

FWCC Meeting Notes

1/22/2024

Family Well-Being Community Collaborative

Mission: Collaborate to keep families safely together and supported in their communities and to radically reduce inequities within the child welfare court system.

Welcome and Land Acknowledgement

FWCC Progress Update

- Laura Vogel gave a brief update regarding the following FWCC workgroups.
 - Guardianship Workgroup
 - This workgroup is getting ready to begin, and it will be led by Geene Delaplane from DCYF, and supported by Jenn Nguyen from Administrative Office of the Courts' Family & Youth Justice Programs.
 - The [Guardianship Workgroup HUB](#) has been created and is on the FWCC webpage of the FYJP website.
 - If you or anyone you know would like to be part of the Guardianship Workgroup, please email Susan Goulet at susan.goulet@courts.wa.gov so she can you to the workgroup.
 - Geene Delaplane shared that there have been so many changes that they are looking at updating the benchbook too. In addition, this workgroup will focus on both Title 11 Guardianship and Title 13 Guardianships.
 - Harm of Removal Workgroup
 - This workgroup has continued to meet monthly and is working on creating guidance for courts around the likely harms of removal that children experience across the ages and stages of development.
 - [Harm of Removal Workgroup HUB](#) on the FYJP website houses the workgroup's agendas, information and research library.
 - [Harm of Removal Webpage](#) contains all the tools, resources and training that have been developed around harm of removal, including a 60- or 90-minute virtual webinar presented by members of our training team (Laura Vogel, Jasmine Hodges, Jacob D'Annunzio and retired Judge Anne Hirsch).
 - Please email Laura (laura.vogel@courts.wa.gov) if you would like the workgroup to do a presentation at your agency/court.
- Laura Vogel gave a brief update regarding the legislative session.
 - There is a lot of legislation this session that could impact dependency law.
 - FWCC will need to examine the impacts of any legislative changes that pass on the current tools, resources and training available to courts and system partners, such as iDecide and the Legal Standards Comparison Chart.

DCYF Updates: Services, Supports, and Collaboration Presentation by Vickie Ybarra, Interim Assistant Secretary for Partnership, Prevention, & Services at DCYF

- Vickie shared information about DCYF's service array, high-need communities and resource gaps, and potential collaboration points with courts and community partners.
 - For more information, Vickie's presentation slide deck is attached (see below).
 - Due to technical issues with Zoom, the presentation did not record properly, so a recording of the presentation could not be provided as originally planned.

Next FWCC Meeting – February 12, 2024, 12-1:30pm.

DCYF Updates

Service, Supports, and Collaboration

January 22, 2024

Vickie Ybarra, PhD, MPH, RN

Interim Assistant Secretary

Partnership, Prevention, and Services



Washington State Department of
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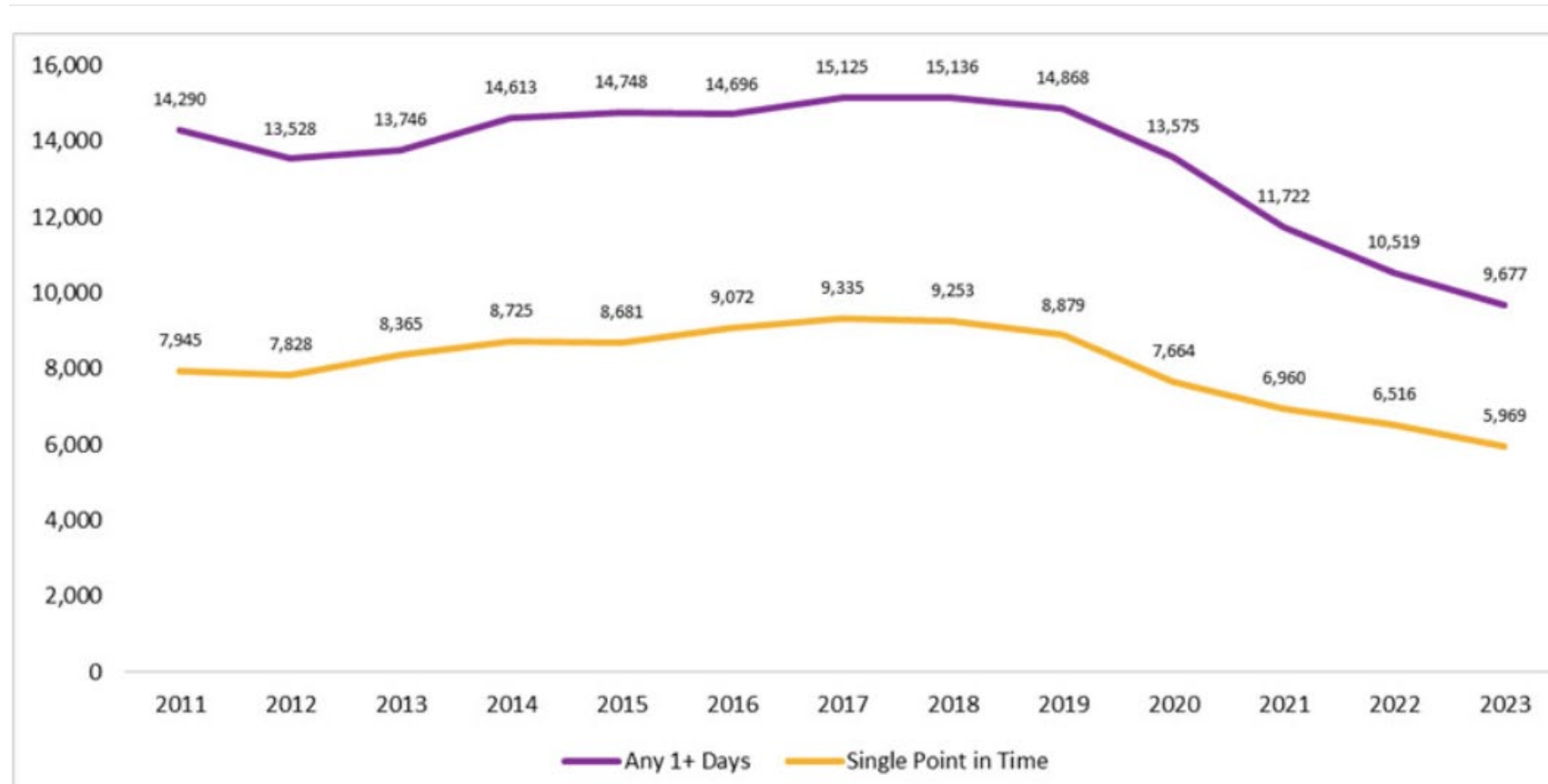
Outline

1. Context/Changing Environment
2. HB 1227 Keeping Families Together Act
3. Plan of Safe Care
4. Prenatal SUD - Pilot/Scale Up
5. Child Welfare-Early Learning Navigators – Pilot/Scale Up
6. Resource Gaps

