Mockingbird Family Program

Recommendations and Strategic Considerations for Expansion in WA-state

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CAMBER
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Acknowledgments

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About Camber Collective

Camber Collective is a strategy consultancy with offices in Seattle, San Francisco, Washington DC, and Paris. We partner globally to address today's most urgent challenges — systemically, sustainably, and equitably. We work with governments, major philanthropies, multilateral institutions, nonprofits, and socially minded corporations to identify systemic and sustainable solutions that enable communities to lead healthy and prosperous lives. Camber Collective's functional expertise spans social and behavioral insights, strategy development, and coalition building – all designed to help organizations identify where and how they can work for the greatest impact. Visit us at https://cambercollective.com.

Table of Contents

Executive Summary

A youth (a person less than eighteen years of age) removed from their birth family is less likely to be placed with a foster care or kinship family than a child (a person less than twelve years of age) removed. When accounting for traumatic experiences, LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and others) sexual orientation and gender identity, medical, mental, and/or behavioral health needs, substance use disorders, and other complex factors, the likelihood of a successful and long-lasting foster care or kinship placement becomes even less likely for youths. For some youths, foster or kinship care is the last time they experience a nurturing home before adulthood. The quality of this relationship and experience can change the trajectory of the rest of their lives.

In Washington State (WA-state), the foster and kinship care community has a rich and complex history that is currently characterized by an ecosystem of state agencies (e.g., WA-state Department of Children, Youth and Families, "DCYF"), private child placing agencies, community organizers, state legislators, private foundations, and advocacy organizations. At the heart are children and youth in need of placements, their foster or kinship caregivers, and the rest of their family including their parents and siblings.

In Jan. 2023, DCYF commissioned this assessment of the **MOCKINGBIRD FAMILY™** (MBF) program as implemented in the state, conducted by Camber Collective, to provide strategic recommendations and considerations for MBF program expansion .This assessment was conducted in the context of the DS Settlement (a class action complaint filed in January 2021 and finalized in June 2022 with eight system improvements identified in the Settlement Agreement, the primary being to include a Statewide Hub Home Model Program need in every Region of the state). **This assessment finds that the WA-state MBF program, as currently implemented through MOCKINGBIRD FAMILY™, uniquely fulfills a need that serves caregivers (i.e., foster care and kinship care community) and youth in need of stable placements**. The unique impact of the MBF model relies heavily on the hub home's ability to support its families (organized as satellite homes within a "constellation") through regular community events, ongoing skills training, respite care, and responding to the needs of families in the constellation. It has the potential to transform communities of practice into safe havens and nurturing environments for at-risk, complex needs, and/or marginalized youth, who are often those experiencing disproportionate levels of displacement, trauma, and adversity. Some communities have banded together to set intentional efforts to find stable homes for such children and youth, in addition to meeting their needs by developing skillsets and capacities as caregivers (e.g., LGBTQIA+ affirming, trauma-informed, and culturally responsive care). However, it has taken the DS Settlement to systemize the requirements in serving this class of children and youth with DS-level needs (i.e., children and youth who need behavioral rehabilitative services (BRS) or wrap-around intensive services (WISe).

DCYF must leverage funding dispersed through the DS Settlement to invest and expand the MBF program in becoming the trusted and proven model to deepen engagement and support for caregivers and youth. At the same time, it will be critical moving forward to assess local needs and determine whether the MBF program is also the best intervention for serving caregivers, children, and their families in those Regions. The program is expected to have even greater impact in areas with higher rates of children and youth in the DS-class, including Regions 4,5 and 6. In Regions 1,2 and 3, there may be other opportunities outside of the MBF program, including providing additional in-home services, case management, or clinical and behavioral services directly to foster homes and kin.

This assessment has identified the following **strategic priorities** as critical to the success and expansion of the program:

- **Cultivate community buy-in** across the ecosystem of stakeholders, to facilitate grassroots energy and commitment to the program, restore trust between public-facing system and the foster and kinship care community, and promote more supportive connections and access to community resources for caregivers.
- **Involve and uplift champions**, such as families experiencing success with the MBF program and legislative advocates to spread awareness of the program and its bright spots.

- **Foster strategic partnerships with child-placing agencies (CPAs)** to leverage their existing infrastructure, expertise, and close networks of caregivers to implement the MBF program, specifically the new components to meet the DS settlement.
- **Fund and conduct an evaluation study** to assess the impact of the MBF program in WA State, including implementing continuous quality measures at the Regional and state-levels, in order to demonstrate successes and impact after the initial two-year period (current DS funding), and determine the long-term sustainable funding required. Leverage an external entity such as the Washington State Institute of Public Policy (WSIPP).
- **Ensure sustainable funding for the program** beyond initial start-up costs (years 1-3), to support ongoing implementation efforts (e.g., hub home recruitment, training for hub homes to provide BRS/WISe services, and on-call/after-hours programmatic support to families and hub home care providers).

Through the WA MBF program, caregivers can feel appreciated and supported as they provide nurturing homes and communities for the youths to experience stable placements, so that they may become well-adjusted members and the next generation of leaders in our society.

Purpose

The State of Washington (WA-state) Department of Children, Youth, and Families (DCYF) seeks to expand the MOCKINGBIRD FAMILY™ (MBF) program, an approach to licensed foster care delivery where an experienced *hub home* provides activities, respite care, mentorship, and support for a group or *constellation* of *satellite* foster homes. Currently, the MBF program in WA-state operates in Regions 3, 4, 5 and 6 with a total of eleven constellations. In each constellation, there is one hub home that supports anywhere from 6-10 satellite homes. The purpose of this landscape is to assess the MBF program's current functioning, offer recommendations for expansion, and to identify system-level needs for MBF sustainability and continuous quality improvement in WA-state, in the context of MBF's statewide implementation.

Objectives

- Identify bright spots and assets within the current MBF Program in WA-state;
- Uncover existing or potential challenges and limitations within the current program;
- Co-develop strategic recommendations for expanding the MBF program in WA-state; and
- Develop evaluation metrics, high-level costs, and growth estimates that will support decision-making and implementation of the program statewide.

Context & Background

The Mockingbird Society (MBS) was founded in WA-state, in 2000, by Jim Theofelis, with the original focus to provide meaningful opportunities for youth across WA-state and to improve the foster care system for youth. Today, the organization continues to work in public policy & advocacy, and youth programs, but it also offers technical assistance and programmatic implementation support for the MOCKINGBIRD FAMILY™ (MBF). MBF is implemented globally, in various different sites and settings, including in the United Kingdom, Australia, and Nova Scotia.[1]

MBF is an innovative, community-based structure that helps foster families, kin, and youth in care to develop long-term supports and relationships, as an alternative to the traditional foster care structure. MBF reflects how children were raised by prior generations – by creating strong, culturally relevant extended family networks that keep children and young people connected to their identities, culture, and communities. To achieve this, 6-10 foster and kinship families are connected in what is termed a *constellation*, with a *hub home* at the center. Hub home parents are often experienced, foster parents who work directly with and in support of satellite families in their constellation. It allows youth in placements to have a more typical childhood experience with support, safety, and community – similar to an extended family and community structure.

In WA-state, the first MBF constellations were launched in 2005 with support from a federal grant awarded to MBS by the Department of Health and Human Services Administration for Children and Families. These initial constellations were implemented in partnership with MBS's technical assistance team and offered through private Child Placing Agencies (CPAs) and their licensed foster homes. From 2005-2009, constellations served both the general youth population and those that had complex needs (e.g., youth qualifying for BRS or WISe services). From 2012-2013, the MBF constellations in WA-state disbanded altogether when the original private funder ceased providing ongoing financial support.

In 2014, through advocacy and lobbying efforts from MBS, WA-state legislatures allocated public funding that enabled implementation of the MBF model again. Through this funding, DCYF made funding available for both DCYF

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[1] See EVALUATING LESSONS LEARNED FROM OTHER MBF IMPLEMENTING SITES (NOVA SCOTIA, AUSTRALIA, UK) section for cases studies.

Regional offices and private CPAs to opt-in to the program. Since 2014, many DCYF Regional offices have tried to set up MBF constellations in their Regions, yet few have remained in place for more than 2-3 years. However, DCYF provided multi-year grant funding, in the form of proviso funds from the WA-state legislature and philanthropic grant dollars from the Ballmer group, for CPAs to implement MBF constellations that served DS-level youth from 2014 – 2019. Such funding was used to pay for staffing and hub home stipends. Over 2 years, 7 constellations were launched, with varying success. Meanwhile, many CPAs found that it was financially unsustainable to maintain MBF constellations due to the rising costs of care and complexities surrounding such constellations, including maintaining hub home stipend payments overtime, and the removal of private philanthropic support.

Today, the WA-state MBF program, as implemented through WA-state DCYF, has eleven constellations across the 6 Regions in the state (see MOCKINGBIRD FAMILY™ CONSTELLATIONS, BY THE NUMBERS for detailed map of Regions and constellations in WA-state), and all constellations are configured to serve the general population rather than specifically to children and youth who need BRS or WISe. Of the current eleven constellations funded by DCYF, 4 are implemented through a DCYF regional office, and the remaining 7 constellations are operated by private CPAs – Olive Crest (OC) and Catholic Community Services (CCS). MBS continues to play a diverse set of roles within the WA-state MBF program, ranging from technical assistance, advocacy, model and program design, family engagement and outreach, fiscal agency, and partnership.

Methodology

Three primary methods were utilized to inform and shape strategic recommendations: **1) Literature Review 2) Stakeholder Engagement, and 3) Co-design of Growth Scenarios**.

1. Literature Review

The literature review[2] consisted of 1) a current state assessment of all MOCKINGBIRD FAMILY™ model and the WA program related information (i.e., operational documents, process maps, assessment protocols, fidelity indicators, and impact assessments) and 2) a desk review of other evidence-based hub models and expansion efforts in other Regions and countries, in order to inform the overall landscape and key strategic considerations.

The MOCKINGBIRD FAMILY™ model developed by MBS has a set of fidelity indicators, assessment protocols, guidelines, general technical assistance processes, and other operational documents; all of these materials were shared by MBS and reviewed for the purposes of this assessment. The technical assistance team also shared exemplars and case studies of other Regions, globally, that are implementing the MBF model (e.g., Nova Scotia, Australia, and the UK). External policy and programmatic evaluations, by the Washington State Institute of Public Policy (WSIPP), of the MBF program in WA-state were reviewed, along with operational metrics and programmatic distinctions.

A desk review was conducted to identify similar community-based or hub-based models that exist in the US and in other similar countries, designed to support foster care communities and/or support at-risk and opportunity youth experiencing homelessness. The goal of the desk review was primarily to identify any similar models to MOCKINGBIRD FAMILY™, and if there are other fidelity or evidence-based programs.

2. Stakeholder Engagement

Interviews and group discussions[3] were conducted with stakeholders across the foster care ecosystem in WA-state, nationally, and internationally to understand bright spots and challenges and to inform the development of key

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[2] See full bibliography of all external sources
[3] See EXHIBIT 1 – STAKEHOLDERS ENGAGED FOR INPUT ON STRATEGIC RECOMMENDATIONS FOR MBF EXPANSION

considerations for implementation and expansion of MBF program in WA-state. Stakeholders were identified by DCYF, MBS, and/or were recommended by interviewees.

Strategic recommendations for the WA MBF program expansion build upon critical input from stakeholders across the foster care ecosystem. The stakeholder engagement process focused on an equitable liberatory design framework centering on those impacted most, in order to engage in open and authentic conversations. The goal was to understand root causes, power dynamics, historical contexts, sub-group (e.g., BIPOC, LGBTQ+, immigrant, low income, rural, etc.) experiences, and system & partner relationships, in the context of how the MBF model can successfully be implemented statewide (i.e., in every Region of WA-state). Discussions were intended to illuminate Regional or sub-group considerations and contextualize if program modifications were necessary or more effective in serving key populations (e.g., rural, BIPOC, low income, marginalized, etc.) and how historically different partners (i.e., government, foundation / community organization, and private sector) have viewed the MBF program and their counterparts.

3. Co-Design of Growth Scenarios

The considerations and scenarios for expansion were co-developed with key internal DCYF stakeholders, MBS, and external stakeholders (i.e., hub home families, CPAs, legislatures, among others) and are informed by findings from initial stakeholder engagement. The assessment took an iterative approach by sharing broadly the initial findings from the stakeholder engagement discussions with key stakeholders, and having co-design sessions to reflect on learnings, consider the tradeoffs, and ultimately frame key decision points. The possible scenarios were discussed with both public (i.e., DCYF Regional offices) and private agencies (i.e., CPAs) in order to co-design the recommendations put forth in this report.

Current State Assessment

Ecosystem of Partners

In the current WA-state MBF program, where state funding flows through DCYF, there are two options to set up constellations: a public and a private option[4]. The public option is offered directly by DCYF with regional administrators assigning staff resources to set up MBF constellations and recruit foster care families and kin to join the local constellation, identify a hub home family, and assign a local DCYF office staff person as the MBF program liaison. In the private option, CPAs that contract with DCYF can request one of the available constellation funding slots. Once approved, the CPA can recruit foster care families licensed through their agency to join a constellation, identify a qualifying foster care family to be the hub home, and assign a DCYF staff person to be the MBF program liaison. Across both public and private options, the DCYF MBF program liaison, hub home family, and MBS technical assistance (TA) team will work together to set up the constellation. While DCYF HQ has a team of program managers that support DCYF programs at the statewide, Regional, and office level, oversight of Mockingbird Family is not tied to any single FTE or position. Rather, DCYF's caregiver retention and support program manager currently oversees and manages the agency's partnership and contract with MBS for Mockingbird Family under 5% of their position allocated to "other duties as assigned." Typically, it takes about two years to successfully implement the program for an implementing agency, which requires recruitment, training, and launching of MBF Constellations; at the end of the two years, MBS' TA services become minimally needed, to just a few hours a year, on average.

In theory, MBS plays similar TA roles in both options (public and private); however, in practice MBS takes on a more significant role for the public option, where there has been limited DCYF Regional and local office staff capacity to be the liaison for the WA-state MBF program. The role that MBS takes on for the WA-state MBF program differs from its

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[4] See EXHIBIT 4 – KEY PLAYERS IN WA-STATE MBF program

role in other Regions and communities that are implementing the MBF model[5] because the TA team is often the primary point of contact for the foster care families (i.e., hub home and satellite homes) rather than the liaison from the DCYF Regional office or the CPA. Furthermore, MBS has also been the fiscal agent for the WA-state MBF program; as an example, MBS is an intermediary for funding hub home stipends between DCYF and the DCYF-licensed hub homes, as well as between DCYF and the CPA-certified hub homes. MBS' deep involvement in the MBF program in WA-state can be explained by a licensing requirement that designates MBS to be the primary purveyors of TA for MBF. In some situations, MBS has interceded and played the role of the intermediary between families and DCYF, rather than referring to the MBF liaison, whose primary responsibility is to act as such.

Within each of the MBF constellations, there is a hub home and 6-10 satellite homes made up of foster care and kin families. Typically, foster care and kin families have a choice between getting licensed with DCYF or with a CPA. In WA-state, the MBF constellations are made up of either all DCYF-licensed homes or through a CPA contract where all the homes are licensed by that CPA. None of the constellations are mixed (i.e., having both DCYF-licensed and CPA-certified homes in one constellation or homes licensed by different CPAs in the same constellation).

MOCKINGBIRD FAMILY™ Constellations, by the numbers
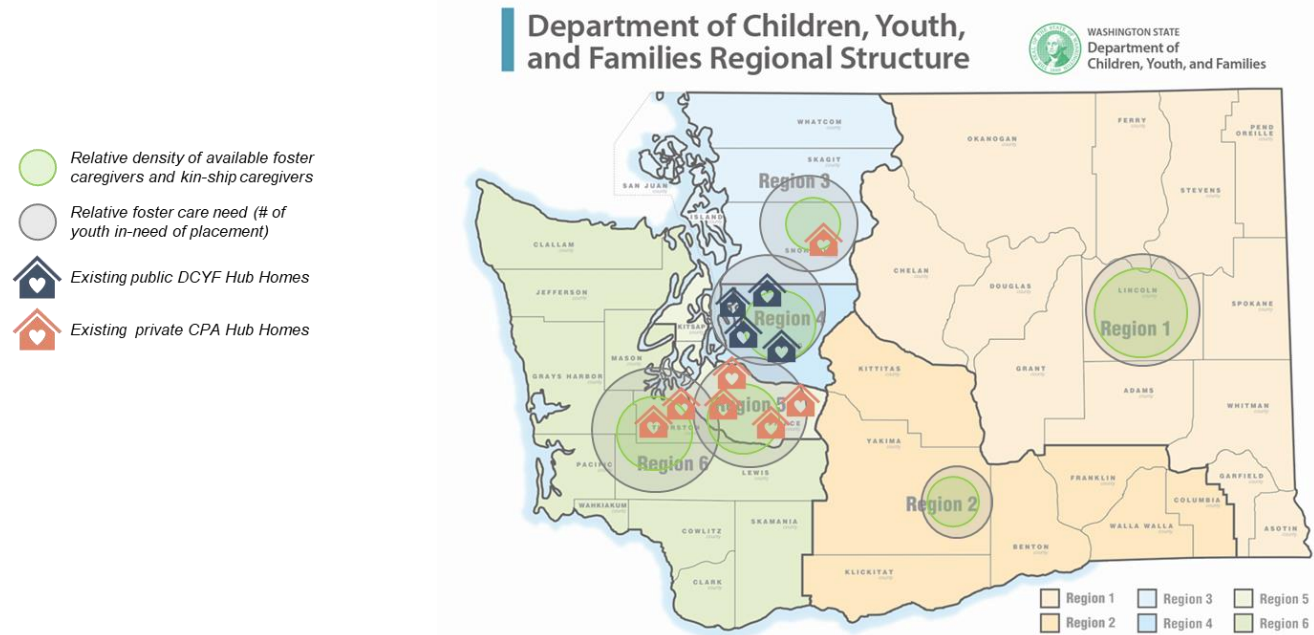
Source: *2022 Child Welfare Administrative Data – DS Class Query*

As of May 1st, 2023, eleven MBF constellations operated across WA-state. Of these, 4 are DCYF-licensed MBF constellations and 7 are CPA-certified MBF constellations. MBF constellations are in Regions 3, 4, 5, and 6, however all of the DCYF-licensed MBF constellations are currently located in Region 4[6]. DCYF has funding available in the current budget year for fifteen MBF constellations and will likely be able to keep those slots open in future years.

