recent data available on N2N placement and placement exceptions is part of DCYF’s monthly reporting from January 2025, which continues to demonstrate this downward trend. There was a total of seven youth in N2N placement and placement exceptions in January 2025, with zero youth in Regions 1, 2 and 6; two youth in Region 3 and 5; and three youth in Region 4.

<sup>15</sup> A note that children and youth may be duplicated across reporting periods in this table.

**CHART 1: Number of Class Members in N2N/Placement Exceptions<sup>16</sup>**  
January to December 2024



Data Source: InfoFamlink, 2024 Quarter 1 reporting (February 5, 2024, March 5, 2024 and April 9, 2024) and 2024 Quarter 2 reporting (May 7, 2024, June 11, 2024 and July 8, 2024); 2024 Quarter 3 reporting (August 6, 2024, September 9, 2024 and October 9, 2024) and 2024 Quarter 4 reporting (November 8, 2024, December 10, 2024, and January 6, 2025).

**TABLE 14: N2N/Placement Exceptions Experienced by Children and Youth**  
January to June 2024<sup>17</sup>

Placement Type	Number of Youth				Total Number of Nights			
	July-Dec 2023 (baseline)	Jan-June 2024	July-Dec 2024 (current)	Direction -ality (down is better)	July-Dec 2023 (baseline)	Jan-June 2024	July-Dec 2024 (current)	Direction -ality (down is better)
Leased Facility	54	53	33	↓	1,413	818	595	↓
Night-to-Night	79	14	3	↓	226	28	6	↓
Placement Refused-Hotel	7	3	0	↓	23	3	0	↓

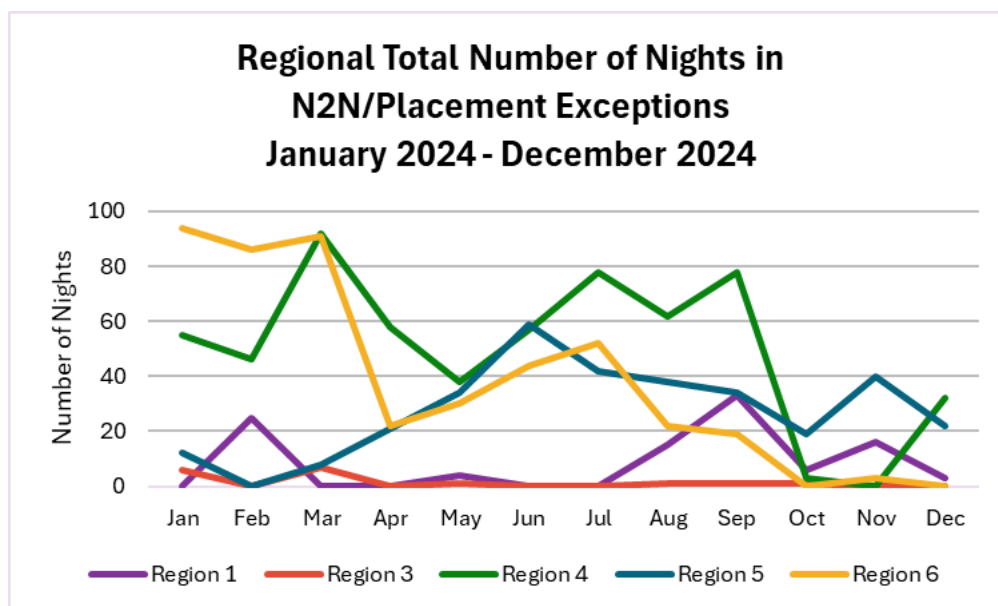
<sup>16</sup> This chart is pulled directly from February 2025 Semi-Annual Report (page 56). Monthly counts represent the unique number of children experiencing a N2N/placement exception during the month. Children and youth may be represented in more than one month.

<sup>17</sup> Children and youth can experience multiple types of N2N/Placement Exceptions and may be counted in more than one placement type.

<b>Placement Refused- Leased Facility</b>	9	11	6	↓	10	13	8	↓
<b>Placement Exception- Hotel</b>	38	7	4	↓	285	28	11	↓
<b>TOTAL</b>	<b>187</b>	<b>88</b>	<b>46</b>	<b>↓</b>	<b>1,957</b>	<b>890</b>	<b>620</b>	<b>↓</b>

Data Source: Quarter 1 reporting (February 5, 2024, March 5, 2024 and April 9, 2024.), Quarter 2 reporting (May 7, 2024, June 11, 2024 and July 8, 2024), Quarter 3 reporting (August 6, 2024, September 9, 2024 and October 9, 2024) and 2024 Quarter 4 reporting (February 6, 2024, November 8, 2024, December 10, 2024, and January 6, 2025).

