



## **Exceptional Placement Plan**

*September 1, 2021*

### **Introduction**

DCYF has prepared the following plan to address the issue of children and youth experiencing unstable placements, resulting in hotel and office stays. Ultimately, this issue is a symptom of challenges in the continuum of care and availability of placement options that youth in foster care will accept. The recommended strategies in this plan are meant to be the first phase of interventions designed to end the use of hotels as placement by November 1, 2021. There will be a second phase of work, which will continue through at least 2022 and beyond, to further stabilize and enhance the care continuum in order to sustainably avoid reliance on exceptional placements in hotels as well as one-night and out of state placements.

### **Stakeholder Input**

DCYF has met with the following stakeholders to gather information to develop and further refine and implement DCYF's plan to address exceptional placements:

- Behavioral Rehabilitation Services (BRS) providers
- Child Placing Agencies
- DCYF staff including regional administrators, deputy regional administrators, area administrators, placement desk staff, regional program staff, and adolescent program staff
- Legal representatives for youth
- Office of Homeless Youth

DCYF also reviewed existing documentation of youth voice through The Mockingbird Association's Survey of Foster Care and Washington Coalition for Homeless Youth Advocacy (WACHYA)'s memo on licensing recommendations. As DCYF begins implementation of strategies and continues to identify new or refine existing ones, additional outreach to a variety of stakeholders will occur. This includes plans by DCYF to engage a third party to interview or conduct a focus group with youth who have experienced placement in hotels, offices, and night to night foster placements.

### **Strategies**

Based upon input received from stakeholders DCYF has developed the following list of strategies to address hotel stays.

1. **Case staffing procedures.** Conduct required case meetings and develop more intensive staffing and planning for youth experiencing a hotel stay, in an unstable placement, or for those youth with complex/high needs in a placement that has given notice to move the child.
  - a. Conduct Shared Planning Meetings (SPM) or Family Team Decision Making (FTDM) meetings for youth in hotel and night to night placements. These meetings provide an opportunity for youth and families to provide input on placement preferences and options.

## Exceptional Placement Plan

- b. Develop and implement a procedure for intensively staffing complex cases with others including regional administrators, after-hours staff, program managers, cross-system liaisons, licensing, and other relevant staff.
  - i. The procedure will attempt to resolve cases at the lowest possible level.
  - ii. The procedure should include criteria of which types of cases would benefit from an intensive staffing.
  - iii. Information presented during intensive staffings will include suggestions and feedback received during the SPM/FTDMs listed in subsection a.
  - iv. Cases requiring discussion with other system partners will be taken to a multi-system “clinical rounds” meeting. The clinical rounds group includes staff from Health Care Authority (HCA), Coordinated Care, and Developmental Disabilities Administration. The intensive staffing procedure will include a system for accessing these meetings.
- c. Create cross-system liaisons to assist caseworkers in navigating the mental health and developmental disabilities systems, with a particular focus on youth in foster care or those at significant risk of entering foster care.
- d. Organize a regular statewide Placement Consortium where youth experiencing placement disruptions or who present with significant needs can be staffed between DCYF headquarters and regions and potential placement providers. Determine ways for youth to be meaningfully involved in this process including reviewing referral information and providing their own information to the process.

| Case Staffing Procedures                                | Deadlines       |
|---|-----------------|
| Implement additional SPM/FTDMs                          |                 |
| Guidance provided to field staff                        | <b>8-5-21</b>   |
| Case staffing procedure                                 |                 |
| Adopt procedure for clinical rounds access              | <b>9-10-21</b>  |
| Implement clinical rounds referral procedure with field | <b>9-17-21</b>  |
| Test draft procedure                                    | <b>9-24-21</b>  |
| Get internal feedback/make course corrections           | <b>10-7-21</b>  |
| Implement full procedure                                | <b>10-14-21</b> |
| Cross system liaisons                                   |                 |
| Draft position descriptions                             | <b>9-30-21</b>  |
| Hire positions  | <b>1-1-22</b>   |
| Placement Consortium                                    |                 |
| Develop process   | <b>9-30-21</b>  |
| Hold first Consortium                                   | <b>10-15-21</b> |

