INDEPENDENT LIVING TRANSITION PLANNING REPORT



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SPECIAL THANKS

Extreme gratitude to everyone who worked on this project. First and foremost, we want to thank our lived experts who engaged in so many co-design sessions sharing personal information. Without their honest, bravery and vulnerability, these recommendations would not have been possible. We also thank DCYF's internal lived expert advisory board, Passion 2 Action, for their leadership and insight during this project, for being bold, and for helping guide the direction of this project.

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Sincerely, Partnership Prevention and Services Division

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EXECUTIVE SUMMARY

This legislative report is prepared in compliance with the Independent Living (IL) Redesign and Transition Planning Proviso from the 2021 legislative session.

The transition planning process in child welfare and the reentry planning process in JR are intended to provide sufficient planning opportunities to address issues that would result in fewer adolescents experiencing housing instability. However, the inconsistencies between child welfare transition planning and juvenile rehabilitation reentry planning (hereafter referred to collectively as transition planning), plus differences in regional or program planning methods, have led to adolescents falling through the cracks into housing instability.

Review of the transition planning processes and the IL redesign efforts are rooted in <u>Senate Bill</u> <u>6560</u>, which sought to address the problem of young adults exiting systems of care into homelessness or experiencing homelessness within 6-12 months of exit from care. With the enhancement of transition planning, independent living programs, and community partners engaging with our adolescents during and after being in a DCYF system of care, housing instability will be reduced for these populations.

Through budget proviso, the Legislature tasked DCYF with the following:

"Create and implement a new approach to transition planning for young people preparing to exit the child welfare system and juvenile rehabilitation institutions, pursuant to the recommendations in the improving stability for youth exiting systems of care report submitted in January 2020 as required by <u>RCW 43.330.720</u>....

No later than November 30, 2022, the department must report to the governor and appropriate legislative committees on the implementation of the new approach to transition planning, the new independent living framework, and the state's capacity to provide high-quality transition services, including independent living services, to youth and young adults exiting the child welfare system and juvenile rehabilitation institutions. The report must identify any remaining service gaps that prevent statewide implementation and address the additional resources needed to improve outcomes for young people exiting these systems of care."

In 2021 and early 2022, DCYF staff and a BIPOC-owned consulting company partnered in codesign sessions with lived experts, Child Welfare Field Operations staff, Juvenile Rehabilitation staff, community providers, and other stakeholders.

During the co-design sessions, lived experts developed and prioritized the top three recommendations outlined below; however, it is their sincere request decision makers carefully review and operationalize all recommendations included in this report to improve the outcomes for adolescents who experience and are exiting DCYF systems of care (Appendix B).

Top Three Recommendations

- 1. Establish opportunity grants with local housing authorities to incentivize the use of the Foster Youth to Independence Voucher, including funding for case management to support young people accessing the housing vouchers.
- Create new licensing and training requirements via new WACs specific to adolescents to normalize developmentally appropriate decision-making, allowing young people the freedom and ability to learn from the choices they make in a safe and supportive environment.
- 3. Automatically enroll eligible adolescents in the Independent Living program. Exiting the program would require the adolescent to opt out in writing. The adolescent would be able to re-enroll at any time as long as they are of qualifying age.

INTRODUCTION

This report highlights the importance of supporting adolescents, identifies needs and common barriers experienced by adolescents, and makes recommendations from lived experts for ways Washington State and The Department of Children, Youth, and Families (DCYF) can better support adolescents as they move through and exit from Washington State's Child Welfare and Juvenile Rehabilitation systems of care. Keeping Washington children safe, supported, and cared for is a life-long journey that doesn't end when a young person exits out of DCYF care, and according to our lived experts, The impact of being DCYF system-involved doesn't have an age-out date or expiration date, *"it lasts the entirety of our life, and if the state is going to take on the responsibility of being our parent then they need to be our parent for the entirety of our life."* In order for Washington State as a whole to be accountable to adolescents, there must be additional state funding to IL and transition services to support the growth and journey of system involved adolescents towards a healthy, independent adult life. DCYF seeks to prioritize adolescents and emerging adults, their unique needs, and their transition into adulthood and currently the only funding for IL is from the Federal Government and is not enough to provide services to all youth who are eligible for the program.

Lived experts have verbalized when DCYF makes the decision to remove a child of any age from their home environment, they are making an agreement with that youth to provide for them emotionally, physically, mentally, and financially until they are able to provide all those things for themselves. For some youth, that comes swiftly, and for others, it takes time to get to a place of self-sustainability. Washington State as a whole has a duty to support all systeminvolved youth through their continuum of developmental stages while they are in a DCYF system of care and beyond.