Generally, a constellation has one hub home family that supports 6-10 satellite homes in its constellation. In WA-state, hub homes do not take on full-time placements for children and youth, mainly due to the requirement that

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[5] See Evaluating Lessons Learned from Other MBF Implementing Sites (Nova Scotia, Australia, UK)

[6] See

Exhibit 3 – Table of MBF Constellations, Count by Type

they have 2 available beds for respite care in case needed. Satellite homes take on placements and are supported by the hub home family. Hub homes typically host monthly community-building events and training for the constellation, as a contractual requirement.

Typically, families have chosen to be foster families and kinship caregivers have decided whether to be licensed before they first learn about the WA-state MBF program. Based on the Region that they are in, they may have the option of joining a MBF constellation.[7]

Legislative Mandate: DS Settlement

In Q4 2022, a lawsuit was filed against DCYF, and as a part of the settlement, DCYF is required to implement a hub home in each of its six regions. Each hub home must fulfill a set of standards that includes the ability to serve children and youth with special needs identified in the DS settlement (e.g., BRS, clinical services, mental health, substance use, and gender-affirming care).

While the DS Settlement[8] does not necessitate that MBF be the primary model, the MBF program as currently implemented provides a structure and foundation that can flex to meet the needs of the children identified in the DS settlement. Additional supports for children and youth with special needs (e.g., BRS, clinical services, mental health, substance use, gender-affirming care) are adaptations that will need to be made to the current MBF program, while still maintaining fidelity to the MBF. All eleven existing MBF constellations **do not fully qualify as hub home groups (HHGs) to fulfill the DS Settlement requirements**. To be a HHG in accordance with the DS Settlement, HHGs must provide the following to their satellite homes:

- Culturally responsive, LBGTQIA+ affirming, and trauma-informed support to young people and adults;
- Coordination of HHG meetings to occur, at a minimum, six times a year. Meetings may include training, mentoring, and coaching for satellite families
- Coordination of planned and impromptu social events;
- Respite care as requested and including planned, crisis, and placement stabilization respite; and
- Support on permanency planning efforts and visitation for young people

Through the MBF program, HHGs can meet many of the requirements outlined in the DS settlement. As of May 2023, DS Settlement funding has been approved and is sufficient to cover existing MBF constellations as well as an additional MBF constellation per region that specifically serves the DS Settlement class of children and youth. This funding is sufficient for two years, beginning FY June 2023.[9]

To best serve the children identified in the DS settlement, DCYF, in partnership with MBS, CPAs, and other partners, will need to design and implement an *Enhanced model* of the MBF program which will have most of the same components of the currently implemented *Traditional model*, plus additional services to support the children identified in the DS settlement (i.e., hub home with experience to care for youth who qualify for WISe or BRS services, trainings and support for complex / high needs children and youth).

Bright Spots and Assets

MBF is an evidenced-informed model that has shown **positive outcomes for caregiver retention and placement stability for youth and children who participate in the program**. The WA-state MBF program, as

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[7] MOCKINGBIRD FAMILY™ has historically been focused on foster families, not necessarily kin. Over the last 3-5 years, there has been an increasing focus on kinship placement and priorities have flexed to a more inclusive vision of out-of-home caregivers.

[8] See EXHIBIT 2 – DS SETTLEMENT TERMS AND Standards

[9] https://www.dcyf.wa.gov/ds-settlement-agreement

implemented by both DCYF Regional offices and through CPA partnership, has demonstrated similar successes in supporting caregivers with access to **community supports, trainings and growth & development opportunities, strategic partnerships,** and **advocacy,** as highlighted by hub home caregivers, satellite homes, CPA implementing partners, and Regional and local DCYF office staff. Social workers also indicated the program facilitated **shared decision-making** between the hub home family, the child or youth, and their kin families. Among legislative advocates, the program was attractive as an **evidence-informed program** and the data from other implementing contexts appeared promising for the WA-state context. For the youth placed into WA-state MBF constellations, it was noted by their hub home caregivers and community partners, that through the MBF program, they experienced more **community supports, geographic proximity to birth family**, **placement stability**, and generally, **foster or kin families who were a good match** for them.

At best, MBF constellations benefit foster parents and youth by embedding them in a supportive environment, connected to other foster care families, community leaders, and agency partners. It is a model that is intended to mimic an extended family community that can work together to meet the needs of foster care parents and children and youth placed in the foster care system.

A policy report (WSIPP, 2017) showed positive impact outcomes related to youth placement stability and caregiver retention for the WA-state MBF program; but there has not been additional studies to capture large scale and longitudinal impact since 2017 (more information on the findings and limitations of this study can be seen in 2017 WSIPP EVALUATION OF THE FOSTER CARE HUB HOME MODEL: OUTCOME EVALUATION.

Community Supports

Among the hub home families, CPA implementing agencies, and DCYF Regional and local staff interviewed in this assessment, it was noted widely that a) WA-state MBF supports **caregiver retention and connection**, and b) MBF program **satellite families are more likely to continue being carers** than non-MBF foster care families. Satellite caregivers in the MBF program noted strong feelings of support, given their access to **respite care in a community** setting that is close in proximity and with a family that the child knows. Beyond caregiver retention, MBF satellite caregivers feel a **strong sense of community and extended-family-like relationships**, with children and youth placed in such homes having **multiple access points** to adults in a community. Hub home caregivers indicated on behalf of youth that placements considering **geographic proximity to siblings allowed for children and youth be more accessible to each other and their birth parents**. For youth, their caregivers also indicated **greater overall wellbeing in a constellation setting**, given their proximity to other children and youth in their age group and the **built-in connection and community with their peers**. Furthermore, hub home caregivers and technical assistance agencies noted, if a child placed and foster care or kin family are not a good match, there is an opportunity to place them with another family in the constellation, which **reduces the amount of disruption for the child's day-to-day** (e.g., school/childcare, proximity to and visitation from birth families, extracurricular activities, and relationship with siblings).

The **hub home** is instrumental in **creating the sense of community, through social events, responsive communications** and supports, and creating a **web of connection points amongst the satellite homes**. Without a dedicated resource within the hub home, some communities of foster care and kinship families may organically share knowledge, pool resources, and come together socially, but rarely are they consistent, reliable, and enduring vehicles for community supports, as noted by hub home caregivers and WA-state foster care system experts.

> "A lot of our foster parents feel very isolated and don't know where to go for connections, resources, and support – MBF gives this collaboration and communication so we can get ahead of barriers that impact stability." – Hub home family

"MBF is an extended family approach which replicates much of what a CPA offers in terms of respite, training, mentorship, & network. What's unique is the philosophy of keeping kids and siblings in their geographies." – CPA

Trainings and Growth & Development Opportunities

Hub home caregivers, implementing agencies, and program advocates noted MBF as a vehicle for enabling **periodic training, mentorship, and development opportunities for caregivers in a constellation**. Many MBF constellations set out a collective goal of supporting its community, a commitment to further **develop their own skillsets and capacities** in taking on children and youth with diverse needs.

As highlighted by hub home caregivers and families in their constellation, an MBF constellation often has a blended group of experienced and new(er) foster care families, who can support one another in **navigating the foster care system, understanding policies and requirements**, and developing skillsets and capabilities. Experienced foster care families share personal experiences, help troubleshoot and respond to unforeseeable day-to-day events, and provide responsive and empathic support in times of need. Not only are the onramps easier for new(er) families, as a group, hub home caregivers noted their constellations evolving and developing together, **becoming more experienced overtime supporting children and youth with complex needs** and becoming proficient at navigating the foster care system. Because the hub home offers multiple **training & development opportunities** throughout the year, there are dedicated times and spaces for the **families to reflect and support one another** in their often times unique and complex challenges. These supports in particular fill a much-needed gap among WA-state caregivers, who have noted at times, the difficulties of navigating the complexities of the foster care system around them (e.g., licensing, coordinating with child support services, supporting high-needs children and youth, or managing burnout or stress) and feeling "isolated," "lonely," or "unsupported."

A widely shared sentiment among stakeholders was an emphasis on the diverse dynamics between a child and a foster care family, which often requires experience. A caregiver may not think they are capable of taking on a high-needs youth placement, but through the MBF program, they may **learn by example through the experiences of other caregivers** in their constellation, develop such experience with mentorship support, feel more capable overtime, and ultimately, accelerate their trajectory in serving and supporting children and youth with complex needs autonomously.

"MBF is a prevention model that supports caregiver retention and reduces caregiver burnout. Overtime, if we can keep our parents sustained in the system, they will gain experience and can eventually handle more children and youth with complex needs." – DCYF Regional Office

Shared Decision-making, Partnerships, and Advocacy

Within the MBF program, there is a team of professionals and families who work together to support the child in placement. Social workers noted opportunities for **shared decision making amongst the agency, case managers, foster care families, youth, and kin**. There is also the potential for **faster conflict resolution** between foster care parents and youth.

In addition to the typical DCYF placement staff, there is the MBF program liaison (either at DCYF Regional office or at the CPA) and the hub home family who can together screen and evaluate whether a child in need of placement will have a good fit in the potential satellite homes. In one example of an OC MBF constellation, the MBF liaison and the hub home decided together to have a high-needs youth spend the first few days of receiving care with the hub home family so that they could **screen and assess for fit** on behalf of the satellite homes that were in consideration for long-term placement. The hub home and the MBF liaison along with DCYF placement staff were able to **comprehensively understand the needs of the youth**, and communicate the details with the satellite family, and ultimately the youth was placed successfully within the satellite home. The hub home also identified

another satellite home in this constellation who could be a back-up support system for this youth in case the hub home is unavailable.

Advocates, policymakers, and community partners also highlighted that through the MBF program, there are opportunities to **involve Regional community leaders and stakeholders**. The Kent Family Collaborative – formally, Keeping Kids in Kent, convenes local policymakers, government leaders, community-based organizations, local DCYF office, private agencies, and foster care and kinship families to discuss the local and Regional needs, challenges, and opportunities. Having **a shared understanding of what the foster care gaps and needs are on a local level**, and specifically for youth and young people who are hardest to place, is important when it comes to implementing new programs and for funding requests.

Legislative advocates widely noted how MBF **emphasizes the need for building partnership and improving collaboration amongst community partners**, while enabling alignment on key narratives and goals, and advocates for more investments and funding to sustain these efforts.

Local and international stakeholders alike, at the community and legislative levels, noted how critical building program support at the community-level was for ensuring sustainability.

> *"We involved businesses and local non-profits immediately in Kent – as soon as they got involved, the program started to gel, and I could see the local DSHS office feed off of this energy."*
> *– WA-state Legislator*

Across the ecosystem of stakeholders, it was of great importance to emphasize how community buy-in generates roots and anchors program ownership across the ecosystem. As families advocated for the program, the surrounding businesses, government, social services, and non-profits responded with services in kind and involved themselves in MBF. **Much of the buy-in begins with spending tangible, relational time with families** – one hub home leader in Region 4 hosted dinners and small get-togethers to spread awareness of the program, which ultimately led to the recruitment of additional hub home families. Another local office planned outreach activities and training programs to speak directly with foster care parents and families with the goal to begin to repair some of the historical mistrust between foster care parents and the DCYF-system.

> *"Healing and repairing relationships happen through consistent communication and presence,"*
> *– MBF Program Liaison*

Ultimately, aligning shared values and prioritizing relationship-building between families, government, and private agencies alike will be one of the best investments towards sustainability of the program.

Beyond community building, garnering legislative and advocacy support has proven to be one of the primary reasons for the successful startup and implementation of the MBF program in Kent. Representative Tina Orwall of the 33rd Legislative District in WA-state played an active role in advocating for evidence-based foster care programs, and she worked diligently with Kent businesses and community members to spread awareness of the program at the local-level through the Kent Family Collaborative.

> *"Having direct involvement of legislators and local businesses made Mockingbird a home-grown approach and gave it the support it needed to keep us moving through the learning curve and get the constellations going."* *– Kent Family Collaborative member*

There is an opportunity to increase awareness of the MBF program among legislatures and policy representatives and identify advocates within each Region.

> *"I'd like to do whatever I can to help the foster care community in my Region, and if this [the MBF program] is the best way to do that, I want to know more."* *– WA-state Legislator*

> *"There are quite a few legislators in WA-state who have a personal connection to the foster care community and would be champions of the program."* *– WA-state Legislator*

In order to garner support, legislators recommended building a strong evidence-based case for the program and providing resourcing estimates to better understand the program's return on investment, in addition to leveraging storytelling and personal connections to the work.

Challenges & Limitations

Some challenges and limitations addressed by stakeholders are specific to MBF or the WA-state MBF program while others are related to DCYF and the WA-state foster care system. As it relates to the MBF program, there are challenges with **outreach & recruitment**, **implementing and retaining caregivers, staff resourcing & funding sustainability, developing supportive infrastructure & systems, and facilitating productive coordination & partnership.**

Outreach & Recruitment

Outreach and recruitment was an expressed issue on behalf of foster care, kinship families & caregivers, and DCYF and CPA staff. **Families are unaware of the MBF program when licensing** to be a foster care or kinship family. They also expressed that depending on which Region they live in, or if they were licensing with DCYF or a CPA, there was inconsistent messaging and outreach on how to engage or participate in the MBF program.

> "Legislatures and the public need more awareness and education of the MBF program. But, from the outside looking in, it seems like the program would be more effective in an urban or suburban setting. Where I live, in a rural setting, it would be difficult because as foster parents, we didn't really engage with other families. But the idea of a hub home model with families interacting with other community members seems like a great thing." – CPA Partner

For both private and public models, the **biggest challenge is finding a hub home**. DCYF and CPA leadership equated it to like "finding a unicorn". It starts with **identifying experienced foster care or kinship carers** in a **high-density catchment area** with a high-volume of youth in need of placement. Ideally, a hub home candidate is already informally supporting a community of other foster families, and the community exists to build on. At a minimum, the hub home needs to be an experienced foster care or kinship family, able and **willing to support other foster care and kinship families in their community, provide respite** for up to 10 satellite families' placed children and youth, have capacity and capabilities to **host community events and trainings for the constellation**, willing to **no longer take on long-term placements**, and **financially stable to receive taxable revenue** (i.e., hub home stipends are not considered reimbursable tax-deductible revenue, while monthly foster care reimbursement for satellite homes are tax-deductible). The MBF model is expected to more success in **urban or high-density areas**, with high volume of foster care and kinship caregivers, children, and youth in need of placements, in order to achieve the benefits associates with the **frequency, availability, and quality of in-person interactions** (e.g., trainings, ad hoc support, respite, community events)[10].

Hub home recruitment is the single most critical pain point in hub home implementation at the Regional level in the **WA-state public system** (DCYF-licensed homes). DCYF Regional liaisons and past participants noted several challenges, including:

- Difficulty identifying credentialed hub home candidates (i.e., those who have the traits and skillsets, connections to community resources, and commitment to the work that would make them successful);
- Challenges retaining the hub home due to burnout or inadequate resourcing and support;
- Quality concerns with the hub homes maintaining fidelity and thus becoming unsuccessful; and
- An overarching shift in the landscape of foster care providers, resulting in a shortage of providers in the public system interested in serving specific populations of children and youth, particularly older youth and youth with complex needs (some reasons raised include jadedness with the public system, fear of reprisal

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[10] Based on MBS TA team and anecdotal evidence amongst interviews

given history of mistrust between licensing divisions and families, and poor experiences in their first few years leading to fast burnout and fallout).