**CHART 2: Regional Total Number of Nights in N2N/Placement Exceptions**  
January to December 2024<sup>18</sup>



Data Source: InfoFamlink, 2024 Quarter 1 reporting (February 5, 2024, March 5, 2024 and April 9, 2024) and 2024 Quarter 2 reporting (May 7, 2024, June 11, 2024, and July 8, 2024); 2024 Quarter 3 reporting (August 6, 2024, September 9, 2024, and October 9, 2024) and 2024 Quarter 4 reporting (November 8, 2024, December 10, 2024, and January 6, 2025).

<sup>18</sup> This chart is pulled directly from February 2025 Semi-Annual Report (page 58). Monthly counts represent the unique number of children experiencing a N2N/placement exception during the month. Also, children may be represented in more than one month.

**TABLE 15: Distribution of Nights for Children and Youth Experiencing N2N/Placement Exceptions**

July 2023 to December 2024<sup>19</sup>

Range of Nights	July-Dec 2023 (baseline)	Jan-June 2024	July-Dec 2024 (current)
<b>1 to 2</b>	45	18	5
<b>3 to 5</b>	21	13	9
<b>6 to 10</b>	17	9	6
<b>11 to 20</b>	13	13	8
<b>21 to 30</b>	5	4	4
<b>31 to 60</b>	9	4	8
<b>61 to 91</b>	4	2	0
<b>91 &amp; up</b>	5	1	0
<b>TOTAL</b>	<b>119</b>	<b>64</b>	<b>40</b>

Data Source: InfoFamlink, 2024 Quarter 1 reporting (February 5, 2024, March 5, 2024, and April 9, 2024) and 2024 Quarter 2 reporting (May 7, 2024, June 11, 2024, and July 8, 2024); 2024 Quarter 3 reporting (August 6, 2024, September 9, 2024 and October 9, 2024) and 2024 Quarter 4 reporting (November 8, 2024, December 10, 2024, and January 6, 2025).<sup>20</sup>

## Progress Toward the Exit Standard

The use of N2N placements for children and youth in DCYF was central to the filing of the D.S. lawsuit. An [earlier order](#) entered by the US District Court granting, in part, the Plaintiffs’ motion for a preliminary injunction required DCYF submit a plan for how they would “cease...using hotels, motels or DCYF office space” for children and youth in DCYF custody.

### Leased Facilities

DCYF’s plan to eliminate N2N placements consists of several strategies including some that led to the creation of new temporary placements referred to colloquially as “leased facilities” as an alternative to the use of hotel, motels and office stays. The leased facilities are all run and staffed by DCYF. The facilities are in Seattle, Vancouver, and Olympia. Aspire House (with six beds) and the Belonging House (with six beds) are homes, and Lake Burien (with four beds), is a therapeutic transitional care facility that was previously a group home. Altogether, the leased facilities have the capacity to serve sixteen children and youth.

<sup>19</sup> The number of nights represents the total number of nights from in the reporting period, which may not be consecutive.

<sup>20</sup> The data source this table for the data from July to December 2023 is not identified in the February 2024 Semi-Annual Report.

The Monitor has visited all three sites. The leased facilities are not run as typical group homes or other institutional programs. There is a high staff to youth ratio (sometimes as high as five staff to one youth, depending on the needs of the child and youth in house at the time). Staffing includes primary staff (trained in trauma-focused practices), back-up staff, and staff acting in a security capacity. Services are individualized to the needs of specific children and youth. Many youth who were unable to find stability in various settings have been able to find stability in these settings.

The Monitor has had extensive discussions with the DCYF evening staff responsible for placing and staying with children placed in hotels, motels, or at a DCYF office. Across all regions, DCYF evening staff reported how difficult it was to ensure safety for both the children and them in these settings. Given this, the leased facilities are viewed as a welcome resource by most DCYF evening staff and are sometimes preferred for a handful of youth who have experienced multiple placements. These youth have typically experienced significant emotional and/or physical abuse and have histories of running away or exhibiting aggressive or assaultive behaviors and had experienced rejection from kin and other foster placements. During the regional interviews with night staff, it was frequently noted that the leased facilities have provided an alternative to N2N placements by offering greater stability for youth with complex needs. The facilities were usually willing to take some of the most difficult to place youth and worked with DCYF to understand how to manage those behaviors.

DCYF has said the leased facilities are a temporary solution as they build a more robust, less restrictive placement continuum for children and youth with complex needs. While placements in the least restrictive environments are always optimal, as discussed in earlier sections of this report, DCYF has not yet brought online all of the additional resources identified in the Settlement Agreement that could serve children and youth in the D.S. Class. In addition, as DCYF starts to incorporate new types of resources, that are not just for members of the D.S. Class such as the Caregiver Supports program, placements in both traditional foster homes and with kin are intended to be better supported than they have previously been.