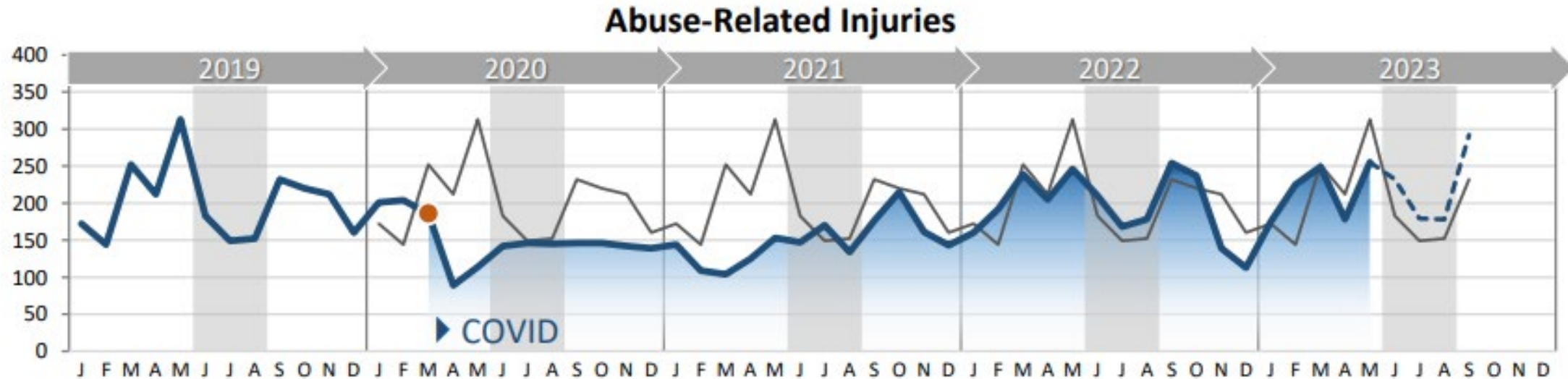


Decreasing Children in Out-of-Home Care

Children and Youth under 18 in Out-of-Home Care, SFY 2011-2023



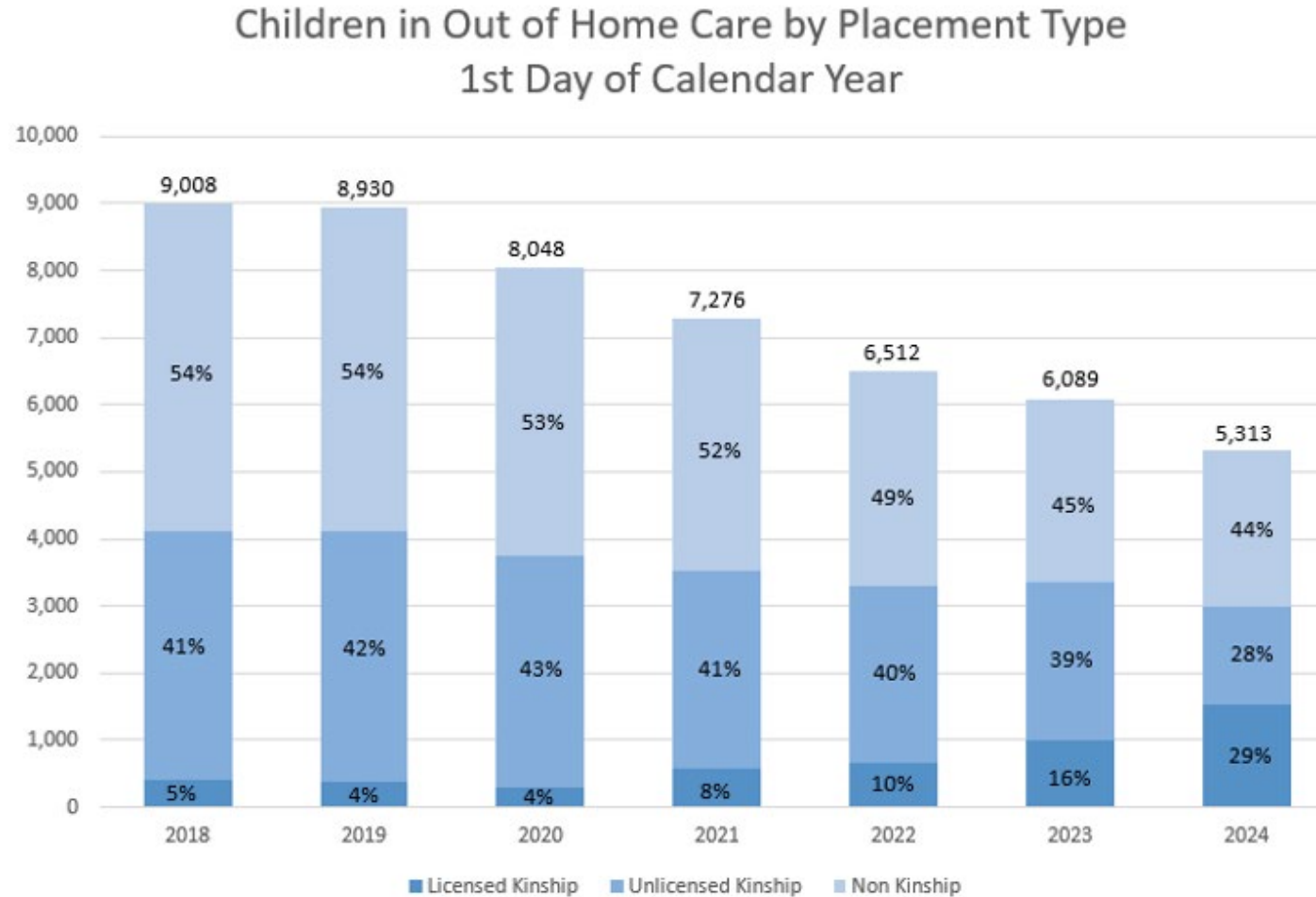
Balancing Data for “Safely”: How do we know?



- When COVID hit and child welfare intakes decreased by large %, DCYF concerned about not having visibility into maltreatment that may have been happening in the community
- Partnered with RDA to stand up this dashboard using DCYF-Health data
- Abuse Related Injuries is a key indicator, others monitored include Fracture Injuries, Outpatient ER Visits, etc.

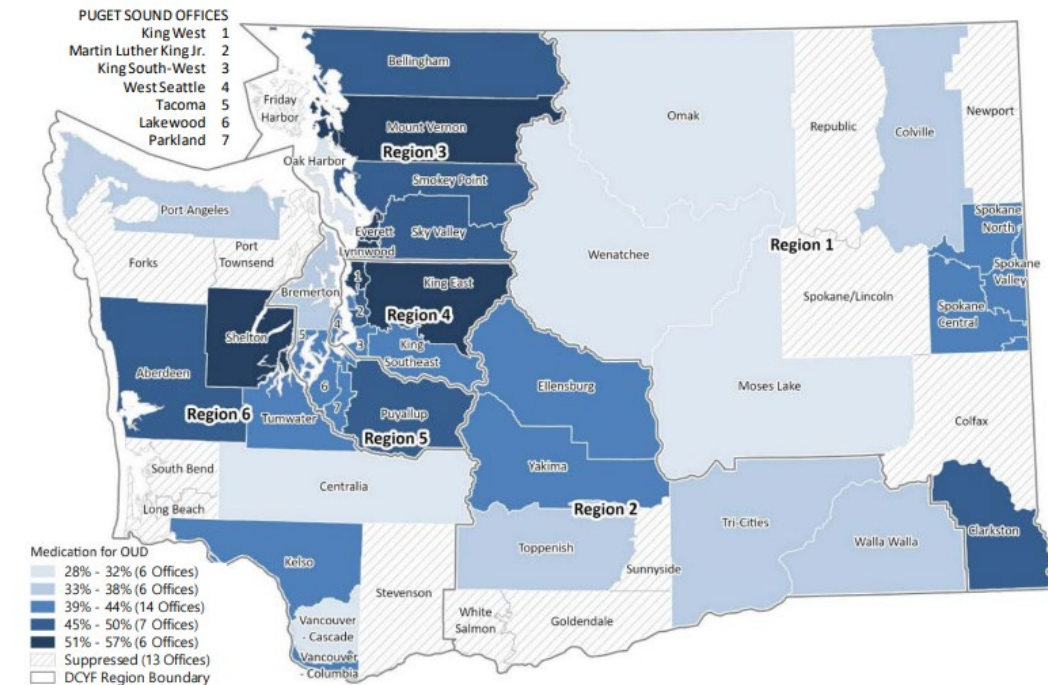


Increasing % of Children in OOH in Kinship Care



SUD Treatment Needs for Child Welfare Involved Families

FIGURE 10.
MOUD Penetration among CW-Involved Caregivers with OUD by DCYF Office
 SFY 2015-2018