For many caregivers and families, the hub home role is a significant departure from what they initially signed up for as a foster care provider. The **hub home role is, viewed by some, a professionalization of foster care** because of their a) employment existing as taxable revenue and b) overall qualifications to train and develop other caregivers, level of experience, skills in community organizing. Others see the hub home role as **an extension, formalization, recognition, and compensation for existing activities** that key foster or kinship leaders were already doing in their communities.

> *"Recruitment of the right hub home makes or breaks implementation, especially now, when supply of experienced foster parents is low." - CPA*

Beyond the MBF program, more broadly, recruitment and retention of caregivers in the foster care and kinship community is a challenge. **Contextual factors include court and public policy changes** focused on **decreasing the removal of children and youth** from birth families at the onset, and **expediting reunification** for children and youth who were removed,[11] reducing the overall need for child placements. Policies are also **prioritizing kinship caregivers**[12] to step in if a child needs a placement, thus reducing the volume of non-kinship foster family placements. While these are **inarguably positive outcomes (e.g., lower removal rates, more kinship placements)**, there still remains a general sentiment that the **foster care community feels undervalued and unheard by DCYF**. As it pertains to the MBF program, there are significant headwinds associated with recruitment and implementation of MBF constellations, and some of those factors require **establishing better lines of communication and engagement**, especially with the DCYF-licensed foster care community.

> *"We need more staff on-the-ground supporting implementation & recruitment."*
> *– DCYF Regional Office*

> *"Without foster parents, we don't have a foster parent program. Foster parents want to be appreciated by the department. We are trying our best to listen to them because they don't feel listened to by DCYF right now." – CPA Partner*

Implementation and Retaining Caregivers

Once a hub home family and potential satellite families are identified to set up a constellation, it generally takes about **two years to fully implement MBF to fidelity**. In addition, prior to large-scale expansion, MBS also requires agencies to launch at least 1 to 2 constellations in the initial years. Successful implementation requires coordinated partnership among the MBF liaison (e.g., either at DCYF Regional office or the CPA), the MBS TA team, the constellation of families, especially the hub home, and support from DCYF HQ.

Hub home leads expressed some frustration and disappointment with the **varying levels of engagement from satellite homes**. Hub homes needed to have **different approaches and allow for flexibility** in engaging with satellite homes in their constellation. Furthermore, hub homes also expressed **difficulty maintaining fidelity** across all of the MBF model markers, while being overstretched to provide community events and trainings. There was a **lack of clarity on which fidelity markers were most important** to keep and which were secondary.

There is also a **shelf-life for families participating as the hub home –** estimated at about 4-5 years, mainly because of the **high level of engagement, need for flexibility and dedication to support satellite homes**, and many other factors including **personal factors** such stage of life, relocation, birth children needs, etc. While

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[11] https://www.dcyf.wa.gov/practice/oiaa/agency-performance/reduce-out-of-home-care
[12] https://www.dcyf.wa.gov/services/foster-parenting/kinship-caregivers/overview

satellite families may stay in a constellation longer than the hub home family, many times a satellite home will rotate in as the hub home family to become the **new anchor for the constellation**.

Staff Resourcing and Funding Sustainability

In addition to the importance of hub homes, the **MBF program liaison is a crucial role** that requires dedication, organizational support, and sustainable funding. For both **DCYF Regional offices and the CPAs, there needs to be a dedicated resource** for implementing the MBF program in its Region.

High turnover amongst DCYF Regional office staff and **limited capacity** to support the MBF program led to **inconsistent engagement and support** for the hub homes and their constellations. Adoption and ownership of the MBF program by DCYF local offices were highly dependent and varied significantly based on individuals (e.g., area administrators) rather than having a team to support the MBF constellations. In the past, there were **no dedicated staff or designated role at the DCYF Regional or local office level** to implement the MBF program. For many that had experience implementing the MBF program with DCYF local offices, they found that **funding would get cut or the program would be de-prioritized** year after year.

> *"It's difficult to know who to go to at DCYF when there's such significant staff turnover. When we lost a hub home, DCYF was also experiencing turnover, so we didn't have a liaison dedicating time to recruitment." – Hub Home family*

> *"At the Regional level, we need to feel more certain that funding will be sustained over the long-term. Otherwise, the initial effort and start-up cost is not worth it if it's going to fail later due to lack of resourcing." – DCYF Regional Office*

> *"It's hard to rely on resourcing for MBF – we are at-capacity and need support to implement but funding seems unsustainable." – DCYF Regional Office*

> *"We spent a lot of time and resources to kick off the [MBF] program and identify our first hub home, but once the resourcing started to wane, we couldn't keep the program going and had to shut it down. That resulted in a lot of wasted time and effort for us. For us to want to go through implementation again, we would need certainty that funding will be available for the program in the long-term, so we know our effort to start the program won't be wasted."*
> *– DCYF Regional Placement Specialist*

Similarly, private agencies noted the difficulty of resourcing the program and paying hub homes during startup.

> *"We were losing money in the first few years, but once the program gained traction and we figured out how to pay our hub homes, it started to even out." – CPA*

Despite this, it appears the initial resourcing trade-off to start up the program is still a deterrent for some CPAs. For the CPAs, there has been **unreliable funding support from DCYF to sustain the ongoing implementation of the MBF program**. The biggest challenge has been **financial sustainability**, but **partnership and trust were also concerns**. When the MBF program was first piloted in 2005-2009, it was privately seed funded by major philanthropic funder, however when DCYF took over funding the program, in 2014, there were concerns expressed by the CPAs (e.g., OC and CCS) regarding the **financial sustainability of implementing DS-level MBF** contracts. Because there were **significant financial differences** between the support that was needed to implement **DS-level MBF contracts vs. non-DS-level MBF contracts**, and while the CPAs notified DCYF some of their concerns and challenges, ultimately there was no resolution, and the CPAs ended their DS-level MBF programs. There was a perceived breakdown of trust and partnership between DCYF and the CPAs. With the DS Settlement requirements, the **proposed Enhanced model is similar to the DS-level MBF contracts** with the CPAs. It is important to revisit lessons learned from past experiences in designing for the future.

Contextually, there has been an **increase in the volume of high-needs youth (e.g., BRS-qualifying)**, and the **cost of services to meet their needs has gone up**. Service providers view that **DCYF reimbursements have not matched the increased costs** of delivering services to high-needs youth. The DS Settlement-class specifically includes high-needs youth such as those that who are medically complex, have behavioral and substance use disorders, mental health disorders, and other specialized needs. On one hand, the DS Settlement requires and also provides funding directly to serve this class of youth, however, it is unclear as to whether the full cost of services will be covered by the DS Settlement budgets.

> *"The DS settlement feels like a pressure point and we're not sure if MBF is the best way to solve the issues facing high-risk youth in our Region. We need flexibility going forward." –*
> *DCYF Regional Office*

> *"CPAs need more financial incentive to continue partnering with DCYF. Right now, CPAs are eating excess cost to pay for their hub homes. What's keeping them involved is that parents are asking for it and they believe a model like this works and aligns with their approach." – CPA*

Infrastructure and Systems

Beyond limited capacity and staff resources, the MBF program also has **limited data tracking systems** – seen as "archaic and manual" where local MBF liaisons and hub homes manually input data. The MBF program manager compiles reporting from various sources and has **a limited view across Regions on important metrics** such as the number of youths in need placement, or number of BRS-qualified youth. **MBF's fidelity markers' reporting and evaluation can be cumbersome** to compile and **do not provide adequate visibility into long-term performance and impact measurement**. Few MBF liaisons from the agencies and the caregivers in constellations are aware of their own performance as it relates to programmatic impacts for **placement stability and caregiver retention**.

For both the MBF program and the foster care and kinship system broadly, it is a **challenge to match children and youth with a family that best fits their needs.** High-needs youth are often the hardest to place with foster families or kin. The first few days of receiving care are often when the youth's complex needs are discovered. MBF constellations (hub homes and satellites) vary significantly in skillset, capacity, and willingness to take on high-needs youth. There is currently **no formal assessment or matching process** that enables a constellation of families to express their individual skillset, capacity, and willingness to accept a high-needs youth into their homes. This can feel like **a trial-and-error experiment on both ends** – for the caregivers and the youth. The **MBF model does not inherently have a built-in assessment tool or matching process** that allows the MBF liaison and hub home family to identify the capabilities and skillsets within a constellation and monitors the progression and development of families or caregivers within a constellation to take on more challenging youth over time. It is a missed opportunity to match highly capable foster care families with high-needs youth and increase placement stability.

> *"DCYF needs to take full ownership of MBF by investing resources into the infrastructure, staffing, and systems, as well as shifting their culture and approach to fostering to be community driven." – CPA*

Coordination and Partnership

Within DCYF, some of the limitations organizationally impact its ability and capacity to implement the MBF program. There has been inadequate support from HQ to the Regional offices to implement statewide programs, including the MBF program. Furthermore, existing inconsistencies in communication between key divisions within DCYF, including the licensing division, child welfare field operations (CWFO), and child protective services (CPS) exacerbated challenges experienced by hub home caregivers, in relation to access to information, coordinating placements, and facilitating licensure, among others. This varied by Region – some Regions indicated a high level of cooperation and collaboration among the two divisions, but others indicated that formal organizational restructuring created

unintended barriers and challenges in recruiting and implementing the MBF constellations. It was unclear whose responsibility it was to recruit, implement, and lead the MBF program – between child welfare lead or the licensing division.

Beyond DCYF internally, the **relationship and partnership between MBS and DCYF is not well defined**. Currently, MBS's TA team acts as the linkage between DCYF local offices and the DCYF-licensed constellations vis a vis technical assistance and coordinating reimbursements with hub homes. Similarly, MBS's TA team also advises and works with CPAs to implement the MBF model and facilitates payment to their hub homes. Because DCYF local offices are currently over stretched with recruitment, liaison, and tracking responsibilities and cannot fully support MBF constellations, **sometimes MBS steps in implement MBF programmatic activities that traditionally should be the role of a local office MBF program liaison**.

Partnership among DCYF, CPAs, and MBS also varies by Region. In Region 4, the **Kent Family Collaborative model is cited as a bright spot for coordination and partnership** at the community-level amongst coalitions, community partners, social workers, and constellations. It is unfortunately the only one of its kind. **In all other Regions, there lacks a similar coordinating mechanism** amongst community partners to **align on priorities, assign ownership, and work collaboratively** in pursuing common goals. There is lack of clarity even among MBS, DCYF (Regional leadership), and the CPAs within each Region, as to **whose role it is to design and implement the Regional MBF program based on community needs**. Going forward, it will be especially important to clarify key ownership, roles and responsibilities, and decision-making power amongst DCYF Regional office, MBS, and CPAs, as DCYF continues to invest in MBF Traditional models and implement the new MBF Enhanced models.

"DCYF leverages CPA relationships to deliver unique models of care, but this requires some relationship building and strategic partnerships which is currently fraught." – CPA

"We look forward to building a new program alongside DCYF in serving our high-needs youth. It is an important program that we are well positioned to help execute on but will need the full support and commitment from DCYF to do." – CPA

Review of Other Models & Programs

A desk review of other **hub home models that serve at-risk youth, case studies of other MBF implementing sites,** and **key MBF model evaluation reports** help inform how the WA-state MBF program should growth and further develop as it considers expansion.

There are numerous **hub home models** that are similar to **MOCKINGBIRD FAMILY™** which also use a community-based approach in serving at-risk and opportunity youth or youth experiencing homelessness. The **case studies** developed from interviews with Nova Scotia Canada, Australia, and the UK provide additional considerations on how to **customize MBF to best fit the needs of WA-state families and youth**. Finally, the **reports and evaluations of MBF** across multiple settings further illuminates how best to continue monitoring and evaluating for success of the WA-state MBF program.

Exploring Other Hub Home Models

Several evidence-informed hub home models exist for foster care (EXHIBIT 6 – HUB HOME MODEL Approaches), with the **MOCKINGBIRD FAMILY™ Hub Home Model approach being the leading evidence-based approach globally for deploying a community-based hub home approach**.

The other prominent evidence-informed models include:

1. **Community Supported Foster Home Program**, where youth in foster care are placed with a parent who is a paid professional foster carer employed by the public domain and licensed through local government.

2. **Family to Family / Neighbor to Neighbor / Neighbor to Family Sibling**, where youth are seen as assets to the broader community and, therefore, additional emphasis is placed on community partnerships, achieving permanency within the community, and comprehensive local service support; and

3. **Care Hubs**, where youth in foster care receive multi-system support through a wide array of service offerings, including family services, therapeutic, and outreach support, with the goals of minimizing the amount of time a child spends in care and to increase likelihood of successful reunification.

In all evidence-informed models, there is an emphasis on a community or hub-home approach as a means for increasing connection between caregivers and providing placement stability for children and youth within these communities by aggregating access to services within their geography. However, MBF's unique value-add is caregiver retention, mentorship, training, and connection with other foster caregivers, in addition to providing respite care and emphasizing child placement within their existing or home geography and with siblings or kinship. Access to respite care is known to increase caregiver retention in the foster care system.[13]

Given recruitment and retention priorities and the desire and need for respite care support among caregivers in WA-state, MBF continues to be the optimal approach for offering a hub home option in the public domain. At its core, the MBF program deploys many critical components of other hub home model approaches, including community-based support and maintaining placement stability within geographies, with additional emphasis placed on training, mentorship, and connection. However, one key limitation of the MBF program is the lack of emphasis on wrap-around services support. Therefore, increased attention to offering enhanced services for hub homes, like therapeutic, case management, or clinical and mental health service to support the DS population and other children and youth with critical needs will elevate the MBF program to better meet WA-state-specific needs.

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[13] Roberts et al., 2018

Evaluating Lessons Learned from Other MBF Implementing Sites (Nova Scotia, Australia, UK)

Since the MOCKINGBIRD FAMILY™ program launched in WA-state over two decades ago, other geographic contexts have adopted the model and achieved program implementation with varying success at-scale, including in Nova Scotia, Australia, and the United Kingdom. As WA-state moves toward statewide implementation, it will be critical to leverage lessons learned in implementation from other contexts while also remaining true to the WA-state context and adapting to limitations in resourcing, differing government systems, and diverse goals and cultural values. Summary overviews on program context and lessons learned in implementation for other MBF implementing geographies are provided below.

Nova Scotia

The **Government of Nova Scotia (GNS)** aims to implement 50-70 hub homes in all provinces by 2028. Currently in their 1st year of implementation, the GNS has successfully implemented two constellations in the public domain, funded by government block funding over the next 3 years. This resourcing agreement removes the need for reimbursement to hub homes which reduces logistical complexity, ensures program sustainability over the financing period, and provides consistency and autonomy to caregivers. At this time, the government has allocated approximately $430/month/satellite and also provides per-diem coverage for respite care. All stipends and payments are tax deductible. GNS has adapted the program via leveraging hub homes with placements (traditionally in MBF, the hub home is not recommended to provide placements in order to maintain availability of a bed for respite care).

Primary lessons learned include: 1) **embed the program in a community services department** in order to better facilitate wrap-around service offerings and 2) conduct **hub home selection based on years of service,** ability to **deliver trainings, capacity to support satellite homes,** whether the carer has **existing relationships** with the community and government, and **relative geographical distance** to satellite homes.

Australia

The **Australian MBF program** is implemented through a non-profit agency called **Life Without Barriers (LWB)**. LWB is awarded government tenders and philanthropic funding to develop innovative foster care programming Australia and New Zealand in partnership with local government. Currently in its fifth year of implementation, LWB has established 10 constellations in several Regions, including New South Wales and Southern New South Wales. Their goal is to establish 10 additional constellations in 2023. In this context, engaging government partners are a critical component given the level of ownership of the program at LWB. Unique to the Australian context is the hybrid employee and volunteer model for hub home carers: some are hired, and some are volunteers who receive tax-free payments.

Primary lessons learned include: 1) **engagement with frontline staff** is critical when initiating and scaling MBF and can be successfully done with thoughtful and pre-emptive **training, technical assistance support, and generating trust and buy-in from the ground up**; and 2) invest in **training for local implementation staff to reduce the overall burden** of the program on their day-to-day, given the program is often an additional responsibility on their existing role and can be taxing. This will also increase **program sustainability and reduce staff turnover** at the local offices.

United Kingdom

In the United Kingdom, **MBF is run by an agency known as The Fostering Network**. TFN does not license foster families on their own. However, they began their pilot project back in 2015, funding by the Innovation Loans programme run by the Ministry of Education. These loans were open to any agency wanting to try to transform and improve the foster care system, requiring additional evaluation at multiple points down the road. These loans

provided seed funding to pilot 1 constellation per 8 different providers in the UK. Since then, they have grown to supporting 62 public and private fostering agencies who run over 120 Constellations across the country.

Primary lessons learned include: 1) **constant, effective, and ongoing communication with all levels of staff** and families is key; 2) **successful implementation takes time** to thoughtfully engage all levels of care; and 3) **consistent revision, review, and reassessment of fidelity** by staff and hub homes throughout lifetime of the constellation.