### *Placement Continuum Analysis*

With the aim of serving young people in the least restrictive environments and building the right service array, in May 2024, DCYF produced a statewide assessment of its placement continuum to better assess the current placement needs of young people in BRS placements (QRTP and TFC) and Group Receiving (Resource and Assessment Centers [RAC], Emergent Placement Services [EPS], and Group Receiving), as part of its effort to transition from placement exceptions. The analysis examined where youth are from and the location of their placements. This highlighted areas where young people had to leave

their region to receive care. The analysis identified significant placement needs in most regions. In particular, a disproportionate number of young people in Region 6 were placed in QRTPs in Region 1. Similarly, it identified great variation in regional needs for Group Receiving placements, with some regions having much more robust home-based options and some having next to none. DCYF is using this analysis to guide where and how it develops placement resources, particularly in areas with less capacity.

The Plaintiffs have requested and DCYF agreed to repeat the placement continuum analysis annually. This is a good idea, whether there is a D.S. case or not. With respect to D.S., however, each year, the placement continuum analysis should build on what has been learned in the previous year, including what is now known about the number of children and youth who are in QRTPs, are ready for a less restrictive placement but none is available, and the young people who were referred for an ATLP but it was not considered a good match. Based on the Monitor's case reviews, the placement continuum also needs to address the issue of children and young people in DCYF's custody who have a developmental disability and identify how many placements can support this level of care (as well as how this need can be supported in a kinship placement via wrap-around). If there really is a months-long wait for a "DD bed," then the placement continuum needs to contemplate whether and how children and youth in a DCYF placement will receive the supports they need while they wait. Data from DCYF's new seven-level foster care payment system should also be used and incorporated into a next placement continuum analysis.

### *Leased Facilities Going Forward*

Informed by the placement continuum analysis and given that all necessary resources are not yet developed or fully available, there seems to be a continuing need for the leased facilities. DCYF has asked for a new, 18-month timeline extension of the original Settlement goals in this area in order to meet the goal of no N2N placements or placement exceptions, (e.g., no N2N placements or placement exceptions as of June 30, 2026). The rationale for the extension is to give DCYF additional time to develop other D.S. resources in-house, such as PTFC and Hub Homes, as well as expand current receiving care resources and funding for new placement resources, such as Group Receiving Care, Group EPS Receiving Care, and Intensive Group Receiving Care. The Plaintiffs, understandably, do not support the extension given the amount of time that has already passed since the original preliminary injunction order and the many delays already discussed in this report.

The Monitor would have preferred greater expediency as well. As noted already, however, the Monitor has concluded that it is wise to maintain the leased facilities while other resources come online, and others are identified and funded. It is too soon to close them

simply because DCYF has not yet developed sufficient permanent placement and other resources to support children and youth in the D.S. Class. The current Decision Package includes proposed funding for three new types of contracted group care that will enhance the current placement continuum. These licensed resources will provide short-term care for children and youth when there is a need for emergency placement and a placement that meets the child or youth's needs is unavailable. By expanding receiving care resources and options, the intent is to provide short-term placements to stabilize the child or youth while a more optimal placement is sought. The intent is to eliminate the need for placement exceptions thereby decreasing the number of children and youth in the Class. The first option will be Group Receiving Care, which will serve children under the age of 12 years and any accompanying siblings in short-term care and require an 85 percent acceptance rate of all eligible children. The second option is a Group Receiving Care-Emergency Placement Services home that serves youth ages 12 to 17 who have higher levels of need for services. This will also have an 85 percent acceptance rate for all eligible youth. The third option is Intensive Group Receiving Care serving youth ages 12 to 17 years who have the highest levels of need for services. Group Receiving Care has a "no decline" or 100 percent acceptance requirement. Requests for funding for all three receiving care types are in the 2025 Decision Package and will require funding in the current State budget to become operational. The Monitor recommends that providers that are asked to support this third option be funded with the same robust staffing model as the Leased Facilities.

Further, a gap in the placement continuum are family-friendly receiving homes staffed by people trained to care for high needs youth with complex behaviors who need safe stable care while waiting for a more permanent home. DCYF is actively working to find funding for these resources, and the Monitor thinks this an important placement resource to expand.

#### *Higher-Level Administrative Sign-Off*

In addition to the opening of the leased facilities, DCYF has also put in place higher-level administrative review before a child or youth can be placed in a N2N placement or placement exception. In November 2023, DCYF created a process that requires documentation of the efforts made to avoid a N2N placement or exception and to state the reasons why a kin or other licensed placement could not be found. DCYF caseworkers and supervisors are also required to record efforts used to avoid the N2N placement or exception. Final approval, prior to N2N or placement exceptions, is mandatory from the Regional or Deputy Regional Administrator level regardless of the time of day the need was first identified. As the Monitor and DCYF have discussed, these types of sign offs are a very effective mechanism to manage resource decisions such as the use of exceptional placements. DCYF has done a very good job with this, and the Regional and Deputy Administrators who now field these calls should be commended for the hours they are

dedicating to this issue. However, as DCYF knows well, ultimately, the real change needed is putting in place a better placement continuum.