Pre-pandemic

- 27% of all CW-involved caregivers & 58% of caregivers with children in out-of-home care had SUD
- 39% of all CW-involved caregivers & 49% of those with children in out-of-home care received access to any SUD treatment

TABLE 5.
Offices with Lowest Rates of MOUD Treatment Penetration and Greatest Numbers of CW-Involved Caregivers with Unmet MOUD Treatment Need
 SFY 2015-2018

Lowest Rates of MOUD Penetration			Highest Numbers with Unmet Need				
	Number with Unmet Need	MOUD Rate		Number with Unmet Need	MOUD Rate		
1	Wenatchee	73	28%	1	Spokane Valley	189	41%
2	Oak Harbor	31	28%	2	Tacoma	185	42%
3	Vancouver - Cascade	112	29%	3	Smokey Point	184	48%
4	Omak	32	32%	4	Everett	178	54%
5	Centralia	93	32%	5	Spokane Central	176	44%
6	Moses Lake	88	32%	6	Tri-Cities	173	36%
7	Toppenish	29	34%	6	Bellingham	173	50%
8	Walla Walla	59	34%	8	Spokane North	171	44%
9	Port Angeles	98	35%	9	King South-East	169	43%
10	Tri-Cities	173	36%	10	Puyallup	166	47%

RDA, DSHS (2020)



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Substance Use Disorder Treatment Penetration among Child Welfare-Involved Caregivers

<https://www.dshs.wa.gov/ffa/rda/research-reports/substance-use-disorder-treatment-penetration-among-child-welfare-involved-caregivers>

The Keeping Families Together Act ([HB 1227](#))

Passed in 2021 with an effective date of July 1, 2023

The intent of the Legislature was to:

- Safely reduce the number of children in foster care
- Reduce racial disproportionality in the child welfare system
- Support placement with relatives when children must be placed out of home



The Keeping Families Together Act

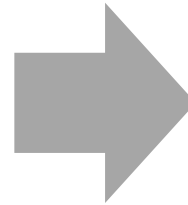
- Changed the legal standards to remove a child through a hospital hold, law enforcement hold, pick up order and/or shelter care.
- Requires DCYF and courts to place children with relatives unless no relative is available who protect the basic safety of the child
- Allows courts to order DCYF to issue initial licenses and provide supports to relatives to become licensed



Change in Removal Standard Intended to prevent removing children due to risk alone

Risk:

- Likelihood of **future** maltreatment
- Harmful result over time
- Previous statute: **“Serious threat of substantial harm”** may have included high risk situations where there is a likelihood of severe harm in the future or over time



Safety Threat:

- **Present or imminent** danger to the child
- Physically harmful result in the near future
- New statute: **“Imminent physical harm”** may be interpreted more narrowly regarding the immediacy of the danger to the child

What we're seeing:

- The law is meeting the intended impact of reducing removals
- We are not removing many children at high risk, and those children are with their families and communities.
- Internal reviews of Safe Child Consultations indicate that we are taking additional steps to prevent removal of a child and to support a safety plan for the family
- The overlap between 1227 and Plan of Safe Care is reducing screened in intakes involving substance-exposed newborns
- Fentanyl crisis leaves many children at risk
- A lack of SUD treatment services and other community-based supports for families places children at further risk



Long-term trends:

- Since state fiscal year 2018, Washington has seen a 35.6% decrease in the number of children in out of home care (point in time.) This trend is largely consistent with the national trends on children in out of home care.
- Since 2020, DCYF has seen an increasing percentage of moderately high to high-risk cases being re-referred to CPS intake and screening-in (within 90 days of the completion of the risk assessment.)
- Since 2019, opioid-related emergencies have dramatically increased for the entire population (both adults and children) in Washington.

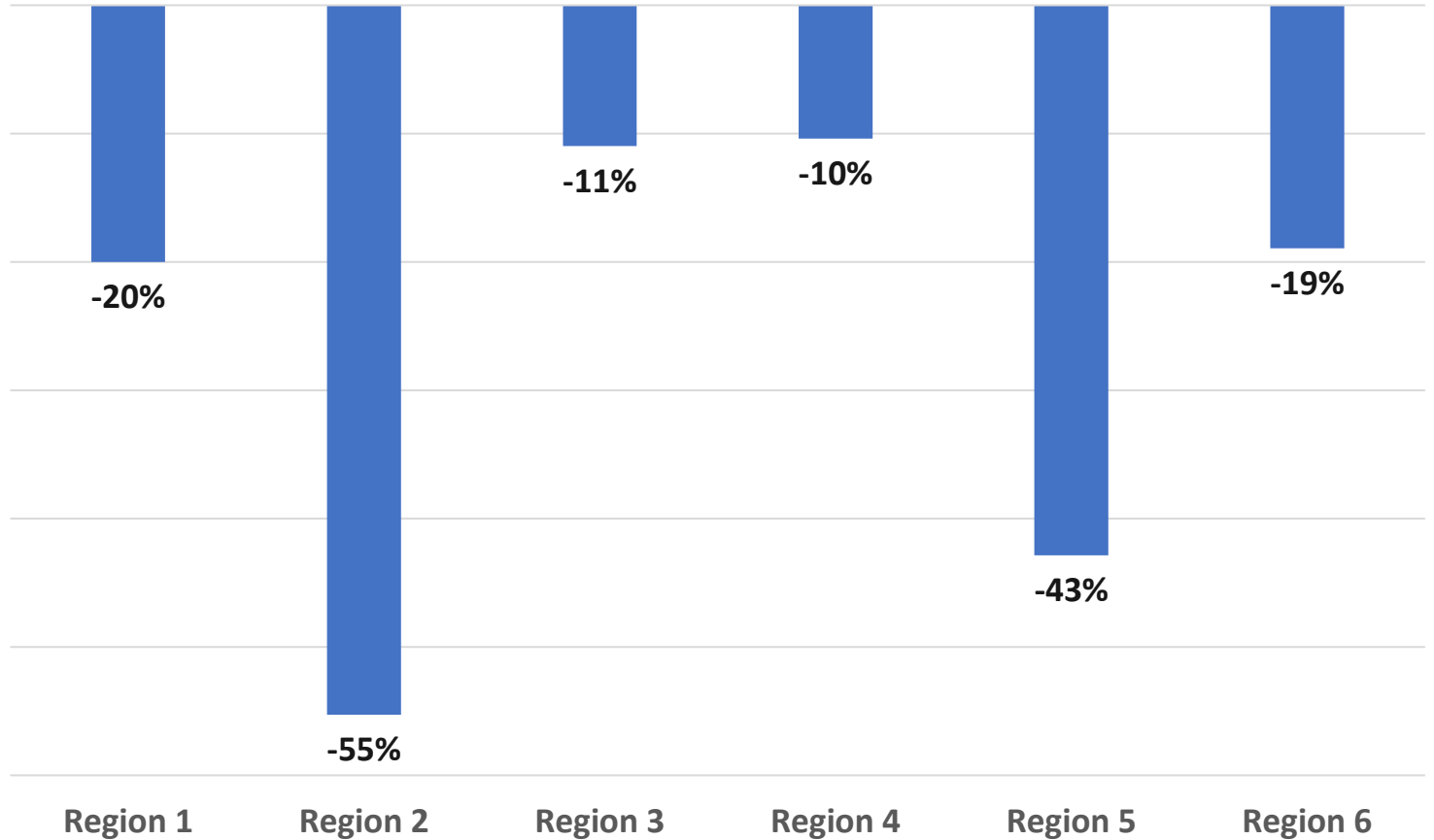


Entries into care have decreased by 24.6% since the new law went into effect

Total Fewer Children Entering Care by Removal County
 July 1 – September 29, 2023, compared to July 1 – September 29, 2022