Often emerging adults in the system are perceived as less needy than young children; in fact, they are equally needy in different ways. Transformation of adolescent services hinges on the support DCYF provides for its dedicated caseworkers and caregivers, the community resources

the agency makes accessible, and the opportunities it provides young people to be engaged in and at the center of the trajectory of their lives.

TRANSITION & REENTRY PLANNING PROJECT

The completion of this proviso directive is the first step in assessing the current state of transition planning in both JR and Child Welfare and making changes to the transition process for adolescents in DCYF systems. This comprehensive assessment provides reliable information about ways to improve transitions for youth and young adults and with adequate legislative support provides a roadmap for DCYF to make needed changes that reduce barriers to success and improve support for our adolescent youth. The findings and proposed recommendations create a consistent process and expectation of delivery for all DCYF employees working with adolescents exiting DCYF systems. The consistency of process adds the ability for DCYF to evaluate the effectiveness and identify inequities in outcomes, allow the adolescent voice to be at the center of planning, and allow the ability to adapt collectively as needed.

Effective transition processes will 1) ensure the adolescent will receive critical services that prepare them for success prior to exiting systems, 2) ensure the adolescent will know and approve of steps needed for long-term success after exiting systems, and 3) result in greater engagement with the actions discussed, which will ultimately reduce the number of young people who face housing instability or homelessness within a year of exiting the system and allow adolescents a sense of hope about success in the future.

During this proviso work, a survey was conducted with 56 child welfare workers in all six regions. Findings show only 39% feel confident in creating a transition plan in FamLink, and only 20% believe transition planning is a high priority in their region, despite the fact that the majority of those who participated believed conversations about transition planning should happen the entire time an adolescent is in our care (DCYF Field Staff Survey, 2021).

INDEPENDENT LIVING REDESIGN PROJECT

Independent Living (IL) supports youth as they transition out of care, and currently, the program is delivered via a network of providers in different communities around the state. The six DCYF regions contract with respective community providers in each region. The redesign project has resulted in a revised centralized contract managed through a program manager at headquarters, and the contracts will include a consistent scope of work that relies on research-based universal best practices and input from service providers along with youth and young adults who have participated in the program.

The program is an opt-out, voluntary, youth-centered, case management-based, goal-oriented program. It is intended to provide supplemental support to adolescents from the age of fifteen until their twenty-third birthday who are or have been in an out-of-home placement and are currently living in Washington State.

In our review of current practice, we determined those supporting adolescents are working in silos without understanding the roles and responsibilities of those around them, leading to frustrations about each other's limitations. High turnover among social workers and IL providers often leaves adolescents with incorrect information, resulting in them being overwhelmed and confused about how to get the support they need. Best practice includes enhanced communication between systems/and the adolescent accessing services. When all supports systems of an adolescent work together and communicate effectively, and each entity understands the role of those around them, the adolescent receives a supportive wrap-around approach to service.

DATA COLLECTION & METHODOLOGY

Lived experts have verbalized "We are tired of being asked the same questions year after year, when is someone going to do something with the information we give you". The co-design methodology for this project was chosen by the legislature to intentionally center the voices of lived experts with the intention of putting their voice into action. The recommendations in this report were provided and vetted by our lived experts from their experience navigating our state systems of care while emerging into adulthood.

Methods included co-design sessions conducted with lived experts in Child Welfare and Juvenile Rehabilitation and qualitative/quantitative research conducted with caregivers, regional field staff and supervisors, JR staff, community partners, stakeholders, and advocates. Data was collected via surveys, focus groups, and one-on-one key informant interviews.

Co-Design Process

Co-design is an approach to designing systems **with** people and not **for** them. The purpose of co-design is to elevate the voices and contributions of people with lived experience. Co-design focuses on sharing power, prioritizing relationships, and using participatory means of engagement to design systems that center those closest to and are most impacted by services. The process is described by KellyAnn McKercher in *Beyond Sticky Notes* (2020).

In alignment with co-design best practices, DCYF staff followed a multi-phased co-design approach with lived experts, stakeholders, independent living providers, and a core advisory group. Each group completed the same activities and followed the same processes. The approach utilized the following 6 phases: Build the Conditions, Align and Immerse, Discovery, Design, Test, Refine, Implement and Learn (*Phases of co-design, Appendix D*).

Recruitment of lived experts for the co-design process was conducted collaboratively with S.D.M. Consulting. Staff made calls to over 200 young people engaged in Extended Foster Care and who participated in independent living services. Following recruitment, co-design activities included sending a program-related survey to 120 young people. Additionally, team members hosted 10 two-hour co-design sessions with lived experts, 6 two-hour co-design sessions with

stakeholders, and 3 two-hour co-design sessions with independent living providers, all concluding in September, 2022. These multiple co-design sessions informed 4 town hall reportout sessions to the public.