### *Training*

DCYF has increased its training support for staff connected with placement exceptions. Mandatory staff training called “Right Response” is required for all staff who are involved in any hotel stays or stays where staff have to stay overnight with a child or youth in foster care. For leased facilities, staff are trained in SPEAR, a four-day in-person training that is also used by Juvenile Rehabilitation facilities. The Aspire staff took SPEAR. However, SPEAR’s prohibitive expense is limiting its uptake. DCYF is trying to make it available to providers, if they can find funding.

### *5/10 Day SPM*

As described previously, DCYF has also put in place 5/10-day SPM meetings, case conferences for children and youth who remain in N2N placements and placement exceptions. These specific meetings (5/10-day SPM) are designed to eliminate the need for the use of N2N placements by bringing together relevant DCYF staff, family and kin, the affected youth, and youth’s legal counsel within three business days or the fifth consecutive night of the youth experiencing a N2N or placement exception or both. The purpose is to discuss immediately available alternatives to these placements and to review the decision to place the youth in the first place. A 10-day SPM is held every ten days if a child or youth continues to remain in a N2N or other placement exception. The purpose of these meetings is also to review ongoing decision making and to expand the search for less restrictive and more family-like placements that can meet the needs of the child or youth.

### *Moving Forward with the D.S. N2N Requirement*

Leased facilities have provided an alternative to N2N placements offering better stability for many young people. The Monitor has asked DCYF to consider whether and how they might incorporate any of the current leased facilities into their permanent placement continuum. As noted previously, the leased facilities are currently unlicensed placement exceptions. Thus, DCYF could not simply make them part of their placement array but instead would have to take the steps necessary to make them licensed, permanent programs. At this point, from the Monitor’s perspective, it is not yet clear if this is the best option, but it should not be taken off the table, especially since many youth have stabilized in these settings when they were unable to do so anywhere else. The Monitor is aware that these facilities are expensive to run and take enormous staff resources on the part of DCYF. However, this might be necessary to meet the needs of some youth. And, it is much

better than the alternative of hotels and office overnight stays. It is also possible that one of the current facilities could be converted to a special program for any of the special populations in the care of DCYF. The Monitor has not made any final conclusions on these issues and knows and accepts the many reasons why closure might be the final outcome. For now, the Monitor is simply requesting that DCYF consider this option. The Monitor will continue to gather feedback from Plaintiffs and other stakeholders on this issue before any final recommendation is made.

### **C. 45(3) Out-of-State Placements in Facilities**

The Settlement Agreement requires DCYF to “consistently have kept the number of placements in out-of-state facilities to ten 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**

##### *Data Addendum Measure*

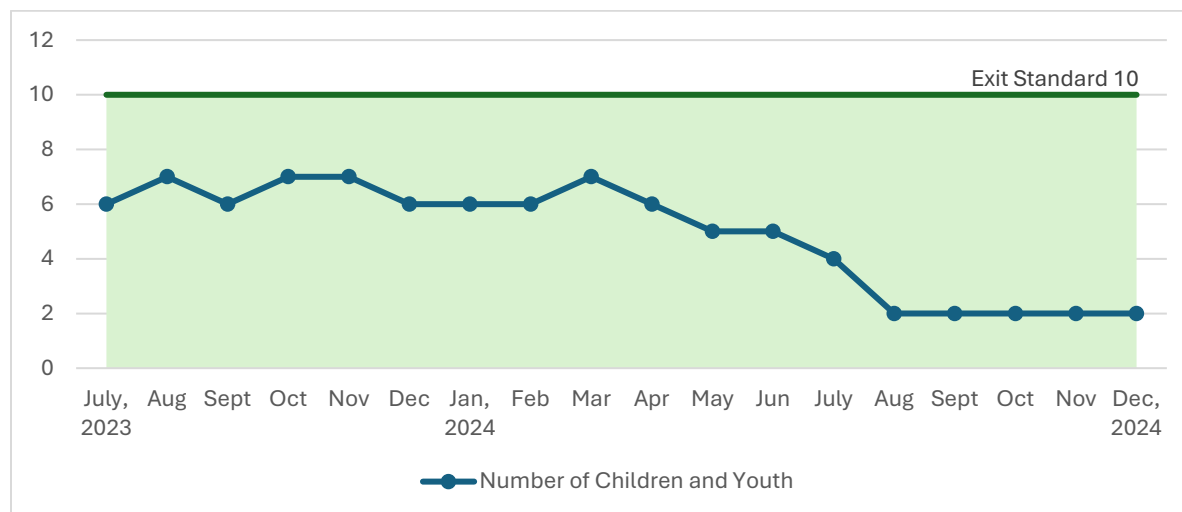
The Data Addendum identified one key measure for DCYF to collect:

- Point in time count of children and youth under DCYF’s placement and care authority with a dependency court action placed in out-of-state facilities as of the last day of the month.