Statewide:

- 24.6% reduction in children entering care
- Largest reductions in Pierce and Yakima Counties



Entries into care are down across all categories, while participation in voluntary services is increasing

All entries into care		
	July 1-Sept 29, 2022	July 1-Sept 29, 2023*
Voluntary Placements	143	115
Protective Custodies	436	336
Court Approved Placements	280	159
Cases Receiving Services		
Family Voluntary Services	1,281	1,417
*2023 data are observed, not adjusted for known data lag, so may increase somewhat as more case data are entered into FamLink		

The largest reductions in out of home placements are among infants

Total Fewer Children Entering Care by Age Group July 1 – Sept 29th, 2023, compared to July 1 st – Sept 29th 2022		
	Number	Percentage
Age 0-1	-127	-40.1%
Age 2-3	-8	-9.1%
Age 4-11	-48	-18.0%
Age 12-17	-39	-24.5%

The Keeping Families Together Act and Plan of Safe Care overlap to prevent removals among substance affected newborns

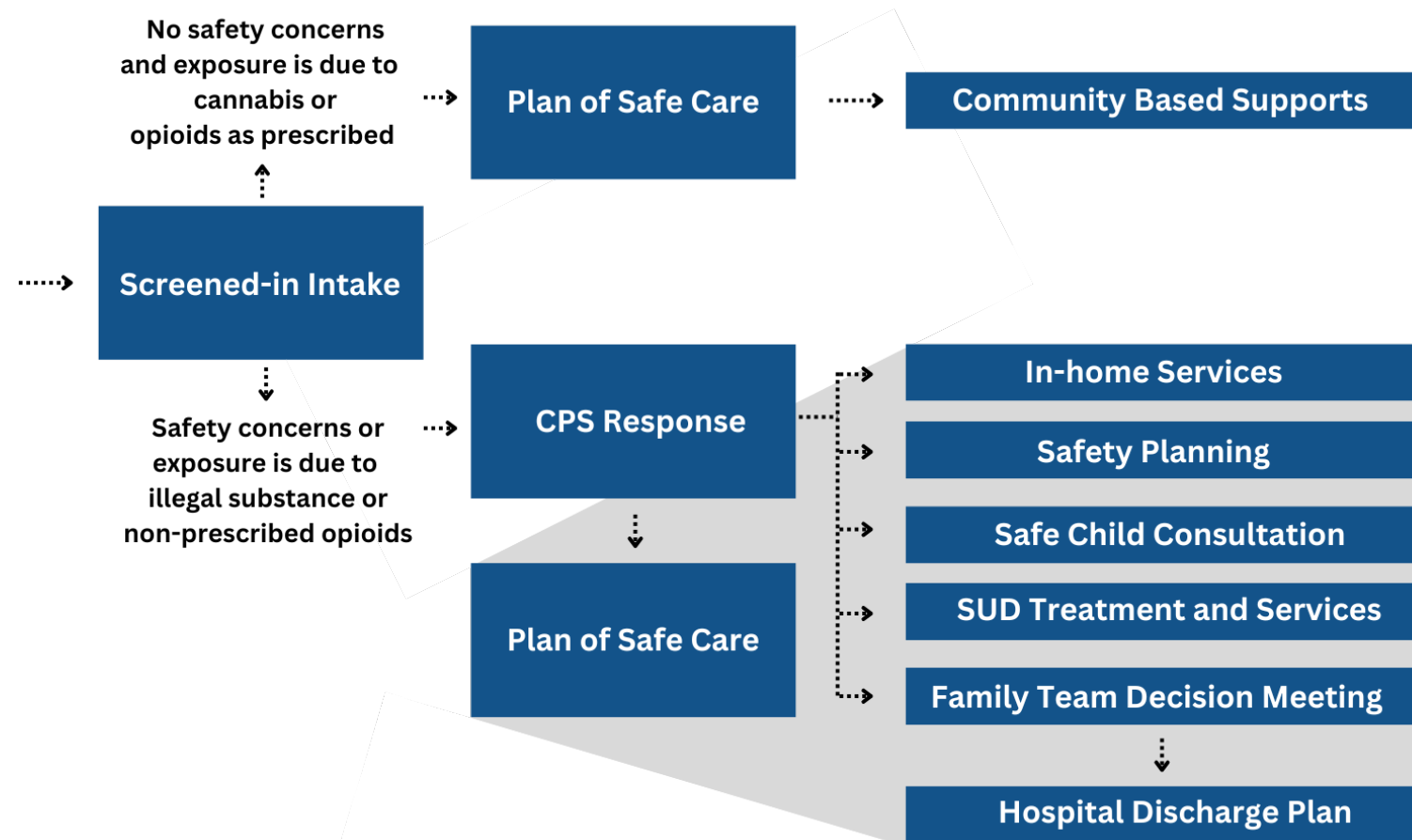
Infants with specific substance exposure and no safety concerns are referred to Help Me Grow

When safety concerns are present and DCYF initiates a CPS response, a Plan of Safe Care is still created to inform services and supports for the family



Substance Exposed Newborn

For more information visit:
www.dcyf.wa.gov/safety/plan-safe-care



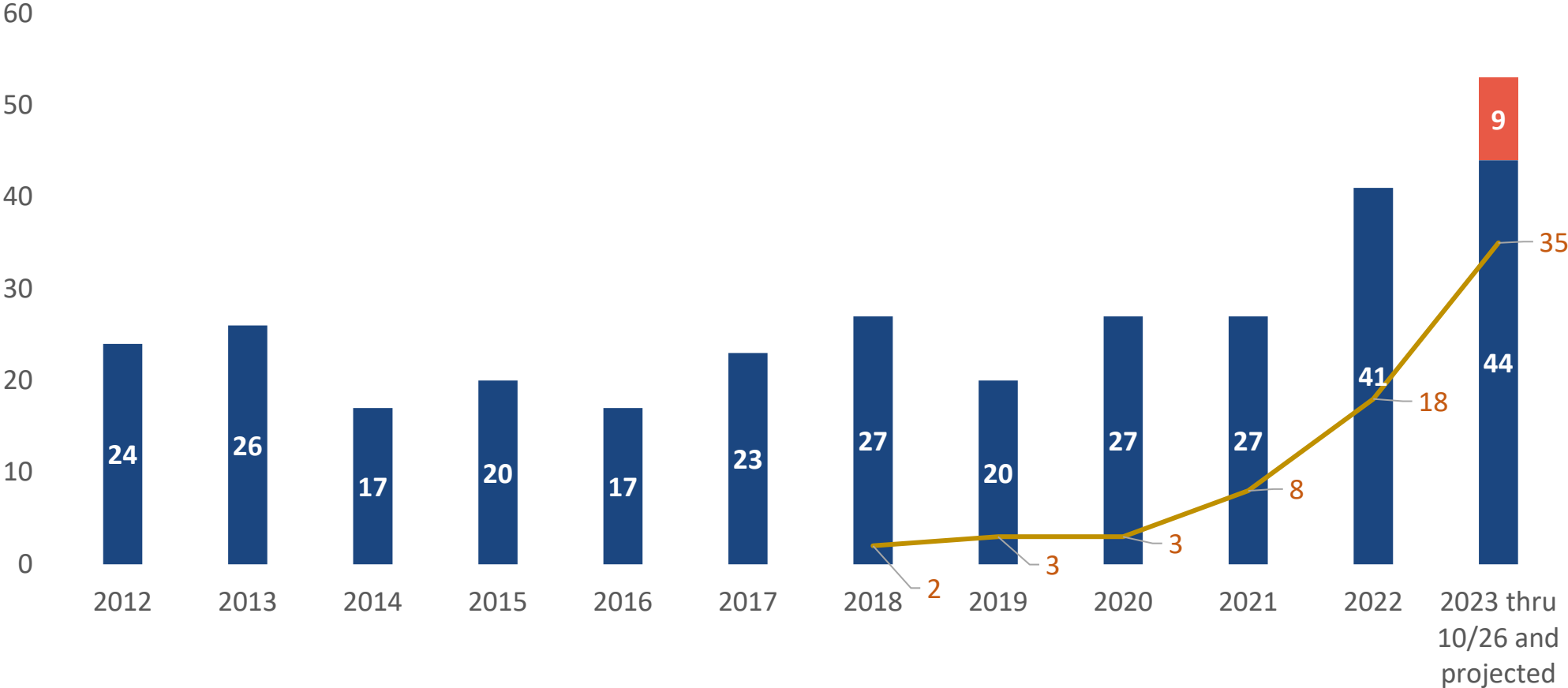
The Fentanyl Crisis is the driving factor behind an increase in critical incidents involving children in Washington