### 2. Pre-placement supports for families and youth experiencing crisis.

- a. Develop standardized MOUs for use with entities including but not limited to local hospitals and county juvenile justice entities describing when, how, and what support the child welfare system can provide to families who screen-in for a child welfare or Family Reconciliation Services response when there is no allegation of abuse or neglect

## Exceptional Placement Plan

and the family is struggling to meet a child’s needs. Supports to families and systems can include voluntary in-home supports, referral to services, and relative searches. Ensure case workers are aware of what type of supports can be made available to families.

| Pre-placement supports  | Deadlines       |
|---|-----------------|
| Develop MOU template based on negotiations and prior work with key partners. Done in partnership with stakeholders. | <b>11-30-21</b> |
| Enter into MOUs with large jurisdictions/hospital systems   | <b>1-1-22</b>   |

### 3. Develop additional placement resources, especially for children and youth with intensive needs.

- a. Recruit additional providers for Behavior Rehabilitation Services (BRS) Intensive Mental Health (IMH) to establish the 21 beds, for which DCYF is currently funded.
- b. Develop a targeted recruitment plan and partner with providers to increase resources to complete development of 15 BRS Treatment Foster Care (TFC) beds designed for youth with significant mental health needs. These beds are initially funded by a SAMHSA grant but will ultimately be incorporated into BRS capacity.
- c. When a child appears at risk of placement instability or is in a temporary placement and utilizing the SPM/FTDM framework, revisit possible placements including return home, placement with kin, and previous foster placement. Especially when returning home or placing with kin, offer a system of formalized supports including wrap around services, training, and other supports identified by the family to support the placement. Wrap around services can include WISe and/or BRS In-Home. Discussion of these options should be informed by the youth and family and should occur in the SPM/FTDMs identified in Strategy 1 (a). Recommendations can also be discussed in the case staffings occurring under Strategy 1 (b).
- d. Develop a targeted recruitment strategy for foster homes willing and able to serve older adolescents, including those with intensive needs, or to provide short-term receiving care for children needing only a few nights of placement.
- e. Create positions dedicated to recruitment, development and support of placement providers and provide a roadmap to new/potential providers for developing and onboarding new programs.

| Develop Additional Placement Resources          | Deadlines      |
|---|----------------|
| Develop additional BRS resources in IMH and TFC |                |
| Reach out to potential BRS IMH providers        | <b>ongoing</b> |
| Review BRS IMH requirements                     | <b>9-17-21</b> |
| Outreach for new TFC resources                  | <b>ongoing</b> |
| Review of previous placements                   |                |
| Develop procedure/best practices                | <b>9-24-21</b> |
| Implement full procedure                        | <b>10-1-21</b> |

## Exceptional Placement Plan

|  |                 |
|--|-----------------|
| Develop targeted recruitment strategy              |                 |
| Identify recruitment assistance community partners | <b>9-30-21</b>  |
| Review data on existing licensed capacity and need | <b>9-30-21</b>  |
| Implement community focused recruitment            | <b>10-15-21</b> |
| <b>Provider Recruitment Positions</b>              |                 |
| Draft position descriptions                        | <b>9-30-21</b>  |
| Hire positions                                     | <b>1-1-22</b>   |

#### 4. Create and expand placement options for 16-21 year olds

- a. Develop an Emerging Adulthood Transitional Living Program Model. This option is aimed at youth who are capable of living more independently with adequate supports and don't need the same type of support as a qualified residential treatment program or therapeutic foster home, but may not prefer a family foster home. This placement would include on-site 24/7 case management/staffing or intensive case management and access to mental health, substance use disorder (SUD) treatment, and educational/job activities. DCYF will leverage work occurring in the housing and homeless youth space to develop this option more fully. DCYF will begin with a small-scale proof of concept pilot project prior to December 1, 2021. The pilot is to demonstrate the capabilities and potential for replication and scaling of the model in the future.
- b. Develop additional capacity in the Responsible Living Skills Program (RLSP) and examine changes to statutory requirements which may create barriers for entry by youth.