## Current DCYF Data

### CHART 3: Children and Youth Placed in Out of State Facilities

July 2023 to December 2024



Data Source: InfoFamlink, D.S. Quarterly data reports: October 10, 2023, January 23, 2024, April 9, 2024, and July 8, 2024, January 6, 2025.<sup>21</sup>

### Progress Toward the Exit Standard

The issue of out-of-state placements has long been a concern for Plaintiffs' counsel. In 2018, Disability Rights Washington released a report, [Washington's Out-of-State Youth Plead: Let Us Come Home](#), an investigation of the out-of-state institutions where DCYF sent youth in foster care with behavioral health needs. At the time the case was settled in June 2023, DCYF had already been working to address this issue and only had four children in out-of-state placements.

Since that time, DCYF has continued to prioritize this issue, working to reduce even more the number of young people placed out-of-state. The Monitor wants to highlight the State's success in meeting this Exit Standard, with only two young people placed out-of-state for the latter portion of the year, consistently below the Exit Standard of ten. DCYF should be commended for its concerted effort, similar to its focus on N2N placements to drastically reduce this practice. Careful teaming and strengthening placement options for these young people within the State has shown young people can remain closer to home and in less restrictive settings, where at all possible. The Monitor will continue to track this issue.

<sup>21</sup> The data source this chart for July to December 2023 is not identified in the February 2024 Semi-Annual Report.

## D. 45(4) Class Members

The Settlement Agreement requires DCYF to “reduce the number of children under the age of eighteen in DCYF placement who satisfy the Class Member criteria set forth in paragraph by the target percentage established in the Implementation Plan.”

### Measurement

#### *Data Addendum Measure*

The Data Addendum identified one key measure for DCYF to collect:

- 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.

#### *Current DCYF Data*

**TABLE 16: Number of Children and Youth in the Class**

July 2024 to January 2025

	Baseline Children and Youth in Class (June 2023)	Target Number Reduction	Number Reduction in Class of Children and Youth from Baseline			Target Met
			Jan 2024	July 2024	Jan 2025	
<b>Statewide</b>	938	-238	-100	-172	-290	Yes
<b>Age 0-10</b>	386	-78	-70	-108	-136	Yes
<b>Age 11-17</b>	552	-160	-30	-64	-154	In Process

*Data Source: FamLink 1/2/2024, 7/5/2024 and 1/2/2025*

### Progress Toward the Exit Standard

DCYF is making significant headway in reducing the number of children and youth in the Class. As the data shows, the State has met its target for youth ages zero to ten years and

Class Members overall. DCYF is close but has not yet reached the target reduction for youth ages eleven through seventeen, which reinforces the need to continue to build a robust placement continuum. Although neither DCYF nor the Monitor can say with scientific certainty why DCYF has had more success lowering the Class number for younger children, it is possible that some of the reforms related to kinship placements are more quickly influencing placement outcomes for this group.

In continuing to review and assess the trajectory of Class Members, the Monitor wants to emphasize the importance of more distilled data to better understand who is remaining in the Class, including for example by gender, LGBTQIA+, race, and disability status to target system interventions to support young people. The Monitor is in conversation with DCYF to build some of these measures into their D.S. reporting. DCYF created a workgroup and is figuring out how to pull current information on developmental disability eligibility out of the FamLink system. DCYF will also begin to examine greater characteristics of children and youth exiting and entering the Class, as well as for placement disruptions. This type of data is critical to understanding who is being helped, and who remains unserved. The Monitor hopes to be able to share and discuss some of this data in the next report.

## IV. CASE RECORD REVIEWS

The Monitor completed three case record reviews over the past year. For this first report, the focus of the Monitor's case reviews was children in placement exceptions. The review also provided an in-depth view of DCYF's case practice for children who were Class Members and had been in DCYF custody for many years, some with dozens of placements. The review bolstered the Monitor's conclusions and recommendations particularly related to N2N foster group placements and Family Group Planning, and the need to bring more resources online such as those required in this case (i.e., Hub Homes, PTFC, and EAHP).

Two members of the Monitor's team shadowed reviews conducted by DCYF that occurred April to May 2024 and May to September 2024. The third review was the Monitor's independent review of children in the Class from the second review who had experienced any N2N placement of less than 5-days. This last review allowed the Monitor to understand the underlying practice challenges that contributed to these extremely short stays for Class Members in N2N or placement exception facilities.

While the focus of the case reviews was foremost on N2N, the case reviews illuminate the broader System Improvement efforts by DCYF and identify practice and culture change challenges that may hinder opportunities for children and youth in the D.S. Class to achieve timelier placement and/or stability. The Monitor, along with a separate review by DCYF for rater reliability purposes, started conducting randomly assigned case record reviews in 2024 and will continue to review case records in regular intervals as part of the Monitor's ongoing work tracking DCYF compliance and practice changes.