Focus Groups

Prior to and concurrent with co-design sessions, focus groups took place within all six regions across the state, resulting in interviews with 56 child welfare field staff caseworkers, supervisors, and regional leads. Participants also included 10 caregivers from each different geographic location across the state and six representatives from the community, including but not limited to workforce readiness programs, attorneys, juvenile justice representatives, and a pediatric medical doctor. One-on-one interviews were conducted with all twelve IL providers across the state, JR reentry team facilitators, and JR reentry team headquarters staff. All notes taken during the focus groups and one-on-ones were sent to all who participated to vet the messages captured for accuracy.

JR youth focus groups took place at two JR facilities. Green Hill School is a maximum security, fenced facility that serves older male-identified youth ages 17 to 25. The focus group consisted of 14 male-identified residents. Echo Glen Children's School is a medium security facility with maximum security capable units, which is not fenced but is surrounded by natural wetlands. Male-identified residents are between the ages of 11 and 17, and female-identified residents are between the ages of 13 and 25. The Echo Glen focus group consisted of 14 female-identified residents.

Quantitative Survey of Lived Experts

S.D.M. Consulting recruited youth and young adults for this study through several community organizations, programs, and services throughout the state of Washington (see attached appendix). There were 120 youth and young adults between the ages of 12 and 30 who completed the survey.

Questions for the survey were developed to collect data on five experience areas related to DCYF programs and services. S.D.M. Consulting staff conducted the survey to gather information on youth experiences related to Extended Foster Care, Independent Living Services, Transition Services (transitioning out of foster care), Family Reconciliation Services, and Financial Capabilities and Literacy. Program Managers from each of the services/programs helped to develop questions for their corresponding section to ensure that pertinent data was collected.

Participants who completed the survey accessed it at will through links in various newsletters, on community partner websites, or through directly asking for access to it via email. Participants began with informed consent information and, if they agreed to continue, the survey took approximately 15 minutes to complete.

Results of Quantitative Survey

A unique finding in the transition survey results is: out of multiple potential attendees, adolescents most want a biological relative to attend their 17.5 staffing (graph Appendix E). The Permanency From Day One Model can provide a template for ways to effectively include biological family in the transition planning process, (Appendices J pg. 28). The top 3 people adolescents want at their transition meetings are the caregiver, social worker, and biological relative. Normalizing collaboration among caregivers, social workers, and biological family to support their adolescent transitioning out of care creates an opportunity for the adolescent to explore their desire and curiosity about their biological family while still utilizing their current systems of support. Regarding transition planning, lived experts emphasized the current 17.5 staffing is overwhelming and happens too late. Lived experts recommend that each adolescent should require a unique transition plan created just for them, with them, and with the people whom they want to be involved beginning at age of 14.

Survey results also show 35% of respondents are not interested in the IL program (graph Appendix E). There has been very minimal financial investment from the state for IL and transition services, which forces DCYF and IL providers to take a "one size fits most" approach to supporting adolescents exiting care. Each young adult has a different set of needs, strengths, and skills. Washington State needs to invest in its adolescents and in the programs available to them, as well as diversify the ways a young person can develop independent living skills such as providing funding for online IL curriculum like *Life Skills Reimagined* (Appendix F) that can be facilitated by the caregiver, group home staff, JR counselor, IL staff and caseworkers.

RECOMMENDATIONS

Please note: Any recommendations in this report will require additional funding and continued effort through co-designing to develop specific implementation strategies. All recommendations regarding Juvenile Rehabilitation Reentry are to inform current work in partnership with Washington State University to evaluate the reentry process.

Marginalized populations are overrepresented in DCYF-involved youth and young adults, especially in Juvenile Rehabilitation with young People of Color representing seventy percent of the population. In alignment with DCYF's commitment to Racial Equity and Social Justice, the recommendations section of this report will elevate the recommendations from Juvenile Rehabilitation and Jamestown S'Klallam Tribe below.

Recommendations in partnership with Jamestown S'Klallam Tribe

- DCYF to bring in supportive adults like family, caregivers, and fictive kin to shared planning meeting
- Use specific language when working with Tribal Youth, for example: "Do you have Aunties or Uncles that you are close with" "Are there any Tribal Elders you would feel comfortable connecting with"
- Increase understanding of physical cues or cultural nuances when meeting face-to-face with Tribal Youth. Individual Tribes may be able to provide ongoing training to DCYF with additional flexible funding
- Funding for 1 to 2 additional *dedicated* full-time IL staff for each Tribe internally, depending on the number of eligible youths
- Funding to create a non-evidence based curriculum for Tribal youth exiting out of care
- Funding to create a non-evidence-based curriculum to prepare Tribal families for young person's return from JR and foster care
- Reduce the need for evidence-based practice with Tribes
- Funding to allow Tribes to evaluate and change DCYF intake forms and documents regarding the identification of Tribal Youth, specifically with JR
- Dedicated and ongoing funding for each Tribe to have mentor programs for tribal youth exiting a DCYF system of care.
- Create MOU between DCYF and Tribes to allow for clear and transparent communication related to Tribal Youth
- Provide a more streamlined system for Tribes to engage with their youth in JR
- Trust that Tribes know what is best for their young people and communities
- Continue current work related to policy and best practice for informing Tribes when a young person enters a DCYF system of care