Evaluating & Measuring Program Success

There have been few notable evaluations of the MBF Program in WA-state, with one primary small-scale outcome and cost-benefit evaluation led by Washington State Institute for Public Policy (WSIPP) in 2017. Available studies over the last 5 years on the success of the Mockingbird Program in various contexts, beginning with studies in WA-state, are outlined below[14]. Despite anecdotal evidence on the success of the program in existing hub homes, robust evidence on the effectiveness of MBF on caregiver retention and youth outcomes in WA-state has not yet been fully demonstrated. Evidence from other Regions, such as the UK, do demonstrate effectiveness on child placement stability, successful transition, caregiver retention, and caregiver wellbeing but the contextual, policy, legislative, and cultural landscapes differ. In order to advocate for legislative priority and ensure sustainability in funding and support in the future, it is critical to demonstrate program effectiveness at longitudinally and at scale within WA-state**.**

2016 Department of Health and Human Services Foster Parents Speak Survey

Though this study does not primarily focus on the MBF program, it was a landmark study in WA-state elevating the voices and perspectives of foster parents, with some implications for the MBF program. A survey of 1,350 foster parents was conducted to evaluate foster parent satisfaction with support, training, and information from DCYF and private agencies. The study demonstrated that the majority of parents expressed satisfaction with support and training, with a statistically significant increase in overall quality of support. Foster parents indicated a greater desire for inclusion in meetings and decisions, faster and more flexible processes, consistent policies, and more complete and timely information about their foster children's cases. Some parents also suggested a broader need for updated training materials, childcare options for training, more convenient training locations and schedules, and more interaction with experienced foster parents. Such desired support may be addressed utilizing MBF but additional studies, disaggregated by hub home and traditional homes, should be conducted to evaluate the success of MBF to meet foster parent needs and increasing satisfaction and support relative to foster parents in traditional homes. Such a study will have implications for recruitment and retention in the long term.

2017 WSIPP Evaluation of the Foster Care Hub Home Model: Outcome Evaluation

The study conducted a comparison of youth placed in a hub home model (HHM) foster home at any time since 2004 to a group of similar youth who were not served by a HHM (WSIPP, 2017). The study demonstrated HHM youth were likely to have higher rates of placement stability but, on average, took longer to achieve permanency. Goodvin et al., noted the primary limitations of the study to be its sample size (followed 100 youth through early adulthood), short timeframe of analysis, and narrow geographic inclusion. The study authors recommended an updated study of hub home outcomes with recent data and a larger sample size utilizing a prospective approach and random assignment of children and youth.

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[14] Additional studies evaluating the impact of MBF prior to 2017 can be found at
https://mockingbirdsociety.org/reports.

2017 WSIPP Evaluation of the Foster Care Hub Home Model: Benefit-Cost Analysis

In addition to the Outcome Evaluation, Goodvin et al., conducted a benefit-cost analysis. The study demonstrated, over the long term, the total economic benefits to society to exceed the cost of providing HHM in approximately 2/3 of cases. However, these benefits do not represent savings to the child welfare system but are rather as savings and benefits to participants, taxpayers, and others in society (WSIPP, 2017).

2020 UK Department of Education Mockingbird Programme Evaluation Report

This evaluation aimed to explore the impact of the MBF on foster carers and the children and youth supported across eleven sites, in addition to identifying practical issues associated with implementing the model in the English context. Utilizing a survey, stakeholder interviews, and focus groups, the study authors demonstrated a number of positive outcomes for parents and children, including and not limited to increased normalization for MBF children, improved continuity of care, and improved caregiver retention, peer support and wellbeing. An ROI of nearly 1:1 was also demonstrated. Despite strong demonstrated success in the UK context, care should be taken when generalizing the results in other contexts, namely such a robust study on children, youth, and caregiver impact and ROI has not yet been conducted in WA-state.

Strategic Considerations & Recommendations

Successful statewide implementation of the MBF program to meet the needs of children and youth identified in the DS settlement and for the foster care and kinship community broadly will require:

1. Building **infrastructure** including a) developing systems and processes, b) training and technical assistance, c) resourcing and costing, and d) reporting, measurement, and evaluation;
2. **Recruitment and retention** strategies;
3. Developing **strategic partnerships**;
4. Ensuring **program flexibility** through model adaptations; and
5. Meeting the **equity needs of key groups of children and youth** in WA-state.

Many of these considerations will provide the basis for the selection of the primary mode for statewide implementation (outlined in the *Strategic Options* section). Depending on the state's chosen mechanism for implementation (e.g., public, private, or hybrid approach), some considerations may be more critical than others. For example, in the public domain, more emphasis should be placed on building supportive infrastructure and process, evaluating program outcomes, recruitment, retention, and ensuring program flexibility and sustainability. In the private context, some of these considerations are foundational to their existing infrastructure (i.e., CPAs have existing recruitment and retention strategies) and thus, may not require additional efforts.

Building Infrastructure

In order to be successful in implementing Enhanced model MBF constellations to serve the children and youth of the DS settlement, and to expand both Traditional and Enhanced model MBF constellations in future years, there needs to be a robust **system of infrastructure, processes, and staff resources** across all levels. To achieve this, DCYF HQ, Regional Administration, and Local Offices will all need to work together in close partnership.

Across the three levels (HQ, Regional Administration, and Local Office), DCYF will need to further co-design roles and responsibilities, ownership of relationships (e.g., with CPA, caregivers, etc.), accountability mechanisms, and

feedback loops. While this report is not prescriptive about specific roles and responsibilities by levels or groups, we are recommending general categories of activities that should be considered as part of implementation planning.[15]

a) Systems and Processes

Some of the technology infrastructure and processes necessary for expansion of MBF already exist but must be strengthened to address additional volume and needs. Areas that will **require strengthening** include **licensing practices and requirements, existing child placement systems, and local MBF office support**. There are opportunities to further expand and offer such infrastructure consistently across Regions and assign complementary roles. Recommendations for **new infrastructure developments** to better support the MBF program include: 1) **formalizing family-child matching and placement, 2) developing centralized payment systems, 3) coordination between DCYF licensing and child welfare departments, 4) regular meetings amongst CPAs, 5) collaboratives/communities of practice, and 6) processes to connect families to resources & trainings[16]**.

b) Training and Technical Assistance

Mockingbird Society has largely delivered technical assistance and training for hub homes throughout the course of the MBF lifecycle in WA-state. Stakeholders noted MBS to be "very helpful, knowledgeable, and accessible"; community partners report MBS engagement being a critical factor in launching successful hub homes. The MBS team has largely targeted training support to the hub home, MBF liaison, and the broader MBF program. These trainings serve to:

1. Promote connection and sharing of experiences between hubs, liaisons, and agencies;
2. Provide opportunities for members of the constellation to receive feedback and support from peers on challenges hub homes or liaisons might be experiencing; and
3. Provide occasional training opportunities on challenges or issues determined as a key learning need, usually by facilitated by internal or external partners.

Some examples of trainings include an anti-racist training, presentations on resources, compensation, and processes for reimbursement for youth medical care facilitated by Coordinated Care of Washington, virtual webinars on supporting learning and virtual bio family visitation during the pandemic, tax support courses as a hub home facilitated by certified public accountants, providing LBTQIA+ affirming care, and Culture of Foster Care trainings. Topics are often decided based on real-time need and interests raised by hub homes and their constellations. Such trainings also qualify as continuing education credit which is a requirement for licensing renewal as a foster caregiver in WA-state.

Other existing training mechanisms for caregivers exist through the **Alliance for Professional Development, Training, and Caregiver Excellence ("the Alliance");** providing increased access to these trainings is a critical infrastructure need as caregivers develop the skills needed to care for the children identified in the DS settlement.

In terms of technical assistance, MBS will need to continue providing technical assistance support to new hub homes during the initial years of statewide expansion. However, it will be critical for **MBF implementing agencies (e.g., DCYF and CPAs) to develop internal mechanisms to provide ongoing training support**, especially as it relates to the needs of DS-level children and youth identified in the DS settlement and reduce reliance for technical assistance on external agencies.

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[15] See EXHIBIT 9 – NEW AND EXISTING ROLES TO Consider
[16] See EXHIBIT 10 – NEW INFRASTRUCTURE DEVELOPMENT Recommendations

c) Resourcing and Costing

Regional offices cited that "consistent, accessible, and accountable implementation support from HQ," would garner their support of statewide implementation of MBF programs, in addition to "resourcing for staff and funding for hub homes and constellations being made available and sustainable over the long-term." **This requires not only commitment from legislatures and funders, but also an understanding of a) the one-time or short-term costs for setting up processes, trainings, recruitment and b) the ongoing long-term costs related to stipends for hub homes, infrastructure and systems, reporting, and staff support.** DCYF will need to account for the types of costs associated with implementing the MBF program and delineate between initial startup costs and ongoing program costs, while accounting for any funding requirements in the next 2-years, per the DS settlement. This may require a dedicated cost modelling exercise to understand the full cost of the program.

Ensuring adequate resourcing beyond initial start-up costs is crucial for long-term sustainability of the MBF program. A primary implementation challenge experienced by regional offices in WA-state previously was ensuring adequate resourcing through the initial start-up years (Years 1-2). Supporting sustainable program outcomes will require a) dedicated MBF liaison(s) in each Region or freeing staff capacity to reduce turnover, b) providing additional funding in start-up years (i.e., Years 1-2) to allow for flexibility, experimentation, and dedicated time to recruitment, and/or c) confirmed block- or long-term grants to the program to support continuous quality improvement and implementation. The EXHIBIT 11 – COST MODEL Assumptions outlines known operating costs for the program and breakdown costs for per constellation by Traditional and Enhanced models. Estimates were gathered from DCYF program and contracting costs**.**

Currently, the monthly stipend for a hub home **is $2,400 per month per Traditional hub home and $3,500 per month per Enhanced hub home.** The additional cost for an Enhanced home is to value the additional skills and services of a hub home provider with BRS-experience or WISe. If DCYF were to resource at least 21 constellations (assuming fifteen traditional hub homes and 6 new enhanced homes), DCYF should expect to spend at least **$672,000 on constellation implementation on an annual basis**. There is no additional cost for a satellite home to join a constellation, thus the cost for implementation of each incremental constellation would be driven solely by the hub home monthly stipend.

DCYF is also required to pay a copyright contracting fee of $250,000 to MBS to utilize MBF in Years 1 and 2. This cost includes MBS technical assistance, implementation and consultation support, and training for up to 2 new constellations per agency. DCYF has also allocated funding to support CPAs as implementing agencies and has agreed to pay the **copyright contracting fee of $240,000 in Years 1 and 2 for 3 CPAs** (which includes a discounted rate granted by MBS to include CPAs in the contract). **Beginning in Year 3, DCYF is required to pay a licensing fee on behalf of DCYF and 3 CPAs which totals to $20,000 on annual basis thereafter for continued use of trademarked materials.**

To staff the program, DCYF has dedicated 1 FTE as a program project manager, 4 FTEs for ongoing implementation support, and 3.5 LTEs (limited-term) in Years 1-2 to support startup implementation. In Years 1-2, **staffing costs are estimated at $575,000.** Following the third year of implementation, startup implementation support will ramp down, **reducing staffing costs to approximately $400,000.**

As the program continues to expand and the number of hub homes and constellations increases to meet the need of children and youth identified in the DS settlement, additional resourcing to staffing will be critical to sustaining the program. **Over time, the hub home-to-staff ratio will continue to increase and may lead to a capacity issue among staff**, **unless resourcing to staffing is supplemented**. As noted in the key CHALLENGES & LIMITATIONS, staff turnover led to difficulties in retaining hub homes and providing adequate supports.

d) Reporting, Measurement, and Evaluation

MBF program reporting and evaluation occur at the hub home level with **MBS facilitating a) an in-person fidelity review 1-year after the launch of the implementing agency's first constellation, followed by b) semi-annual informal fidelity surveys to be completed by hub homes and MBF liaisons with follow-up conversations with MBS staff, and c) optional additional fidelity reviews for agencies flagging concerns or where more frequent feedback loops are needed.** Interim tracking includes a monthly hub home report with data on activities, training, and respite, as well as technical assistance training and progress reports. Though there have been small-scale evaluations in WA-state in the past (See section IN THE UNITED KINGDOM, **MBF is run by an agency known as The Fostering Network**. TFN does not license foster families on their own. However, they began their pilot project back in 2015, funding by the Innovation Loans programme run by the Ministry of Education. These loans were open to any agency wanting to try to transform and improve the foster care system, requiring additional evaluation at multiple points down the road. These loans provided seed funding to pilot 1 constellation per 8 different providers in the UK. Since then, they have grown to supporting 62 public and private fostering agencies who run over 120 Constellations across the country.

Primary lessons learned include: 1) **constant, effective, and ongoing communication with all levels of staff** and families is key; 2) **successful implementation takes time** to thoughtfully engage all levels of care; and 3) **consistent revision, review, and reassessment of fidelity** by staff and hub homes throughout lifetime of the constellation.

Evaluating & Measuring Program Success), a robust statewide tracking mechanism and Regional reporting mechanisms for MBF hub homes are not yet in place. In the past, WA-state has allocated funding to tracking foster care youth, though this has been inconsistent and does not necessarily disaggregate hub homes from traditional homes or children and youth with special and complex needs. In order to ensure quality measurement and continuous improvement, implementing partners and DCYF should consider deploying:

- **Performance tracking for hub home implementation**: in order to monitor implementation progress and milestones as new hub homes are developed and existing hub homes convert from Traditional to Enhanced; can be implemented at the Regional-level and funnel to statewide reporting systems;
- **Centralized quality improvement tracking mechanism**: to monitor program fidelity and increase consistency and likelihood of successful program outcomes;
- **Individual hub home surveys**: deployed by hub home caregivers to assess satisfaction and success of their support to satellite caregivers (currently this is an inconsistent practice); and
- **Partner/ CPA Satisfaction surveys**: to better understand CPA and partner needs and mechanisms for support.

For future programmatic evaluations, it will be critical for DCYF to:

- Partner with a university or other evaluation entity (e.g., Washington State Institute for Public Policy) to conduct Regional hub home pilot assessments in the short-term, followed by a large-scale longitudinal statewide assessment of the MBF program in WA-state in the long-term (with increasing # of hub homes)
- Prioritize collecting data on a) demographic disaggregation (e.g., race, gender, and disability); b) caregiver retention and wellbeing; and c) foster care youth perspectives;
- Implement Continuous Quality Improvement (CQI) and performance metrics for implementation tracking, integrating a model fidelity assessments and hub home / satellite family perspectives; develop a process for collecting quantitative hub home level data overtime (can partner with DCYF monitoring and evaluation team for thought partnership and implementation).

Recruitment and Retention Strategies

Despite many CHALLENGES & LIMITATIONS noted around OUTREACH & RECRUITMENT and IMPLEMENTATION AND RETAINING CAREGIVERS, hub homes and MBF program liaisons have identified supportive strategies for recruitment by focusing on the following areas:

- **How:** community outreach and relationship building is the most effective way to recruit hub homes and satellite homes to join a constellation. Funding community outreach events to build trust and connection can facilitate longer term dialogue and interest in the MBF program. Leverage hub home parents as recruiter as they live in the community, can lead by example, and often can identify successful candidates for future hub homes.

  "We can often tell within our own constellations who will be a successful hub home parent – these parents have a sense of the whole community, can interact with a broad range of people, and are willing to share their lessons learned." – A hub home caregiver

- **When**: new foster parents and kin are best primed to join the MBF program in the initial licensing stages as satellite homes. In this critical period, new foster parents and kin are undergoing training, have access to a variety of resources, and are most receptive to new programs and supports. As they gain experience in the constellation, they become better positioned to serve as hub home caregivers in the long-term.
- **Who**: the ideal hub home candidate has a unique combination of long-term experience in the foster care system, knowledge of key resources and service providers, critical credentialing or specialization (e.g., can support DS-level children and youth, children and youth with complex needs, or has experience with the WISe program), has highly useful interpersonal and social skills (can relate to and coalesce with families of multiple backgrounds and ways of living and relating), and demonstrates a commitment to the foster care system in line with their values and culture of the agency.

As a contrasting note, CPA hub homes have had more successes with recruitment, given their existing pool of experienced providers and recruiting systems and may not experience the same pain points.

Apart from recruitment, retaining hub homes and satellite homes is of critical importance in the realm of sustainability and improving longer-term outcomes for constellations. In other international contexts, retention is addressed through payment structures which allow hub homes to accept payments as tax deductible income. In the WA-state, it appears current hub home carers are disincentivized by the taxation of their wages given federal requirements. However, shifting approaches to taxation is highly unlikely in the US-context.