### A. First Case Record Review (April to May 2024)

At the start of Implementation, DCYF created two multi-disciplinary teams of program staff and regional leadership to review the case records of high needs youth in placement. The first review took place from April to May 2024 and involved thirty-three DCYF-selected cases of children and youth who were Class Members. For DCYF, the review's purpose was to examine placement histories of children and youth in a N2N placement to understand what practice and policy changes were needed to eliminate the use of N2N placements. Members of the Monitor's team also reviewed the cases for this purpose and determined how consistent the case reading was between DCYF and the Monitor. All case records were housed in FamLink, to which the Monitor has access.

Of the thirty-three cases selected, eleven were not open to review by the Monitor because the cases were no longer eligible for DCYF services, either because the youth had aged out, returned home, their whereabouts were unknown (runaway), or the youth became part

of the juvenile justice system. The Monitor was eventually able to work with DCYF to secure different protocols related to closed case records and has since gained broader access to cases. The following information was collected from reviews of the remaining twenty-two cases.

This was the Monitor's first look at DCYF case records, and represented, in many ways, a baseline in terms of how practice appeared through document review. The Monitor's findings did not differ substantially from those of the DCYF team that reviewed the cases. As a result of this initial review, DCYF put in place two new practices: First, as previously discussed, children and youth are not allowed to be referred for a N2N placement without sign off by their Regional Director. Second, any child or youth in a N2N placement was—and is still to the time of this writing—required to have a 5/10-day SPM.

The Monitor found significant variability in terms of caseworkers' information gathering. Some caseworkers took complete notes that included behavioral histories, described their attempts at finding the least restrictive placements and the results of any kin search. Others merely recorded a placement change with a note about where the child was subsequently placed. There were also large time gaps, partially due to high staff turnover in past years, in some of the records, making it difficult to discern an accurate placement history.

Three-quarters of the twenty-two cases included multiple placements starting from early childhood; half of these children had more than ten placements before they reached age sixteen. It was difficult to ascertain how the caseworkers determined the levels of care. Some youth with complex behaviors went to leased facilities, while others were in a foster home (usually at the highest foster care payment tier, such as a 6 or 7) or were with kin.

Prior to 2023, it was challenging to understand whether and when the need for a team meeting was determined or how it was used. This was in part because, as discussed previously in the Family Group Planning section, placement decisions were being made during multiple types of SPM—including generic SPMs, FTDMs, and Child and Family Team meetings—and meeting information was captured in many different sections of FamLink. Whereas, in contrast, the 5/10 day SPM meetings for children experiencing placement exceptions appear to be a consistent practice with meetings data to support why the meeting took place and when it should be held. The information is captured in a form so staff know what took place, even though this information might still be hard to find in FamLink. The Monitor found little to no documentation of prevention or supportive services offered to try to stabilize the child with their family of origin or kin placements prior to 2023. In some cases, it was difficult to tell if the recommended action items to support placement decisions identified in a meeting had been implemented at all. In over half of the twenty-two cases, the relative placements immediately became unstable with no

documentation regarding whether services had been in place, particularly for mental or behavioral health issues or to support the kin placement. Also prior to 2023, it was difficult to find whether efforts had been made to locate kin placements. In 2023, a section in FamLink was created for caseworkers to track all the kin placements explored prior to and during DCYF placement. Part of that kin options section also has columns to indicate what each kin option said about being a placement or declining to be involved.

Finally, the Monitor did not find a consistent space in the record where it was possible to find the results of the 90-day assessments or reviews or QRTP placements in general. Sometimes, in case records, a note was made that QRTP was being explored or recommended but follow-up was not always recorded.

## **B. Second and Third Case Record Reviews (May to September 2024)**

The second review by DCYF's multi-disciplinary team took place in phases during the months of May to September 2024. This review's purpose was to take a closer look at case records of Class Members who had spent longer periods of time in placement exceptions, including hotels, leased facilities and emergency foster placements from May to September to determine practice challenges surrounding children and youth who had lengthy stays in foster care—which included multiple stays in placement exceptions—and whether the 5/10-day SPMs were taking place, as newly mandated. The Monitor's team conducted a concurrent review of these cases.

Initially, forty cases were identified by DCYF, and a review process was put in place, but after correcting for duplicate case records and removing the case records of non-Class Members, a sample size of twenty-six cases was selected to complete the review process.

Based on what was learned as the review progressed, an additional independent third study by the Monitor was carried out with the same twenty-six cases to determine how many of the placement exceptions were for less than 5 days. This is important to know because common practice usually suggests that these very short lengths of stay in restrictive placement exceptions might have been prevented in the first place if placement in a less restrictive foster or receiving home was readily available.

To obtain the necessary information over the period of the review, the following sections in each case record were reviewed:

- SPM and FTDM data, when available.
- Comprehensive family evaluations.
- Investigations, current and past.

- Case notes.
- Placement history.
- Information about kin/suitable other searches.<sup>22</sup>
- Clinical profiles or mental health evaluations, when available.