| <b>Create and expand placement options</b>                        | <b>Deadlines</b> |
|---|------------------|
| Develop Emerging Adulthood Transitional Living Program Model      |                  |
| Approval by leadership  | <b>9-5-21</b>    |
| Analyze data to develop eligibility criteria                      | <b>9-15-21</b>   |
| Meet with stakeholders to refine proposal                         | <b>9-15-21</b>   |
| Work with existing providers to develop contract                  | <b>10-1-21</b>   |
| Enter into contract and implement proof of concept pilot project  | <b>12-1-21</b>   |
| <b>Responsible Living Skills Program</b>                          |                  |
| Identify barriers to expansion with current/prospective providers | <b>9-30-21</b>   |
| Identify statutory eligibility criteria barriers                  | <b>10-15-21</b>  |

#### 5. Reduce barriers for providers.

- a. Remove licensing challenges providers face by:
  - i. Clarifying WACs and/or providing training to licensors and educational opportunities to providers and stakeholders to support consistent interpretation and application in a manner that focuses on the health and safety of children and youth and takes into account developmentally appropriate practice.

## Exceptional Placement Plan

- ii. Organize pre-placement meetings between providers, potential foster parents, caseworkers, program managers, youth (where appropriate), and licensing to develop plans to address potential safety concerns and develop mitigation strategies associated with a particular placement.
- iii. Making improvements to the Licensing Division CPS investigation process and licensing health and safety compliance inspection activities that are responsive to feedback from providers, foster parents, and youth/children focusing on technical assistance and child/youth supports with consideration of developmentally appropriate practice.
- b. Organize standing meetings between regions, program staff, applicants, DCYF Licensing Division and DCYF contracts unit to review proposals and licensing submissions from providers and applicants for programs, services or placements and ensure efficient and timely technical assistance, processing, and approval and onboarding.

| <b>Reduce Barriers for Providers</b>  | <b>Deadlines</b> |
|---|------------------|
| Clarifying WACs/Training  |                  |
| Establish specialized group care services in licensing                              | <b>9-30-21</b>   |
| Review current waiver process   | <b>9-30-21</b>   |
| Establish waiver inter-rater reliability process for WAC interpretation/application | <b>10-31-21</b>  |
| Develop WAC Interpretation training   | <b>11-30-21</b>  |
| Organize stakeholder workgroup for long-term WAC revision                           | <b>11-31-21</b>  |
| Organize pre-placement meetings   |                  |
| Analyze data  | <b>9-30-21</b>   |
| Define state-wide, regional, and local resources to mitigate safety concerns        | <b>10-15-21</b>  |
| Develop meeting protocol and management structure                                   | <b>9-30-21</b>   |
| Pilot 3-5 meetings and collect feedback   | <b>10-15-21</b>  |
| Finalize meeting structure  | <b>11-1-21</b>   |
| Improvements to LD-CPS process  |                  |
| Collect feedback  | <b>10-1-21</b>   |
| Review current process and public materials   | <b>10-15-21</b>  |
| Analyze data from feedback and review   | <b>10-30-21</b>  |
| Develop action plan for updating process/materials                                  | <b>11-1-21</b>   |
| Establish ongoing feedback loop with providers/stakeholders                         | <b>11-1-21</b>   |
| Standing meetings for new proposals   |                  |
| Draft position descriptions   | <b>9-30-21</b>   |
| Hire Positions  | <b>1-1-22</b>    |
| Develop process   | <b>1-31-22</b>   |
| Implement process statewide   | <b>2-15-22</b>   |
| Develop a roadmap/consistent process for onboarding new providers                   | <b>2-15-22</b>   |



# Exceptional Placement Plan

## Data Tracking and Quality Assurance

DCYF will be monitoring exceptional placement data at least weekly at the staff and leadership levels. Data reports have been developed and are being refined to provide regular updates on use of hotels and night to night placements. These reports will ultimately include data to monitor use of SPM/FTDMs with youth in exceptional placements.

DCYF will monitor weekly implementation of all the strategies in this plan through mid-November. DCYF has implemented a steering committee to oversee this effort which includes the Secretary, Deputy Secretary, Chief of Staff, Assistant Secretary of Licensing, Assistant Secretary of Child Welfare Field Operations, Director of Office of Innovation, Alignment, and Accountability (OIAA), Director of Child Welfare Programs, Juvenile Rehabilitation Senior Manager and Director of Adolescent Programs.

DCYF has also created an implementation and monitoring team for the current temporary order. This team is made up of staff from child welfare regions, child welfare program, quality assurance, and OIAA.