Developing Strategic Partnerships

A critical aspect of the MBF program is the successful and sustainable engagement with **community partners, legislative and advocacy support, and CPA partners.**

It was widely noted that CPAs such as OC and CCS, among others, had more successful implementation of MBF constellations and more satisfied carers than constellations implemented directly by DCYF, suggesting **CPAs are a critical avenue for sustaining the MBF program as it expands in WA-state, given their existing relationships with caregivers in the state, though only few have implemented MBF.** CPAs were seen as having the infrastructure, staffing, and connection to a network of caregivers to be a highly productive implementing agency, relative to DCYF (see Exhibit - COMPARISON OF DCYF VS. CPA CONSTELLATIONS). Unfortunately, some historical dynamics of mistrust, poor relationship building, feelings of poor accountability to CPAs from DCYF (in some Regions), and poor business incentives (e.g., required significant startup investment by the CPA that has not been fully reimbursed by DCYF historically) have deterred some CPAs from participating in the MBF program. **More relationship building and co-design with CPAs will be critical to the successful implementation and expansion of the MBF program statewide and will be needed in order to foster awareness of the**

program and rebuild trust and strategic partnerships. In-depth discussions on how CPAs can provide supports to licensed kinship families will also be critical in this process.

CPA-contracted MBF constellations are not currently DS-level contracts. Some CPAs still have historical knowledge and institutional expertise to support the implementation of DS-level MBF constellations, however, due to the financial constraints and partnership considerations, they no longer implement DS-level MBF constellations. To better serve the needs of children and youth in the DS-population, it will be useful to leverage existing infrastructure and expertise serving DS-level children and youth from CPAs by incentivizing CPAs to reinstate BRS services. Doing so may alleviate burdens on implementation within DCYF constellations.

In the new licensing contract with MBS, DCYF is providing coverage of the copyright contract for 3 CPAs to incentivize uptake of the program (see RESOURCING AND COSTING). However, other costs, including staff resourcing and most implementation support for CPAs, will not be covered by DCYF at this time. This requires CPAs to identify alternative financing mechanisms to continue implementation. Historically, CPAs received private philanthropic funding to support MBF. This funding is no longer available, leaving CPAs unable to identify additional financing mechanisms. This has led to some CPAs forfeiting their participation in the program as resourcing has become unsustainable. **In the future, it will be critical for DCYF and CPAs to work together to support CPAs in identifying financing mechanisms to ensure their participation and ongoing sustainability** (e.g., government and philanthropic support, among others).

Ensuring Program Flexibility in Implementation

A key challenge raised by MBF program caregivers and Regional implementors interviewed for this assessment was in maintaining fidelity to MBF. **To meet fidelity, hub homes are required to meet at least 75% of program requirements, as outlined by the Mockingbird Society (MBS) in the *MOCKINGBIRD FAMILY*^{TM} *Fidelity Checklist*[17].** Of the 55 available indicators, 48 are recommended and considered "key indicators." These are included as part of the fidelity percentage calculation (e.g., a constellation with a few recommended fidelity markets unmet, and all others in fidelity, may score 95%). MBS conducts an annual fidelity assessment of hub homes each year, and through these assessments, offer direct technical assistance support and recommendations for hub homes as they strive to maintain fidelity. Below are the thematic competencies of the fidelity assessment, with some examples of recommended key indicators:

- **Host Agency maintains the integrity of the MBF structure;**
  - o Example key indicator: *"The host agency, hub home, and satellite home families understand, are trained in and subscribe to the concept of normalizing respite care as an opportunity to develop and preserve healthy relationships, placements, sense of community and permanency."*
- **Essential MBF stakeholder roles (host agency, hub, and satellite home) are implemented consistently;**
  - o Example key indicator: *"The hub home is the 'switchboard,' coordinator and energy source of the constellation necessary to preserve placement, strengthen relationships, nurture permanency, and provide support to satellite home families."*
- **MBF stakeholder responsibilities are implemented effectively; and**
  - o Example key indicator: *"The host agency provides oversight, feedback, coaching, mentoring, and training to increase the experience level of hub and satellite homes."*
- Host agency ensures that the MOCKINGBIRD FAMILY^{TM} Hub Home prescribed competencies are met as described in selection criteria.
  - o Example key indicator: *"Hub home parents have the demonstrated skills and experience to serve as resources and provide peer support to satellite home families."*

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[17] MBF Fidelity checklist is proprietary to MBS and only available to licensed partners. Thematic competencies are shared in this section in lieu of specific fidelity indicators. Some recommended key fidelity indicators are shared.

Fidelity is critical for several reasons:

- Facilitates intended program outcomes, including increased placement stability, increased feeling of connection, increased sense of wellbeing among caregivers in the constellation, among others;
- Ensures program elements, such as respite, training and constellation activities, are prioritized and implemented to quality;
- Facilitates standardized approaches and practices which allow for more robust measurement against program outcomes over time; and
- Clarifies stakeholder roles, responsibilities, and competencies and ensures hub homes are committed to providing high quality services to their satellite homes.

Though ensuring program fidelity is critical, in practice, host agencies desire flexibility in implementation in order to better tailor the program to meet local needs. For example, in the UK, space is often a constraint for hub homes who are required to have at least two open beds for providing emergency respite. As a solution without compromising fidelity, UK hub homes are permitted to providing a pull-out bed situated in a sunroom, in lieu of an additional standard bed.

In the WA-state context, implementors have highlighted the following indicators as most challenging to meet fidelity and often deploy respective solutions, outlined in KEY FIDELITY INDICATORS. Often, these challenges arise due to differing population needs, inadequate resourcing, low staff capacity, and/or a need for additional implementation support at the hub-home level (e.g., technical assistance). From an implementation and expansion perspective, host agencies should be cognizant of such challenges, allow for adaptations, and be wary of the differing needs within each Region. **As MBS reduces their involvement in MBF in WA-state, it will be critical for future fidelity assessments to be conducted by the MBF program manager and the local MBF liaison, in partnership with hub home caregivers.**

Meeting the Equity Needs of Children and Youth in WA-state

A marker of success for MBF will be how the program ultimately meets the needs of the most marginalized children and youth in the foster care system, particularly those children and youth identified in the DS Settlement. At a population-level, there is strong evidence demonstrating disparities in intake of children and youth and their placement of stability in foster care in WA-state, with BIPOC children and youth experiencing higher rates of intake in foster care and lower levels of placement stability relative to white children and youth over the last decade.[18] In addition to BIPOC children and youth, there is tremendous need among children and youth with complex needs, such as those who require medically-fragile care, supports for developmental disabilities, delayed learning, or children on the autism-spectrum, needing LGBTQIA+ affirming care, and supports for behavioral health, mental health, and substance use disorders.

At the regional-levels, there are stark differences in need among children and youth between the Eastern and Western regions of WA-state (see REGIONAL READINESS ASSESSMENTS). In Regions 1 and 2, there is greater need among children and youth with developmental disabilities or severe autism, medically fragile, and who have substance use disorders. In Regions 3,4,5, and 6, there are sizable classes of DS children and youth, as well as those who identify as LGBTQIA+, those who are older in age, those who were incarcerated, and those with substance use disorders and mental health illnesses.

Currently, some hub homes and their constellations are proactively providing supports and access to community resources and services to care for the highest need children and youth. For example, scheduling clinical visits for affirming care when needed, working with the child's case management team to coordinate services, or taking on additional training and continuing education to upskill their ability in caring for children with complex needs (e.g.,

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[18]2019 Washington State Child Welfare Racial Disparity Indices Report https://www.opd.wa.gov/documents/01073-2022_Handout.pdf

anti-racist training, LGBTQIA+ care training, and caring for children with developmental disabilities, BRS, among others). However, much of these supports and coordination is done on top of their existing responsibilities and many times, such constellations do not have adequate resourcing to provide this level of care.

Providing equitable and anti-racist care to constellations is a key tenant of the MBF program and of DCYF as an institution. The MBF program is a mechanism for DCYF and its implementing agencies to intentionally support subgroups experiencing inequities in care. This can be achieved by providing additional resourcing to Enhanced Model constellations to provide BRS or WISe supports, but also systematically work across all MBF constellations to incorporate an intentional objective of serving and meeting the diverse set of needs of children and youth in the state. It will be critical during statewide expansion and implementation to providing the necessary trainings and continue tracking outcomes and impact of the program on supporting children and youth experiencing inequities in intake and placement stability in WA-state.

Strategic Options for State-wide Expansion of MBF

Guiding Principles

Through co-development with DCYF and partners, the following Guiding Principles were developed to inform strategic options for the WA-state MBF program expansion:

- Provide at least one MBF constellation per Region whose hub home parents have experience caring for young people who currently or previously qualified for BRS or WISe;
- Offer a public hub home model option (i.e., for DCYF-licensed homes), given the number of DYCF-licensed caregivers experiencing retention, wellbeing, and connection challenges;
- Prioritize relationship building across the ecosystem of stakeholders in the foster care system and select options that will cultivate and strengthen key relationships;
- Ensure service offerings and number of hub homes and constellations reflect the highest needs within specific Regions and prioritizes addressing inequities within subgroups; and
- Leverage existing infrastructure, where possible, given resourcing constraints.

Overview of Decision Points

To meet the needs of the children identified in the DS Settlement[19], the MBF program needs to deploy an Enhanced model (i.e., with a hub home that provides WISe or DS-level services)[20]. Existing MBF constellations are deployed in the Traditional model, where hub homes do not all have WISe or DS-level capabilities and the satellite homes do not consistently take on high-needs placements. The DS settlement secured a funding package for the next two fiscal years (FY Jun 2023 – FY June 2025), with funding dedicated to existing Traditional model constellations (i.e., eleven current MBF Traditional constellations and 4 new Traditional constellations) and 6 new Enhanced model constellations (i.e., 1 per Region, across all 6 Regions). DCYF will need to decide whether to continue the hybrid approach with implementing agencies through DCYF-licensed and CPA-certified homes (Decision 1). If DCYF chooses to continue with a hybrid approach, the secondary question will be which implementing agency(ies) will offer the Traditional model and which will offer the Enhanced model (Decision 2).

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[19] See EXHIBIT 2 – DS SETTLEMENT TERMS AND Standards
[20] Such constellations deploying an Enhanced model will be equipped to serve both children and youth with BRS or WISe needs and children and youth who do not. MBS recommends constellations to support no more than 8 high-needs children or youth to reduce burnout and allow for a diverse extended-family environment.

Decision 1: Continue Hybrid Approach?

Currently, the WA-state MBF program has 4 constellations through DCYF-licensed homes (in Region 4 with DCYF Regional office MBF liaison) and 7 constellations implemented through CPAs – 5 through CCS and 2 through OC. While in other countries (e.g., Canada – Nova Scotia), there are MBF programs that are exclusively implemented through government agencies, it is unlikely that this would be feasible or successful in WA-state based on assessment findings.

There is interest from both DCYF-licensed and CPA-certified caregivers (e.g., foster care and kin community) to participate in the MBF program, despite their presence being varied across Regions. For example, Regions 5 and 6 have significant CPA presence and interest for the MBF program, while Regions 1 and 2 have less CPA presence and interest. Because of this, there is a need to rely on DCYF Regional offices to deploy MBF constellations in Regions 1 and 2 (currently there are no MBF constellations in these Regions). Despite some Regional differences, WA-state has historically offered both the public and private licensing options to foster care and kinship caregivers. Offering both options is an effective mechanism for increasing the pool of foster and kin caregivers which is critical given the current shortage of caregivers in the state who are willing to serve children and youth with complex needs and older youth.

Recommendation: The WA-state MBF program should continue to engage both DCYF and CPAs as implementing agencies and engage their respective caregiver communities to build and operate MBF constellations (**hybrid approach**).

Decision 2: Which implementing agency offers which model (Traditional vs. Enhanced)?

If the recommended approach is taken on Decision 1, DCYF will engage its own Regional offices and CPAs to implement the MBF constellations (hybrid approach). The secondary decision is whether DCYF Regional offices will solely implement Traditional constellations while CPAs exclusively implement Enhanced constellations, or if there is to be a combination. In all scenarios, there are funding opportunities to implement new constellations. The three most relevant and feasible options are:

1) DCYF Regional offices implement all eleven Traditional MBF constellations, and CPAs implement all 6 new Enhanced MBF constellations.
2) DCYF Regional offices and CPAs both offer Traditional MBF constellations, and CPAs implement all 6 new Enhanced MBF constellations.
3) DCYF Regional offices and CPAs both offer Traditional and Enhanced constellations, varies by Regions.

Option 1: DCYF implements Traditional; CPA implements Enhanced

If the MBF program were to distinguish between which implementing agency is offering the Traditional vs. Enhanced model, this would be a significant departure from the current state. Currently there are 4 DCYF-licensed and 7 CPA-certified Traditional constellations, thus achieving the future state of eleven DCYF-licensed Traditional constellations and adding the 6 new Enhanced model constellations with CPAs would require the following commitments:

- All DCYF regions aside from Region 4 (i.e., 1, 2, 3, 5, and 6) should build capacities and dedicated resourcing for the MBF program (to maintain the DS funding package for eleven contracted hub homes and their constellations);
- OC and CCS will need to either adapt their existing Traditional constellations into Enhanced constellations or find alternate funding for the existing Traditional constellations which may risk closure;
- DCYF will need to incentivize and contract with CPAs across all 6 Regions to offer, at a minimum, one Enhanced constellation in each Region; and

- CPAs pursuing/implementing Enhanced model constellations will need to build additional capacity at the agency staff level and identify and develop caregiver competencies (e.g., hub home to meet DS requirements).

Benefits

This option allows for DCYF Regional offices across all 6 Regions to implement Traditional model constellations and leverage the opportunity to expand the existing MBF model, **catalyze change within DCYF's Regional offices and engagement with the foster care and kinship community.** Specifically, DCYF could secure dedicated staff resources (MBF liaisons) to focus on implementation of the MBF program and grow the MBF program infrastructure statewide. This could also be an opportunity to **invest and build meaningful engagement with caregivers (existing and new constellations), and to build a community network for the state-run homes.** Based on the stakeholder interviews and caregiver surveys, many state-licensed caregivers feel unsupported and unseen. Leveraging the MBF program expansion to build a sense of support and community for these caregivers could be a significant win for both DCYF and WA-state caregivers and the families they support.

By having the CPAs implement the Enhanced model, this approach would leverage the **expertise and institutional knowledge of CPAs who are well-equipped to serve DS-level youth** (e.g., CCS behavioral health ran BRS-MBF constellations) and have therapeutic services and programs built into their operations. Funding for the Enhanced model allows **a) DCYF to strengthen its relationship with CPAs** and b) **create an environment amongst CPAs to self-select and facilitate a healthy level of competition** among agencies and their caregivers to further build their skillsets and capabilities to meet the needs of DS-class children and youth. The CPAs that win contracts to set up Enhanced model constellations could take the opportunity to distinguish their agency as the one(s) that are adept at supporting the caregivers and families seeking to develop their capacities in meeting the demands of high-needs youth.

Challenges

Historically, there has been **mixed engagement** from DCYF Regional offices in implementing the MBF program. Other than Region 4, there are currently no other DCYF Regional offices implementing MBF constellations. While the DS package secures funding for two-years of the current MBF Traditional model slots (i.e., eleven current slots available and 4 new traditional slots), if there is **insufficient interest or unsuccessful implementation** by DCYF Regional offices, funding may be reduced in the future.

For CPAs, winding down or defunding the 7 existing Traditional constellations, or mandating them to adapt into Enhanced constellations, may be seen as **overly prescriptive or coercive**. Doing this could **corrode the relationship with CPAs and the CPA-certified caregivers**, especially the hub home families who are deeply committed to their constellations. DCYF will need to decide how long existing MBF constellations will have to adapt to the DS settlement requirements; some hub homes and constellations may already fit the DS requirements, while others have significant gaps and may not adapt to serve the DS-class of children and youth in a timely manner.

Other considerations include **setting financial incentives and contracts** that enable **CPA sustainability**, and **re-establishing trust and mutual partnership with CPAs.** Given the history of CPA operated DS-level or therapeutic-level MBF constellations, some CPAs may be skeptical of the availability and sustainability of funding associated with the Enhanced model constellations.

Option 2: DCYF & CPA implement Traditional; CPA implements Enhanced

This option allows for the MBF program to maintain most of its current state, while encouraging adaptations for CPAs to implement the Enhanced model. It would require the following commitments:

- Offer additional slots for the DCYF Regional offices to build Traditional constellations based on interest;
- OC and CCS will have the option to migrate/adapt their existing Traditional constellations into Enhanced constellations, based on interest and fit (given priority status before open bid);

- DCYF will need to incentivize and contract with CPAs in other Regions, where existing Traditional constellations have not been adapted into Enhanced constellations; and
- CPAs pursuing/implementing Enhanced model constellations will need to build additional capacity at the agency staff level and identify and develop caregiver competencies (e.g., hub home to meet DS requirements).

Benefits

This option allows for the least amount of disruption to current state operations and builds upon it based on interest and fit from CPAs and their caregivers. It leverages the **expertise and institutional knowledge from CPAs, which are well-equipped to serve DS-level youth** (e.g., CCS behavioral health ran BRS-MBF constellations) and have therapeutic services and programs built into their operations. Having similar benefits for CPAs as Option 1, it enables DCYF to fund CPA capacity in delivering Enhanced model services, **creates a healthy level of competition** among the agencies in distinguishing themselves in their abilities to serve DS-class youth. It also provides **an option rather than a mandate** for existing Traditional constellations to adapt into Enhanced constellations. For the DCYF Regional offices, it also allows for organic growth and potentially more open slots to offer Traditional constellations without the added pressure of having to fill many slots in a short period of time. In many ways, Option 2 has most of the benefits and fewer challenges than Option 1.