### *SPM and FTDM Data*

All regions have a placement team that convenes the SPM and conducts regular meetings with caseworkers and relevant DCYF staff to solve problems and continuously look for and monitor placements for children or youth who have an N2N placement. Regions 5 and 6 have daily staffing and Region 4 is weekly (with the time being held, and meetings canceled if not needed). Regions 1, 2, and 3 hold ad hoc staffings as needed.

The Monitor found that each N2N SPM is structured to keep data on when and what type of SPM is being offered, who was invited to the meeting and who attended. SPM facilitators record whether the youth attended and participated and/or described a placement preference. Each SPM also recorded barriers to meeting the placement request of each youth and how those barriers were addressed (e.g., Why were they unable to meet the youth's needs? Space unavailable? Distance? Unable to contact preference placement etc.). Each meeting also had space for discussion on current and past action plans recorded in the case record and progress or follow-up needed to complete the plan. Each sample case record had some version of suggestions for a new plan; however, it was unclear if the plan was currently being implemented. It was also unclear in some of the records whether decisions were made informally and not within the structure of the SPM, and how information from the meeting will be available in the individual FamLink record. The Monitor found that when youth in an SPM expressed an interest in a certain placement (e.g., staying at a leased facility), staff documented their efforts to meet that request. In five of the twenty sample cases, the request for a specific placement was met. In one of those five instances, a youth was reunited with his father, who had been attending SPMs, receiving services, and expressed an interest in parenting the youth.

All Class Members in the twenty-six cases had been known to DCYF for several years, either while they still lived with their families, kin/suitable others, or in DCYF placements until they were legally free. In one case, DCYF had been involved in providing preventive services for seven years before all three siblings were placed in out-of-home care in separate homes. In two other cases, children had been placed shortly after their birth and continued in and out of out of home care until they were in their late teens.

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<sup>22</sup> "Suitable other" are people in the child or youth's lives who would be acceptable caregiver that the youth would feel comfortable living with (e.g., family friend).

Five of the twenty-six cases had “restricted access,” but DCYF and the Monitor were able to agree on protocols so the Monitor could continue to access historical information on placements and youth and family functioning. After reviewing the remaining nineteen cases, the Monitor found three primary practice and resource areas that contributed to the continued use of placement exceptions for Class Members.

1. **The most common reason for multiple placements in N2N/hotel, emergency foster care, or leased facilities was the lack of intensive services and placement options that met the needs of young people with complex behaviors.** Fifteen of the twenty-six cases reported that the young person exhibited complex behaviors that were frequently accompanied by mental or physical disabilities (e.g., debilitating diseases, autism spectrum disorder, intellectual disabilities).
2. **The next common reason for multiple placements (often a progression of short, disrupted placements) was due to lack of in-home services or access to existing community services.** These services typically support families, kin, and others to meet the needs of complex youth, displaced youth and youth who were “on the run” but able to maintain a placement for short periods, without the need for placement, this was evidenced reviewing the case history of an emancipated youth.

These challenges were especially pronounced for legally free youth who often have limited or lost connections to kin and community; and often, unmet behavioral and mental health needs. Many of the legally free children have been in custody for much of their lives and experienced multiple failed placements, which often exacerbate behavioral challenges and cause many youth to then experience

3. **Finally, often appearing as a reason for multiple placements involved the ongoing substance abuse and/or mental health issues experienced by a primary caretaker(s) who eventually becomes unable or unwilling to parent the young person and cannot or will not seek treatment.** In many of those cases, access to low-cost effective mental health services was not readily available and there were long waiting times for treatment of the caregiver and/or the youth who also may be experiencing substance misuse issues.

#### *For DCYF Cases Where Class Members Spent less than Five Days at a Time in Placement*

Once the first phase of the review was completed, a second review of the twenty-six cases took place to determine what, if any, DCYF case practices may have resulted in multiple stays in placement exceptions that were less than five days each. Nineteen cases had

recorded placement exceptions where the young person was in care for less than five days.

In all nineteen cases, the young person had high needs, either for medical or disability reasons or a variety of trauma related disorders. Many had unsettled histories of child neglect and abuse within the family or extended family and could not be placed with known relatives.

The Monitor found that in eleven of the nineteen placements that lasted less than five days, there was enough information to conclude that these eleven placement exceptions could not have been avoided. In those circumstances, the young person needed intensive daily services to deal with medical issues like encopresis, complications from physical disabilities, and/or exhibited physically aggressive behavior that was so extreme it resulted in injury to the young person or an adult caregiver. Currently, less restrictive DCYF placement options are not readily available for young people with behaviors that are considered dangerous to others or of such high need that it requires uniquely special training to care for them.

The Monitor found that eight of the nineteen children and youth with less than 5-day stays could have been prevented if practices that encouraged concurrent planning for children and youth in a first out-of-home placement who were already known to be high needs at an early age and/or beyond the control of caregivers, had been in place earlier in the life of that young person—before they started cycling through short-term placements. All the parents or caregivers in those eight cases had histories indicating that they had consistently refused services or not fulfilled their responsibilities either within a Voluntary Support Agreement or Supportive Services Agreement or were named in dependency petitions, sometimes filed by the court. Concurrent planning did not seem to be common practice when the Class Members were early in their first placement experiences.