A “critical incident” is a child fatality or near fatality that occurs within 12 months of involvement with the child welfare system.



Fentanyl-related critical incidents are increasing among children in Washington State

93% - (26 of the 28) fentanyl related cases thus far in 2023 involve children age 2 and under

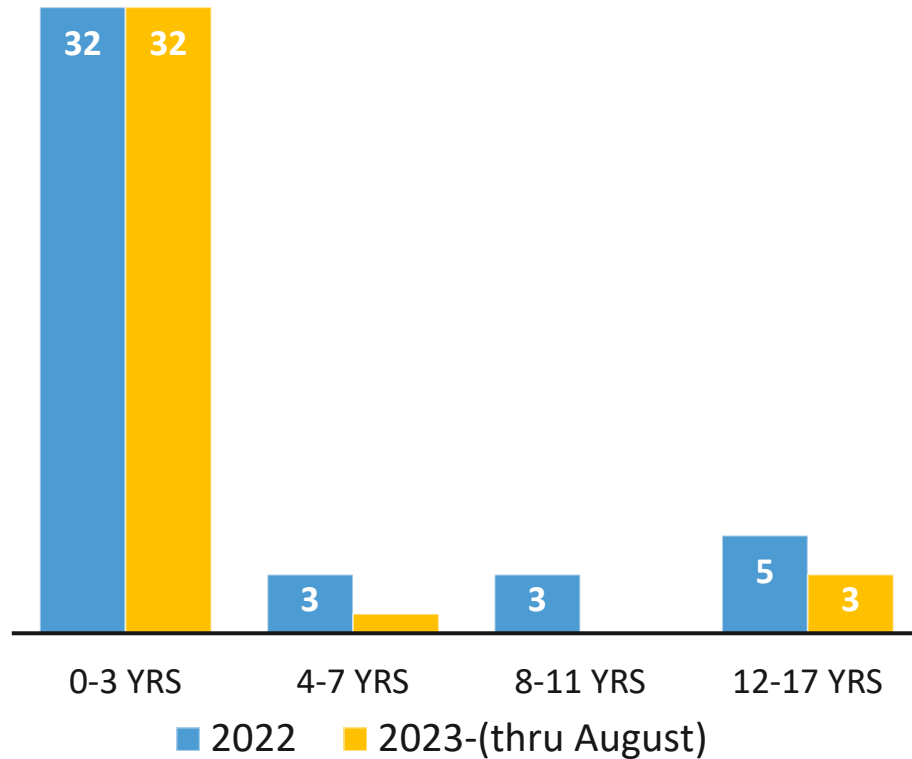


■ Critical Incidents (in-Home)
 ■ Projected additional (In-Home)
 — Fentanyl/Opioid related (includes projected)

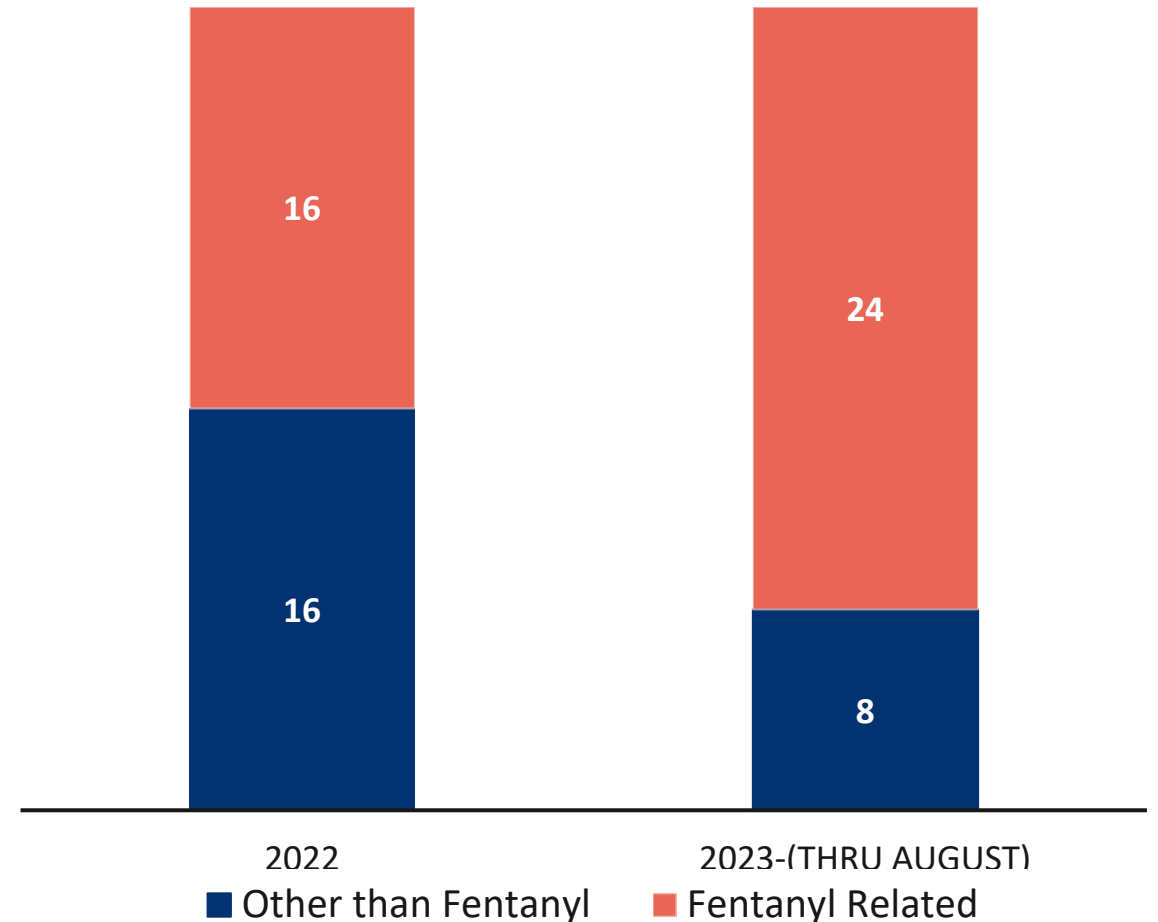


Fentanyl-related critical incidents involving young children are increasing at a concerning rate