Disproportionality

Black, Brown, and Indigenous youth represent approximately 70% of the population in Juvenile Rehabilitation institutions in Washington State. DCYF has a responsibility to 1) continue and grow investment in the prevention work happening with The Office of Juvenile Justice and Strengthening Families Washington, 2) enhance and support existing community resources for Black, Brown, Indigenous, People of Color (BIPOC) communities statewide, including continuous quality improvement for DCYF programs, and 3) add robust support for youth of color while they are in residence in a JR facility as well as when they reenter their communities. Through additional funding Washington State can expand resources to residents upon their reentry into the community. With ongoing funding DCYF can continue to better understand what those needs are through ongoing co-design projects and expansion of programs internally and with community partners that meet those identified needs. Below are recommendations identified through focus groups with current JR residents.

Recommendations from Lived Experts for Juvenile Rehabilitation

- Expand funding and eligibility criteria so that JR youth receive Independent Living Skills training while they are in residential care and in the community.
- Continue to fund monetary support for housing to JR youth (specifically those who have sexually offended).
- Allow youth with short-term stays in JR to stay in their home school district.
- Provide more gender-responsive programming, specifically at Echo Glen, to include Trans and Non-Binary programs at all facilities.
- Provide ongoing fatherhood programs beginning with Green Hill and expanding to Echo Glen and community facilities, including programs for pregnant and parenting youth.
- Expand funding for dedicated staff to focus on prioritizing community partnerships so young people have access to trusted adults once they exit the system. Dedicated staffing makes it possible for outreach to community partners and having flexible funding for contracts with community agencies to come into the facility and help young people prepare to exit.
- Ensure resources are available for staff training that will enhance their ability to support a family's preparedness for their youth to return.
- Ensure all staff are trained in how to work with and effectively support LGBTQIA+ young people and their families
- Provide every young person who enters JR with the foundational understanding of the following skills, including but not limited to healthy relationships, parenting skills, inclusive, comprehensive sex education, resume building and workforce readiness, healthy communication, financial literacy, and self-advocacy and self-worth. These skills need to be provided by community partners youth can connect with once they exit.

Recommendations for Independent Living, Transition & Reentry

New IL Framework Recommendations

- State funding to support current IL program and expansion of IL to include JR
- Additional funding for IL to hire peer mentors
- Centralized referral process to headquarters
- Centralize contract management to headquarters
- Update and align IL contract and include Performance Based Contract (PBC) measures
- Update licensing rules/WACS to allow for normal adolescent experienced and allowances for youth to learn and make mistakes
- Provide services based on developmental stage vs age. Meeting youth where they are not where we think they should be
- Expand RLSP and allow RLSP youth to participate in EFC
- Yearly youth surveys to gather information on what youth need and use that data for program improvement
- Minimum yearly in person contract monitoring with providers
- Review NYTD surveys/elements with youth, staff and providers for ongoing program assessment and improvement
- Change IL to an OPT out program where all eligible youth are automatically enrolled
- Minimum of 3 in person IL events per year to help with youth engagement
- Create and provide youth with a list of services they can receive from IL
- Training for field staff, providers and caregivers in Positive Youth Development, and adolescent services/needs
- Funding for yearly IL conference for staff, youth, IL providers and community partners
- Ongoing review of program metrics

Recommendation of Peer Support

This research found youth exiting CW and JR unanimously want dedicated Peer Transition Specialists, either contracted with community partners or in each region, engaging with them about their upcoming transitions beginning at the age of 14 and continuing beyond EFC/exiting care/exiting JR. Lived experts have verbalized they need dedicated peers who are accessible beyond nine to five Monday through Friday. They need them to be able to meet them for coffee or connect at 10pm on a Sunday night to be available when the adolescent actually needs it, to walk alongside them as they transition out of care.

Recommendation of Adolescent Unit/Workers

In addition to peer positions, there was a resounding need from the co-design groups and DCYF staff for dedicated adolescent child welfare units and workers. The work of supporting

adolescents is very specific, requiring specialized training and efforts, which makes it difficult for current case workers to balance and address the needs of adolescents when in competition with younger children on their caseload. This would allow cohorts of professionals to learn from each other, track trends, and problem-solve as a collective, leading to better data collection and greater support for our adolescents.