Challenges

Similar to Option 1, engaging with CPAs to operate the Enhanced model requires re-building trust and partnership, and **setting financial incentives and contracts** that enable **CPA sustainability**. Another consideration is that existing Traditional MBF constellations (i.e., hub home and satellite home caregivers) licensed through CPAs may not be as interested or currently equipped to **meet the complex needs of DS-settlement youth.** In order for the foster care or kinship communities or existing constellations to choose and serve the DS-class youth, there needs to be a stated intention across the agency and community to take on more challenging placements. When given the option, CPAs may opt to continue only operating in the Traditional model, and the DCYF MBF program may not meet the DS settlement requirements, risking long-term defunding of the program after the initial two years, or further legal action if settlement terms are not satisfied.

Option 3: DCYF and CPAs both offer Traditional and Enhanced, varies by Region

There may be opportunities to adapt current DCYF or CPA Traditional constellations to the Enhanced model DS requirements. DCYF has little experience working with DS-level/therapeutic services and placements, thus the level of effort to convert DCYF Traditional constellations into DCYF Enhanced constellations may be prohibitive.

For Regions that do not identify an existing Traditional constellation to convert into an Enhanced constellation, there would need to be a process that determines which entity (DCYF Regional office or CPAs in that Region) gets precedence, or the first right of refusal. In other words, it could be that the DCYF Regional office can decide if they want to implement an Enhanced model constellation in their Region and, if not, then there would be an open bidding and contracting process that allows all interested CPAs to apply for funding contracts to implement Enhanced model constellations in the Region.

This option generally allows for the MBF program to maintain its current state, while opportunistically pursues adaptations for existing Traditional constellations to implement the Enhanced model. It would require the following commitments:

- OC and CCS have the option to adapt their existing Traditional constellations into Enhanced constellations, based on interest and fit (given priority status before open bid)
- Current DCYF implemented Traditional constellation (in Region 4) will also have the option to adapt into an Enhanced constellation, based on interest and fit;

- DCYF will contract with CPAs and/or DCYF Regional office in other Regions, where existing Traditional constellations have not been adapted to Enhanced constellations, to offer an Enhanced constellation in each Region; and
- CPAs and DCYF Regional office will offer Enhanced model constellations and will need to build additional capacity at the agency staff level and identify and develop caregiver competencies (e.g., hub home to meet DS requirements).

Benefits

Funding both DCYF and CPA systems **maximizes resources and leverages existing expertise & capabilities** across both. Looking at which option to pursue at the **individual Regional levels** further allows for the **flexibility to customize contracts** and strategies that best meets the needs of the DS-class youth population while leveraging existing capabilities, expertise, and local strengths. More specifically, in Regions 1 and 2, where there is less CPA presence, there may be a need for the DCYF Regional office to implement an Enhanced constellation in order to meet the DS settlement requirements.

Challenges

This option requires significant planning, strategic relationship building, and customized contracts and strategies at the Regional level, and ultimately could create **high levels of complexity and execution challenges**. It also requires **different approaches by Region** which may be **confusing and seem inequitable** across the MBF program statewide, especially for CPAs and their caregivers as they make decisions by Region on contracting and participation in the MBF program.

General Considerations and Recommendations

By engaging both DCYF-licensed homes and CPA-certified homes (**Decision 1: Hybrid Approach**), the WA-state MBF program will be able to continue building on the existing infrastructure, community engagement, rich history, and overall program momentum. As to which agency (e.g., DCYF or CPA) should offer the Traditional vs. Enhanced models (**Decision 2**), DCYF should **pursue Option 2, with Option 3 (Regional variations) as a contingency**, if there is limited interest from CPAs in certain Regions to offer Enhanced constellations.

While Option 1 does distinguish the role of DCYF Regional office (Traditional) and CPAs (Enhanced), it requires the most significant change from current state and likely presents the greatest challenges to implement in a short timeframe. Option 1 may be a longer-term (i.e., 3-5 years) strategic pursuit for DCYF to consider, as the program migrates organically into having CPAs exclusively offer the Enhanced model, and DCYF-licensed homes in the Traditional constellations.

In the near-term, DCYF-operated Traditional constellations should be maintained and expanded based on interest. Existing CPA-led Traditional constellations (e.g., through OC and CCS) should be given the option to adapt into the Enhanced model, if appropriate, based on need and capabilities, but otherwise continue as-is in the Traditional model (Option 2). Once contracting with CPAs to offer Enhanced constellations in each Region has concluded (Option 2), if there are Regions that do not have CPAs to set up an Enhanced constellation, DCYF may need to explore implementing its own Enhanced constellation with the support of DCYF Regional offices (Option 3) in order to comply with the DS settlement.

DCYF will need to monitor and collaborate with CPAs to understand the full operating costs associated with implementing the Enhanced model to meet DS settlement class requirements. In the past, there has been miscommunication and inadequate partnership between DCYF and the CPAs who were offering DS-level MBF constellations, and the program was ultimately dismantled. The current assumption is that having CPAs operate the Enhanced model is more effective based on expertise and cost; however, if collectively the CPAs operating the Enhanced model request for additional incremental funding to support DS-level resources and funding, overtime the program may require additional funding. DCYF will need to periodically evaluate the impact and outcomes associated

with having CPA-led Enhanced model constellations against the alternative of building DCYF capabilities to offer the Enhanced model constellations by offering wrap around DS-level services for DCYF-licensed homes.

Confirming these strategic decisions will inform resourcing and costing estimations for:

- Number of hub homes necessary to support children and youth of the DS settlement and desired growth model;
- Placement criteria of Enhanced or Traditional hub homes, by Region;
- The tender process, and whether or how hub home family funding will be awarded to implementing agencies;
- Hub home stipends and resourcing for hub home startup;
- Level of required training and desired skillsets for Enhanced hub homes;
- Desired technical assistance and implementing support; and
- Desired level of investment to aforementioned key strategic considerations.

Detailed resourcing and costing estimates for statewide implementation will be developed by DCYF HQ in partnership with MBS, DCYF Regional offices, CPAs, and others. In the interim, historical estimates on operating costs for hub home stipends, hub home startup resourcing, and technical assistance are shown[21].

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[21] See RESOURCING AND COSTING

CAMBER
COLLECTIVE

Exhibits

Exhibit 1 – Stakeholders Engaged for Input on Strategic Recommendations for MBF Expansion

Type	Definition	Stakeholders	Inputters
Funders and Advocacy	Includes lobbyists, advocates, policymakers, influencers, and philanthropy	33rd Legislative District	Representative Tina Orwall
		13th Legislative District	Representative Tom Dent
		26th Legislative District	Representative Michelle Caldier
Partners	Includes child placing agencies, community partners, businesses, external evaluators, academic agencies, and international implementing agencies	Mockingbird Society	Hayley Bridwell, Jeff Abdullah, Meysha Harville, Natalie Lente, Wanda Hackett (former)
		Olive Crest	Jeff Clare, Maia Anderson
		Catholic Community Services	Linda Thomas, Renee Johnson
		Washington State Institute on Public Policy	Rebecca Goodvin, Marna Miller
		Washington Association for Children and Families (WA-state)	Jill May
		Life Without Barriers Australia	Chris Skinner, Holly Bowmaker
		The Fostering Network UK	Lillian Stevens
		Government of Novia Scotia	Kathleen Rogers, Rachelle Williams
Organization	Includes DCYF staff in Licensing Division, Child Welfare Field Operations, and the Partnership, Prevention, and Services Division.	HQ, Licensing Division, and Regions 1-6	*See extended list below*
Community	Includes current and former Mockingbird hub homes from both DCYF and CPAs	Kent Family Collaborative, Foster Parent 1624 Consultation Team, Recruitment and Retention Collaboratives, Caregiver Training and Alliance (CaRES), YouthCare Seattle	Stephanie Long, Michelle Brookings, Quyet Le, Romy Garcia, Natalie Ellington, Rise Wright, Jennifer Estroff, Shana Burres, Jean Brownell, Degale Cooper, Liz Wisham

Full list of DCYF Stakeholders:

- Licensing Division: Holly Luna, Codie Veitenheimer, Rebecca Taylor
- Headquarters (HQ): Ayn Witman, Douglas Allison, Michael Campbell

Regional office staff and leadership engaged for Regions 1-6:

- Region 1: Jeff Kincaid (Regional Administrator), Geneva Prigan (Child Welfare Field Operations Representative for DS Settlement hub Home System Improvement)
- Region 2: Dorene Perez (Regional Administrator), Kevin Sharp-Smith, Veronica Sandau (Placement Specialist)
- Region 3: Yen Lawlor (Regional Administrator), James Fiorino, Koleka Furlett (Former MBF Liaison), Sandy Jewell
- Region 4: Stephanie Long
- Region 5: Bolesha Johnson (Regional Administrator), Betsy Rodgers (Central Services Administrator), Nerissa Shirley (Kinship Care and Multi-systems Program Manager), Kim Tengel (Placement Oversight)
- Region 6: Debbie Lynn (Regional Administrator), Hieu Dang (Afterhours and Placement Administrator), Lori Van Clifford (Permanency and Well-Being Program Manager), Jennifer Hines (Placement Supervisor)

Exhibit 2 – DS Settlement Terms and Standards

The terms and standards[22] agreed upon in the DS Settlement are as follows:

1. A Hub Home is required to have a licensed foster parent with experience caring for young people who currently or previously qualified for Wraparound with Intensive Services (WISe) or Behavioral Rehabilitative Services (BRS)
2. A Satellite Home is defined as a caregiver with an approved home study and includes foster parents, kinship caregivers, and older adults connected to the young person
3. A Hub Home Group (HHG) is defined as a Hub Home and its 10 Satellite Homes that are supported by the Hub Home
4. A Hub Home should provide the following to the Satellite Homes in their HHG:
    - Culturally responsive, LBGTQIA+ affirming, and trauma-informed support to young people and adults
    - Coordination of HHG meetings to occur, at a minimum, six times a year. Meetings may include training, mentoring, and coaching for satellite families
    - Coordination of planned and impromptu social events
    - Respite care as requested and including planned, crisis, and placement stabilization respite
    - Support permanency planning efforts and visitation for young people
5. Each child living in the HHG will also receive adequate supports and services promoting permanency including reunification, visitation, stabilization, independent living skills training, and employment, and therapy or counseling. Referral and access procedures do not exclude youth solely on the basis of their permanency plan, criminal history, or behavioral health challenges. At a minimum, Defendants will allow all interested youth to participate in this program
6. After one HHG is established in each DCYF Region, defendants will make good faith efforts to expand the Hub Home Model (HHM) program in DCYF Regions where eligible youth must wait longer than 60 days to begin participation

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[22] The DS Settlement Agreement can be found publicly at https://www.dcyf.wa.gov/sites/default/files/pdf/DS_SettlementAgreement_Signed_060622.pdf.

Exhibit 3 – Table of MBF Constellations, Count by Type

		Public	Private – CPAs	
Region	Total Constellations	DCYF	CCS	OC
1	-	-	-	-
2	-	-	-	-
3	1	-	-	1
4	4	4	-	-
5	4	-	3	1
6	2	-	2	-
Totals	11	4	5	2

Exhibit 4 – Key Players in WA-state MBF program

Key Players in Mockingbird Family
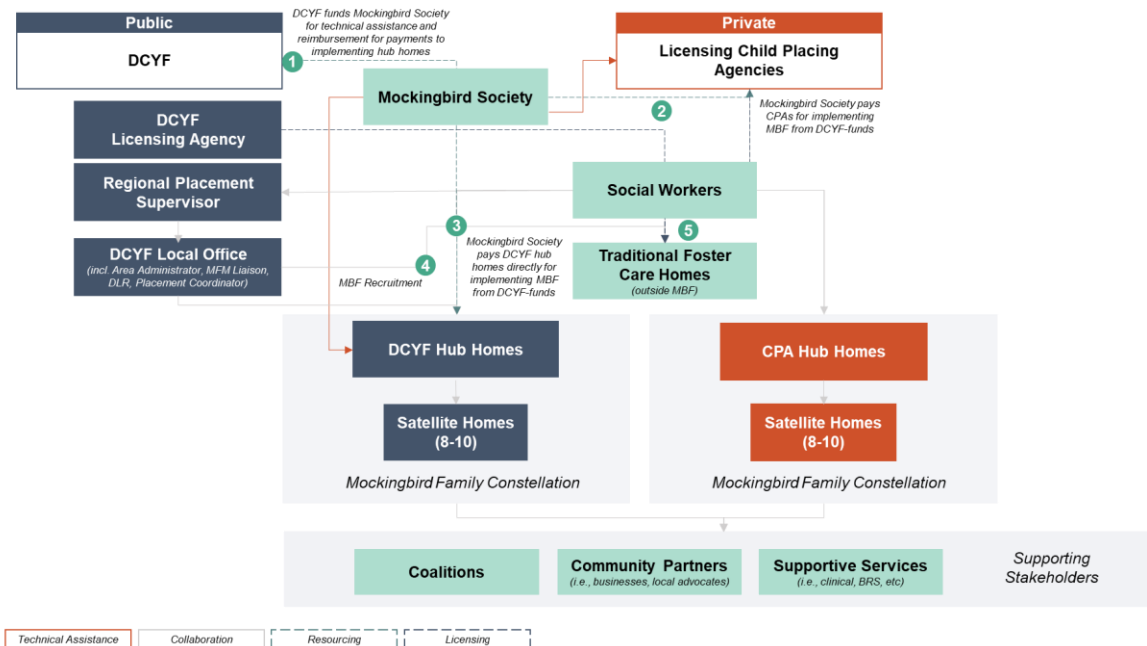
Exhibit 5 – Caregiver Pathways into WA-state MBF program
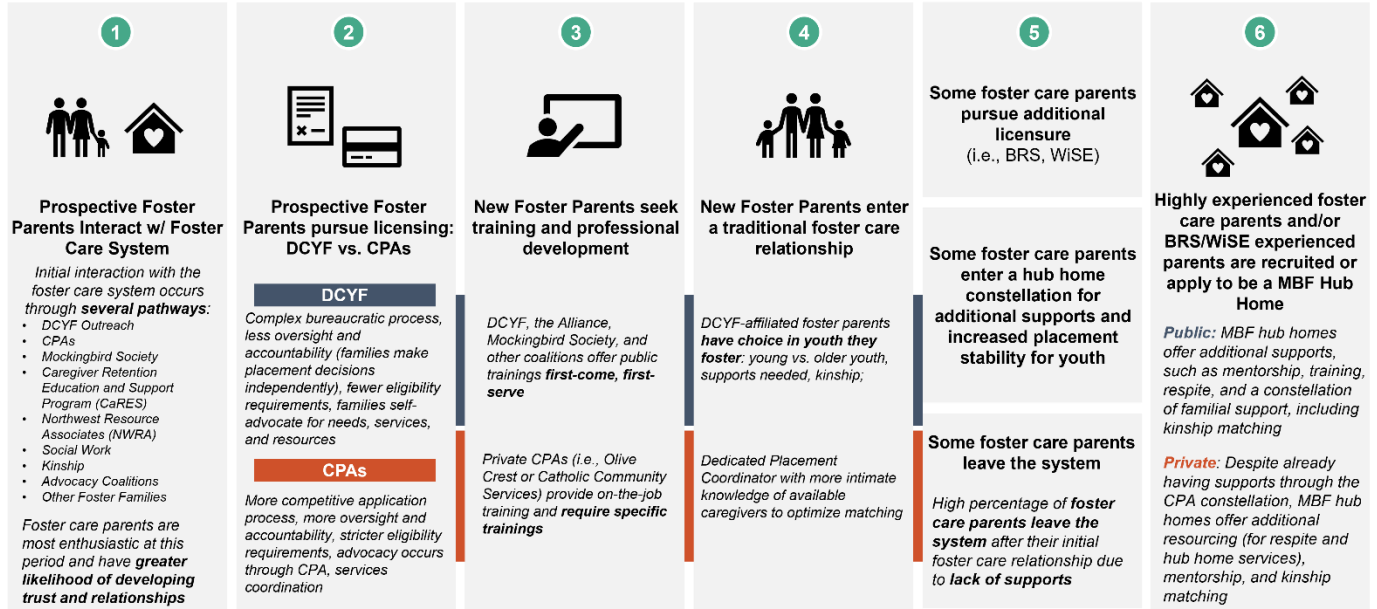
Caregiver Pathways into Mockingbird Family