Total Fatality and Near Fatality case reviews by age group



Fentanyl related critical incidents for 0-3 yrs



The Keeping Families Together Act did not increase the availability of **community-based resources** that support **child safety**

Since it's passage, the availability of these resources are declining

- SUD treatment beds that allow families to stay together has decreased
- Mental health and other services are often not available when we need them
- COVID-related stimulus and supports to families in poverty have ended
- Housing costs have continued to rise, increasing housing instability and homelessness



What we're doing:

- We are continuing to monitor this data, conducting qualitative reviews, and will explore adjustments to practice (if needed)
- We are informing the Legislature regarding our need for SUD Treatment services and community-based resources for families
- Bringing on more Substance Use Disorder Professionals (SUDPs) to support our caseworkers in assessment and treatment navigation (12 SUDPs in child welfare)
- Exploring a contract for third-party participants in safety planning

What we are asking for:

- Residential SUD treatment models that allow families to remain with their children while accessing treatments
 - 737 infants removed with parents impacted by substance use in 2022
 - Current state capacity for Pregnant and Parenting Individuals is 156 beds, only operating out of 6 counties with none in King or Pierce County
- Increase pay for SUDPs to stay competitive, pay licensing fees
- Improved access to detox, commonly not provided by treatment providers given the need for medical oversight
- Improved access to MOUD (medication for opioid use disorder)



Washington Plan of Safe Care (POSC)

Development of a Community-Based Pathway &
Child Welfare Policy Alignment with
Federal Plan of Safe Care Legislation

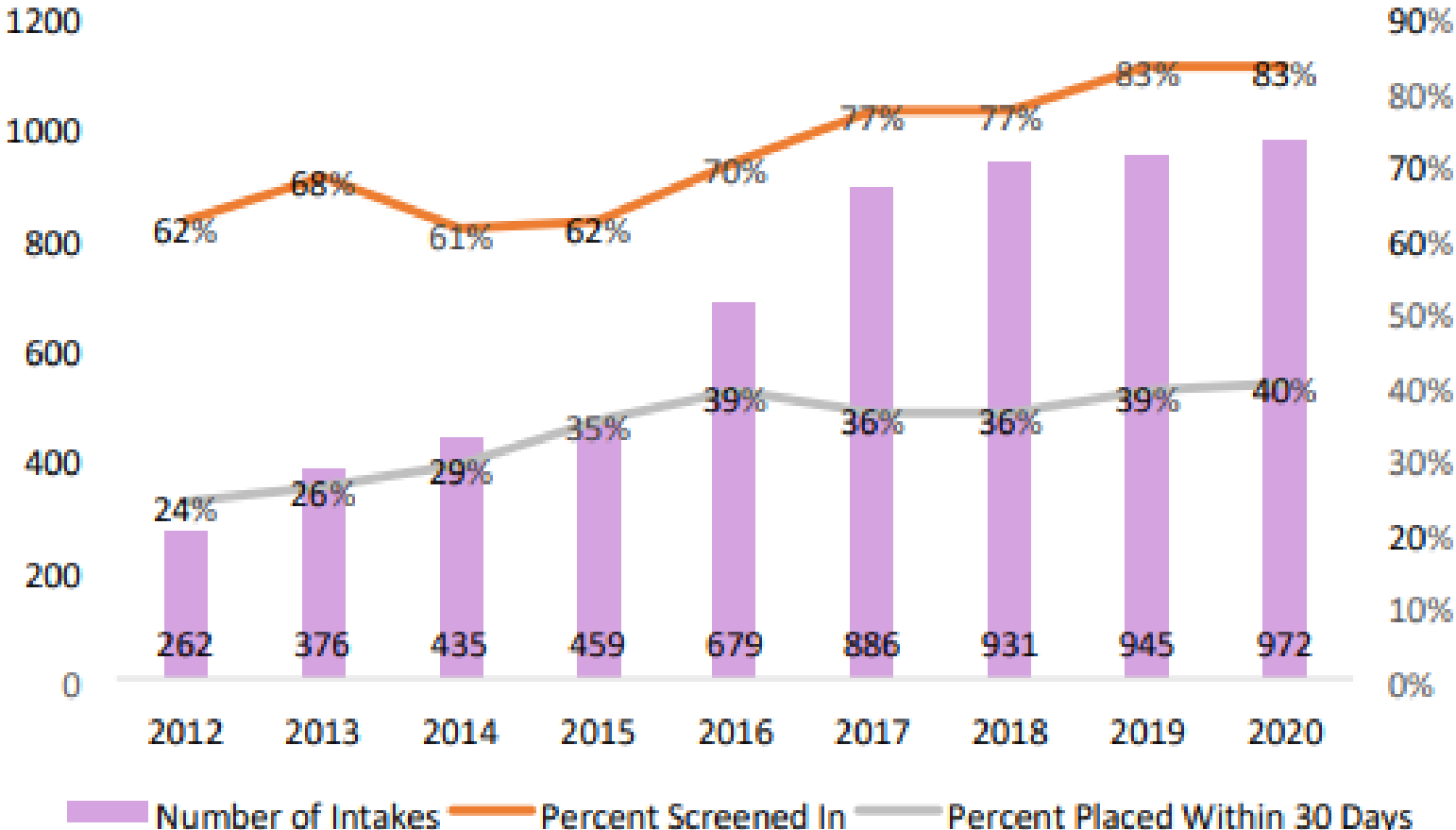


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Alissa Copeland, MA
DCYF Early Learning Program Manager
Plan of Safe Care