Legislative Requests

Transition & Reentry

Top three requests to the Legislature for future action regarding Transition & Reentry Planning as prioritized by lived experts (Appendix B).

- 1. Establish opportunity grants with local housing authorities to incentivize the use of Foster Youth to Independence Voucher
- 2. Continued funding and time for DCYF to partner with DSHS Kinship Program to create a proposal for a 5-year phase of kinship care youth to receive the same benefits available to foster care youth. This work would be done through co-design, prioritizing lived experience to identify specific needs for youth and Kinship Caregivers for successful transitions into adulthood.
- 3. Youth receive ALL vital documents prior to exiting care **and** access to an online storage portal developed internally by DCYF or make existing iFoster platform permanent through a state investment.

Independent Living

Top three requests to the Legislature for future action regarding the Independent Living Program as prioritized by lived experts (Appendix B).

- 1. Increase IL funding
- 2. Establish and fund peer mentor positions in IL
- 3. Funding for general oversight committee for ongoing assessment and improvement of the IL program

WAC/DCYF Recommendations

Transition & Reentry

Top three requests regarding internal policy and procedure and WAC for future action regarding Transition and Reentry as prioritized by lived experts (Appendix B).

- 1. Licensing requirements to normalize developmentally appropriate decision-making, allowing young people the ability to learn in a safe and supportive environment
- 2. Youth leaving services with ALL vital documents including bank account, and driver's license and an online portal for safe storage and accessibility of documents
- 3. Standardize processes for youth to identify who they want to be present for the transition planning process/17.5 Staffing

Independent Living

Top three requests regarding internal policy and procedure and WAC for future action regarding the Independent Living Program as prioritized by lived experts (Appendix B).

- 1. Expand IL to age 26 with continued opt-out/in anytime
- 2. Eliminate age barriers and time restrictions related to services
- 3. Automated referral process to IL providers via a data system

Implementation, Contracts & Program Design Recommendations-

Transition & Reentry

Top three recommendations as prioritized by lived experts (Appendix B).

- 1. Process developed to ensure all young people exiting DCYF system of care receive ALL vital documents, access to bank account, and opportunity to get a driver's license
- 2. Ensure youth who are in another system (Job Corps, IL mentoring program) complete transition planning with DCYF
- 3. Partner with OPSI to develop a strategy for JR youth to receive high school credit for workforce readiness, comprehensive sexual education, financial literacy, and healthy relationship education

Independent Living

Top three recommendations as prioritized by lived experts (Appendix B).

1. Eligible youth will automatically be enrolled in the IL program with the ability to opt out and re-enroll at any time

- 2. Peer mentors hired by IL providers (requires additional funding from state)
- Minimum of 3 in-person IL events per year to help with youth engagement and community building

CONCLUSION

The overarching theme that came from this research is: lived experts, community providers, and DCYF Staff have all expressed that adolescents are not prioritized in DCYF systems of care. An adolescent person leaving our care without the tools and confidence to be excited about living and growing independently is a *health and safety risk*. Yet lived experts and DCYF staff admit there isn't the capacity to support adolescents appropriately. One of the lived experts said "I could tell every time I would get blown off by my social worker because they had something more important to take care of, when do my needs get to be important". It is easy to assume that, because young adults can navigate more complex situations than a toddler, they are safer. However, adolescents have a different set of risk factors than younger children, particularly since they have often experienced significant traumas and have been in the system for many years. DCYF systems that serve adolescents need to be prioritized by the state of Washington, revitalized and re-imagined.

For DCYF to make transformative changes around the way it works with adolescents; it begins with adequate funding from the state for IL, transition programs and services and specialized staffing. This will provide a foundation centering adolescent development and best practices for positive strength-based engagement between our DCYF workers and the youth we serve. How Washington State decides to prioritize adolescents will lay the groundwork for positive adolescent transitions and outcomes. The relationship DCYF develops with their young adults and the expectations of staff and opportunities for quality engagement with adolescents is the next step.

Potentially, most importantly, DCYF must share decision-making power with adolescents and see them as valuable, autonomous experts on all things that impact them. A quote from one of the lived experts sums it up well, *"We don't want to sit at the kids' table; we want to be at the adult table."* DCYF adolescents should be the most important person at the table, followed by those they want there with them. If DCYF does not address its staffing capacity issues and lack of prioritization of adolescents, adolescent caregivers, and community partners, they will not be able to begin making a transformative change regarding the way emerging adults transition out of DCYF's systems of care.