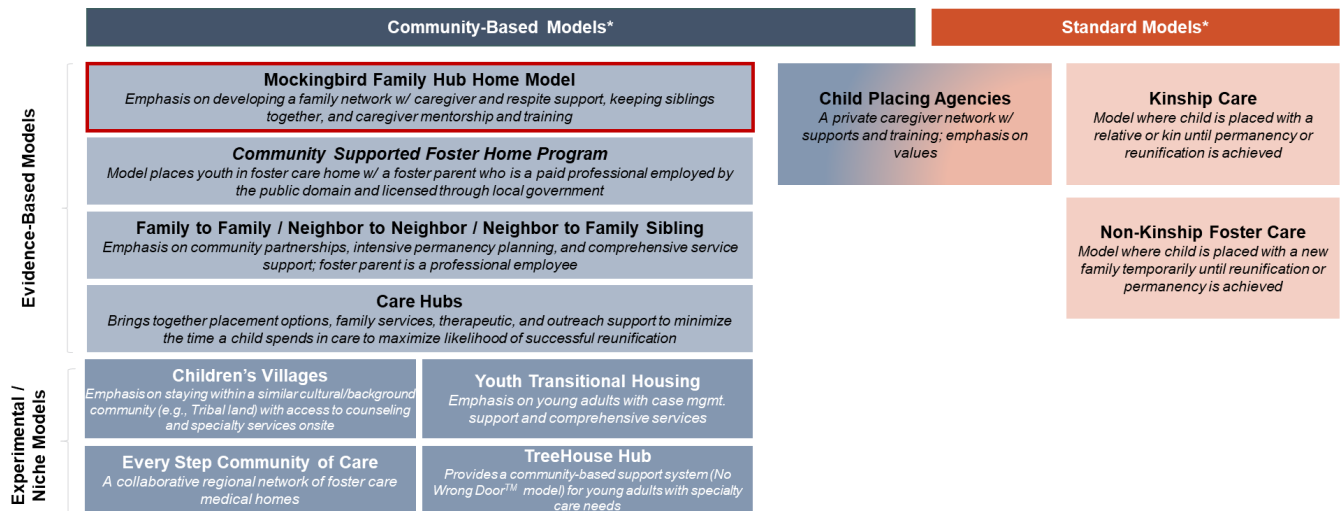**① Prospective Foster Parents Interact w/ Foster Care System**

*Initial interaction with the foster care system occurs through **several pathways**:*
- DCYF Outreach
- CPAs
- Mockingbird Society
- Caregiver Retention Education and Support Program (CaRES)
- Northwest Resource Associates (NWRA)
- Social Work
- Kinship
- Advocacy Coalitions
- Other Foster Families

*Foster care parents are most enthusiastic at this period and have **greater likelihood of developing trust and relationships***

② Prospective Foster Parents pursue licensing: DCYF vs. CPAs

DCYF

Complex bureaucratic process, less oversight and accountability (families make placement decisions independently), fewer eligibility requirements, families self-advocate for needs, services, and resources

CPAs

More competitive application process, more oversight and accountability, stricter eligibility requirements, advocacy occurs through CPA, services coordination

③ New Foster Parents seek training and professional development

*DCYF, the Alliance, Mockingbird Society, and other coalitions offer public trainings **first-come, first-serve***

*Private CPAs (i.e., Olive Crest or Catholic Community Services) provide on-the-job training and **require specific trainings***

④ New Foster Parents enter a traditional foster care relationship

*DCYF-affiliated foster parents **have choice in youth they foster**: young vs. older youth, supports needed, kinship;*

Dedicated Placement Coordinator with more intimate knowledge of available caregivers to optimize matching

⑤ Some foster care parents pursue additional licensure (i.e., BRS, WiSE)

Some foster care parents enter a hub home constellation for additional supports and increased placement stability for youth

Some foster care parents leave the system

*High percentage of **foster care parents leave the system** after their initial foster care relationship due to **lack of supports***

⑥ Highly experienced foster care parents and/or BRS/WiSE experienced parents are recruited or apply to be a MBF Hub Home

Public: *MBF hub homes offer additional supports, such as mentorship, training, respite, and a constellation of familial support, including kinship matching*

Private: *Despite already having supports through the CPA constellation, MBF hub homes offer additional resourcing (for respite and hub home services), mentorship, and kinship matching*

Exhibit 6 – Hub Home Model Approaches

Community-Based Models*		Standard Models*	
Mockingbird Family Hub Home Model *Emphasis on developing a family network w/ caregiver and respite support, keeping siblings together, and caregiver mentorship and training*		**Child Placing Agencies** *A private caregiver network w/ supports and training; emphasis on values*	**Kinship Care** *Model where child is placed with a relative or kin until permanency or reunification is achieved*
Community Supported Foster Home Program *Model places youth in foster care home w/ a foster parent who is a paid professional employed by the public domain and licensed through local government*			
Family to Family / Neighbor to Neighbor / Neighbor to Family Sibling *Emphasis on community partnerships, intensive permanency planning, and comprehensive service support; foster parent is a professional employee*			**Non-Kinship Foster Care** *Model where child is placed with a new family temporarily until reunification or permanency is achieved*
Care Hubs *Brings together placement options, family services, therapeutic, and outreach support to minimize the time a child spends in care to maximize likelihood of successful reunification*			
Children's Villages *Emphasis on staying within a similar cultural/background community (e.g., Tribal land) with access to counseling and specialty services onsite*	**Youth Transitional Housing** *Emphasis on young adults with case mgmt. support and comprehensive services*		
Every Step Community of Care *A collaborative regional network of foster care medical homes*	**TreeHouse Hub** *Provides a community-based support system (No Wrong Door™ model) for young adults with specialty care needs*		

Evidence-Based Models (rows 1–4)
Experimental / Niche Models (rows 5–6)

Exhibit 7 – Comparison of DCYF vs. CPA Constellations

	Aspect Strength — *Less* → *More*	Notes
Standard Foster Care Model	DCYF / CPA	Both agencies offer the standard foster care model.
Hub Home Family Model	DCYF CPA	The HHM is a general model of foster are deployed by CPAs given their existing network. DCYF deploys a HHM thru MBF.
Respite Care	DCYF CPA	CPAs have more reliable respite care mechanisms for both models. DCYF has increased their respite support thru MBF but in the standard model, social workers are tasked with identifying respite placements.
Agency Implementation Support	DCYF CPA	As a business, CPAs are incentivized to ensure robust implementation of their programs and have built in technical assistance offerings for their hub homes, in addition to leveraging MBS (similar to DCYF).
Foster Care Training	DCYF CPA	Carers often opt-into CPA for training support as it is a critical element of their model of business. Both leverage the Alliance for training.
Network of Carers	DCYF CPA	CPAs have a built-in network of carers who they hire and vet according to their requirements. Thru training and other convening mechanisms, they tend to connect carers. Given legal requirements to maintain anonymity of foster parents, DCYF is not able to facilitate connections between carers.
Wrap-around Service Offerings	DCYF CPA	Medical, behavioral, mental health, and substance use support are some WiSE offered by CPAs. Currently, DCYF facilitates these connections but do not offer these directly, though some carers have specializations.
BRS Services	DCYF CPA	DCYF does not offer BRS services directly. Some CPAs provide BRS services through a BRS-service contract.
After-hours Support	DCYF CPA	Both DCYF and CPAs offer after-hours support to carers, though CPAs are seen as more supportive and responsive in critical or emergency situations.
Carer Autonomy	CPA DCYF	Some carers opt-into DCYF to maintain their autonomy to enact their cultural values and approaches (i.e., CPAs have their own values they often require carers to adhere to).
Carer Professionalization	DCYF CPA	Some CPAs are moving towards fully professionalizing the role of the carer by offering training, time off, benefits, and employee protections.

Exhibit 8 – Regional Readiness Assessments

Region 1

History and Context with MBF

Region 1 explored the program prior to 2020 and the COVID-19 pandemic. The team became familiar with the program through Region 5. Though there was initial energy to identify a hub home and pursue implementation, the team ultimately did not have enough capacity or dedicated time to identify a hub home. The program became de-prioritized during the COVID-19 pandemic, and no constellations were ultimately developed.

Quantitative Needs Assessment

- Total # of Children in DCYF Custody (0-17): 1174
- Percent of Children in Kinship Care: 55%
- Total Foster Homes (% active homes): 681 (54%)
- Total # of Children with DS-level needs, age 12+: 78
- Total # of Current DCYF Constellations: 0

Indicators for Expansion

Interest and Need	Interest: High interest, among state homes; likely lower interest among CPA as there are fewer private homes in Region 1 Need: Greater support needed for children and youth with developmental challenges, 'medically-fragile' children and youth, or children and youth who identify as LGBTQIA+

Staff Capacity	Low staff capacity – staff emphasized additional implementation support and resourcing to free up staff capacity
Infrastructure	Connective tissue between child welfare teams and licensing division minimizes bureaucratic challenges for parents Highly responsive team to foster care parents, and few challenges are escalated to the Regional level
Community Resources	Strengths in building relationships with community, despite shortage in foster caregivers willing to serve children and youth with complex needs or older youth Foster care leaders are emerging in the community that may be strong candidates for recruitment

Barriers to Successful Implementation

- Low staff capacity
- Lack of implementation support
- Geographic barriers for constellations (i.e., rural communities find it difficult to connect given distance and travel time)
- Less CPA presence will require more state engagement
- Shortage of foster care families in the Region exacerbates recruitment challenges

"When it was presented to us, it felt like we had to drive it and we didn't have that infrastructure to support the mission. It became a resource issue when it came time to implement. It's a great idea but we need help getting it done." – **Region 1**

Region 2

History and Context with MBF

Region 2 is highly innovative and seeks to identify evidence-based and creative solutions for supporting foster caregivers and kin. Though there was initial energy to implement the program, the Region experienced placement issues when identifying hub homes, in addition to reduced staff capacity to support the program, and ultimately was not able to develop a constellation.

Quantitative Needs Assessment

- Total # of Children in DCYF Custody (0-17): 774
- Percent of Children in Kinship Care: 62%
- Total Foster Homes (% active homes): 481 (57%)
- Total # of children with DS-level needs, age 12+: 38
- Total # of Current DCYF Constellations: 0

Indicators for Expansion

Interest and Need	Interest: Uncertain whether program is the best solve for Region 2, though open and interested to implement the program but requests flexibility Need: Children and youth with complex needs, including teen boys and teen girls; children and youth with substance misuse disorders; children and youth with severe autism or developmental disabilities
Staff Capacity	Low staff capacity – staff emphasized additional implementation support and resourcing to free up staff capacity
Infrastructure	Developed a mechanism for 'built-in back-ups' to support respite Established connective tissue with CPAs through quarterly meetings and almost daily check-ins Centralized placements and payment systems to reduce bureaucratic and process burden on parents
Community Resources	Strong relationships with community, emphasizing transparency and consistency Strong existing relationships with mental health and DDA partners Strong relationships between providers and licensing division

Barriers to Successful Implementation

- Low staff capacity
- Lack of implementation support
- Low interest among state-run homes in the Region to participate in the program
- High burnout among foster care providers
- Experienced placement issues with the hub home
- Uncertain whether program is the solution for supporting youth in their Region
- Seeking stronger engagement from HQ and licensing division to support implementation

> "It feels frustrating to divert resources into a model [MBF] that is not going to have an impact on the way it needs to on this population. There are other ways to develop relationships and support foster parents that are not so centralized and intensive." –
> **Region 2**

Region 3

History and Context with MBF

Region 3 has committed to implementing the program for nearly two decades. In the past, Region 3 has implemented 4 public constellations, located in Smokey Point, Lynnwood, and Everett. Unfortunately, resourcing support was insecure, and there were challenges recruiting foster homes, ultimately leading to the closure of all public constellations. Currently, there remains one OC constellation in Everett.

Quantitative Needs Assessment

- Total # of Children in DCYF Custody (0-17): 641
- Percent of Children in Kinship Care: 54%
- Total Foster Homes (% active homes): 620 (50%)
- Total # of children with DS-level needs, age 12+: 46
- Total # of Current DCYF Constellations: 0

Indicators for Expansion

Interest and Need	Interest: strong demonstrated commitment from the Region to implement the program; Region recommends expanding OC contract given past success and existing infrastructure
Staff Capacity	Low staff capacity to support the program, with challenges experienced in after-hours support – emphasized that a team of multiple staff dedicated to the program is critical for success
Infrastructure	Strong relationship with primary CPA in the Region (e.g., OC) Developed strong process, protocols, and coordination for the program during implementation years
Community Resources	In the process of relationship building with communities Emphasized social worker engagement in the success of the model

Barriers to Successful Implementation

- Low staff capacity (particularly during after-hours)
- Lack of implementation support
- Lower interest in engaging in a community structure among state-run homes in Region 3
- Hub home recruitment
- Upholding fidelity overtime
- Hub home burnout (suggested multiple hub home providers per constellation to alleviate challenge in the future)

> "We would be supportive of having the MBF program again, but we're still learning as we go. It's going to need more in-depth support to identify a hub home. If we do this, we need to have protocols in place and make sure there's good process, coordination, and implementation support." – **Region 3**

Region 4

History and Context with MBF

Region 4 which includes the Seattle, Lake Forest Park, Kent, and Carnation constellations has been involved with the MOCKINGBIRD FAMILY™ Program for nearly 5 years. All constellations exist within DCYF, and currently, there are no CPA-run constellations.

Quantitative Needs Assessment

- Total # of Children in DCYF Custody (0-17): 1031
- Percent of Children in Kinship Care: 57%
- Total Foster Homes (% active homes): 728 (50%)
- Total # of children with DS-level needs, age 12+: 81
- Total # of Current DCYF Hub Homes: 4 – Seattle (1); Lake Forest Park (1); Kent (1); Carnation (1)

Indicators for Expansion

Interest and Need	Interest: high-interest among state-run homes, as well as among CPA homes; urban geography and closely distanced homes facilitates connections within constellations Need: sizable DS class; LGBTQIA+ children and youth; youth with behavioral or substance misuse disorders; incarcerated or formerly incarcerated youth; youth with trauma; Black, Indigenous, and people of color (BIPOC)
Staff Capacity	Low staff capacity – staff emphasized additional implementation support and resourcing to free up staff capacity
Infrastructure	Kent constellation has a supportive community working group known as the Kent Collaborative
Community Resources	Strong relationships with the community of foster caregivers and kin, Region places emphasis on community collaborations and engagement Highly engaged ecosystem of partners, from private agencies to community partners to clinical support to training providers, business owners, and legislative advocates

Barriers to Successful Implementation

- Low staff capacity
- Lack of implementation support – recommended point person for community engagement and promoting education and awareness of the program
- Meeting fidelity in initial startup years
- Low education and awareness of the program among the community of foster caregivers and kin
- Hub home recruitment

"For Mockingbird to work in every Region, we need to be clear about what the core elements are and what can flex and bend. Reporting pieces are core, and we should be consistent with what the outcome expectations are. That being said, we should be flexible with how we get to the outcomes, in terms of process, and give autonomy to the Regions. The program will look different in every Region." – Region 4

Region 5

History and Context with MBF

Region 5 has been familiar with the MBF program for over a decade. There was an attempt to implement a DCYF constellation in early 2020 but ultimately, there were challenges with resourcing, staff capacity, and recruitment of satellite homes. Currently, the Region has two CCS constellations based in Puyallup.

Quantitative Needs Assessment

- Total # of Children in DCYF Custody (0-17): 998
- Percent of Children in Kinship Care: 56%
- Total Foster Homes (% active homes): 844 (55%)
- Total # of children with DS-level needs, age 12+: 84
- Total # of Current DCYF Hub Homes: 0

Indicators for Expansion

Interest and Need	Interest: moderate interest among foster caregivers and kin; high CPA presence in the Region Need: sizable DS class; teens (eleven-13); youth experiencing substance misuse disorders; children and youth with developmental disabilities or autism; LGBTQIA+ youth
Staff Capacity	Low staff capacity – staff emphasized additional implementation support and resourcing to free up staff capacity
Infrastructure	Strong relationships with CPAs Mapping of high removal areas and zip code catchments were in order to determine best placements for hub homes
Community Resources	NA

Barriers to Successful Implementation

- Low staff capacity and alignment from staff on implementation needs of the program
- Lack of implementation support
- Challenges with data assessments and evaluation
- Difficulties with placing youth in constellations
- Limited resources in the Region, as it pertains to BRS and WISe
- Hub home and satellite recruitment
- Equipping constellations with training and experience in BRS and WISe

"We have a lot of CPA homes in our region that we should tap into to support implementation, since there is limited resourcing. In addition, we need to get local staff onboard. The DS Settlement feels like a DCYF mandate and that materializes into additional responsibilities for our staff without adequate support. We need more information from DCYF and we need them to take the lead." – Region 5

Region 6

History and Context with MBF

Region 6 underwent implementation of MBF in 2009. Their first constellation was located in Grace Harbor, with initial funding supplied by the Mockingbird Society. The Grace Harbor constellation was ultimately disbanded due to insecure funding support and challenges implementing in a rural setting. Currently, there remains 2 constellations led by CCS in Olympia and Lacey.