Other contributing factors to the short stays included DCYF prevention efforts, sometimes without services available, that went way beyond reasonable efforts, resulting in children and youth in unhealthy home environments that became dangerous. At times, the child or youth's behavior became increasingly difficult for a substance abusing or unfit caregiver to control or the caregiver ceased to make progress or rejected all services.

A significant number of youth who were subjects of the case reviews were not receiving developmental disability services that addressed intensive needs. Subsequently, those young people who were often victims of abuse and neglect, in addition to having special needs, were removed from homes because they could not obtain in-home services or suffered multiple short-term placements because they could not be placed in homes where caretakers had the special training and skills to care for them. DCYF currently has a

Decision Package funding request pending in the Legislature that would increase the availability of service intensive, less restrictive short-term receiving homes for children and youth with complex behaviors and high needs. Specific services and beds should be made available to serve children and youth with developmental disabilities who are also in need of temporary placement.

The Monitor plans to follow-up with reviews of randomly selected case records of Class Members routinely throughout 2025 to track and identify DCYF efforts in this area.

### *Use of SPM to Ensure the Least Restrictive Placements and Fewer Disruptions for Class Members*

Due to an emerging commitment to practice change and some new budget support, a SPM process to provide “in the moment” decision-making around placements is being implemented. Now, as discussed previously in the section on Family Group Planning System Improvement, all regions in the State have a placement team that convenes and conducts regular meetings at 5-day and 10-day intervals with caseworkers and relevant DCYF staff to solve problems and continuously look for and monitor placements for all children or youth who have placement exceptions. In addition to the 5/10-day SPM placement meetings, there are internal placement staffings to ensure that all options and alternatives are being explored for young people with high needs experiencing placement instability. They include youth in placement exceptions, but also children and youth new to care who are in short-term placements with high needs, children and youth whose providers have given notice they want them moved, and children and youth exiting certain placement settings such as juvenile detention, juvenile rehabilitation, or a Children’s Long-Term Inpatient Program.

The Monitor found that regardless of what type of meeting is used to manage placement exceptions, each one has a basic structure to record and report placement data on when and what type of services are being offered. There is also space to discuss barriers to least restrictive placements, efforts made to prevent de-stabilizing placements and evidence of relative search attempts. It is also possible to determine what resources were not available and whether the youth described a placement preference. Each Class Member in the nineteen reviewed cases had been the subject of anywhere from one staffing to daily staffings to address current barriers to meet the placement request of each youth and determine how those barriers were addressed. Although FTDM facilitators planned time for discussion on current and past action plans it was, at times, unclear if the plan was currently being implemented. It was also unclear in some of the records whether decisions were made informally and not within the structure of the meeting. After reviewing individual time-specific case notes, information forms collected from FTDMs, foster care placement records, family evaluations, and mental health records in all of the individual

case records, the Monitor found that where youth in a SPM had expressed an interest in a certain placement (e.g., to stay at a leased facility or be placed with an approved adult), staff documented their efforts made to meet that request. Reasons for disrupted or planned changed placements were also documented when there had been an FTDM.

Information derived from the random samples of Class Member case records by DCYF has already led to important changes in practice, especially involving kin searches, understanding what happens in placement disruptions, and ensuring quality decisions are made concerning placements. DCYF should continue its practice of regular case record reviews for the purpose of practice improvement.

### *Case Records*

It has already been noted in this report the difficulty of finding consistently accurate or complete data in the FamLink system. FamLink, like many public child welfare systems, relies on caseworker input and information stored only in individually kept case records, which makes accurate administrative data collection open to the interpretation of those inputting the data. For example, multiple sections must be reviewed for each case to find complete placement history information or what happened in a disrupted placement. Without detailed information about the actual cause of a placement disruption, it becomes impossible to know how to prevent another one from occurring in the future for the same reason(s). Further, “placement disruption” often appeared to be used as a proxy to mean that the child or youth was moved due to challenges connected to mental health and/or developmental disability.

A better FamLink model would have a simpler and more intuitive way to store information with an easier way to find it later. Caseworkers should have an increased ability to link data to other data in the case record to make it easier to make and send reports to outside agencies and produce aggregate data charts on multiple data points (for example, in the same way that some social media sites are designed). By allowing for the easier creation of reports, the duplication in the collecting of information in separate spreadsheets would be eliminated thereby decreasing workloads and increasing the ability of caseworkers to communicate with each other and find what they need much faster when caseloads are being transferred to new staff.

## **V. CLOSING**

The Monitor will continue to track DCYF's progress on the D.S. System Improvements and Exit Standards. The Monitor looks forward to continuing to partner with both DCYF and the Plaintiffs in the ongoing review of DCYF's progress. The Monitor reports on DCYF's progress annually, with the next report due for release in May 2026.