APPENDICES

Appendix A- Limitations/Lessons Learned

Limitations

- Timeframe provided by the Legislature to "co-design the programs
- New policy from JR prohibiting access to youth and the amount of time and effort it took to be allowed to engage with residents
- Everyone has different motives and beliefs about the way the work should have been done
- JR has been working on their own transition planning/reentry process and this was not considered in the proviso
- Some of DCYF staff who were tasked with this project were new to DCYF and were not provided adequate time to onboard or acclimate
- Due to timeline we were not able to contract out this project to remove possibility of implicit bias from staff leading the work
- DCYF not able to provide compensation to youth for participating in co-design work, resulting in a last-minute contract being created
- Lack of time to engage authentically with different stakeholder groups such as caregivers and child placing agencies.
- WA state has a lack of resources and service providers that serve transition age youth throughout the state
- Continued believe that youth involved with the juvenile justice system are bad or less deserving of services
- Youth with criminal backgrounds have a harder time finding housing and employment due to a lack of services just for them
- Some service providers may not want to serve JJ youth
- Co-Design manager was hired 10 months after the project started
- Covid-19 limited the amount of time staff could spend on the project due to more emergent demands

Lessons Learned

- To move beyond recommendation stage co-design takes a minimum of 1.5 years to engage with systems and stakeholders
- Need ongoing partnerships with stakeholders and community members
- Youth voice is crucial to understanding what youth services should look like and how providers interact with them

- Need to have adequate time to educate those involved on the co-design process and what it entails
- Need more co-design and project management training for program managers tasked with this work and time included in project timeline for trainings
- Federal Partners are a great resource
- DYCF staff want what is best for youth and need more resources
- We need to continue to build out services for all transition age youth and not just those who are engaged with systems of care

Appendix B- Recommendations

Comprehensive IL Recommendations

- Establish and fund peer mentor position in IL (See IL budget request)
- Funding for general oversight committee for ongoing assessment and improvement of IL program
- Fund, research and invest in new data entry system and new assessment (No longer use Casey Life Skills Assessment)
- Establish dedicated flexible dollars for IL Providers
- Funding for 3-year pilot of online IL services to JR youth and youth who do not want to engage in traditional IL services. Allow 1 year for capacity building
- Case aides and transport related staff to support IL provider (See IL budget request)
- Funding in contract for professional development for IL staff (See IL budget request)
- Additional funding for IL and DCYF staff to provide help with housing needs
- Curriculum focused on identities youth carry (Race, gender, sexual orientation etc.)
- Eliminate age barriers and time restrictions related to services
- Provide IL as a developmental service vs age-based service (at 17 the youth should know this vs tailoring service plan to youth)
- Provide opportunities for youth to build community with other youth in foster care/IL program in group activities
- Expand IL to age 26 with continued opt out/in anytime
- Create IL Standard of Care
- Continual evaluation of IL services
- Provide IL through youth centered, strength based, low barrier model

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- Special consideration for pregnant and parenting youth removing barriers to accessing services/increasing flex funding
- Automated referral process to IL providers via data system
- Standardize referral process between DCYF and IL providers
- Require IL be part of case plan and foster parents having to support the case plan
- Require adolescent specific continuing education for providers, social workers and JR staff
- Curriculum focused on identities youth carry (Race, gender, sexual orientation etc.)
- Eliminate age barriers and time restrictions related to services
- Provide IL as a developmental service vs age-based service (at 17 the youth should know this vs tailoring service plan to youth)
- Provide opportunities for youth to build community with other youth in foster care/IL program in group activities
- Expand IL to age 26 with continued opt out/in anytime
- Create IL Standard of Care
- Continual evaluation of IL services
- Provide IL through youth centered, strength based, low barrier model
- Special consideration for pregnant and parenting youth removing barriers to accessing services/increasing flex funding
- Yearly Youth survey to gather information on what youth need and use the data for program improvement
- Minimum yearly in person contract monitoring with providers
- Review NYTD surveys& data elements with youth, staff and providers for ongoing program assessment improvement
- Funding for DDA liaison connected to IL Program
- Expand IL services to JR youth (See IL budget request)
- Increase IL funding (See IL budget request)
- Create bucket of flex dollars within DCYF for emergent financial support for youth who missed service window (See IL budget request)

Comprehensive Transition Recommendations

- Funding to partner with Foster Club to create Transition Planning Toolkit specifically for JR residents
 - Dedicate funding and time for Adolescent Programs to partner with DCYF Kinship Care Program (CW Programs and Licensing Division) and DSHS Kinship

Program to create proposal for 5-year phase in of kinship care youth to receive same benefits available to foster care youth. This work would be done through codesign prioritizing lived experience to identify specific needs for youth and Kinship Caregivers for successful transitions into adulthood