Quantitative Needs Assessment

- Total # of Children in DCYF Custody (0-17): 1482
- Percent of Children in Kinship Care: 51%
- Total Foster Homes (% active homes): 1012 (52%)
- Total # of children with DS-level needs, age 12+: 127
- Total # of Current DCYF Hub Homes: 0

Indicators for Expansion

Interest and Need	Interest: broader interest in hub home and constellations models; uncertain whether MBF is the best mechanism for Region 6, given rural challenges with implementation; low CPA presence in the Region Need: sizable DS class; youth with developmental disabilities and special needs; 'medically-fragile' children and youth; sexually aggressive or physical aggressive youth; LBTQIA youth
Staff Capacity	Low staff capacity – staff emphasized additional implementation support and resourcing to free up staff capacity
Infrastructure	Quarterly meetings with CPAs and providers to discuss counties to prioritize for additional hub homes moving forward
Community Resources	NA

Barriers to Successful Implementation

- Low staff capacity and staff turnover
- Insecure funding resources
- Lack of implementation support
- Rural setting made building community and engaging in constellation meetings difficult for families, given distance
- Hub home recruitment and shortage of foster care families in the Region
- History of foster care families and kin feeling unsupported by DCYF
- Poor processes for collecting outcome data for the program

"When you see a reduction in staff and these staff taking on too many cases, they don't have enough time to respond to foster parents. We see a lot of foster parents not getting the assistance they need because our staff is overworked. It's hard to implement this

Exhibit 9 – New and Existing Roles to Consider

New Roles to Consider:

HQ:

- *MBF Implementation Manager (at DCYF):* manages statewide implementation in partnership with Program and Grants Manager; coordinates Regional and Local Implementation Specialists and provides day-to-day training, support, and technical assistance; develops continuous quality improvement processes and protocols to improve program outcomes
- *CPA Liaison*: coordinates with CPA partners and ensures CPA partners' needs are addressed

Regional Administration:

- Regional / Local Implementation Specialists: executes Regional and local implementation of constellations; identifies and recruits hub homes on behalf of Regions; and coordinates with MBF liaisons, placement coordinators, and HQ

Local Offices:

- MBF Foster Care Parent Coach or Mentor (e.g., could be a volunteer from the community or at the local office level): provides formalized mentorship and support to new hub home caregivers in emerging constellations

External Partners:

- University or Policy Partners for evaluation support (e.g., WSIPP): develops evaluation mechanism to assess program outcomes

Existing Roles or Staff to Involve:

Agency Senior Administrator / Program Manager

- Technical Assistance Team
- Foster Home Recruitment Staff
- Child & Youth Placement Staff and Specialists
- Licensing Division
- Social Worker Supervisors
- MBF Liaison Officer
- Service Providers (e.g., case management, clinical, behavioral, etc.)
- Community Resource Partners & Advocates

Exhibit 10 – New Infrastructure Development Recommendations: processes & systems

1. **Formalized Family-Child Matching and Placement Process**: currently DCYF deploys placement specialists at the Regional-level. Though these individuals are quite successful, they operate at-capacity and often need additional case management information to support placement. A more robust and transparent process, perhaps utilizing a family-team decision making approach (FTDM) in partnership with hub home carers and social workers, can provide better placements for youth and ensure consistency on placement criteria across the

Regions. Enlisting the hub home's expertise in knowing the skillsets and capacities among its constellation's satellite homes will be a critical component to conducting initial assessments of fit between child and foster or kin family.

2. **Centralized Payment Process**: currently hub home payments are facilitated by the Mockingbird Society. It may benefit DCYF in terms of increasing ownership of the program to facilitate direct payments to hub homes and reduce logistical complexity.

3. **Coordination between Licensing and Child Welfare Departments**: several Regions noted that their success in developing trusted relationships with caregivers was facilitated by strong connections between the licensing and child welfare departments; such connections appeared to reduce the overly bureaucratic reputation of the licensing division and allowed the child welfare departments to provide better supports to caregivers seeking licensing which ultimately increased the pool of licensed caregivers within the Region.

4. **Facilitated Monthly/Quarterly CPA Meetings**: some Regions with robust relationships with CPAs have intentionally coordinated with their private partners through communities of practice; through these meetings, such Regions took time to better understand CPA needs, identify opportunities for increased support, discuss avenues for strategic partnership, and have remained readily available to CPAs when needs or challenges arise. As WA-state considers both public and private models for implementing MBF statewide, it will be critical to regularly engage CPAs through such meetings at the Regional and state-level to facilitate strategic partnerships and ensure private engagement.

5. **Facilitated Monthly/Quarterly Hub Home Collaboratives and Communities of Practice**: there is no existing formal mechanism for connecting hub home constellations statewide, aside from proactive outreach between the hub home carers themselves. At the Regional level, the Kent Family Collaborative is a successful example of bringing hub homes, community partners, and legislative advocates together to better tackle challenges surrounding the youth foster care system within Kent. A similar model would greatly benefit other Regions, increase community engagement, provide opportunities to share lessons learned and experiences, and facilitate trusted relationships between government partners and community members.

6. **Process for Connecting Families to Resources and Trainings**: in current practice, hub home caregivers are often identifying community-based resources independently, with the most successful hub home caregivers already having existing relationships with therapeutic, wrap-around, behavioral, clinical, or case management services. To increase the net of hub home caregivers with these qualifications and provide more comprehensive support to constellations, it is recommended that the implementing agency either a) leverage their existing service connections to support hub home caregivers; b) provide connections to potential service offerings; or c) identify a mechanism for knowledge sharing of key resources and connections between hub home caregivers. Especially in regard to trainings for caregivers to extend their capabilities and skillsets to take on high-needs youth and those in the DS-class, it will be important for the MBF program to help identify both local and global resources and trainings.

Exhibit 11 – Cost Model Assumptions

ASSUMPTIONS

Constellation Implementation	Traditional	Enhanced	
Hub Home Monthly Stipend	$2,400	$3,500	per month per hub home
Hub Home Yearly Stipend	$28,000	$42,000	per year per hub home

Cost per Satellite Home	-	-	per year
Total Satellite Homes per constellation	10	10	
Total Cost per Constellation	$28,000	$42,000	
Expected # of Hub Homes Added per year	1	2	
CONTRACT AND LICENSING	**DCYF**	**3 CPA CONTRACTS**	
Copyright Contract *(includes MBS technical assistance, implementation support, and training of new hub homes)*	$250,000	$240,000	per year (in Y1/Y2)
License Fee	$5,000	$15,000	per year (beginning in Y3)
STAFFING	**SALARY**	**# FTEs**	**COST/YEAR**
Y1/Y2 Implementation Support (LTE)	$50,000	3.5	$175,000
Program Project Manager	$120,000	1	$120,000
Permanent Implementation Support (FTE)	$70,000	4	$280,000
Y1/Y2 TOTAL PROGRAM STAFF	**8.5**		$575,000
Y3+ TOTAL PROGRAM STAFF	**5**		$400,000

BREAKDOWN OF YEARLY COSTS

	Y1/Y2	Y3+
CONTRACT AND LICENSING		
DCYF Copyright Contract *(includes MBS technical assistance, implementation support, and training of new hub homes)*	$250,000	-
CPA Copyright Contracts (for 3 CPAs)	$240,000	-
DCYF License Fee	-	$5,000
CPA License Fee (for 3 CPAs)	-	$15,000
Total Contract and Licensing Costs	**$490,000**	**$20,000**
STAFFING		
Program Project Manager	$120,000	$120,000

	Y1/Y2		Y3+	
Y1/Y2 Implementation Support (LTE)	$175,000		-	
Permanent Implementation Support (FTE)	$280,000		$280,000	
Total Staffing Costs	**$575,000**		**$400,000**	
	Y1/Y2		**Y3+**	
CONSTELLATION IMPLEMENTATION	**TRADITIONAL**	**ENHANCED**	**TRADITIONAL**	**ENHANCED**
Hub Home Monthly Stipend	$2,400	$3,500	$2,400	$3,500
Hub Home Yearly Stipend	$28,000	$42,000	$28,800	$42,000
Cost per Satellite Home	-	-	-	-
Total Satellite Homes per constellation	10	10	10	10
Total Cost per Constellation per year	$28,000	$42,000	$28,000	$42,000
Estimated # of Hub Homes	15	6	16	10
Hub Home to Staff Ratio	2.5		5.3	
Total Constellation Costs per Year, by model	$420,000	$252,000	$448,000	$420,000
Total Constellation Implementation Costs	**$672,000**		**868,000**	

Exhibit 12 – Key Fidelity Themes and Indicators

Fidelity Theme	Indicators rated by implementors as "most challenging"	Description	Solution
Host agency maintains the integrity of the MBF structure	Constellation model is composed of Hub Home and Satellite Home families (1a)	Difficulty is often seen in identifying the hub home and identifying enough participatory satellite homes (requires 6-10 satellite homes per hub home)	See RECRUITMENT AND RETENTION STRATEGIES
	Hub home and Satellite home families are supported by the Host Agency to build a micro-community based on an extended family concept (1b)	The extended family concept must be continuously prioritized and reinforced as an effective model for foster care provision, given the landscape of competing models in WA-state.	Requires leadership commitment to extended family concept and buy-in from broader foster care community
	A constellation consists of 6 to 10 satellite homes for each hub home (4a)	Difficulties seen in starting constellations in areas with low density of foster homes or low trust between the agency and the foster care community	See RECRUITMENT AND RETENTION STRATEGIES
MBF Stakeholder responsibilities are implemented effectively	The Host Agency provides oversight, feedback, coaching, mentoring and training to increase the experience level of Hub and Satellite Homes	Difficulty seen among DCYF, as such hub homes and constellations have historically been more	Requires (a) dedicated staff to program to engage at a deeper-level with hub homes and constellations; (b) staff

	(training in permanency support, working with traumatized children and youths, etc.) (10g)	autonomous, with less oversight from DCYF.	contingency plan in case of turnover and light training for auxiliary staff; (c) clear support from leadership and effective, concise communication on purpose and expectations
	The Host Agency MOCKINGBIRD FAMILY™ Liaison participates in monthly Constellation meetings (10q)	Monthly meetings are often difficult for liaisons to attend, given that such meetings are hosted after-hours or outside the realm of working hours for staff.	Identify at least one monthly meeting per year for liaisons to attend and provide additional resourcing to support staff to attend such meetings
Host agency ensures that the MBF Hub Home Prescribed Competencies are Met as Described in Section Criteria	The Hub Home has two open beds that are available for respite use by the Constellation* (3n)	Often, it is difficult to identify homes with two beds available for respite.	Ensuring availability of beds to facilitate respite is critical for the program and often cannot be compromised. Requires intentional recruitment to identify hub homes that meet this requirement.

Key Terms and Definitions

"**AT-RISK YOUTH**" means a juvenile who:
- Is absent from home for at least 72 consecutive hours without consent of his or her parent.
- Is beyond the control of his or her parent such that the child's behavior endangers the health, safety, or welfare of the child or any other person.
- Has a substance abuse problem for which there are no pending criminal charges related to substance abuse.

RCW 13.32A.030

"**BEHAVIORAL REHABILITATION SERVICES (BRS)**" are temporary intensive wraparound supports and treatment program for youth with extreme, high level service needs used to safely stabilize youth and assist in achieving a permanent plan or less intensive services. These services can be provided in an array of settings and are intended to safely:

- Keep youth in their own homes with wraparound supports to the family.
- Reunify or achieve alternative permanency more quickly.
- Increase family-based care by using a wraparound approach.
- Reduce length of service by transitioning to a permanent resource or less intensive service.

"**Caregiver**" means an adult living in the home permanently or semi-permanently and has routine responsibility for childcare. This may be the other legally responsible adult, another adult relative or a live-in partner. It may also be any other adult with regular ongoing time in the home and has routine responsibility for childcare.

"**Case Management**" means 1) convening family meetings, developing, revising,, and monitoring implementation of any case plan or individual service and safety plan; 2) coordinating and monitoring services needed by the child and family, caseworker-child visits, and family visits; and 3) the assumption of court-

related duties, excluding legal representation, but including preparing court reports, attending judicial hearings and permanency hearings, and ensuring that the child is progressing toward permanency within state and federal mandates (including the Indian child welfare act).

"**CHILD**," "**JUVENILE**," and "**YOUTH**" mean any unemancipated individual who is under the chronological age of 18 years. RCW 13.32A.030

"CHILD AND FAMILY TEAM (CFT)" means a group of people established by the family and WISe agency that consists of family members and other people connected to them through natural, community, and formal support relationships. The CFT develops and implements the family's plan, addresses unmet needs, works toward the child, youth or family's vision and team mission, and monitors progress regularly to revise and refine the plan of care.

"**CHILD PLACING AGENCIES (CPAs)**" are agencies which place children or youth for temporary, continued care, or adoption licensed by DCYF chapter 74.15 RCW and WAC 110-147.

"**CHILD PROTECTIVE SERVICES (CPS)**" means those services provided by DCYF designed to protect children and youth from child abuse and neglect, as defined in RCW 26.44.020, and safeguard such children and youth from future abuse and neglect, and conduct investigations of child abuse and neglect reports. Investigations may be conducted regardless of the location of the alleged abuse or neglect. Child Protective Services includes referral to services to ameliorate conditions that endanger the welfare of children and youth, the coordination of necessary programs and services relevant to the prevention, intervention, and treatment of child abuse and neglect, and services to children and youth to ensure that each child and youth has a permanent home. In determining whether protective services should be provided, DCYF must not decline to provide such services solely because of the child's or youth's unwillingness or developmental inability to describe the nature and severity of the abuse or neglect.

"**COMMUNITY NETWORK**" means working relationships between DCFS, cultural consultants, key informants (lay/professional person), natural helpers (extended families, folk healers), and other agencies to develop cultural responsiveness.

"**CONTINUOUS IMPROVEMENT**" is the complete process of identifying, describing and analyzing strengths and problems and then testing, implementing, learning from and revising solutions; the ongoing process by which the agency makes decisions and evaluates its progress.

"**CONTINUUM OF CARE**" means provision of care from in-home services to highly structured residential care and the ability to provide appropriate services to the child/family.

"**CONTRACTED AND/OR LICENSED PROVIDER**": The individuals or entity performing services pursuant to contracting with Children's Administration.

"**CULTURALLY RESPONSIVE**" means a pattern of behavior that incorporates and acknowledges the importance of cultures, the assessment of cross-culture relations, vigilance towards the dynamics that result from cultural difference, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

"**DEVELOPMENTAL DISABILTY**" means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related

to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual attains age 18, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. By January 1, 1989, the department shall promulgate rules which define neurological or other conditions in a way that is not limited to intelligence quotient scores as the sole determinant of these conditions, and notify the legislature of this action, per RCW 71A.10.020.

"**EXTENDED FAMILY MEMBER**" means an adult who is a grandparent, brother, sister, stepbrother, stepsister, uncle, aunt, or first cousin with whom the child has a relationship and is comfortable and who is willing and available to care for the child. RCW 13.32A.030

"**FOSTER CARE**" means the placement of children or youth by DCYF or licensed child placing agencies in homes or facilities licensed pursuant to chapter 74.15 RCW or in homes or facilities that are not required to be licensed pursuant to chapter 74.15 RCW.

"**MONITORING**" includes any activity that reviews and evaluates contractor performance and compliance with the terms, conditions, and requirements of a contract.

"**OUT-OF-HOME PLACEMENT** or **CARE**" means a placement in a foster family home or group care facility or placement in a home, other than that of the child's parent, guardian, or legal custodian, not required to be licensed under 74.15 RCW. RCW 74.14C.010

"**PARENT**" means a biological parent or adoptive parent of a child or an individual who have an established parent-child relationship under RCW 26.26.101, unless the legal rights of that person have been terminated or paternity has been disestablished.

"**PLACEMENT DECISION**" means the decision to place, or to delay or deny the placement of, a child in a foster care or an adoptive home, and includes the decision of the agency or entity involved to seek the termination of birth parent rights or otherwise make a child legally available for adoptive placement. 42 USC 5eleven5a

"**QUALITY ASSURANCE**" measures compliance against standards and informs continuous quality improvement.

"**SERVICE AGREEMENT**" means a formal written description of services to be provided or performed. Agreements are developed by the social worker with the parent and/or the court and any child over age 13 who is to receive or participate in services.

"**SEXUALLY EXPLOITED YOUTH**" means any person under the age of eighteen who is a victim of one of the following crimes:

- Commercial sexual abuse of a minor (RCW 9.68A.100),
- Promoting commercial sexual abuse of a minor (RCW 9.68A.101) or
- Promoting travel for commercial sexual abuse of a minor (RCW 9.68A.102)

"**SPECIAL NEEDS**" means the specific factors or conditions that apply to the child and that may prevent the child from being adopted unless the department provides adoption support services.

"**TREATMENT FOSTER CARE**" means a program designed for children, youth, and their families whose special needs are provided through services delivered primarily by treatment foster parents trained, supervised, and

supported by agency staff. In addition to the provision of a safe, healthful environment, foster parents are expected to be members of the treatment team and to perform tasks which are central to the treatment process in a manner consistent with the child's treatment plan.

"WRAPAROUND WITH INTENSIVE SERVICES (WISe)" means intensive mental health services and supports, provided in home and community settings, for Medicaid eligible individuals, up to 21 years of age, with complex behavioral health needs and their families. These services are provided by community mental health agencies.

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