<https://www.dcyf.wa.gov/safety/plan-safe-care>

Trend in Substance Affected Infant Intakes Since 2011

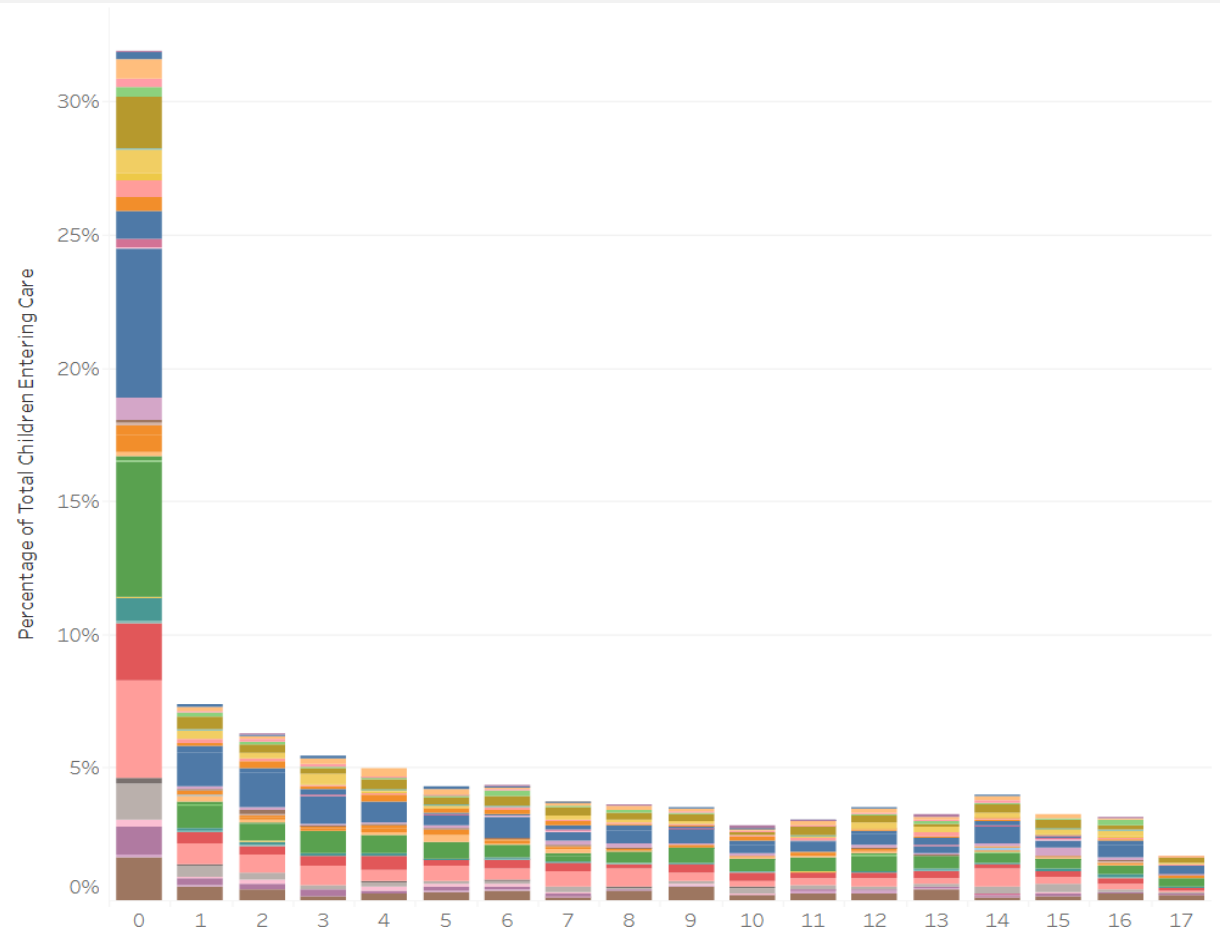


See Klinman (2022)

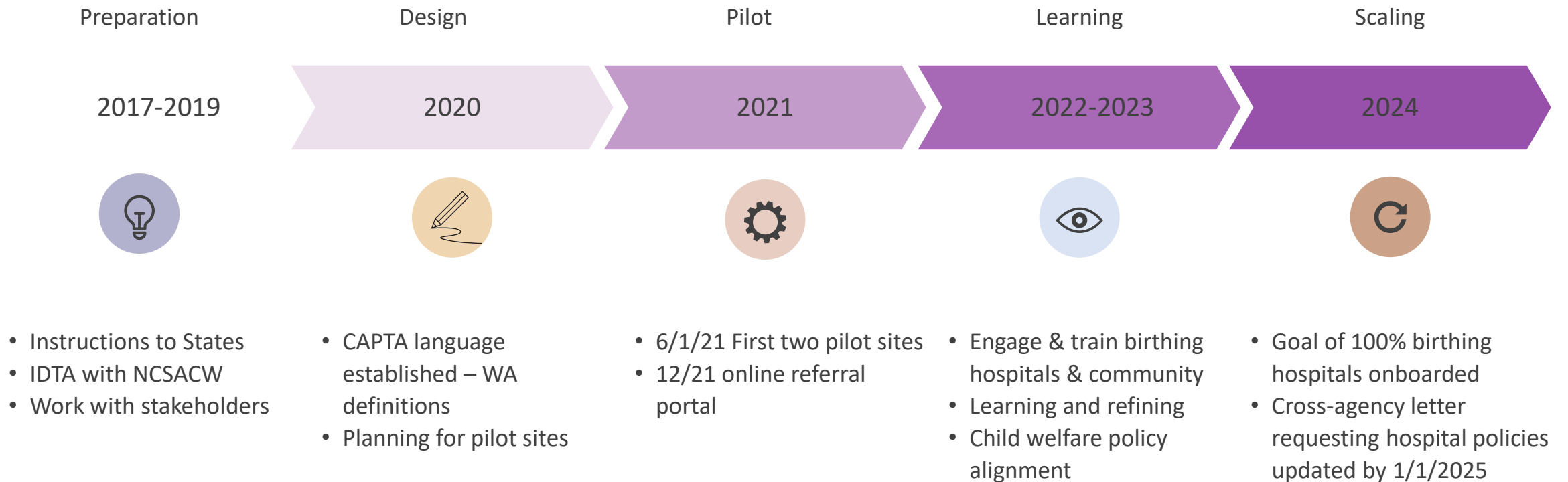


Age Distribution Entering Out-of-Home Care

- For many years, age distribution of children entering out-of-home care has been heavily weighted to infants



Washington State [Plan of Safe Care](#) Implementation Timeline



CARA's Primary Changes to CAPTA

- Expanded the population requiring a Plan of Safe Care to include families who do not meet criteria for child welfare intervention.
- Family-centered plan.
- Clearly defined structure for families to access community-based services and resources.
- Data & reporting.



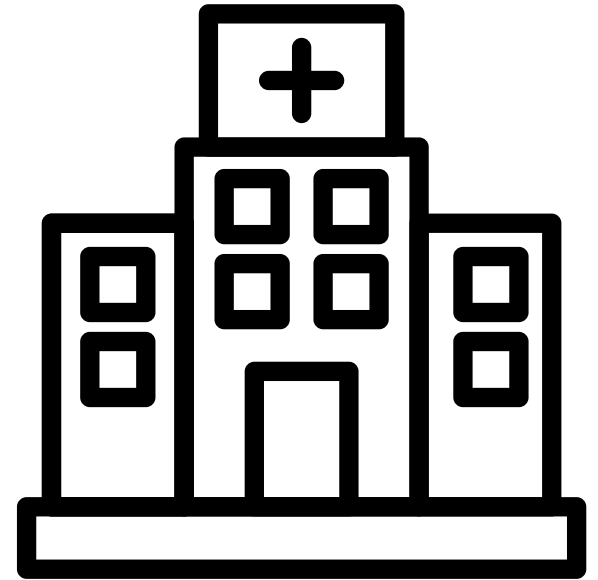
Primary Tasks for Washington

- Define the language in the Federal Legislation.
- Identify criteria for pathway determination:
 - POSC Community-Based Pathway
 - POSC Child Welfare Pathway.
- Support shared understanding of the POSC body of work across systems.
- Develop & implement a cross-system structure for the POSC body of work.



System Level Support

- Align hospital policy/procedure regarding universal screening, testing of newborns for evidence of substance exposure, and best practice with this population.
- Improvements to the Online Referral Portal including strengthening a shared understanding of “safety concerns.”
- Mandatory reporting training centering anti-bias and the family experience.



Patient Education

- Transparency regarding calling DCYF Intake - what the family should expect.
- Plan of Safe Care as a family-centered plan for families experiencing perinatal substance use and prenatal substance exposure.
- Coordination/Communication with patient providers to best understand the family situation and current SUD treatment or resource needs.
- Verbal consent for Help Me Grow referral.



When should a Birthing Hospital call DCYF Intake?

The following situations should be reported to the DCYF Intake Line for the POSC child welfare pathway:

- Any case of a newborn with safety concerns
- A newborn has a positive toxicology with confirmatory testing for an illegal substance or a non-prescribed substance(s).
- A newborn is demonstrating signs of withdrawal as a result of maternal use of illegal substance(s), non-prescribed medication, or misuse of prescribed medication, or due to undetermined substance exposure
- A healthcare provider has evidence of ongoing substance use by the birthing parent that creates safety concerns for the infant.
- A newborn is diagnosed with a FASD OR the infant has known prenatal alcohol exposure when there are safety concerns for the infant.