- Provide robust counseling service to youth, foster parents and foster family members
- Limit out of home placements
- Funding for Peer Transition
- Mentors where the youth get to pick their peer
- Funding for JR to continue improving engagement with family in preparation of the youth returning home- include trainings for families and options for therapy
- Establish DCYF Housing Navigator positions and addition FTE for Admin support for FYI voucher and related work
- Youth receive ALL vital documents prior to exiting with access to online storage portal- including bank account and driver license
- Funding to research and create mobile app for youth to access vital contact information specific to them (social worker, Provider contact, numbers for DCYF like housing, education, EFC and vouchers). Interactive with opportunity to take assessments/provide important information
- Establish opportunity grants with local housing authorities to incentivize the use of Foster Youth to Independence Voucher
- Establish incentive/tax break for landlords who rent to former foster care youth and JR youth (especially Sex offense/felony)
- Standardize processes for youth to identify who they want to be present for the transition planning process/17.5 Staffing
- Transition mentor/peer chosen by youth with flexible hours to walk alongside the youth during the transition process and provide support and resources
- Redesign transition planning form modeled after states like Maryland and Oregon's living transition planning document
- Lower case load for social worker in support of retention and allow chance for workers to build trust with adolescent
- Creation of adolescent units or adolescent specific case workers creating a learning community allowing for better expertise, tracking and continuity of care
- Funding and requirement for adolescent specific continuing education for providers, social workers and JR staff and caregivers
- Allow case workers to use sick time due to vicarious trauma and secondary traumatic stress

INDEPENDENT LIVING TRANSITION PLANNING REPORT

- Provide robust counseling services to JR youth while in and out of care
- Create and implement a "youth driven" checklist for transition planning
- Transition planning beginning at age 14 and document progress monthly 6 moths beyond exiting care
- Increase community partnerships with JR institutions specifically ones providing mentor services
- Licensing requirements to normalize developmentally appropriate decision making, allowing young people the ability to learn in a safe and supportive environment
- Community partners to work with JR youth 6 months or more before reentry to establish trust and connection with community resources
- More training for foster families and case workers to better understand the need for young people to experience their emotions/ grieve/process in their own individualized way (Including anger, frustration and detachment) in their own time
- Youth guaranteed access to ALL vital documents (Online portal for safe storage and accessibility), bank account and driver license
- Ensure youth who are in another system (Job Corps, IL mentoring program) complete transition planning with DCYF
- Continue to contract with outside agencies for ongoing workforce readiness, comprehensive sexual education, financial literacy and healthy relationship education to every young person who enters JR
- Partner with OPSI to develop strategy for JR youth to receive high school credit for workforce readiness, comprehensive sexual education, financial literacy and healthy relationship education
- JR and CW staff receive adolescent centered-strength based-positive youth development training at onboard and annually thereafter
- Process developed to ensure all young people exiting DCYF system of care receive ALL vital documents, access to bank account and opportunity to get driver license

Appendix C- Identified Gaps

Transition and reentry

Child Welfare Barriers

- Case worker capacity issue for ongoing Transition conversations due to high caseloads and emergent needs for younger children
- No adolescent specific trainings for case worker professional development
- 17.5 staffing being prioritized but little formal transition planning being documented or happening regularly
- No method or system to track transition planning or transition outcomes
- Multiple foster placements creating instability for young people
- Minimal inclusion of youth identified supports for transition process
- Lack of lived expert engagement for youth in JR and Child Welfare
- No standardized model for engaging with adolescents
- Transition planning not being prioritized across all regions of Child Welfare
- Little understanding of how to create a formal transition plan in FamLink
- Lack of adolescent specific training for caregivers and community partners
- Youth feeling talked at instead of being part of the conversation
- Too much information given at one time at the 17.5 staffing meeting and not talked about again

Juvenile Rehabilitation Barriers

- Disproportionate representation of Black, Brown and Indigenous Youth of Color in JR
- JR transitions are complex and each have different set of needs and barriers
 - Transition from JR to community facility
 - Transition from JR to Department of Corrections
 - Transition from JR to probation
 - Transition from community facility to place of origin
- JR age range increase to 25 creating new set of needs and barriers for young people reentering communities
- Families not feeling prepared for young people returning home from JR
- Lack of lived expert engagement for youth in JR and Child Welfare
- Loss of school credit for young people in short stays in JR leading to falling behind
- Lack of gender responsive programming in JR
- Youth feeling talked at instead of being part of the conversation

Funding Barriers

- No funding for opportunities for JR youth to learn independent living skills
- No funding for community partners to engage with young people while in JR facilities
- Lack of affordable housing options
- Lack of housing for adolescents with prior sex offense or felony

Independent Living

Limited Eligibility

Unable to serve if:

- Returned home or was adopted or in guardianship before age 15
- Are/were under the age of 18 and in a Voluntary Placement Agreement
- Under a Child in Need of Services petition
- Are placed in a juvenile rehabilitation locked 24-hour facility
- Is not a U.S. Citizen
- Was not a dependent of DCYF or a Tribal Court between the ages of 15 to their 18th birthday

DCYF Barriers

- Lack of prioritizing adolescents
- No adolescent specific units
- Social Worker not having capacity to provide IL skills to youth on their case load
- Inconsistent understanding of how social worker can support IL provider and vice versa
- Misconception from DCYF that IL providers are responsible to teach all IL skills to youth
- Youth never being told about the IL program
- Social workers are not doing the Casey Life Skills Assessment with youth on their case load
- Turnover and high caseloads for social workers making it impossible to provide youth centered engagement with their adolescents
- Adolescent no having the ability to practice life skills at home with caregiver due to rules/liabilities and fear some something happening with their license

INDEPENDENT LIVING TRANSITION PLANNING REPORT

- Unable to update FamLink as program changes
- DCYF staff turnover and training needs, staff unaware of IL section in FamLink
- Mixed age caseloads putting focus on younger youth
- Regional IL leads lack capacity for program oversight due to high work load
- Lack of service planning for 21 to 23-year old's who are participating in IL

IL Provider Barriers

- Youth in rural towns receive limited services
- Limited support service funds for youth from IL providers
- Capacity issues limiting IL providers ability to deliver youth centered engagement
- Lack of communication between providers and DCYF and caregivers
- Inconsistent understanding of how social workers can support IL providers and vice versa
- IL providers report caseloads are too high
- Inconsistent program delivery across regions
- Lack of communication with youth from social worker and IL provider (when taking time off or turnover)
- Lack of culturally diverse staff
- Limited collaboration with other community resources

Funding Barriers

- Not enough funding to support all eligible youth
- No housing resources, lack of affordable housing, barriers to renting with criminal history/sex offense
- Lac of financial literacy and funds to practice skills
- Limited support service funds for youth from IL providers due to funding issue

Appendix D- Phases of Codesign

- 1. **Build the Conditions:** The purpose of these meetings was to get to know each other as a group coming together to tackle the problem. The group collectively formed relationships, got a better understanding of the problem at hand, and ultimately decided how they would like to have conversations with each other.
- 2. Align and Immerse: The purpose of this meeting was problem discovery. Participants were asked where the "challenges" or "roadblocks" prevented successful transitions and asked to identify any questions they may have related to the problem. In addition to this, co-designers were informed what other groups identified as problems based on their collective experience. To respect the confidentiality of Co-Designers, no individual stories or identifying information was shared; all information was shared as themes from qualitative conversations.
- 3. **Discovery:** In this co-design session, co-designers were asked to identify solutions to the problems they had previously identified in the other phase. In addition, questions that were previously asked were answered.
- 4. **Design**: This is the phase where the solution ideas turn into design recommendations. Codesigners are asked what and how they would like to see changed and based on that a recommendation for design is included. Please note that this report mainly addresses the design recommendations.

In addition to what had already been done with co-designers, it is the goal of DCYF staff to continue co-design fidelity starting in March 2023, this report also includes solutions to keep co-designers engaged throughout the rest of the co-design process. The following phases of this process we will continue to include our co-designing cohort:

- 5. **Test and Refine:** This phase of the co-design process comes when we are ready to start implementing the new recommendations. The "test," usually comes in the form of a pilot or a smaller scale model. Co-designers will be re-engaged in this process and asked to refine the implementation based on the results of the testing phase.
- 6. **Implement and Learn:** This phase of the co-design process comes when the program is ready to be implemented statewide. Co-designers will be asked to look at the model and adjust the model design through implementation. This phase also has a heavy emphasis on lessons-learned.

Appendix E- S.D.M Survey Results

IL Survey Results











22.86%

20.00%

No

Transition Survey Results









support people youth would like to attend

their 17.5 staffing meeting

20.00%

5 71%

8.57% 8.57%

Yes

5.71%









The below Appendices are of current complimentary work happening in Washington State and DCYF regarding the success and sustainability of DCYF system involved adolescents.

Appendix F- Life Skills Reimagined

Life Skills Curriculum | Life Skills Reimagined

Appendix G- 1295 Report:

https://www.k12.wa.us/sites/default/files/public/communications/2022docs/12-22-Improving-Institutional-Education-Outcomes-Final-Report.pdf

Appendix H- Housing Decision Package pg. 36

Humans | 2023-25 Budget and Policy Highlights (wa.gov)

Appendix I- Permanency From Day 1 Grant

https://www.dcyf.wa.gov/practice/practice-improvement/permanency-from-day-one