When is the Community-Based Pathway Appropriate?

The following situations are appropriate for a community-based POSC:

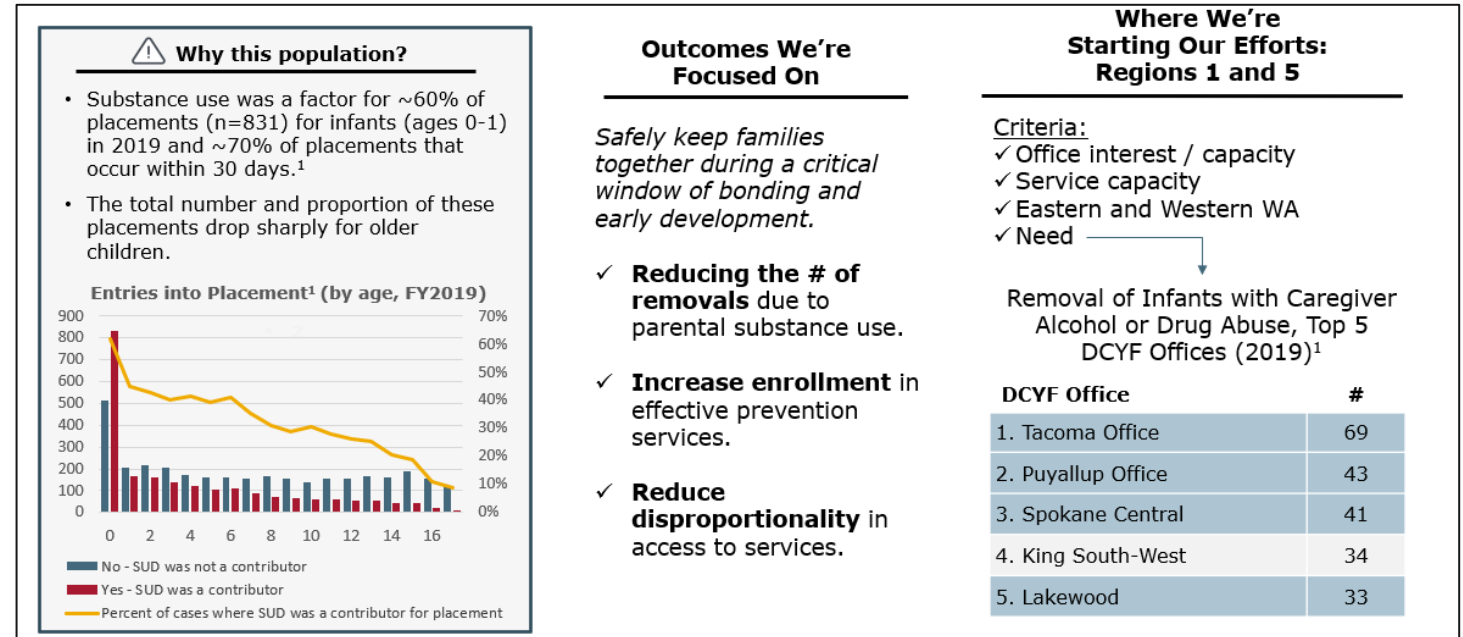
- A healthcare provider verifies that the birthing parent is taking methadone or buprenorphine as prescribed and there are no safety concerns
- A healthcare provider verifies that the birthing parent is taking opioids as prescribed by her clinician, and there are no safety concerns
- A healthcare provider verifies that the birthing parent is taking any medication or combination of medications with abuse potential as prescribed by her clinician, and there are no safety concerns
- A newborn is prenatally exposed to cannabis and there are no safety concerns



Substance Abuse Pregnancy Pilot

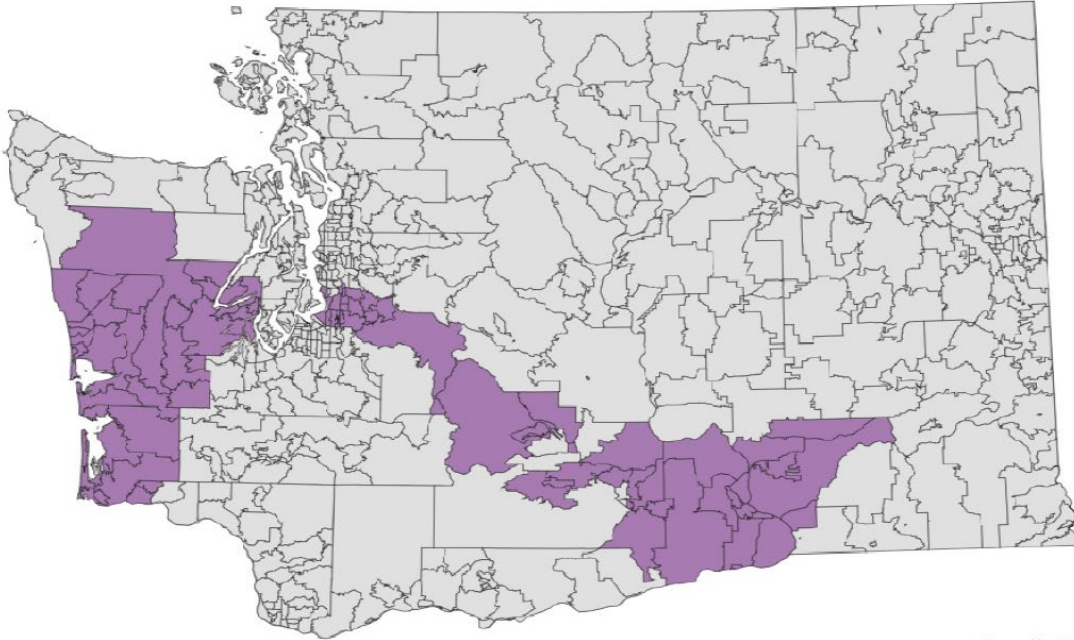
Diversion of high-need screened out populations

- Identification of opportunity to offer voluntary services for large number of screened out referrals
- Pilot started in 2020 in high need communities
- 2023 success DP to expand statewide



Child Welfare Early Learning Navigators

High Quality Early Learning is Prevention



Pilot results –

- 44% EL service penetration (ECEAP, Subsidy, ESIT) with Navigator involved
- vs. 25% in non-intervention offices

- In 2018 DCYF partnered with Harvard Government Performance Lab to support a pilot of 4 navigators in 10 child welfare field offices serving front-end child welfare
- Tested different configurations and practice models until we found success, acceptability
- In 2021 secured some grant support to continue pilot (Preschool Dev Grant)
- In 2023, were able to propose and allocate a portion of the CCDF (EL) funding increase to scale and spread this model
- In process scaling now, Phase 1 through June 2024, Phase 2 through June 2025



Resource Gaps

1. Substance Abuse Treatment

- Expand Family-centered inpatient care for Pregnant people (PPI treatment)
- Expand access to Medication Assisted Treatment (for adults and young people)

2. Expand access to other community-based prevention supports for high-need families and families in known high-need communities

3. Address increase in child poverty since record low in 2021



DCYF Resources

DCYF Prevention Dashboard

- <https://www.dcyf.wa.gov/practice/oiaa/reports/prevention-dashboard>
- Updated annually (2024 update Spring)

HB 1227 website

- <https://www.dcyf.wa.gov/practice/practice-improvement/HB-1227>
- Updated quarterly (January 2024 forthcoming)

Plan of Safe Care

- <https://www.dcyf.wa.gov/safety/plan-safe-care>

